SUPPLEMENTAL CONTRACT DOCUMENTS

PUBLIC ASSISTANCE PROGRAM

Contract Information:
The F.E.M.A. Public Assistance Program is a state-led program that the Washington Military Department – Emergency Management Division has been designated by the Governor to manage and facilitate. The Washington Military Department is considered the recipient of the federal funds, and your jurisdiction is considered the subrecipient of the federal funds and state funds. A contract must be in place with the Washington Military Department and your jurisdiction to disburse the funds. Delay in completing the W.M.D. Grant Agreement and the Supplemental Contract Documents will delay payment for obligated projects.

Contract Documents:
*W.M.D. Grant Agreement
*Supplemental Contract Documents:

- Disaster Assistance Application
- Designation Letter OR Resolution
- Signature Authorization Form
- Debarment Certification Form
- Audit Certification & FFATA Reporting Form
- Statewide Vendor Number

Electronic Signatures:
The Washington Military Department – Emergency Management Division accepts both wet ink signatures and certified electronic signatures (e.g., DocuSign, Adobe Sign). This agreement may be executed using either signature, and certified electronic signatures shall have the same legal effect and enforceability as wet ink signatures.

E-mail Address:
Submit your contract documents to: **MIL-PA-Admin@mil.wa.gov**

Mailing Address:
If you prefer to mail the documents in, send them to:

Mr. Jonathan Holmes
Washington Military Department
Emergency Management Division
Public Assistance Program MS:
TA-20, Building 20-B
Camp Murray, WA 98430-5122

INSTRUCTIONS

STEP 1: Review the information in **SECTION A – Disaster Event Information**, which has been pre-filled using the information that you submitted in your R.P.A. – Request for Public Assistance.

STEP 2: Complete **SECTION B – Applicant Information** and **SECTION C – Signatories and Jurisdictional Information**, and the information that you input will auto-populate to the Supplemental Contract Documents.

STEP 3: For the **Disaster Assistance Application**, the Applicant Agent and the Alternate Applicant Agent should sign and date in their respective places.

STEP 4: For the **Designation Letter**, submit the letter with the provided template or create the letter on your jurisdiction's letterhead. The Highest Authorizing Authority must sign the letter and should be the individual assigning the Applicant Agent and the Alternate Applicant Agent.

STEP 5: For the Designation of Applicant's Agent **Resolution**, this should only be completed if the Applicant Agent or the Alternate Applicant Agent is the Highest Authorizing Authority. Once it has been completed, the governing body must pass it. A template of the Resolution is provided in this packet. If your jurisdiction uses its own template, then the Clerk of the governing body must sign and date it.

STEP 6: For the **Signature Authorization Form**, the Highest Authorizing Authority should sign in Section 1. The Applicant Agent and the Alternate Applicant Agent should sign in Sections 2 and 3. Additional individuals can also be listed in Sections 1, 2, and 3 and should sign in their respective places. E-signatures are optional and not required for this form.

STEP 7: For the **Debarment Certification Form**, the Highest Authorizing Authority, Applicant Agent, or the Alternate Applicant Agent must sign at the bottom, input their information, and date the form.

STEP 8: For the **Audit Certification & FFATA Reporting Form**, the Authorized Financial Representative must complete Sections A, B, and C, sign it, and date the form.

STEP 9: For the **Statewide Vendor Number**, the Washington State Office of Financial Management maintains a central vendor/supplier file for processing vendor payments. This allows your jurisdiction to receive payments through direct deposit. Input your vendor number, and if you do not have a vendor number, go to: https://ofm.wa.gov/tech-support/statewide-vendor-payee-services/

STEP 10: Once the W.M.D. Grant Agreement and Supplemental Contract Documents are complete and signed, e-mail them to: **MIL-PA-Admin@mil.wa.gov**
In the subject line of the e-mail, input: **Contract Submission - The Name of Your Jurisdiction**.

STEP 11: After processing the documents, a W.M.D. Grant Agreement that has been signed by the Washington Military Department will be mailed to you. Keep the agreement for your records, for the length of time you are required to retain it.

SECTION A – Disaster Event Information

Disaster Number:	4906-DR-WA
Event Name:	Severe Storms, Straight-line Winds, Flooding, Landslides, and Mudslides
Declaration Date:	April 7, 2026
Contract Number:	D26-105
FIPS Number:	073-68330-00

SECTION B – Applicant Information

Applicant Name:	City of Sumas
Doing Business As (DBA):	
Street Address:	433 Cherry Street
City:	Sumas
State:	WA
Zip Code:	98295
Mailing Address:	PO Box 9, Sumas, WA 98295
County:	Whatcom
Federal Employer Identification Number (EIN):	91-6001513
Uniform Business Identifier (UBI):	377-000-001
Unique Entity Identifier (UEI):	GMNJJXRQ97U1
Statewide Vendor Number (SWV #):	SWV0034175-00

SECTION C – Signatories and Jurisdictional Information

1. Enter the information for the **Highest Authorizing Authority**.
   - **One individual** should be listed, and a **Designation Letter** should be submitted with this packet.
   - **Multiple individuals** should be listed if submitting a **Resolution** to designate authorities **via a Board** such as a County Board of Commissioners, City Council, Tribal Council,

School Board, etc. A Resolution should also be used if the Highest Authorizing Authority will be the Applicant Agent or the Alternate Applicant Agent.

Name:		Title:	
Name:		Title:	
Name:		Title:	
Name:		Title:	
Name:		Title:	
Name:		Title:	
Name:		Title:	
Name:		Title:	

2. Enter the information for the **Applicant Agent** (primary contact with signing authority). This should be an individual other than the Highest Authorizing Authority. Examples include the County Commissioner, Executive Director, City Clerk, etc.

Name:	Jordan Widener
Title:	Consultant
Email:	jordancw@widener-enviro.com
Phone:	510-725-2291
Fax:	

3. Enter the information for the **Alternate Applicant Agent** (back-up contact with signing authority). This should be an individual other than the Highest Authorizing Authority. Examples include the Public Works Director, Finance Director, Finance Manager, Treasurer, etc.

Name:	Mollie Bost
Title:	Finance Director
Email:	mbost@cityofsumas.com
Phone:	360-988-5711
Fax:	

4. Enter the information for the individuals **authorized to sign contracts** (typically the Applicant Agent and the Alternate Applicant Agent), and other individuals may also be listed as well.

Name:	Bruce Bosch	Title:	Mayor
Name:		Title:	
Name:		Title:	

5. Enter the information for the individuals **authorized to sign certifications, A-19 invoice vouchers, time extensions**, and other documents pertaining to the grant or reimbursement (typically the Applicant Agent and the Alternate Applicant Agent), and other individuals may also be listed as well.

Name:	Jordan Widener	Title:	Consultant
Name:	Bruce Bosch	Title:	Mayor
Name:	Mollie Bost	Title:	Finance Director

6. Enter the information for the **Authorized Financial Representative** that will sign the **Audit Certification & FFATA Reporting Form**.

Name:	Mollie Bost
Title:	Finance Director
Email	mbost@cityofsumas.com
Phone:	360-988-5711
Fax:	

⚠

*Only complete **Question #7 IF** the Applicant Agent or the Alternate Applicant Agent **IS** the Highest Authorizing Authority.

*Skip this question if your jurisdiction will be submitting a **Designation Letter** or using its own **Resolution** format.

7. Enter the information for the **Resolution**

Date of Resolution:					
Date:		Month:		Year:	

Governing Body:
Council

Individual certifying that the Resolution is true and correct (typically the Clerk)			
Name:		Title:	

Date Certifying the Resolution:					
Date:		Month:		Year:	

8. Review the options and **select the letter** that corresponds with the **type of Applicant** your jurisdiction is.

Enter the letter in the bordered box.	C
A. State B. County C. City D. School District E. Special Purpose Districts (e.g. Diking Districts, Fire Districts, Water Districts) F. Higher Educational Institution G. Indian Tribe H. Private Nonprofit I. Other (Specify)	
If I. Other, specify type of jurisdiction:	

9. Enter the **Congressional District Number(s)** and **Legislative District Number(s)** associated with your jurisdiction. If it is unknown, go to: https://app.leg.wa.gov/districtfinder/

Congressional District Number(s)	2
Legislative District Number(s)	42

DISASTER ASSISTANCE APPLICATION **DEM - 131**

Application Identifier: State Number: D26-105

Federal Disaster Number: 4906-DR-WA

Federal Catalog Number: 97.036 **Title: Public Assistance Grants**

Declaration Date: April 7, 2026

Applicant's FEMA Project Application Number: 073-68330-00

Legal Applicant Recipient:

Applicant's Name: City of Sumas

Street Address: 433 Cherry Street

Mailing Address: County: Whatcom

City: Sumas State: WA Zip Code: 98295

Applicant Agent:

Name: Jordan Widener

Title: Consultant

Signature:

Contact Information:

Phone: 510-725-2291

Fax:

E-mail: jordancw@widener-enviro.com

Date:

Alternate Applicant Agent:

Name: Mollie Bost

Title: Finance Director

Signature:

Phone: 360-988-5711

Fax:

E-mail: mbost@cityofsumas.com

Date:

Type of Applicant:

A - State
B - County
C - City
D - School District
E - Special Purpose District
F - Higher Educational Institution
G - Indian Tribe
H - Private NonProfit
I - Other (Specify) _____

Enter Appropriate Letter C

Congressional District Number: 2

State Legislative District Number: 42

Governor's Authorized Representative:

Signature_____ Date:_____

NOTE: Shaded blocks for WA EMD use.

D26-105

Designation Letter

Mr. Jonathan Holmes
Washington Military Department
Emergency Management Division
Public Assistance Program MS:
TA-20, Building 20-B
Camp Murray, WA 98430-5122

Re: Designation Letter

Dear Mr. Holmes:

The purpose of this letter is to designate the Applicant Agent and the Alternate Agent as the authorized representatives for:

Disaster Number: 4906-DR-WA

Applicant Name: City of Sumas

Applicant Agent: Jordan Widener

Alternate Applicant Agent: Mollie Bost

The purpose of this designation as the authorized representatives is to obtain federal and/or State Emergency or Major Disaster Assistance Funds.

These representatives are authorized to execute all contracts, certify completion of projects, request payments, and prepare all required documentation for funding requirements.

Sincerely,

_____

Designation of Applicant's Agent
Resolution

Be it resolved by Council (Governing Body) of City of Sumas (Public Agency)

Jordan Widener (Name of New Agent), Consultant (Title) is hereby designated the authorized representative and Mollie Bost (Name of Alternate), Finance Director (Title) is designated the alternate for and in behalf of City of Sumas (Public Agency Name), a public agency established under the laws of the state of Washington.

The purpose of this designation as the authorized representative is to obtain federal and/or state emergency or disaster assistance funds. These representatives are authorized on behalf of the City of Sumas to execute all contracts, certify completion of projects, request payments, and prepare all required documentation for funding requirements.

Passed and approved this _____ day of _____, 20_____.

_____, _____ _____, _____
(Signature) (Title) (Signature) (Title)

_____, _____ _____, _____
(Signature) (Title) (Signature) (Title)

_____, _____ _____, _____
(Signature) (Title) (Signature) (Title)

Certification

I, _____ (Name), duly appointed and _____ (Title) of City of Sumas (Public Agency),
do hereby certify that the above is a true and correct copy of a resolution passed and approved by the Council (Governing Body) of City of Sumas (Public Agency) on the _____ day of _____, 20_____.

Date: _____

_____ _____
(Official Position) (Signature)

INSTRUCTIONS FOR COMPLETING DESIGNATION OF APPLICANT'S AGENT

Governing Body = council, commissioners, board of directors, etc.

Public Agency = name of the applicant entity, i.e., county, city, fire district, etc.

General Notes:

* Must have signatures of voting members of the governing body; titles may be typed.

* A majority of the governing body must sign the resolution.

* The certification must be signed by the clerk of the governing body.

* The signed resolution itself may be photocopied, but the **certification** needs to have the **original signature** of the signer.

* A letter may be substituted for the Designation of Applicant's Agent Resolution. The letter should be from the chief executive officer for the public agency, i.e., Mayor, City Manager. **One may not appoint oneself as the applicant agent.**

SIGNATURE AUTHORIZATION FORM (SAF)

WASHINGTON MILITARY DEPARTMENT
Camp Murray, Washington 98430-5122

Please read instructions on page 2 before completing this form.

NAME OF ORGANIZATION	DATE SUBMITTED
City of Sumas	
CONTRACT / PROJECT DESCRIPTION	**CONTRACT NUMBER**
4906-DR-WA	D26-105

1. AUTHORIZING AUTHORITY

PHYSICAL SIGNATURE	E-SIGNATURE	PRINT OR TYPE NAME	TITLE
		Jordan Widener	Consultant
		Mollie Bost	Finance Director
		Bruce Bosch	~~Finance Director~~ Mayor

2. AUTHORIZED TO SIGN CONTRACTS / AMENDMENTS

PHYSICAL SIGNATURE	E-SIGNATURE	PRINT OR TYPE NAME	TITLE
		Bruce Bosch	Mayor
		Mollie Bost	Finance Director

3. AUTHORIZED TO SIGN REQUESTS FOR REIMBURSEMENT

PHYSICAL SIGNATURE	E-SIGNATURE	PRINT OR TYPE NAME	TITLE
		Bruce Bosch	Mayor
		Mollie Bost	Finance Director

INSTRUCTIONS FOR THE SIGNATURE AUTHORIZATION FORM (SAF)

This form identifies the authorizing authority(ies) and person(s) who have the authority to sign contracts, amendments, and requests for reimbursement. It is required for the management of your contracts with the Washington Military Department (WMD). Please complete all sections. The signature and/or e-signatures included on this SAF must match what is on the contracts, amendment, debarment form, and A-19 invoice voucher submitted. It is required that the signatures in WMD's files are current. Changes in staffing or responsibilities will require a new SAF.

At least one person must be assigned to each of the three roles and the same person can be assigned to multiple roles. If more than one individual will be signing a contract, amendment, or reimbursement request please make sure everyone signs this form. If additional lines are needed, please fill out two forms and title them 1 of 2 and 2 of 2.

1. **Authorizing Authority.** Generally, the person(s) signing in this section heads the organization such as the chief executive office. In some cases, other employees within the organization may have been delegated this authority.
2. **Authorized to Sign Contracts / Amendments.** The person(s) given the authority to bind the organization to the terms and conditions of the contract.
3. **Authorized to Sign Requests for Reimbursement.** Often the chief financial officer or members of the accounts receivable team. When a request for reimbursement is received, the signature on the A-19 invoice voucher is verified that it matches the signature on this form. **It is advisable to have more than one person authorized to sign reimbursement requests.** This will help prevent delays in processing a request if one person is temporarily unavailable. The payment can be delayed if the request is presented without the proper signature.

Once filled out, send the original to WMD with the signed contract. It is recommended you keep a copy with the executed contract in your files.

If you have any questions regarding this form or to request new forms, please email the contracts office at contracts.office@mil.wa.gov.

Washington Military Department Contract Number: D26-105

Debarment, Suspension, Ineligibility or Voluntary Exclusion Certification Form

NAME City of Sumas		Doing business as (DBA)	
ADDRESS 433 Cherry Street Sumas WA 98295	**Applicable Procurement or Solicitation #, if any:**	WA Uniform Business Identifier (UBI) 377-000-001	Federal Employer Tax Identification #: 91-6001513
This certification is submitted as part of a request to contract.			

Instructions For Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transactions

READ CAREFULLY BEFORE SIGNING THE CERTIFICATION. Federal regulations require contractors and bidders to sign and abide by the terms of this certification, without modification, in order to participate in certain transactions directly or indirectly involving federal funds.

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the department, institution or office to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.
4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under the applicable CFR, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled ``Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under applicable CFR, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Non-procurement Programs.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business activity.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under applicable CFR, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transactions

The prospective lower tier participant certifies, by submission of this proposal or contract, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this form.

Bidder or Contractor Signature: _____ Date: _____

Print Name and Title: _____

FEDERAL DEBARMENT, SUSPENSION INELIGIBILITY and VOLUNTARY EXCLUSION

(FREQUENTLY ASKED QUESTIONS)

What is "Debarment, Suspension, Ineligibility, and Voluntary Exclusion"?
These terms refer to the status of a person or company that cannot contract with or receive grants from a federal agency.

In order to be debarred, suspended, ineligible, or voluntarily excluded, you must have:

- had a contract or grant with a federal agency, and
- gone through some process where the federal agency notified or attempted to notify you that you could not contract with the federal agency.
- Generally, this process occurs where you, the contractor, are not qualified or are not adequately performing under a contract, or have violated a regulation or law pertaining to the contract.

Why am I required to sign this certification?
You are requesting a contract or grant with the Washington Military Department. Federal law (Executive Order 12549) requires Washington Military Department ensure that persons or companies that contract with Washington Military Department are not prohibited from having federal contracts.

What is Executive Order 12549?
Executive Order 12549 refers to Federal Executive Order Number 12549. The executive order was signed by the President and directed federal agencies to ensure that federal agencies, and any state or other agency receiving federal funds were not contracting or awarding grants to persons, organizations, or companies who have been excluded from participating in federal contracts or grants. Federal agencies have codified this requirement in their individual agency Code of Federal Regulations (CFRs).

What is the purpose of this certification?
The purpose of the certification is for you to tell Washington Military Department in writing that you have not been prohibited by federal agencies from entering into a federal contract.

What does the word "proposal" mean when referred to in this certification?
Proposal means a solicited or unsolicited bid, application, request, invitation to consider or similar communication from you to Washington Military Department.

What or who is a "lower tier participant"?
Lower tier participants means a person or organization that submits a proposal, enters into contracts with, or receives a grant from Washington Military Department, OR any subcontractor of a contract with Washington Military Department. If you hire subcontractors, you should require them to sign a certification and keep it with your subcontract.

What is a covered transaction when referred to in this certification?
Covered Transaction means a contract, oral or written agreement, grant, or any other arrangement where you contract with or receive money from Washington Military Department. Covered Transaction does not include mandatory entitlements and individual benefits.

Sample Debarment, Suspension, Ineligibility, Voluntary Exclusion Contract Provision

Debarment Certification. The Contractor certifies that the Contractor is not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participating in this Contract by any Federal department or agency. If requested by Washington Military Department, the Contractor shall complete a Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion form. Any such form completed by the Contractor for this Contract shall be incorporated into this Contract by reference.

D26-105

WASHINGTON MILITARY DEPARTMENT

Audit Certification and FFATA Reporting Form

CONTACT INFORMATION			
Subrecipient Name (Agency, Local Government, or Organization): City of Sumas			
Subrecipient Unique Entity Identifier (UEI) Number: GMNJJXRQ97U1			
Authorized Financial Representative (Name and Title): Mollie Bost			
Address: 433 Cherry Street	Sumas	WA	98295
Email: mbost@cityofsumas.com	Phone Number: 360-988-5711		

Directions: As required by 2 CFR Part 200 Subpart F, non-federal entities that expend $1,000,000 in federal awards in a fiscal year shall have a single or program-specific audit conducted for that year.

- If your entity ***is not*** subject to these requirements, you must complete **Section A** of this Form.
- If your entity ***is*** subject to these requirements, you must complete **Section B** of this form.
- **All subrecipients** must complete **Section C** (FFATA) of this form.

Failure to return this completed Form to contracts.office@mil.wa.gov may result in delay of grant agreement processing, withholding of federal awards or disallowance of costs, and suspension or termination of federal awards.

SECTION A: Entities NOT subject to the audit requirements of 2 CFR Part 200 Subpart F (check all that apply)
☐ We did not expend $1,000,000 or more of total federal awards during the preceding fiscal year.
☐ We are a for-profit organization.
☐ We are exempt for other reasons (describe):
However, by signing below, I agree that we are still subject to the audit requirements, laws, and regulations governing the program(s) in which we participate; that we are required to maintain records of federal funding and to provide access to such records by federal and state agencies and their designees; and that WMD may request and be provided access to additional information and/or documentation to ensure proper stewardship of federal funds.

SECTION B: Entities that ARE subject to the audit requirements of 2 CFR Part 200 Subpart F (Check the appropriate box and complete the information below)
☐ We completed our last 2 CFR Part 200 Subpart F Audit on [enter date] for fiscal year [enter date]. There were no findings related to federal awards or internal controls.
☐ We completed our last 2 CFR Part 200 Subpart F Audit on [enter date] for fiscal year [enter date] and there were findings related to federal awards and/or internal controls.
☐ Our completed 2 CFR Part 200 Subpart F Audit will be available on [enter date] for fiscal year [enter date].
Provide a complete copy of the audit report electronically to contracts.office@mil.wa.gov or provide the state audit number [enter number].

SECTION C: ***Federal Funding Accountability and Transparency Act*** (check the corresponding answer)
In your preceding fiscal year, did your organization receive 80% or more of its gross revenues from federal funding? ☐ Yes ■ No
In your preceding fiscal year, did your organization receive $25,000,000 or more in federal funding? ☐ Yes ■ No
If you answered *yes* to the previous questions, you must report the names and total compensation of the top 5 highly compensated officials of your organization. 1. 2. 3. 4. 5.

I hereby certify that I am an individual authorized by the above identified entity (subrecipient) to complete this form. Further, I certify that the above information is true and correct, and all material findings contained in the audit report/statement have been disclosed. Additionally, I understand this form is to be submitted every fiscal year for which this entity is a subrecipient of federal award funds from the Department until the grant agreement is closed.

_____

Signature of Authorized Financial Representative: Date:

D26-105

Statewide Vendor Number

The Washington State Office of Financial Management maintains a central vendor/supplier file for Washington State agencies to use for processing vendor payments. This allows your jurisdiction to serve as a vendor/supplier and receive payments from all participating state agencies. This allows you to receive payments through direct deposit, which is the state's preferred method of payment.

If you already have a Statewide Vendor Number, input it here:

SWV- SWV0034175-00

If you do not have a Statewide Vendor Number, go to:
https://ofm.wa.gov/tech-support/statewide-vendor-payee-services/