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## **Memorandum of Understanding Between Pacific County Health and Human Services and Coastal Community Action Program**

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This Memorandum of Understanding (MOU) is entered into by and between Pacific County Health and Human Services Department (PCHHS) and Coastal Community Action Program (CCAP). This agreement is intended to last for as long as state and/or federal housing funds are available to the county to provide the services offered in this agreement, or terminated by mutual agreement.

### **1. PURPOSE AND BACKGROUND**

This Memorandum of Understanding identifies the commitment of Pacific County to partner with CCAP to provide shelter and housing in Pacific County. Pacific County three travel trailers for the purpose of isolation and quarantine during the COVID19 pandemic acquired with Commerce Funding. Pacific County owns these travel trailers with no encumbrances. Pacific County no longer has use or need of these travel trailers. Pacific County has agreed to transfer title and ownership of the two travel trailers (identified in Appendix A) to CCAP, for charitable purposes, specifically to support Housing Programs within Pacific County; as defined in the Pacific County's Five-Year Homeless Housing Plan, RCW 36.22.178, and/or RCW 36.22.179.

### **2. SERVICES AND RESPONSIBILITIES**

#### **PCCHS is responsible for:**

1. Obtaining approval from the Pacific County Board of Commissioners for the designation of the two travel trailers (identified in Appendix A) as surplus and transfer of ownership, according to all applicable laws and Pacific County policies.
2. Following all prior purposes, outlined in the Washington State COVID-19 Outbreak Emergency Housing Grant Guidelines, for use and disposal of the two travel trailers until the time of the transfer to CCAP.
3. Transfer of title and ownership of the two travel trailers to CCAP no later than 30 days after CCAP removes the trailers from the County.

#### **CCAP is responsible for:**

1. Accepting full ownership, maintenance, insurance, and liability for the two travel trailers.
2. Completing all Title Transfer and Registration of two travel trailers, including any and all fees.
3. Utilizing two travel trailers exclusively for Charitable Purposes in support of housing programs in Pacific County; as defined in the Pacific County Five-Year Homeless Housing Plan, RCW 36.22.178, and/or RCW 36.22.179.
4. Removal of two travel trailers from designated County Storage Facilities within 30 days of this MOU execution.

### **3. CONFIDENTIALITY**

The parties shall not use or disclose any information about a recipient of the services provided under this MOU for any purpose not connected with the parties' contract responsibilities, except with the written consent of such recipient, or their appointed representative. Both parties agree that they shall be bound by and shall abide by all applicable federal, state, and local statutes, regulations, codes, and laws pertaining to the confidentiality of client records or information, including volunteers.

### **4. AMENDMENT**

This agreement may be amended by mutual consent of both parties; however, such agreements **MUST** BE in writing and signed by both parties.

### **5. CONFLICT**

Any conflicts arising out of this MOU will be reviewed and resolved by the Pacific County Board of Commissioners.

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Name, Title  
Pacific County Health

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Name, Title  
Coastal Community Action Counsel

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## Appendix A

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Items to be transferred.

1. Forest River Travel Trailer, VIN 4X4TWDX22LT143524, PC Inventory 3478
2. Forest River Travel Trailer, VIN 4X4TWDX24LT143525, PC Inventory 3480

## PACIFIC COUNTY INVENTORY DISPOSAL / TRANSFER FORM

<b>FIXED ASSET ID NUMBER</b> <u>Inventory 3478</u>	
<b>DEPARTMENT/OFFICE</b> <u>Health and Human Services</u>	
<b>EQUIPMENT DESCRIPTION</b> <u>2020 Forest River Travel Trailer</u>	
<b>MODEL NUMBER</b> <u>River 220BHL</u>	<b>SERIAL NUMBER</b> <u>VIN 4X4TWDX22LT143524</u>

<b>IS THIS EQUIPMENT STILL FUNCTIONING?</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, has this equipment been offered to other county departments/offices? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

### DISPOSAL

<b>DISPOSAL DATE</b> <u>4/1/2023</u>	
<b>HOW DISPOSED</b> <u>Transferred to Non Profit Agency</u>	
<b>REASON FOR DISPOSAL</b> <u>No longer needed by PCHHS</u>	
<b>If sold, name of purchaser</b> <u>Coastal Community Action</u>	<b>Amount received</b> <u>0</u>

### TRANSFER

<b>TRANSFERRED FROM (Department/Office)</b> _____
<b>TRANSFERRED TO (Department/Office)</b> _____
<b>DATE OF TRANSFER</b> _____

### THIS SECTION TO BE COMPLETED BY THE COMMISSIONERS' OFFICE

Your request to <input type="checkbox"/> dispose / <input type="checkbox"/> transfer Fixed Asset Inventory Number _____ was	
<input type="checkbox"/> approved / <input type="checkbox"/> denied by the Board of County Commissioners at their meeting of _____,	
in accordance with Pacific County Personal Property Inventory Procedures.	
_____ Clerk of the Board/Deputy Clerk of the Board	

## PACIFIC COUNTY INVENTORY DISPOSAL / TRANSFER FORM

**FIXED ASSET ID NUMBER** Inventory 3480

**DEPARTMENT/OFFICE** Health and Human Services

**EQUIPMENT DESCRIPTION** 2020 Forest River Travel Trailer

**MODEL NUMBER** River 220BHL

**SERIAL NUMBER** VIN 4X4TWDX24LT143525

**IS THIS EQUIPMENT STILL FUNCTIONING?** ☒ YES ☐ NO

If yes, has this equipment been offered to other county departments/offices? ☒ YES ☐ NO

### DISPOSAL

**DISPOSAL DATE** 4/1/2023

**HOW DISPOSED** Transferred to Non Profit Agency

**REASON FOR DISPOSAL** No longer needed by PCHHS

If sold, name of purchaser Coastal Community Action Amount received 0

### TRANSFER

**TRANSFERRED FROM (Department/Office)** \_\_\_\_\_

**TRANSFERRED TO (Department/Office)** \_\_\_\_\_

**DATE OF TRANSFER** \_\_\_\_\_

### THIS SECTION TO BE COMPLETED BY THE COMMISSIONERS' OFFICE

Your request to ☐ dispose / ☐ transfer Fixed Asset Inventory Number \_\_\_\_\_ was

☐ approved / ☐ denied by the Board of County Commissioners at their meeting of \_\_\_\_\_,

in accordance with Pacific County Personal Property Inventory Procedures.

\_\_\_\_\_  
Clerk of the Board/Deputy Clerk of the Board