

APHIS SALES ORDER REQUEST FORM

State Office: Date:

Agreement Number: Amendment: Number

Cooperator Name: FMMI Customer #

A/P Mailing Address: Category:

Cooperator Financial POC: Cooperator PO #:

Sales Order Type:

Budget Period: FMMI PO (if a USDA Agency):

WBS Element: TAS:

Agreement Performance Period:

Amount of This SO Request: Total Amount to Date:

Overhead Rate: WS Pooled Job Costs: Frequency of Billing:

Previously on OSEC OSEC Date: Species Managed:

Location of Work:

Additional Comments:

For WRO Use Only:

Received in WRO	OSEC Report	Overhead Calc. <input checked="" type="checkbox"/>	
9/29/2023	9/30/2023	ACMS <input checked="" type="checkbox"/>	Mail Distribution Date <input type="text"/>
		Agr.Spec. <input checked="" type="checkbox"/>	No. & State <input type="text" value="1-scan"/>
Routing Notes:			
<input type="checkbox"/> MIPR	<input type="checkbox"/> Agreement	<input type="checkbox"/> CSA <input checked="" type="checkbox"/>	<input type="checkbox"/> WFP <input type="checkbox"/> 7600 <input checked="" type="checkbox"/> W9
<input type="checkbox"/> Mod	<input type="checkbox"/> Waiver	<input type="checkbox"/> DEOB	Attached <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> MRP <input checked="" type="checkbox"/> SHC
Scan Date: <input type="text" value="10/06/2023"/>	Sent to: <input type="text" value="Michelle, Cristi"/>		

WORK PLAN/FINANCIAL PLAN

Cooperator: Snohomish County – Paine Field

Contact: Andrew Rardin, 425-353-2110 Ext 2227, Andrew.rardin@co.snohomish.us

Cooperative Service Agreement No.: 24-73-53-5594-RA

WBS Element: AP.RA.RX53.73.0101

Location: Paine Field, Everett, WA

Dates: January 1, 2024 – December 31, 2024

In accordance with the Cooperative Service Agreement 24-73-53-5594-RA (2021 signature year) between Snohomish County-Paine Field and the United States Department of Agriculture (USDA), Animal and Plant Health Inspection Service (APHIS), Wildlife Services (WS), this Work Plan sets forth the objectives, activities and budget of the wildlife control activities for the period of January 1, 2024 through December 31, 2024.

Program Objective

Wildlife Services' objective is to reduce human health and safety risks associated with potential wildlife/aircraft collisions and other airport operations. APHIS-WS will provide assistance in the form of technical information, recommendations, and wildlife management activities related to minimizing wildlife conflicts. Specifically, APHIS-WS will work to reduce the threat from wildlife on and around Paine Field property.

PLAN OF ACTION:

1. APHIS-WS will assign one Wildlife Biologist to Paine Field for up to 40 hours per week, and will also provide the vehicles, equipment, supplies, and/or training necessary to implement management activities. The Wildlife Biologist will assist Paine Field by:
 - collecting wildlife survey data
 - providing assistance, support, and quality control for the Paine Field wildlife database
 - monitoring construction projects for potential wildlife hazards
 - providing annual wildlife hazard management training to Paine Field staff
 - assisting in maintaining and implementing the Wildlife Hazard Management Plan for Paine Field
 - providing direct control assistance when available
 - participating in meetings
 - providing reports upon request
2. Paine Field will be responsible for obtaining and maintaining the Migratory Bird Depredation Permits that are required by the United States Fish and Wildlife Service. APHIS WS will provide activity reports and assist with the annual reporting.

3. Paine Field will be responsible for providing APHIS-WS personnel with the necessary security access and training for accessing the ramp and air movement areas as authorized.
4. Brook Zscheile, District Supervisor in Poulsbo, WA, (360) 337-2778 will supervise this project. It will be monitored by Mike Linnell, State Director, Olympia, WA, (360) 753-9884.
5. APHIS-WS will cooperate with the Washington Department of Fish and Wildlife, the U.S. Fish and Wildlife Service, county and local city governments, and other entities to ensure compliance with applicable Federal, State, and local laws and regulations.
6. Snohomish County will be billed monthly by APHIS-WS only for expenses shown in the Financial Plan and will not exceed the Agreement Total. Personnel Compensation is defined as salary for all hours worked, benefits, differentials, hazardous duty allowances, annual leave, sick leave and awards. The financial point of contact for this Work Plan/Financial Plan is Michelle Rodriguez, Budget Analyst, (360) 742-5496.

FINANCIAL PLAN

For the disbursement of funds from
 Snohomish County – Paine Field
 to
 USDA APHIS Wildlife Services
 for
 Airport Wildlife Hazard Management
 from
 1/1/2024 to 12/31/2024

Cost Element	Full Cost	
Personnel Compensation	\$	133,760.00
Vehicles	\$	11,538.00
Supplies and Materials	\$	7,500.00
Subtotal (Direct Charges)	\$	152,798.00
Pooled Job Costs	11.00%	\$ 16,807.78
Indirect Costs	16.15%	\$ 24,676.88
Agreement Total	\$	194,282.66

The distribution of the budget from this Financial Plan may vary as necessary to accomplish the purpose of this agreement but may not exceed: **\$194,282.66**

Mailing Address:	Billing Address:
SNOHOMISH COUNTY AIRPORT	Same as mailing
3220 100 TH SW, Suite A	Tax ID: 91-6001368
EVERETT, WA 98204	Financial POC: Nick Landgraff
425-353-2110 Ext 2227	nick.landgraff@snoco.org

**Boungjaktha,
Neepaporn**

Digitally signed by Boungjaktha,
Neepaporn
Date: 2023.09.27 14:30:44
-07'00'

Dave Somers, Snohomish County Executive

Date

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

**MICHAEL
LINNELL**

Digitally signed by MICHAEL
LINNELL
DN: c=US, o=U.S. Government,
ou=Department of Agriculture,
cn=MICHAEL LINNELL,
0.9.2342.19200300.100.1.1=12001
000169960
Date: 2023.09.28 18:32:31 -07'00'

Mike Linnell, State Director, Washington/Alaska

Date

**JOHN
STEUBER**

Digitally signed by JOHN STEUBER
DN: c=US, o=U.S. Government, ou=Department
of Agriculture, cn=JOHN STEUBER,
0.9.2342.19200300.100.1.1=12001000021701
Date: 2023.10.05 19:15:49 -06'00'

John Steuber, Acting Director, Western Region

Date

9/27/2023
2023-1004
Motion 23-380

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. SNOHOMISH COUNTY AIRPORT - PAINE FIELD</p> <p>2 Business name/disregarded entity name, if different from above</p> <p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input 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 checked="" type="checkbox"/> Other (see instructions) ▶ GOVERNMENT</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>5 Address (number, street, and apt. or suite no.) See instructions. 10108 32ND AVENE WEST, SUITE J</p> <p>6 City, state, and ZIP code EVERETT, WA 98204</p>	<p>7 List account number(s) here (optional)</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.

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

Social security number									
or									
Employer identification number									
9	1	-	6	0	0	1	3	6	8

Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign Here	<p>Signature of U.S. person ▶ <i>Paula Bond</i></p>	<p>Date ▶ 10/04/2022</p>
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General Instructions

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

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

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-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.