AGENDA

COOS COUNTY BOARD OF COMMISSIONERS

Owen Building Large Conference Room, 201 N. Adams, Coquille
or Virtually at https://meet.goto.com/865921461
August 18, 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 Contact with Zerorez & Authorize Chair to Sign- Coos Health & Wellness (CHW)
B. Request Approval of Contract with South Coast Regional Early Learning Hub & Authorize Tim Lynch to Sign- CHW
C. Request Approval of Roundhouse Foundation Grant Agreement & Authorize Tim Lynch to Sign- CHW
D. Request Approval of Agreement with Housing Authority for Tenant Support Services- CHW
E. Request Approval of Job Description for MHA II Permanent Housing Support Position; Approval to Post/Fill Position- CHW
F. Request Approval to Pay Invoice from OHSU Doernbecher Children's Hospital- CHW
G. Request Approval to Pay Invoice from Indeed- CHW
H. Request Approval of Letter of Intent for ORPD Grant Opportunity- Parks
I. Request Adoption of Sole Source Findings; Award Contract for Pavement Condition Survey- Road
J. Request Approval of TOPS Agreements- Sheriff
K. Request Approval to Purchase Computers- Sheriff
L. Request Approval of Maintenance Agreement with Center for Internet Security & Authorize IT Director to Sign- IT

4. CONSENT CALENDAR- administrative matters not up for discussion

A. Approval of Minutes

i. Worksession- CDBG Request for Charleston RFPD- July 15, 2026
ii. Executive Session (2)(i)- July 15, 2026
iii. Executive Session (2)(f)- July 15, 2026
iv. Executive Session (2)(a)- July 17, 2026
v. Regular Meeting Minutes- August 4, 2026
vi. Worksession- HR Generalist Recruitment Planning- August 4, 2026

B. Orders & Resolutions

i. Order 26-08-036C, In the Matter of Appointing Margallee James to the Coos County Library Service District Board
ii. Resolution 26-08-116P, In the Matter of Granting Salary Merit Step Increases for Various Employees Effective August 1, 2026
iii. Resolution 26-08-117P, In the Matter of Granting a Salary Merit Step Increase for Various Employees Retroactive to July 1, 2026
iv. Resolution 26-08-118P, In the Matter of Classifying and Placement of Various Employees on the Regular Coos County Payroll Effective Their Hire Date
v. Resolution 26-08-119P, In the Matter of a Promotion to park Maintenance Foreman for Darren Thompson Effective August 1, 2026

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

i. Contract with Sproul Bros. Excavation- Forestry- road brushing Beaver Hill tract
ii. Contact with David Evans & Assocs.- Road- Rock Creek railroad flatcar bridge load rating
iii. Contract Amendment #14 with Foundation Engineering- Road- Gaylord Bridge monitoring

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: 08/18/2026**

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: 08/10/2026 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

BOC only:
Consent Agenda _____

Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Contract with Zerorez

Department: Coos Health & Wellness **Requested Agenda Date: 8/18/2026**

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

Background and description of need or problem: Zerorez will provide carpet and hard floor cleaning services at 281 LaClair Street, cost is $11,308.04.

Funding Source:

Requested Action: Board to approve contract with Zerorez and authorize Board Chair to sign.

Date: 8/7/2026 Signature Interim Director: Dr. Timothy Lynch

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- ☐ Do you want this returned to you for filing?

County Counsel CT

Treasurer

Human Resources

Revised 2/28/2022

3A

SUMMARY OF QUOTES - COOS COUNTY

County Department: Coos Health & Wellness

Goods and/or Services Specifications: Carpet and hard floor cleaning.

The Department requested quotes from the following firms:

** County requires at least 3 companies contacted unless there are not 3 companies that perform service; it is ok to show quoted price as $0 if you received no response from a company you contacted.*

Date	Oral or Written	Firm or Company Name	Contact Information – Person - phone/email	Quoted Price
5/26	Written	ZeroRez - Eugene	Nikki 541-988-9376	Carpet & Hard Floor $11,308.04
6/2	Oral	Coos Carpet Care	Nate 541-267-0811	Carpet Only $5,870
7/7	Written	B&B Janitorial	Kathy 541-756-4718	Carpet Only $2,480
7/10	Written	Servpro	Stephanie 541-435-7923	Carpet & Hard Floor $11,175.52
7/14	n/a	Great White ChemDry	n/a	No Response

Evaluation factors (Scale of 0-5):

*Price always needs to be listed; list other factors used. 0-Lowest 5-Highest

Firm or Company	Price Score	Availability Score	Services Offered Score	Delivery Cost Score	Total Score
ZeroRez - Eugene	4	5	5	0	14
Servpro	5	3	5	0	13

Solicitor: Jeanna Bobbitt

Department's Recommendation: The department recommends awarding the carpet and hard floor cleaning services to ZeroRez. Although SERVPRO's bid is $132.52 lower, their scheduling availability is 6–8 weeks, while ZeroRez can complete the work within 1–2 weeks. Additionally, ZeroRez's residue-free cleaning process is a better fit for our healthcare environment, making it the preferred choice.

BOC only:
Consent Agenda _____

Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Contract #080-S2026 with South Coast Regional Early Learning Hub (SCREL)

Department: Coos Health & Wellness **Requested Agenda Date: 8/18/2026**

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

Background and description of need or problem: Coos Health & Wellness received SCREL grant in the amount of $4,000 to fund enrollment for WIC Certifiers in a lactation educator certification program.

Funding Source: South Coast Regional Early Learning Hub (SCREL)

Requested Action: Board to approve contract with South Coast Regional Early Learning Hub and authorize interim director, Tim Lynch to docusign.

Date: 8/7/2026 Signature of Interim Director: Dr. Timothy Lynch

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- ☒ Do you want this returned to you for filing? Patricia Crawford

County Counsel CT

Treasurer

Human Resources

Revised 2/28/2022

3B

CONTRACT / GRANT SUMMARY FORM

Clerk's CJ No.:_____ (complete after filing) Contract/Agreement/Grant No.: 080-S2026(if applicable)

Name/Agency Name and Address: South Coast Regional Early Learning Hub, P.O. Box 415, Coos Bay Or, 97420

Contact Person: Skaidra Scholey Tilley Phone No: 707.267.6890 Email: sscholeytilley@screlhub.com

Amount of Contract/Grant Award: $ 4,000

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

Effective Date: 6/1/2026 Start Date: 9/30/2026 (if different from effective date, i.e. retroactive / prospective date)

End Date: 6/30/2025 (if known)

County Department and Employee Responsible for Performance: Coos Health & Wellness, Mike Rowley, Director.

Description: SCREL Hub awarded four thousand dollars ($4,000) in funds to support the enrollment of four (4) WIC Certifiers in a lactation educator certification program. Administrative costs capped at 5% of total expenses.

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

BOC only:
Consent Agenda _____

Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Grant agreement with The Roundhouse Foundation

Department: Coos Health & Wellness **Requested Agenda Date: 8/18/2026**

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

Background and description of need or problem: The Roundhouse Foundation awarded $16,500.00 for Coos READY program to increase awareness for emergency preparedness among adults 50+ and people with disabilities and prevention of eviction for at risk individuals. CHW will provide community education workshops about emergency safety awareness, preparedness, and maintaining safety and clutter free living space.

Funding Source: Roundhouse Foundation

Requested Action: Board to approve Roundhouse Foundation grant agreement and authorize interim director, Tim Lynch to sign.

Date: 8/7/2026 Signature of Interim Director: 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/Grant Summary Form attached?
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- ☐ 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? Patricia Crawford

County Counsel CT

Treasurer MS

Human Resources _____

Revised 2/28/2022

3C

CONTRACT / GRANT SUMMARY FORM

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

Name/Agency Name and Address: Roundhouse Foundation P.O. Box 2078, Sisters, Or 97759

Contact Person: Chaney Coman Phone No: 541-904-0700 Email: chaney@roundhousefoundation.org

Amount of Contract/Grant Award: $ 16,500.00

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

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

End Date: _____ (if known)

County Department and Employee Responsible for Performance: Coos Health & Wellness, Tim Lynch, Interim Director.

Description: Grant award of sixteen thousand, five hundred dollars ($16,500) to support PH project Coos READY.

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 _____
☐ 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: _____

BOC only:
Consent Agenda _____

Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Agreement between Coos County and North Bend City/Coos-Curry Housing Authority

Department: Coos Health & Wellness **Requested Agenda Date: 8/18/2026**

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

Background and description of need or problem: Coos County, through CHW, will provide services and support to tenants residing in the Permanent Supportive Housing units within the North Bend Housing Project. CHW will coordinate with the Project Owner and its designated Property Management contractor to develop a staffing and support plan for the project that best meets the needs of the project and individual tenants.

Invoiced expenditures will generally align with the OHCS-approved budget. This is projected currently to include annually up to $196,000 in Personnel costs, $15,000 in transportation/outreach costs, $8,000 in IT/phone/related expenses, $5,000 related to Electronic Health records, and $40,000 in Indirect/Administrative costs, total estimated amount is $264,000.

Funding Source:

Requested Action: Board to approve and sign Agreement with the North Bend City Housing Authority.

Date: 8/10/2026 Signature of Finance Director: Digitally signed by Rebecca Redell Date: 2026.08.10 13:07:25 -07'00'

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County Counsel CT

Treasurer MS

Human Resources _____

3D

CONTRACT / GRANT SUMMARY FORM

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

Name/Agency Name and Address: North Bend City Housing Authority, 1700 Monroe St., North Bend OR 97459

Contact Person: Matthew Vorderstrasse Phone No: 541-756-4111 Email: mvorderstrasse@ccnbchas.org

Amount of Contract/Grant Award: $ 264,000 estimated

Payment Terms: quarterly invoices (state lump sum or amount and time of payments)

Effective Date: 9/1/2026 Start Date: _____ (if different from effective date, i.e. retroactive / prospective date)

End Date: 12/31/2027 (if known)

County Department and Employee Responsible for Performance: Coos Health & Wellness, Mike Rowley, Director.

Description: CHW will receive projected annual funds which includes up to $196,000 in Personnel costs, $15,000 in transportation /outreach costs, $8,000 in IT/phone/related expenses, $5,000 related to Electronic Health records, and $40,000 in Indirect /Administrative costs.

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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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:

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Type of Contract:

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- ☐ Office Supplies
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- ☐ State Purchasing
- ☐ Other _____

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- ☐ 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: _____

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: 8/18/2026**

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

Background and description of need or problem: Request Board approval of the AFSCME Union position of MH Associate II (paygrade 446) under the Permanent Housing Support program to provide services on-site in North Bend. This position was included in the FY 2026-2027 budget and is in partnership with the North Bend Family Housing project. This position will provide onsite support and services to new residents to promote successful outcomes and permanent housing opportunities. Also request permission to post/fill the position. The AFSCME Union has been provided with a copy.

Funding Source: 021-1302-444.10-01

Requested Action: Request Board approval of Mental Health Associate II Permanent Housing Support Position and approve posting/filling the position.

Date: 8/10/2026 Signature of Dept. Head: Dr. Timothy Lynch

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County Counsel CT

Treasurer MG

Human Resources CM

Revised 5/18/15

2E

Coos Health & Wellness
281 LaClair
Coos Bay, OR 97420

DESCRIPTION OF POSITION

Agenda Approval Date: August 18, 2026

1. Classification Title: Mental Health Associate II

2. Working Title: Permanent Supportive Housing - Case Manager

3. Department: Coos Health & Wellness Behavioral Health Division

4. **Pay Grade: 446**

Position Is: Full Time ☒ Part Time ☐ Extra Help ☐

Excluded from Bargaining Unit? Yes ☐ No ☒ AFSCME

Eligible for Overtime? Yes ☒ No ☐

5. What is the purpose of this position?

The Permanent Housing Support (PHS) position provides community-based, supportive services to individuals to assist them in achieving their recovery and housing goals. In partnership with the North Bend Housing Project (PHS), provides onsite services to Coos Health & Wellness (CHW) clients, and non-CHW clients. Services include case management, housing stabilization, skills training, community integration, and other individualized supports that promote housing stability and recovery goals.

6. Essential functions of position. (Reason position exists is to perform these functions.) List duties that must be performed to accomplish the purpose of the position.

- Provide support, education and case management services to individuals to assist them in achieving their recovery goals.
- Provide supportive case management and recovery-oriented services using Housing First principles that promote housing stability, consumer choice, self-determination, and individualized support.
- Provide supportive services to individuals enrolled in CHW services as well as individuals not enrolled in CHW services.
- Utilize motivational interviewing and provide stage-appropriate, recovery-oriented interventions.
- Implement approach to utilize and enhance consumers' natural supports.
- Coordinate services with family members, caregivers, medical, psychiatric and other providers, as appropriate.
- Assist individuals in accessing available benefits and other community resources, as appropriate.
- Continuously evaluate health and safety issues and implement appropriate crisis planning. Assist consumers in self-directing a crisis plan.
- Provide support to community groups and organizations enhancing consumer recovery.
- Work collaboratively within a multidisciplinary team.
- Facilitate interdisciplinary case conferences related to supportive housing stability.
- Complete clinical documentation to meet State, Federal, Regional and departmental standards and requirements which includes:
  - Developing recovery-oriented treatment plans with measurable and objective goals.
  - Completing clear, organized, timely progress notes.
  - Utilizing computer medical record system; including use of newer office technologies.
- Maintain all applicable professional, legal and ethical standards, including confidentiality, dual relations, and informed consent.
- Maintain departmental productivity standards set by departmental policy and carry out other instructions from supervisor and/or Director.

7. List the minor duties assigned to this position.

- Attend staff meetings, community agency meetings, as assigned.
- Participate in trainings and continuing professional development skills.
- Complete other assignments and tasks as directed by supervisor and/or Director.

Coos County – Coos Health & Wellness
281 LaClair
Coos Bay, OR 97420

DESCRIPTION OF POSITION

8. Working conditions of position.

This position is primarily based onsite at the North Bend Housing Project, with dedicated office space. Work hours may vary based on program and client needs and may include:

- Four 10-hour days: Monday–Thursday, 7:30 a.m.–6:00 p.m.
- Four 10-hour days: Wednesday–Saturday, 7:30 a.m.–6:00 p.m.

Frequent travel required within the county and infrequent travel within the State. Position may require some stooping, bending, reaching, and lifting of up to 25 pounds.

9. Supervision

This position is supervised by the Adult Outpatient Program Manager.

This position does not supervise any employees.

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

Must be a Qualified Mental Health Associate or eligible; Bachelor's degree in health/behavioral health or a combination of at least three years' work experience, training or education in mental health.

Valid driver license required. 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 be able to accept supervision and adhere to County and Department policies. Must be able to establish and maintain harmonious working relationships with other employees, maintain a positive attitude and represent the County and the Department in the community in a positive manner.

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

12. List equipment, tools, and machines used in performance of duties.

Laptop or desktop computer, electronic health record, dictation device, copy machine, fax & telephone.

BOC only:
Consent Agenda _____

Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Spending Authority Approval

Department: Coos Health & Wellness **Requested Agenda Date: 8/18/2026**

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

Background and description of need or problem:
Our prevention program is ordering five hundred medication lockboxes that are given out through many different programs at CHW as well as through community events. The boxes reduce the chances of accidental poisonings and overdoses or the misuse of a substance by someone it was not prescribed to. CHW is requesting spending authority approval of $14,000 to pay the attached OHSU Doernbecher's invoice.

Funding Source: Substance Abuse Prevention Grants

Requested Action: Board to approve spending authority of $14,000 to pay OHSU Doernbecher Children's Hospital invoice.

Date: 8/7/2026 Interim Director: Dr. Timothy Lynch

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- ☐ Do you want this returned to you for filing?

County Counsel CT

Treasurer MS

Human Resources _____

Revised 2/28/2022

3F

OHSU Doernbecher Injury Prevention Program
3181 SW Sam Jackson Park Rd Mail code: #DC3R
Portland, OR 97239
+15034185666
safety@ohsu.edu
www.doernbecher.com/childsafety

OHSU DOERNBECHER CHILDREN'S *Hospital*

INVOICE

BILL TO
Brittany Felton
Coos Health & Wellness

INVOICE # 5631
DATE 07/16/2026
DUE DATE 08/15/2026
TERMS Net 30

DATE		QTY	RATE	AMOUNT
	Helix Lockbox Helix Lockbox 11.25" x 4.75" x 4.25"	500	28.00	14,000.00

BALANCE DUE **$14,000.00**

Returns accepted within 60 days with a receipt on unused, unopened items in original packaging. All car seats are final sale. To see the latest product recall information and register for updates, visit cpsc.gov.

Devoluciones aceptadas en un plazo de 60 días con un recibo de artículos no utilizados y sin abrir en el embalaje original. Todas las sillas de auto son venta final.

BOC only:
Consent Agenda _____

Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Spending Authority Approval

Department: Coos Health & Wellness **Requested Agenda Date:** 8/18/2026

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

Background and description of need or problem: Many of Coos Health & Wellness open positions during the 2026 third quarter required an additional sponsored boost to support recruitment efforts in July on the Indeed platform. CHW is requesting spending authority approval of $12,074.45 to pay the attached Indeed voucher.

Funding Source: BH Admin 021-1302-444.36-01 ($8,629.46) and PH Admin 005-1100-441.36-01 ($3,444.99)

Requested Action: Board to approve spending authority of $12,074.45 to pay July 2026 Indeed AP voucher.

Date: 8/7/2026 Signature of Interim Director: 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.

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

indeed

Invoice USI26-06253298

From:
Indeed, Inc.
Mail Code 5160
P.O. Box 660367
Dallas, TX 75266-0367

Bill to:
Coos Health & Wellness
250 N Baxter Street
Coquille, Oregon 97423

Invoice date:	07/31/2026
Due date:	10/29/2026
Terms:	Net 90
Payment method:	Remit Payment
Total amount:	**$ 12,074.45 USD**

Invoice Summary

Description	Amount (USD)
July 2026 Sponsored Jobs on Indeed.com	12,074.45 USD
Net Amount	12,074.45 USD
Tax Total	0.00 USD
Total amount due	**12,074.45 USD**

Remit to:

Indeed, Inc.
Mail Code 5160
P.O. Box 660367
Dallas, TX 75266-0367

Beneficiary bank	Account title
Citibank Delaware	Collections Account

Swift code	Routing/Transit #	Beneficiary account #
CITIUS33	031100209	38879954

EFT/ACH PAYMENTS:

- *Be sure to include invoice number(s) in the digital payment details for timely application to your account.*

Check Payments:

- *Be sure to include invoice number(s) on the check for timely application to your account.*

Failure to provide remittance may result in delayed application of payment, which could lead to suspension of services on your account.

Understanding your invoice

BOC only:
Consent Agenda _____

Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Riley ORPD County opportunity grant Letter of intent

Department: Parks **Requested Agenda Date: 8-18-2026**

Contact Person: Craig Strom **Phone/Ext.**: 7757

Background and description of need or problem: The Parks department would like permission to re- apply for a County opportunity Grant with ORPD for the Riley Ranch D- Loop restroom.

Funding Source: N/A

Requested Action: The BOC sign a new letter of intent for the Riley Ranch D loop Restroom Grant and allow Parks Director to submit the letter with grant application.

Date: 8/10/2026 Signature of Dept. Head: Craig Storm Craig D Storm

f 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: MB

HUMAN RESOURCES: _____

BOC forwards signed Contract/Grant to:

3H

Rev. 8/29/07

COOS COUNTY PARKS & RECREATION

250 No. Baxter Street, Coquille, Oregon 97423
(541) 396-7759
email coospark@co.coos.or.us

Craig Storm, Park Director **Tami Haagen, Parks Business Office Manager**

8/18/2026

Oregon Parks and Recreation Department (OPRD)

Dear Committee Members,

The Coos County Parks Department, with approval of the Board of Commissioners is submitting an application for a OPRD County Opportunity grant at Riley Ranch County Park for the purchase of a CXT restroom/shower building and drain field.

Riley Ranch is a highly used facility with dune access for all classes of vehicles. There are 126 campsites a Moto Cross track and only two restroom/shower facilities. We are currently using 12 porta potties to accommodate the park patrons and only eight (8) showers.

Coos County Parks has the engineered stamped drawings and DEQ plan review approved. We had to withdraw from a previous grant due to unexpected time to get the plan review finished and the cost has risen from the previous estimates.

We hope the ORPD/ ATV Committee feels as we do and will support the application.

_____
Signature

_____
Signature

_____
Signature

BOC only:
Consent Agenda _____

Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Contract with Capitol Asset & Pavement Services for a Pavement Condition Survey of our County Maintained Roads.

Department: Road Department **Requested Agenda Date: 8/18/26**

Contact Person: Paul Slater **Phone/Ext.**: 7664

Background and description of need or problem: This is a Sole Source Procurement with Capitol Asset & Pavement Services, as they have done our pavement condition surveys & Digital Imaging in the past (2009, 2010, 2014, 2018, 2020, 2022, 2024, 2025). This contract includes an update to our Pavement Management Program, Pavement Condition Survey of all our Rural and Local roads. Our Pavement Management Program will need updated along with a re-inspection of our Rural Major Collector roads as required per HB 2017 NTE $ 29,900.

Funding Source: 003-2700-431.36-01 Contracted Services

Requested Action: Approve Sole Source Finding and Award/Sign Contract for Pavement condition Survey with Capitol Asset & Pavement Services, Inc NTE $29,900.

Date: 7/28/26 Signature of Dept. Head: Paul Slater

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

Board of Commissioners
Sole Source Finding – Capitol Asset & Pavement Services
Board Meeting August 18, 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. Capitol Asset & Pavement Services has previously performed roadside and pavement condition surveys of the county's roads and has performed network reviews for the Coos County Road Department (2009, 2010, 2014, 2018, 2020, 2022 and 2024). Therefore, they are familiar with Coos County roads and able to access their files to recreate the same routes and mileage used previously for imaging work, and are familiar with the paving management software system to be updated.
2. Capitol Asset & Pavement is available to perform the work immediately, and therefore take advantage of the summer weather conditions.
3. Conducting a Request for Quotes process to determine if other companies exist that can perform the same services and have access to the same software programs would cause unnecessary delays and expense, and would therefore delay the start date;
4. Therefore, it is deemed fiscally responsible for the County to sign a contract for digital imaging services with Capitol Asset & Pavement Services.

The Board of Commissioners concludes that awarding the digital imaging contract to Capitol Asset & Pavement Services is an efficient utilization of a compatible good or service.

CONTRACT / GRANT SUMMARY FORM

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

Name/Agency Name and Address: Capitol Asset & Pavement Services, PO Box 7840 Salem, OR 97303

Contact Person: Joel Conder Phone No: 503-884-6663 Email: jconder@capitolasset.net

Amount of Contract/Grant Award: $ 29,900

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

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

End Date: 12/31/26 (if known)

County Department and Employee Responsible for Performance: Road Department, Roadmaster

Description: Pavement Condition Survey County Maintained Roads

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 _____
☐ 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: _____

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: 8/18/26**

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 is paid for by Oregon Dept. of State Lands for patrol of the Elliott State Research Forest, and the remaining the cost for a full-time patrol deputy is split on (Exhibit A) by the number of acres owned by each of the following subscribers of the services. **Mahaffy Tree Farm, Inc and Coquille Indian Tribe.**

Funding Source: 342.01-01

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

Date: 8/10/26 Signature of Dept. Head: _____ (D. MEDC)

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 _____

3J

CONTRACT / GRANT SUMMARY FORM

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

Name/Agency Name and Address: Coquille Indian Tribe, 3050 Tremont Ave., North Bend OR 97459

Contact Person: Robin Harkins Phone No: 541-756-0904 Email: robinharkins@coquilletribe.org

Amount of Contract/Grant Award: $ 1,592.61

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: Mahaffy Tree Farm Inc., 97356 Hwy 241, Coos Bay OR 97420

Contact Person: Ryan Mahaffy Phone No: 541-404-8400 Email: rymahaffy@gmail.com

Amount of Contract/Grant Award: $ 422.78

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
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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: _____

BOC only:
Consent Agenda _____

Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Updating computers – Criminal

Department: Sheriff's Office **Requested Agenda Date: 08/18/2026**

Contact Person: Gabe Fabrizio **Phone/Ext.**: 7827

Background and description of need or problem: At the last Board Work Session, the Board approved the quote to purchase 8 new Surface Pros, covers, keyboards etc. based on Quote#1CKPF8B in the amount of $24,414.48. Unfortunately, the surface pros specified on that quote are no longer available from CDWG. IT has generated a new quote that includes the closest model to what was on the previous quote but there are only 29 in stock. The new quote comes out to $25,204.80.

Funding Source: 001-1600-442.22-23 <$5,000 Info Technology

Requested Action: BOC approval to purchase.

Date: 8/10/26 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.

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?

County Counsel _____

Treasurer _____

Human Resources _____

Revised 5/18/15

3K

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

Hardware Software Services IT Solutions Brands Research Hub

QUOTE CONFIRMATION New

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.

SUSIE HEDRICK,

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
1CKT8TR	8/7/2026	SO-8SURFACEPROS-NEW	7296981	$25,204.80

QUOTE DETAILS

ITEM	QTY	CDW#	UNIT PRICE	EXT. PRICE
Microsoft Surface Pro Keyboard - keyboard - with trackpad, accelerometer, S Mfg. Part#: 8X8-00141 Contract: Sourcewell 121923-CDWG Tech Catalog GOV ONLY (121923)	8	7866711	$212.40	$1,699.20
UAG Rugged Case for Surface Pro 11 10 9 - Metropolis SE(Antimicrobial) - Bl Mfg. Part#: 324015B14040 Contract: Oregon IT Hardware VAR Contract GOV ONLY (5603)	8	7212391	$49.88	$399.04
Microsoft Complete for Business Plus - extended service agreement - 4 years Mfg. Part#: ZWM-00034 Electronic distribution - NO MEDIA Contract: Oregon IT Hardware VAR Contract GOV ONLY (5603)	8	7859134	$353.44	$2,827.52
Microsoft Surface Pro 2-in-1 Laptop for Business - 13" - Copilot - Core Ult Mfg. Part#: EP2-55174 Contract: Sourcewell 121923-CDWG Tech Catalog GOV ONLY (121923)	8	9139675	$2,534.88	$20,279.04

BOC only:
Consent Agenda _____

Regular Agenda _____

AGENDA COVERSHEET

Agenda Item Title: Request Approval to pay CIS Albert SM Appliance Primary Sensor

Department: Information Technology **Requested Agenda Date: 8/18/2026**

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

Background and description of need or problem: We are requesting approval to pay for a 1-year maintenance agreement with CIS Albert SM Appliance Primary Sensor. This is a maintenance agreement for network security. The Oregon Secretary of State has been paying for the Albert Sensor Intrusion Detection System but have recently announced that due to budget cuts they will no longer fund the service. The Albert Sensor System detects malicious and unusual traffic; alerts are sent to the MS-ISAC Security Operations Center and are monitored 24 x 7. The SOC will contact our office immediately if a medium risk or above alert is sent. This is an important component of our security strategy, and I recommend that we continue to use it.

Funding Source: 001-4002-419.35-01 Maintenance Agreement - $13,560.00
Authorize IT Director to Sign

Requested Action: Approve the purchase of CIS Albert SM Primary Sensor for $13,560.00

Date: 8/18/2026 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: NS

BOC forwards signed Contract/Grant to:
Commissioners Initials to Place on Agenda ONLY: _____

Rev. 3/10/11

3L

Center for Internet Security, Inc.
1712 Route 9, Suite 102
Clifton Park, New York 12065
United States

ORDER for Coos County
Order: SO-260731-0091565
Created Date: 7/31/2026
Valid Through: 11/28/2026
Prepared by: Jenn Moten
Phone: (518) 516-3066
jenn.moten@cisecurity.org

Order

Address Information

Bill To:
Coos County
250 North Baxter Street
Conquille, Oregon 97423
United States

Buying Contact: Daris Bouthillier
Buying Email: dbouthillier@co.coos.or.us

Ship To:
Coos County
250 North Baxter Street
Conquille, Oregon 97423
United States

Shipping Contact: Daris Bouthillier
Shipping Email: dbouthillier@co.coos.or.us

Related Information

Currency: USD

Billing Frequency: One-Time

Service Lines

Product/Service	Product Code	Date	Qty	Term	List Price	Sales Price	NET
CIS Albert SM Appliance Primary Sensor	CIS-ALB-SM-APP-PR-M-A	10/21/2026 - 10/20/2027	1	12 Mon	$1,130.00	$1,130.00	$13,560.00

List Price Total:	$13,560.00
Sales Price Total:	$13,560.00
Net Amount:	$13,560.00
Balance Due Amount:	**$13,560.00**

Comments

For More information on Albert: https://www.cisecurity.org/services/albert-network-monitoring

Standard Terms

Please note that if the purchase(s) listed above are related to a new product/service, the Date(s) are determined based upon both the order being approved and all pre service requirements met. If the purchase(s) listed above are for a renewing product/service, the Date(s) reflect the actual term.

The fees are listed in USD and do not include any taxes (including but not limited to VAT or withholding taxes) or fees to be collected by a taxing jurisdiction, financial institution or payment processor incidental to the payment of the Balance Due Amount. If Customer is located in a country with applicable VAT/Withholding taxes, Customer is required to declare and make the VAT/Withholding payment. Once Customer makes the required VAT/Withholding payment, a copy of the receipt will be provided to CIS for our records.

Your acceptance of this Order shall constitute your intent to proceed with the purchase of the product or service listed above.

Customer: Coos County

Signature _____

Name _____

Title _____

Date _____