

A G E N D A
COOS COUNTY BOARD OF COMMISSIONERS
Owen Building Large Conference Room, 201 N. Adams, Coquille
or Virtually at <https://meet.goto.com/529197589>
July 2, 2024

1. **8:30 AM- EXECUTIVE SESSION under the authority of ORS 192.660, - in the small conference room. The public is excluded from this portion of the meeting**
 - A. (2)(d) Labor Negotiations
 - B. (2)(e) Real Property Transactions
 - C. (2)(h) Consultation with Counsel

2. **9:30 AM PUBLIC PORTION OF THE MEETING, BEGINNING WITH THE PLEDGE OF ALLEGIANCE/MOMENT OF SILENCE**

3. **PUBLIC HEARINGS**
 - A. Amending Article Five, Division Two of the Coos County Code
 - B. Supplemental Budget Adoption & Making Appropriations

4. **DEPARTMENT HEADS**
 - A. Request Approval of Resolution Dissolving the County Forest Reserve Fund- Finance

 - B. Request Approval of Amendment #9 to IGA #18006 with Oregon Health Authority & Authorize Mike Rowley to Sign- Coos Health & Wellness (CHW)

 - C. Request Approval of Grant Agreement with Ford Family Foundation & Authorize Mike Rowley to DocuSign- CHW

 - D. Request Approval of IGA with North Bend Public Library & Authorize Mike Rowley to Sign- CHW

 - E. Request Ratification of Liaison Approval of Revised Job Description- CHW

 - F. Request Award of Beaver Hill Pit Roof Structure Replacement Architectural & Engineering Service Contract & Adopt Sole Source Findings- Solid Waste

 - G. Request Approval of TOPS Contract with Weyerhaeuser- Sheriff

 - H. Request Approval of Agreement for Patrol Services in Siuslaw & Siskiyou National Forests- Sheriff

 - I. Request Acceptance of Planning Assistance Grant Agreement & Authorize Chair to Sign- Planning

 - J. Discussion re: Draft Order 24-06-020L- County Counsel

 - K. Request Approval of PEG Broadcast Services Agreement- BOC

 - L. Discussion re: Mothballing Certain Parks- BOC

5. **CONSENT CALENDAR- administrative matters not up for discussion**
 - A. **Approval of Minutes**
Regular Meeting Minutes- June 4, 2024
Regular Meeting Minutes- June 18, 2024

 - B. **Orders & Resolutions**
Order 24-06-025C, In the Matter of Reappointing Joann Hansen to the Coos County Planning Commission
Order 24-06-026C, In the Matter of Reappointing Cassie Bouska to the Coos County Noxious Weed District Advisory Board

This agenda does not limit the ability of the Commissioners to consider additional subjects. The Board reserves the right to place a time limit on public testimony on any matter. The meeting place is handicapped accessible; if special accommodation is needed, please contact the office at least 24 prior to the meeting.

Resolution 24-06-106P, In the Matter of a Budget Split Change for IT Director Position Retroactive to June 1, 2024
Resolution 24-06-107P, In the Matter of Granting Salary Merit Step Increases for Various Employees Retroactive to May 1, 2024
Resolution 24-06-108P, In the Matter of Granting Salary Merit Step Increases for Various Employees Retroactive to June 1, 2024
Resolution 24-06-109P, In the Matter of Granting a Reclassification for McKenzie Davis Due to Certification Retroactive to June 1, 2024
Resolution 24-06-110P, In the Matter of Granting Salary Merit Step Increases for Various Employees Effective July 1, 2024
Resolution 24-06-111P, In the Matter of Filling a Vacant Position for Jared Young Effective July 1, 2024
Resolution 24-06-112P, In the Matter of Ratifying Budget Personnel Changes Adopted in the 2024-2025 FY Budget on the Coos County Payroll Effective July 1, 2024
Resolution 24-06-113P, In the Matter of Classifying and Placement of Various Employees on the Regular Coos County Payroll Effective Their Hire Date
Resolution 24-06-114P, In the Matter of Granting Salary Merit Step Increases for Various Employees Effective July 1, 2024

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

Contract with Kyle Electric- CHW- electrical upgrades at 2990 Broadway
2nd Amendment to IGA #02006 with OHA- CHW- reimbursement for liability insurance expenses
Contract Renewal with Bay Area Copiers- IT- copier & printer maintenance for various machines

6. **LATE AGENDA ITEMS**
7. **COMMISSIONERS REPORTS**
8. **CITIZEN COMMENTS- limited to 3 minutes per person**

BOC only:
Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Executive Session Requested

Department: Counsel

Requested Agenda Date: 07/02/2024

Contact Person: Colton Totland

Phone/Ext.: 7690

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

Funding Source: N/A

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

- **ORS 192.660(2)(d)** – To conduct deliberations with persons designated by the governing body to carry on labor negotiations.
- **ORS 192.660(2)(e)** – Conducting deliberations with persons designated by the governing body to negotiate real property transactions
- **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.

Date: 06/25/2024

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

1

BOC only:	
Consent Agenda	_____
Regular Agenda	_____

AGENDA ITEM COVERSHEET

Agenda Item Title: PUBLIC HEARING: Amending Article Five, Division Two of the Coos County Code

Department: County Counsel

Requested Agenda Date: 7/2/2024

Contact Person: Colton Totland

Phone/Ext.: 7690

Background and description of need or problem: This public hearing has been set for the purpose of revising Article 5, Division 2 of the Coos County Code. Ordinance 24-06-003L would amend the section of the Coos County Code Governing Dog Licenses and Tags to include the option to purchase a three (3) year license. The fee schedule that included the 3 year license was adopted by the bord of Commissioners at the December 5, 2023 Public Hearing.

Funding Source: N/A

Requested Action:

1. BOC to read ordinance 24-06-003L by title.
2. BOC to take public comment on the ordinance, if any.
3. BOC to announce that a second reading of the ordinance will take place before the ordinance is adopted.

Date: 6/3/2024

Signature of Dept. Head: Colton Totland

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- Do you want this returned to you for filing?

County Counsel CT

Treasurer MS

Human Resources _____

BOARD OF COMMISSIONERS

COUNTY OF COOS

STATE OF OREGON

In the Matter of Amending Coos)
County Code Article Five, Division) ORDINANCE 24-06-003L
Two - Licenses and Fees)

Now before the Coos County Board of Commissioners, sitting for the transaction of County business on the 18th day of June, 2024, is the matter of amending Coos County Code Article Five, Division Two - Licenses and Fees.

THE BOARD OF COMMISSIONERS for the County of Coos ordains as follows:

SECTION 1. TITLE

This ordinance shall be known as Ordinance 24-06-003L, an ordinance amending the Coos County Code.

SECTION 2. AUTHORITY

This Ordinance is enacted pursuant to ORS 203.035.

SECTION 3. PURPOSE

The purpose of this Ordinance is to amend Ordinance 91-01-002L, and all amendments thereto, which adopted the Coos County code, a compilation of the Ordinances of Coos County, by revising Article Five, Division Two - Licenses and Fees.

SECTION 4. ADOPTION

Exhibit "A", attached hereto and incorporated herein by this reference, is adopted as an amendment to the Coos County Code.

SECTION 5. REPEALER

Ordinance 91-01-002L, the ordinance which adopted the Coos County Code, and all amendments thereto, are hereby repealed to the extent they conflict with this Ordinance.

SECTION 6. SAVINGS CLAUSE

The amendment of the Coos County Code shall have no effect on existing litigation and shall have no effect on any action or proceeding pending on the date of adoption of this ordinance.

SECTION 7. SEVERANCE CLAUSE

If any section, subsection, provision, clause or paragraph of this Ordinance shall be adjudged or declared by any court of competent jurisdiction to be unconstitutional or invalid, such judgment shall not affect the validity of the remaining portions of this Ordinance; and it is hereby expressly declared that every other section, subsection, provision, clause or paragraph of this Ordinance

enacted, irrespective of the enactment or validity of the portion thereof declared to be unconstitutional or invalid, is valid.

SECTION 8. EMERGENCY CLAUSE

The amendments to the code set forth in Exhibit "A" serve to reflect the needs and realities of animal control and animal welfare issues by creating ordinances that are enforceable, reflective of community expectations, and a practical tool in our efforts to hold animal Owners accountable to reasonable standards of responsibility for their animals, while protecting all citizens and animals of the County. Article Five also references the Coos County Fee Schedule; the document that sets out the current fees. The fee schedule for the Animal Control Department that was adopted by the Board of Commissioners at the December 5, 2023 public hearing shall become effective July 2, 2024.

Therefore, an emergency is declared to exist, and the Board of Commissioners deems this Ordinance necessary for the general welfare in Coos County. Therefore, this ordinance shall be effective on July 2, 2024.

ADOPTED this _____ day of _____, 2024.

ATTEST

BOARD OF COMMISSIONERS

Recording Secretary

Chair

APPROVED AS TO FORM

Commissioner

Office of Legal Counsel

Commissioner

1st Reading: _____

2nd Reading: _____

Emergency Adoption: _____

Effective Date: _____

EXHIBIT A

DIVISION TWO – LICENSES AND FEES

SECTION 05.02.010 RESERVED

SECTION 05.02.020 DOG LICENSES AND TAGS

- (1) Dogs shall be licensed as provided for by ORS Chapter 609, except that the fees to be charged for licenses and tags shall be the fees established by this Division, rather than the suggested fees set out in Chapter 609. Before issuance of a license, the owner must present a Rabies Vaccination Certificate or written statement from a licensed veterinarian stating that a rabies vaccination would be detrimental to the dog's health.
- (2) A license tag issued to the dog shall be securely attached and visible on the dog for which it is issued.
- (3) Licenses shall be valid for a period of one (1) or three (3) years from the date of issuance-purchase, at the option of the owner/keeper, or until the expiration of the rabies immunity, rabies vaccine expiration date, whichever first occurs. A dog owner shall renew the dog license before it becomes delinquent for as long as he or she owns the dog.
- (4) If an identification tag is lost, the owner may obtain a duplicate identification tag upon satisfactory proof of loss and payment of the sum established in Section 05.02.050.
- (5) No license fee shall be required for any dog that is an Assistance Animal. A license shall be issued for such dog upon proper proof of rabies vaccination and upon filing of an affidavit by the person showing such dog to fall within this exemption. Such affidavit shall be filed with and subject to approval by the Licensing Officer.
- (6) Any person who fails to comply with any of subsections (1) through (5) commits a Class C violation. [18-04-003L]

SECTION 05.02.030 KENNEL LICENSE

- (1) Any person who is the Owner or Keeper of five (5) or more dogs over six (6) months of age may not operate a kennel without first obtaining a kennel license.
- (2) Any person who is the Owner or Keeper of a dog that has been classified as a dangerous dog is ineligible for a Kennel license.
- (3) Every person operating a kennel, whether commercial or non-commercial, shall procure a kennel license by paying to the licensing officer an annual license fee, as provided in Section 05.02.050. Before issuance of a kennel license, owners of commercial kennels must present prior proof of a Rabies Vaccination Certificate only for dogs owned by the license applicant at the time application for the license is made. Applicants for non-commercial licenses must present prior proof of a Rabies Vaccination Certificate for all

EXHIBIT A

- dogs
owned by the applicant.
- (4) Kennel licenses are in lieu of individual dog licenses and shall be valid for one (1) year from the date of issuance or until the expiration of the earliest rabies immunity, whichever occurs earlier. Dogs licensed under this section must at all times be confined to the kennel premises so as not to be at large. No dog that has been classified as a dangerous dog may be licensed under this section.
 - (5) A kennel operator, whether of a commercial or non-commercial kennel, shall renew the kennel license before the expiration of the license for as long as he or she operates the kennel.
 - (6) Any person who fails to comply with any of subsections (1) through (5) commits a Class B violation. [18-04-003L]
 - (7) A kennel license does not in any way exempt the holder from their responsibility of complying with any other provision of Coos County Code, zoning or permitting requirements, or other applicable law, unless specifically provided for by law.

SECTION 05.02.040

ANIMAL RESCUE ENTITY

- (1) Any Animal Rescue Entity operating, in whole or in part, in Coos County shall obtain a certificate of registration from the Licensing Officer prior to beginning operations.
- (2) The Animal Rescue Entity shall procure an Animal Rescue Entity certificate by paying to the Licensing Officer an annual license fee, as provided in Section 05.02.050.
- (3) An animal rescue entity may not transfer a certificate of registration issued under this section to another person without the written consent of the Licensing Officer.
- (4) Whenever a Coos County authorized representative is advised or has reason to believe that an animal rescue entity is operating without a certificate of registration, the representative may visit and conduct an on-site investigation of the premises of the suspected animal rescue entity. The purpose of the investigation is to determine whether the animal rescue entity is subject to the registration requirements of this section.
- (5) Animal Rescue Entity License applicants must comply with ORS 609.415 and ORS 609.420 and all other applicable regulations and law. An Animal Rescue Entity License does not in any way exempt the holder from their responsibility of complying with any other provision of Coos County Code, zoning or permitting requirements, or other applicable law, unless specifically provided for by law.
- (6) At any reasonable time, an authorized representative of Coos County, a law enforcement agency, or the United States Department of Agriculture may conduct an on-site investigation to determine whether the entity is in compliance with this section and Oregon law.

EXHIBIT A

- (7) Any person who fails to comply with any of subsections (1) through (6) commits a Class B violation. [18-04-003L]

SECTION 05.02.050 LICENSES AND OTHER FEES

- (1) A dog license fee and other fees shall be due and payable upon the issuance of the license or redemption of an impounded animal.
- (2) The County Clerk shall keep a record of each Dog, Kennel, and Animal Rescue Entity license issued under this Article.
- (3) For a specific fee amount, refer to the Coos County Fee Schedule.
- (4) In addition to any fees listed in the Coos County Fee Schedule, the following redemption fees may be applied:
 - (a) Actual cost of medical care fees, if required.
 - (b) Microchipping fees, if required.

BOC only:
Consent Agenda _____
Regular Agenda _____

**AGENDA ITEM COVERSHEET
PUBLIC HEARING**

Agenda Item Title: Supplemental Budget Hearing, Adoption, and Making Appropriations

Department: Finance

Requested Agenda Date: July 2, 2024

Contact Person: Megan Simms

Phone/Ext.: 7730

Background and description of need or problem: Due to the failure of our Public Safety Levy, it was necessary to do a Supplemental Budget. This incorporates everything the Board decided on in the worksession on June 20, 2024. I also included a change in the Economic Development Fund because a previously approved building purchase was not complete by June 30, 2024.

Funding Sources: Various

Requested Action: Hold public hearing to take public comment on the supplemental budget. After the hearing is closed: Approve Resolution 24-06-104B adopting the supplemental budget and making appropriations.

Date: 6/21/2024

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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County Counsel



Treasurer



Human Resources

1 BOARD OF COMMISSIONERS
2 COUNTY OF COOS
STATE OF OREGON

3 In the Matter of Adopting the)
Supplemental Budget and Making) RESOLUTION
4 Appropriations for Fiscal Year) 24-06-104B
2024-2025)

5 NOW BEFORE THE Board of Commissioners is the matter of adopting the supplemental budget
6 and making appropriations for fiscal year 2024-2025; and

7 WHEREAS, after public notice was duly published this Board held a public hearing on the 2nd day
of July, 2024, as required by O.R.S. 294.480; and

8 NOW, THEREFORE, BE IT RESOLVED that the Coos County Board of Commissioners hereby
9 adopts the supplemental budget, as adjusted by the Board of Commissioners, as authorized by law and
will be placed on file in the office of the Coos County Clerk;

10 BE IT FURTHER RESOLVED that the amounts for the fiscal year beginning July 1, 2024 and for
11 the purposes shown below are hereby appropriated as follows in Exhibit A.

12 BE IT FURTHER RESOLVED that the Budget Officer shall certify and file with the County Clerk a
13 copy of this supplemental budget as finally adopted;

14 DATED THIS _____ day of July 2024.

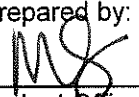
15 BOARD OF COMMISSIONERS

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17 _____
Commissioner

Commissioner

Commissioner

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19 Prepared by:

20 

Budget Officer

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Resolution 24-06-104B

EXHIBIT A

	<u>Original</u>	<u>Change</u>	<u>New</u>
GENERAL FUND			
Revenue			
Copies, Sales & Fees	1,010	3,800	4,810
O&C Land Grant	2,200,000	215,117	2,415,117
ODC-Community Corrections	-	628,883	628,883
Services to County Depts.	2,079,725	401,300	2,481,025
Work for Outside Agencies	385,117	12,000	397,117
Prisoners Commissary	-	45,000	45,000
Rents & Royalties	95,476	2,500	97,976
Sheriff Wellness Program	-	1,500	1,500
Transfer from County Forest Fund	3,364,219	1,507,400	4,871,619
Transfer from Community Corrections Fund	15,621	19,974	35,595
Transfer from Parks Fund	-	100,000	100,000
Expense			
Juvenile Department	996,847	(89,576)	907,271
Maintenance Department	917,965	(79,879)	838,086
Criminal Division	6,166,744	(534,283)	5,632,461
Jail Division	-	8,179,033	8,179,033
Finance/Tax/Treasurer Department	1,024,249	(33,079)	991,170
Board of Commissioners Department	541,415	(187,057)	354,358
Information Technology Division	783,288	(69,000)	714,288
Clerk Department	778,984	(12,000)	766,984
Prosecution Division	-	1,641,236	1,641,236
Miscellaneous/Non-Departmental			
Materials & Services	991,877	(9,000)	982,877
Transfers & Other	9,555,419	(5,868,921)	3,686,498
COUNTY PARKS FUND			
Expense			
Capital Outlay	941,170	(100,000)	841,170
Transfers & Other	250,089	100,000	350,089
SCINT FUND			
Expense			
Personnel Services	146,623	67,114	213,737
Capital Outlay	120,000	(67,114)	52,886
ECONOMIC DEVELOPMENT FUND			
Revenue			
Beginning Balance	327,200	422,800	750,000
Expense			
Economic Improvement Projects	93,000	(77,200)	15,800
Capital Outlay	-	500,000	500,000

Resolution 24-06-104B

EXHIBIT A

	<u>Original</u>	<u>Change</u>	<u>New</u>
PUBLIC SAFETY FUND			
Revenue			
Current Year Taxes	5,764,509	(5,764,509)	-
Copies, Sales & Fees	3,800	(3,800)	-
ODC-Community Corrections	628,883	(628,883)	-
Work for Outside Agencies	12,000	(12,000)	-
Prisoner Commissary	55,000	(55,000)	-
Rents & Royalties	2,500	(2,500)	-
Sheriff Wellness Program	1,500	(1,500)	-
Transfer from General Fund	5,413,822	(5,413,822)	-
Transfer from Community Corrections Fund	19,974	(19,974)	-
Expense			
Jail Division	9,661,783	(9,661,783)	-
Prosecution Division	2,240,205	(2,240,205)	-
COUNTY FOREST FUND			
Revenue			
Transfer from County Forest Reserve Fund	-	1,507,400	1,507,400
Expense			
Transfers & Other	14,357,444	1,507,400	15,864,844
COUNTY FOREST RESERVE FUND			
Revenue			
Beginning Balance	1,421,426	85,974	1,507,400
Interest Earnings	31,000	(31,000)	-
Rents & Royalties	149,102	(149,102)	-
Expense			
Capital Outlay	1,601,528	(1,601,528)	-
Transfers & Other	-	1,507,400	1,507,400

BOC only:
Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Resolution 24-06-105B Dissolving the County Forest Reserve Fund

Department: Finance

Requested Agenda Date: July 2, 2024

Contact Person: Megan Simms

Phone/Ext.: 7730

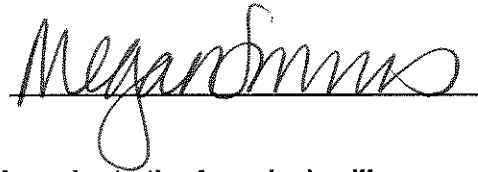
Background and description of need or problem: During the supplemental budget process, it was determined that the County Forest Reserve Fund was no longer needed. This resolution dissolves the fund and authorizes a transfer into the County Forest Fund per the formation resolution 18-04-056B.

Funding Sources: n/a

Requested Action: Approve and sign Resolution 24-06-105B

Date: 6/21/2024

Signature of Dept. Head:



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County Counsel

CT

Treasurer



Human Resources

1 BOARD OF COMMISSIONERS

2 COUNTY OF COOS

3 STATE OF OREGON

4
5 In the Matter of Dissolving the)
6 County Forest Reserve Fund)

RESOLUTION
24-06-105B

7
8 THIS MATTER HAVING COME BEFORE the Board of Commissioners at a
9 meeting held July 2, 2024, and whereas the County Forest Reserve Fund was created
10 pursuant to ORS 294.346; and

11 WHEREAS, the Board of Commissioners have determined that the County
12 Forest Reserve Fund is no longer necessary; and

13
14 NOW, THEREFORE, BE IT RESOLVED that the County Forest Reserve Fund
15 be dissolved and that the balance be transferred to the County Forest Fund in
16 accordance with ORS 294.346 and Resolution 18-04-056B.

17 DATE THIS _____ day of July 2024.

18
19 BOARD OF COMMISSIONERS

20
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22 _____
Commissioner

Commissioner

Commissioner

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25 Prepared by:

26 
Budget Office

BOC only:
Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Intergovernmental Agreement # 180006-9 with Oregon Health Authority

Department: Coos Health & Wellness

Requested Agenda Date: 7/2/2024

Contact Person: Mike Rowley

Phone/Ext.: 541-266-6700

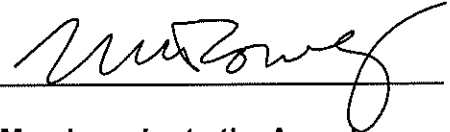
Background and description of need or problem: This ninth amendment fully amends and restates 2023-2025 Intergovernmental Agreement 180006-0. Funds awarded for Public Health programs in the amount of \$1,330,732.33 for the second fiscal year, July 1, 2024 through June 30, 2025.

Funding Source: Oregon Health Authority

Requested Action: Board to approve Intergovernmental Agreement 180006-0, Amendment 9 with Oregon Health Authority and authorize department head, Mike Rowley to sign.

Date: 6/20/2024

Signature of Dept. Head: _____

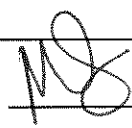


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- Do you want this returned to you for filing? Holly Boardman

County Counsel CT _____

Treasurer  _____

Human Resources _____

CONTRACT / GRANT SUMMARY FORM

Clerk's CJ No.: _____ (complete after filing) Contract/Agreement/Grant No.: 180006-9(if applicable)

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

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

Amount of Contract/Grant Award: \$ 3,439,607.19 (Increase \$1,330,732.33)

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

Effective Date: 7/1/2024 Start Date: 7/1/2023 (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: Fully amends/restates 23-25 IGA for PH programs. Increase of one million, three hundred thirty thousand, seven hundred thirty-two dollars and thirty-three cents (\$1,330,732.33) for the second fiscal year, July 1, 2024 through June 30, 2025.

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 Sys. 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: \$ 878,091.36
- Previous Date: Original Date: 7/1/2023

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 Ford Family Foundation

Department: Coos Health & Wellness

Requested Agenda Date: 7/2/2024

Contact Person: Mike Rowley

Phone/Ext.: 541-266-6700

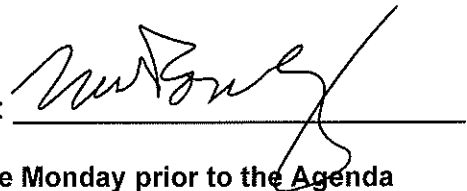
Background and description of need or problem: Coos Health & Wellness was awarded \$20,000.00 in support of the Growing Great Kids for Coos providers. Public Health Home Visiting will use the funds for early childhood education.

Funding Source: The Ford Family Foundation

Requested Action: Board to approve grant agreement with the Ford Family Foundation and authorize department head, Mike Rowley to docusign.

Date: 6/24/2024

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 Filing Coversheet attached?
- Do you want this returned to you for filing? Holly Boardman

County Counsel CT _____

Treasurer MS _____

Human Resources _____

CONTRACT / GRANT SUMMARY FORM

Clerk's CJ No.: _____ (complete after filing) Contract/Agreement/Grant No.: 20245621(if applicable)

Name/Agency Name and Address: Ford Family Foundation, 1600 NW Stewart Parkway, Roseburg, OR 97471

Contact Person: Kristin Cooper Phone No: 541-957-2570 Email: kcooper@tfff.org

Amount of Contract/Grant Award: \$ 20,000.00

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: N/A (if known)

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

Description: Public Health Home Visiting funds in the amount of twenty thousand dollars (\$20,000.00) payable by July 15, 2024.

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: \$

Original Amount: \$

Previous Date:

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: Intergovernmental Agreement with North Bend Public Library

Department: Coos Health & Wellness

Requested Agenda Date: 7/2/2024

Contact Person: Mike Rowley

Phone/Ext.: 541-266-6700

Background and description of need or problem: The behavioral health division will provide one FTE clinician for Coos County libraries in the cities of North Bend and Coos Bay who will support the public in accessing vital resources and services. Monthly compensation to Coos County is \$10,240.00.

Funding Source: Behavioral Health

Requested Action: Board to approve Intergovernmental Agreement with North Bend Public Library and authorize department head, Mike Rowley to sign.


Date: 6/20/2024 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 Filing Coversheet attached?
- Do you want this returned to you for filing? Patricia Crawford

County Counsel CT

Treasurer 

Human Resources _____

CONTRACT / GRANT SUMMARY FORM

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

Name/Agency Name and Address: North Bend Public Library 1800 Sherman Avenue · North Bend, OR 97459

Contact Person: Haley Lagasse Phone No: (541) 756-5442 Email: hlagasse@northbendlibrary.org

Amount of Contract/Grant Award: \$ 122,880.00

Payment Terms: \$10,240.00/month (state lump sum or amount and time of payments)

Effective Date: 7/1/2024 Start Date: _____ (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: The behavioral health division will provide one (1) full-time clinician, to work within the North Bend and Coos Bay library settings. The Library will pay ten thousand, two hundred forty-dollars (\$10,240.00) each month of the agreement term.

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
	<u>100%</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: \$ 235,520.00
Previous Date: _____ Original Date: 8/1/2022

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

DESCRIPTION OF POSITION

Revision Date: 12/01/2014 7/2/2024

1.	Classification Title: MHSI <u>Mental Health Specialist III – Program Manager</u>
2.	Working Title: Adult Services <u>ACT and EASA Program Manager</u>
3.	Department: <u>Mental Health, Paygrade 823</u>
4.	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? To provide supervision, program development, operational oversight of clinical program as assigned by Director. May supervise other clinical or department staff in the absence of the <u>Program Manager</u> Director.
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: 1. Responsible for operation and supervision of Assertive Community Treatment Team (ACT) and Early Assessment and Support Alliance (EASA) team Responsible for Adult Case Management, Medical Services Coordinators, and Protective Services Investigations. <u>1. Work as a key member of the Behavioral Health Management team; coordinate and cover necessary management tasks; communicate effectively within the group.</u> 2. Recruits, hires, supervises, completes annual performance evaluations, recommends merit increases, initiates and completes disciplinary actions. 3. Provides direct supervision and training to staff. Insure <u>Ensure</u> that staff and all processes adhere to department, County, and Bargaining Unit policies and procedures; and comply with contract requirements, state and federal laws governing department services, and privacy/security laws governing protected health information (HIPAA). 4. Assigns and distributes work activities to ensure clinical services are available during clinic hours of operation. 5. Identifies areas for program and staff development and initiate methods to address identified needs. Mentors staff to problem-solve and develop solutions to department needs and issues. 6. Designs program objectives to meet the needs of the consumer, family, community and department and develops methods to evaluate success of meeting said objectives. <u>6. Comply with all Oregon Administrative Rules related to Assertive Community Treatment (ACT) and follow recommendations of the Oregon Center of Excellence for Assertive Community Treatment (OCEACT) to meet fidelity requirements. Reviews/approves client Treatment Plans, Referrals for Therapy/Case Management and other clinical services.</u> Provides mental health clinical services on-call for local hospital and law enforcement. Provides coordination of Residential Placements: foster care, residential treatment facilities, and long term placement through AMH ECMU. Provides supervision of Mental Health licensed Foster Homes including licensing, rate setting, payments, completing Incident Reports, and acting as liaison with state licensing staff. <u>14.7. Completes Protective Services Investigations and related duties, responds to abuse reports, completes investigations, provide liaison services with the state.</u>

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DESCRIPTION OF POSITION

<p>8. <u>Participate in outreach activities necessary to offer services and engage participation in a non-coercive manner. This can be at schools, primary care facilities as well as other behavioral health facilities.</u></p> <p>9. <u>Participate in admission and discharge planning for any participant needing hospitalization or subacute level of care.</u></p> <p>12. <u>Completes Pre-commitment investigations. Coordinate with courts for assigned investigations; serve as Examiner at hearings as needed. Monitor and report trial visit status of committed persons, provide liaison services with state for persons in long-term placements.</u></p> <p>10. <u>Provide backup for Brief Therapy/Crisis Services staff as needed. Provide advocacy and assist participants in accessing the services and other resources they need.</u></p> <p>11. <u>May provide initial comprehensive assessment and re-assessments of participants, including mental status exam, DSM diagnosis, and clinical formulation.</u></p> <p>12. <u>Review and approve Assessments and Treatment Plans to determine appropriate for level of service and to meet service requirements.</u></p> <p>13. <u>Participates in state required meetings and completes all state required data tracking relevant to the program.</u></p> <p>13.</p> <p>14. <u>Assures program maintains Quality Assurance standards set by department, region, state and federal guidelines.</u></p> <p>15. <u>Advises the Behavioral Health Director and Clinical Operations Director of program area staffing and budgetary needs.</u></p> <p>15. <u>Advises Director of program area staffing and budgetary needs.</u></p> <p>16. <u>Assures program maintains financial viability, works collaboratively with Management Team to develop and implement annual budget for department.</u></p>	<p>Formatted: Space Before: 6 pt</p> <p>Formatted: Space Before: 0 pt</p>
<p>7. List the minor duties assigned to this position.</p> <p>1. <u>Conducts duties in accordance with all applicable laws, regulations, professional, legal, and ethical standards and rules of conduct, including confidentiality, dual relationships, and informed consent.</u></p> <p>1.2. <u>Attends weekly staff meetings</u></p> <p>2.3. <u>Attends staff meetings, participates in trainings/updates skills, regional and county meetings/trainings as assigned.</u></p> <p>3.4. <u>Completes other duties as assigned by Director.</u></p>	
<p>8. Supervision</p> <p><u>This position is supervised by the Mental Health Director/Clinical Operations Director.</u></p> <p><u>This position supervises the Assertive Community Treatment Team (ACT) and Early Assessment and Support Alliance Team (EASA). Adult Case Management team including the Medical Services Coordinators.</u></p>	
<p>9. Working conditions of position.</p> <p><u>Typical office setting, usual hours 8-5, Mon-Friday. Position may require occasional physical exertion including bending, stooping, reaching, and lifting of stacks of files up to 25 pounds.</u></p> <p><u>Position has option for on-call duties after hours and carrying crisis phone after hours and on weekends.</u></p> <p><u>Travel within the county and state may be required.</u></p>	<p>Formatted: Indent: Left: 0"</p>
<p>10. List required special skills, licenses, certificates, etc.</p> <p><u>Must have Masters degree in psychology, social work, psychiatric nursing or other mental health related field. Must have a minimum of five years progressive post-graduate experience in their specialty area-including two years equivalent to the consultation and administration experience of a Mental Health Specialist 2. Prefer two years experience in supervising clinical staff.</u></p>	

Coos Health & Wellness
281 LaClair Street
Coos Bay, OR 97420

DESCRIPTION OF POSITION

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

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

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

10. Is operation of motor vehicle required? Yes No

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

Computer, copy machine, fax machine

BOC only:
Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Coos County Solid Waste – Beaver Hill Pit Roof Structure Replacement Architectural & Engineering Services Project.

Department: Solid Waste

Requested Agenda Date: 7/2/24

Contact Person: Paul Slater

Phone/Ext.: 7664

Background and description of need or problem: In 2021 we put the Beaver Hill Pit Roof Structure Replacement out for bid and it came in over budget and we were unable to proceed with the project. HGE has put together a partial preliminary re-design for the Beaver Hill Pit Roof Structure Replacement which is a significant reduction in the scope. We would like to adopt the attached sole source findings for Architectural & Engineering Services from HGE Architects Inc., and award the contract to HGE with the bid proposal amount of \$68,100.

Funding Source: 302-1700-432.60-06 Refurbishment

Requested Action: Adopt Sole Source Findings and award the Coos County Solid Waste – Beaver Hill Pit Roof Structure Replacement Architectural & Engineering Services contract to HGE Architects Inc., for \$68,100, upon Counsel’s approval.

Date: 6/20/24

Signature of Dept. Head: *M.W. on behalf of 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?
- Do you want it returned to you for filing?

County Counsel CT

Treasurer MS

Human Resources _____

4F

CONTRACT / GRANT SUMMARY FORM

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

Name/Agency Name and Address: HGE Architects, Inc 333 South 4th St., Coos Bay, OR 97420

Contact Person: Joe Slack Phone No: 541-269-1166 Email: joeslack@hge1.com

Amount of Contract/Grant Award: \$ 68,100

Payment Terms: Monthly Invoices (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: 10/31/2026 (if known)

County Department and Employee Responsible for Performance: Paul Slater, Public Works

Description: Contract for Architect and Engineering Service for Beaver Hill Pitt Roof Structure Replacement

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

Modification

Previous Amount: \$

Original Amount: \$

Previous Date:

Original Date:

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

Method of Selection:

- Bid None
- Quote Other Sole Source
- Proposal

Type of Contract:

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

Type of Contract:

Goods and Services - If Not Using Bid or Proposal, Mark Exemption:

- Under \$10,000
- Under \$50,000 for Quotes
- Under \$150,000 & Approval from Board for Quotes
- Sole Source
- Contract with Public Agency

- Equipment Maintenance
- Office Supplies
- Used Vehicles
- State Purchasing
- Other _____

Public Improvement - If Not Using Bid, Mark Exemption:

- Under \$5,000
- Under \$50,000 for Quotes
- Between \$50,000 and \$100,000 for Quotes and Prevailing Wage Requirements

- Alternative Contracting Method Approved by Board
- Other _____

Personal Services Contract - If Not Using Proposal, Mark Exemption:

- Under \$50,000
- Under \$150,000 & Approval from Board

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

Certificate of insurance required? Yes No

Date Approved by BOC: _____

Reviewed by Counsel: CT

Board of Commissioners
Sole Source Finding – HGE Architects
Board Meeting July 2, 2024

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. HGE Architects has previously performed architectural and engineering design work in 2020-2021 for the Beaver Hill Pit Roof Structure Replacement. Therefore, they are familiar with the project and able to access their files to make revisions as needed.
2. HGE 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 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 Preliminary Design, Construction Documents, Bidding/Permitting, and Construction Services with HGE Architects.

The Board of Commissioners concludes that awarding the Architectural/Engineering Services contract to HGE Architects is an efficient utilization of an existing good or service.

BOC only:
Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Timber and Operation Patrol Services

Department: Sheriff's Office **Requested Agenda Date:** 7/02/24

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

Background and description of need or problem: Fifth year Weyerhaeuser timber patrol renewal contract.
Attached is the Fifth year cost of a fulltime timber patrol deputy, which is \$156,148.00 for the fiscal year 2024-2025.

Funding Source: 342.01-04

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


Date: 6/20/24

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 Filing Coversheet attached?
- Do you want this returned to you for filing?

County Counsel  _____

Treasurer  _____

Human Resources _____

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: Brittany Brammer Phone No: 541-988-7535 Email: chrissy.brammer@Weyerhaeuser.com

Amount of Contract/Grant Award: \$ 156,148.00

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

Effective Date: 07/01/24 Start Date: _____ (if different from effective date, i.e. retroactive / prospective date)

End Date: 6/30/25 (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: \$

Original Amount: \$

Previous Date:

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: _____
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BOC only:
Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: U.S. Dept. of Agriculture, Siuslaw National Forest, and Rogue River - Siskiyou National Forest Agreement

Department: Sheriff's Office-Dunes

Requested Agenda Date: 7/2/24

Contact Person: Sean Sanborn

Phone/Ext.: 7808

Background and description of need or problem: This is a Cooperative Law Enforcement Agreement No. 22-LE-11061000-003-Mod 2. This agreement is for Siskiyou and Siuslaw in the amount of \$28,600.00.

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

Requested Action: Board review, approve and sign.

Date: 6/20/24

Signature: _____

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)? **NO**
- 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 _____

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CONTRACT / GRANT SUMMARY FORM

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

Contract/Agreement/Grant No.: 22-LE-11061200-003-

MOD -2(if applicable)

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

Contact Person: Veronica Gooding-Partrol Captain

Phone No: 541-225-6489

Email: veronica.gooding@usda.gov

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

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

Effective Date: 2/28/22 Start Date: _____ (if different from effective date, i.e. retroactive / prospective date)

End Date: 2/27/27 (if known)

County Department and Employee Responsible for Performance: Capta

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>Vendor</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 CDFA 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: Oregon State Department of Land Conservation and Development (DLCD) Planning Grant. 2023-2025 Beaches and Dunes Project of Special Merit Subaward Planning Assistance Grant Agreement

Department: Planning Department **Requested Agenda Date:** ^{July} August 2, 2024

Contact Person: Amy Dibble, Business Operations Manager **Phone/Ext.:** 7770

Background and description of need or problem: This grant will allow Coos County to develop improved land use measures and strategies to address development in Beach and Dune areas. The goal is to create clear and objective language for residential development and revision of Beaches and Dunes maps. Currently, in Beaches and Dunes with Limited Suitability, a geohazard report is required to assess how the development may be sited to withstand the limitations of the soil to support traditional development. The current mapping is from the late 1970's, and this grant allows the county to adopt better mapping tools and strategies that provide protection while placing less burden on the applicants through a permitting process.

Funding Source: Planning Department

Requested Action: Move to accept the 2023-2025 Beaches and Dunes Project of Special Merit Subaward Planning Assistance Grant Agreement.

Authorize Chair to Sign

Date June 12, 2024 Signature of Dept. Head: *Jill Rolfe*

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

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

County Counsel *CT*

Treasurer *MS*

Human Resources _____

CONTRACT / GRANT SUMMARY FORM

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

Contract/Agreement/Grant No.:

Name/Agency Name and Address: State of Oregon Department of Land Conservation & Development, 635 Capital Street NE, Suite 150, Salem, OR 97301-2540

Contact Person: Kacy Markowitz Phone No. 971-239-9467

Amount of Contract/Grant Award: \$ 14,273.00

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

Start Date: 5/1/24 End Date: 7/31/2025

County Department and Employee Responsible for Performance: Jill Rolfe, Coos County Community Development

Description: This grant will allow Coos County to develop improved land use measures and strategies to address development in Beach and Dune areas. The goal is to create clear and objective language for residential development and revision of Beaches and Dune maps.

FINANCIAL INFORMATION

STATE %	OTHER %	FEDERAL % (CFDA # Required)	Catalog of Federal Domestic Asst. *(CFDA) Number
		<u>100%</u>	<u>11.419</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 CDFA number, each segment must have it's own summary form.

- New Renewal Modification
- Previous Amount: \$ Original Amount: \$
- Previous Date: Original Date:
- Automatic Renewal? Yes No Staff Requirements: New Existing Subcontract
- Will unemployment cost be incurred? Yes No

PUBLIC CONTRACTING INFORMATION

- Method of Selection:** **Type of Contract:**
- Bid None New (complete sections below)
- Quote Other _____ Renewal (no need to complete sections below)
- Proposal Modification (no need to complete sections below)

- Type of Contract:**
- Goods and Services - If Not Using Bid or Proposal, Mark Exemption:**
 - Under \$10,000 Equipment Maintenance
 - Under \$50,000 for Quotes Office Supplies
 - Under \$150,000 & Approval from Board for Quotes Used Vehicles
 - Sole Source State Purchasing
 - Contract with Public Agency Other _____
- Public Improvement – If Not Using Bid, Mark Exemption:**
 - Under \$5,000 Alternative Contracting Method Approved by Board
 - Under \$50,000 for Quotes Other _____
 - Under \$100,000 & Not a Transportation Project for Quotes
- 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
- Form of contract: Oral Written (attach the written contract)

Date Approved by BOC: _____	Reviewed by Counsel: <u>CT</u>
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BOC only: Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Discussion of Draft Board Order 24-06-020L

Department: Counsel **Requested Agenda Date:** 7/02/2024

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

Background and description of need or problem: Pursuant to advertisements which appeared in the World Newspaper dated June 4 and June 11, 2024, a public hearing was held on June 18, 2024 at 9:30 to hear public comments on the sale of certain County Forest Lands per ORS 275.330. The parcel of land is known as approximately a 6 acre portion of County Forest Land contained within Tax Account 542303 T26S, R13W, Section 32 TL501. The proceeds from this sale will be deposited into the Forest/Parks Trust Fund. After the hearing, the Board tabled discussion on adopting Order No. 24-06-020L, pending further information on the value of the 6-acre portion. See attached.

Funding Source: N/A

Requested Action: Discuss and approve Order 24-06-020L, with modifications as necessary

Date: 6/25/2024 Signature of Dept. Head: Colton Totland

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

If this is a Contract or Grant:

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

County Counsel CT _____

Treasurer MS _____

Human Resources _____

1 BOARD OF COMMISSIONERS

2 COUNTY OF COOS

3 STATE OF OREGON

4
5 In the Matter of Approving the Sale of Certain) ORDER
6 County Forest Lands in Coos County } 24-06-020L

7 NOW BEFORE THE BOARD of Commissioners sitting for the transaction of County
8 business on the 18th of June, 2024 is the matter approving the sale of certain County Forest land
9 as described:

10 T26S, R13W, Section 32 TL501.
11 Approximately a 6-acre portion of County Forest Land contained within Tax Account
12 542303.

13 AND IT APPEARING to the Board that ORS 275.330 (2) authorizes the County to
14 alienate, sell, or convey County Forest land upon a finding that it is in the best interest of the
15 public to do so, and that upon such a finding the Board may sell the land at a public or private
16 sale providing that the proceeds of such sale are held for the maintenance and improvement of
17 existing County Forest lands or for future acquisition of lands to be set aside for County Forest
18 purposes, pursuant to ORS 275.330 (2);

19
20 AND IT FURTHER APPEARING to the Board that before an order allowing the sale of
21 County Forest land, the Board must hold a public hearing and that, after public notice as
22 provided by law, such a hearing was held on June 18, 2024 at 9:30 a.m., and that no citizens
23 objected to the proposed sale;

24
25 AND IT FURTHER APPEARING to the Board that the County Forester has presented
26 evidence that it is in the best interest of the public to sell the parcel as listed on the attached
27 Exhibit "A" through a private sale;

1 NOW, THEREFORE, IT IS HEREBY ORDERED that the Board finds that the sale of
2 the County Forest land described in Exhibit "A" is in the best interest of the public and that such
3 sale shall be by public or private sale. The Board further orders that when such sales are
4 conducted, 36 percent of the proceeds from the sale of Tax Account 542303 (representing these 6
5 acres of forestland as a percentage of the overall 16.59 acres that comprise the property) shall be
6 held for the maintenance and improvement of existing County Forest lands or for future
7 acquisition of lands to be set aside for County Forest purposes, pursuant to ORS 275.330(2).
8
9

10 DATED the 2nd day of July, 2024.
11

12 Approved as to form:

BOARD OF COMMISSIONERS

13 _____
14 Office of Legal Counsel

13 _____
14 Chair

15 _____
16 Commissioner

17 _____
18 Commissioner
19
20
21
22
23
24
25
26
27

BOC only:
Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: PEG Broadcast Services Agreement

Department: BOC

Requested Agenda Date: 7/2/24

Contact Person: John Sweet

Phone/Ext.: 7541

Background and description of need or problem: the annual subscription agreement for PEG Broadcast Services to record and program Board meetings. There has not been a price increase for this agreement for several years.

Funding Source: 001-9900-415.36-01 Contracted Services

Requested Action: approve the subscription agreement in the amount of \$6,200

Date: 6/25/24

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 Filing Coversheet attached?
- Do you want this returned to you for filing?

County Counsel CT _____

Treasurer MS _____

Human Resources _____

4K

CONTRACT / GRANT SUMMARY FORM

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

Name/Agency Name and Address: PEG Broadcast Services, PO Box 3068, Coos Bay OR 97420

Contact Person: Frank Williams Phone No: 541-888-3460 Email: Ch14ccmc@gmail.com

Amount of Contract/Grant Award: \$ 6,200

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

Effective Date: 7/1/24 Start Date: _____ (if different from effective date, i.e. retroactive / prospective date)

End Date: 6/30/25 (if known)

County Department and Employee Responsible for Performance: BOC

Description: subscription agreement for recording and airing BOC meetings

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

New

Renewal

Modification

Previous Amount: \$

Original Amount: \$

Previous Date:

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: [Signature]

BOC only:
Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Discussion re: Mothballing Certain Parks

Department: BOC

Requested Agenda Date: 7/2/24

Contact Person: John Sweet

Phone/Ext.: 7541

Background and description of need or problem: Several of our parks see little use or revenue, but we have expenses to keep them up. We need to discuss possibly mothballing some or all of these parks.

Funding Source: Parks budget

Requested Action: Discuss mothballing certain parks

Date: _____ **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 Filing Coversheet attached?
- Do you want this returned to you for filing?

County Counsel _____

Treasurer _____

Human Resources _____

42

Mothball Parks

April - October

Name	Cleaning supplies/garbage	Equip/man hours
Bennett	\$350.00	\$5500.00
Cherry Creek	\$350.00	\$4125.00
Rooke Higgins	\$550.00	\$5500.00
Juda Parker	\$150.00	\$2750.00
Rock Prairie		\$1000.00
Sandy Creek		\$4000.00
Dementt		\$500.00

graffiti Sandy Creek remove foot bridge to limit public safety and eliminate giraffe. Repaint bridge, roofing and wood repairs.

Equipment/ man hours – truck, trailer, mower, fuel and 1 FTE

24,775