

# COMMISSIONERS' AGENDA ACTION SHEET

<b>Meeting Date:</b>	FC 4/4/23 BC 4/18/23
<b>Subject:</b>	nCourt, LLC Program Agreement Amendment No. 4
<b>Presenter:</b>	N/A
<b>Prepared By:</b>	Rosa Garcia
<b>Reviewed By:</b>	David Wheeler
<b>PA Review, Approval to Form:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <i>(If no, include reasoning for no approval)</i>	
<b>Type of Agenda Item:</b>	<b>Type of Action Needed:</b> <i>(Multiple boxes can be checked, if necessary)</i>
<input checked="" type="checkbox"/> Consent Agenda	<input type="checkbox"/> Discussion Only <input type="checkbox"/> Pass Motion
<input type="checkbox"/> Public Hearing	<input type="checkbox"/> Decision / Direction <input checked="" type="checkbox"/> Pass Resolution
<input type="checkbox"/> Scheduled Business	<input type="checkbox"/> Sign Letter / Document <input type="checkbox"/> Pass Ordinance
	<input checked="" type="checkbox"/> Execute Contract

## Summary / Background Information

Benton-Franklin Counties Juvenile Justice Center currently contracts with nCourt LLC to provide an online/web-based payment option for the collection of legal financial obligations.

The purpose of Program Agreement Amendment No. 4 is to amend Contractor's business name and update Counties' Department Contact Person, and amend Section 13 ("Notices") of the original Program Agreement. The term of the Program Agreement Amendment No. 4 will commence on March 1, 2023 and expire on June 30, 2025.

## Fiscal Impact

There is no financial obligation to the Benton-Franklin Counties Juvenile Justice Center.

## Recommendation

The Administrator recommends that Program Agreement Amendment No. 4 is approved as presented.

## Suggested Motion

Approved as part of consent agenda.

# JOINT RESOLUTION

BENTON COUNTY RESOLUTION NO. \_\_\_\_\_

FRANKLIN COUNTY RESOLUTION NO. \_\_\_\_\_

**BEFORE THE BOARDS OF THE COMMISSIONERS OF BENTON AND FRANKLIN COUNTIES, WASHINGTON;**

**IN THE MATTER OF EXECUTING A PROGRAM AGREEMENT AMENDMENT NO. 4 BETWEEN BENTON-FRANKLIN COUNTIES JUVENILE JUSTICE CENTER AND NCOURT LLC, AMENDING BENTON COUNTY RESOLUTION 2016 172 AND FRANKLIN COUNTY RESOLUTION 2016 068**

**WHEREAS**, per Benton County Resolution 2016 172 dated March 1, 2016 and Franklin County Resolution 2016 068 dated February 24, 2016 the Board of Benton County Commissioners and the Board of Franklin County Commissioners entered into an Agreement between Benton-Franklin Counties Juvenile Justice Center and nCourt LLC, to provide an online/web-based payment option for the collection of legal financial obligations; and

**WHEREAS**, the purpose of Program Agreement Amendment No. 4 is to amend Contractor's business name and Counties' Department Contact Person, and amend Section 13, ("Notices") of the original Program Agreement; **NOW THEREFORE**

**BE IT RESOLVED**, by the Board of Benton County Commissioners, Benton County, Washington and by the Board of Franklin County Commissioners, Franklin County, Washington the Board approves the attached Program Agreement Amendment No. 4; and

**BE IT FURTHER RESOLVED**, the term of the attached Program Agreement Amendment No. 4 commences on March 1, 2023 and expires on June 30, 2025; and

**BE IT FURTHER RESOLVED**, that the Chairs of the boards are authorized to sign Program Agreement Amendment No. 4.

**DATED** this \_\_\_\_ day of \_\_\_\_\_ 2023  
**BENTON COUNTY BOARD OF COMMISSIONERS**

**DATED** this \_\_\_\_ day of \_\_\_\_\_ 2023  
**FRANKLIN COUNTY BOARD OF COMMISSIONERS**

\_\_\_\_\_  
Chairman of the Board

\_\_\_\_\_  
Chair of the Board

\_\_\_\_\_  
Commissioner

\_\_\_\_\_  
Chair Pro Tem

\_\_\_\_\_  
Commissioner

Constituting the Board of  
County Commissioners,  
Benton County, Washington

\_\_\_\_\_  
Member

Constituting the Board of  
County Commissioners,  
Franklin County, Washington

Attest:

Attest:

\_\_\_\_\_  
Clerk of the Board

\_\_\_\_\_  
Clerk of the Board

JUDGES

Hon. Jacqueline Shea-Brown  
Hon. Joseph M. Burrowes  
Hon. Samuel P. Swanberg  
Hon. David L. Petersen  
Hon. Jacqueline I. Stam  
Hon. Norma Rodriguez  
Hon. Diana N. Ruff

# BENTON-FRANKLIN COUNTIES JUVENILE JUSTICE CENTER



DAVID WHEELER, Administrator  
Juvenile Court Services

## SUPERIOR COURT OF THE STATE OF WASHINGTON

5606 W CANAL PLACE, SUITE 106 • KENNEWICK, WASHINGTON 99336-1388  
PHONE (509) 783-2151 • FAX (509) 736-2728

DARIN R. CAMPBELL  
ARTHUR D. KLYM  
BRANDON P. HOLT  
Court Commissioners

## PROGRAM AGREEMENT AMENDMENT NO. 4

This Program Agreement Amendment No. 4 is made and entered into by and between Benton County, a political subdivision, with its principal offices at 620 Market Street, Prosser, WA 99350 and Franklin County, a political subdivision, with its principal offices at 1016 North Fourth Avenue, Pasco, WA 99301, by and for the Benton-Franklin Counties Juvenile Justice Center, a bi-county agency located at 5606 W. Canal Place, Suite 106, Kennewick, WA 99336 (hereinafter collectively referred to as "Counties"), and **nCourt, LLC**, with its principal offices located at 955A Cobb Place Blvd., Kennesaw, GA 30144 (hereinafter referred to as "Contractor").

In consideration of the mutual benefits and covenants contained herein and in the parties' Agreement, numbered as Benton County Resolution No. 2016 172 and executed on March 1, 2016 and Franklin County Resolution No. 2016 068 and executed on February 24, 2016 (the "Contract"), the parties agree to amend the Agreement as follows:

1. Amend the Contractor's and Counties contact information in its entirety as follows:

CONSULTANT:	Catalis Payments, LLC
CONTACT PERSON:	Michael Fodor
ADDRESS:	3025 Windward Plaza, Ste 200 Alpharetta, GA 30005
TELEPHONE/FAX NUMBER:	(520) 975-0661
COUNTIES DEPT.:	Benton-Franklin Counties Juvenile Justice
DEPT. CONTACT PERSON:	Crystal Garcia
TELEPHONE/FAX NUMBER:	(509) 736-2721
PROJECT:	Online/web-based payment services
AMOUNT:	\$0; Convenience fees charged to customers
CONTRACT DURATION:	July 1, 2020 and shall expire June 30, 2025



2. In accordance with Section 13 of the Agreement ("Notices"), the parties agree to amend in its entirety and shall read as follows:

Notices. Each party to this Agreement shall have a Representative. Each party may change its Representative upon providing written notice to the other party. The parties' Representatives are as follows:

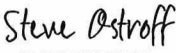
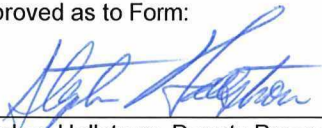

For COUNTIES: Benton-Franklin Counties Juvenile Justice Center  
Attention: Crystal Garcia, Financial Analyst  
5606 W. Canal Place, Suite 106  
Kennewick, WA 99336  
(509) 736-2721  
[jjc.payables@co.benton.wa.us](mailto:jjc.payables@co.benton.wa.us)

For CONTRACTOR: Catalis Payments, LLC  
Attn: Michael Fodor  
3025 Winward Plaza, Ste 200  
Alpharetta, GA 30005  
(520) 975-0661  
[mfodor@catalisgov.com](mailto:mfodor@catalisgov.com)

Any notices provided under this Agreement shall be effective if personally served upon the other party or if mailed by registered or certified mail, return receipt requested, to the mailing addresses set out in Section 13 of this Agreement. Notice may also be given via e-mail to the Representatives' e-mail addresses identified in Section 13 of this Agreement, with the original notice to follow by regular mail. Notice shall be deemed to be given three (3) days following the date of mailing or immediately if personally served. For service by e-mail, service shall be effective at the beginning of the next working day.

Except as expressly provided in this Agreement Amendment No. 4, all other terms and conditions of the original Agreement and subsequent written Agreement Amendments thereto remain in full force and effect.

This Agreement Amendment No. 4 shall be effective March 1, 2023 and shall expire on June 30, 2025.

Catalis Payments, LLC	Benton Franklin Counties Juvenile Justice Center
<div>DocuSigned by:  811FAF338E2B4FA...</div> <div>Steve Ostroff 3/13/2023</div>	
<b>Steve Ostroff</b> <b>Date</b>	<b>David Wheeler</b> <b>Date</b> <b>Juvenile Court Administrator</b>
<b>BENTON COUNTY APPROVAL</b>  Approved as to Form:  03/14/23 Stephen Hallstrom, Deputy Prosecuting Attorney Date  By: _____ Name: _____ Title: <u>Chairman, Board of Commissioners</u>  Date: _____  Attest:  Clerk of the Board: _____	<b>FRANKLIN COUNTY APPROVAL</b>  Approved as to Form:  3/16/23 Deputy Prosecuting Attorney Date  By: _____ Name: _____ Title: <u>Chair, Board of Commissioners</u>  Date: _____  Attest:  Clerk of the Board: _____

## Request for Taxpayer Identification Number and Certification

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

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

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

**Catalis Payments, LLC**

2 Business name/disregarded entity name, if different from above

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.

☐ Individual/sole proprietor or single-member LLC

☐ C Corporation

☐ S Corporation

☐ Partnership

☐ Trust/estate

☒ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► **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.

☐ Other (see instructions) ►

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) \_\_\_\_\_

Exemption from FATCA reporting code (if any) \_\_\_\_\_

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

**3025 Windward Plaza, Suite 200**

6 City, state, and ZIP code

**Alpharetta, GA 30005**

7 List account number(s) here (optional)

Requester's name and address (optional)

Print or type.  
See Specific Instructions on page 3.

### 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

2 6 - 1 2 3 3 0 9 7

### Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign  
Here

Signature of  
U.S. person ►

*David A. Winters*

Date ►

*1/3/2023*

### 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](http://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.*