



CGA Committee Agenda
October 4th, 2023
8:30am

Greg Hogan, Councilmember, Chair

Melodi Koenig, Councilmember

Kim Agfalvi, City Clerk

Scott Larson, City Administrator

Gretchen Russo, Finance Director

Danielle Charchenko, Executive Assistant/Records Clerk

This meeting is being held in person and through the platform zoom. A link for virtual participation can be found on the agenda or on the City's website.

Zoom link: <https://us06web.zoom.us/j/83285329930?pwd=BW1DouckacvbxnDJq6HPg9vtlbdGuf.1>
Meeting ID: 832 8532 9930
Password: 217059

1. Call to Order

2. Public Comments

3. Agenda Items

- A. AB23-67 – Banners and Advertising.
- B. AB23-88 – 2024 Grants.
- C. AB23-91 – Murrey's Franchise Agreement.
- D. AB23-93 – Plaque Relocation Request.
- E. AB23-102 – Sale of Old City Hall.
- F. AB23-105 – Food Truck Program.

4. Meeting Minutes of August 2, 2023 and September 6, 2023.

5. Action Items/Round table review.

Final comments.

Identify Items that are ready to move forward, establish next meeting's agenda.

6. Adjournment



**City of Orting
Council Agenda Summary Sheet**

Subject: Banners & Advertising		Committee	Study Session	Council
	AB23-67	CGA		
	For Agenda of:	8.2.2023 10.4.2023	10.18.2023	
	Department:	CGA/Administration		
	Date Submitted:	6.29.2023		
Cost of Item:	<u>N/A</u>			
Amount Budgeted:	<u>N/A</u>			
Unexpended Balance:	<u>N/A</u>			
Bars #:	N/A			
Timeline:	Discussion Item			
Submitted By:	Scott Larson			
Fiscal Note: None				
Attachments: Banner and Advertising Policy Memo, HWY 162 Banner Application				
SUMMARY STATEMENT:				
<p>Staff have updated the Banner Permit Application to clarify that only organizations that have a council approved sponsorship are eligible to apply for and place a banner over SR 162.</p>				
RECOMMENDED ACTION: <u>Action:</u>				
Move forward to City Council Study Session on October 18, 2023.				
RECOMMENDED MOTION: <u>Motion:</u>				
To adopt the City of Orting Banners and Advertising policy as presented.				

Memo



To: CGA Committee

From: Scott Larson, City Administrator

cc: Mayor Penner

Date: May 24, 2023

Re: Banners and Advertisements on Public Property

The City has an existing practice of allowing banners to be placed over HWY 162 between Cardinal Ln. and Bridge Street. Typically, these banners are associated with a City event like the Daffodil Festival or City Sponsored event like the Farmers Market. In other instances, we have allowed this forum to be utilized for other non-government speech such as promoting a school bond or advertising a local football league. For these non-governmental speech instances, the city charges approximately \$200 for placing the banner for a two-week period.

In 2022 there was a Supreme Court case, *Shurtleff v. Boston*, where the City of Boston had a practice of allowing private groups to raise a flag on the city's flagpole. When a group wanted to raise a religious flag, the City denied the request as the city feared allowing a religious symbol was the city endorsing a particular religious position. The court however, unanimously ruled that if the city allows the flagpole to be used for any non-governmental speech it can't differentiate types of non-governmental speech. The court further stated that if Boston wants to change its policy and only utilize the flagpole for government speech, that would be permissible.

This memo serves primarily to inform the council of the current policy so that council can make an informed policy decision to either allow all non-governmental speech "banners" over the highway, or only allow government speech to be placed in this forum.

Further, the city has had a request from a business regarding "sponsoring" the baseball field. This would involve in individual, business, or organization paying a fee to place an advertisement (likely some sort of banner) on the fence at the City's baseball field. The intent of this funding would be to help fund field maintenance. Again, the same public forum analysis as outlined above would apply. If council would like to entertain a policy regarding placing banners in other forums like baseball fields, or other locations; staff can work on putting together a policy that would regulate how this would happen.



104 Bridge St S., PO Box 489, Orting, WA 98360
 Phone: 360.893.2219 Fax: 360.893.6809
 Website: www.cityoforting.org
 Email: malfiere@cityoforting.org

BANNER PERMIT APPLICATION

This Banner Permit Application allows the City and WSDOT to keep track of a Banner across SR 162. Only organizations that have a council approved sponsorship are eligible to place a banner over SR 162. The Application and Payment must be submitted prior to approval of the banner. Before the installation the City of Orting will contact WSDOT as part of the permitting process. When the Banner is approved by WSDOT the City of Orting will notify you. Please allow up to 3 weeks for approval.

This form must be completed IN FULL each time a banner is to be installed.

****Name, Date and Event Sponsors are ONLY allowed on the banner for it to be approved by WSDOT****

Applicant Name: _____ Representing: _____

Event Name: _____ Event Date: ___/___/___

Mailing Address: _____

Phone: _____ Email: _____

Non-Profit: Yes No UBI #: _____

Location of Banner: SR 162 & Leber Cost: \$195.00

Requested period for the banner to be across SR 162: ___/___/___ through ___/___/___

The banner may only be across SR 162 for 2 weeks

Specifications of Banner

Material Type: _____

Size: ___ x ___ Thickness: ___ How many ___ cuts are on the banner: ___

One sided or Two Sided: One Two

Drawing of the Banner (Must be drawn each time of application or a photo of the banner attached):

Manufacturer of the banner: _____

Is this a new banner or one that has been used previously in Orting? [] New [] Previously-used

Banner must meet the following requirements: Banner shall not be larger than 24 feet wide and 36 inches high. Banner shall maintain minimal vertical clearance to overhead utility lines set forth by PSE. Banners shall have wind load relief flaps eighteen (18) inches wide and ten (10) inches high spaced at a density of one flap for each ten (10) square feet of surface area. Relief flaps shall be spaced uniformly to provide uniform wind load reduction. Banners shall have two (2) inch high vinyl coated nylon strip (13oz) securely sewn along top and bottom.

Hold Harmless Agreement: Permittee agrees to indemnify, defend, and hold the City, its officers, employees, and volunteers, harmless from and against any and all claims, actions, or damages of any type asserted against or incurred by the City in connection with any acts or omissions of the permittee, its agents, employees, contractors, or any person in connection with the permit, provided this obligation shall not include such claims which may be caused by the sole negligence of the City or its officers or employees.

Signature: _____ Date ____/____/____

****RETURN COMPLETED FORM ALONG WITH PAYMENT BY MAIL OR IN PERSON AT CITY HAL AT LEAST 3 WEEKS PRIOR TO HANGING OF BANNER****

Official Use Only:

Application Received: ____/____/____	Amount Paid: _____	Receipt #: _____
Date Application Emailed to WSDOT: Date ____/____/____		
WSDOT Contact: _____		
Confirmation from WSDOT: Date ____/____/____ (Attach Authorization document)		
Notification to Applicant: Date ____/____/____ Email or Phone: [] Email [] Phone		
Date Received Banner: ____/____/____ Received by: _____		
Date Banner Installed: ____/____/____ Date Banner Removed: ____/____/____		
Date Banner Picked-up: ____/____/____ Picked-up by: _____		



**City Of Orting
Council Agenda Summary Sheet**

	Agenda Bill #	Recommending Committee	Study Session Dates	Regular Meeting Dates
Subject: 2024 Community Grants.	AB22-88	CGA		
		9.6.2023		
		10.4.2023		
	Department:	Administrative		
	Date Submitted:	8.31.2023 9.29.2023		
Cost of Item:				
Amount Budgeted:	<u>2023 Budget TBD</u>			
Unexpended Balance:	<u>N/A</u>			
Bars #:	TBD			
Timeline:	None			
Submitted By:	Kim Agfalvi			
Fiscal Note:				
Attachments:	2023 Grant Requests Worksheet			
SUMMARY STATEMENT:				
<p>Following the budget retreat, council sent the grant discussion back to CGA to make recommendations on funding. Council sentiment was to fund grants in 2023 with unanticipated revenue sources. The following organizations have requested grant funds.</p> <p>Angel One Foundation Orting Rock Festival Orting Chamber of Commerce Recovery Café of Orting Valley* Senior Center Orting Food Bank</p> <p>*Requesting an in-kind grant.</p>				
RECOMMENDED ACTION: <u>Action:</u>				
Move forward to study session on September 20 th , 2023 for Council consideration.				
FUTURE MOTION: <u>Motion:</u>				
TBD.				



CITY OF ORTING

Grant Policy

Mission Statement: The City of Orting supports the development of services and organizations which bring significant value to its citizens and which serve a public purpose.

Section I. Baseline Criteria for receiving grant funding.

Selected grant recipients may receive direct cash contributions from the City of Orting, pursuant to the following procedures and conditions. Grant funding is defined as direct cash donations to non-profit and/or section 501(c)(3) organizations which bring significant value to the citizens of Orting and which serve a public purpose, and organizations that benefit vulnerable and needy populations are given priority. Grant requests are considered on an annual basis and receiving a grant is not guaranteed year to year. Grant requests are dependent on limited city funds and the council reserves the right to allocate funds as it deems appropriate.

All organizations requesting grant funding must comply with the following eligibility standards:

- A. Organizations must be legally tax exempt as defined by IRS section 501(c) (3), or non-profit status, and shall provide proof of the same to the City upon request.
- B. Pursuant to the terms of Section III herein, Organizations must carry their own insurance, and shall execute an agreement wherein the Organization agrees to use the grant funds for the public purpose identified in the Organization's application materials, and further agrees to indemnify the City and hold the City harmless (*see* Attachment A, hereto).
- C. Organizations must serve the residents within the City of Orting and/or the Orting School District.
- D. When approved, all materials distributed by the Organization as a result of the City's grant must contain the City of Orting logo.

The City will prioritize requests received from groups and activities by those groups that serve seniors, youth, the infirm or disabled and people in need within the City. Certain cohort groups

are assumed to meet these criteria, including groups that serve senior citizens age 65 and older; people with disabilities who qualify for the Pierce County Property Tax exemption/reductions; and food bank recipients.

Section II. Process for seeking Grant:

1. All groups seeking grants from the City of Orting must submit a formal request in writing by August 21st of each calendar year for the following year. The request must include a cover letter specifying the dollar amount sought and how it will be used. The letter must include the following attachments:
 - A. Grant Application;
 - B. Previous year's financial statement;
 - C. Current year's budget documents;
 - D. Signed Contract Agreement
 - E. Proof of non-profit status, including but not limited to 501(c)(3) identification number.
 - F. Proof of liability insurance.
2. Grant seekers must submit one electronic copy and one original copy of their application and a cover letter and any attachments to the City Clerk or designee by August 21st. The copies of these materials will be reviewed by the Community and Government Affairs Committee in September, who will bring their recommendation to the full Council at a study session in September. Those recommendations will be discussed during budget workshops. Members of the public may view the file copy at City Hall during business hours or make a Public Records Request to the City Clerk to obtain a copy.
3. A representative of the group must attend the Community and Government Affairs ("CGA") Committee meeting in order to present the organizations request and answer any questions. The City shall provide the organization notice of the CGA Committee meeting at which the organization's application will be reviewed.
4. The CGA Committee will review applications and make a recommendation to the City Council. The City Council will make a final determination by Resolution during budget season.
5. Grant recipients shall execute a contract with City in substantially the same form as is depicted at Exhibit A hereto. The contract shall be executed prior to the receipt of grant funds.
6. Grant recipients shall report regarding the organization's use of the grant funds to the City Council in the manner set in the aforementioned contract and by the date set therein.

Failure to report shall compromise the grant recipient’s ability to receive future grant funding.

Section III. Funding Levels.

The intent of the Council with setting funding thresholds is to encourage organizations to fundraise. The City does not typically want to be a long-term major grantor of any particular organization, and believes that fundraising is the primary purpose of a non-profit board. All current grant recipients will be reset to year one of the table below. The following table lays out the Council’s intended funding structure.

<u>Year</u>	<u>Maximum Percent of Recipient’s Prior Year’s Revenue, or Maximum Funding Amount</u>
1 st	At Council’s Discretion or \$10,000
2 nd	20% or \$8,000
3 rd	15% or \$6,000
4 th	10% or \$4,000
5 th	5% or \$2,000
6+	No more than 5% of recipient’s prior year’s revenue or \$2,000

Section IV. Grants of Facilities

Grant requests may request in their application use of a city facility without cost for a purpose that is the same as the stated mission of the grantor’s organization. Fundraising at City facilities is not permitted unless the grantee has paid a rental fee for the city facility.

Section V. Insurance & Indemnity Requirements for City Grant.

All organizations selected to receive a grant pursuant to this policy shall execute an agreement with the City prior to the dispersal of funds, and said agreement shall include (but is not limited to) the following requirements pertaining to indemnification and insurance:

1. Indemnification / Hold Harmless

User shall defend, indemnify and hold harmless the City of Orting, its officers, officials, employees and volunteers from and against any and all claims, suits, actions, or liabilities for injury or death of any person, or for loss or damage to property, which arises out of the use of Premises or from any activity, work or thing done, permitted, or suffered by User in or about the Premises, except only such injury or damage as shall have been occasioned by the sole negligence of the City of Orting.

2. Insurance

A. Insurance Term

The User shall procure and maintain for the duration of the use or rental period insurance against claims for injuries to persons or damage to property which may arise from or in connection with the use of the facilities and the activities of the User and his or her guests, representatives, volunteers and employees.

B. No Limitation

User's maintenance of insurance as required by the agreement shall not be construed to limit the liability of the User to the coverage provided by such insurance, or otherwise limit the City of Orting's recourse to any remedy available at law or in equity.

C. Required Insurance

User's required insurance shall be as follows:

General Liability insurance shall be at least as broad as Insurance Services Office (ISO) occurrence form CG 00 01 covering premises, operations, products-completed operations and contractual liability. The City of Orting shall be named as an additional insured on User's General Liability insurance policy using ISO Additional Insured-Managers or Lessors of Premises Form CG 20 11 or an endorsement providing at least as broad coverage. The General Liability insurance shall be written with limits no less than \$1,000,000 each occurrence, \$1,000,000 general aggregate.

The insurance policy shall contain, or be endorsed to contain that the User's insurance coverage shall be primary insurance as respect the City of Orting. Any insurance, self-insurance, or self-insured pool coverage maintained by the City of Orting shall be excess of the User's insurance and shall not contribute with it.

D. City of Orting Full Availability of User Limits

If the User maintains higher insurance limits than the minimums shown above, the City of Orting shall be insured for the full available limits of Commercial General and Excess or Umbrella liability maintained by the User, irrespective of whether such limits maintained by the User are greater than those required by this contract or whether any certificate of

insurance furnished to the City of Orting evidences limits of liability lower than those maintained by the User.

E. Certificate of Insurance and Acceptability of Insurers

The User shall provide a certificate of insurance evidencing the required insurance before using the Premises.

Insurance is to be placed with insurers with a current A.M. Best rating of not less than A: VII.



Grant Application-2024

City of Orting - Office of the City Clerk
PO Box 489 - 104 Bridge St S. Orting, WA 98360
Phone: (360) 893-9008 - Fax: (360) 893-6809
www.cityoforting.org

FOR CITY CLERK USE ONLY:

Name of Organization: _____ UBI #: _____

Contact Person's Name and Title: _____

Mailing Address: _____

Phone: _____ Email Address: _____

Amount Requested: \$ _____

How the grant will be used (This information can be provided in a letter, attached to this application):

Who does the grant serve (This information can be provided in a letter, attached to this application):

What city facilities will you be requesting for usage with this grant (May not use facilities for fundraising):

All groups seeking grants from the City of Orting must:

1. Submit one (1) original and one (1) electronic copy of this application, along with the requested attachments to the City no later than August 21st, 2023 at 3:00pm (for grants to be issued the following year). Grants will be approved and distributed at the City's discretion. The application must include:
 1. Previous year's annual financial statement
 2. Current year's budget
 3. Proof of non-profit status, including but not limited to 501(c)(3) identification number.
 4. Copy of Liability Insurance with rider for the City (rider may be provided after approval).
2. A representative of the applicant shall attend the City Council's Community and Government Affairs Committee Meeting to discuss the contents of the application.
3. If selected, an authorized representative of the applicant shall execute a contract with the City before the group shall receive the funding.

Signature of Authorized Representative of Applicant _____
Date

Please return completed form and any additional information to:
City of Orting – Attn: City Clerk 104 Bridge St. S. PO Box 489, Orting, WA 98360. For more information, please call (360) 893-9008.

2024 Grant Requests	2023 Grant Awarded	2022 Revenue	2024 request		Policy Recommendation
Angel One Foundation	\$0.00	\$123,072.63	\$9,750.00	Year 1	\$9,750.00
Orting Chamber of Commerce	\$3,000.00	\$6,244.00	\$3,000.00	Year 3 - 15% of revenue	\$936.60
Orting Rock Festival	\$0.00	\$6,000.00	\$3,000.00	Year 1	\$3,000.00
Recovery Café of Orting Valley	\$0.00	\$1,086,420.83	*See footnote	TBD	\$0.00
Grants Received after 8/21					
Orting Food Bank	\$3,000.00	\$927,411.00	\$3,000.00	Year 3 - 15% of revenue	\$3,000.00
Orting Senior Center	\$12,000.00	\$349,196.89	\$10,000.00	Year 3 - 15% of revenue	\$10,000.00
				Total of all grants submitted	\$26,686.60
<p>*Recovery Café of Orting Valley is requesting use of the old City Hall building located at 110 Train St S. in the year 2024 without paying a rental fee. The current agreement is for \$2,000 per month or \$24,000 per year. Staff are recommending that an in-kind grant be capped at the \$10,000 policy limit that other requests are subject to.</p>					



Angel One Foundation
DBA Angel One Thrift & Boutique
17404 Meridian E. STE.# F254
Puyallup, WA 98375

August 18, 2023

City Clerk
104 Bridge St. S.
P.O. Box 489
Orting, WA 98360

Attention City Clerk,

Angel One Thrift & Boutique is a 501©3 non-profit organization with tax id# 87-0737560 and seeks to receive a grant from the City of Orting in the amount of \$9750.00.

Your grant would be used toward seven- and one-half months' rent at our storefront in Orting. With your help we would be able to provide more with greater impact in the lives of children, teens, families, and veterans we serve in the community. Please find the attached application and supporting documents as requested with this letter.

Thank you so much for taking the time to review the Angel One Thrift & Boutique documents and investing in the future of the Orting residents.

Sincerely,
Josette Larson
Manager
253-377-9521
angelonefoundation@gmail.com



Grant Application-2024

City of Orting - Office of the City Clerk
PO Box 489 - 104 Bridge St S. Orting, WA 98360
Phone: (360) 893-9008 - Fax: (360) 893-6809
www.cityoforting.org

FOR CITY CLERK USE ONLY:

Name of Organization: Angel One Foundation DBA Angel One Thrift & Boutique UBI #: 602453999
Contact Person's Name and Title: Josette Larson, Manager Angel One Thrift & Boutique
Mailing Address: 17404 Meridian East, suite F#254 Puyallup, WA 98375
Phone: 253-377-9521 Email Address: Angelonefoundation@gmail.com
Amount Requested: \$ 9750.00

How the grant will be used (This information can be provided in a letter, attached to this application):

See attached letter

Who does the grant serve (This information can be provided in a letter, attached to this application):

see in attached letter

What city facilities will you be requesting for usage with this grant (May not use facilities for fundraising):

N/A

All groups seeking grants from the City of Orting must:

1. Submit one (1) original and one (1) electronic copy of this application, along with the requested attachments to the City no later than August 21st, 2023 at 3:00pm (for grants to be issued the following year). Grants will be approved and distributed at the City's discretion. The application must include:
 1. Previous year's annual financial statement
 2. Current year's budget
 3. Proof of non-profit status, including but not limited to 501(c)(3) identification number.
 4. Copy of Liability Insurance with rider for the City (rider may be provided after approval).
2. A representative of the applicant shall attend the City Council's Community and Government Affairs Committee Meeting to discuss the contents of the application.
3. If selected, an authorized representative of the applicant shall execute a contract with the City before the group shall receive the funding.

[Signature]
Signature of Authorized Representative of Applicant

8/18/23
Date

Please return completed form and any additional information to:

City of Orting – Attn: City Clerk 104 Bridge St. S. PO Box 489, Orting, WA 98360. For more information, please call (360) 893-9008.



Angel One Thrift & Boutique
17404 Meridian East, Suite F#254
Puyallup, WA 98375

City of Orting
Office of the City Clerk
PO Box 489 - 104 Bridge Street S
Orting, WA 98360

August 18, 2023

Attention City Clerk:

How the grant will be used:

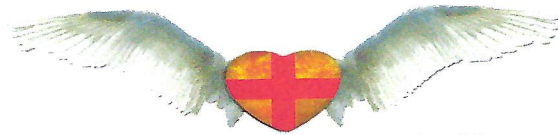
Angel One Foundation, DBA: Angel One Thrift & Boutique would use the grant funds to pay our monthly storefront rent at The Angel One Thrift & Boutique. The store is located at 216 Washington Ave S Orting, WA 98360. The funds we are asking for would cover 7 and 1/2 months of rent at \$1300.00 a month.

Who does the grant serve:

The grant would serve the community of Orting. Angel One Thrift & Boutique provides the community of Orting with free back to school backpacks and school supplies. We partner and help other non-profits like the Recovery Café Orting Valley by offering vouchers for school clothes for teens at no cost. We've also had the opportunity to serve our local veterans of the Washington State Soldiers Home with clothing, as needs arise. We have been able to provide clothing, housewares, toys, and essential items for more than one family who had lost everything due to a fire. Another family had lost their mother to cancer leaving the father to care for three small children. Angel One Thrift & Boutique had the privilege to help fulfill their clothing needs. These are a few examples of how Angel One Thrift & Boutique has been able to serve the city of Orting, and its residents.

Our mission is to Rescue, Raise and Restore our communities in Pierce County and to give hope.

Best Regards,
Josette Larson
Angel One Thrift & Boutique



angel one foundation

Angel One Thrift & Boutique
17404 Meridian East, Suite F#254
Puyallup, WA 98375

City of Orting
Office of the City Clerk
PO Box 489 - 104 Bridge Street S
Orting, WA 98360

August 18, 2023

Attention City Clerk:

Angel One Thrift & Boutique opened its doors on February 1st, 2023, and does not have a previous year's annual financial statement. We have included this year's current budget. If you would like further documentation, please let us know how we can further assist you.

Thank you for your consideration.

Best Regards,
Josette Larson
Angel One Thrift & Boutique

Angel One Thrift & Boutiques
Proposed Current Year's Budget 2023

Storefront Monthly Rent	\$1300.00
Business Insurance for one year	\$1521.00
Administrative for one year (2 Employee's)	\$74,700.00
Thriftcart (POS) System	\$1800.00
QuickBooks	\$1320.00
Internet	\$1379.28
Alarm Company	\$656.40
Electricity	\$1663.00
Water/Sewer	\$1532.00
Gas	\$1052.00
Trash	\$780.00
Storage	\$4506.00
Total	\$92,209.68

UNITED STATES OF AMERICA

The State of



Washington

Secretary of State

I, **SAM REED**, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF INCORPORATION

to

ANGEL ONE FOUNDATION

a/an WA Non-Profit Corporation. Charter documents are effective on the date indicated below.

Date: 12/14/2004

UBI Number: 602-453-999

APPID: 195305



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

A handwritten signature in blue ink that reads "Sam Reed".

Sam Reed, Secretary of State



COMMON POLICY DECLARATIONS

POLICY NUMBER: 2AA368540

RENEWAL OF POLICY: 2AA350363

Named Insured and Mailing Address (No., Street, Town or City, County, State, Zip Code)

SHALOM CHURCH DBA: ANGEL ONE FOUNDATION

17404 MERIDIAN E, UNIT F 254

PUYALLUP, WA 98375

Policy Period: From 09/01/2022 to 09/01/2023 at 12:01 A.M. Standard Time at your mailing address shown above.

BUSINESS DESCRIPTION: NON PROFIT - FOOD BANK AND CLOTHING BANK

FORM OF BUSINESS

- Individual Partnership Joint Venture Trust Corporation
Limited Liability Company Other Organization: NOT FOR PROFIT ORGANIZATION

Audit Period: Annual unless otherwise stated:

FTZ Code:

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PART(S), BUT ONLY FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

Table with 2 columns: Coverage Part, Premium. Rows include Commercial Property Coverage Part (\$250.00), Commercial General Liability Coverage Part (\$750.00), Commercial Inland Marine Coverage Part (Not Covered), Commercial Ocean Marine Coverage Part (Not Covered), Commercial Professional Liability Coverage Part (Not Covered), Commercial Automobile Liability Coverage Part (Not Covered), Liquor Liability Coverage Part (Not Covered), Crime Coverage Part (Not Covered), Other Coverages: Terrorism - Certified Acts (Excluded), Premium Total (\$1,000.00), Other Charges: Taxes and Fees - See MDIL 1002 (\$225.20), GRAND TOTAL (\$1,225.20)

THIS CONTRACT IS REGISTERED AND DELIVERED AS A SURPLUS LINE COVERAGE UNDER THE INSURANCE CODE OF THE STATE OF WASHINGTON, TITLE 48 RCW. IT IS NOT PROTECTED BY ANY WASHINGTON STATE GUARANTY ASSOCIATION LAW.

SIGNATURE OF SURPLUS LINES BROKER

Producer Number, Name and Mailing Address	
210760	State Surplus Lines License #
RT Specialty, LLC	Inspection Ordered: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
11811 North Tatum Boulevard Suite 4010	Program Code:
Phoenix, AZ 85028	

Endorsements	
Forms and Endorsements applying to this Coverage Part and made part of this policy at time of issue:	
SEE FORMS SCHEDULE - MDIL 1001	

These declarations, together with the Common Policy Conditions and Coverage Form(s) and any Endorsement(s), complete the above numbered policy.

Countersigned: 09/07/2022
Date

BY: 



Angel One Yearly Financial Statement 2022

Accounts

Revenues

General Fund	115,877.63
Food Bank	100.00
Missions	1,600.00
Giving Tree Event	3,550.00
Thanksgiving	1,945.00
Total Revenues	\$123,072.63

Expenses

Food	1,360.08
Food Bank	7,704.05
Meetings	340.91
Vehicle Insurance	2,319.89
Business Insurance	1,032.34
Service Fees	2,959.42
Office Supplies	5,813.74
Payroll/Payroll Taxes	29,146.34
Vehicle Expenses	55,426.24
Fuel	1,058.70
Storage	1,526.00
Gifts	988.92
Travel	1,175.40
Benevolent	3,549.02
Missions	5,515.00
Giving Tree	3,807.22
Auction	261.34
Postage	42.40
Medical	94.00
Advertising	587.99
Total Expenses	\$124,709.00



Grant Application-2024

City of Orting - Office of the City Clerk
PO Box 489 - 104 Bridge St S. Orting, WA 98360
Phone: (360) 893-9008 - Fax: (360) 893-6809
www.cityoforting.org

FOR CITY CLERK USE ONLY:

Name of Organization: Orting Chamber of Commerce UBI #: 601591604

Contact Person's Name and Title: Steven Rodrigues

Mailing Address: P.O. Box 1418 Orting, WA 98360

Phone: 253-254-4984 Email Address: acctreasbill@gmail.com

Amount Requested: \$ 3,000

How the grant will be used (This information can be provided in a letter, attached to this application):

see attached

Who does the grant serve (This information can be provided in a letter, attached to this application):

What city facilities will you be requesting for usage with this grant (May not use facilities for fundraising):

All groups seeking grants from the City of Orting must:

1. Submit one (1) original and one (1) electronic copy of this application, along with the requested attachments to the City no later than August 21st, 2023 at 3:00pm (for grants to be issued the following year). Grants will be approved and distributed at the City's discretion. The application must include:
 1. Previous year's annual financial statement
 2. Current year's budget
 3. Proof of non-profit status, including but not limited to 501(c)(3) identification number.
 4. Copy of Liability Insurance with rider for the City (rider may be provided after approval).
2. A representative of the applicant shall attend the City Council's Community and Government Affairs Committee Meeting to discuss the contents of the application.
3. If selected, an authorized representative of the applicant shall execute a contract with the City before the group shall receive the funding.

Steven Rodrigues
Signature of Authorized Representative of Applicant

8/14/2023
Date

Please return completed form and any additional information to:
City of Orting - Attn: City Clerk 104 Bridge St. S. PO Box 489, Orting, WA 98360. For more information, please call (360) 893-9008.



Grant Application - 2024

City of Orting
Office of the City Clerk
PO Box 489
Orting, WA 98360

Orting Chamber of Commerce

Steve Rodrigues – Treasurer

PO Box 1418
Orting, WA 98360

253-254-4984
OCCTREASBILL@GMAIL.COM

\$3,000 request

How the grant will be used?

The Orting Chamber of Commerce is the biggest sponsor of the Orting Daffodil Festival and the Orting Community Float. This grant money would go to the purchase of daffodils for the float, and decorations that will be needed. The price of flowers has increased over the last few years and was \$180 per thousand for 2023, but unknown for 2024. The Orting Float usually has from 12, 000 to 15,000 daffodils.

Who does the grant serve?

The parade brings approximately 5,000 people to this event, which in turn supports our local businesses. The money earned by the event contributes to college scholarships given to local Orting High School graduates. The float also gives the runners-up in the daffodil princess contest the opportunity to ride on the float acknowledging all their hard work for making the daffodil festival a success. It also gives recognition to the Orting Community, which is the main reason for the event.

What city facilities will you be requesting for usage with this grant?

The city currently leases a building to the Orting Chamber of Commerce to house the float. Any other city facilities needed for the day of the festival are paid for through other funds from the Orting Chamber of Commerce not through the funds received for the float.

Orting Chamber of Commerce • Post Office Box 1418 • Orting, WA 98360
www.ortingchamber.org

ORTING DAFFODIL FLOAT FINANCIAL REPORT
2023

		Expenses
Beginning Balance	\$ 2,386.26	
Donations	\$ 6,244.00	Includes City Grant (\$3,000), Chocolate Stroll (\$2,838) and miscellaneous donations
Flowers	\$ 2,160.00	12,000 daffodils
Decorations	\$ 2,157.01	
Float Insurance	\$ 146.00	
Float Registration	\$ 105.50	
Chocolate Stroll Expense to City	\$ 200.00	
Chocolate Stroll - other	\$ 146.00	
Building Rent (float barn)	\$ 1.00	
Misc. needed for the float/barn	\$ 138.01	
Ending Balance	\$ 3,576.74	

ORTING DAFFODIL BUDGET FOR 2023

	Income	Expenses	Actual so far in 2023	
Beginning Balance	\$ 3,576.74			
Donation Chocolate Stroll	\$ 4,000.00		\$ 4,750.00	+ 750
Donation City Grant	\$ 3,000.00		\$ 3,000.00	
Donations - Individuals	\$ 3,000.00		\$ 3,378.94	+ 378.94
Flowers		\$ 3,000.00	\$ 2,700.00	+ 300
Float Decorations		\$ 2,000.00	\$ 3,330.28	-1,330.28
Building Insurance		\$ 600.00	\$ 556.45	+ 43.55
Rent		\$ 1.00	\$ 1.00	
Float Registration		\$ 150.00	\$ 116.25	+ 33.75
Float Insurance		\$ 240.00	\$ 139.00	Still pending
Maint float/barn		\$ 1,200.00	\$ 252.13	Still pending
Dry Cleaning - float dresses		\$ 150.00	\$ 350.00	-200
Chocolate Stroll - to City		\$ 250.00	\$ 200.00	+ 50
Chocolate Stroll supplies		\$ 150.00	\$ 250.30	-100.30

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: **MAY 25 2007**

PORTING CHAMBER OF COMMERCE
PO BOX 1418 214 WASHINGTON AVE S
PORTING, WA 98360-1418

Employer Identification Number:
20-8140176

DLN:

17053052005037

Contact Person:

PAULA J MOLL-MALONE

ID# 31262

Contact Telephone Number:
(877) 829-5500

Accounting Period Ending:
December 31

Form 990 Required:
Yes

Effective Date of Exemption:
December 29, 2006

Contribution Deductibility:
No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax-exempt status we have determined that you are exempt from Federal income tax under section 501(c)(6) of the Internal Revenue Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Please see enclosed Information for Organizations Exempt Under Sections Other Than 501(c)(3) for some helpful information about your responsibilities as an exempt organization.

Sincerely,



Robert Choi
Director, Exempt Organizations
Rulings and Agreements

Enclosure: Information for Organizations Exempt Under Sections Other Than 501(c)(3)

Letter 948 (DO/CG)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/11/2023

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

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

PRODUCER VIRGIL MCLAGAN COMPANY PO BOX 7950 BONNEY LAKE, WA 98391	CONTACT NAME BRANDI HEINZMANN	FAX (A/C, No): 253-862-3265	
	PHONE (A/C, No, Ext): 253-862-3610	E-MAIL ADDRESS: brandi@mclaganins.com	
INSURED ORTING CHAMBER OF COMMERCE PO BOX 1418, ORTING, WA 98360	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: PROGRESSIVE		16322
	INSURER B: MOUNT VERNON FIRE INSURANCE		
	INSURER C:		
	INSURER D:		
INSURER E:			
INSURER F:			

COVERAGES **CERTIFICATE NUMBER:** 105097 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	X		NBP-2555072	01/08/2023	01/08/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			00586348	04/05/2022	04/05/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER

CANCELLATION

CITY OF ORTING
110 TRAIN ST SE
ORTING WA
98360

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

AUTHORIZED REPRESENTATIVE

Brandi Heinzmann



Grant Application-2024

City of Orting - Office of the City Clerk
PO Box 489 - 104 Bridge St S. Orting, WA 98360
Phone: (360) 893-9008 - Fax: (360) 893-6809
www.cityoforting.org

FOR CITY CLERK USE ONLY:

Name of Organization: Orting Rock Festival Association UBI #: 604216351

Contact Person's Name and Title: Chris Hopfau GM/Treasurer

Mailing Address: P.O. Box 1702 Orting WA 98360

Phone: 253-820-3184 Email Address: bugleboyhop@gmail.com

Amount Requested: \$ 3,000.00

How the grant will be used (This information can be provided in a letter, attached to this application):

The requested amount will be used as start-up money to purchase insurance and to reserve/rent the stage. Sponsorship for said stage is generated through fund-raising after local businesses have recovered from donating to the Daffodile + Chocolate stroll events.

Who does the grant serve (This information can be provided in a letter, attached to this application):

Our charities are the Orting Food Bank + The Haven

What city facilities will you be requesting for usage with this grant (May not use facilities for fundraising):

We require the use of the entire City Park

All groups seeking grants from the City of Orting must:

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 1. Previous year's annual financial statement
 2. Current year's budget
 3. Proof of non-profit status, including but not limited to 501(c)(3) identification number.
 4. Copy of Liability Insurance with rider for the City (rider may be provided after approval).
2. A representative of the applicant shall attend the City Council's Community and Government Affairs Committee Meeting to discuss the contents of the application.
3. If selected, an authorized representative of the applicant shall execute a contract with the City before the group shall receive the funding.

Christopher A Hopfau

Signature of Authorized Representative of Applicant

8 / 8 / 23

Date

Please return completed form and any additional information to:

City of Orting - Attn: City Clerk 104 Bridge St. S. PO Box 489, Orting, WA 98360. For more information, please call (360) 893-9008.

RockFest 2023

EXPENSES

TOTAL EXPENSES	Estimated	Actual
	\$8,165.00	\$8,165.00

Site	Estimated	Actual
Park Fee	\$300.00	\$300.00
Stage Rental	\$2,500.00	\$2,500.00
Total	\$2,800.00	\$2,800.00

Decorations	Estimated	Actual
Flags/Bunting	\$75.00	\$75.00
Signs	\$100.00	\$100.00
Lighting	\$25.00	\$25.00
Total	\$200.00	\$200.00

Publicity	Estimated	Actual
Graphics work	\$100.00	\$100.00
Photocopying/Printing	\$40.00	\$36.00
Total	\$140.00	\$136.00

Miscellaneous	Estimated	Actual
Shirts	\$500.00	\$500.00
Heat Transfers	\$150.00	\$150.00
Stationery supplies	\$40.00	\$40.00
Wristbands/Guitar Picks	\$140.00	\$140.00
Total	\$830.00	\$830.00

Refreshments	Estimated	Actual
Food		
Drinks	\$0.00	\$0.00
Total	\$0.00	\$0.00

Program	Estimated	Actual
Performers	\$2,400.00	\$2,400.00
Speaker Towers	\$60.00	\$60.00
Sound Crew	\$700.00	\$700.00
Insurance	\$535.00	\$535.00
Other		
Total	\$3,695.00	\$3,695.00

Prizes	Estimated	Actual
Raffle Items	\$500.00	\$500.00
Gifts	\$0.00	
Total	\$500.00	\$500.00

For our 2023 event we raised approximately \$6,000.00 through sponsorships with the remaining balance due paid out of pocket by ORFA board members. We generated \$1,200.00 through T-shirt sales which would normally go in the bank and or pay back board members but this year we paid our performers out of this fund. Through our raffle and donations, we raised \$800.00 to be split between The Haven and The Food Bank with nearly 400lbs of food donated as well. There is zero positive balance or income from our 2023 event.

Orting Rock Festival 2024

Budget

- **Stage Rental - \$2,000.00**
- **Refundable Stage Deposit - \$500.00**
- **Event Insurance - \$500.00**
- **Orting City Permit/Fees - \$300.00**
- **Performers Fee - \$2,400.00**
- **Sound /Crew - \$850.00**
- **Annual Report Fee \$20.00**
- **Raffle Items - \$500.00**
- **T-Shirts - \$300.00**
- **Vinyl Decals For Shirts - \$200.00**
- **Wristbands - \$100.00**
- **Guitar Picks - \$45.00**
- **Graphic Art Fee - \$100.00**
- **Advertising / Supplies - \$100.00**
- **Posters - \$35.00**
- **Total \$7,450.00**

UNITED STATES OF AMERICA

The State of



Washington

Secretary of State

I, **KIM WYMAN**, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

ARTICLES OF INCORPORATION

to

ORTING ROCK FESTIVAL ASSOCIATION

A **WA NONPROFIT CORPORATION**, effective on the date indicated below.

Effective Date: 01/26/2018

UBI Number: 604 207 887



Given under my hand and the Seal of the State
of Washington at Olympia, the State Capital

Kim Wyman

Kim Wyman, Secretary of State

Date Issued: 01/26/2018



3870-1

ORTING ROCK FESTIVAL ASSOCIATION
C/O CHRIS
PO BOX 1702
ORTING WA 98360-1702

DETACH BEFORE POSTING



STATE OF
WASHINGTON

BUSINESS LICENSE

Unified Business ID #: 604216351
Business ID #: 001
Location: 0001

Association

ORTING ROCK FESTIVAL ASSOCIATION
201 ELDREDGE AVE SW
ORTING, WA 98360

TAX REGISTRATION - ACTIVE

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Director, Department of Revenue

OGDEN UT 84201-0038

In reply refer to: 0458130490
July 31, 2023 LTR 147C 0
82-4163311 000000 00
00007752
BODC: SB

ORTING ROCK FESTIVAL ASSOCIATION
PO BOX 1702
ORTING WA 98360-1702

040855

Employer identification number: 82-4163311

Dear Taxpayer:

Thank you for your telephone inquiry of July 20, 2023.

Your employer identification number (EIN) is 82-4163311. Please keep this letter in your permanent records. Enter your name and EIN on all federal business tax returns and on related correspondence.

You can get any of the forms or publications mentioned in this letter by visiting our website at [IRS.gov/forms](https://www.irs.gov/forms) or by calling 800-TAX-FORM (800-829-3676).

If you have questions, you can call us at 800-829-0115.

If you prefer, you can write to us at the address at the top of the first page of this letter.

When you write, include a copy of this letter, and provide your telephone number and the hours we can reach you in the spaces below.

Telephone number () _____ Hours _____

Keep a copy of this letter for your records.

Thank you for your cooperation.

Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return) Orting Rock Festival Association	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ C <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
	Address (number, street, and apt. or suite no.) 201 Eldredge Av. SW	Requester's name and address (optional)
City, state, and ZIP code Orting WA 98360		
List account number(s) here (optional) UBI 604 207 887		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number				
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>				

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

Employer identification number				
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%; text-align: center;">82</td> <td style="width: 25%; text-align: center;">-416</td> <td style="width: 25%; text-align: center;">33</td> <td style="width: 25%; text-align: center;">11</td> </tr> </table>	82	-416	33	11
82	-416	33	11	

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here Signature of U.S. person ▶ **Christopher A Hopfay**

Date ▶ **8-8-23**

General Instructions

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

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

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

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

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

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

RockFest 2022

EXPENSES

TOTAL EXPENSES			Estimated	Actual
			\$5,160.00	\$5,160.00

Site	Estimated	Actual
Park Fee	\$300.00	\$300.00
Stage Rental	\$2,400.00	\$2,400.00
Total	\$2,700.00	\$2,800.00

Refreshments	Estimated	Actual
Food		
Drinks	\$0.00	\$0.00
	\$0.00	\$0.00
Total	\$0.00	\$0.00

Decorations	Estimated	Actual
Flags/Bunting	\$40.00	\$40.00
Signs	\$100.00	\$100.00
Lighting	\$50.00	\$50.00
Total	\$190.00	\$190.00

Program	Estimated	Actual
Performers	\$0.00	\$0.00
	\$0.00	\$0.00
Sound Crew	\$500.00	\$500.00
Insurance	\$545.00	\$545.00
Other		
Total	\$1,045.00	\$1,045.00

Publicity	Estimated	Actual
Graphics work	\$100.00	\$100.00
Photocopying/Printing	\$40.00	\$40.00
Total	\$140.00	\$140.00

Prizes	Estimated	Actual
Raffle Items	\$500.00	\$500.00
Gifts	\$0.00	
Total	\$500.00	\$500.00

Miscellaneous	Estimated	Actual
Shirts	\$300.00	\$300.00
Heat Transfers	\$100.00	\$100.00
Stationery supplies	\$40.00	\$40.00
Wristbands/Guitar Picks	\$145.00	\$145.00
Total	\$585.00	\$585.00

Expenditure/Income Summary 2022

Due to increased costs, our expenses for the 2022 event exceeded the \$5,000.00 mark for the first time. We received a \$3,000.00 grant from the City of Orting and gathered enough sponsorship to cover most of our remaining costs. Businesses were still recovering from covid so there were still out of pocket expenses which were paid back from monies generated from our t-shirt sales. We generated a total of \$750.00 cash and 378lbs of food for The Orting Food Bank and The Haven received \$400.00 cash. After the event Pierce County Parks showed a strong interest in sponsoring our event or partnering with us to reduce or eliminate the cost of our stage. I am hoping that their commitment holds true. It'll save us \$1,900.00 after the refundable deposit next year.

▶ Attn

8/16/2023

From: Anthony Kagochi
Phone: 206-355-0648
Company Name: Recovery Café Orting Valley

To: City Clerk
Phone: 360-893-9008
Company Name: City of Orting

Comments:

Thank you for accepting our application for this grant. We hope this can serve as an ongoing commitment to the City of Orting. We appreciate your collaboration.

Urgent For Review Please Comment Please Reply Please Recycle



Grant Application-2024

City of Orting - Office of the City Clerk
PO Box 489 - 104 Bridge St S. Orting, WA 98360
Phone: (360) 893-9008 - Fax: (360) 893-6809
www.cityoforting.org

FOR CITY CLERK USE ONLY:

Name of Organization: Recovery Café Orting Valley UBI #: 604220943

Contact Person's Name and Title: Anthony Kagochi

Mailing Address: 110 Train Street SE, Orting WA, 98360

Phone: 260-355-0648 Email Address: Anthony@RecoveryCafeOrting.org

Amount Requested: \$ Facility use without a fee.

How the grant will be used (This information can be provided in a letter, attached to this application):

Please see the attached letter.

Who does the grant serve (This information can be provided in a letter, attached to this application):

Please see the attached letter.

What city facilities will you be requesting for usage with this grant (May not use facilities for fundraising):

110 Train Street SE, Orting WA, 98360

All groups seeking grants from the City of Orting must:

1. Submit one (1) original and one (1) electronic copy of this application, along with the requested attachments to the City no later than **August 21st, 2023 at 3:00pm** (for grants to be issued the following year). Grants will be approved and distributed at the City's discretion. The application must include:
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3. If selected, an authorized representative of the applicant shall execute a contract with the City before the group shall receive the funding.

Signature of Authorized Representative of Applicant _____
Date

Please return completed form and any additional information to:
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Anthony Kagochi MA, LMHC
Recovery Café Orting Valley
08/16/2023

City of Orting
104 Bridge St. S. PO Box 489
Orting WA 98360

Dear members of the City of Orting Grant Committee,

I am writing on behalf of Recovery Café Orting Valley to express our heartfelt interest in partnership with the City of Orting that aligns with our mission to serve and support our community. Our commitment to aiding vulnerable individuals on their path to recovery and growth drives us to seek a collaboration that echoes our shared values. Our organization's core lies in a deep dedication to providing a nurturing and drug-free environment where individuals can find healing, empowerment, and personal development. In line with this ethos, we kindly request the opportunity for Recovery Café Orting Valley to use the city facility located on 110 Train Street SE, Orting WA, 98360, without a fee. This mutually beneficial arrangement will enable us to continue fostering a safe and supporting community for our members and allowing them access to essential services. Our impactful programs are centered around several key areas:

Recovery Café Program:

We cultivate an atmosphere of healing and growth, providing a haven for individuals seeking sustained recovery. By creating a caring and accepting space, we empower our members to rebuild their lives and connect with vital resources, embodying the principles of the Recovery Oriented System of Care (ROSC) approach. Currently the Recovery Café Program is offering: Circle groups for recovery support, two veterans groups, trauma group, young adult groups, arts and crafts, school for recovery groups, loved ones group, pride circle, business incubator group, meals, coffee, community events, and more.

Recovery Navigator Program (RNP):

Our RNP program offers invaluable guidance to individuals navigating intricate systems, such as benefits, housing assistance, treatment services, involvement in the criminal justice system, case management services, and more. We aim to enhance the quality of life for those we serve, ensuring they have access to the support they need. RNP case managers will meet with people in the community in an outreach capacity.

Youth and Young Adult Program (YAYA):

With your gracious support, our Youth and Young Adult Program provides daily meals, tutoring, mentorship, and enriching activities to individuals aged 14 to 20. This program addresses immediate challenges and equips young individuals with essential life skills, setting them on a path to future success. YAYA program features support groups for youth called Snack and Chats, tutoring, table top games, gardening, outdoor activities, employment support, individual case management and support, meals and more.

Orting Standing Together On Prevention (OSTOP):

OSTOP focuses on prevention of youth substance use and mental health issues. Our goals are to strengthen our community-based prevention efforts and safeguard the well-being of the younger generation.

This request for accessible facility use is rooted in our desire to allocate resources where they matter most- directly to our programs. The partnership we seek will enable us to expand our reach, enhance the quality of services and profoundly impact our community. We are steadfast in our commitment to responsible stewardship of resources and serving the most vulnerable. This collaboration will support individuals in our community striving for recovery and personal development and youth and young adults seeking empowerment.

We are profoundly grateful for the City of Orting's dedication to community betterment. Our programs are designed to uplift individuals and provide them with the tools to lead fulfilling lives. We sincerely thank you for considering our request. We eagerly anticipate the possibility of working alongside the City of Orting to continue our transformative work, creating a lasting and positive impact on the lives of those we serve.

Warm regards,

Anthony Kagochi MA, LMHC
Director
Recovery Café Orting Valley
Anthony@RecoveryCafeOrting.org

RECOVERY CAFE ORTING VALLEY

Balance Sheet

As of December 31, 2022

Dec 31, 22

ASSETS

Current Assets

Checking/Savings

Business Interest Cking (6818)	2,640.94
Cash on hand	500.00
Key Bank Account	42,432.02
Savings	6.98

Total Checking/Savings 45,579.94

Other Current Assets

Uncategorized Asset 43,312.21

Total Other Current Assets 43,312.21

Total Current Assets 88,892.15

TOTAL ASSETS 88,892.15

LIABILITIES & EQUITY

Liabilities

Current Liabilities

Credit Cards

BECU CC	5,152.48
Capital One	-1,750.00
Credit Card- Key Bank	7,860.75

Total Credit Cards 11,263.23

Other Current Liabilities

*Payroll Liabilities

EAF	45.67
FWT	9,978.00
L&I Employee	597.43
Medical Co Paid	118.35
Medicare Co.	1,395.15
Medicare Employee	1,395.15
Simple IRA Co	1,460.85
Simple IRA Empl	2,773.35
SS Co	4,644.92
SS Employee	4,644.92
Vision Co Paid	23.75

Total *Payroll Liabilities 27,077.54

On Deck Capital 5,211.68

Payroll Liabilities

WA Paid Family and Medical Leav	496.80
WA SUI Employer	16,299.80
WA Workers Compensation	1,687.30

Total Payroll Liabilities 18,483.90

Total Other Current Liabilities 50,773.12

Total Current Liabilities 62,036.35

Total Liabilities 62,036.35

Equity

1:00 PM
08/15/23
Accrual Basis

RECOVERY CAFE ORTING VALLEY

Balance Sheet

As of December 31, 2022

	<u>Dec 31, 22</u>
Retained Earnings	64,441.36
Net Income	<u>-37,585.56</u>
Total Equity	26,855.80
TOTAL LIABILITIES & EQUITY	<u>68,892.15</u>

RECOVERY CAFE ORTING VALLEY
Profit & Loss
January through December 2022
Jan - Dec 22

Ordinary Income/Expense

Income

Beacon Health SABG	239,267.49
Facebook Donations	225.00
Grants	504,079.03
HCA SABG	70,800.00
Interest Income	2.56
Pierce County Contracts/Grants	271,661.35
Rebate	96.56
Uncategorized Income	288.84

Total Income 1,086,420.83

Cost of Goods Sold

Cost of Goods Sold	2,146.47
Meals for Homeless	8,674.55

Total COGS 10,821.02

Gross Profit 1,075,599.81

Expense

*Payroll Expenses

Dental	3,081.79
Direct Deposit Fees	51.67
EAF	185.19
FUTA	0.00
Health Insurance	0.00
Hotline Wages	4,077.63
Hourly Wages	271,864.65
L&I	1,357.48
Medical	18,234.18
Medicare	9,112.19
On Call Pay	7,449.55
Online Wages	40,727.31
PFML	-151.06
QB's online Taxes	32,292.84
Salary Wages	318,820.33
Simple IRA	5,092.99
SS	37,361.71
Vison Expense	366.86
WA Unempl.	18,441.62

Total *Payroll Expenses 768,366.93

Auto Reimb Expenses 2,740.11

Bank Charges & Fees 2,774.02

Cafe Supplies 14,606.93

Contractors 200.00

Dues and Subscriptions 7,736.53

Equipment Purchase 4,000.00

Fundraising and Marketing 105.55

1:00 PM
08/15/23
Accrual Basis

RECOVERY CAFE ORTING VALLEY

Profit & Loss

January through December 2022

Jan - Dec 22

Housing Support	650.00
Insurance	30,854.77
Interest Paid	7,183.65
Internet	4,999.20
Maintenance	3,776.23
Meals	1,172.73
Member Support	21,263.33
Office Supplies & Software	28,198.19
Office/General Administrative E	98,844.04
Other Business Expenses	2,835.24
Professional Expenses	
Accounting	8,500.00
Total Professional Expenses	8,500.00
RCN Dues	75.00
Recruiting Cost	285.10
Reimbursable Expenses	8,160.20
Reimbursements	365.33
Rent & Lease	36,798.26
Rental Assistance	1,112.00
Repairs & Maintenance	8,050.39
Security	263.03
Taxes & Licenses	180.00
Telephone	8,020.22
Therphy Service Contract	4,616.75
Travel and Training	4,593.99
Utilities and Rent	30,915.65
Website	942.00
Total Expense	1,113,185.37
Net Ordinary Income	-37,585.56
Net Income	-37,585.56



RECOVERY CAFE ORTING VALLEY PUBLIC BENEFIT
 PO BOX 1867
 113 VARNER AVE SE
 ORTING WA 98360-1867

DETACH BEFORE POSTING



STATE OF WASHINGTON
 Nonprofit Corporation

BUSINESS LICENSE

Issue Date: Jan 27, 2023
 Unified Business ID #: 604220943
 Business ID #: 001
 Location: 0001
 Expires: Feb 29, 2024

RECOVERY CAFE ORTING VALLEY PUBLIC BENEFIT
 RECOVERY CAFE ORTING VALLEY
 113 VARNER AVE SE
 ORTING WA 98360-9012

UNEMPLOYMENT INSURANCE - ACTIVE INDUSTRIAL INSURANCE - ACTIVE
 TAX REGISTRATION - ACTIVE

CITY ENDORSEMENTS:
 ORTING NONPROFIT BUSINESS - ACTIVE

LICENSING RESTRICTIONS:
 Not licensed to hire minors without a Minor Work Permit.

REGISTERED TRADE NAMES:
 RECOVERY CAFE ORTING VALLEY

This document lists the registrations, endorsements, and licenses authorized for the business listed above. By accepting this document, the licensee certifies the information on the application is complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

John Ryser

Director, Department of Revenue

604220943 001 0001

STATE OF WASHINGTON

Expires: Feb 29, 2024

RECOVERY CAFE ORTING VALLEY PUBLIC BENEFIT
 RECOVERY CAFE ORTING VALLEY
 113 VARNER AVE SE
 ORTING WA 98360-9012

UNEMPLOYMENT INSURANCE - ACTIVE
 INDUSTRIAL INSURANCE - ACTIVE
 TAX REGISTRATION - ACTIVE
 ORTING NONPROFIT BUSINESS - ACTIVE



John Ryser

Director, Department of Revenue

DETACH THIS SECTION FOR YOUR WALLET



Department of the Treasury
Internal Revenue Service
Tax Exempt and Government Entities
P.O. Box 2508
Cincinnati, OH 45201

RECOVERY CAFE ORTING VALLEY
C/O RENA K THOMPSON
PO BOX 1867
ORTING, WA 98360

Date:
04/05/2022
Employer ID number:
83-2459466
Person to contact:
Name: Ms. Elliott
ID number: 31886
Telephone: 877-829-5500
Accounting period ending:
December 31
Public charity status:
170(b)(1)(A)(vi)
Form 990 / 990-EZ / 990-N required:
Yes
Effective date of exemption:
May 15, 2021
Contribution deductibility:
Yes
Addendum applies:
No
DLN:
26053642009351

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.


Based on the information you submitted with your application, we approved your request for reinstatement under Revenue Procedure 2014-11. Your effective date of exemption, as listed at the top of this letter, is retroactive to your date of revocation.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Sincerely,



Stephen A. Martin
Director, Exempt Organizations
Rulings and Agreements

RECOVERY CAFE ORTING VALLEY

Profit & Loss

January through July 2023

Jan - Jul 23

Ordinary Income/Expense

Income

Amazon	78.07
Carelon HCC	458,649.54
Facebook Donations	50.00
HCA SABG	49,849.00
Interest Income	4.61
Pierce County Contracts/Grants	84,977.00
Rebate	150.07
Uncategorized Income	85,860.67

Total Income 679,618.96

Gross Profit 679,618.96

Expense

*Payroll Expenses

Dental	2,803.49
EAF	112.70
Health Insurance	15,564.68
Hotline Wages	400.00
Hourly Wages	183,016.44
L&I	1,400.94
Medical Benefits	25,446.23
Medicare	5,705.15
PFML	0.01
Salary Wages	219,458.40
Simple IRA	6,480.38
SS	24,394.46
Vison Expense	377.24
WA Unempl.	12,247.28

Total *Payroll Expenses 497,407.40

Auto Reimb Expenses 1,894.11

Back Ground Checks 165.00

Bank Charges & Fees 2,052.78

Cafe Supplies 344.22

Dues and Subscriptions 5,662.91

Insurance 859.86

Interest Paid 32,948.88

Internet 3,417.60

Meals 954.75

Meals for Homeless 9,132.90

Member Support 11,992.16

Office Supplies & Software 26,850.93

Office/General Administrative E 6,096.12

Professional Expenses

Accounting 5,250.00

Total Professional Expenses 5,250.00

RECOVERY CAFE ORTING VALLEY

Profit & Loss

January through July 2023

Jan - Jul 23

Reimbursable Expenses	4,775.39
Rent & Lease	31,963.46
Repairs & Maintenance	249.14
Security	109.50
Taxes & Licenses	223.50
Telephone	4,793.52
Therphy Service Contract	5,241.50
Travel and Training	5,818.91
Utilities and Rent	7,948.05
Website	556.94
Total Expense	666,709.53
Net Ordinary Income	12,909.43
Net Income	12,909.43



Grant Application-2024

City of Orting - Office of the City Clerk
PO Box 489 - 104 Bridge St S. Orting, WA 98360
Phone: (360) 893-9008 - Fax: (360) 893-6809
www.cityoforting.org

FOR CITY CLERK USE ONLY:

Name of Organization: Orting Food Bank UBI #: 602-701-449

Contact Person's Name and Title: Stephanie Lathrop, President of the Board of Directors

Mailing Address: PO Box 1877, Orting, WA 98360

Phone: 360-561-0062 Email Address: stephanielathrop@msn.com
360-893-0095 ortingfoodbank@yahoo.com

Amount Requested: \$ 3000.00

How the grant will be used (This information can be provided in a letter, attached to this application):
Please see attached letter.

Who does the grant serve (This information can be provided in a letter, attached to this application):

Please see attached letter.

What city facilities will you be requesting for usage with this grant (May not use facilities for fundraising):

N/A

All groups seeking grants from the City of Orting must:

1. Submit one (1) original and one (1) electronic copy of this application, along with the requested attachments to the City no later than August 21st, 2023 at 3:00pm (for grants to be issued the following year). Grants will be approved and distributed at the City's discretion. The application must include:
 1. Previous year's annual financial statement
 2. Current year's budget
 3. Proof of non-profit status, including but not limited to 501(c)(3) identification number.
 4. Copy of Liability Insurance with rider for the City (rider may be provided after approval).
2. A representative of the applicant shall attend the City Council's Community and Government Affairs Committee Meeting to discuss the contents of the application.
3. If selected, an authorized representative of the applicant shall execute a contract with the City before the group shall receive the funding.



Signature of Authorized Representative of Applicant

09/05/2023

Date

Please return completed form and any additional information to:

City of Orting – Attn: City Clerk 104 Bridge St. S. PO Box 489, Orting, WA 98360. For more information, please call (360) 893-9008.



Orting Food Bank
224 Washington Ave S
PO Box 1877
Orting, WA 98360-1877

September 5, 2023

We are requesting a grant of \$3000.00 from the City of Orting for the 2024 fiscal year.

This grant will be divided into two parts. Up to \$1,500 will be used to provide assistance with utility bills to restore water service to customers of the City of Orting. What is not used of this \$1,500 can be used by the food bank to pay for day-to-day expenses. The remaining \$1,500 will be used for operational expenses. The following is the policy for utility assistance payments:

- Customers will be referred by Orting Food Bank to the City of Orting. The City of Orting will make the determination to accept or deny referrals.
- When a referral is accepted for grant assistance, Orting Food Bank will pay the customer's outstanding bill with the City of Orting, up to the amount approved by the City.
- Customers can receive grant assistance once per year.
- Orting Food Bank will maintain records of customers whose bills have been paid out of this grant.

Orting Food Bank serves over 700 families a month in our community with emergency food assistance. We accept anyone in the community that needs assistance. We also provide referral services to other agencies to assist community members with receiving needed services.

Respectfully submitted,

A handwritten signature in black ink that reads "Stephanie Lathrop".

Stephanie Lathrop
President, Orting Food Bank

"Putting an end to hunger in Orting!"
The Orting Food Bank is a registered 501(c)3 charity.



Financial Statements

December 31, 2022 and 2021

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Statement of Functional Expenses - Prior Year	5
Statements of Cash Flows	6
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BATTERSHELL & NICHOLS
A PROFESSIONAL SERVICE CORPORATION

To the Board of Trustees of
Orting Food Bank
Orting, Washington

Management is responsible for the accompanying financial statements of Orting Food Bank (the Organization) which comprise the statements of financial position as of December 31, 2022 and 2021, the related statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the financial statements in accordance with accounting principles generally accepted in the United States of America. We have performed a compilation engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. We did not audit or review the financial statements nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. We do not express an opinion, a conclusion, nor provide any assurance on these financial statements.

Battershell & Nichols

Puyallup, Washington
April 25, 2023

Orting Food Bank
Statements of Financial Position
December 31, 2022 and 2021

	2022	2021
Assets		
Current Assets		
Cash	\$ 208,529	\$ 235,471
Food inventory	<u>76,591</u>	<u>79,341</u>
Total Current Assets	<u>285,120</u>	<u>314,812</u>
Property and Equipment		
Furniture and equipment	153,731	153,731
Buildings	388,890	388,890
Land	<u>68,378</u>	<u>68,378</u>
	610,999	610,999
Accumulated depreciation	<u>(242,251)</u>	<u>(214,061)</u>
Total Property and Equipment	<u>368,748</u>	<u>396,938</u>
Total Assets	<u><u>\$ 653,868</u></u>	<u><u>\$ 711,750</u></u>
Liabilities and Net Assets		
Current Liabilities		
Accrued payroll and taxes	<u>\$ 1,827</u>	<u>\$ 1,782</u>
Total Current Liabilities	<u>1,827</u>	<u>1,782</u>
Net Assets		
Without Donor Restrictions:		
Undesignated	<u>652,041</u>	<u>709,968</u>
Total Net Assets	<u>652,041</u>	<u>709,968</u>
Total Liabilities and Net Assets	<u><u>\$ 653,868</u></u>	<u><u>\$ 711,750</u></u>

See accompanying notes and independent accountants' compilation report.

Orting Food Bank
Statements of Activities
For the Years Ended December 31, 2022 and 2021

	2022	2021
Changes in Net Assets Without Donor Restrictions		
Revenue and Support		
General contributions	\$ 100,637	\$ 125,383
Noncash contributions of food	807,108	925,725
Fundraising income	12,528	7,988
Interest income	<u>90</u>	<u>96</u>
Total Revenue and Support	<u>920,363</u>	<u>1,059,192</u>
Net assets released from restrictions	<u>7,048</u>	<u>0</u>
Total Revenue and Other Support Without Donor Restrictions	<u>927,411</u>	<u>1,059,192</u>
Expenses		
Program	916,720	1,015,516
General and Administration	39,958	29,094
Facilities	23,606	26,414
Fundraising	<u>5,054</u>	<u>7,649</u>
Total Expenses	<u>985,338</u>	<u>1,078,673</u>
(Decrease) in Net Assets Without Donor Restrictions	<u>(57,927)</u>	<u>(19,481)</u>
Changes in Net Assets With Donor Restrictions		
Temporarily restricted contributions	7,048	0
Net assets released from restrictions	<u>(7,048)</u>	<u>0</u>
Increase in Net Assets With Donor Restrictions	<u>0</u>	<u>0</u>
(Decrease) in Net Assets	<u>(57,927)</u>	<u>(19,481)</u>
Net Assets, Beginning of Year	<u>709,968</u>	<u>729,449</u>
Net Assets, End of Year	<u><u>\$ 652,041</u></u>	<u><u>\$ 709,968</u></u>

See accompanying notes and independent accountants' compilation report.

Orting Food Bank
Statement of Functional Expenses
For the Year Ended December 31, 2022

	Program Services		Support Services			Total Support Services
	TOTAL	Program	General and Administration	Facilities	Fundraising	
Food	\$ 836,024	\$ 836,024				
Personnel	59,476	47,581	11,895			11,895
General expenses	52,695	6,962	24,750	15,929	5,054	45,733
Depreciation	28,191	25,372	2,819			2,819
Repairs and maintenance	6,068			6,068		6,068
Equipment, technology, and communication costs	1,609			1,609		1,609
Supplies	1,275	781	494			494
	<u>\$ 985,338</u>	<u>\$ 916,720</u>	<u>\$ 39,958</u>	<u>\$ 23,606</u>	<u>\$ 5,054</u>	<u>\$ 68,618</u>

See accompanying notes and independent accountants' compilation report.

Orting Food Bank
Statement of Functional Expenses
For the Year Ended December 31, 2021

	Program Services		Support Services			Total Support Services
	TOTAL	Program	General and Administration	Facilities	Fundraising	
Food	\$ 937,441	\$ 937,441				
Personnel	52,110	41,688	10,422			10,422
General expenses	49,064	5,667	15,056	20,692	7,649	43,397
Depreciation	33,481	30,133	3,348			3,348
Repairs and maintenance	4,195			4,195		4,195
Equipment, technology, and communication costs	1,527			1,527		1,527
Supplies	855	587	268			268
	<u>\$ 1,078,673</u>	<u>\$ 1,015,516</u>	<u>\$ 29,094</u>	<u>\$ 26,414</u>	<u>\$ 7,649</u>	<u>\$ 63,157</u>

See accompanying notes and independent accountants' compilation report.

Orting Food Bank
Statements of Cash Flows
For the Years Ended December 31, 2022 and 2021

	2022	2021
Cash Flows Provided (Used) by Operating Activities:		
Cash received from general contributions	\$ 100,637	\$ 125,383
Cash received from restricted contributions	7,048	0
Cash received from fundraising income	12,528	7,988
Cash received from interest and other income	90	96
Cash disbursed for program expenses	(81,446)	(63,280)
Cash disbursed for general supporting expenses	(37,139)	(25,746)
Cash disbursed for facility expenses	(23,606)	(26,414)
Cash disbursed for fundraising expenses	(5,054)	(7,649)
Net Cash Flows (Used) Provided by Operating Activities	<u>(26,942)</u>	<u>10,378</u>
Cash Flows Provided (Used) by Investing Activities		
Expenditures for equipment	<u>0</u>	<u>(7,806)</u>
Net Cash Flows (Used) by Investing Activities	<u>0</u>	<u>(7,806)</u>
Net (Decrease) Increase in Cash	(26,942)	2,572
Cash - January 1, 2022 and 2021	<u>235,471</u>	<u>232,899</u>
Cash - December 31, 2022 and 2021	<u><u>\$ 208,529</u></u>	<u><u>\$ 235,471</u></u>

Reconciliation of Changes in Net Assets to Net Cash Provided by Operating Activities

Cash Flows Provided (Used) by Operating Activities:

(Decrease) in Total Net Assets	\$ (57,927)	\$ (19,481)
Adjustments to Reconcile (Decrease) in Total Net Assets to Cash Provided by Operating Activities:		
Depreciation	28,191	33,481
Changes in Assets and Liabilities:		
Decrease (Increase) in Food inventory	2,750	(3,984)
Increase in Accrued payroll and taxes	44	362
Total Adjustments	<u>30,985</u>	<u>29,859</u>
Net Cash Flows (Used) Provided by Operating Activities	<u><u>\$ (26,942)</u></u>	<u><u>\$ 10,378</u></u>

See accompanying notes and independent accountants' compilation report.

Orting Food Bank
Notes to Financial Statements
For the years ended December 31, 2022 and 2021

Note 1 - Nature of Activities and Summary of Significant Accounting Policies

Nature of Activities

Orting Food Bank is located in Orting, Washington and is organized for the purposes of collecting food donations and distributing them to those in need. The Organization also provides referral services as available to help people. The Organization was incorporated as a non-profit corporation under the laws of the State of Washington in 2007 as a 501(c)(3) charity.

Basis of Accounting

The Organization presents financial statements in accordance with accounting principles generally accepted in the United States of America. This basis of accounting involves the application of accrual accounting; consequently, revenues and gains are recognized when earned, and expenses and losses are recognized when incurred.

Basis of Presentation

The Organization is required to report information regarding its financial position and activities according to two classes of net assets: net assets without donor restrictions and net assets with donor restrictions.

Net assets without donor restrictions are resources available to support operations. The only limits on the use of this type of assets are the broad limits resulting from the nature of the Organization, the environment in which it operates, the purposes specified in its corporate documents and its application for tax-exempt status, and any limits resulting from contractual agreements with creditors and others that are entered into in the course of its operations. It is the policy of the Board of Directors of the Organization to review its plans for future property improvements and acquisitions from time to time and to designate appropriate sums of net assets without donor restrictions to assure adequate financing of such improvements and acquisitions.

Net assets with donor restrictions are resources that are restricted by a donor for use for a particular purpose or in a particular future period. The Organization's unspent contributions are reported in this class if the donor limited their use.

Contributions of property and equipment or cash restricted to acquisition of property and equipment are reported as net assets with donor restrictions if the donor has restricted the use of the property or equipment to a particular program. If donors specify a length of time over which the property or equipment must be used, the restrictions expire evenly over the required period. Absent that type of restriction for use, the Organization considers the restriction met when the assets are placed in service.

When a donor's restriction is satisfied, either by using the resources in the manner specified by the donor or by the passage of time, the expiration of the restriction is reported in the financial statements by reclassifying the net assets with donor restrictions to net assets without donor restrictions.

Net assets with permanent donor restrictions that do not expire are resources whose use is limited

See accountants' compilation report.

Orting Food Bank
Notes to Financial Statements
For the years ended December 31, 2022 and 2021

by donor-imposed restrictions that neither expire by being used in accordance with a donor's restriction nor by the passage of time.

The Organization had no net assets with permanent donor restrictions at December 31, 2022 and 2021.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates. Significant estimates include useful lives of property and equipment and allocation of expenses to programs.

Cash

For purposes of the statement of cash flows, cash includes time deposits, certificates of deposit, and all highly liquid debt instruments with original maturities of three months or less. Restricted cash represents cash received with a donor-imposed restriction that limits the use of that cash to the acquisition of property or to a specified program. Unless donor stipulations limit the use of the assets for a period of time or for a particular purpose, the donor-imposed restriction expires when the assets are placed in service in accordance with generally accepted accounting principles.

Cash at December 31, 2022 and 2021 consists of the following:

	2022	2021
Cash	\$ 208,529	\$ 235,471
Total cash without donor restrictions	<u>208,529</u>	<u>235,471</u>
Cash and restricted cash presented in the Statement of Cash Flows	\$ 208,529	\$ 235,471

Buildings, Equipment, Improvements, and Depreciation

Buildings, equipment, and improvements purchased are stated at cost. Donated assets are stated at fair market value at date of receipt. Donated services that enhance non-financial assets are capitalized at fair market value at the date the services are provided. Depreciation is provided by use of the straight-line method over the estimated useful lives of the related assets ranging from three to fifteen years for equipment and thirty-nine years for buildings and improvements. All acquisitions of property and equipment in excess of \$5,000 and all expenditures for repairs, maintenance, renewals, and betterments that materially prolong the useful lives of assets are capitalized. Depreciation expense for the years ended December 31, 2022 and 2021 was \$28,191 and \$33,481, respectively.

Food Inventory

Inventory consists of donated food and is stated at \$1.82 per pound as of December 31, 2022 and 2021 as determined by the Washington State Department of Agriculture. The price per pound is determined by the average price of food listed in the consumer price index and is revalued every two years.

See accountants' compilation report.

Orting Food Bank
Notes to Financial Statements
For the years ended December 31, 2022 and 2021

Allocation of Costs to Programs and Supporting Activities

The Organization allocates personnel and facilities costs including depreciation to programs based upon time spent directly on program activities as well as the square footage of facilities used for program activities.

Federal Income Tax

The Organization is exempt from federal income tax under Internal Revenue Code Section 501(c)(3) except to the extent of unrelated business taxable income, if any.

Contributions Received

Contributions received are recorded as without donor restrictions or with donor restrictions depending on the existence and/or nature of any donor restrictions. Gifts received of long-lived assets, in the absence of donor-imposed use restrictions, are reported as without donor restrictions.

Contributions and donor-restricted support is reported as an increase in net assets with donor restrictions, depending on the nature of the restriction. When a restriction expires (that is, when a stipulated time restriction ends or purpose restriction is accomplished), net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the Statement of Activities as net assets released from restrictions.

Donated Services and Materials

The Organization recognizes donated services that create or enhance nonfinancial assets. Donated services that require specialized skills, are provided by individuals possessing those skills, and would typically need to be purchased if not provided by donation are also recognized.

A large number of people have contributed significant amounts of time to the activities of the Organization without compensation. The financial statements do not reflect the value of those contributed services because, although clearly substantial, the services do not meet the recognition criteria required by generally accepted accounting principles and no reliable basis exists for determining an appropriate value for those services. Donated materials are included in the financial statements at their estimated fair market values as of the date of their receipt.

Note 2 - Concentration of Credit Risk

The Organization maintains cash balances at financial institutions located in Washington. Accounts at each institution are insured by the Federal Deposit Insurance Corporation up to \$250,000 per institution. The organization did not have any balances on deposit in excess of insurance limits as of the years ended December 31, 2022 and 2021.

See accountants' compilation report.

Orting Food Bank
Notes to Financial Statements
For the years ended December 31, 2022 and 2021

Note 3 - Liquidity and Funds Available

The following reflects Orting Food Bank's financial assets as of the statement of financial position date. The balance would be reduced by amounts not available for general use because of contractual or donor-imposed restrictions within one year of the statement of financial position date, if such restrictions were in place. Examples of amounts not available include amounts set aside for long-term purposes that could be drawn upon if the governing board approved that action. As of the date of the financial statements, no funds were designated by the board as not available for current operating purposes.

Financial assets:	2022	2021
Cash	\$ 208,529	\$ 235,471
Financial assets, at year end	\$ 208,529	\$ 235,471
Less those unavailable for general expenditures within one year, due to:		
Contractual or donor-imposed restrictions:		
None	0	0
Board designations:		
None	0	0
Financial assets available to meet cash needs for general expenditures within one year	\$ 208,529	\$ 235,471

The Organization is partially supported by restricted contributions. Because a donor's restriction requires resources to be used in a particular manner or in a future period, the Organization must maintain sufficient resources to meet those responsibilities to its donors. Thus, financial assets may not be available for general expenditure within one year. As part of the Organization's liquidity management, it has a policy to structure its financial assets to be available as its general expenditures, liabilities, and other obligations come due. In addition, the Organization may invest cash in excess of daily requirements in short-term investments. Occasionally, the board may designate a portion of any operating surplus to a liquidity reserve, which was \$0 as of December 31, 2022. In the event of an unanticipated liquidity need, the Organization could draw upon \$10,000 of its available line of credit (as further discussed in Note 4).

Note 4 - Line of Credit

The Organization has a line of credit for \$10,000 with a bank, which is due on demand. As of December 31, 2022 and 2021, the balance was \$0 and \$0, respectively. The line of credit bears interest at an adjustable rate of the Wall Street Journal Prime Rate (7.50% and 3.25% per annum as of December 31, 2022 and 2021, respectively) plus 2% and is secured by equipment and fixtures.

See accountants' compilation report.

Orting Food Bank
Notes to Financial Statements
For the years ended December 31, 2022 and 2021

Note 5 - Contingency

On May 5, 2015 the Organization entered into an agreement with Pierce County, Washington, through its Department of Community Connections to renovate and expand the property, which currently houses the food bank facility, for \$120,450. The Organization gave a promissory note to Pierce County for the full amount and is not required to make payments on this note provided that it complies with the following terms: the property must be used as a food bank for the benefit of low income individuals, households, or areas of Pierce County, it will maintain safe and sanitary facilities and will comply with all state and local building codes, licensing requirements, and other requirements regarding the condition of the structure and the operation of the project in the jurisdiction in which the facility is located, and it will keep any records and make any reports relating to compliance with this covenant that the County may reasonably require. If the covenant agreement is followed, the amount owed will be forgiven in full on June 30, 2045. As security for the note, the Organization granted Pierce County a deed of trust on its building, including improvements, and land located in Orting, Washington. The deed of trust and secured promissory note are subject to the restrictions previously described for a period of thirty years, beginning June 30, 2015. If the real property is sold, transferred, or otherwise conveyed or disposed of without Pierce County's prior written consent, the County may declare the principal amount of the note due immediately. After the improvements were completed in 2015, the land and building improvements have a book value of \$457,268 and are recorded on the Statement of Financial Position.

Note 6 - Subsequent Events

Management considered and found no subsequent events requiring disclosure in the financial statements occurring after the balance sheet date until April 25, 2023, the date the financials were available to be issued.

See accountants' compilation report.

2023 Budget

Description	Budget
	2023
Revenues	
Beginning Net Cash & Investments	
Individual Donations	\$81,000
Corporate/Agency Donations/Grants	
Non-Cash Food Contributions	\$800,000
Total Fund Raising Income	\$60,000
Interest Income	\$75
Total Income	\$941,075
Total Cash Income	\$141,075
Expenses	
Ending Fund Balance	
Food Taken In and Delivered	\$800,000
Liability Insurance	\$9,000
Facility Repair and Maintenance	\$7,000
Fund Raisers	\$12,000
Dues/Licenses	\$20
Office Expenses	\$2,000
Non-Food Supplies	\$500
Fuel (Van)	\$2,500
Van Maint & Repairs	\$1,000
Volunteer Recognition	\$1,400
Director Salary	\$61,600
Payroll Taxes	\$5,264
Purchased Food	\$13,000
Travel & Meetings	\$1,000
Utilities	\$13,200
Accounting Expense	\$10,000
Capital	\$0
City of Orting Utility Assistance	\$1,500
Total Expense	\$940,984
Total Cash Expense	\$140,984
Cash Surplus/(Deficit)	\$91



Department of the Treasury
Internal Revenue Service

P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248351232
Mar. 13, 2013 LTR 4168C EO
20-8562623 000000 00

00034233
BODC: TE

ORTING FOOD BANK
% PAT C WILSON
PO BOX 1877
ORTING WA 98360-1877



836173

Employer Identification Number: 20-8562623
Person to Contact: Mr. Kelley
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Mar. 04, 2013, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in July 2007.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,

Richard McKee

Richard McKee, Department Manager
Accounts Management Operations

Non Profit Insurance Program

Certificate of Coverage

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

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

PRODUCER	COMPANIES AFFORDING COVERAGE
Clear Risk Solutions 451 Diamond Drive Ephrata, WA 98823	GENERAL LIABILITY American Alternative Insurance Corporation, et al. AUTOMOBILE LIABILITY American Alternative Insurance Corporation, et al.
INSURED Orting Food Bank PO Box 1877 Orting, WA 98360	PROPERTY American Alternative Insurance Corporation, et al. MISCELLANEOUS PROFESSIONAL LIABILITY Princeton Excess and Surplus Lines Insurance Company

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE COVERAGE PERIOD INDICATED, NOT WITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFF DATE	POLICY EXP DATE	DESCRIPTION	LIMITS
GENERAL LIABILITY					
COMMERCIAL GENERAL LIABILITY	N1-A2-RL-0000013-14	6/1/2023	6/1/2024	PER OCCURRENCE	\$5,000,000
OCCURRENCE FORM INCLUDES STOP GAP				PER MEMBER AGGREGATE	\$10,000,000
				PRODUCT-COMP/OP	\$5,000,000
				PERSONAL & ADV. INJURY	\$5,000,000
(LIABILITY IS SUBJECT TO A \$350,000 SIR PAYABLE FROM PROGRAM FUNDS)				ANNUAL POOL AGGREGATE	\$50,000,000
AUTOMOBILE LIABILITY					
ANY AUTO	N1-A2-RL-0000013-14	6/1/2023	6/1/2024	COMBINED SINGLE LIMIT	\$5,000,000
(LIABILITY IS SUBJECT TO A \$350,000 SIR PAYABLE FROM PROGRAM FUNDS)				ANNUAL POOL AGGREGATE	NONE
PROPERTY					
	N1-A2-RL-0000013-14	6/1/2023	6/1/2024	ALL RISK PER OCC EXCL EQ & FL	\$75,000,000
				EARTHQUAKE PER OCC	\$1,000,000
				FLOOD PER OCC	\$1,000,000
(PROPERTY IS SUBJECT TO A \$350,000 SIR PAYABLE FROM PROGRAM FUNDS)				ANNUAL POOL AGGREGATE	NONE
MISCELLANEOUS PROFESSIONAL LIABILITY					
	N1-A3-RL-0000060-14	6/1/2023	6/1/2024	PER CLAIM	\$5,000,000
(LIABILITY IS SUBJECT TO A \$350,000 SIR PAYABLE FROM PROGRAM FUNDS)				ANNUAL POOL AGGREGATE	\$40,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / SPECIAL ITEMS

Regarding the annual Orting Bunny Hop event in March, City of Orting is named as Additional Insured regarding this event only and is subject to policy terms, conditions, and exclusions. Additional Insured endorsement is attached.

CANCELLATION

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

CERTIFICATE HOLDER	AUTHORIZED REPRESENTATIVE
City of Orting PO Box 489 Orting, WA 98360	

**AMERICAN ALTERNATIVE
INSURANCE COMPANY**

**ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION
(GENERAL LIABILITY)**

Named Insured Non Profit Insurance Program (NPIP)	
Policy Number N1-A2-RL-0000013-14	Endorsement Effective 6/1/2023

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

This endorsement modifies insurance provided under the following:

GENERAL LIABILITY COVERAGE PART

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated above.

Schedule

Person or Organization (Additional **Insured**): As Per Schedule on file with Clear Risk Solutions, Underwriting Administrator

City of Orting
PO Box 489
Orting, WA 98360

Regarding the annual Orting Bunny Hop event in March, City of Orting is named as Additional Insured regarding this event only and is subject to policy terms, conditions, and exclusions. Additional Insured endorsement is attached.

A. With respects to the General Liability Coverage Part only, the definition of **Insured** in the Liability Conditions, Definitions and Exclusions section of this policy is amended to include as an **Insured** the Person or Organization shown in the above Schedule. Such Person or Organization is an **Insured** only with respect to liability for **Bodily Injury, Property Damage, or Personal and Advertising Injury** caused in whole or in part by your acts or omissions or the acts or omissions of those acting on your behalf:

1. In performance of your ongoing operations; or
2. In connection with your premises owned or rented to you.

B. The Limits of Insurance applicable to the additional **Insured** are those specified in either the:

1. Written contract or written agreement; or
2. Declarations for this policy,

whichever is less. These Limits of Insurance are inclusive and not in addition to the Limits Of Insurance shown in the Declarations.

All other terms and conditions remain unchanged.

Form: RL 2124 10 21

Includes copyrighted material of the Insurance Services Office, Inc., with its permission



Grant Application-2023

City of Orting - Office of the City Clerk
PO Box 489
104 Bridge St S., Orting, WA 98360
Phone: (360) 893-9008
Fax: (360) 893-6809
www.cityoforting.org

FOR CITY CLERK USE ONLY:

Name of Organization: Orting Senior Center Organization UBI #: 601178872
Contact Person's Name and Title: Staci Guirsch - Director
Mailing Address: PO BOX 104 - Orting, WA 98360
Phone: (360) 893-5827 Email Address: seniorcenter@orting.wednet.edu

Amount Requested: \$ 10,000

How the City Grant will be used (This information can be provided in a letter, attached to this application):

See additional

Who does the grant serve (This information can be provided in a letter, attached to this application):

See additional

All groups seeking grants from the City of Orting must:

- Submit one (1) original and one (1) electronic copy of this application, along with the following attachments, to the City no later than August 1st, at 3:00pm, (for grants to be issued in the following year).

The attachments that shall be included with the application include:

1. Previous year's annual financial statement
 2. Current year's budget
 3. Proof of non-profit status, including but not limited to 501(c) (3) identification number.
 4. Copy of Liability Insurance with rider for the City. (may be provided after approval)
- A representative of the applicant shall attend the City Council's Community and Government Affairs Committee Meeting to discuss the contents of the application.
 - If selected, and approved by the City Council, an authorized representative of the applicant shall execute a contract with the City before the group shall receive the funding.

Staci Guirsch

Signature of Authorized Representative of Applicant

8/31/2023

Date

Please return completed form and any additional information to:
City of Orting – Attn: City Clerk 104 Bridge St S., PO Box 489, Orting, WA 98360
clerk@cityoforting.org - (360) 893-9008

Senior centers are designated as community focal points that not only provide helpful resources to older adults, but serve the entire community with information on aging; support for family caregivers, training professionals and students; and developments of innovative approaches to aging issues.

Orting Senior Center is requesting \$10,000 to support the Congregate Mealsite Lunch Program.

Orting Senior Center has served 132 people through our congregate meal program since the beginning of 2023. Of the clients who shared their income, 32% report income at or below the Federal Poverty Level. Of the 19 people on our waiting list for transportation, More than half report income at or below the Federal Poverty Level. More than half also scored at high risk on their last Nutrition Risk Assessment, and several have significant disabilities such as blindness, memory impairment, and mobility impairments that prevent them from driving or riding in regular passenger cars. Most of them live alone. Orting has an estimated 1,200 seniors 60+ living within its boundaries. There is a Pierce County Housing Authority senior/disabled apartment complex and a large 55+ mobile home community in Orting.

We recently purchased a shuttle van to pick up seniors in the community to come and partake in meals, services and activities. Our center continues to grow each month and the continued support from the City of Orting is vital to do so. As you all know with the Pandemic being “over” many non profits will have major funding cuts in 2024 and if we do not receive funding some meals/services may have to be cut. I am available anytime for further information or questions.

Thank you,

Staci Guirsch
Director



STATE OF
WASHINGTON

Nonprofit Corporation

BUSINESS LICENSE

Unified Business ID #: 601178872
Business ID #: 001
Location: 0001

ORTING SENIOR CENTER ORGANIZATION
110 WASHINGTON
ORTING, WA 98360

UNEMPLOYMENT INSURANCE - ACTIVE

INDUSTRIAL INSURANCE - ACTIVE

LICENSING RESTRICTIONS:

Not licensed to hire minors without a Minor Work Permit.

This document lists the restrictions and amounts, and license authorization for the business. It is issued upon the filing of this document. The licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Tina Cook, Department of Revenue

STATE OF WASHINGTON

UBI: 601178872 001 0001

ORTING SENIOR CENTER
ORGANIZATION
110 WASHINGTON
ORTING, WA 98360

UNEMPLOYMENT INSURANCE -
ACTIVE
INDUSTRIAL INSURANCE - ACTIVE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/24/2023

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

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

PRODUCER TAPCO- KL (5576) PO Box 286 Burlington, NC 27216	CONTACT NAME		
	PHONE (A/C No, Ext):	FAX (A/C No):	
EMAIL ADDRESS:			
INSURED ORTING SENIOR CENTER ORGANIZATION PO BOX 104 ORTING, WA 98360	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Mount Vernon Fire Insurance Company		26522
	INSUREB B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
INSURER F:			

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			NPP2582021A	05/01/2023	05/01/2024	EACH OCCURENCE \$1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$1,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$2,000,000
							PRODUCTS-COMP/OP AGG Included
	AUTOMOBILIE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/>	<input type="checkbox"/>					\$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR					EACH OCCURENCE \$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$
	DED <input type="checkbox"/>	RETENTION \$ <input type="checkbox"/>					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/>		N/A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE-EA EMPLOYEE \$
							E.L. DISEASE-POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (See attached Acord 101 for additional liability limits)

Social Service. L-744NPP 06/10 Blanket Additional Insured Endorsement is part of this policy.

CERTIFICATE HOLDER City of Orting 110 Train St Sw Orting, WA 98360	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
--	--

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. Orting Senior Center 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 checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p>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.</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p> <p>5 Address (number, street, and apt. or suite no.) See instructions. 120 Washington Ave. N. P.O. BOX 1041</p> <p>6 City, state, and ZIP code Orting, WA 98310</p> <p>7 List account number(s) here (optional)</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><small>(Applies to accounts maintained outside the U.S.)</small></p> <p>Requester's name and address (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.

Social security number								
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-	-							
or								
Employer identification number								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px; text-align: center;">94</td> <td style="width: 25%; border: 1px solid black; height: 20px; text-align: center;">-</td> <td style="width: 25%; border: 1px solid black; height: 20px; text-align: center;">310171</td> <td style="width: 25%; border: 1px solid black; height: 20px; text-align: center;">6</td> </tr> </table>	94	-	310171	6				
94	-	310171	6					

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.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here

Signature of
U.S. person ▶

Date ▶

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-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

By signing the filled-out form, you:

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

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

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

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

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

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

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

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

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

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

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

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

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

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

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

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the instructions for Part II for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

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

Also see *Special rules for partnerships*, earlier.

What is FATCA Reporting?

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

Updating Your Information

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

Penalties

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

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

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

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

Specific Instructions

Line 1

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

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part 1 of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

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

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

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

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

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

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

Line 2

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

Line 3

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

IF the entity/person on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation
• Individual • Sole proprietorship, or • Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	Individual/sole proprietor or single-member LLC
• LLC treated as a partnership for U.S. federal tax purposes, • LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or • LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
• Partnership	Partnership
• Trust/estate	Trust/estate

Line 4, Exemptions

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

Exempt payee code.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

G—A real estate investment trust

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

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

J—A bank as defined in section 581

K—A broker

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

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

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

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

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

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

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

Note: See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at www.SSA.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/Businesses and clicking on Employer Identification Number (EIN) under Starting a Business. Go to www.irs.gov/Forms to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to www.irs.gov/OrderForms to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

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

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

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

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor ²
5. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee ¹ The actual owner ¹
6. Sole proprietorship or disregarded entity owned by an individual	The owner ³
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor ⁴
For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity ⁴
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee

For this type of account:	Give name and EIN of:
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships*, earlier.

***Note:** The grantor also must provide a Form W-9 to trustee of trust.

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at spam@uce.gov or report them at www.ftc.gov/complaint. You can contact the FTC at www.ftc.gov/idtheft or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see www.IdentityTheft.gov and Pub. 5027.

Visit www.irs.gov/IdentityTheft to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

Agency Units - Summary Report

Report This report lists number of clients that received units and service units at the selected agency during the specified month and year.

Selected Parameters

From: 01/01/2022 To 12/31/2022 Received units in the FY

Region/ Contractor: PSA 5 - Pierce County Aging and Disability Resources Scope of Work: Congregate Meals

Provider: ORTING VALLEY SENIOR CENTER Program: All

Site: All Service Detail: All

Route: All Client: All Enrollment Status: Enrolled

OAAPS SPR All Program Type:

Provider: ORTING VALLEY SENIOR CENTER

Site/ Route	Clients that Received Units <i>(Newly Enrolled Only)</i>	Units <i>(Newly Enrolled)</i>	Clients That Received Units	Non-Registered Enrollments <i>(Unduplicated)</i>	Non-Registered Clients Served <i>(Duplicated)</i>	Non-Registered Units	Client Level Units	Total Units
Service: Congregate Meals, OAA TIIC/ARPA/SCSA/LOC, 1 NSIP Meal								
Site: No Site Assigned	65.00	1,299.00	151.00	0.00	0.00	0.00	6,538.00	6,538.00
Unduplicated Total by Provider and Service :	65.00	1,299.00	151.00	0.00	0.00	0.00	6,538.00	6,538.00
Unduplicated Total by Provider:	65.00	1,299.00	151.00	0.00	0.00	0.00	6,538.00	6,538.00

9,110 → ~~A~~

Total meals 2022
congregate & emergency meals (Covid)

Unduplicated total for All Providers and Service Sets in the Report				
	Clients That Received Units (unduplicated)	Total Non-Registered Units	Total Client Level Units	Total Units
Total :	151.00	0.00	6,538.00	6,538.00
Total (Newly Enrolled):	65.00	0.00	1,299.00	1,299.00

OAAPS Age Group		
Registered 18+	Registered 55+	Registered 60+
2.00	2.00	147.00

Agency Units - Summary Report

Report This report lists number of clients that received units and service units at the selected agency during the specified month and year.

Selected Parameters

From: 01/01/2022 To 12/31/2022 Received units in the FY

Region/ Contractor: PSA 5 - Pierce County Aging and Disability Resources Scope of Work: Emergency Meal

Provider: ORTING VALLEY SENIOR CENTER Program: All

Site: All Service Detail: All

Route: All Client: All

Enrollment Status: Enrolled

OAAPS SPR All

Program Type:

Provider: ORTING VALLEY SENIOR CENTER

Site/ Route	Clients that Received Units <i>(Newly Enrolled Only)</i>	Units <i>(Newly Enrolled)</i>	Clients That Received Units	Non-Registered Enrollments <i>(Unduplicated)</i>	Non-Registered Clients Served <i>(Duplicated)</i>	Non-Registered Units	Client Level Units	Total Units
Service: Emergency Meal, Covid-19 Response, 1-Meal Pick-Up/Take Out								
Site: No Site Assigned	8.00	181.00	95.00	0.00	0.00	0.00	2,572.00	2,572.00
Unduplicated Total by Provider and Service :	8.00	181.00	95.00	0.00	0.00	0.00	2,572.00	2,572.00
Unduplicated Total by Provider:	8.00	181.00	95.00	0.00	0.00	0.00	2,572.00	2,572.00

Unduplicated total for All Providers and Service Sets in the Report				
	Clients That Received Units (unduplicated)	Total Non-Registered Units	Total Client Level Units	Total Units
Total :	95.00	0.00	2,572.00	2,572.00
Total (Newly Enrolled):	8.00	0.00	181.00	181.00

OAAPS Age Group		
Registered 18+	Registered 55+	Registered 60+
0.00	0.00	95.00

Agency Units - Summary Report

Report This report lists number of clients that received units and service units at the selected agency during the specified month and year.

Selected Parameters	
From:	01/01/2023 To 07/31/2023
Region/ Contractor:	PSA 5 - Pierce County Aging and Disability Resources
Provider:	ORTING VALLEY SENIOR CENTER
Site:	All
Route:	All
	<input type="checkbox"/> Received units in the FY
	Scope of Work: Congregate Meals
	Program: All
	Service Detail: All
	Client: All
	Enrollment Status: Enrolled
	OAAPS SPR All
	Program Type:

Provider: ORTING VALLEY SENIOR CENTER

Site/ Route	Clients that Received Units <i>(Newly Enrolled Only)</i>	Units <i>(Newly Enrolled)</i>	Clients That Received Units	Non-Registered Enrollments (Unduplicated)	Non-Registered Clients Served (Duplicated)	Non-Registered Units	Client Level Units	Total Units
Service: Congregate Meals, OAA TIIC/ARPA/SCSA/LOC, 1 NSIP Meal								
Site: No Site Assigned	41.00	497.00	151.00	0.00	0.00	0.00	4,956.00	4,956.00
Unduplicated Total by Provider and Service :	41.00	497.00	151.00	0.00	0.00	0.00	4,956.00	4,956.00
Unduplicated Total by Provider:	41.00	497.00	151.00	0.00	0.00	0.00	4,956.00	4,956.00

Unduplicated total for All Providers and Service Sets in the Report

	Clients That Received Units (unduplicated)	Total Non-Registered Units	Total Client Level Units	Total Units
Total :	151.00	0.00	4,956.00	4,956.00
Total (Newly Enrolled):	41.00	0.00	497.00	497.00

OAAPS Age Group

Registered 18+	Registered 55+	Registered 60+
1.00	2.00	148.00

Orting Senior Center

Profit and Loss

January - December 2022

	TOTAL
Income	
4100 Donations	
Bake Sale (deleted)	75.00
Coffee	1,866.63
Ctr. Use-Donations	30,529.52
Food Pantry	12,601.89
Holiday Bazaar	829.00
Holiday Dinners	2,230.96
Land	52,000.00
Senior Lunch	21,482.86
Total 4100 Donations	121,615.86
4300 Fundraisers	
Bake Shop	100.00
Change Base Return	1,100.06
Clothing Fundraiser (deleted)	5.00
Fathers Day Luncheon (deleted)	85.00
Holiday Bazaar	2,693.00
Plant Sale	7,013.90
Raffle	1,225.00
Singles Mingle (deleted)	90.00
Total 4300 Fundraisers	12,311.96
4500 Grants	
4510 AmazonSmile	61.58
4560 Pierce County Human Services	
4561 Congregate Meals	87,417.27
4562 Home Delivered Meals	22,609.21
4563 Mealsite	0.00
4564 NSIP_	2,096.69
4565 Senior Services	56,238.81
Total 4560 Pierce County Human Services	168,361.98
Total 4500 Grants	168,423.56
4700 Other Activities	
Building Fund	37,870.00
Hall Rental Income	4,600.00
Member Dues	2,270.00
PayPal (deleted)	1,894.86
Refunds (deleted)	210.65
Total 4700 Other Activities	46,845.51
Total Income	\$349,196.89
GROSS PROFIT	\$349,196.89

Orting Senior Center

Profit and Loss

January - December 2022

	TOTAL
Expenses	
7100 Building Fund Expense	11.84
Maintennance/Repairs	279.83
Office Supplies	533.39
Utilities	6,824.08
Total 7100 Building Fund Expense	7,649.14
7300 Fundraiser Expense	
Bake Shop	22.90
Change Base	1,100.00
Employee/Volunteer Meal	240.22
Holiday Bazaar	382.62
Pancake Breakfast	1,015.29
Plant Sale	5,865.42
Total 7300 Fundraiser Expense	8,626.45
7400 Operating Expenses	
Advertising & Promotion	1,282.78
Background Checks	220.00
Bond Expenses	374.96
Bookkeeper	1,205.00
Daffodil Festival	180.00
Donations	-261.01
Equipment	300.00
Fed. Payroll Tax Qtr.	26,077.70
Food Card (deleted)	50.00
Food Pantry	5,080.52
Holiday Dinner	1,678.77
Independant Contractor	
Nutritionist	2,000.00
SAIL	2,385.00
Total Independant Contractor	4,385.00
Misc. Center	1,320.23
Non-Profit License	200.00
Nutrition Education	280.00
Office Expense	3,897.41
Party Supplies	3,447.02
Enterainment	600.00
General	657.23
Total Party Supplies	4,704.25
Rent	4,080.00
Repair & Maintenance	140.39
State Payroll Tax	3,964.00
Telephone	5,993.82

Orting Senior Center

Profit and Loss

January - December 2022

	TOTAL
Transportation	298.41
Total 7400 Operating Expenses	65,452.23
7560 Pierce County Human Services	
Congregate Meals	31,607.70
Home Delivered Meals (deleted)	9,151.14
Senior Services	11,052.60
Total 7560 Pierce County Human Services	51,811.44
Depreciation	4,569.00
Payroll Expenses	
Taxes	-15,356.61
Wages	140,144.99
Total Payroll Expenses	124,788.38
Total Expenses	\$262,896.64
NET OPERATING INCOME	\$86,300.25
Other Income	
Interest Income	2.00
Total Other Income	\$2.00
NET OTHER INCOME	\$2.00
NET INCOME	\$86,302.25

Senior Center Program Budget
January 1, 2023 - December 31, 2023

Item	Amount by Fund Source			
	Pierce County Senior Center Grant	Other ¹	Other2	Other3
PERSONNEL SERVICES				
11 - Director's Salary	\$ 60,000.00			
20 - Payroll Taxes for Director's Position				
11 - Other Salaries and Wages	\$ 76,832.00		\$ 15,000.00	
20 - Other Personnel Benefits				
SUBTOTAL - PERSONNEL SERVICES	\$ 136,832.00	\$ -	\$ 15,000.00	\$ -
SUPPLIES				
31 - Office Supplies	\$ 3,000.00			
31 - Operating Supplies	\$ 30,000.00	\$ 10,000.00	\$ 7,000.00	\$ 10,000.00
48 - Repairs & Maintenance Supplies				\$ 10,000.00
SUBTOTAL - SUPPLIES	\$ 33,005.00	\$ 10,000.00	\$ 7,000.00	\$ 20,000.00
OTHER SERVICES & CHARGES				
41 - Professional Services	\$ 2,000.00			
41 - Other Professional Services				
42 - Communications	\$ 3,500.00			
43 - Travel and Training				
45 - Rentals	\$ 4,080.00			
46 - Professional General Liability Insurance	\$ 7,500.00			
46 - Other Insurance				
47 - Public Utilities				
48 - Repairs & Maintenance				
64 - Machinery and Equipment				\$ 10,000.00
Other Miscellaneous Expenses		\$ 2,000.00		
Administrative Costs/Indirect Costs ⁵				
SUBTOTAL - OTHER SERVICES & CHARGES	\$ 17,080.00	\$ 2,000.00	\$ -	\$ 10,000.00
TOTAL EXPENDITURES	\$ 186,917.00	\$ 12,000.00	\$ 22,000.00	\$ 30,000.00

¹ Identify specific funding sources included under the "Other" column(s) above:	
City of Orting (1)	\$ 12,000.00
Mealsite Lunch Donation (2)	\$ 22,000.00
Misc. Grants/Fundraisers (3)	\$ 35,000.00
Misc Donations & Facility Rent	

Misc Grants	F
Puyallup Tribe/\$5,000	
Muckleshoot/\$5,000	L

Other4	Total Project
	\$ 60,000.00
	\$ -
	\$ 91,832.00
	\$ -
\$ -	\$ 151,832.00
	\$ 3,000.00
	\$ 57,000.00
	\$ -
\$ -	\$ 60,000.00
	\$ 2,000.00
	\$ -
	\$ 3,500.00
	\$ -
	\$ 4,080.00
	\$ 7,500.00
	\$ -
	\$ -
	\$ -
	\$ 10,000.00
\$ -	\$ 2,000.00
	\$ -
\$ -	\$ 29,080.00
\$ -	\$ 250,917.00

Rental Income

AA/\$2,400

.ifeway/\$2,400



**City of Orting
Council Agenda Summary Sheet**

	Agenda Bill #	Recommending Committee	Study Session Dates	Regular Meeting Dates
Subject: Murrey's Franchise Agreement.	AB23-91	CGA		
		9.6.2023		
		10.4.2023		
	Department:	Administration		
	Date Submitted:	8.29.2023 9.29.2023		
Cost of Item:	N/A			
Amount Budgeted:	N/A			
Unexpended Balance:	N/A			
Bars #:	N/A			
Timeline:				
Submitted By:				
Fiscal Note:				
Attachments:				
SUMMARY STATEMENT:				
<p>For the past several years, the City has utilized the services from Murrey's disposal for solid waste handling. Murrey's Disposal shall have the exclusive duty, right, and privilege to collect and dispose or otherwise handle all residential solid waste, recyclable materials, yard debris and bulky goods generated, deposited, accumulated, or otherwise coming to exist in the franchise area and all commercial solid waste generated, deposited, accumulated, or otherwise coming to exist in the franchise area. Garbage collection services is mandatory for all single-family and multi family residential premises and commercial premises within the franchise area. Yard debris services shall be provided on a subscription-based service.</p> <p>Staff met with Steven Hopkins from Murrey's in September. There were no specific proposals made, but Murrey's advised that they are adding fuel surcharges to contracts. We agreed to meet and discuss the agreement further, but no date(s) have been scheduled at the time this agenda bill was written.</p>				
RECOMMENDED ACTION: <u>Action:</u>				
Discussion and status to study session. Staff are working on scheduling meetings with Murrey's to bargain the contract.				
FUTURE MOTION: <u>Motion:</u>				
To authorize the Mayor to enter into a franchise agreement with Murrey's disposal for disposal services described within the agreement.				



**City of Orting
Council Agenda Summary Sheet**

	Agenda Bill #	Recommending Committee	Study Session Dates	Regular Meeting Dates
Subject: Plaque Relocation Request – Orting Historical Society.	AB23-93	CGA		
		9.6.2023 10.4.2023	10.18.2023	
	Department:	Admin/Orting Historical Society		
	Date Submitted:	8.31.2023 9.29.2023		
Cost of Item:	N/A			
Amount Budgeted:	N/A			
Unexpended Balance:	N/A			
Bars #:	N/A			
Timeline:				
Submitted By:	Kim Agfalvi			
Fiscal Note:				
Attachments: Orting Historical Society request and photos				
SUMMARY STATEMENT:				
<p>The Orting Historical Society has turned in a request for a plaque honoring George Capestany of Parametrix for his dedication and service to the citizens of Orting. The Historical Society has recommended that the plaque be placed in the garden near the utility billing drop box.</p> <p>Staff are requesting that CGA provide two alternatives to pass along to the Historical society for placing the plaque.</p>				
RECOMMENDED ACTION: <u>Action:</u>				
TBD.				

Orting Historical Society

Plaque Rack Location Request

September 06th, 2023

Orting Historical Society

P. O. Box 970
Orting, WA 98360-0970

August 28th, 2023

City of Orting
Honorable Greg Hogan
Honorable Melodi Koenig
104 Bridge St S
Orting, WA 98360

Ref: Capestany plaque rack location request

Greeting Councilmembers Hogan & Koenig,

In April of 2021, the Orting Historical Society and Parametrix teamed up to fund two clocks to be located in the clock tower at the new city hall. Many citizens along with the city, Parametrix and about a dozen of Parametrix employees came together with the funding to make this project possible.

As you may remember the clocks were installed on May 04th, 2022, by Ed Torres, Don Tracy and myself. Then, on February 02nd, 2023 the first of two plaques were mounted by Valley Sign, on the face of city hall under the clock facing Bridge St S.

When the second plaque arrived honoring George Capestany, Valley Sign attempted to mount that plaque on city hall on March 21st, 2023. I was there at the time and we were asked by the City Administrator not to install the plaque. He wanted me to provide a packet for the CGA committee and council to re-consider this request. I did what was asked, however, our

request was denied by the council according the city administrator on April 21st, 2023.

The Orting Historical Society, working with JC Hungerford, has come up with another idea and we are back with a request to mount Capestany' s sign on a plaque rack and locate it near the city's drop box. See the following page as to how it might look. This rack is not to scale as it was photo shopped to give you an idea as to how it would look in this planting area. We hope it will meet with your approval.

Please note that the society will take care of all expenses that are incurred with this project.

I am available for any further questions. My telephone number is: 360-893-2334 or my e-mail is: gcolorossi@centurytel.net.

Thank you in advance for your consideration.



Guy S. (Sam) Colorossi
Secretary/Treasurer

Tentative location for Capestany plaque rack



Bridge St S & Washington Ave SE



In recognition of
George Capestany
and his many years of
service to the City of Orting.

George Capestany loved people and everyone loved George's infectious laugh. George also loved the City of Orting. He had a big heart for the community and through the years he helped the city with many infrastructure needs as it grew.

George fled Cuba in 1960 as Fidel Castro overthrew the government and established a communist regime in its place. He eventually traveled to Washington State where he earned a Masters Degree in Environmental Engineering. In 1969, he and a partner joined to form what became Parametrix Engineering. When he retired from Parametrix he made sure that the company continued to keep Orting as a favored client.

George was instrumental in establishing the 100% employee owned company it is today. The employee owners fondly remember him as a beloved founder.

The George Capestany Plaque



**City of Orting
Council Agenda Summary Sheet**

	Agenda Bill #	Recommending Committee	Study Session Dates	Regular Meeting Dates
Subject: Sale of old City Hall building.	AB23-102	CGA		
		10.4.2023		
	Department:	Administration		
	Date Submitted:	9.29.2023		
Cost of Item:	N/A			
Amount Budgeted:	N/A			
Unexpended Balance:	N/A			
Bars #:	N/A			
Timeline:				
Submitted By:	Scott Larson			
Fiscal Note:				
Attachments:				
SUMMARY STATEMENT:				
<p>The Recovery Café reached out to the City Administrator to inquire about selling the Old City Hall building. The Recovery Café indicate that they are exploring grants to be able to complete this transaction. Staff would like an indication from CGA and council about their interest in negotiating a sale of the facility to the Recovery Café before any staff time or resources are used on price exploration and contract negotiation.</p>				
RECOMMENDED ACTION: <u>Action:</u>				
Provide interest in exploring sale of building.				
FUTURE MOTION: <u>Motion:</u>				
TBD.				



**City of Orting
Council Agenda Summary Sheet**

	Agenda Bill #	Recommending Committee	Study Session Dates	Regular Meeting Dates
Subject: Food Truck Program.	AB23-105	CGA		
		10.4.2023		
	Department:	Administration		
	Date Submitted:	10.6.2023		
Cost of Item:	N/A			
Amount Budgeted:	N/A			
Unexpended Balance:	N/A			
Bars #:	N/A			
Timeline:	Before the end of the year.			
Submitted By:	Danielle Charchenko, Executive Assistant			
Fiscal Note:				
Attachments:				
SUMMARY STATEMENT:				
<p>Recently the City has seen an increase in food truck operators that are interested in serving in Orting. Most cities in Washington state have made a code revision or created new City codes to define and regulate mobile food vending without the need for added city vendor licensing or permitting. Adopting a food truck program that includes a shorter application and a reduced vendor fee would streamline the process and allow for more affordability for vendors.</p>				
RECOMMENDED ACTION: <u>Action:</u>				
Committee Discussion.				
FUTURE MOTION: <u>Motion:</u>				
TBD.				



CGA Committee Agenda
August 2nd, 2023
8:30am

Greg Hogan, Councilmember, Chair

Melodi Koenig, Councilmember

Kim Agfalvi, City Clerk

Scott Larson, City Administrator

Gretchen Russo, Finance Director

Danielle Charchenko, Executive Assistant/Records Clerk

1. Call to Order

Councilmember Greg Hogan called the meeting to order at 8:30am. In attendance at the meeting was Councilmember Melodi Koenig, Councilmember Greg Hogan, City Administrator Scott Larson, and Finance Director Gretchen Russo.

2. Parks Report

No parks report.

3. Public Comments

No public comments.

4. Agenda Items

A. AB23-67 - Banners and Advertising.

City Administrator Scott Larson stated the language on the permit application will be updated to only allow banners over the highway for City sponsored events or to serve a government purpose.

Action: Move forward to August 16th, 2023 study session.

B. AB23-76 – Utility Fee Waiver.

City Administrator Scott Larson briefed that the City is implementing a new online payment portal as we are transitioning to a new financial system. During this transition period the City would like to offer the public a grace period to switch to the new online payment portal. This would suspend the current fee schedule for late fees and shut off fees from September 15th to November 15th. Committee discussion followed.

Action: Move forward to August 16th, 2023 study session.

C. AB23-64 – Deputy Mayor Selection Process.

City Administrator Scott Larson briefed that currently with councilmember terms, the Deputy Mayor position will be vacant for the month of January 2024. He stated the position could be left unfilled, Council can create an interim rule, or modify the Council rules, depending on how Council would like to address the situation. Committee discussion followed. CGA is recommending electing an interim Deputy Mayor for the month of January, during the December 13th council meeting and amending section 3.9 to address mid-term vacancies.

Action: Move forward to August 16th, 2023 study session.

D. AB23-72 – Facility Rental Policy.

City Administrator Scott Larson stated that previously facility rental policies were written into the facility applications. The facility rental policy being presented is intended to separate policy from application and to enact a formal policy for reference.

Action: Move forward to August 16th, 2023 study session.

E. AB23-73 – Field Usage Policy.

City Administrator Scott Larson briefed that the field usage policy was built into the application and is being bifurcated to address the policy in depth. He stated there have been sections added to the policy such as; priority groups, definitions of users, application process, and tournament application process. He stated an issue that is being address in the policy update is notice of field prep. When last minute field prep is requested it impacts the ability to plan and carry out other work for the maintenance crew. Committee discussion followed. CGA is requesting to add a clause for toilet rentals during tournaments.

Action: Move forward to August 16th, 2023 study session.

F. AB23-74 – Parks Advisory Board.

City Administrator Scott Larson stated there has been a struggle to fill open seats on the Parks Advisory Board. He stated the Parks Advisory Board has had a limited scope as to what needs to be reviewed and completed. He stated staff is proposing to change the Parks Advisory Board from a standing board to a project based/ad-hoc board. This structure would further allow the City to be able to evaluate qualifications of potential members based on what is being studied. Committee discussion followed.

Action: Move forward to August 16th, 2023 study session.

G. AB23-75 – Orting Pumpkin Festival Sponsorship.

City Administrator Scott Larson briefed the Orting Pumpkin Festival Sponsorship application. He stated the fee has been paid and the application has been submitted but there are a couple of missing required documents. The main event coordinator has fallen ill and staff is recommending moving forward for approval of sponsorship with the condition that all documents are submitted for review. CGA is requesting that the Orting Pumpkin Fest coordinators are invited to the September CGA meeting to answer questions.

Action: Bring back to September 6th, 2023 CGA Committee meeting.

4. Meeting Minutes of July 5th, 2023.

Meeting minutes of July 5th, 2023 were approved.

6. Action Items/Round table review.

Final comments.

Identify Items that are ready to move forward, establish next meeting's agenda.

7. Adjournment

Councilmember Hogan adjourned the meeting at 9:42am.

ATTEST:

Kimberly Agfalvi, City Clerk, CMC



CGA Committee Agenda
September 6th, 2023
8:30am

Greg Hogan, Councilmember, Chair

Melodi Koenig, Councilmember

Kim Agfalvi, City Clerk

Scott Larson, City Administrator

Gretchen Russo, Finance Director

Danielle Charchenko, Executive Assistant/Records Clerk

1. Call to Order

Councilmember Greg Hogan called the meeting to order at 8:30am. In attendance at the meeting was Councilmember Melodi Koenig, Councilmember Greg Hogan, City Administrator Scott Larson, City Clerk Kim Agfalvi, Finance Director Gretchen Russo, and Executive Assistant Danielle Charchenko.

2. Parks Report

No parks report. Item will be removed from the CGA agenda until a parks ad-hoc committee is established, per City Council.

3. Public Comments

No public comments.

4. Agenda Items

A. AB23-75 – Orting Pumpkin Festival.

Joann Holbrook, newly appointed events manager for the Orting Pumpkin Festival, briefed the event. She stated there will be 56 vendors, 7 food vendors, 2 music stages, a farmer’s market, and a car show. Joann Holbrook stated there will also be a kid’s parade that will take place on the sidewalk around the main park and is requesting a police escort. She stated all of the required application materials have been submitted.

Action: Move forward to September 20th, 2023 study session.

B. AB23-85 – Closing for Lunch.

City Clerk Kim Agfalvi stated that City staff is recommending closing the lobby of the City Hall for lunch from 12pm to 1pm to alleviate coverage issues and staggered lunch hours for employees. She stated City staff tracked the number of customers during the slowest and busiest week of the month and determined that customers are not regularly visiting the lobby during the lunch hour. Committee discussion followed.

Action: Move forward to September 20th, 2023 study session.

C. AB23-86 – Compensation Policy.

City Administrator Scott Larson briefed the current process for setting competitive wages for non-represented staff. He stated this is done by periodically evaluating wages of comparable cities and setting budgeted wages to an average of those comparable positions. City Administrator Scott Larson stated he has received questions from both internal and external stakeholders related to compensation for non-

represented employees, and why wages are set where they are. He stated that he is proposing to create a policy to incorporate into the personnel policy for transparency and to codify the existing practice.

Action: Move forward to September 20th, 2023 study session.

D. AB23-87 – Fee Schedule.

Finance Director Gretchen Russo briefed the annual update to the City’s fee schedule. She stated the main update was made to facility rentals switching to hourly rates, which will allow the City to switch to an online system. The fee schedule will go into effect January 2024.

Action: Move forward to September 20th, 2023 study session.

E. AB23-90 – Suspending August Meetings.

City Clerk Kim Agfalvi stated it is common practice in other municipalities to take a summer break for vacations and to prep for the budget season. Committee discussion followed.

Action: Move forward to September 20th, 2023 study session.

F. AB23-91 – Murrey’s Franchise Agreement.

City Administrator Scott Larson stated the existing Murrey’s contract expires in 2024. He stated he has a meeting scheduled with Murrey’s new representative to discuss any changes that may upcoming. He stated he is expecting a request to update language around and what costs are passed onto the public. City Administrator Scott Larson stated garbage rates are prescribed by Washington State Utility Commission

Action: Bring back to October 4th, 2023 CGA Committee meeting.

G. AB23-92 – Legislative Priorities 2024.

City Administrator Scott Larson briefed the 2024 legislative priorities stating that staff has identified priorities around public safety and public works and have no specific priorities for CGA. Public Safety priorities include state updates to pursuit laws, property crimes, hiring police candidates and getting them enrolled into the academy in a timely manner. Public Works priorities are focused on Washington transportation policies. Committee discussion followed.

Action: Move forward to September 20th, 2023 study session.

H. AB23-88 – 2024 Grants.

City Clerk Kim Agfalvi briefed four grant applications were received before the submission deadline on August 21st, 2023 from Recovery Café, Angel One Foundation, Orting Chamber of Commerce, and Orting Rock Festival. Two grant applications were received after the submission deadline from the Orting Food Bank, and Orting Senior Center. The Committee agreed to review all six grant applications received.

Action: Move forward to September 20th, 2023 study session.

I. AB23-93 – Plaque Relocation Request – Orting Historical Society.

City Administrator Scott Larson briefed the discussion about the additional plaque that the Orting Historical Society would like to place as part of the fundraising for the City Hall clocks. He stated two plaques proposals were presented to the CGA in 2021 with no specific dimensions or location. He stated City Council does not want the plaque to be affixed to the building itself. Sam Colorossi, Orting Historical Society, is proposing a plaque rack in the flower bed in front of City Hall. Committee discussion followed.

Action: Bring back to October 4th, 2023 CGA Committee meeting.

5. Action Items/Round table review.

Final comments.

Identify Items that are ready to move forward, establish next meeting's agenda.

6. Adjournment

Councilmember Hogan adjourned the meeting at 9:40am.

ATTEST:

Kimberly Agfalvi, City Clerk, CMC