AGENDA

COOS COUNTY BOARD OF COMMISSIONERS

Owen Building Large Conference Room, 201 **N.** Adams, Coquille
or Virtually at https://meet.goto.com/865921461
August 4, 2026

1. EXECUTIVE SESSION UNDER THE AUTHORITY OF ORS 192.660- small conference room- the public is excluded from this portion of the meeting

A. (2)(e) Real Property Transactions
B. (2)(f) Information or Records Exempt from Public Inspection
C. (2)(h) Consultation with Counsel

2. 9:30 AM PUBLIC SESSION/PLEDGE OF ALLEGIANCE/MOMENT OF SILENCE

3. DEPARTMENT HEADS

A. Request Approval of Retirement of K9 Katie; Authorize Purchase of K9 by McKenzie Davis- Community Corrections
B. Request Approval of Job Description for MHS III Substance Use Disorders Treatment Program Manager; Approval to Post & Fill Position- Coos Health & Wellness (CHW)
C. Request Approval of Payment for Membership Dues to AOCMHP- CHW
D. Request Approval to Pay Additional Cost to Intermedia for Phone Services- CHW
E. Request Approval of Employment Agreement with Lyndsey Cotton, FNP- District Attorney
F. Request Approval of TOPS Program Agreements- Sheriff
G. Request Approval to Renew Mimecast Subscription- IT
H. Request Approval of Updated Noxious Weed List- Community Development
I. Request Approval of Agreement with CCD for Grant Administration for Greenacres RFPD Project; Adopt Sole Source Findings; Authorize Chair to Sign- Counsel
J. Request Approval of Order Establishing Priorities for Maintenance for FY 27- Counsel
K. Request Approval of Order Establishing Priorities for Parks for FY 27- Counsel
L. Request Approval of Order Establishing Priorities for Roads for FY 27- Counsel
M. Request Approval of Order Establishing Priorities for Solid Waste for FY 27- Counsel

4. CONSENT CALENDAR- administrative matters not up for discussion

A. Approval of Minutes

i. Regular Meeting Minutes- July 20, 2026
ii. Workgroup Minutes- July 28, 2026

B. Orders & Resolutions

i. Order 26-07-035C, In the Matter of Appointing Scott Cooper to the Coos County Planning Commission
ii. Amended Resolution 26-07-105P, In the Matter of Granting a Longevity Salary Increase for Eric Zanni Effective August 1, 2026
iii. Resolution 26-07-110P, In the Matter of Granting Salary Merit Step Increases for Various Employees Effective August 1, 2026
iv. Resolution 26-07-111P, In the Matter of Classifying and Placement of Various Employees on the Regular Coos County Payroll Effective Their Hire Date
v. Resolution 26-07-112P, In the Matter of Granting a Promotion for Allen Lively Effective August 1, 2026
vi. Resolution 26-07-114P, In the Matter of Granting Salary Merit Step Increases for Various CADS Employees Effective August 1, 2026

C. Post-Action Notifications Pursuant to County Rule 10.043 (5)

i. Contract with Gold Coast Security- CHW- alarm monitoring
ii. Sign On Bonus Agreement- CHW- Zakary Shrock
iii. Sign On Bonus Agreement/Relocation Reimbursement Agreement- CHW- LaFaye Grooms
iv. Contract Renewal with Bill's Pest Control- Maintenance- Courthouse, Owen & Juvenile buildings
v. Contract Renewal with C&S FireSafe Services- Maintenance- fire extinguisher maintenance

5. LATE AGENDA ITEMS

6. COMMISSIONERS REPORTS

7. CITIZEN COMMENTS

BOC only:
Consent Agenda _____

Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Executive Session Requested

Department: Counsel **Requested Agenda Date: 08/04/2026**

Contact Person: Colton Totland **Phone/Ext.**: 7690

Background and description of need or problem: Need executive session for:

- **ORS 192.660(2)(e)** – Conducting deliberations with persons designated by the governing body to negotiate real property transactions
- **ORS 192.660(2)(f)** – To consider information or records that are exempt by law from public inspection.
- **ORS 192.660(2)(h)** – Consulting with counsel concerning the legal rights and duties of a public body with regard to current litigation or litigation likely to be filed.

Funding Source: N/A

Requested Action: Go into Executive Session during Board meeting as stated above.

Date: 07/28/2026 Signature of Dept. Head: Colton Totland

For all matters, forward the document to Counsel **no later than the Monday prior to the Agenda deadline**. Counsel will forward to Treasurer.

If this is a Contract or Grant:

- ☐ Is the contract or grant an original?
- ☐ Is the Contract/Grant Summary Form attached?
- ☐ Is the Contract signed first by the vendor (except state/federal grants or contracts)?
- ☐ If Insurance is required, Is the Insurance Certificate attached?
- ☐ Is the Clerk's Filing Coversheet attached?
- ☐ Do you want this returned to you for filing?

County Counsel CT

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Consent Agenda _____

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AGENDA ITEM COVERSHEET

Agenda Item Title: Request to Retire K9 Katie and allow K9 Katie's handler, Parole and Probation Officer McKenzie Davis, to purchase her in retirement.

Department: Coos County Community Corrections **Requested Agenda Date: 08/04/2026**

Contact Person: Director Mike Crim **Phone/Ext.**: 541-396-7703

Background and description of need or problem: After over 11 years of service to the citizens of Coos County, K9 Katie is ready to retire. K9 Katie was acquired from the Coos Bay Police Department in 2021 from her previous handler Bryan Looney. Since then, K9 Katie has been instrumental in numerous cases with SCINT and our local and federal partners. K9 Katie has taken a large amount of controlled substances off the street not only in Coos County, but across the State.

Coos County Community Corrections is requesting that Parole and Probation Officer McKenzie Davis be allowed to purchase K9 Katie, in the amount of $1.00, upon her retirement and enjoy all the toys her heart desires!

Funding Source:

Requested Action: Board to approve the retirement of K9 Katie in August 2026 and allow for the purchase of K9 Katie, in the amount of $1.00, by her handler, Parole and Probation Officer McKenzie Davis upon K9 Katie's retirement.

Date: 07/21/2026 Signature of Dept Head: _____

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- ☐ If insurance is required, is the insurance certificate attached?
- ☐ Is the Clerk's Coversheet attached or do you want it returned to you for filing?

County Counsel CT

Treasurer MS

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BOC only:
Consent Agenda _____

Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Approval of Job description and Request to Post/Fill

Department: Coos Health & Wellness **Requested Agenda Date:** 8/4/2026

Contact Person: Dr. Tim Lynch **Phone/Ext.**: 541-266-6700

Background and description of need or problem: Request Board approval of the non-union position of Mental Health Specialist III Substance Use Disorders Treatment Program Manager under paygrade 823. This position was included in the FY 2026-2027 budget. Also request permission to post/fill the position.

Funding Source: 021-1302-444.10-01

Requested Action: Request Board approval of Mental Health Specialist III Substance Abuse Disorder Program Manager position under paygrade 823 and approval to post/fill.

Date: 7/15/2026 Signature of Dept. Head: Dr. Timothy Lynch

For all matters, forward the document to Counsel **no later than the Monday prior to the Agenda deadline**. Counsel will forward to Treasurer.

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- ☐ Is the contract or grant an original?
- ☐ Is the Contract/Grant Summary Form attached?
- ☐ Is the contract signed first by the vendor (except state/federal grants or contracts)?
- ☐ If insurance is required, is the insurance certificate attached?
- ☐ Is the Clerk's Coversheet attached or do you want it returned to you for filing?

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Revision Date: June 2026

1. Classification Title: Mental Health Specialist III

2. Working Title: Substance Use Disorders Treatment Program Manager

3. Department: Coos Health and Wellness **Paygrade 823**

4. Position Is: Full Time ☒ Part Time ☐ Extra Help ☐
Seasonal ☐ Other _____

Excluded from Bargaining Unit? Yes ☒ No ☐

Eligible for Overtime? Yes ☐ No ☒

5. What is the purpose of this position?

To provide supervision, program development, and operational oversight of substance use disorder services within Coos Health and Wellness. Some direct provision of SUD services, including assessment and treatment. Work closely with the clinical management team in the overall provision of Behavioral health services within the agency. Coordinate closely with system partners and other health providers. May supervise other clinical or department staff in the absence of the Behavioral Health Director.

6. Essential functions of the position:

a. Responsible for the direct, day-to-day Substance Use Disorders Treatment programming within the agency;

b. Recruits, hires, supervises, completes annual performance evaluations, recommends merit increases, initiates and completes disciplinary actions for SUD staff.

c. Provides direct supervision and training to SUD staff. Ensure that staff and all processes adhere to department, County, and Bargaining Unit policies and procedures; and comply with contract requirements, state and federal laws governing department services, and privacy/security laws governing protected health information (HIPAA), and 42 CFR Part 2.

d. Directs team-based care to ensure that we are meeting department productivity standards and the needs of our internal and external customers,

e. Provides direct clinical services for the efficient functioning of the program.

f. Assigns and distributes work activities to ensure clinical services are available during clinic hours of operation and to the other clinical service teams, including Youth, Forensics, and Adult Intensive.

g. Identifies areas for program and staff development and initiates methods to address identified needs. Mentors staff to problem-solve and develop solutions to department needs and issues.

h. Designs program objectives to meet the needs of the consumer, family, community, and department, and develops methods to evaluate the success of meeting said objectives.

i. Works effectively as a member of the CHW and Clinical Management Team to identify opportunities to provide innovative and high-quality services.

j. Reviews/approves client Assessments, Treatment Plans, progress notes, referrals, and other clinical documentation to ensure compliance and quality.

k. Ensure coordination with higher levels of SUD service related to care transitions, such as Residential, Detox, or Day Treatment services. Ensure coordination with other local SUD providers related to clients' care needs.

l. Helps develop Quality Assurance standards for the department and implement/ monitor within the program area.

m. Advises the Director related to the SUD program, including program staffing and budgetary needs.

n. Assures program maintains financial viability, works collaboratively with the Management Team to develop and implement an annual departmental budget.

7. List the minor duties assigned to this position.

- Performs work in alignment with CHW's mission, vision and values as well as its strategic goals
- Adheres to CHW's Code of Conduct, County and CHW Policies, and Employee Handbook;
- Attends required staff meetings and community agency meetings.
- Completes assigned trainings and updates skills.

DESCRIPTION OF POSITION

- Ensures that any required licenses/certifications are kept current and active.
- Complete other assignments and tasks as directed by supervisor and/or Director

8. Supervision

This position is supervised by the Mental Health Director.

This position supervises the Substance Use Disorders Treatment team.

9. Working conditions of the position.

Typical office setting, usual hours 8-5, Mon-Friday. Option to have 4x10 schedule. Position may require occasional physical exertion, including bending, stooping, reaching, and lifting of stacks of files up to 25 pounds.

Travel within the county and state may be required.

10. List required special skills, licenses, certificates, etc.

CADC II certification required or ability to obtain within 6 months of hire. Strong preference for Mental Health Degree or credential, I,e Qualified Mental Health Professional or equivalent.

For individuals self-identified as in recovery from SUDs, must have maintained continuous abstinence/sobriety for the two years immediately preceding the date of hire.

Minimum 5 years in providing direct services for SUD patients.

Minimum 1 year of clinical supervisor experience providing clinical supervision to staff as required by OAR 309-109.

Minimum of 2 years or more providing services to individuals within one or more of the following populations: youth with severe emotional disturbance, adults with severe and persistent mental illness

Must be able to learn/utilize a computer medical record system, including use of newer office technologies. Must have basic computer, tape recorder or dictation device, copy machine, fax, and telephone skills. Must have good time-management skills; ability to prioritize tasks in a fast-paced environment, and good clinical writing/composition skills. Regular and consistent attendance is required.

Must have ability to establish relationships and cooperate with persons from all walks of life; ability to formulate ideas, verbalize and write concisely; thorough knowledge of principles of comprehensive community mental health and the application of psychiatric, psychological, social, rehabilitation and educational services; ability to conduct diagnosis and evaluation, treatment planning and treatment monitoring; ability to translate program needs into budget form; demonstrate administrative abilities.

Must be able to accept supervision and adhere to County and Department policies. Must comply with professional ethics, rules of conduct, and confidentiality and privacy laws. Must be able to establish and maintain harmonious working relationships with other employees and maintain effective interpersonal relationships with co-workers, subordinates, and other agencies. Must have the ability to represent the highest public image of the agency. Must maintain a positive attitude and represent the County and the Department in the community in a positive manner.

10. Is operation of motor vehicle required? Yes ☒ No ☐

11. List equipment, tools, machines used in performance of duties.

Computer, copy / fax machine, electronic health record

BOC only:
Consent Agenda _____

Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Membership with Association of Oregon Community Mental Health Programs (AOCMHP)

Department: Coos Health & Wellness **Requested Agenda Date: 8/4/2026**

Contact Person: Megan Ridle **Phone/Ext.**: 541-266-6700

Background and description of need or problem: Behavioral Health 2026-2027 AOCMHP renewal membership dues of $15,231.92.

Funding Source: 021-1302-444.30-05

Requested Action: Board to approve payment and sign voucher for behavioral health annual membership dues to AOCMHP.

Date: 7/27/2026 Signature of Finance Director: Rebecca Redell Digitally signed by Rebecca Redell Date: 2026.07.27 09:26:08 -07'00'

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- ☐ Is the Clerk's Filing Coversheet attached?
- ☐ Do you want this returned to you for filing?

County Counsel CT

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Association of Oregon Community Mental Health Programs
102 Liberty St NE Ste 140
Salem, OR 97301
+15033997201
shenderson@aocmhp.org

ASSOCIATION OF OREGON COMMUNITY MENTAL HEALTH PROGRAMS

INVOICE

BILL TO
Coos Health & Wellness
Attn: David Geels
281 Laclair Street
Coos Bay, OR 97420

INVOICE # 2624
DATE 07/01/2026
DUE DATE 07/31/2026
TERMS Net 30

DATE	ACTIVITY	DESCRIPTION	QTY	RATE	AMOUNT
	Membership Dues	FY 2026-2027	1	15,231.92	15,231.92

Thank you for your continued support!

BALANCE DUE **$15,231.92**

BOC only:
Consent Agenda _____

Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Spending authority approval for Intermedia phone services at CHW

Department: Coos Health & Wellness **Requested Agenda Date: 8/4/2026**

Contact Person: Daris Bouthillier **Phone/Ext.**: 541-266-6700

Background and description of need or problem: On June 29, 2026 a workgroup agenda item to select a hosted telephone services vendor and contract at Coos Health & Wellness was presented for the BOC's consideration and approval.

There was a misunderstanding between CHW and the selected vendor. The vendor provided three quotes with different options. CHW selected their cheapest option at $25,939 for 12 months. The vendor assumed that the last option they submitted at $27,249 for 24 months was the option CHW selected. The contract was signed by both parties and executed before the discrepancy was discovered.

The annual cost increase is $1,310 and the length of the contract is one additional year.

Funding Source:

Requested Action: Approve additional spending authority of $1,310, for a total amount not to exceed amount of $27,249/year for two years of Intermedia phone service at CHW.

Date: 7/27/2026 Signature of Dept. Head: _____

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BOC only:
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AGENDA ITEM COVERSHEET

Agenda Item Title: Approval of Employment Agreement

Department: Counsel/DA's Office **Requested Agenda Date:** 8/4/2026

Contact Person: Colton Totland/Jody Newby **Phone/Ext.**: 541-396-7690

Background and description of need or problem: Request Board approval of the attached Extra Help Employment Agreement with Lyndsey Cotton, FNP, who will be providing Medical Examiner services under Exhibit 1 effective July 2026.

Funding Source:

Requested Action: Request Board signature on Extra Help Employment Agreement for Lyndsey Cotton to provide Medical Examiner services.

Date: 7/16/2026 Signature of Dept. Head: _____

For all matters, forward the document to Counsel **no later than the Monday prior to the Agenda deadline.** Counsel will forward to Treasurer.

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County Counsel CT

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CONTRACT / GRANT SUMMARY FORM

Clerk's CJ No.:_____ (complete after filing) Contract/Agreement/Grant No.: _____(if applicable)

Name/Agency Name and Address: C/- DA's office, 250 N. Baxter Street, Coquille, OR 97423

Contact Person: Lyndsey Cotton, FNP Phone No: 541-410-5815 Email: fnp.lyndsey@gmail.com

Amount of Contract/Grant Award: $ N/A

Payment Terms: $1,500 per month (state lump sum or amount and time of payments)

Effective Date: 7/1/2026 Start Date: 7/1/2026 (if different from effective date, i.e. retroactive / prospective date)

End Date: Yearly Renewals (if known)

County Department and Employee Responsible for Performance: Colton Totland, County Counsel

Description: Extra Help Employment Agreement to provide Medical Examiner Services as an Extra Help Employee

Staff Requirements: ☒New ☐Existing ☐Subcontract

Will unemployment cost be incurred? ☒Yes ☐No

FINANCIAL INFORMATION (Fill out this section only if the County is receiving funds)

STATE %	OTHER %	FEDERAL % (CFDA # Required)	Catalog of Federal Domestic Asst. *(CFDA) Number

*CFDA is a five digit number in the following format: xx.xxx. The first two digits designate the federal agency and the last three the grant description. The following is a partial listing of the two digit agency identifier:

10.xxx USDA 14.xxx HUD 20.xxx USDOT 66.xxx EPA 84.xxx Dept. of Education
11.xxx Dept. of Commerce 16.xxx USDOJ 39.xxx General Svs. Admin. 83.xxx FEMA 93.xxx USDHHS

NOTE: If the contract/grant is associated with more than one CDFA number, each segment must have its own summary form.

☒ New ☐ Renewal Previous Amount: $ Previous Date: ☐ Modification Original Amount: $ Original Date:

PUBLIC CONTRACTING INFORMATION (Fill out this section only if the County is spending funds)

Method of Selection:

☐ Bid ☐ None
☐ Quote ☒ Other Employment Agreement
☐ Proposal

Type of Contract:

☒ New (complete sections below)
☐ Renewal (no need to complete sections below)
☐ Modification (no need to complete sections below)

Type of Contract:

☐ Goods and Services - If Not Using Bid or Proposal, Mark Exemption:
- ☐ Under $10,000
- ☐ Under $50,000 for Quotes
- ☐ Under $150,000 & Approval from Board for Quotes
- ☐ Sole Source
- ☐ Contract with Public Agency
- ☐ Equipment Maintenance
- ☐ Office Supplies
- ☐ Used Vehicles
- ☐ State Purchasing
- ☐ Other _____

☐ Public Improvement – If Not Using Bid, Mark Exemption:
- ☐ Under $5,000
- ☐ Under $50,000 for Quotes
- ☐ Between $50,000 and $100,000 for Quotes and Prevailing Wage Requirements
- ☐ Alternative Contracting Method Approved by Board
- ☐ Other _____

☐ Personal Services Contract – If Not Using Proposal, Mark Exemption:
- ☐ Under $50,000
- ☐ Under $150,000 & Approval from Board

Will project be reported to Bureau of Labor for Prevailing Wages under ORS 279C.800? ☐Yes ☒No

Certificate of insurance required? ☐Yes ☒No

Date Approved by BOC: _____ Reviewed by Counsel: CT

BOC only:
Consent Agenda _____

Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Timber and Operation Patrol Services (TOPS) Program

Department: Sheriff's Office **Requested Agenda Date: 8/4/26**

Contact Person: Captain. Sean Sanborn **Phone/Ext.**: 7808

Background and description of need or problem: The Sheriff's Office has a program for timber patrol services on public and private timberlands in Coos County. Fifty percent of the cost for a full-time patrol deputy is split by the number of acres owned by each of the following subscribers of the services. **Agness, LLC., Bavarian Olympus Timber, LLC., Fairview Timber, LLC., FIA Timber Growth & Value Master, LLC., Keystone Forest Investments, LLC., Lone Rock Timber Mgmt. Co., Manulife Investment Mgmt., Moore Mill & Lumber Co., Mount Holding Co., New Growth Olympus, LLC., Oregon Dept. of Forestry,** and **Roseburg Resources Co.** The remaining fifty percent is paid for by **Oregon Dept. of State Lands** for patrol of the Elliott State Research Forest.

Funding Source: 342.01-01

Requested Action: Board review, approve and sign the attached Contracts and Agreements

Date: 7/27/26 Signature of Dept. Head: _____

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County Counsel CT

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SUBSCRIBER NAME	TOTAL ACRES	2023-2024 COST PER ACRE	TOTAL COST
Agness LLC	6,573.00	0.229352791	$ 1,507.54
Bavarian Olympus Timber, LLC	12,748.59	0.229352791	$ 2,923.92
Coquille Indian Tribe	6,943.94	0.229352791	$ 1,592.61
Fairview Timber, LLC	15,073.00	0.229352791	$ 3,457.03
FIA Timber Growth & Value Master, LLC	18,034.89	0.229352791	$ 4,136.35
Keystone Forest Investments, L.L.C.	4,711.30	0.229352791	$ 1,080.55
Lone Rock Timber Mangement Co	34,994.63	0.229352791	$ 8,026.12
Mahaffy Tree Farm, Inc.	1,843.38	0.229352791	$ 422.78
Manulife Investment Management	109,926.76	0.229352791	$ 25,212.01
Moore Mill & Lumber Company	23,471.00	0.229352791	$ 5,383.14
Mount Holding Co,	4,442.00	0.229352791	$ 1,018.79
New Growth Olympus, LLC	12,390.05	0.229352791	$ 2,841.69
Oregon Department of Forestry	7,093.00	0.229352791	$ 1,626.80
Roseburg Resources, Co	54,164.00	0.229352791	$ 12,422.66
TOTALS	**312,409.54**		**$ 71,651.99**

TIMBER DEPUTY HALF-COST WAGE COMPARISON			
Wages & Benefits			$ 134,303.00
Overtime			$ 2,500.00
Uniform Costs			$ 500.00
Vehicle Expense			$ 6,000.00
		TOTAL WAGES & EXPENSES	**$ 143,303.00**
Half of Deputies Wages and Expenses	**Paid by Oregon Dept of State Lands**		**$ 71,652.00**
		Total Acres	**Total Acres Divided by Deputy's Cost = Cost Per Acre**
	71,652.00	**312,409.54**	**0.229352791**

CONTRACT / GRANT SUMMARY FORM

Clerk's CJ No.:_____ (complete after filing) Contract/Agreement/Grant No.: _____(if applicable)

Name/Agency Name and Address: Oregon Dept. of State Lands, , 951 SW Simpson Ave Ste. 104, Bend OR 97702

Contact Person: Darren Goodding, Mgr Phone No: 541-458-3605 Email: darren.goodding@dsl.oregon.gov

Amount of Contract/Grant Award: $ 71,652.00

Payment Terms: Invoiced Lump Sum (state lump sum or amount and time of payments)

Effective Date: 07/01/26 Start Date: ____ (if different from effective date, i.e. retroactive / prospective date)

End Date: 6/30/27 (if known)

County Department and Employee Responsible for Performance: Sheriff's Office - Criminal

Description: Cooperative Agreement for Patrol on Timberlands

Staff Requirements: ☐New ☒Existing ☐Subcontract

Will unemployment cost be incurred? ☐Yes ☒No

FINANCIAL INFORMATION (Fill out this section only if the County is receiving funds)

STATE %	OTHER %	FEDERAL % (CFDA # Required)	Catalog of Federal Domestic Asst. *(CFDA) Number
	100%		

*CFDA is a five digit number in the following format: xx.xxx. The first two digits designate the federal agency and the last three the grant description. The following is a partial listing of the two digit agency identifier:

10.xxx USDA 14.xxx HUD 20.xxx USDOT 66.xxx EPA 84.xxx Dept. of Education
11.xxx Dept. of Commerce 16.xxx USDOJ 39.xxx General Svs. Admin. 83.xxx FEMA 93.xxx USDHHS

NOTE: If the contract/grant is associated with more than one CDFA number, each segment must have its own summary form.

☒ New ☐ Renewal Previous Amount: $ Previous Date: ☐ Modification Original Amount: $ Original Date:

PUBLIC CONTRACTING INFORMATION (Fill out this section only if the County is spending funds)

Method of Selection:

☐ Bid ☐ None
☐ Quote ☐ Other _____
☐ Proposal

Type of Contract:

☐ New (complete sections below)
☐ Renewal (no need to complete sections below)
☐ Modification (no need to complete sections below)

Type of Contract:

☐ Goods and Services - If Not Using Bid or Proposal, Mark Exemption:
- ☐ Under $10,000
- ☐ Under $50,000 for Quotes
- ☐ Under $150,000 & Approval from Board for Quotes
- ☐ Sole Source
- ☐ Contract with Public Agency
- ☐ Equipment Maintenance
- ☐ Office Supplies
- ☐ Used Vehicles
- ☐ State Purchasing
- ☐ Other _____

☐ Public Improvement – If Not Using Bid, Mark Exemption:
- ☐ Under $5,000
- ☐ Under $50,000 for Quotes
- ☐ Between $50,000 and $100,000 for Quotes and Prevailing Wage Requirements
- ☐ Alternative Contracting Method Approved by Board
- ☐ Other _____

☐ Personal Services Contract – If Not Using Proposal, Mark Exemption:
- ☐ Under $50,000
- ☐ Under $150,000 & Approval from Board

Will project be reported to Bureau of Labor for Prevailing Wages under ORS 279C.800? ☐Yes ☐No

Certificate of insurance required? ☐Yes ☐No

Date Approved by BOC: _____ Reviewed by Counsel: CT

CONTRACT / GRANT SUMMARY FORM

Clerk's CJ No.:_____ (complete after filing) Contract/Agreement/Grant No.: _____(if applicable)

Name/Agency Name and Address: Oregon Dept. of Forestry, 63612 Fifth Rd, Coos Bay OR 97420

Contact Person: Ryan Greco Phone No: 541-267-1742 Email: ryan.greco@oregon.gov

Amount of Contract/Grant Award: $ 1,626.80

Payment Terms: Invoiced Lump Sum (state lump sum or amount and time of payments)

Effective Date: 07/01/26 Start Date: ____ (if different from effective date, i.e. retroactive / prospective date)

End Date: 6/30/27 (if known)

County Department and Employee Responsible for Performance: Sheriff's Office - Criminal

Description: Cooperative Agreement for Patrol on Timberlands

Staff Requirements: ☐New ☒Existing ☐Subcontract

Will unemployment cost be incurred? ☐Yes ☒No

FINANCIAL INFORMATION (Fill out this section only if the County is receiving funds)

STATE %	OTHER %	FEDERAL % (CFDA # Required)	Catalog of Federal Domestic Asst. *(CFDA) Number
	100%		

*CFDA is a five digit number in the following format: xx.xxx. The first two digits designate the federal agency and the last three the grant description. The following is a partial listing of the two digit agency identifier:

10.xxx USDA 14.xxx HUD 20.xxx USDOT 66.xxx EPA 84.xxx Dept. of Education
11.xxx Dept. of Commerce 16.xxx USDOJ 39.xxx General Svs. Admin. 83.xxx FEMA 93.xxx USDHHS

NOTE: If the contract/grant is associated with more than one CDFA number, each segment must have its own summary form.

☒ New ☐ Renewal Previous Amount: $ Previous Date: ☐ Modification Original Amount: $ Original Date:

PUBLIC CONTRACTING INFORMATION (Fill out this section only if the County is spending funds)

Method of Selection:

☐ Bid ☐ None
☐ Quote ☐ Other _____
☐ Proposal

Type of Contract:

☐ New (complete sections below)
☐ Renewal (no need to complete sections below)
☐ Modification (no need to complete sections below)

Type of Contract:

☐ Goods and Services - If Not Using Bid or Proposal, Mark Exemption:
- ☐ Under $10,000
- ☐ Under $50,000 for Quotes
- ☐ Under $150,000 & Approval from Board for Quotes
- ☐ Sole Source
- ☐ Contract with Public Agency
- ☐ Equipment Maintenance
- ☐ Office Supplies
- ☐ Used Vehicles
- ☐ State Purchasing
- ☐ Other _____

☐ Public Improvement – If Not Using Bid, Mark Exemption:
- ☐ Under $5,000
- ☐ Under $50,000 for Quotes
- ☐ Between $50,000 and $100,000 for Quotes and Prevailing Wage Requirements
- ☐ Alternative Contracting Method Approved by Board
- ☐ Other _____

☐ Personal Services Contract – If Not Using Proposal, Mark Exemption:
- ☐ Under $50,000
- ☐ Under $150,000 & Approval from Board

Will project be reported to Bureau of Labor for Prevailing Wages under ORS 279C.800? ☐Yes ☐No

Certificate of insurance required? ☐Yes ☐No

Date Approved by BOC: _____ Reviewed by Counsel: CT

CONTRACT / GRANT SUMMARY FORM

Clerk's CJ No.:_____ (complete after filing) Contract/Agreement/Grant No.: _____(if applicable)

Name/Agency Name and Address: Moore Mill & Lumber Co., PO Box 277, Bandon OR 97411

Contact Person: Jeff Miller Phone No: 541-347-2412 Email: mmtimbermgr@yahoo.com

Amount of Contract/Grant Award: $ 5,383.14

Payment Terms: Invoiced Lump Sum (state lump sum or amount and time of payments)

Effective Date: 07/01/26 Start Date: ____ (if different from effective date, i.e. retroactive / prospective date)

End Date: 6/30/27 (if known)

County Department and Employee Responsible for Performance: Sheriff's Office - Criminal

Description: Cooperative Agreement for Patrol on Timberlands

Staff Requirements: ☐New ☒Existing ☐Subcontract

Will unemployment cost be incurred? ☐Yes ☒No

FINANCIAL INFORMATION (Fill out this section only if the County is receiving funds)

STATE %	OTHER %	FEDERAL % (CFDA # Required)	Catalog of Federal Domestic Asst. *(CFDA) Number
	100%		

*CFDA is a five digit number in the following format: xx.xxx. The first two digits designate the federal agency and the last three the grant description. The following is a partial listing of the two digit agency identifier:

10.xxx USDA 14.xxx HUD 20.xxx USDOT 66.xxx EPA 84.xxx Dept. of Education
11.xxx Dept. of Commerce 16.xxx USDOJ 39.xxx General Svs. Admin. 83.xxx FEMA 93.xxx USDHHS

NOTE: If the contract/grant is associated with more than one CDFA number, each segment must have its own summary form.

☒ New ☐ Renewal Previous Amount: $ Previous Date: ☐ Modification Original Amount: $ Original Date:

PUBLIC CONTRACTING INFORMATION (Fill out this section only if the County is spending funds)

Method of Selection:

☐ Bid ☐ None
☐ Quote ☐ Other _____
☐ Proposal

Type of Contract:

☐ New (complete sections below)
☐ Renewal (no need to complete sections below)
☐ Modification (no need to complete sections below)

Type of Contract:

☐ Goods and Services - If Not Using Bid or Proposal, Mark Exemption:
- ☐ Under $10,000
- ☐ Under $50,000 for Quotes
- ☐ Under $150,000 & Approval from Board for Quotes
- ☐ Sole Source
- ☐ Contract with Public Agency
- ☐ Equipment Maintenance
- ☐ Office Supplies
- ☐ Used Vehicles
- ☐ State Purchasing
- ☐ Other _____

☐ Public Improvement – If Not Using Bid, Mark Exemption:
- ☐ Under $5,000
- ☐ Under $50,000 for Quotes
- ☐ Between $50,000 and $100,000 for Quotes and Prevailing Wage Requirements
- ☐ Alternative Contracting Method Approved by Board
- ☐ Other _____

☐ Personal Services Contract – If Not Using Proposal, Mark Exemption:
- ☐ Under $50,000
- ☐ Under $150,000 & Approval from Board

Will project be reported to Bureau of Labor for Prevailing Wages under ORS 279C.800? ☐Yes ☐No

Certificate of insurance required? ☐Yes ☐No

Date Approved by BOC: _____ Reviewed by Counsel: CT

CONTRACT / GRANT SUMMARY FORM

Clerk's CJ No.:_____ (complete after filing) Contract/Agreement/Grant No.: _____(if applicable)

Name/Agency Name and Address: Mount Scott Holding Co., PO Box 288, Dillard OR 97432

Contact Person: Tim Truax Phone No: 541-271-0159 ext, 55019 Email: timt@rfpco.com

Amount of Contract/Grant Award: $ 1,018.79

Payment Terms: Invoiced Lump Sum (state lump sum or amount and time of payments)

Effective Date: 07/01/26 Start Date: ____ (if different from effective date, i.e. retroactive / prospective date)

End Date: 6/30/27 (if known)

County Department and Employee Responsible for Performance: Sheriff's Office - Criminal

Description: Cooperative Agreement for Patrol on Timberlands

Staff Requirements: ☐New ☒Existing ☐Subcontract

Will unemployment cost be incurred? ☐Yes ☒No

FINANCIAL INFORMATION (Fill out this section only if the County is receiving funds)

STATE %	OTHER %	FEDERAL % (CFDA # Required)	Catalog of Federal Domestic Asst. *(CFDA) Number
	100%		

*CFDA is a five digit number in the following format: xx.xxx. The first two digits designate the federal agency and the last three the grant description. The following is a partial listing of the two digit agency identifier:

10.xxx USDA 14.xxx HUD 20.xxx USDOT 66.xxx EPA 84.xxx Dept. of Education
11.xxx Dept. of Commerce 16.xxx USDOJ 39.xxx General Svs. Admin. 83.xxx FEMA 93.xxx USDHHS

NOTE: If the contract/grant is associated with more than one CDFA number, each segment must have its own summary form.

☒ New ☐ Renewal Previous Amount: $ Previous Date: ☐ Modification Original Amount: $ Original Date:

PUBLIC CONTRACTING INFORMATION (Fill out this section only if the County is spending funds)

Method of Selection:

☐ Bid ☐ None
☐ Quote ☐ Other _____
☐ Proposal

Type of Contract:

☐ New (complete sections below)
☐ Renewal (no need to complete sections below)
☐ Modification (no need to complete sections below)

Type of Contract:

☐ Goods and Services - If Not Using Bid or Proposal, Mark Exemption:
- ☐ Under $10,000
- ☐ Under $50,000 for Quotes
- ☐ Under $150,000 & Approval from Board for Quotes
- ☐ Sole Source
- ☐ Contract with Public Agency
- ☐ Equipment Maintenance
- ☐ Office Supplies
- ☐ Used Vehicles
- ☐ State Purchasing
- ☐ Other _____

☐ Public Improvement – If Not Using Bid, Mark Exemption:
- ☐ Under $5,000
- ☐ Under $50,000 for Quotes
- ☐ Between $50,000 and $100,000 for Quotes and Prevailing Wage Requirements
- ☐ Alternative Contracting Method Approved by Board
- ☐ Other _____

☐ Personal Services Contract – If Not Using Proposal, Mark Exemption:
- ☐ Under $50,000
- ☐ Under $150,000 & Approval from Board

Will project be reported to Bureau of Labor for Prevailing Wages under ORS 279C.800? ☐Yes ☐No

Certificate of insurance required? ☐Yes ☐No

Date Approved by BOC: _____ Reviewed by Counsel: CT

CONTRACT / GRANT SUMMARY FORM

Clerk's CJ No.:_____ (complete after filing) Contract/Agreement/Grant No.: _____(if applicable)

Name/Agency Name and Address: Roseburg Resources Company, PO Box 288, Dillard OR 97432

Contact Person: Tim Truax Phone No: 541-271-0159 ext, 55019 Email: timt@rfpco.com

Amount of Contract/Grant Award: $ 12,422.66

Payment Terms: Invoiced Lump Sum (state lump sum or amount and time of payments)

Effective Date: 07/01/26 Start Date: ____ (if different from effective date, i.e. retroactive / prospective date)

End Date: 6/30/27 (if known)

County Department and Employee Responsible for Performance: Sheriff's Office - Criminal

Description: Cooperative Agreement for Patrol on Timberlands

Staff Requirements: ☐New ☒Existing ☐Subcontract

Will unemployment cost be incurred? ☐Yes ☒No

FINANCIAL INFORMATION (Fill out this section only if the County is receiving funds)

STATE %	OTHER %	FEDERAL % (CFDA # Required)	Catalog of Federal Domestic Asst. *(CFDA) Number
	100%		

*CFDA is a five digit number in the following format: xx.xxx. The first two digits designate the federal agency and the last three the grant description. The following is a partial listing of the two digit agency identifier:

10.xxx USDA 14.xxx HUD 20.xxx USDOT 66.xxx EPA 84.xxx Dept. of Education
11.xxx Dept. of Commerce 16.xxx USDOJ 39.xxx General Svs. Admin. 83.xxx FEMA 93.xxx USDHHS

NOTE: If the contract/grant is associated with more than one CDFA number, each segment must have its own summary form.

☒ New ☐ Renewal Previous Amount: $ Previous Date: ☐ Modification Original Amount: $ Original Date:

PUBLIC CONTRACTING INFORMATION (Fill out this section only if the County is spending funds)

Method of Selection:

☐ Bid ☐ None
☐ Quote ☐ Other _____
☐ Proposal

Type of Contract:

☐ New (complete sections below)
☐ Renewal (no need to complete sections below)
☐ Modification (no need to complete sections below)

Type of Contract:

☐ Goods and Services - If Not Using Bid or Proposal, Mark Exemption:
- ☐ Under $10,000
- ☐ Under $50,000 for Quotes
- ☐ Under $150,000 & Approval from Board for Quotes
- ☐ Sole Source
- ☐ Contract with Public Agency
- ☐ Equipment Maintenance
- ☐ Office Supplies
- ☐ Used Vehicles
- ☐ State Purchasing
- ☐ Other _____

☐ Public Improvement – If Not Using Bid, Mark Exemption:
- ☐ Under $5,000
- ☐ Under $50,000 for Quotes
- ☐ Between $50,000 and $100,000 for Quotes and Prevailing Wage Requirements
- ☐ Alternative Contracting Method Approved by Board
- ☐ Other _____

☐ Personal Services Contract – If Not Using Proposal, Mark Exemption:
- ☐ Under $50,000
- ☐ Under $150,000 & Approval from Board

Will project be reported to Bureau of Labor for Prevailing Wages under ORS 279C.800? ☐Yes ☐No

Certificate of insurance required? ☐Yes ☐No

Date Approved by BOC: _____ Reviewed by Counsel: CT

CONTRACT / GRANT SUMMARY FORM

Clerk's CJ No.:_____ (complete after filing) Contract/Agreement/Grant No.: _____(if applicable)

Name/Agency Name and Address: New Growth Olympus, LLC., Barnes & Associates, Inc., 1515 Sherifan Ave Suite B, North Bend OR 97459

Contact Person: Michael Scott Phone No: 541-982-5188 Email: mscott@barnesinc.com

Amount of Contract/Grant Award: $ 2,841.69

Payment Terms: Invoiced Lump Sum (state lump sum or amount and time of payments)

Effective Date: 07/01/26 Start Date: ____ (if different from effective date, i.e. retroactive / prospective date)

End Date: 6/30/27 (if known)

County Department and Employee Responsible for Performance: Sheriff's Office - Criminal

Description: Cooperative Agreement for Patrol on Timberlands

Staff Requirements: ☐New ☒Existing ☐Subcontract

Will unemployment cost be incurred? ☐Yes ☒No

FINANCIAL INFORMATION (Fill out this section only if the County is receiving funds)

STATE %	OTHER %	FEDERAL % (CFDA # Required)	Catalog of Federal Domestic Asst. *(CFDA) Number
	100%		

*CFDA is a five digit number in the following format: xx.xxx. The first two digits designate the federal agency and the last three the grant description. The following is a partial listing of the two digit agency identifier:

10.xxx USDA 14.xxx HUD 20.xxx USDOT 66.xxx EPA 84.xxx Dept. of Education
11.xxx Dept. of Commerce 16.xxx USDOJ 39.xxx General Svs. Admin. 83.xxx FEMA 93.xxx USDHHS

NOTE: If the contract/grant is associated with more than one CDFA number, each segment must have its own summary form.

☒ New ☐ Renewal Previous Amount: $ Previous Date: ☐ Modification Original Amount: $ Original Date:

PUBLIC CONTRACTING INFORMATION (Fill out this section only if the County is spending funds)

Method of Selection:

☐ Bid ☐ None
☐ Quote ☐ Other _____
☐ Proposal

Type of Contract:

☐ New (complete sections below)
☐ Renewal (no need to complete sections below)
☐ Modification (no need to complete sections below)

Type of Contract:

☐ Goods and Services - If Not Using Bid or Proposal, Mark Exemption:
- ☐ Under $10,000
- ☐ Under $50,000 for Quotes
- ☐ Under $150,000 & Approval from Board for Quotes
- ☐ Sole Source
- ☐ Contract with Public Agency
- ☐ Equipment Maintenance
- ☐ Office Supplies
- ☐ Used Vehicles
- ☐ State Purchasing
- ☐ Other _____

☐ Public Improvement – If Not Using Bid, Mark Exemption:
- ☐ Under $5,000
- ☐ Under $50,000 for Quotes
- ☐ Between $50,000 and $100,000 for Quotes and Prevailing Wage Requirements
- ☐ Alternative Contracting Method Approved by Board
- ☐ Other _____

☐ Personal Services Contract – If Not Using Proposal, Mark Exemption:
- ☐ Under $50,000
- ☐ Under $150,000 & Approval from Board

Will project be reported to Bureau of Labor for Prevailing Wages under ORS 279C.800? ☐Yes ☐No

Certificate of insurance required? ☐Yes ☐No

Date Approved by BOC: _____ Reviewed by Counsel: _____

CONTRACT / GRANT SUMMARY FORM

Clerk's CJ No.:_____ (complete after filing) Contract/Agreement/Grant No.: _____(if applicable)

Name/Agency Name and Address: Manulife Investment Management, 303 NE E Street, Grants Pass OR 97528

Contact Person: Darin McMickel Phone No: 541-430-1895 Email: dmcmichael@manulife.com

Amount of Contract/Grant Award: $ 24,441.83

Payment Terms: Invoiced Lump Sum (state lump sum or amount and time of payments)

Effective Date: 07/01/26 Start Date: ____ (if different from effective date, i.e. retroactive / prospective date)

End Date: 6/30/27 (if known)

County Department and Employee Responsible for Performance: Sheriff's Office - Criminal

Description: Cooperative Agreement for Patrol on Timberlands

Staff Requirements: ☐New ☒Existing ☐Subcontract

Will unemployment cost be incurred? ☐Yes ☒No

FINANCIAL INFORMATION (Fill out this section only if the County is receiving funds)

STATE %	OTHER %	FEDERAL % (CFDA # Required)	Catalog of Federal Domestic Asst. *(CFDA) Number
	100%		

*CFDA is a five digit number in the following format: xx.xxx. The first two digits designate the federal agency and the last three the grant description. The following is a partial listing of the two digit agency identifier:

10.xxx USDA 14.xxx HUD 20.xxx USDOT 66.xxx EPA 84.xxx Dept. of Education
11.xxx Dept. of Commerce 16.xxx USDOJ 39.xxx General Svs. Admin. 83.xxx FEMA 93.xxx USDHHS

NOTE: If the contract/grant is associated with more than one CDFA number, each segment must have its own summary form.

☒ New ☐ Renewal Previous Amount: $ Previous Date: ☐ Modification Original Amount: $ Original Date:

PUBLIC CONTRACTING INFORMATION (Fill out this section only if the County is spending funds)

Method of Selection:

☐ Bid ☐ None
☐ Quote ☐ Other _____
☐ Proposal

Type of Contract:

☐ New (complete sections below)
☐ Renewal (no need to complete sections below)
☐ Modification (no need to complete sections below)

Type of Contract:

☐ Goods and Services - If Not Using Bid or Proposal, Mark Exemption:
- ☐ Under $10,000
- ☐ Under $50,000 for Quotes
- ☐ Under $150,000 & Approval from Board for Quotes
- ☐ Sole Source
- ☐ Contract with Public Agency
- ☐ Equipment Maintenance
- ☐ Office Supplies
- ☐ Used Vehicles
- ☐ State Purchasing
- ☐ Other _____

☐ Public Improvement – If Not Using Bid, Mark Exemption:
- ☐ Under $5,000
- ☐ Under $50,000 for Quotes
- ☐ Between $50,000 and $100,000 for Quotes and Prevailing Wage Requirements
- ☐ Alternative Contracting Method Approved by Board
- ☐ Other _____

☐ Personal Services Contract – If Not Using Proposal, Mark Exemption:
- ☐ Under $50,000
- ☐ Under $150,000 & Approval from Board

Will project be reported to Bureau of Labor for Prevailing Wages under ORS 279C.800? ☐Yes ☐No

Certificate of insurance required? ☐Yes ☐No

Date Approved by BOC: _____ Reviewed by Counsel: CT

CONTRACT / GRANT SUMMARY FORM

Clerk's CJ No.:_____ (complete after filing) Contract/Agreement/Grant No.: _____(if applicable)

Name/Agency Name and Address: Lone Rock Timber Management Company, PO Box 1127, Roseburg OR 97470

Contact Person: Mark Kincaid Phone No: 541-673-0141 Email: mkincaid@irtev.com

Amount of Contract/Grant Award: $ 8,026.12

Payment Terms: Invoiced Lump Sum (state lump sum or amount and time of payments)

Effective Date: 07/01/26 Start Date: ____ (if different from effective date, i.e. retroactive / prospective date)

End Date: 6/30/27 (if known)

County Department and Employee Responsible for Performance: Sheriff's Office - Criminal

Description: Cooperative Agreement for Patrol on Timberlands

Staff Requirements: ☐New ☒Existing ☐Subcontract

Will unemployment cost be incurred? ☐Yes ☒No

FINANCIAL INFORMATION (Fill out this section only if the County is receiving funds)

STATE %	OTHER %	FEDERAL % (CFDA # Required)	Catalog of Federal Domestic Asst. *(CFDA) Number
	100%		

*CFDA is a five digit number in the following format: xx.xxx. The first two digits designate the federal agency and the last three the grant description. The following is a partial listing of the two digit agency identifier:

10.xxx USDA 14.xxx HUD 20.xxx USDOT 66.xxx EPA 84.xxx Dept. of Education
11.xxx Dept. of Commerce 16.xxx USDOJ 39.xxx General Svs. Admin. 83.xxx FEMA 93.xxx USDHHS

NOTE: If the contract/grant is associated with more than one CDFA number, each segment must have its own summary form.

☒ New ☐ Renewal Previous Amount: $ Previous Date: ☐ Modification Original Amount: $ Original Date:

PUBLIC CONTRACTING INFORMATION (Fill out this section only if the County is spending funds)

Method of Selection:

☐ Bid ☐ None
☐ Quote ☐ Other _____
☐ Proposal

Type of Contract:

☐ New (complete sections below)
☐ Renewal (no need to complete sections below)
☐ Modification (no need to complete sections below)

Type of Contract:

☐ Goods and Services - If Not Using Bid or Proposal, Mark Exemption:
- ☐ Under $10,000
- ☐ Under $50,000 for Quotes
- ☐ Under $150,000 & Approval from Board for Quotes
- ☐ Sole Source
- ☐ Contract with Public Agency
- ☐ Equipment Maintenance
- ☐ Office Supplies
- ☐ Used Vehicles
- ☐ State Purchasing
- ☐ Other _____

☐ Public Improvement – If Not Using Bid, Mark Exemption:
- ☐ Under $5,000
- ☐ Under $50,000 for Quotes
- ☐ Between $50,000 and $100,000 for Quotes and Prevailing Wage Requirements
- ☐ Alternative Contracting Method Approved by Board
- ☐ Other _____

☐ Personal Services Contract – If Not Using Proposal, Mark Exemption:
- ☐ Under $50,000
- ☐ Under $150,000 & Approval from Board

Will project be reported to Bureau of Labor for Prevailing Wages under ORS 279C.800? ☐Yes ☐No

Certificate of insurance required? ☐Yes ☐No

Date Approved by BOC: _____ Reviewed by Counsel: CT

CONTRACT / GRANT SUMMARY FORM

Clerk's CJ No.:_____ (complete after filing) Contract/Agreement/Grant No.: _____(if applicable)

Name/Agency Name and Address: Keystone Forest Investments LLC., Barnes & Associates, Inc., 1515 Sherifan Ave Suite B, North Bend OR 97459

Contact Person: Michael Scott Phone No: 541-982-5188 Email: mscott@barnesinc.com

Amount of Contract/Grant Award: $ 1,080.55

Payment Terms: Invoiced Lump Sum (state lump sum or amount and time of payments)

Effective Date: 07/01/26 Start Date: ____ (if different from effective date, i.e. retroactive / prospective date)

End Date: 6/30/27 (if known)

County Department and Employee Responsible for Performance: Sheriff's Office - Criminal

Description: Cooperative Agreement for Patrol on Timberlands

Staff Requirements: ☐New ☒Existing ☐Subcontract

Will unemployment cost be incurred? ☐Yes ☒No

FINANCIAL INFORMATION (Fill out this section only if the County is receiving funds)

STATE %	OTHER %	FEDERAL % (CFDA # Required)	Catalog of Federal Domestic Asst. *(CFDA) Number
	100%		

*CFDA is a five digit number in the following format: xx.xxx. The first two digits designate the federal agency and the last three the grant description. The following is a partial listing of the two digit agency identifier:

10.xxx USDA 14.xxx HUD 20.xxx USDOT 66.xxx EPA 84.xxx Dept. of Education
11.xxx Dept. of Commerce 16.xxx USDOJ 39.xxx General Svs. Admin. 83.xxx FEMA 93.xxx USDHHS

NOTE: If the contract/grant is associated with more than one CDFA number, each segment must have its own summary form.

☒ New ☐ Renewal Previous Amount: $ Previous Date: ☐ Modification Original Amount: $ Original Date:

PUBLIC CONTRACTING INFORMATION (Fill out this section only if the County is spending funds)

Method of Selection:

☐ Bid ☐ None
☐ Quote ☐ Other _____
☐ Proposal

Type of Contract:

☐ New (complete sections below)
☐ Renewal (no need to complete sections below)
☐ Modification (no need to complete sections below)

Type of Contract:

☐ Goods and Services - If Not Using Bid or Proposal, Mark Exemption:
- ☐ Under $10,000
- ☐ Under $50,000 for Quotes
- ☐ Under $150,000 & Approval from Board for Quotes
- ☐ Sole Source
- ☐ Contract with Public Agency
- ☐ Equipment Maintenance
- ☐ Office Supplies
- ☐ Used Vehicles
- ☐ State Purchasing
- ☐ Other _____

☐ Public Improvement – If Not Using Bid, Mark Exemption:
- ☐ Under $5,000
- ☐ Under $50,000 for Quotes
- ☐ Between $50,000 and $100,000 for Quotes and Prevailing Wage Requirements
- ☐ Alternative Contracting Method Approved by Board
- ☐ Other _____

☐ Personal Services Contract – If Not Using Proposal, Mark Exemption:
- ☐ Under $50,000
- ☐ Under $150,000 & Approval from Board

Will project be reported to Bureau of Labor for Prevailing Wages under ORS 279C.800? ☐Yes ☐No

Certificate of insurance required? ☐Yes ☐No

Date Approved by BOC: _____ Reviewed by Counsel: CT

CONTRACT / GRANT SUMMARY FORM

Clerk's CJ No.:_____ (complete after filing) Contract/Agreement/Grant No.: _____(if applicable)

Name/Agency Name and Address: FIA Timber-Growth & Value Master, LLC., Barnes & Associates, Inc., 1515 Sherifan Ave Suite B, North Bend OR 97459

Contact Person: Michael Scott Phone No: 541-982-5188 Email: mscott@barnesinc.com

Amount of Contract/Grant Award: $ 4,136.35

Payment Terms: Invoiced Lump Sum (state lump sum or amount and time of payments)

Effective Date: 07/01/26 Start Date: ____ (if different from effective date, i.e. retroactive / prospective date)

End Date: 6/30/27 (if known)

County Department and Employee Responsible for Performance: Sheriff's Office - Criminal

Description: Cooperative Agreement for Patrol on Timberlands

Staff Requirements: ☐New ☒Existing ☐Subcontract

Will unemployment cost be incurred? ☐Yes ☒No

FINANCIAL INFORMATION (Fill out this section only if the County is receiving funds)

STATE %	OTHER %	FEDERAL % (CFDA # Required)	Catalog of Federal Domestic Asst. *(CFDA) Number
	100%		

*CFDA is a five digit number in the following format: xx.xxx. The first two digits designate the federal agency and the last three the grant description. The following is a partial listing of the two digit agency identifier:

10.xxx USDA 14.xxx HUD 20.xxx USDOT 66.xxx EPA 84.xxx Dept. of Education
11.xxx Dept. of Commerce 16.xxx USDOJ 39.xxx General Svs. Admin. 83.xxx FEMA 93.xxx USDHHS

NOTE: If the contract/grant is associated with more than one CDFA number, each segment must have its own summary form.

☒ New ☐ Renewal Previous Amount: $ Previous Date: ☐ Modification Original Amount: $ Original Date:

PUBLIC CONTRACTING INFORMATION (Fill out this section only if the County is spending funds)

Method of Selection:

☐ Bid ☐ None
☐ Quote ☐ Other _____
☐ Proposal

Type of Contract:

☐ New (complete sections below)
☐ Renewal (no need to complete sections below)
☐ Modification (no need to complete sections below)

Type of Contract:

☐ Goods and Services - If Not Using Bid or Proposal, Mark Exemption:
- ☐ Under $10,000
- ☐ Under $50,000 for Quotes
- ☐ Under $150,000 & Approval from Board for Quotes
- ☐ Sole Source
- ☐ Contract with Public Agency
- ☐ Equipment Maintenance
- ☐ Office Supplies
- ☐ Used Vehicles
- ☐ State Purchasing
- ☐ Other _____

☐ Public Improvement – If Not Using Bid, Mark Exemption:
- ☐ Under $5,000
- ☐ Under $50,000 for Quotes
- ☐ Between $50,000 and $100,000 for Quotes and Prevailing Wage Requirements
- ☐ Alternative Contracting Method Approved by Board
- ☐ Other _____

☐ Personal Services Contract – If Not Using Proposal, Mark Exemption:
- ☐ Under $50,000
- ☐ Under $150,000 & Approval from Board

Will project be reported to Bureau of Labor for Prevailing Wages under ORS 279C.800? ☐Yes ☐No

Certificate of insurance required? ☐Yes ☐No

Date Approved by BOC: _____ Reviewed by Counsel: CT

CONTRACT / GRANT SUMMARY FORM

Clerk's CJ No.:_____ (complete after filing) Contract/Agreement/Grant No.: _____(if applicable)

Name/Agency Name and Address: Fairview Timber, LLC., PO Box 750, Coos Bay OR 97420

Contact Person: Tyler Nay Phone No: 541-602-5901 Email: tnay@campbellglobal.com

Amount of Contract/Grant Award: $ 3,457.03

Payment Terms: Invoiced Lump Sum (state lump sum or amount and time of payments)

Effective Date: 07/01/26 Start Date: ____ (if different from effective date, i.e. retroactive / prospective date)

End Date: 6/30/27 (if known)

County Department and Employee Responsible for Performance: Sheriff's Office - Criminal

Description: Cooperative Agreement for Patrol on Timberlands

Staff Requirements: ☐New ☒Existing ☐Subcontract

Will unemployment cost be incurred? ☐Yes ☒No

FINANCIAL INFORMATION (Fill out this section only if the County is receiving funds)

STATE %	OTHER %	FEDERAL % (CFDA # Required)	Catalog of Federal Domestic Asst. *(CFDA) Number
	100%		

*CFDA is a five digit number in the following format: xx.xxx. The first two digits designate the federal agency and the last three the grant description. The following is a partial listing of the two digit agency identifier:

10.xxx USDA 14.xxx HUD 20.xxx USDOT 66.xxx EPA 84.xxx Dept. of Education
11.xxx Dept. of Commerce 16.xxx USDOJ 39.xxx General Svs. Admin. 83.xxx FEMA 93.xxx USDHHS

NOTE: If the contract/grant is associated with more than one CDFA number, each segment must have its own summary form.

☒ New ☐ Renewal Previous Amount: $ Previous Date: ☐ Modification Original Amount: $ Original Date:

PUBLIC CONTRACTING INFORMATION (Fill out this section only if the County is spending funds)

Method of Selection:

☐ Bid ☐ None
☐ Quote ☐ Other _____
☐ Proposal

Type of Contract:

☐ New (complete sections below)
☐ Renewal (no need to complete sections below)
☐ Modification (no need to complete sections below)

Type of Contract:

☐ Goods and Services - If Not Using Bid or Proposal, Mark Exemption:
- ☐ Under $10,000
- ☐ Under $50,000 for Quotes
- ☐ Under $150,000 & Approval from Board for Quotes
- ☐ Sole Source
- ☐ Contract with Public Agency
- ☐ Equipment Maintenance
- ☐ Office Supplies
- ☐ Used Vehicles
- ☐ State Purchasing
- ☐ Other _____

☐ Public Improvement – If Not Using Bid, Mark Exemption:
- ☐ Under $5,000
- ☐ Under $50,000 for Quotes
- ☐ Between $50,000 and $100,000 for Quotes and Prevailing Wage Requirements
- ☐ Alternative Contracting Method Approved by Board
- ☐ Other _____

☐ Personal Services Contract – If Not Using Proposal, Mark Exemption:
- ☐ Under $50,000
- ☐ Under $150,000 & Approval from Board

Will project be reported to Bureau of Labor for Prevailing Wages under ORS 279C.800? ☐Yes ☐No

Certificate of insurance required? ☐Yes ☐No

Date Approved by BOC: _____ Reviewed by Counsel: CT

CONTRACT / GRANT SUMMARY FORM

Clerk's CJ No.:_____ (complete after filing) Contract/Agreement/Grant No.: _____(if applicable)

Name/Agency Name and Address: Agness LLC, Mason, Bruce & Girard Inc, 1515 Sheridan Ave, North Bend OR 97459

Contact Person: Michael Scott Phone No: 541-982-5188 Email: mscott@masonbruce.com

Amount of Contract/Grant Award: $ 1,507.54

Payment Terms: Invoiced Lump Sum (state lump sum or amount and time of payments)

Effective Date: 7/1/26 Start Date: ____ (if different from effective date, i.e. retroactive / prospective date)

End Date: 6/30/26 (if known)

County Department and Employee Responsible for Performance: Sheriff's Office - Criminal

Description: Cooperative Agreement for Patrol on Timberlands

Staff Requirements: ☐New ☒Existing ☐Subcontract

Will unemployment cost be incurred? ☐Yes ☒No

FINANCIAL INFORMATION (Fill out this section only if the County is receiving funds)

STATE %	OTHER %	FEDERAL % (CFDA # Required)	Catalog of Federal Domestic Asst. *(CFDA) Number
	100%		

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11.xxx Dept. of Commerce 16.xxx USDOJ 39.xxx General Svs. Admin. 83.xxx FEMA 93.xxx USDHHS

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☒ New ☐ Renewal Previous Amount: $ Previous Date: ☐ Modification Original Amount: $ Original Date:

PUBLIC CONTRACTING INFORMATION (Fill out this section only if the County is spending funds)

Method of Selection:

☐ Bid ☐ None
☐ Quote ☐ Other _____
☐ Proposal

Type of Contract:

☐ New (complete sections below)
☐ Renewal (no need to complete sections below)
☐ Modification (no need to complete sections below)

Type of Contract:

☐ Goods and Services - If Not Using Bid or Proposal, Mark Exemption:
- ☐ Under $10,000
- ☐ Under $50,000 for Quotes
- ☐ Under $150,000 & Approval from Board for Quotes
- ☐ Sole Source
- ☐ Contract with Public Agency
- ☐ Equipment Maintenance
- ☐ Office Supplies
- ☐ Used Vehicles
- ☐ State Purchasing
- ☐ Other _____

☐ Public Improvement – If Not Using Bid, Mark Exemption:
- ☐ Under $5,000
- ☐ Under $50,000 for Quotes
- ☐ Between $50,000 and $100,000 for Quotes and Prevailing Wage Requirements
- ☐ Alternative Contracting Method Approved by Board
- ☐ Other _____

☐ Personal Services Contract – If Not Using Proposal, Mark Exemption:
- ☐ Under $50,000
- ☐ Under $150,000 & Approval from Board

Will project be reported to Bureau of Labor for Prevailing Wages under ORS 279C.800? ☐Yes ☐No

Certificate of insurance required? ☐Yes ☐No

Date Approved by BOC: _____ Reviewed by Counsel: _____

CONTRACT / GRANT SUMMARY FORM

Clerk's CJ No.:_____ (complete after filing) Contract/Agreement/Grant No.: _____(if applicable)

Name/Agency Name and Address: Bavarian Olympus Timber, LLC, Barnes & Associates, Inc., 1515 Sherifan Ave Suite B North Bend OR 97459

Contact Person: Michael Scott Phone No: 541-982-5188 Email: mscott@barnesinc.com

Amount of Contract/Grant Award: $ 2,923.92

Payment Terms: Invoiced Lump Sum (state lump sum or amount and time of payments)

Effective Date: 07/01/6 Start Date: _____ (if different from effective date, i.e. retroactive / prospective date)

End Date: 6/30/27 (if known)

County Department and Employee Responsible for Performance: Sheriff's Office - Captain Sanborn

Description: Cooperative Agreement for Patrol on Timberlands

Staff Requirements: ☐New ☒Existing ☐Subcontract

Will unemployment cost be incurred? ☐Yes ☒No

FINANCIAL INFORMATION (Fill out this section only if the County is receiving funds)

STATE %	OTHER %	FEDERAL % (CFDA # Required)	Catalog of Federal Domestic Asst. *(CFDA) Number
	100%		

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Method of Selection:

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☐ Quote ☐ Other _____
☐ Proposal

Type of Contract:

☐ New (complete sections below)
☐ Renewal (no need to complete sections below)
☐ Modification (no need to complete sections below)

Type of Contract:

☐ Goods and Services - If Not Using Bid or Proposal, Mark Exemption:
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- ☐ Under $50,000 for Quotes
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- ☐ Contract with Public Agency
- ☐ Equipment Maintenance
- ☐ Office Supplies
- ☐ Used Vehicles
- ☐ State Purchasing
- ☐ Other _____

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- ☐ Under $50,000 for Quotes
- ☐ Between $50,000 and $100,000 for Quotes and Prevailing Wage Requirements
- ☐ Alternative Contracting Method Approved by Board
- ☐ Other _____

☐ Personal Services Contract – If Not Using Proposal, Mark Exemption:
- ☐ Under $50,000
- ☐ Under $150,000 & Approval from Board

Will project be reported to Bureau of Labor for Prevailing Wages under ORS 279C.800? ☐Yes ☐No

Certificate of insurance required? ☐Yes ☐No

Date Approved by BOC: _____ Reviewed by Counsel: CT

BOC only:
Consent Agenda _____

Regular Agenda _____

AGENDA COVERSHEET

Agenda Item Title: Request Approval to renew annual Mimecast subscription

Department: Information Technology **Requested Agenda Date: 8/4/2026**

Contact Person: Daris Bouthillier **Phone/Ext.:** 7739

Background and description of need or problem: We are requesting approval to renew our Mimecast subscription for another year in the amount of $31,025.00, this will continue to provide all County Departments and CHW with email protection and antispam hardware. The IT dept will cover $18,615.00 and CHW will cover $12,410.00.

Funding Source: 001-4002-419-35-01 Maintenance Agreements - $18,615.00
021-1300-441.35-06 Software License/ maintenance - $12,410.00

Requested Action: Approve the renewal of Mimecast subscription for $31,025.00

Date: 7/23/2026 Signature of Dept. Head: _____

If this is a Human Resources issue, forward to the Treasurer who will forward it to Human Resources. For all other matters, forward the document to Counsel **no later than the Monday prior to the Agenda deadline.** Counsel will forward to Treasurer.

If this is a contract or grant:

- ☐ Is the contract or grant an original?
- ☐ Is the Contract/Grant Summary Form attached?
- ☐ Is the contract signed first by the vendor (except state/federal grants or contracts)?
- ☐ If insurance is required, is the insurance certificate attached?
- ☐ Is the Clerk's Coversheet attached or do you want it returned to you for filing?

Departments Affected:

COUNSEL: CT

TREASURER: MS

BOC forwards signed Contract/Grant to:

Commissioners Initials to Place on Agenda ONLY: _____

Rev. 3/10/11

Thank you for choosing CDW. We have received your quote.

Hardware Software Services IT Solutions Brands Research Hub

QUOTE CONFIRMATION

Pricing and Availability Notice

Due to ongoing supply chain challenges, some hardware manufacturers cannot guarantee product availability or pricing until the product is shipped. While we make every effort to honor quoted pricing, if a hardware manufacturer increases its price to CDW after a quote is issued or order is accepted, we may need to update your quoted price to reflect that change irrespective of any timeframes or validity periods set forth in the quote, including up to the date of shipment. In the event of a price adjustment, we will notify you prior to shipment. Any price adjustment would only occur if the hardware manufacturer increases its pricing to CDW.

KYLA FOSTER,

Thank you for considering CDW•G for your technology needs. The details of your quote are below. **If you are an eProcurement or single sign on customer, please log into your system to access the CDW site.** You can search for your quote to retrieve and transfer back into your system for processing.

For all other customers, click below to convert your quote to an order.

Convert Quote to Order

QUOTE #	QUOTE DATE	QUOTE REFERENCE	CUSTOMER #	GRAND TOTAL
PXXQ854	7/22/2026	MIMECAST RENEWAL	7296981	$31,025.00

IMPORTANT - PLEASE READ

Special Instructions: Start Date: 07/31/2026 End Date: 07/30/2027

QUOTE DETAILS

ITEM	QTY	CDW#	UNIT PRICE	EXT. PRICE
MIMECAST ADV PROT CLD GATEWAY Mfg. Part#: M_ADV-PRT-CG_250_A Electronic distribution - NO MEDIA Contract: Oregon IT Hardware VAR Contract GOV ONLY (5603)	450	8248332	$63.50	$28,575.00
Mimecast Advanced Support - technical support - 1 year Mfg. Part#: M_ADV-SP_1_A Electronic distribution - NO MEDIA Contract: Oregon IT Hardware VAR Contract GOV ONLY (5603)	1	7805949	$2,450.00	$2,450.00

SUBTOTAL	$31,025.00
SHIPPING	$0.00
SALES TAX	$0.00
GRAND TOTAL	$31,025.00

BOC only:
Consent Agenda _____

Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Update the County Noxious Weed List.

Department: Community Development **Requested Agenda Date: 8/4/26**

Contact Person: Jill Rolfe **Phone/Ext.**: 7770

Background and description of need or problem: The Coos County Noxious Weed Control District Advisory Board has been working on development of a list of noxious weeds that are prevalent in Coos County and are requesting authorization to update the current list. There are some additional weeds of concern that should be added. All options for control are presented.

Funding Source: Grants/Applicants

Requested Action: Approval for the Coos County Noxious Weed Control District Advisory Board update to the Noxious Weed List.

Date: 7/27/26 Signature of Dept. Head: Jill Rolfe

For all matters, forward the document to Counsel **no later than the Monday prior to the Agenda deadline**. Counsel will forward to Treasurer.

If this is a Contract or Grant:

- ☐ Is the contract or grant an original?
- ☐ Is the Contract/Grant Summary Form attached?
- ☐ Is the Contract signed first by the vendor (except state/federal grants or contracts)?
- ☐ If Insurance is required, Is the Insurance Certificate attached?
- ☐ Is the Clerk's Filing Coversheet attached?
- ☐ Do you want this returned to you for filing?

County Counsel CT

Treasurer MS

Human Resources _____

RECEIVED
JUL 28 2026
COOS COUNTY COUNSEL'S OFFICE

Revised 2/28/2022

3H

- **A – A-Designated Weed**
    - Weeds of known economic importance that occur in the state in small enough infestations to make **eradication or intensive containment possible**.
    - The goal is to **prevent establishment and eliminate existing populations** wherever they are found.

- **B – B-Designated Weed**
    - Weeds that are more widespread in Oregon but are still of significant economic or ecological concern.
    - The goal is **control, containment, and prevention of spread**, with management priorities varying by region.

- **T – Targeted Weed**
    - Indicates the weed is a **target for intensive control or eradication in specific geographic areas** of Oregon where eradication is still feasible.
    - The "T" designation is used in conjunction with an A or B rating (for example, **B,T**) to identify species that receive focused management efforts in designated counties or regions.

Yellow – Removed from Target List
Green – Added to Target List

Latin Name	Common Name	State List	Old Coos County List	New Coos County List
Abutilon theophrasti	velvetleaf	B		B
Acaena novae-zelandiae	biddy-biddy	B	T	B
Ambrosia artemisifolia	ragweed	B		B
Ammophila arenaria	European beach grass			B
Brachypodium sylvaticum	false brome	B		A
Buddleja davidii	butterfly bush	B		B
Carduus pycnocephalus	Italian thistle	B		B,T
Carduus tenuiflorus	slender-flowered thistle	B	T	B
Centaurea diffusa	diffuse knapweed	B	T	B,T
Centaurea pratensis	meadow knapweed	B	T	B,T
Centaurea solstitialis	yellow starthistle	B		A
Centaurea stoebe	spotted knapweed	B, T	T	A
Cirsium arvense	Canada thistle	B	T	B,T
Cirsium vulgare	bull thistle	B	T	B,T
Clematis vitalba	old man's beard	B		A
Conium maculatum	poison hemlock	B		B
Convolvulus arvensis	field bindweed	B		B
Cortaderia jubata	jubata grass	B	T	B,T

Cotoneaster coriaceus	late cotoneaster			B
Cotoneaster franchetii	orange cotoneaster			B
Cotoneaster simonsii	Himalayan cotoneaster			B
Crataegus monogyna	English hawthorn	B		A
Cyperus esculentus	yellow nutsedge	B	T	B
Cytisus scoparius	Scotch broom	B	T	B,T
Dipsacus laciniatus	cutleaf teasel	B		B
Dittrichia graveolens	stinkwort	A		A
Echium pininana	pine echium	B		A
Erica lusitanica	Spanish heath	B		A
Fallopia japonica	Japanese knotweed	B	T	B,T
Fallopia sachalinensis	giant knotweed	B	T	A
Foeniculum vulgare	fennel			B
Genista monspessulana	French broom	B	T	B
Geranium robertianum	herb robert	B		B
Hedera helix	English ivy	B	T	B,T
Hypericum perforatum	St. John's-wort	B		B
Ilex aquifolium	European holly			B,T
Impatiens glandulifera	policeman's helmet	B		A
Iris pseudocorus	yellow flag iris	B	T	A
Juncus planifolius	flat-leaved rush			B
Lamiastrum galeobdolon	yellow archangel	B		B
Lathyrus latifolius	perennial peavine	B		B
Lupinus arboreus	yellow bush lupine			A
Lythrum salicaria	purple loosestrife	B		A
Myriophyllum aquaticum	parrot's feather	B		B
Nardus stricta	matgrass	A, T		A
Polygonum polystachyum	Himalayan knotweed	B		A
Rubus armeniacus	Himalayan blackberry	B	T	B,T
Senecio jacobea	tansy ragwort	B, T	T	B,T
Silybum marianum	milk thistle	B	T	B,T
Spartina densiflora	denseflower cordgrass	A, T		A
Tetragonia tetragonoides	New Zealand spinach			A
Ulex europaeus	gorse	B, T	T	B,T

BOC only:
Consent Agenda _____

Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Greenacres Rural Fire Protection District, New 7,200 Square Foot Fire Hall; CDBG Project No. C25008

Department: County Counsel **Requested Agenda Date: 8/4/2026**

Contact Person: Colton Totland **Phone/Ext.**: 7690

Background and description of need or problem: The County is the recipient of an Oregon Community Development Block Grant administered by the Oregon Infrastructure Finance Authority (IFA), in the amount of $1,500,000. The Federal grant funds, issued from the U.S. Department of Housing and Urban Development, are to be used by Greenacres Rural Fire Protection District (GRFPD) to design and construct a new 7,200 sq. ft. Fire Hall on a property in Greenacres, Coos County, which the district recently purchased. Part of the grant requirements are to contract with a qualified firm for Grant Administration, Labor Standards Compliance and Environmental Review. Because CCD is the only regional provider with the necessary CDBG qualifications and prior project involvement, and because competitive procurement would delay the project and increase compliance risk, staff recommends approval of the attached **Sole Source Findings** to allow the County to contract with CCD for the required CDBG administration services.

Funding Source: Federal Funds passed through Oregon Infrastructure Finance Authority.

Requested Action: Board to Adopt Sole Source Findings and Authorize Chair to Sign Contracts with CCD for Grant Administration, Labor Standards Services, and Environmental Review Record Service.

Date: 7/28/2026 Signature of Dept. Head: Colton Totland

For all matters, forward the document to Counsel **no later than the Monday prior to the Agenda deadline**. Counsel will forward to Treasurer.

If this is a contract or grant:

- [x] Is the contract or grant an original?
- [x] Is the Contract/Grant Summary Form attached?
- [ ] Is the contract signed first by the vendor (except state/federal grants or contracts)?
- [ ] If insurance is required, is the insurance certificate attached?
- [ ] Is the Clerk's Coversheet attached?
- [x] Or do you want it returned to you for filing?

Departments Affected:

COUNSEL: CT

TREASURER: MB

HUMAN RESOURCES: _____

3I

Board of Commissioners
Contract with CCD Business Development Corporation
Sole Source Findings
Regular Board Meeting 8/4/2026

Pursuant to ORS 279B.075 a public contracting agency may procure goods or services without competition upon written findings that the goods or services are available from only one source. Those findings may include that the "efficient utilization of existing goods or services require the acquisition of compatible goods or services" or "other findings that support the conclusion that the goods or services are available from only one source".

In this matter, the Board of Commissioners makes the following findings:

1. Coos County is the recipient of an Oregon Community Development Block Grant administered by the Oregon Infrastructure Finance Authority (IFA). The Federal grant funds, issued from the U.S. Department of Housing and Urban Development, are to be used by Green Acres Rural Fire Protection District to design and construct a new Fire Hall in Greenacres, Coos County on recently purchased property.
2. The proposed Fire Hall will replace the current outdated building that sits on adjacent property not owned by the District. The building will be larger in size than the existing structure allowing for extra bays to house equipment, will conform to seismic regulations, and could also serve as a multi-use facility such as an emergency shelter / gathering point during a natural disaster event.
3. The federal award budget includes monies for grant administration, labor standards compliance, and environmental review record. Coos County and Green Acres Rural Fire Protection District are ready to move forward with the project.
4. Since 1971, CCD has served municipalities, counties, special districts, nonprofit organizations, and tribal partners throughout southwestern Oregon. Our Community and Economic Development Department routinely provides grant administration, environmental review, labor standards compliance, and technical assistance services for federally and state-funded infrastructure and community development projects.
5. CCD Business Development Corporation is a federally recognized and funded economic development district for Coos, Curry and Douglas counties and provides grant administration services, labor standards, environmental review, and project development for agencies in the region.
6. CCD first became involved with the Greenacres Rural Fire Protection District's Fire Hall project in 2023. Since that time, we have worked closely with Chief Bryant and project partners to advance the project through multiple stages of development. This assistance included navigating the Coos County Board of Commissioners process in 2024, supporting the completion of a Low-to-Moderate Income (LMI) Survey through Portland State University in summer 2025, and assisting with preparation of the Business Oregon CDBG application submitted in Fall 2025. As a result, CCD possesses extensive familiarity with the project history, funding strategy, and program requirements.
7. CCD Business Development Corporation is willing to start working on the project immediately, and has a local office in Coos County.
8. Soliciting other consultants through competitive process or splitting the duties to different consultants would cause unnecessary delays for the selection process, and for the selected candidate(s) to reach the level of project knowledge acquired by CCD Business Development Corporation.
9. Therefore, it is deemed fiscally responsible for the County to contract with CCD Business Development Corporation in order to ensure favorable and timely results, allowing the project to commence without delay.

The Board of Commissioners concludes that entering into a contract with CCD Business Development Corporation is an efficient utilization of a local good or service that will satisfy the Grant requirements in all regards.

CONTRACT / GRANT SUMMARY FORM

Clerk's CJ No.:_____ (complete after filing) Contract/Agreement/Grant No.: _____(if applicable)

Name/Agency Name and Address: CCD Business Development Corp., P.O. Box 1938 Roseburg, OR

Contact Person: Lehi Dowell Phone No: 541-672-6728, Ext. 308 Email: l.dowell@ccdbusiness.com

Amount of Contract/Grant Award: $ 125.00 per hr. not to exceed $20,000.00

Payment Terms: Upon Invoice (state lump sum or amount and time of payments)

Effective Date: unpon execution Start Date: _____ (if different from effective date, i.e. retroactive / prospective date)

End Date: 5/1/2028 (if known)

County Department and Employee Responsible for Performance: Colton Totland, County Counsel

Description: Contract with CCD to assist the County with Labor Standards Services for the Community Development Block Grant Greenacres Rural Fire Protection District Fire Station Funds - Grant No. C25008

Staff Requirements: ☐New ☒Existing ☐Subcontract

Will unemployment cost be incurred? ☐Yes ☒No

FINANCIAL INFORMATION (Fill out this section only if the County is receiving funds)

STATE %	OTHER %	FEDERAL % (CFDA # Required)	Catalog of Federal Domestic Asst. *(CFDA) Number

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11.xxx Dept. of Commerce 16.xxx USDOJ 39.xxx General Svs. Admin. 83.xxx FEMA 93.xxx USDHHS

NOTE: If the contract/grant is associated with more than one CDFA number, each segment must have its own summary form.

☐ New ☐ Renewal Previous Amount: $ Previous Date: ☐ Modification Original Amount: $ Original Date:

PUBLIC CONTRACTING INFORMATION (Fill out this section only if the County is spending funds)

Method of Selection:

☐ Bid ☐ None
☐ Quote ☒ Other Sole Source
☐ Proposal

Type of Contract:

☒ New (complete sections below)
☐ Renewal (no need to complete sections below)
☐ Modification (no need to complete sections below)

Type of Contract:

☐ Goods and Services - If Not Using Bid or Proposal, Mark Exemption:
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- ☐ Under $50,000 for Quotes
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- ☒ Sole Source
- ☐ Contract with Public Agency
- ☐ Equipment Maintenance
- ☐ Office Supplies
- ☐ Used Vehicles
- ☐ State Purchasing
- ☐ Other _____

☐ Public Improvement – If Not Using Bid, Mark Exemption:
- ☐ Under $5,000
- ☐ Under $50,000 for Quotes
- ☐ Between $50,000 and $100,000 for Quotes and Prevailing Wage Requirements
- ☐ Alternative Contracting Method Approved by Board
- ☐ Other _____

☐ Personal Services Contract – If Not Using Proposal, Mark Exemption:
- ☐ Under $50,000
- ☐ Under $150,000 & Approval from Board

Will project be reported to Bureau of Labor for Prevailing Wages under ORS 279C.800? ☐Yes ☒No

Certificate of insurance required? ☐Yes ☒No

Date Approved by BOC: _____ Reviewed by Counsel: CT

CONTRACT / GRANT SUMMARY FORM

Clerk's CJ No.:_____ (complete after filing) Contract/Agreement/Grant No.: _____(if applicable)

Name/Agency Name and Address: CCD Business Development Corp., P.O. Box 1938 Roseburg, OR

Contact Person: Lehi Dowell Phone No: 541-672-6728, Ext. 308 Email: l.dowell@ccdbusiness.com

Amount of Contract/Grant Award: $ 125.00 per hr. not to exceed $20,000.00

Payment Terms: Upon Invoice (state lump sum or amount and time of payments)

Effective Date: unpon execution Start Date: _____ (if different from effective date, i.e. retroactive / prospective date)

End Date: 5/1/2028 (if known)

County Department and Employee Responsible for Performance: Colton Totland, County Counsel

Description: Contract with CCD to assist the County with Enviromental Review Record Service for the Community Development Block Grant Greenacres Rural Fire Protection District Fire Station Funds - Grant No. C25008

Staff Requirements: ☐New ☒Existing ☐Subcontract

Will unemployment cost be incurred? ☐Yes ☒No

FINANCIAL INFORMATION (Fill out this section only if the County is receiving funds)

STATE %	OTHER %	FEDERAL % (CFDA # Required)	Catalog of Federal Domestic Asst. *(CFDA) Number

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NOTE: If the contract/grant is associated with more than one CDFA number, each segment must have its own summary form.

☐ New ☐ Renewal Previous Amount: $ Previous Date: ☐ Modification Original Amount: $ Original Date:

PUBLIC CONTRACTING INFORMATION (Fill out this section only if the County is spending funds)

Method of Selection:

☐ Bid ☐ None
☐ Quote ☒ Other Sole Source
☐ Proposal

Type of Contract:

☒ New (complete sections below)
☐ Renewal (no need to complete sections below)
☐ Modification (no need to complete sections below)

Type of Contract:

☐ Goods and Services - If Not Using Bid or Proposal, Mark Exemption:
- ☐ Under $10,000
- ☐ Under $50,000 for Quotes
- ☐ Under $150,000 & Approval from Board for Quotes
- ☒ Sole Source
- ☐ Contract with Public Agency
- ☐ Equipment Maintenance
- ☐ Office Supplies
- ☐ Used Vehicles
- ☐ State Purchasing
- ☐ Other _____

☐ Public Improvement – If Not Using Bid, Mark Exemption:
- ☐ Under $5,000
- ☐ Under $50,000 for Quotes
- ☐ Between $50,000 and $100,000 for Quotes and Prevailing Wage Requirements
- ☐ Alternative Contracting Method Approved by Board
- ☐ Other _____

☐ Personal Services Contract – If Not Using Proposal, Mark Exemption:
- ☐ Under $50,000
- ☐ Under $150,000 & Approval from Board

Will project be reported to Bureau of Labor for Prevailing Wages under ORS 279C.800? ☐Yes ☒No

Certificate of insurance required? ☐Yes ☒No

Date Approved by BOC: _____ Reviewed by Counsel: CT

CONTRACT / GRANT SUMMARY FORM

Clerk's CJ No.:_____ (complete after filing) Contract/Agreement/Grant No.: _____(if applicable)

Name/Agency Name and Address: CCD Business Development Corp., P.O. Box 1938 Roseburg, OR

Contact Person: Lehi Dowell Phone No: 541-672-6728, Ext. 308 Email: l.dowell@ccdbusiness.com

Amount of Contract/Grant Award: $ 125.00 per hr. not to exceed $35,000.00

Payment Terms: Upon Invoice (state lump sum or amount and time of payments)

Effective Date: unpon execution Start Date: _____ (if different from effective date, i.e. retroactive / prospective date)

End Date: 5/1/2028 (if known)

County Department and Employee Responsible for Performance: Colton Totland, County Counsel

Description: Contract with CCD to assist the County with Grant Compliance and Administration for the Community Development Block Grant Greenacres Rural Fire Protection District Fire Station Funds - Grant No. C25008

Staff Requirements: ☐New ☒Existing ☐Subcontract

Will unemployment cost be incurred? ☐Yes ☒No

FINANCIAL INFORMATION (Fill out this section only if the County is receiving funds)

STATE %	OTHER %	FEDERAL % (CFDA # Required)	Catalog of Federal Domestic Asst. *(CFDA) Number

*CFDA is a five digit number in the following format: xx.xxx. The first two digits designate the federal agency and the last three the grant description. The following is a partial listing of the two digit agency identifier:

10.xxx USDA 14.xxx HUD 20.xxx USDOT 66.xxx EPA 84.xxx Dept. of Education
11.xxx Dept. of Commerce 16.xxx USDOJ 39.xxx General Svs. Admin. 83.xxx FEMA 93.xxx USDHHS

NOTE: If the contract/grant is associated with more than one CDFA number, each segment must have its own summary form.

☐ New ☐ Renewal Previous Amount: $ Previous Date: ☐ Modification Original Amount: $ Original Date:

PUBLIC CONTRACTING INFORMATION (Fill out this section only if the County is spending funds)

Method of Selection:

☐ Bid ☐ None
☐ Quote ☒ Other Sole Source
☐ Proposal

Type of Contract:

☒ New (complete sections below)
☐ Renewal (no need to complete sections below)
☐ Modification (no need to complete sections below)

Type of Contract:

☐ Goods and Services - If Not Using Bid or Proposal, Mark Exemption:
- ☐ Under $10,000
- ☐ Under $50,000 for Quotes
- ☐ Under $150,000 & Approval from Board for Quotes
- ☒ Sole Source
- ☐ Contract with Public Agency
- ☐ Equipment Maintenance
- ☐ Office Supplies
- ☐ Used Vehicles
- ☐ State Purchasing
- ☐ Other _____

☐ Public Improvement – If Not Using Bid, Mark Exemption:
- ☐ Under $5,000
- ☐ Under $50,000 for Quotes
- ☐ Between $50,000 and $100,000 for Quotes and Prevailing Wage Requirements
- ☐ Alternative Contracting Method Approved by Board
- ☐ Other _____

☐ Personal Services Contract – If Not Using Proposal, Mark Exemption:
- ☐ Under $50,000
- ☐ Under $150,000 & Approval from Board

Will project be reported to Bureau of Labor for Prevailing Wages under ORS 279C.800? ☐Yes ☒No

Certificate of insurance required? ☐Yes ☒No

Date Approved by BOC: _____ Reviewed by Counsel: CT

BOC only:
Consent Agenda _____

Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Order 26-07-031L Matter of Establishing County Priorities for the Coos County Maintenance Department for FY 2026-27

Department: County Counsel **Requested Agenda Date: 8/4/2026**

Contact Person: Colton Totland **Phone/Ext.**: 7690

Background and description of need or problem: As part of risk management, various departments are submitting project prioritization lists for BOC approval to prepare for any potential tort claim and corresponding discretionary immunity defense. This Order relates to the **Maintenance Department,** and a proposed repair and maintenance schedule is attached to this order as Exhibit A covering the County's buildings and facilities. Board can either adopt as presented, or modify.

Funding Source: N/A

Requested Action: Review and Approve Order 26-07-031L

Date: **7/22/2026** Signature of Dept. Head: Colt Totland

For all matters, forward the document to Counsel **no later than the Monday prior to the Agenda deadline**. Counsel will forward to Treasurer.

If this is a Contract or Grant:

- ☐ Is the contract or grant an original?
- ☐ Is the Contract/Grant Summary Form attached?
- ☐ Is the Contract signed first by the vendor (except state/federal grants or contracts)?
- ☐ If Insurance is required, Is the Insurance Certificate attached?
- ☐ Is the Clerk's Filing Coversheet attached?
- ☐ Do you want this returned to you for filing?

County Counsel CT

Treasurer MS

Human Resources _____

BOARD OF COMMISSIONERS

COUNTY OF COOS

STATE OF OREGON

In the Matter of Establishing County Priorities for the Maintenance of Coos County Buildings and Facilities for the 2026-27 FY Based on Limited Funding Resources	)))	ORDER 26-07-031L

WHEREAS, the County has limited funding resources for the maintenance and repair of County buildings and facilities for the 2026-27 FY; and

WHEREAS, loss of U.S. Forest Service timber receipts and other funding has necessitated staff reductions and other funding reductions; and

WHEREAS, despite the need for repair and maintenance of County buildings and facilities throughout the County, the County is unable to perform all such functions and complete all projects due to limited resources; and

WHEREAS, as the result of limited resources, the County must prioritize its building and facility maintenance and repair projects in accordance with available resources;

NOW, THEREFORE, IT IS HEREBY ORDERED:

1. That the Prioritized List of Maintenance and Repair Projects attached hereto as Exhibit "A" is adopted and approved by the Board for the 2026-27 FY.
2. That the County Maintenance Department shall allocate resources for facility maintenance and repair projects in accordance with the priorities set forth on Exhibit "A".
3. That in the case of emergencies, changes in funding or staff resources, contractor availability, or other similar situations, the Maintenance Department Director in

conjunction with the Board liaison shall have the authority to shift the order of priorities established herein according to time, funding and other resource availability.

Dated this _____ day of _____, 20____.

COOS COUNTY
BOARD OF COMMISSIONERS

_____
Chair

_____
Commissioner

_____
Commissioner

Approved as to form:

Office of Legal Counsel

EXHIBIT A

COOS COUNTY MAINTENANCE DEPT.
DISCRETIONARY LIST

IMMEDIATE - SHORT TERM NEED			
PROJECT RANKING	**BUILDING LOCATION**	**PROJECT**	**ESTIMATED COST**
1	OWEN	Fire Alarm System	$30,000
2	HARRIS	Roof replacement	$300,000
3	JUVENILE	Put in french drain/seal basement back wall from leaking water in the winter	$25,000
4	COURTHOUSE	Replace all windows with energy efficient windows	$1,500,000
5	COURTHOUSE	Install security wall/fencing on roof to allow maintenance to access and maintain roof without fall protection	$20,000
6	COURTHOUSE	Continuation of securing building - door alarms; cameras; motion detection equipment	$70,000
		Total:	**$1,945,000**
INTERMEDIATE NEED			
1	COURTHOUSE	Replace carpeting in hallways - Courthouse	$75,000
2	COURTHOUSE	Replace blinds with shades for Courthouse office windows	$75,000
3	COURTHOUSE/OWENS	Replace/add in keypad locks for more security	$50,000
4	OWEN	Install generator for electrical outages	$150,000
5	COURTHOUSE	Paint the outside of the Courthouse	$100,000
		Total:	**$450,000**
LONG TERM NEED			
1	PARKS/FORESTRY BUILDING	Replace roof	$100,000
2	PAINT SHOP BUILDING	Replace roof	$100,000
3	REAR PARKING LOT	Asphalt/re-seal the rear and side parking lot	$75,000
4	OWEN	Replace roof	$150,000
		Total:	**$425,000**

BOC only:
Consent Agenda _____

Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: **Order 26-07-032L Matter of Establishing County Priorities for the Coos County Parks Department for FY 2026-27**

Department: County Counsel **Requested Agenda Date: 8/4/2026**

Contact Person: Colton Totland **Phone/Ext.**: 7690

Background and description of need or problem: As part of risk management, various departments are submitting project prioritization lists for BOC approval to prepare for any potential tort claim and corresponding discretionary immunity defense. This Order relates to the **Parks Department,** and a proposed repair and maintenance schedule is attached to this order as Exhibit A covering the County's buildings and facilities. Board can either adopt as presented, or modify.

Funding Source: N/A

Requested Action: Review and Approve Order 26-07-032L

Date: **7/22/2026** Signature of Dept. Head: Colton Totland

For all matters, forward the document to Counsel **no later than the Monday prior to the Agenda deadline**. Counsel will forward to Treasurer.

If this is a Contract or Grant:

- ☐ Is the contract or grant an original?
- ☐ Is the Contract/Grant Summary Form attached?
- ☐ Is the Contract signed first by the vendor (except state/federal grants or contracts)?
- ☐ If Insurance is required, Is the Insurance Certificate attached?
- ☐ Is the Clerk's Filing Coversheet attached?
- ☐ Do you want this returned to you for filing?

County Counsel CT

Treasurer MS

Human Resources _____

Revised 2/28/2022

3K

BOARD OF COMMISSIONERS

COUNTY OF COOS

STATE OF OREGON

In the Matter of Establishing County Priorities for the Coos County Parks Department for the 2026-27 FY Based on Limited Funding Resources	)))	ORDER 26-07-032L

WHEREAS, the County has limited funding resources for the County Parks Department for the 2026-27 FY; and,

WHEREAS, despite the need for park construction, repair, and maintenance throughout the County, the County is unable to perform all such functions and complete all projects due to limited resources; and,

WHEREAS, the County is also dependent on other state and federal money to perform County park construction, repair, and maintenance duties; and,

WHEREAS, as the result of limited resources, the County must prioritize its Park projects in accordance with available resources;

NOW, THEREFORE, IT IS HEREBY ORDERED:

1. That the Prioritized List of Projects for the Parks Department, attached hereto as Exhibit "A" is adopted and approved by the Board for the 2026-27 FY.
2. That the County Parks Department shall allocate resources for projects in accordance with the priorities set forth on Exhibit "A".
3. That the County Public Works Director shall have the authority in case of emergencies, changes in funding or staff resources, contractor availability, or other

similar situations, to shift the order of priorities established herein according to time, funding and other resource availability.

Dated this _____ day of _____, 20____.

COOS COUNTY
BOARD OF COMMISSIONERS

_____
Chair

_____
Commissioner

_____
Commissioner

Approved as to form:

Carla Tollan
Office of Legal Counsel

EXHIBIT A

Parks Dept. Prioritized Project List 2026-2027

	Parks FY 27 Budgeted Projects	
	Powers Parks paving main rv loop grind down - complete new base	$ 185,000.00
	Electical upgrades Bastendorff b loop/ new wiring and new pedestals	$ 48,000.00
	Powers Pickle ball re surface the court	$ 40,000.00
	Bastendroff C Loop Restroom ugrages to exsisting restroom	$ 30,000.00
	West Laverne B shelter new metal roof remove skylights	$ 15,000.00
	Picnic Tables materials to build 75 new tables	$ 45,000.00
		$ 363,000.00

Powers Park

Priority Number		*Total Cost*
1	**Sidewalks** Three areas, 100 LF x 5 ft.	$ 5,000.00
2	**Fencing** Repairs	$ 10,000.00
3	**Pond Dike Repair** Widen dike from 8 foot to 15 foot width	$ 25,000.00
		$ 40,000.00

Laverne Park / West Laverne Park

Priority Number		*Total Cost*
1	**paving** Seal coat day use parking area	$ 50,000.00
2	**Camp loop upgrades** paving	$ 80,000.00
3	**ADA Ramps and Sidewalk Repair** ramps at restrroms , sidewalks into shelters, playground	$ 15,000.00
4	**Cabin** Add one more	$ 30,000.00
		$ 175,000.00

EXHIBIT A

Bastendorff Park

Priority Number		*Total Cost*
1	**Paving** Roadways	$ 60,000.00
2	**CXT restroom** new addition	$ 40,000.00
3	**Fencing** new fencing	$ 5,000.00
4	**ADA Ramps and Handicap Parking** Ramps at restrooms. Sidewalks into shelters, playground	$ 15,000.00
		$ 120,000.00

Riley Ranch Park

Priority Number		*Total Cost*
1	**New Restroom** D Loop OPRD ATV Grant/ apply next grant cycle	$ 320,468.00
2	**Playground Set** Remove and replace	$ 65,000.00
3	**Fencing - Barriers** Fencing in campgrounds, barriers along roadways	$ 5,000.00
4	**Landscaping** Block Wall	$ 10,000.00
5	**ADA Ramps and Handicap Parking** At restrooms	$ 25,000.00
6		
		$ 425,468.00

Ten Mile Park (Campground and Boat Basin)

Priority Number		*Total Cost*
1	**New Campsites** improve exsiting - new dirt and gravel	$ 30,000.00
2	**Remove Campsites** Widen some existing 20 foot wide sites to 30 foot	$ 10,000.00
3	**Fencing** Privacy fencing between camp sites	$ 5,000.00
4	**Camping hut** Two each south end campgroup near beach area	$ 28,000.00
5	**Restrooms - Campground and boat basin** Upgrades	$ 30,000.00
6	**Parking Lots** Replace overhead lighting with LED	$ 50,000.00
		$ 153,000.00

EXHIBIT A

Small Parks - Camping

Priority Number		*Total Cost*
1	**Rooke Higgins**	
	Regrade and rock roadway	$ 10,000.00
	Rebuild restroom structures	$ 12,000.00
	Develop fresh water system	$ 10,000.00
2	**Frona**	
	Rebuild restroom structures	$ 1,200.00
	Regrade and rock roadway	$ 1,500.00
	Install new playground set	$ 65,000.00
3	**Nesika**	
	Maintain under lease agreement with Weyhaeuser	
	Regade and rock roadways	$ 10,000.00
		$ 109,700.00

Small Parks - Day Use Only

Priority Number		*Total Cost*
1	**Johnson Mill Pond**	
	Tree Maintenance	$ 3,000.00
	Repair restroom sidewalks	$ 6,000.00
2	**Judah Parker**	
	Rebuild restroom structure	$ 600.00
	Repair fencing	$ 1,000.00
	Tree Maintenance	$ 1,200.00
3	**Ham Bunch Cherry Creek**	
	Rebuild restroom structures	$ 1,200.00
	Widen entry approach apron	$ 2,000.00
	Tree Maintenance	$ 2,000.00
4	**Bennett**	
	Rebuild restroom structures	$ 1,200.00
	Regrade and rock roadway	$ 900.00
	Tree Maintenance	$ 4,000.00
5	**Wallace Dement**	
	Reconstruct roadway	$ 30,000.00
	Construct fishing access parking	$ 10,000.00
		$ 63,100.00

EXHIBIT A

Boat Ramps And Fishing Docks

Priority Number		*Total Cost*
1	**Arago**	
	Replace hand rail on boat ramp	$ 4,000.00
	Install fence along steep embankment	$ 1,500.00
	Remove silt build up in day use area	$ 5,000.00
	New roof on restroom	$ 2,000.00
	Replace docks	$ 18,000.00
2	**Coquille**	
	Pave parking lot	$ 20,000.00
	Tree maintenance	$ 2,000.00
	Replace docks	$ 12,000.00
3	**Riverton**	
	Improve water drainage	$ 5,000.00
	Pave and stripe gravel parking lot	$ 40,000.00
	Replace docks	$ 12,000.00
4	**Rocky Point**	
	Repair boat ramp	$ 8,000.00
	Realign docks and ramp	$ 75,000.00
5	**Doris Place**	
	Rerock shoulders along roadway	$ 2,000.00
	Repair fencing	$ 2,000.00
6	**Myrtle Tree**	
	Repair docks 3 and 4	$ 1,000.00
7	**Saunders Lake**	
	Pave parking lot	$ 10,000.00
	Replace vaults with CDX structures	$ 25,000.00
8	**Rooke Higgins**	
	Repair docks	$ 2,000.00
	Remove and replace concrete curbs	$ 8,000.00
9	**Charleston Fishing Pier**	
	Repair concrete deck and railing	$ 12,000.00
	Install new sanitary facilities	$ 30,000.00
	Improve dock access	$ 10,000.00
10	**Bradley Lake**	
	Gorse control	$ 1,000.00
	Install fence along steep embankment	$ 2,000.00
	Tree maintenance along roadway	$ 5,000.00
		$ 314,500.00
		$ 1,400,768.00

BOC only:
Consent Agenda _____

Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Order 26-07-033L Matter of Establishing County Priorities for the Coos County Road Department for FY 2026-27

Department: County Counsel **Requested Agenda Date: 8/4/2026**

Contact Person: Colton Totland **Phone/Ext.**: 7690

Background and description of need or problem: As part of risk management, various departments are submitting project prioritization lists for BOC approval to prepare for any potential tort claim and corresponding discretionary immunity defense. This Order relates to the **Road Department,** and a proposed repair and maintenance schedule is attached to this order as Exhibit A covering the County's buildings and facilities. Board can either adopt as presented, or modify.

Funding Source: N/A

Requested Action: Review and Approve Order 26-07-033L

Date: **7/22/2026** Signature of Dept. Head: Colton Totland

For all matters, forward the document to Counsel **no later than the Monday prior to the Agenda deadline**. Counsel will forward to Treasurer.

If this is a Contract or Grant:

- ☐ Is the contract or grant an original?
- ☐ Is the Contract/Grant Summary Form attached?
- ☐ Is the Contract signed first by the vendor (except state/federal grants or contracts)?
- ☐ If Insurance is required, Is the Insurance Certificate attached?
- ☐ Is the Clerk's Filing Coversheet attached?
- ☐ Do you want this returned to you for filing?

County Counsel CT

Treasurer MS

Human Resources _____

BOARD OF COMMISSIONERS

COUNTY OF COOS

STATE OF OREGON

In the Matter of Establishing County Priorities for the Coos County Road Department for the 2026-2027 FY Based on Limited Funding Resources	)))	ORDER 26-07-033L

WHEREAS, the County has limited funding resources for the County Road Department for the 2026-27 FY; and,

WHEREAS, loss of U.S. Forest Service timber receipts has necessitated staff reductions and other funding reductions; and,

WHEREAS, despite the need for highway and road construction, repair, and maintenance throughout the County, the County is unable to perform all such functions and complete all projects due to limited resources; and,

WHEREAS, the County is dependent on state and federal money to perform its construction, repair, and maintenance duties; and,

WHEREAS, as the result of limited resources, the County must prioritize its highway and road projects in accordance with available resources;

NOW, THEREFORE, IT IS HEREBY ORDERED:

1. That the Prioritized List of Projects attached hereto as Exhibit "A" is adopted and approved by the Board for the 2026-27 FY.
2. That the County Road Department shall allocate resources for road projects in accordance with the priorities set forth on Exhibit "A".
3. That the County Roadmaster shall have the authority in the case of emergencies,

changes in funding or staff resources, contractor availability, or other similar situations, to shift the order of priorities established herein according to time, funding and other resource availability.

Dated this _____ day of _____, 20_____.

COOS COUNTY
BOARD OF COMMISSIONERS

_____
Chair

_____
Commissioner

_____
Commissioner

Approved as to form:

_____
Office of Legal Counsel

EXHIBIT A

County Road Dept. Prioritized Project List 2026-2027

Road Projects

	County Funds	*Total Cost*	*Overall Priority* *Top 10 only*
Bi-Directional Marker Project Various Major Collectors	$ 15,000	$ 15,000	
Bi-Directional Marker Project Various Minor Collectors, Local Roads	$ 15,000	$ 15,000	
In conjunction with Major Collector project contract **South Coos River Road MP 2.5-3.3** *Description of Problem - Roadway is too narrow for the level of traffic.* Need to obtain ROW (ODOT to assist), two failing culverts to replace- fish passage required, road needs widened throughout section.	$ 500,000	$ 500,000	4

EXHIBIT A

Road Failures

	County Funds	*Total Cost*
North Fork Lane 012 - MP 2.2 to MP 2.5 *Description of Problem - Sink Area* Two sink areas/shoulder failures. One area to be fixed with a stone embankment fill. Another area will require a 100 ft. pile wall.	$ 58,500	$ 58,500
West Fork Millicoma Road 047 MP 1.58 to MP 1.66 *Description of Problem - Chronic Slide Area, Chemeketa Slide* Protect roadway with shoulder barriers. Clean up falling material as needed. Working on stabilization project with engineer. Conceptual designs/cost estimates done. Applied for BRIC Grant through Oregon Emergency Mgmt and FEMA.	$ 410,000	$ 1,640,000
Olive Barber Rd MP 2.3 ER 2023 *Description of Problem - Storm related shoulder failure* Engineered design complete. CCRD forces to build repair.	$ 90,000	$ 90,000
Fairview-Sumner Rd MP 3.2 ER 2023 *Description of Problem - Storm related shoulder failure* Engineered design complete. CCRD forces to build repair.	$ 80,000	$ 80,000
Greenacres Lane MP 0.20 *Description of Problem - Chronic Streambank/Shoulder Failure Area* Realign road , MP 0.15 to MP 0.24away from Noble Creek. Need to obtain R-O-W in 2025.	$ 250,000	$ 250,000
Fishtrap Road 010 MP 4.52 *Description of Problem - Chronic Embankment/Shoulder Failure* Possible soldier pile wall repair	Unknown	Unknown
Olive Barber Road 144 MP 2 *Description of Problem - Shoulder Failure* Construct 140 LF Pile Wall	$ 40,000	$ 40,000
Olive Barber Road 144 MP 0.84 *Description of Problem - Shoulder Failure* Construct 140 LF Pile Wall	$ 40,000	$ 40,000
Parkersburg Road 091 MP 0.37 *Description of Problem - Sink Area* Construct 100 ft pile wall	$ 60,000	$ 60,000
Upper Four Mile 098G - MP 4.1 *Description of Problem - Slide Area* Chronic slide area. County crews often have to remove slide debris during winter months to keep road open. Possible road realignment. Requires ROW.	Unknown	Unknown
East Bay Road 045 MP 0.97 to 1.10 *Description of Problem - Chronic Sink Area- White's Turn* Area Consist of three slides. Existing walls built years ago. The west wall is currently failing. The engineering for replacement has been completed. Needs Outside Funding Assistance / Grant Funding	$ 2,700,000	$ 2,700,000
North Fork Lane 012 - MP 3.2 *Description of Problem - Sink Area* Road has been turned back to gravel because of continuous sinking, meaning continuous maintenance for gravel and grading.		Unknown
Fairview-Sumner Rd MP 4.7 (ER) 2024 *Description of Problem - Storm related shoulder and lane failure* Working with ODOT for repair project delivery in 2025 or 2026..	$ 228,392	$ 2,128,541
Two Mile Lane MP 2.72 FEMA *Description of Problem - Storm related shoulder and partial lane failure.* Structure immediately downslope. Needs engineered.	$ 15,000	$ 60,000

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EXHIBIT A

Road Failures Cont'd

Fairview-Sumner Rd MP 2.6 *Description of Problem - Storm related shoulder failure* Area has traffic control devces installed.	Unknown	Unknown	
Old Broadbent Rd MP 5.7-5.9 *Description of Problem - Storm related slide, large.* Repair is cost-prohibitive. County to maintain road open as much as possible given current funding constraints.	Unknown	Unknown	
Sitkum Lane MP 6.7 ER 2024 *Description of Problem - Storm related shoulder failure* Working with ODOT project delivery in 2025 or 2026. .	$ 121,229	$ 1,129,818	
Fairview Rd MP 3.25 *Description of Problem - Storm related shoulder failure* Possible soldier pile wall repair.	$ 20,000	$ 20,000	
Fishtrap Rd MP 3.01 *Description of Problem - Storm related shoulder failure* County forces to install short pile wall to retain and rebuild shoulder.	Unknown	Unknown	
North Lake Lane MP 2.7 and MP 2.9 *Description of Problem - Storm related shoulder failure*	Unknown	Unknown	
Sitkum Lane MP 24.15 *Description of Problem - Chronic shoulder and lane failure* Needs engineered.	Unknown	Unknown	
Boone Creek Ln MP 0.4- FEMA *Description of Problem - Storm related shoulder and partial lane failure.* Needs engineered.	Unknown	Unknown	5
McKinley Lane MP 2 - FEMA *Description of Problem - Storm related shoulder failure. Rapid draw down event.* Likely vegetated riprap repair. Needs permits.	$ 26,250	$ 105,000	
Dement Creek Rd MP 2.9- FEMA *Description of Problem - Storm related slide and road failure. Affects entire road.* Rock buttress to stabilize roadbed only. Slide will continue to move over road.	$ 15,000	$ 60,000	6
Lower Norway Rd MP 0.99-2.00- FEMA *Description of Problem - Multiple storm related shoulder and lane faillures.* Realignment of roadway away from river with installation of several small soldier pile walls.	$ 125,000	$ 500,000	9
Rock Creek Ln MP 2.5- FEMA *Description of Problem - Storm related shoulder failure. Rapid draw down event.* Vegetated riprap repair. Will need permits.	$ 18,750	$ 75,000	
Weaver Rd MP 0.2 *Description of Problem - Storm related shoulder and partial lane failure. Rapid draw down event.* Vegetated riprap repair. Will need permits.	$ 40,000	$ 40,000	
Catching Creek Ln MP 2.2- FEMA *Description of Problem - Storm related shoulder and partial lane failure. Rapid draw down event.* Rock Buttress repair liekly. Needs engineered.	$ 25,000	$ 100,000	

Road Failures Cont'd

Catching Creek Ln MP 3.1- FEMA *Description of Problem - Storm related shoulder and lane failure. Rapid draw down event.* Vegetated riprap repair. Will need permits.	$ 18,750	$ 75,000
Kentuck Way Ln MP 4.9- FEMA *Description of Problem - Storm related large slide.* Needs engineered.	Unknown	Unknown
Lee Valley Rd MP 4.56 & 4.99- FEMA *Description of Problem - Storm related shoulder failure. Rapid draw down event.* Vegetated riprap repair. Possibly soldier pile walls. Will need permits.	Unknown	Unknown
West Catching Rd. MP 0.87- FEMA *Description of Problem - Storm related shoulder failure.* Likely rock buttress repair. Needs engineered.	Unknown	Unknown
West Catching Rd. MP 1.58- FEMA *Description of Problem - Storm related shoulder and lane failure.* Possible rock buttress repair.	Unknown	Unknown
Fairview Rd MP 3.8 "Hungry Mountain Sink" *Description of Problem - Storm related slide, large.* Needs engineered.	Unknown	Unknown
Dement Creek Rd. MP 8-9.15 *Description of Problem - Storm related shoulder failure* Needs engineered.	Unknown	Unknown
Lampa Lane MP 2.36 *Description of Problem - Storm related upslope slide.* Possible rock buttress repair. Needs engineered.	Unknown	Unknown
Lampa Lane MP 2.6 *Description of Problem - Storm related upslope slide.* Possible rock buttress repair. Needs engineered.	Unknown	Unknown
Lone Pine Lane MP 8-8.2 *Description of Problem - Multiple chronic slide/sink areas.* Needs engineered.	Unknown	Unknown
Seven Devils Rd. MP 6.9 *Description of Problem - Storm related shoulder and partial failure.* Likely rock buttress repair. Needs engineered.	Unknown	Unknown
Sitkum Lane MP 9 *Description of Problem - Chronic slide/sink area.* Needs engineered.	Unknown	Unknown

EXHIBIT A

Major Culvert Work

We hired a consultant to complete a culvert inventory of our road system in 2019. They found almost 4,000 culverts with about 10% being in a failing or failed condition. Due to budget constraints, we can only replace a small percentage of them per year.

	County Funds	*Total Cost*	
Old Big Creek Road 203 MP 0.01 *Description of Problem - failing culvert* Replace existing culvert with 60" CMP	$ 30,000	$ 30,000	
Big Creek Road MP 1.38 Storm Damage- FEMA *Description of Problem - failing culvert* Replace failing culvert with 120" fish passage CMP	$ 75,000	$ 75,000	
Fat Elk Road 010 MP 1.3- 2025 Storm Damage- FEMA *Description of Problem - failed culvert* Installed temporary bridge to open road, then need additional FEMA funding to complete engineered design and final repair.	$ 100,000	$ 100,000	8
Rock Creek Lane 088 MP 3.1 2025 Storm Damage- FEMA *Description of Problem - failed culvert* Installed temporary bridge to open road for access to last residence. Need FEMA funding to complete engineered design and final repair.	$ 50,000	$ 50,000	
Dement Creek 083G MP 8.3 *Description of Problem - failing culvert* Install new 48" overflow culvert above failed deep culvert until a permit is obtained to replace the 20' deep culvert	$ 20,000	$ 20,000	
North Bank Lane 005 MP 14.6 (Sevenmile Creek / Jerry Dougherty & Mark *Description of Problem - failing culvert with private tidegate* Replace outer section of 7ft diameter culvert with new section. Existing tidegate can be used.	$ 50,000	$ 50,000	
East Bay Road 045 MP 7.45 Echo Springs Tributary *Description of Problem - failing culvert* Existing 48" culvert is failing. Coos WA completed hydrology/hydraulics and initial design work then backed out of project from lack of landowner support. CCRD will need to complete plans and permits to replace failing culvert with	Unknown	Unknown	
Sitkum Lane MP 17 *Description of Problem - failing culvert* Replace with fish passage culvert	$ 100,000	$ 100,000	
Sitkum Lane MP 24.45 *Description of Problem - failing undersized culvert* Replace with fish passage culvert	$ 60,000	$ 60,000	
Rock Creek Lane MP 0.99 - FEMA *Description of Problem - failing undersized culvert* Replace with fish passage culvert	Unknown	Unknown	10
East Bay Rd. MP 3.14 *Description of Problem - failed culvert* CCRD Crew installed temporary emergency culvert to keep road open. Must replace with fish passage culvert by 2028.	Unknown	Unknown	
Glen Aiken Creek Rd. @ Mix Plant Rd- FEMA *Description of Problem - failing undersized culvert* Replace with fish passage culvert.	Unknown	Unknown	

Major Culvert Work Cont'd

Seven Devils Rd 033 MP 0.35 *Description of Problem - failing culvert* Replace existing, failing culvert with new structure that meets fish passage req'ts. Must be engineered.	$ 250,000	$ 250,000	2
Sitkum Lane 001B MP 10.01 *Description of Problem - failing culvert* Replace failing culvert with structure that meets current fish passage req'ts.	$ 100,000	$ 100,000	

Flooding

There are several roadways in the Coquille and Coos Watersheds that get flooded by high tides and/or heavy rains. These areas are signed. Due to budgetary restraints it is not feasible to raise the roadways.

	County Funds	*Total Cost*	
Beach Loop Road 029 MP 1.02 (Crooked Creek) Install 120" culvert , raise road 8 feet	$ 270,000	$ 270,000	3
Anderson Lane 130 MP 0.25 to MP 0.50 Road flooding caused by poor drainage and channel aggredation in the Blossom Gulch Creek into the Coos Bay. Several Beaver dams and clogged ditches that contain federally listed fish. Permits required to clean ditches but may be unattainable.	Unknown	Unknown	
Transpacific Parkway 218 MP 4.7 to MP 5.1 areas into Coos Bay caused by industrial developments on adjacent properties. Port plans to fix their drainage issues outside the right-of-way.	Unknown	Unknown	

EXHIBIT A

Culvert Cleaning

Due to budgetary restraints, culvert cleaning operations will be limited to "as needed basis"

Guard Rail

Due to budgetary restraints, the County is limited to construct new guardrail installations associated with new construction projects. As funding becomes available existing guard rail will be updated to current standards.

	County Funds	*Total Cost*
Misc Small repairs, as needed	Unknown	Unknown

Paving

Due to budget sontraints we are only able to patch and overlay small portions of our paved road system. The pavement management program we use estimates we have $26M in deferred pavement maintenance and within 5 years that number will be double. Below are examples of projects that are needed.

	County Funds	*Total Cost*
Barview Area Various Roadway Aprons	$ 150,000	$ 150,000
Shutter's Landing Lane	$ 60,000	$ 60,000
Patches and Overlays		
Wildwood Road	$ 100,000	$ 100,000
Patches and Overlays		
Two Mile Lane	$ 100,000	$ 100,000
Patches and Overlays		
Upper 4-Mile lane	$ 100,000	$ 100,000
Patches and Overlays		
Lampa Lane	$ 1,000,000	$ 1,000,000
Patches and Overlays		
Fat Elk Road	$ 500,000	$ 500,000
Patches and Overlays		
Glen Aiken Creek Lane	$ 100,000	$ 100,000
Patches and Overlays		
Green Acres Rail X-ing	$ 10,000	$ 10,000
Patches and Overlays		
Misc. Throughout the County	$ 3,500,000	$ 3,500,000
Patches and Overlays		

EXHIBIT A

Bridge Projects

	County Funds	*Total Cost*
#16349 Gaylord Monitor, Geo-Tech study, Survey. Applied for HBP funding and new federal bridge grant program. Looking to apply for federal assistance in 2026-27 again. Bridge Match for replacement	Unknown	Unknown
#11C49E Noble Creek Repair both Backwalls, wing walls and 1 pile Cap	$ 350,000	$ 350,000
#00932 N Fork Coquille McKinley Lane Abutments 1 & 5 Repair Undermining Beneath Caps, Install Slope Protection	$ 4,000	$ 4,000
#06C34 Cherry Creek Abutment 2 Install Scour Countermeasures	$ 55,000	$ 55,000
#08560 N Fork Coquille River Roadway Bent 1 Repair Collapsed Asphalt and Erosion	$ 2,000	$ 2,000
#08710 Middle Creek Repair Undermining of SW Approach	$ 50,000	$ 50,000
#11C01 Llewellyn Creek Repair Undermining Beneath Caps, Install Slope Protection	$ 10,000	$ 10,000
#11C09 Yankee Run Creek Armor Slopes in Front of Abutments and Mitigate Slope Settlement	$ 10,000	$ 10,000
#11C105 Johns Creek Abutments 1 & 2 Repair Undermining Beneath Caps, Install Slope Protection	$ 10,000	$ 10,000
#11C112 Haynes Slough Replace NW and SW Wingwalls and backwalls with sheet piling	$ 800,000	$ 800,000
#17974 Chrome Plant (Beaver Slough) Formulate settlement assessment plan/repair plan for west approach then complete repair.	$ 150,000	$ 150,000
#19663 Coos City Sumner (Isthmus Slough) Formulate settlement assessment plan/repair plan for west approach then complete repair.	$ 150,000	$ 150,000

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EXHIBIT A

Ditching

Shutter's Landing Lane- gravel section only		
Full road ditch cleaning	$ 15,000	$ 15,000
Morgan Creek Lane- entire road		
Full road ditch cleaning	$ 15,000	$ 15,000
Daniel's Creek Road- entire road		
Full road ditch cleaning	$ 30,000	$ 30,000
Myrtle Creek Road - entire road		
Full road ditch cleaning	$ 50,000	$ 50,000
Fairview Road- LaVerne Park to end of pavement		
Full road ditch cleaning	$ 25,000	$ 25,000
North Lake Lane- gravel section only		
Full road ditch cleaning	$ 50,000	$ 50,000

Due to budgetary restraints, other ditching operations will be limited to "as needed basis"

Brushing / Mowing

Sandy Creek Road	$ 8,000	$ 8,000
Upper Rock Creek Lane	$ 1,500	$ 1,500
Rock Creek Lane	$ 5,000	$ 5,000
South Powers Road	$ 5,000	$ 5,000
Johnson Mountain Road	$ 2,500	$ 2,500
Yellow Creek Lane	$ 3,500	$ 3,500
Brummit Creek Road, Weaver Rd, Miller Rd, Goldbrick Rd, Crosby Rd, Brady Rd	$ 10,000	$ 10,000
Big Creek Road	$ 8,000	$ 8,000
Myrtle Creek Road	$ 30,000	$ 30,000
Gaylord Road	$ 3,000	$ 3,000
Dement Creek Road	$ 25,000	$ 25,000
Old Broadbent Road	$ 12,000	$ 12,000

Due to budgetary restraints, other brushing / mowing operations will be limited to "as needed basis"

BOC only:
Consent Agenda _____

Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Order 26-07-034L Matter of Establishing County Priorities for the Coos County Solid Waste Department for FY 2026-27

Department: County Counsel **Requested Agenda Date: 8/4/2026**

Contact Person: Colton Totland **Phone/Ext.**: 7690

Background and description of need or problem: As part of risk management, various departments are submitting project prioritization lists for BOC approval to prepare for any potential tort claim and corresponding discretionary immunity defense. This Order relates to the **Solid Waste Department,** and a proposed repair and maintenance schedule is attached to this order as Exhibit A covering the County's buildings and facilities. Board can either adopt as presented, or modify.

Funding Source: N/A

Requested Action: Review and Approve Order 26-07-034L

Date: **7/22/2026** Signature of Dept. Head: Colt Totland

For all matters, forward the document to Counsel **no later than the Monday prior to the Agenda deadline**. Counsel will forward to Treasurer.

If this is a Contract or Grant:

- ☐ Is the contract or grant an original?
- ☐ Is the Contract/Grant Summary Form attached?
- ☐ Is the Contract signed first by the vendor (except state/federal grants or contracts)?
- ☐ If Insurance is required, Is the Insurance Certificate attached?
- ☐ Is the Clerk's Filing Coversheet attached?
- ☐ Do you want this returned to you for filing?

County Counsel CT

Treasurer MS

Human Resources _____

3M

BOARD OF COMMISSIONERS

COUNTY OF COOS

STATE OF OREGON

In the Matter of Establishing County Priorities for the Coos County Solid Waste Department for the 2026-27 FY Based on Limited Funding Resources	)))	ORDER 26-07-034L

WHEREAS, the County has limited funding resources for the County Solid Waste Department for the 2026-27 FY; and,

WHEREAS, despite the need for facility repair and maintenance throughout Solid Waste facilities, the County is unable to perform all such functions and complete all projects due to limited resources; and,

WHEREAS, the County is dependent, in part, on state and federal money to perform its construction, repair, and maintenance duties; and,

WHEREAS, as the result of limited resources, the County must prioritize its Solid Waste facility maintenance and repair projects in accordance with available resources;

NOW, THEREFORE, IT IS HEREBY ORDERED:

1. That the Prioritized List of Projects attached hereto as Exhibit "A" is adopted and approved by the Board for the 2026-27 FY.
2. That the County Solid Waste Department shall allocate resources for maintenance and repair projects in accordance with the priorities set forth on Exhibit "A".
3. That the Public Works Director shall have the authority in the case of emergencies, changes in funding or staff resources, contractor availability, or other similar situations, to shift the order of priorities established herein according to time, funding and other available resources.

Dated this _____ day of _____, 20____.

COOS COUNTY
BOARD OF COMMISSIONERS

_____
Chair

_____
Commissioner

_____
Commissioner

Approved as to form:

_____
Office of Legal Counsel

EXHIBIT A

Solid Waste Prioritized Project List 2026-2027

	Total Cost	Overall Priority
Miscellaneuos Facility Paving Recycle building, far side of pit, Hwy 101 exit lane, misc.	$ 120,000.00	1
New Pit Roof Lighting	$ 30,000.00	2
Parking Carport	$ 50,000.00	3
Bird Control Netting and/or wires on buildings to deter birds from landing and damaging roofs	Unknown	4