

AGENDA

COOS COUNTY BOARD OF COMMISSIONERS

Owen Building Large Conference Room, 201 N. Adams, Coquille
or Virtually at <https://meet.goto.com/865921461>
July 7, 2026

1. 9:30 AM PUBLIC SESSION/PLEDGE OF ALLEGIANCE/MOMENT OF SILENCE

2. DEPARTMENT HEADS

- A. Request Approval of Amendment #10 to IGA 185806 & Authorize Dr. Lynch to Sign- Coos Health & Wellness (CHW)
- B. Request Approval of Revised Job Description for Integrated Care Manager- CHW
- C. Request Approval to Hire Andrea Benach at Step 3- CHW
- D. Request Approval to Hire Zakary Shrock at Step 3- CHW
- E. Request Approval to Declare Equipment as Surplus & Approve Disposal- Road
- F. Request Approval of Reclassification of CVA Employees- District Attorney
- G. Request Approval of TOPS Agreement with Weyerhaeuser- Sheriff
- H. Request Approval of Modification #4 to Agreement 20-LE11061200-003 with USDA/Siuslaw National Forest- Sheriff
- I. Request Approval of Resolution Making an Additional Appropriation- Sheriff
- J. Request Approval of Amendment #4 to Contract with Cardinal Services- HR
- K. Request Approval of Collective Bargaining Agreement with CADS- Counsel
- L. Request Approval to Pay Dues to South Coast Development Council (SCDC)- BOC
- M. Request Approval to Pay Dues to Association of O&C Counties (AOCC)- BOC

3. LIBRARY SERVICE DISTRICT GOVERNING BODY

- A, Request Approval of Contract for Services for FY 2026/27

4. CONSENT CALENDAR- administrative matters not up for discussion

A. Approval of Minutes

- i. Worksession- Interview Process for CHW Director Position- June 8, 2026
- ii. Worksession- Selection of CHW Director Interviewees- June 8, 2026
- iii. Worksession- Interviews for Library Board Position- June 15, 2026
- iv. Regular Meeting Minutes- June 16, 2026
- v. Worksession- Charleston TLT Revenue- June 17, 2026
- vi. Worksession- Fairview Timber Property Purchase- June 24, 2026
- vii. Worksession- Next Steps for CHW Director Position- June 25, 2026

B. Orders & Resolutions

- i. Resolution 26-06-090P, In the Matter of Granting Salary Merit Step Increases for Various Employees Retroactive to May 1, 2026
- ii. Resolution 26-06-091P, In the Matter of Granting Salary Merit Step Increases for Various Employees Retroactive to June 1, 2026
- iii. Resolution 26-06-092P, In the Matter of Granting Salary Merit Step Increases for Various Employees Effective July 1, 2026
- iv. Resolution 26-06-093P, In the Matter of Granting Salary Merit Step Increases for Various Employees Effective July 1, 2026
- v. Resolution 26-06-094P, In the Matter of Granting Salary Merit Step Increases for Various CADS Employees Effective July 1, 2026
- vi. Resolution 26-06-095P, In the Matter of Granting a Longevity Salary Increase for Kristy Harvey Effective July 1, 2026
- vii. Resolution 26-06-096P, In the Matter of Ratifying Budget Personnel Changes Adopted in the 2026/2027 FY Budget Including Line Item Split Changes on the Coos County Payroll Effective July 1, 2026

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

- i. Contract with Trisha GeDeros- CHW- clinical supervision of employees obtaining licensure
- ii. Sign On Bonus Agreement- CHW- Sonny Goodnature
- iii. Contract Amendment #6 with Columbia Care- CHW- revised compensation structure

- iv. Contract Amendment #3 with Lines for Life- CHW- telephone crisis intervention & triage for clients
- v. Contract with Roto Rooter- Maintenance- sewer line repair
- vi. Contract Amendment with VPC, Inc.- Community Corrections- lease for office space
- vii. Contract Renewal with Bay Area Copier- IT- copier & printer maintenance

5. LATE AGENDA ITEMS

6. COMMISSIONERS REPORTS

7. CITIZEN COMMENTS

BOC only:
Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Tenth amendment to Intergovernmental Agreement #185806 with Oregon Health Authority

Department: Coos Health & Wellness

Requested Agenda Date: 7/7/2026

Contact Person: Dr. Tim Lynch

Phone/Ext.: 541-266-6700

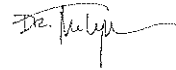
Background and description of need or problem: IGA 185806-10 fully amends and restates financing public health services 2025-2027 agreement awarding \$1,613,101.47.

Funding Source:

Requested Action: Board to approve tenth amendment to Intergovernmental Agreement #185806 with Oregon Health Authority and authorize Interim Director, Tim Lynch, to sign.

Date: 6/25/2026

Signature of Interim Director: _____



Digitally signed by Dr. Timothy Lynch
Date: 2026.06.25 08:53:55 -07'00'

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

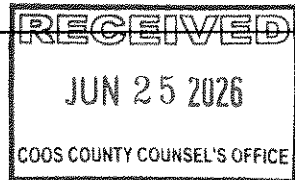
If this is a Contract or Grant:

- 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? Patricia Crawford

County Counsel g _____

Treasurer MS _____

Human Resources _____



CONTRACT / GRANT SUMMARY FORM

Clerk's CJ No.: _____ (complete after filing) Contract/Agreement/Grant No.: 185806-10(if applicable)

Name/Agency Name and Address: Oregon Health Authority, 635 Capitol St NE, STE 350, Salem, OR 97301

Contact Person: Tammy Hurst Phone No: 971-208-4108 Email: tammy.hurst@odhsoha.oregon.gov

Amount of Contract/Grant Award: \$ 3,554,420.83 (increase \$1,613,101.47)

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

Effective Date: 7/1/2026 Start Date: 7/1/2025 (if different from effective date, i.e. retroactive / prospective date)

End Date: 6/30/2027 (if known)

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

Description: IGA 185806-10 amends and restates financing public health services 2025-2027 agreement awarding one million, six hundred thirteen thousand, one hundred one dollars and forty-seven cents (\$1,613,101.47).

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
	VARIOUS		

*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 CFDA number, each segment must have its own summary form.

- New Renewal Modification
- Previous Amount: \$ Original Amount: \$ 1,596,278.25
- Previous Date: Original Date: 7/1/2025

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: et

BOC only:
Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Approval of Revised Job Description.

Department: Coos Health & Wellness **Requested Agenda Date:** 7/7/2026

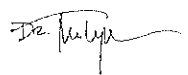
Contact Person: Dr. Timothy Lynch **Phone/Ext.:** 541-266-6700

Background and description of need or problem: As a result of organizational restructuring at CHW due to the elimination of the Deputy Director position, the Integrated Care Manager (formerly Front Desk Manager/Integrated Care Manager) has assumed additional supervisory and operational duties. The current job description has been revised to accurately reflect the scope of work and responsibilities now assigned to this position. Request Board Approval of the updated non-union job description.

Funding Source: N/A

Requested Action: Approve the revised/updated non-union Integrated Care Manager job description to reflect the position's scope of work and responsibilities.

Date: 6/17/2026

Signature of Dept. Head:  Digitally signed by Dr. Timothy Lynch
Date: 2026.06.17 16:32:56 -07'00'

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

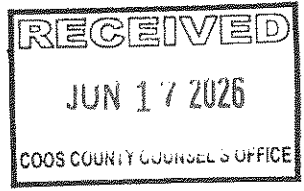
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County Counsel CT

Treasurer MS

Human Resources CR



2B

JOB DESCRIPTION

Revision Approval Date: July 7, 2026

1.	Classification Title: Integrated Care Manager
2.	Working Title: Integrated Care Manager
3.	Department: Coos Health & Wellness
4.	Pay Grade: 793 Position Is: Full Time <input checked="" type="checkbox"/> Part Time <input type="checkbox"/> Extra Help <input type="checkbox"/> Seasonal <input type="checkbox"/> Other _____ Excluded from Bargaining Unit? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Eligible for Overtime? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
5.	What is the purpose of this position? The Integrated Care Manager serves as a key member of a behavioral health and physical health collaborative care team, coordinating services among primary care providers, psychiatrists, case managers, and other healthcare staff. This role focuses on managing high-cost, high-needs clients with complex conditions who are not progressing as expected.
6.	Essential functions of position. (Reason position exists is to perform these functions.) Duties that must be performed to accomplish the purpose of the position include, but are not limited to: <ul style="list-style-type: none">• Oversee a team of Care Assistants who carry a short-term caseload comprised of individuals who are frequent utilizers of inpatient and emergency department settings, and others with more complicated care needs as determined by the treating Licensed Medical Provider and Primary Care Provider.• Responsible for managing staff providing front desk, scheduling, medical/vital records, healthcare outreach and subpoena processing services, including management and maintenance of medical and vital records for Coos Health & Wellness.• Oversee systems for prioritizing high risk patients through E.H.R. referrals.• Ensures support staff and processes comply with department, county, and bargaining unit policies; contract requirements; state and federal regulations; and HIPAA privacy and security standards.• Oversee medication management referrals and waitlist processes to ensure timely access to services, appropriate scheduling, and coordination of care for clients requiring psychiatric medication management.• Participates in medication management, E.H.R., billing, and management meetings.• Works with State program managers to ensure compliance with grant requirements for healthcare coordination.• Ensure grant reporting and data collection efforts are completed.• Tracks member follow-up, gaps in care and clinical outcomes using the EHR registry and other population health tools. Ensures client care with case management and medication coordinator.• Oversee collaboration between the Care Assistants and assigned primary case managers for the facilitation of treatment plan changes for members who are not improving as expected in consultation with the Integrated Care Team. Works with the assigned primary case manager to implement treatment plan changes and updates.• Follow department and county safety procedures, emergency response protocols, and incident reporting requirements.• Notify appropriate supervisory, clinical, crisis response, emergency responders when situations

DESCRIPTION OF POSITION

Revision Date: 06/16/2026

involving disruptive behavior, safety concerns, or behavioral health crises arise.

- Provide guidance to front desk and support staff regarding department procedures for responding to disruptive individuals, emergencies, and facility safety concerns.
- Assist in maintaining a safe work environment by reporting safety concerns, unauthorized access, or unusual activity to appropriate personnel. The employee is not expected to provide security services, physical intervention, or clinical crisis intervention unless specifically trained and authorized to do so.

7. List the minor duties assigned to this position.

- Maintain company's productivity and quality measures.
- Complete all required documentation in a timely manner consistent with company guidelines.
- Manage and complete assigned work tasks by deadlines.
- Demonstrate dependability, reliability, and professionalism.
- Maintain professional relationships and appropriate boundaries with participants, service providers, and internal and external customers.
- Maintain cooperative and effective workplace relations with members of the patient centered treatment team.
- Comply with required workplace safety standards
- Comply with company's incident reporting procedures.
- Participate in regular staff meetings, required training programs, clinical supervision, etc.
- Maintain confidentiality and adhere to HIPAA rules at all times.
- Other duties as assigned.

8. Supervision

- This position is supervised by the Finance and Operations Director of Coos Health & Wellness.
- This position supervises internal Integrated Care Team, Front Desk, Records and Healthcare Outreach Staff.

9. Working conditions of position.

Position is located at Coos Health & Wellness, in an office setting. Hours are Monday through Friday from 8:00 am to 5:00 pm. Occasional travel may be required for training. Position may require some stooping, bending, and lifting of files (up to 20 pounds.)

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

- Four years of progressively responsible experience in healthcare support services, medical office operations, behavioral health services, care coordination, public health, or a related field; or an equivalent combination of education, training, and experience.
- At least two years of supervisory experience required, preferably in a healthcare, behavioral health, public health, or human services setting.
- Experience in mental health, behavioral health, or integrated healthcare services preferred.
- Must be capable of working in a Windows environment. Must be able to learn/utilize computer medical record system, including use of newer office technologies.
- Must have good time-management skills; ability to prioritize tasks and work in a fast-paced environment; and good clinical writing/composition skills. Must have ability to prepare concise and complete reports and patient records. Must have good communication skills.
- Regular and consistent attendance is required. Must be able to maintain appropriate boundaries in client interactions.

DESCRIPTION OF POSITION

Revision Date: 06/16/2026

	<ul style="list-style-type: none">• 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.• Bi-lingual a plus.
11.	Is operation of motor vehicle required? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
12.	List equipment, tools, machines used in performance of duties. Computer, printer, postage machine, multi-line phone, copy machine, fax machine.

BOC only:
Consent Agenda _____
Regular Agenda _____

**AGENDA ITEM COVERSHEET
REQUEST TO START NEW HIRE ABOVE STEP 2**

Department: Coos Health & Wellness **Requested Agenda Date:** July 7, 2026

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

Name of New Hire: Andrea Benach **Hire Date:** August 3, 2026

Proposed Paygrade: 456 **Proposed Step:** 3

Starting Salary: \$7267

Please explain in detail reason to hire above Step 2. Request Board of Commissioners approve step 3 hire for Andrea Benach as a Mental Health Specialist II with the AIS team. Andrea is an independently licensed therapist with nearly 6 years of experience. She is a trauma trained clinician, including leadership experience and EMDR/Somatization counseling.

Based on the above, we believe step 3 is appropriate.

Funding Source: 021-1302-441.10-01

Requested Action: Board of Commissioner approval to start new hire, Andrea Benach, at Step 3 of Paygrade 456 for the position of Mental Health Specialist II.

The Board of Commissioners will make a determination based on the following bona-fide factors:

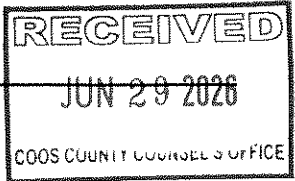
- Education (substantive knowledge acquired through relevant coursework, as well as any completed certificated or degree)
- Training (on the job training acquired in current or past positions or through formal training program);
- Experience (must be relevant experience)
- Travel (if travel is necessary and regular for the employee)
- Workplace location (if different from regular workplace location)
- Any combination of the above

Date: _____ **Signature of Dept. Head:** Dr. Timothy Lynch

Departments Affected: _____

COUNSEL: CT

TREASURER: MS



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BOC only:
Consent Agenda _____
Regular Agenda _____

**AGENDA ITEM COVERSHEET
REQUEST TO START NEW HIRE ABOVE STEP 2**

Department: Coos Health & Wellness **Requested Agenda Date:** July 7, 2026

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

Name of New Hire: Zakary Shrock **Hire Date:** July 20, 2026

Proposed Paygrade: 456 **Proposed Step:** 3

Starting Salary: \$7267

Please explain in detail reason to hire above Step 2. Request Board of Commissioners approve step 3 hire for Zakary Shrock as a Mental Health Specialist II with the AIS team. Zakary is an independently licensed therapist with nearly 9 years of experience. He graduated Magna Cum Laude with a Master of Science in Counseling. He is also an Air Force veteran with leadership experience.

Based on the above, we believe step 3 is appropriate.

Funding Source: 021-1302-441.10-01

Requested Action: Board of Commissioner approval to start new hire, Zakary Shrock, at Step 3 of Paygrade 456 for the position of Mental Health Specialist II.

The Board of Commissioners will make a determination based on the following bona-fide factors:

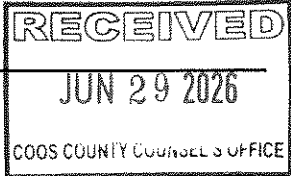
- Education (substantive knowledge acquired through relevant coursework, as well as any completed certificated or degree)
- Training (on the job training acquired in current or past positions or through formal training program);
- Experience (must be relevant experience)
- Travel (if travel is necessary and regular for the employee)
- Workplace location (if different from regular workplace location)
- Any combination of the above

Date: _____ **Signature of Dept. Head:** Dr. Timothy Lynch

Departments Affected:

COUNSEL: CT

TREASURER: MS



JD

BOC only:
Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Requesting BOC approval to dispose of surplus property.

Department: Road

Requested Agenda Date: 7/7
6/29/26

Contact Person: Paul Slater

Phone/Ext.: 7664

Background and description of need or problem: Below is a list of surplus property that is no longer needed:

1. 2009 Ford F-250 (Vehicle #242)
2. 2002 Chevy Pickup (Vehicle #249)
3. 2007 Chevy 1500 4x4 (Vehicle #259)
4. Backpack Blower
5. Auger
6. Chainsaws
7. Grinder
8. Genset

Funding Source: N/A

Requested Action: Requesting BOC approval to dispose of the above list of surplus property.

Date: 6/17/26

Signature of Dept. Head:

Jessica Johnson For 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.

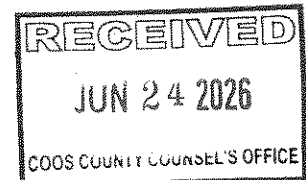
If this is a contract or grant:

- 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 Coversheet attached or do you want it returned to you for filing?

County Counsel CT

Treasurer NS

Human Resources _____



JE

BOC only:
 Consent Agenda _____
 Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Approval of Reclass – CVA Department.

Department: DA's office **Requested Agenda Date:** 7/7/2026

Contact Person: Jody Newby **Phone/Ext.:** 541-396-7550

Background and description of need or problem: On June 5, 2026 the Board of Commissioners met in a work session to discuss the Crime Victim's Assistant position. The Board approved a reclassification of the Crime Victim Assistant position from paygrade 766 to newly updated paygrade 742 as follows:

Step 1	Step 2	Step 3	Step 4	Step 5	Step 6
3,734	3,883	4,038	4,200	4,368	4,542
\$ 21.5423	\$ 22.4020	\$23.2981	\$ 24.2300	\$ 25.1992	\$ 26.2072

This change will be effective in the new fiscal year 2026-2027, effective July 1, 2026, and are reflective of the Non-Union two percent COLA increase for all Non-Union wages.

Funding Source: 014-7001-412.10-01

Requested Action: Request Board approve paygrade 742 as shown above, and approve reclass of the Crime Victim's Assistant position to paygrade 742, effective July 1, 2026. Also request Board approve and sign payroll resolution 26-06-089P for the two CVA employees affected by this change.

Date: 6/12/2026 Signature of Dept. Head: *[Handwritten Signature]*

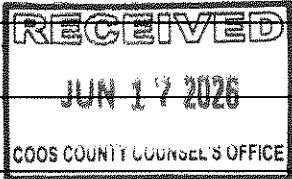
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County Counsel *CT*

Treasurer *MS*

Human Resources *CU*



2F

BOARD OF COMMISSIONERS
COUNTY OF COOS/STATE OF OREGON

In the Matter of Reclassifying) RESOLUTION
The Crime Victim Assistant Position) 26-06-089 P
To Paygrade 742, Effective July 1,)
2026)

THIS MATTER HAVING COME BEFORE the Board of Commissioners at a regular meeting held July 7, 2026; and

WHEREAS, on June 5, 2026 during a work session meeting, the Board of Commissioners approved a reclassification of the Crime Victim Assistant position from paygrade 766 to paygrade 742, effective July 1, 2026;

THEREFORE, BE IT RESOLVED that the following employees under the title Crime Victim Assistant will be reclassified effective July 1, 2026 as follows:

<u>EMPLOYEE</u>	<u>CLASSIFICATION</u>	<u>GRADE</u>	<u>RGE.</u>	<u>STEP</u>	<u>AMOUNT</u>
<u>CRIME VICTIM OFFICE - 014-7001-412.10-01</u>					
Fabrizio, Chancy	Crime Victim Assistant	742	--	2	\$3,883
Rucas, Shannon	Crime Victim Assistant	742	--	6+3%	\$4,678

BE IT FURTHER RESOLVED that their anniversary dates shall be amended to July 1st each year.

DATED THIS _____ day of _____, 2026.

BOARD OF COMMISSIONERS

Commissioner

Commissioner

Commissioner

BOC only:
Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Timber and Operation Patrol Services

Department: Sheriff's Office **Requested Agenda Date:** 7/07/2026

Contact Person: Sergeant Matt Smith **Phone/Ext.:** 7812

Background and description of need or problem: Fifth year Weyerhaeuser timber patrol renewal contract. Attached is the year two cost of a fulltime Timber Patrol Deputy, Overtime, and Fuel, which is \$150,328.00 for the fiscal year 2026-2027.

Funding Source: 342.01-04

Requested Action: Board Approval and sign the attached Contract and Agreement

Date: 6/9/26 Signature of Dept. Head: *Huber*

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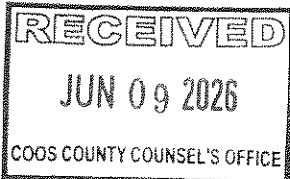
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- Is the Clerk's Filing Coversheet attached?
- Do you want this returned to you for filing?

County Counsel *CT*

Treasurer *MS*

Human Resources _____



26

CONTRACT / GRANT SUMMARY FORM

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

Name/Agency Name and Address: Wyerhaeuser, 63459 Oliver Barber Road, Coos Bay OR 97420

Contact Person: Chissy Brammer Phone No: 541-988-7535 Email: chrissy.brammer@Weyerhaeuser.com

Amount of Contract/Grant Award: \$ 150,328.00

Payment Terms: Invoiced Monthly (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: 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 CFDA number, each segment must have its own summary form.

New

Renewal

Modification

Previous Amount: \$ 215,360.00

Original Amount: \$

Previous Date: 7/1/25

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: U.S. Dept. of Agriculture, Siuslaw National Forest, Agreement

Department: Sheriff's Office-Dunes

Requested Agenda Date: 7/7/26

Contact Person: Sgt. Matt Smith

Phone/Ext.: 7812

Background and description of need or problem: This is a Cooperative Law Enforcement Agreement No. 20-LE-11061200-003 mod 4. This Agreement is for Siskiyou and Siuslaw in the amount of \$28,600.00.

Funding Source: 331.02-02 USDA-Forest Service, Siuslaw National Forest

Requested Action: Board review, approve and have Sheriff's and Board sign.

Date: 6/18/26

Signature of Dept. Head: *Hahn*

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

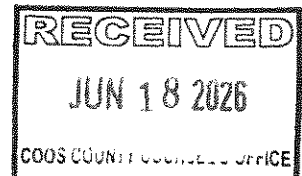
If this is a Contract or Grant:

- 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 _____



2H

CONTRACT / GRANT SUMMARY FORM

Clerk's CJ No.: _____ (complete after filing)

Contract/Agreement/Grant No.: 20-LE-11061200-003-

MOD 4 (if applicable)

Name/Agency Name and Address: USDA, Forest Service, Siuslaw National Forest

Contact Person: Marc Gray -Patrol Captain

Phone No: 541-618-2151

Email: marc.gray@usda.gov

Amount of Contract/Grant Award: \$ 28,600.00

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

Effective Date: 02/28/22 Start Date: _____ (if different from effective date, i.e. retroactive / prospective date)

End Date: 02/27/27 (if known)

County Department and Employee Responsible for Performance: Sargeant Matt Smith

Description: Patrol Services within Siuslaw National Forest

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%	10.xxx <u>10.704</u>

*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 CFDA number, each segment must have its own summary form.

New

Renewal

Modification

Previous Amount: \$

Original Amount: \$ 28,600.00

Previous Date:

Original Date: 2/28/22

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: Appropriate funds from sale of F250 to Reedsport PD to SO budget for moving expenses.

Department: Coos County Sheriff's Office **Requested Agenda Date:** July 7, 2026


Contact Person: Cpt. Sean Sanborn **Phone/Ext.:** 541-396-7874

Background and description of need or problem:

The sale for a Ford F250 to the City of Reedsport Police Department in the sum of \$18,000 was approved by the board on June 29, 2026. The Coos County Sheriff's Office is requesting that appropriations in that amount be placed into line item 421.21-01 "Minor Repairs and Maintenance" in order to pay for moving expenses and necessary construction changes which need to be made for the space.

Funding Source: N/A

Requested Action: Approve resolution 26-07-098B appropriating the amount of \$18,000 into Coos County Sheriff's Office line item 421.21-01.

Date: June 24, 2026 Signature of Criminal Division Commander: 

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

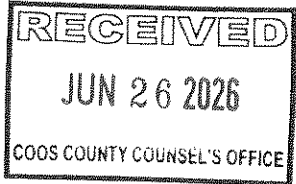
If this is a contract or grant:

- 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 CT

Treasurer MS

Human Resources _____



21

1 BOARD OF COMMISSIONERS
2 COUNTY OF COOS
3 STATE OF OREGON

4 In the Matter of Making an Additional) RESOLUTION
5 Appropriation in the Amount of \$18,000) 26-07-098B
6 Within the General Fund)

7 THIS MATTER HAVING COME BEFORE the Board of Commissioners at a meeting
8 held July 7, 2026, and whereas the General Fund has received funds from the sale of a vehicle
9 in the amount of Eighteen Thousand Dollars (\$18,000); and

10 WHEREAS, the above stated amount was not expected, an unforeseen occurrence;
11 and

12 WHEREAS, the above stated amount should be appropriated according to O.R.S.
13 294.338(3);

14 NOW, THEREFORE, BE IT RESOLVED that the amount of Eighteen Thousand Dollars
15 (\$18,000) be appropriated as follows:

16 001 GENERAL FUND
17 Resources

18 391.01-01 Sale of Assets	\$18,000
19 Expenditures	
20 1600 Criminal Division	
21 Materials & Services	
22 421.21-01 Minor Repair & Maintenance	\$18,000

23 DATED THIS _____ day of July 2026.

24 BOARD OF COMMISSIONERS

25 _____
26 Commissioner Commissioner Commissioner

27 Prepared by:

28 
Budget Office

BOC only:
Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Contract with Cardinal Services.

Department: Human Resources **Requested Agenda Date:** 7/7/2026

Contact Person: Caroline Morgan **Phone/Ext.:** 541-396-7580

Background and description of need or problem: The Contract with Cardinal Services Inc. has an automatic renewal date of July 1, 2026. Cardinal has indicated they wish to adjust the rates for class codes 7842, 8810, and 8832, as outlined in Exhibit 1.

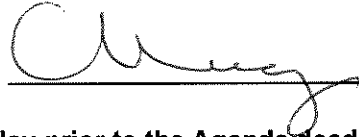
Request Board of Commissioners approve and sign 4th Contract Amendment with Cardinal Services, Inc. for temporary staffing services, effective July 1, 2026.

Funding Source: N/A

Requested Action: Board to approve and sign Contract Amendment with Cardinal Services, Inc. for temporary staffing services.

Date: 6/23/2026

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.

If this is a contract or grant:

- Is the contract or grant an original?
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- Is the contract signed first by the vendor (except state/federal grants or contracts)?
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- Is the Clerk's Coversheet attached or do you want it returned to you for filing?

County Counsel CT _____

Treasurer NS _____

Human Resources CM _____



BOC only:
Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Approval of Collective Bargaining Agreement – CADS

Department: County Counsel **Requested Agenda Date:** 7/7/2026

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

Background and description of need or problem: The current Collective Bargaining Agreement (MOU) with the Coos Association of Deputy Sheriff's will expire on June 30, 2026. Request Board approve and sign the new Collective Bargaining Agreement with CADS for July 1, 2026 through June 30, 2029.

Funding Source: N/A

Requested Action: Request Board approve and sign Collective Bargaining Agreement with CADS dated July 1, 2026 - June 30, 2029.

Date: 6/9/2026 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.

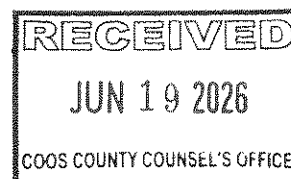
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- If insurance is required, is the insurance certificate attached?
- Is the Clerk's Coversheet attached or do you want it returned to you for filing?

County Counsel CT _____

Treasurer MS _____

Human Resources CM _____



JK

BOC only
Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Payment of SCDC due

Department: BOC

Requested Agenda Date: 7/7/26

Contact Person: Drew Farmer

Phone/Ext.: 7540

Background and description of need or problem: annual dues to the South Coast Development Council

Funding Source: 023-4001-465.30-16 (economic development)

Requested Action: approve payment of SCDC dues in the amount of ~~\$12,025~~ 12,000

Date: 6/17/26

Signature of Dept. Head: *B. Brown*
designee

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:

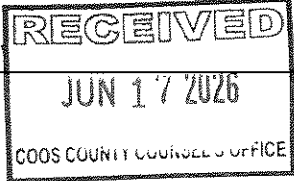
- Is the contract or grant an original?
- Is the Contract/Grant Summary Form attached?
- Is the Contract signed first by the vendor (except state/federal grants or contracts)?
- If Insurance is required, Is the Insurance Certificate attached?
- Is the Clerk's Filing Coversheet attached?
- Do you want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

Counsel *CT*

Treasurer *MS - invoice is for 12,000 not 12,025*

we pay this w/ a check, not a credit card

Human Resources _____



2L

South Coast Development Council, Inc.

Invoice

PO Box 3623
Coos Bay, OR 97420
5418087774
administration@scdcinc.org
www.scdcinc.org



BILL TO
Drew Farmer
Coos County
250 N Baxter St
Coquille, OR 97423

INVOICE #	DATE	TOTAL DUE	DUE DATE	ENCLOSED
1070	07/01/2026	\$12,000.00	08/15/2026	

DATE	DESCRIPTION	QTY	RATE	AMOUNT
	Visionary Membership	1	12,000.00	12,000.00
	Late fee	1	0.00	0.00
	FY 26/27 Membership Contributions			
	3% beginning on the 5th day after the due date			

Effective 7/1/2025 a 3% late fee will be applied to all unpaid balances each month, beginning on the 5th day after the due date

BALANCE DUE

\$12,000.00

Thank you for your commitment and dedication to economic development on Oregon's South Coast. Checks may be mailed to PO BOX 3623, Coos Bay, OR 97420

BOC only
Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Payment of AOCC due

Department: BOC

Requested Agenda Date: 7/7/26

Contact Person: Rod Taylor

Phone/Ext.: 7539

Background and description of need or problem: annual dues to the Association of O&C Counties

Funding Source: 023-4001-465.30-15 (economic development)

Requested Action: approve payment of AOCC dues in the amount of \$33,529.38

Date: _____ Signature of Dept. Head: *B. B. B. B.*
designee

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

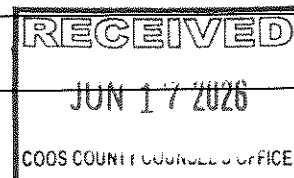
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- Is the Contract/Grant Summary Form attached?
- Is the Contract signed first by the vendor (except state/federal grants or contracts)?
- If Insurance is required, Is the Insurance Certificate attached?
- Is the Clerk's Filing Coversheet attached?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

County Counsel *CT* _____

Treasurer *MS* _____

Human Resources _____



JM

BOC only
Consent Agenda _____
Regular Agenda _____

LIBRARY SERVICES DISTRICT AGENDA ITEM COVERSHEET

Agenda Item Title: Service District: Contract for Library Services FY 2026-2027

Department: Counsel

Requested Agenda Date: 7/7/26

Contact Person: Colton Totland

Phone/Ext.: 7690

Background and description of need or problem: The Governing Body of the Coos County Library Service District needs to approve the contract for library services for July 1, 2026 through June 30, 2027. This contract provides for the distribution of the District's funds.

Funding Source: Coos County Library Service District

Requested Action: Approve and sign Contract for Library Services for FY 2026 - 2027.

Date: 6/18/2026

Signature of Dept. Head: Colton Totland

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?
- Do you want it returned to you for filing?

Departments Affected:

COUNSEL: CT

TREASURER: MS

HUMAN RESOURCES: _____

3A

CONTRACT / GRANT SUMMARY FORM

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

Name/Agency Name and Address: Coos County Library Service District and City of Coos Bay; City of Bandon; City of Coquille;

Dora Public Library; City of Lakeside; City of Myrtle Point; City of North Bend; City of Powers

Contact Person: Stacey Nix, ESO Administrator Phone No: 541-435-5004 Email: _____

Amount of Contract/Grant Award: \$ _____

Payment Terms: 846,808 to ^{ESO}City of Coos Bay, and Cities Pursuant to Formula (state lump sum or amount and time of payments)

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

End Date: June 30, 2027 (if known)

County Department and Employee Responsible for Performance: Coos County Library Service District

Description: Contract for Library Services FY2026-2027

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: _____