AGENDA

COOS COUNTY BOARD OF COMMISSIONERS Owen Building Large Conference Room, 201 N. Adams, Coquille or Virtually at https://meet.goto.com/565518301 July 16, 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 <u>PUBLIC PORTION OF THE MEETING</u>, <u>BEGINNING WITH THE PLEDGE OF ALLEGIANCE/MOMENT OF SILENCE</u>

3. PUBLIC HEARING

A. Amending Article Five, Division Two of the Coos County Code

4. <u>DEPARTMENT HEADS</u>

- A. Request Acceptance of Grant from OR Dept. of Admin Services & Authorize Mike Rowley to Sign-Coos Health & Wellness (CHW)
- B. Request Approval of MOU with North Bend City Housing Authority & Authorize Mike Rowley to Sign-CHW
- C. Request Approval of Amendment #1 to Nancy Devereux Center Agreement- CHW
- D. Request Acceptance of Grant Agreement with The Roundhouse Foundation & Authorize Mike Rowley to Sign- CHW
- E. Request Approval to Pay Assoc. of OR Community Mental Health Programs Membership Dues- CHW
- F. Request Approval of Reclassification of Darren Thompson to Parks Maintenance Supervisor- Parks
- G. Request Approval to Reclassify Park Rangers- Parks
- H. Request Award of Aerial Spray Contract- Forestry
- I. Request Adoption of Sole Source Findings & Approve Contract for Pavement Condition Survey- Road
- J. Request Approval of Amendment #1 to City of Lakeside MOU for N 8Th Street Improvements- Road
- K. Request Approval to Reclassify Michael Spencer to Fleet Service II Step 3- Road
- L. Request Approval to Reclassify Robert Stewart & Approve Revised Job Description- Solid Waste
- M. Request Approval of 10 TOPS Agreements- Sheriff
- N. Request Approval of 9 Dispatch Contracts- Sheriff
- O. Request Approval of Dispatch Console Upgrades & Authorize Chair to Sign-Sheriff
- P. Request Approval to Pay Fuel Bills- Sheriff
- Q. Request Approval of IGA with Oregon State University/Extension Services- Finance
- R. Request Approval of Order Adopting Official Road Name "Upton Lane" Planning

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.

- S. Request Approval to Purchase a Vehicle- Community Development
- T. Request Approval of Lateral Transfer for Brooke Pedro- Community Development
- U. Request Approval of Job Description for Principal Planner/Approval to Fill Position- Community Development
- V. Request Approval of Job Description for Associate Planner/Approval to Fill Position- Community Development
- W. Request Approval of Collective Bargaining Agreement with Teamsters Local #223 (Road) & Approve Resolution 24-07-116P- Counsel
- X. Request Approval of Collective Bargaining Agreement with Teamsters Local #206 (Solid Waste) & Approval Resolution 24-07-117P- Counsel
- Y. Request Approval to Pay Assoc of O&C Counties Dues- BOC
- Z. Discussion re: Revenue Alternatives- BOC

5. CONSENT CALENDAR- administrative matters not up for discussion

A. Approval of Minutes

Worksession- Possible Code Enforcement Ordinance Modifications- June 12, 2024 Regular Meeting Minutes- July 2, 2024

B. Orders & Resolutions

Order 24-07-029C, In the Matter of Reappointing Barbara Negherbon to the Coos County Noxious Weed District Advisory Board

Resolution 24-07-118P, In the Matter of Classifying and Placement of Various Employees on the Regular Coos County Payroll Effective Their Hire Date

Resolution 24-07-119P, In the Matter of Filling a Vacant Position for Natasha LaMar Effective July 1, 2024

Resolution 24-07-120P, In the Matter of Granting Salary Merit Step Increases for Various Employees Effective July 1, 2024

Resolution 24-07-121P, In the Matter of Granting Salary Merit Step Increases for Various CCSO Employees Effective July 1, 2024

Resolution 24-07-122P, In the Matter of Granting a Personnel Transfer Within the Sheriff's Department Effective July 1, 2024

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

Sign On Bonus & Relocation Reimbursement Agreements- CHW- John Robertson Sign On Bonus & Relocation Reimbursement Agreements- CHW- Odessa Krebs Sign On Bonus & Relocation Reimbursement Agreements- CHW- Carrie Baird Contract Renewal with Western Exterminator- Maintenance- quarterly pest control services Contract Amendment with Umpqua CDC- Counsel- extension of due diligence period

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 Reques	sted
Department: Counsel	Requested Agenda Date: 07/16/2024
Contact Person: Colton Totland	Phone/Ext.: 7690
Background and description of need or pro	blem: Need executive session for:
Funding Source: N/A	
Requested Action: Go into Executive Session	on during Board meeting as stated above.
 body to carry on labor negotiations. ORS 192.660(2)(e) – Conducting delibe body to negotiate real property transact 	ounsel concerning the legal rights and duties of a
Date: 07/09/2024 Signature	of Dept. Head: Cottan Totland
For all matters, forward the document to Counsel r deadline. Counsel will forward to Treasurer.	no later than the Monday prior to the Agenda
If this is a Contract or Grant: Is the contract or grant an original? Is the Contract/Grant Summary Fore Is the Contract signed first by the very If Insurance is required, Is the Insur Is the Clerk's Filing Coversheet atta	endor (except state/federal grants or contracts)? ance Certificate attached? ched?



BOC only: Consent Agenda	
Regular Agenda	
AGE	ENDA ITEM COVERSHEET
Agenda Item Title: 2 nd PUBLIC HE County Code	ARING: Amending Article Five, Division Two of the Coos
Department: County Counsel	Requested Agenda Date: 7/16/2024
Contact Person: Colton Totland	Phone/Ext.: 7690
purpose of revising Article 5, Division would amend the section of the Coolinclude the option to purchase a three sections.	eed or problem: This is the 2 nd public hearing set for the on 2 of the Coos County Code. Ordinance 24-06-003L as County Code Governing Dog Licenses and Tags to see (3) year license. The fee schedule that included the 3-rd of Commissioners at the December 5, 2023 Public
Funding Source: N/A	
 BOC to adopt ordinand Coos County Code. 	mment on the ordinance, if any. ce 24-06-003L Amending Article Five, Division Two of the
Date: 7/8/2024	Signature of Dept. Head: Cotto Talland
For all matters, forward the document to deadline. Counsel will forward to Treat	o Counsel no later than the Monday prior to the Agenda surer.
	nmary Form attached? st by the vendor (except state/federal grants or contracts)? s the Insurance Certificate attached? rsheet attached?
County Counsel C	
Treasurer W	

Human Resources _____

3A

BOARD OF COMMISSIONERS

COUNTY OF COOS

STATE OF OREGON

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

Now before the Coos County Board of Commissioners, sitting for the transaction of County business on the $18^{\rm th}$ 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: July 2, 2024	
2 nd Reading:	
Emergency Adoption:	
Effective Date:	

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

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 onsite 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.

(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.

	1
BOC only: Consent Agenda	
Regular Agenda	
AGENDA ITE	EM COVERSHEET
Agenda Item Title: Grant agreement 107-20 Administrative Services.	24-5204-05 with Oregon Department of
Department: Coos Health & Wellness	Requested Agenda Date: 7/16/2024
Contact Person: Mike Rowley	Phone/Ext.: 541-266-6700
Background and description of need or praise allotted during this last legislative session to sobering center. CHW will work out a contract they will be developing the project.	
Funding Source: State of Oregon	
Requested Action: Board to approve grant a Department of Administrative Services and a	agreement 107-2024-5204-05 with Oregon uthorize department head, Mike Rowley to sign.
Date: 7/8/2024 Signature	e of Dept. Head: MMGyre
For all matters, forward the document to Counsel deadline. Counsel will forward to Treasurer.	no later than the Monday prior to the Agenda
If this is a Contract or Grant: Is the contract or grant an original? Is the Contract/Grant Summary For Is the Contract signed first by the value of Insurance is required, is the Insurance is required. Is the Clerk's Filing Coversheet attack. Do you want this returned to you for	orm attached? vendor (except state/federal grants or contracts)? urance Certificate attached? tached?
County Counsel	
Treasurer	
Human Resources	

CONTRACT / GRANT SUMMARY FORM

Clerk's CJ No.:	(complete after filing)	Contract/Agreeme	ent/Grant No.: 107-2024-5204-05 (if applicable)
Name/Agency Name and Ad	dress: Oregon Department of A	Administrative Service	es 155 Cottage St. NE Salem OR 97301
Contact Person: Khela Singer	Phone No: <u>971</u>	-900-975 <u>1</u> E	Email: CFO.Grants@DAS.oregon.gov
Amount of Contract/Grant Av	vard: \$ 400,000		
Payment Terms: <u>lump sum</u> (s	tate lump sum or amount and t	ime of payments)	
Effective Date: upon execution	n Start Date: (if diff	ferent from effective d	ate, i.e. retroactive / prospective date)
End Date: 6/30/2025 (if know	n)		
County Department and Emp	loyee Responsible for Perform	ance: Coos Health &	Wellness, Mike Rowley, Director.
Description: Oregon DAS fun	ds of four hundred thousand d	ollars (\$400,000) awa	rded to behavioral health for use toward the
development of a sobering ce	nter.		
Staff Requirements: New [☑Existing □Subcontract		
Will unemployment cost be in	curred?		
FINANC	IAL INFORMATION (Fill o	ut this section <u>only</u> if	the County is receiving funds)
STATE	E % OTHER %	FEDERAL %	Catalog of Federal Domestic Asst.
1009	6	(CFDA # Required)	*(CFDA) Number
		l o digits designate the feder	al agency and the last three the grant description. The following
is a partial listing of the two digit age	ncy identifier: exx HUD 20.xxx USDOT		4.xxx Dept. of Education
11.xxx Dept. of Commerce 16.x	xxx USDOJ 39.xxx General Svs. Ac	lmin. 83.xxx FEMA 93	
New	Renewal	an one Cox is number; ta	Modification
<u> </u>	Previous Amou	int: \$	Original Amount: \$
	Previous Date:		Original Date:
PUBLIC CONT	RACTING INFORMATION	(Fill out this section	only if the County is spending funds)
Method of Selection:		Type of C	ontract:
☐ Bid ☐ None			omplete sections below)
Quote Other	*AAAAAAAA		al (no need to complete sections below)
Proposal			cation (no need to complete sections below)
Type of Contract:	at Hainer Rid on Bronocal, Mar	de Evametian	
Under \$10,000	ot Using Bid or Proposal, Mar		uipment Maintenance
Under \$50.000 for Quote			fice Supplies
Under \$150,000 & Appr	oval from Board for Quotes		ed Vehicles
Sole Source Contract with Public Age	ency		ite Purchasing
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Under \$5,000	tot osing bid, wate brompie		ernative Contracting Method Approved by Board
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Under \$150,000 & Appr			
Will project be reported to Burea Certificate of insurance required?	au of Labor for Prevailing Wages	under ORS279C.800? [YesNo
Date Approved by BOC:		R	Reviewed by Counsel:

Revised 1/28/2020

Contract and Grant Summary Form

BOC only: Consent Agenda	
Regular Agenda	
AGENDA ITE	EM COVERSHEET
	th Bend City Housing Authority ("NBCHA"), and ent of Coos County Oregon, a political subdivision
Department: Coos Health & Wellness	Requested Agenda Date: 7/16/2024
Contact Person: Mike Rowley	Phone/Ext.: 541-266-6700
of family and low-income housing within our	ng application NBCHA is making to Oregon eration, 20 units within the Project will be
Funding Source: IGA 177671	
Requested Action: Board to approve MOU authorize department head, Mike Rowley, to	
Date: 7/8/2024 Signature	e of Dept. Head:
For all matters, forward the document to Counsel deadline. Counsel will forward to Treasurer.	no later than the Monday prior to the Agenda
If this is a Contract or Grant: Solution Is the contract or grant an original? Is the Contract/Grant Summary Form Is the Contract signed first by the solution Is the Clerk's Filing Coversheet at Do you want this returned to you for the solution Is the Clerk's Filing Coversheet at Do you want this returned to you for the solution Is the Clerk's Filing Coversheet at Do you want this returned to you for the solution Is the Clerk's Filing Coversheet Is the Clerk's Filing Covershee	orm attached? vendor (except state/federal grants or contracts)? urance Certificate attached? tached?
County Counsel	
Treasurer	



Human Resources

CONTRACT / GRANT SUMMARY FORM

Clerk's CJ No.:	(complete after filing) Contra	ct/Agreement/Grant No.:	(if applicable)
Name/Agency Name and Add	lress: North Bend City Housin	g Authority, 1700 Mo	onroe St., North Bend OR 974	<u>159</u>
Contact Person: Matthew Voi	derstrasse Phone	No: <u>541-756-4111</u>	Email: mvorderstras	se@ccnbchas.org
Amount of Contract/Grant Av	vard: \$ <u>0</u>			
Payment Terms: N/A (state lu	imp sum or amount and time o	f payments)		
Effective Date: upon execution	n Start Date: (if dif	ferent from effective	date, i.e. retroactive / prospec	ctive date)
End Date: 12-months from M	OU execution date (if known)			
County Department and Emp	loyee Responsible for Perform	ance: Coos Health &	Wellness, Mike Rowley, Dir	ector.
Description: This MOU is sol	ely for the purpose of facilitati	ing the negotiation and	d execution of a definitive wi	ritten agreement(s)
between CHW and NBCHA f	or development of family and	low-income housing	within our community.	
Staff Requirements: New [☑Existing ☐Subcontract			
Will unemployment cost be in	ncurred?			
FINANC	IAL INFORMATION (Fill o	out this section <u>only</u> i	f the County is receiving fu	nds)
STATI	E % OTHER %	FEDERAL %	Catalog of Federal Domestic	Asst.
		(CFDA # Required)	*(CFDA) Number	
	following format: xx.xxx. The first ty	vo digits designate the feder	ral agency and the last three the grai	at description. The following
	xxx HUD 20.xxx USDOT		4.xxx Dept. of Education	
	xxx USDOJ 39.xxx General Svs. A ract/grant is associated with more tl		93.xxx USDHHS ach segment must have its own su	mmary form.
☐ New	Renewal		☐ Modification	
	Previous Amou Previous Date:		Original Amount: \$ Original Date:	
				
PUBLIC CONT	RACTING INFORMATION	N (Fill out this section	n <u>only</u> if the County is spen	ding funds)
Method of Selection:		Type of C	Contract:	
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Quote Other _		-	val (no need to complete sections be	•
☐ Proposal			ication (no need to complete section	ons below)
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Under \$50,000 for Quot			ffice Supplies	
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	roval from Board			
Will project be reported to Rures		under ORS 279C 8002	□Yes □No	
Will project be reported to Burea Certificate of insurance required	u of Labor for Prevailing Wages	under ORS 279C.800?	∐Yes ∐No	
Certificate of insurance required	nu of Labor for Prevailing Wages ? No	under ORS 279C.800?		
	au of Labor for Prevailing Wages 7 □Yes □No	under ORS 279C.800?	□Yes □No Reviewed by Counsel: _	cT_

BOC only: Consent Agenda	
Regular Agenda	
AGENDA ITEM	M COVERSHEET
Agenda Item Title: First amendment to agree	ment with The Nancy Devereux Center, Inc.
Department: Coos Health & Wellness	Requested Agenda Date: 7/16/2024
Contact Person: Mike Rowley	Phone/Ext.: 541-266-6700
& Wellness, received additional behavioral hea 5202, section 364, through housing grant with	the State of Oregon and the Oregon Health reement (IGA) #177671. This amendment to the xtends the agreement end date and provides
Funding Source: IGA 177671	
Requested Action: Board to approve first am Center and authorize department head, Mike F	endment to agreement with the Nancy Devereux Rowley to sign.
Date: 7/8/2024 Signature	of Dept. Head:
For all matters, forward the document to Counsel r deadline. Counsel will forward to Treasurer.	no later than the Monday prior to the Agenda
If this is a Contract or Grant: Is the contract or grant an original? Is the Contract/Grant Summary For Is the Contract signed first by the verification of the Insurance is required, is the Insurance is the Clerk's Filing Coversheet attation in the Insurance is returned to you for	endor (except state/federal grants or contracts)? ance Certificate attached? ched?
County Counsel CT	
$\Lambda \Lambda \mathcal{N}$	

Human Resources



CONTRACT / GRANT SUMMARY FORM

Clerk's CJ No.:	(complete after filing	g) Contra	ct/Agreement/Grant No.: Amend 1(if applicable)
Name/Agency Name and Address:	The Devereux Center 12	200 Newmark Avenue	. Coos Bay OR 97420
Contact Person: Tara Johnson	Phone No: <u>541</u>	1 <u>-888-3202</u>	Email: tarajohnson@thedevereuxcenter.org
Amount of Contract/Grant Award:	\$ up to \$550,000.00 NT	E (increase \$250,000)
Payment Terms: Varies (state lump	sum or amount and time	e of payments)	
Effective Date: upon execution	Start Date: (if dif	fferent from effective	date, i.e. retroactive / prospective date)
End Date: 4/30/2026 (if known)			
County Department and Employee	Responsible for Perform	nance: Coos Health &	Wellness, Mike Rowley, Director.
Description: Funds increase of up to	o five hundred fifty-thou	sand dollars (\$550,00	0) NTE. Project development of Mental Health Adul
Foster Home (AFH) through OHA			
Staff Requirements: New Exis	sting Subcontract		
Will unemployment cost be incurred	d? ∐Yes ⊠No		
PINANCIALI	NEODMATION (EIII)		if the County is receiving funds)
		out this section only	i the County is receiving lunds)
STATE %	OTHER %	FEDERAL % (CFDA # Required)	Catalog of Federal Domestic Asst. *(CFDA) Number
*CFDA is a five digit number in the following is a partial listing of the two digit agency ide	ng format: xx.xxx. The first twentifier:	wo digits designate the fede	ral agency and the last three the grant description. The following
10.xxx USDA 14.xxx HU 11.xxx Dept. of Commerce 16.xxx US	ID 20.xxx USDOT		34.xxx Dept. of Education 93.xxx USDHHS
	ent is associated with more th	han one CDFA number, e	ach segment must have its own summary form.
☐ New	Renewal	. •	Modification
	Previous Amou Previous Date:		Original Amount: \$ Original Date:
NAME OF STREET			
PUBLIC-CUNTRAC	IING INFORMATIO	Y (FIII out this section	n <u>only</u> if the County is spending funds)
Method of Selection:		Type of C	Contract:
☐ Bid ☐ None			complete sections below)
☐ Quote ☐ Other Grant ☐ Proposal			val (no need to complete sections below) ication (no need to complete sections below)
			teation (no need to complete sections below)
Type of Contract: Goods and Services - If Not Us:	ing Rid or Proposal Ma	rk Evenution:	
Under \$10,000	ing Did of Troposar, Mai		quipment Maintenance
Under \$50,000 for Quotes		□ o	ffice Supplies
☐ Under \$150,000 & Approval fr ☐ Sole Source	om Board for Quotes		sed Vehicles ate Purchasing
Contract with Public Agency			ther <u>Grant</u>
Public Improvement – If Not U	sing Bid, Mark Exempti	on:	
☐ Under \$5,000		Ai	Iternative Contracting Method Approved by Board
☐ Under \$50,000 for Quotes ☐ Between \$50,000 and \$100,000) for Ovotos and Draveilina		ther
Wage Requirements	for Quotes and Frevalling	,	
Personal Services Contract – If	Not Using Proposal, Ma	ark Exemption:	
Under \$50,000	1101 0011 g 1 10 p 05 (1,1 11,1 11)	ne amoni peron.	
Under \$150,000 & Approval fr	om Board		
Will project be reported to Bureau of La	abor for Prevailing Wages (under ORS 279C 8002	Tyes TNo
Certificate of insurance required?			1 vo1 10
B. (A.)			
Date Approved by BOC:			Reviewed by Counsel:
Contract and Grant Summary Form	Revise	ed 1/28/2020	

BOC only: Consent Agenda	
Regular Agenda	
AGENDA ITEI	VI COVERSHEET
Agenda Item Title: Grant agreement with The	Roundhouse Foundation
Department: Coos Health & Wellness	Requested Agenda Date: 7-16-2024
Contact Person: Mike Rowley	Phone/Ext.: 541-266-6700
Background and description of need or pro Mosquito Project to do testing at various sites	
Funding Source: Roundhouse Foundation	
Requested Action: Approve Roundhouse Foundations.	ion grant agreement and authorize department head to
Date: 7-3-2024 Signature	of Dept. Head:
For all matters, forward the document to Counsel I 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 For Is the Contract signed first by the very If Insurance is required, Is the Insur Is the Clerk's Filing Coversheet atta	endor (except state/federal grants or contracts)? ance Certificate attached? ached?
County Counsel	
Treasurer	
Human Resources	



Clerk's CJ No.:		CONTRACT / GR. (complete after filing)		RY FORM ct/Agreement/Grant No.:(if applicable)
		undhouse Foundation P.C	D. Box 2078, Siste	rs, Or 97759
Contact Person: C		Phone No: <u>541-90</u>		Email: chaney@roundhousefoundation.org
Amount of Contra	act/Grant Award: \$;	30,000.00		
		sum or amount and time	e of payments)	
Effective Date: up	_			date, i.e. retroactive / prospective date)
End Date:				
	•	sponsible for Performanc	e: Coos Health &	Wellness, Mike Rowley, Director.
		quito Project to test vario		★
,	nts: New Existi		-	
•	ent cost be incurred?	-		
	FINANCIAL IN	FORMATION (Fill out	this section <u>only</u>	if the County is receiving funds)
	STATE %	OTHER %	FEDERAL %	Catalog of Federal Domestic Asst.
		100%	(CFDA # Required)	*(CFDA) Number
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is a partial listing of t 10,xxx USDA 11,xxx Dept. of Co	he two digit agency identi 14.xxx HUD ommerce 16.xxx USDC	fier: 20.xxx USDOT 0J 39.xxx General Svs. Admi	66.xxx EPA n. 83.xxx FEMA	84.xxx Dept. of Education
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Certificate of insur	rance required? Ye	SINO		
Date Approve	ed by BOC:			Reviewed by Counsel:

BOC only: Consent Agenda	
Regular Agenda	
AGENDA ITEM	COVERSHEET
Agenda Item Title: Membership with Association Programs (AOCMHP)	n of Oregon Community Mental Health
Department: Coos Health & Wellness F	Requested Agenda Date: 7/16/2024
Contact Person: Mike Rowley	Phone/Ext.: 541-266-6700
Background and description of need or problem renewal membership dues of \$11,716.86.	em: Behavioral Health 2024-2025 AOCMHP
Funding Source: 021-1302-444.30-05	n the amount of \$11,716.86
Requested Action: Board to approve payment a membership dues to AOCMHP.	
Date: 7/9/2024 Signature of	Dept. Head: Mike Rowley Digitally signed by Mike Rowley Dict cn=Mike R
For all matters, forward the document to Counsel no deadline. Counsel will forward to Treasurer.	later than the Monday prior to the Agenda
If this is a Contract or Grant: Is the contract or grant an original? Is the Contract/Grant Summary Form Is the Contract signed first by the vence If Insurance is required, Is the Insurance is the Clerk's Filing Coversheet attach Do you want this returned to you for file	dor (except state/federal grants or contracts)? ce Certificate attached? led?
County Counsel	
Treasurer	

Human Resources

Revised 2/28/2022

UE

Association of Oregon Community Mental Health Programs 102 Liberty St NE Ste 140 Salem, OR 97301 (503) 399-7201 shenderson@aocmhp.org



ASSOCIATION OF GREGOP COMMUNITY MERITAL MEALTH PROGRAMS

INVOICE

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

INVOICE # 2105 DATE 07/02/2024 DUE DATE 08/01/2024 TERMS Net 30

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Membership Dues

FY 2024-2025

11,716.86

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BALANCE DUE

\$11,716.86

Read 7-3-24

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AGENDA ITEM COVERSHEET

Agenda Item Title: Reclass for Park Rangers

Department: Parks

Requested Agenda Date: 7/2/2024

Contact Person: Craig Storm

Phone/Ext.: 541-396-7757

Background and description of need or problem: Request Board approval of reclassification of Darren Thompson from AFSCME paygrade 413 to paygrade 418 effective July, 1, 2024. Darren Thompson has been 22 plus years with a stipend for this position. He has more than proven his qualifications for the Parks Maintenance Supervisor, he works well without any instruction and preforms all duties asked of him without any hesitation and always willing to do the work needed regardless of what is asked of him. Request the Board to approve reclassification of Darren Thompson to Parks Maintenance Supervisor. This has been budgeted for in the 2024/2025 budget.

Funding Source: 010-1800-452.10-01

Requested Action: BOC to approve reclassification of Darren Thompson from paygrade 413 to 418,

effective July 1, 2024.

Date: 6/25/2024

Signature of Dept. Head:

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

Departments Affected:

COUNSEL: CT

Union positions should have job descriptions

TREASURER: White approved by union prior to Board approved

HUMAN RESOURCES: WE WILL NEED A JUB DES CLIPTION FOR

IMS POSITION. PRESUMENT STIPEND WILL GO AWAY

IF APPROVED.

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BOC only:		
Consent Agen		
Regular Agend		

AGENDA ITEM COVERSHEET

Agenda Item Title: Reclass for Park Rangers

Department: Parks

Requested Agenda Date: 7/2/2024

Contact Person: Craig Storm

Phone/Ext.: 541-396-7757

Background and description of need or problem: Request Board approval of reclassification of Park Ranger position from AFSCME paygrade 413 to paygrade 417 effective July, 1, 2024.

they perform general maintenance repair duties in their park, they handle cash receipts, they do bank deposit transactions, and work with the public. Request the Board to approve reclassification to Park Rangers because the duties and level of responsibility of that paygrade more closely align with the tasks they are already performing. This has been budgeted for in the 2024/2025 budget.

Funding Source: 010-1800-452.10-01

Requested Action: BOC to approve reclassification of Park Ranger position from paygrade 413 to

417, effective July 1, 2024.

Date: 6/25/2024

Signature of Dept. Head:

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

Departments Affected:

COUNSEL:

This are union positions - Job descriptions should be revised before redass

HUMAN RESOURCES: WE SHOULD PRATE JOB DESCRIPTIONS THEN.

BOC only: Consent Agenda	
Regular Agenda	
AGENDA ITEM COVERSHEET	
Agenda Item Title: Award of Contract SP-1-24	
Department : Forestry Requested Agenda Date: 7/16	3/2024
Contact Person: Lance Morgan Phone/Ext.: 7751	
Background and description of need or problem: Quotes were application of herbicide on approximately 226 acres of County Forest received from Pacific Ag Services Northwest, LLC at \$55.00/acre.	e solicited for aerial t land. One bid was
Funding Source: 103-9000-461.36-21 Reforestation	
Requested Action: Request that the Board award contract SP-1-24 to Northwest, LLC at the quoted price of \$55.00/acre.	
Date: 7/8/2024 Signature of Dept. Head:	Hy
For all matters, forward the document to Counsel no later than the Monday pudeadline. 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 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 _____

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Clerk's CJ No.:	CONTRACT / G (complete after filing)		RY FORM ct/Agreement/Grant No.: <u>SP-1-24(</u> if applicable)
Clerk's CJ No.: Name/Agency Name and Address: Page 1.	_ ` 1		
Contact Person: Anthony Ghidossi	Phone No: 775-		Email:
Amount of Contract/Grant Award: \$		223-4212	
	·	a of normants)	
Payment Terms: <u>Progress</u> (state lump			vatronativa / propagativa data)
Effective Date: 7/16/2024 Start Date	(ii different from	in effective date, i.e. i	remactive / prospective date)
End Date: <u>10/4/2024</u> (if known)		Farratura I agas	Mayoon
County Department and Employee R	esponsible for Performa	ince: Forestry, Lance	Morgan
Description: Aerial Spray Contract			
Staff Requirements: New Exist	<u>-</u>		
Will unemployment cost be incurred	Y LIYes KINO	AND	
FINANCIAL IN	FORMATION (Fill o	ut this section <u>only</u> i	f the County is receiving funds)
STATE %	OTHER %	FEDERAL % (CFDA # Required)	Catalog of Federal Domestic Asst. *(CFDA) Number
	outer work	(CFDA # Required)	*(CFDA) Number
		o digits designate the feder	ral agency and the last three the grant description. The following
is a partial listing of the two digit agency ident 10.xxx USDA 14.xxx HUD	20.xxx USDOT		4.xxx Dept. of Education
11.xxx Dept. of Commerce 16.xxx USDO NOTE: If the contract/gran	OJ 39.xxx General Svs. Ad t is associated with more that	min. 83.xxx FEMA 9 an one CDFA number, ea	3.xxx USDHHS ach segment must have its own summary form.
☐ New	Renewal		Modification
, <u> </u>	Previous Amou	nt: \$	Original Amount: \$
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PUBLIC CONTRACT	ING INFORMATION	(Fill out this section	only if the County is spending funds)
Method of Selection:		Type of C	Contract:
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☑ Quote ☐ Other			al (no need to complete sections below)
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Contract with Public Agency			her
Public Improvement – If Not Usi	ng Bid, Mark Exemption		ternative Contracting Method Approved by Board
☐ Under \$5,000☐ Under \$50,000 for Quotes			her
☐ Between \$50,000 and \$100,000	for Quotes and Prevailing		
Wage Requirements			
Personal Services Contract – If N	lot Using Proposal, Mai	k Exemption:	
☐ Under \$50,000 ☐ Under \$150,000 & Approval fro	m Board		
Will project be reported to Bureau of Lab		nder ORS 279C.800? [□Yes ⊠No
Certificate of insurance required? \(\sum Ye	sNo		
Date Approved by BOC:			Reviewed by Counsel:

Contract and Grant Summary Form

Revised 1/28/2020

BOC only: Consent Agenda				
Regular Agenda				
AGENDA ITEM	I COVERSHEET			
Agenda Item Title: Contract with Capitol Ass Condition Survey of our County Maintained Ro				
Department: Road Department	Requested Agenda Date: 7/16/24			
Contact Person: Paul Slater	Phone/Ext.: 7664			
Background and description of need or problem: This is a Sole Source Procurement with Capitol Asset & Pavement Services, as they have done our pavement condition surveys & Digital Imaging in the past (2009, 2010, 2014, 2018, 2020, 2022). This contract includes an update to our Pavement Management Program, Pavement Condition Survey of our Rural and Local roads. Our Pavement Management Program will need updated along with a reinspection of our Rural Major Collector roads as required per HB 2017 NTE \$ 16,900.				
Funding Source: 003-2700-431.36-01 Contra	acted Services			
Requested Action: Approve Sole Source Fin condition Survey with Capitol Asset & Paveme	ent Services, Inc NTE \$16,900.			
Date: 6/27/24 Signature	of Dept. Head: Yauslata			
For all matters, forward the document to Counsel 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 For Is the Contract signed first by the very If Insurance is required, Is the Insurance is the Clerk's Filing Coversheet attack. Do you want this returned to you for County Counsel	m attached? endor (except state/federal grants or contracts)? rance Certificate attached? ached?			

Human Resources _____

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Clerk's CJ No.:	(complete after filing)	RANT SUMMA	ct/Agreement/Grant No.:	(if applicable)
Name/Agency Name and Address: Ca			G	_(/
Contact Person: Joel Conder	Phone No: <u>503</u> -		Email: jconder@capitolasset.ne	et
Amount of Contract/Grant Award: \$		<u> </u>	Jeonaria jeonaria	×
Payment Terms: (state lump su		of payments)		
			late, i.e. retroactive / prospecti	ve date)
End Date: 12/31/24 (if known)	tare Date (II diff	cione mom officerve c	ato, i.e. fou out the prospecti	(vo dato)
County Department and Employee Re	enoncible for Performs	ance: Road Denartmei	nt Roadmaster	
Description: Pavement Condition Sur	ſ	_		
		County Ivianitanica is	<u>Coads</u>	
Staff Requirements: New Existi				
Will unemployment cost be incurred?				
FINANCIAL IN	FORMATION (Fill or	ut this section <u>only</u> i	Tthe County is receiving fund	ds)
STATE %	OTHER %	FEDERAL %	Catalog of Federal Domestic Ass	st.
		(CFDA # Required)	*(CFDA) Number	
*CFDA is a five digit number in the following	format: xx.xxx. The first two	o digits designate the feder	al agency and the last three the grant of	description. The following
is a partial listing of the two digit agency ident 10,xxx USDA 14,xxx HUD		66.xxx EPA 84	4.xxx Dept. of Education	
11.xxx Dept. of Commerce 16.xxx USDO	OJ 39.xxx General Svs. Ad	min. 83.xxx FEMA 9.	3.xxx USDHHS ich segment must have its own sumr	mary form.
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Revised 1/28/2020

Contract and Grant Summary Form

Board of Commissioners Sole Source Finding – Capitol Asset & Pavement Services Board Meeting July 16, 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. Capitol Asset & Pavement Services has previously performed roadside and pavement condition surveys of the county's roads and has performed network reviews for the Coos County Road Department (2009, 2010, 2014, 2018, 2020, and 2022). Therefore, they are familiar with Coos County roads and able to access their files to recreate the same routes and mileage used previously for imaging work, and are familiar with the paving management software system to be updated.
- 2. Capitol Asset & Pavement is available to perform the work immediately, and therefore take advantage of the summer weather conditions.
- 3. Conducting a Request for Quotes process to determine if other companies exist that can perform the same services and have access to the same software programs would cause unnecessary delays and expense, and would therefore delay the start date;
- 4. Therefore, it is deemed fiscally responsible for the County to sign a contract for digital imaging services with Capitol Asset & Pavement Services.

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

BOC only:	
Consent Agenda	
Regular Agenda	

AGENDA ITEM COVERSHEET

Agenda Item Title: Amendment #1 to Memorandum of Understanding (MOU) with Coos County and the City of Lakeside to provide additional \$20,000 toward the improvement project upgrading the manholes on N 8th Street.

Department: Road Requested Agenda Date: 7/16/24

Contact Person: Paul Phone/Ext.: 7664

Background and description of need or problem: This Amendment #1 is to provide an additional \$20,000 towards the manhole upgrades in the original MOU with Coos County and the City of Lakeside. The original agreement signed was for the City to provide \$200,000 towards the project to upgrade the railroad crossing area on N 8th Street and the county shall provide \$10,000. The project will consist of the following:

- a. The construction of an asphalt pedestrian path along the west side of North 8th Street that will vary in width from 5' to 8'.
- b. A detectable warning strip will be installed.
- c. Railroad crossing panels will be installed.
- d. A stop bar will be constructed.
- e. Adjustments to manholes shall be made.

Funding Source: 003-2703-431.36-01 Contracted Services

Requested Action: Request BOC to approve & sign Amendment #1 to the Memorandum of Understanding (MOU) with Coos County and the City of Lakeside to provide an additional \$20,000 toward the improvement project upgrading the manholes on N 8th Street.

Street.		0.144
Date: 7/2/24	Signature of Dept. Head: _	faulstate
For all matters, forward the deadline. Counsel will forw	document to Counsel no later than th ard to Treasurer.	ne Monday prior to the Agenda
Is the Contract Is the Contract If Insurance is It the Clerk's F	nt: or grant an original? /Grant Summary Form attached? signed first by the vendor (except sequired, Is the Insurance Certification) iling Coversheet attached? is returned to you for filing?	
County Counsel	5	

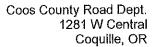


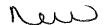
Clerk's CJ No.:	(complete after filing)		RY FORM ct/Agreement/Grant No.:(if app	olicable)
Name/Agency Name and Address: C	_ ` .		-	•
Contact Person: MELISSA BETHE		No: 541-759-3007	Email: manager@cityoflakes	ide.org
Amount of Contract/Grant Award: 5	_			<u></u>
Payment Terms: (state lump s		of payments)		
•			date, i.e. retroactive / prospective date	:)
End Date: <u>6/30/25</u> (if known)	, m and		,	,
County Department and Employee F	esponsible for Perform	ance: Road Departme	nt Roadmaster	
	-		- N 8 TH STREET RAILROAD CROS	SSING
IMPROVEMENTS	onar \$20,000 to Office	I DIMOUDE MOO	THE DITTE OF THE PARTY OF THE P	<u>~~~1~~</u>
Staff Requirements: New Exist	ting Subcontract			
Will unemployment cost be incurred				
will unemployment cost be incurred	; [] 1 es [] 110			
FINANCIAL II	NFORMATION (Fill o	ut this section <u>only</u> i	f the County is receiving funds)	
STATE %	OTHER %	FEDERAL % (CFDA # Required)	Catalog of Federal Domestic Asst. *(CFDA) Number	
		(CFDA # Required)	(CFDA) Number	
*CFDA is a five digit number in the following	g format: xx.xxx. The first tw	o digits designate the feder	al agency and the last three the grant description	on. The following
is a partial listing of the two digit agency iden 10.xxx USDA 14.xxx HUI	20.xxx USDOT		4.xxx Dept. of Education	
11.xxx Dept. of Commerce 16.xxx USD NOTE: If the contract/gran	OJ 39.xxx General Svs. Ad at is associated with more th	lmin. 83.xxx FEMA 9 an one CDFA number, ea	3.xxx USDHHS ich segment must have its own summary for	m.
⊠ New	Renewal		Modification	
_	Previous Amou	nt: \$	Original Amount: \$	
	Previous Date:		Original Date:	
PUBLIC CONTRACT	ING INFORMATION	(Fill out this section	only if the County is spending fun	ds)
Method of Selection:		Type of C	ontract:	
☐ Bid ☐ None		⊠ New (c	omplete sections below)	
Quote Other			al (no need to complete sections below)	
☐ Proposal		∐ Modifi	cation (no need to complete sections below)	
Type of Contract:				
Goods and Services - If Not Using Under \$10,000	ng Bid or Proposal, Mar		uipment Maintenance	
Under \$50,000 for Quotes			Tice Supplies	
Under \$150,000 & Approval from	m Board for Quotes		sed Vehicles	
☐ Sole Source ☐ Contract with Public Agency			ate Purchasing her	
	in a Did Manla Enganatio		<u></u>	
Public Improvement – If Not Us Under \$5,000	ing Bid, wark Exemptic		ternative Contracting Method Approved I	oy Board
☐ Under \$50,000 for Quotes			her	•
Between \$50,000 and \$100,000	for Quotes and Prevailing			
Wage Requirements	T. TYLE D. LAKE	1 2"3		
Personal Services Contract – If I Under \$50,000	Not Using Proposal, Ma	<u>rк Exemption:</u>		
Under \$150,000 & Approval from	om Board			
	1 6 B W W		Tvo Tvo	
Will project be reported to Bureau of La Certificate of insurance required?		inaer OKS 279C.800? [T x es TINO	
Continuate of insurance required:				
Date Approved by BOC:			Reviewed by Counsel:	

Date Approved by BOC: _____

BOC only: Consent Agenda	
Regular Agenda	
AGEND	A ITEM COVERSHEET
Agenda Item Title: Request BOC appr to a Fleet Service III position.	oval to reclassify the current Fleet Service I employee
Department: Road	Requested Agenda Date: 7/16/24
Contact Person: Paul Slater	Phone/Ext.: 7664
approval to reclassify Michael Spencer III Step 3. After a yearly review of his part of the second s	for problem Road department is requesting Board from a Fleet Service I Step 5 position to a Fleet Service position description and paygrade, it was determined and paygrade more closely reflects the duties that lassification would be effective 7/1/24.
Funding Source: 003-2702-431.10-01	Fleet Wages
Requested Action: Request BOC app employee to a Fleet Service III- Step 3	erroval to reclassify the current Fleet Service I-Step 5 effective July 1, 2024.
Date: 7/2/24 Sig	nature of Dept. Head: Soica Chreen to
For all matters, forward the document to Counse Counsel will forward to Treasurer.	ei no later than the Monday prior to the Agenda deadline.
If insurance is required, is the insurance	ndor (except state/federal grants or contracts)?
County Counsel	
Treasurer	

Human Resources CV.





DESCRIPTION OF POSITION

Revision Date: September 7, 2021 Current Classification Title: Fleet Service III 2. Working Title: Fleet Service III 3. Department: Road Department 4. Pay Grade: 809 \boxtimes Part Time Extra Help **Full Time** Position Is: Other Seasonal Yes No Teamsters #223 Excluded from Bargaining Unit? Yes No Eligible for Overtime? What is the purpose of this position? 5. Repairs, overhauls and maintains automotive equipment, machinery and other heavy construction equipment utilized by the county. Essential functions of position: (Reason position exists is to perform these functions.) List 6. duties that must be performed to accomplish the purpose of the position. Performs preventative maintenance on equipment/machinery. Handles diagnostics/troubleshooting malfunctions including mechanical, computer electronic controls, air brake systems, automatic and manual transmissions I. Repairs transmissions, differentials and other gear boxes, making necessary replacements and adjustments. Adjusts and repairs steering gear and front end assemblies. Replaces brake linings; inspects, repairs and replaces defective parts as needed and makes necessary adjustments. Performs automotive and heavy equipment drivability diagnosis with assorted scan tools Services automobiles, trucks, tractors and other construction equipment with fuel, oil, grease, water and air. Communicates with vendors ordering parts, deliveries, prices, new techniques or developments. Keeps accurate records of purchases and charges for inventory control. May be asked to travel to various vendors to pick up parts. Disperses parts from inventory and helps keep parts room organized. Generates work orders, cost estimates, and assists in keeping accurate equipment maintenance files. Other duties as assigned by Supervisor or Roadmaster. 7. Supervision: This position is supervised by the Fleet Service V and/or the Roadmaster. Working conditions of position: 8. Position will be required to bend, squat, kneel, twist, push, pull, lifting objects frequently that weigh in excess of 50 pounds and standing for long periods of time. Must be able to work outdoors in all-weather including extreme cold, heat and windy conditions. Regular and consistent attendance is required.

Normal working hours are from 7am to 5:30pm Monday-Thursday.

DESCRIPTION OF POSITION

9.	List required special skills, licenses, certificates, etc.: CDL Class A or must obtain within 6 months of hire. Flagging Certificate. Four years of experience as a heavy-duty gas and/or diesel mechanic or any satisfactory equivalent combination of experience and training. Considerable knowledge of standard practices, materials, and modern methods used in the repair and maintenance of automotive and construction equipment. Thorough knowledge of the principles and practices used in the safe and efficient operations of automotive repair and maintenance shop. Ability to troubleshoot mechanical problems. Air brake certification preferred. Must be capable of teamwork with other employees. Computer experience entering data for preparing work orders and purchasing parts.
10.	Is operation of motor vehicle required?
11.	List equipment, tools, machines used in performance of duties: Shop truck, tire truck, air tools, hand tools, overhead cranes/hoists, computer diagnostic equipment, and forklift. Various small tools and mechanical shop equipment

223 Road Teamster Local Fiscal Year 2024-2025 July 1, 2024 (+9%)

Pay Grade		Step 1	S	tep 2	s	tep 3	S	itep 4	Ste	p 5	S	tep 6
801	Maintenance Worker I (No CDL)	\$ 20.50	\$	21.12	\$	21.75	\$	22.40	\$	23.08	\$	23.77
802	Maintenance Worker II	\$ 21.79	\$	22.43	\$	23.12	\$	23.80	\$	24.52	\$	25.2€
804	Maintenance Worker IV	\$ 24.77	\$	25.52	\$	26.28	\$	27.06	\$	27.88	\$	28.72
805	Maintenance Worker V	\$ 25.87	\$	26.64	\$	27.44	\$	28.26	\$	29.11	\$	29.99
806	Maintenance Worker VI	\$ 28.49	\$	29.34	\$	30.23	\$	31.14	\$	32.07	\$	33.04
807	Fleet Service I	\$ 23.08	\$	23.77	\$	24.48	\$	25.22	<u>(\$</u>	25.99	, \$	26.75
808	Fleet Service II	\$ 24.36	\$	25.09	\$	25.83	\$	26.62	\$	27.42	\$	28.2
809	Fleet Service III	\$ 25.29	\$	26.05	\$	26.83	 \$	27.64	\$	28.47	\$	29,32
810	Fleet Service IV	\$ 25.97	\$	26.74	\$	27.54	\$	28.38	\$	29.22	\$	30.09
811	Fleet Service V	\$ 28.49	\$	29.34	\$	30.23	\$	31.13	\$	32.07	\$	33.0



AGENDA ITEM COVERSHEET

Agenda Item Title: Request BOC to approve the revised Solid Waste Office Manager job description/paygrade.

Department: Solid Waste Requested Agenda Date: 7/16/24

Contact Person: Paul Slater Phone/Ext.: 7664

Background and description of need or problem: Request Board to approve the revised Office Manager job description and pay grade that reflects the Office Manager current duties. Robert Stewart has been performing these duties and we would like to revise his job description/paygrade to reclassify him at a step 4 of paygrade 772.

Funding Source: 302-1700-432.10-01 Regular Wages

Requested Action: Request BOC description/paygrade and reclassify	to approve the revised Office Manager job Robert Stewart at a Step 4
Date: 7/2/24	Signature of Dept. Head:
For all matters, forward the document to Co Counsel will forward to Treasurer.	ounsel no later than the Monday prior to the Agenda deadline.
If insurance is required, is the i	y Form attached? ne vendor (except state/federal grants or contracts)?
County Counsel	
Treasurer	
Human Resources	

4

DESCRIPTION OF POSITION

Revisi	ion Date:	30, 2024July 16, 2024
1.		nt Classification Title: Solid Waste Office Manager
2.		ng Title: Solid Waste Office Manager
3.		tment: Solid Waste/ Public Works
4.	Pay G	rade: -74 <u>3</u> 2 <u>772</u>
	Positio	on Is: Full Time 🔲 Extra Help 🔲
		Seasonal Other
	Evelue	ded from Bargaining Unit? Yes 🗵 No 🗌
5. Perfor	What i ms a var	is the purpose of this position? iety of administrative and fiscal functions for the Solid Waste Department.
	5	Essential functions of position: (Reason position exists is to perform these functions.)
		List duties that must be performed to accomplish the purpose of the position.
		and the second property delity reports on collections, receives and
	•	Maintains accounts receivable records, prepares daily reports on collections, receives and posts payments to accounts. Prepares billing statements.
		Makes bank deposits.
		Maintains waste accounting system with updates and changes.
		Maintains yougher registers, checks encumbrance records against vendor's statements,
		prepares vouchers for signature, posts figures to proper account classification and
		reconciles accounts. Prepares and records reports related to the department, such as informational reports to
	•	management, recycling reports, daily activity reports, DEQ reports, fuel reports.
	18	Helps prepare department budget, reviews budget proposals and prepares necessary
		supporting documentation and justification.
	•	Compiles data and prepares statistical reports to assist supervisors in such accounting
		areas as purchasing.
		Prepares payroll data for computer processing including timesheets for staff, checks computer print-outs; maintains related personnel records and vacation/sick leave
		balances.
	123	Exercises accounting control over various contracts and grants. Responsible for
		reimbursement/payments on a timely basis.
	81	Determines cost of individual programs and projects. Develops and monitors project
		budgets and monitors cost effectiveness.
	B8	Recommends to management economic strategies, objectives and policies.
		Keeps safety files up to date. Assist management with inventory updates
		Notifies management of any unusual circumstances or conditions at the site.
	*	Answers telephone inquiries from the public and vendors in a businesslike manner.
		Pick-up and delivery of mail to/from the Courthouse.
	•	Serves as a relief Traffic Booth Attendant if required.
		Assists in supervision of Gate Attendant position. Attends staff meetings and trainings as required.
		Other duties as assigned by Management.
		Household Hazardous Waste Program: Monthly inspections of facility, Annual DEQ
	*****	reporting., Coordinates planning and scheduling with the public and vendor for HHW
		Events.
	275	Ensures compliance with our DEQ 1200z Stormwater Permit; Including monthly
	·	inspections, quarterly reporting & sampling as required. Prepares Department of Environmental Quality compliance reports for submittal; Annual
	B	Tonnage Reports.
	95	Assists with quarterly and annual Closure Site Inspections.
1		Initial contact person for the department's customer complaints. Works to resolve the
1		customer complaint and/or request assistance from management.

DESCRIPTION OF POSITION

7.	Supervision:
	 This position is supervised by the Public Works Business and Safety Manager and the Public Works Director.
	 Assists management with the supervision of the Gate Attendant position, including scheduling and evaluations.
8.	 Working conditions of position: Normal schedule is Tuesday through Saturday 8:00 a.m. – 5:00 p.m., though hours may be subject to change at direction of management. Regular and consistent attendance is required. Works inside office and occasionally outside Traffic Booth with exposure to elements while inspecting loads. Position may require occasional physical exertion including bending, stooping, reaching, and lifting of stacks of files up to 25 pounds. Travel within the county may be required. Regular and consistent attendance is required.
9.	 List required special skills, licenses, certificates, etc: Working knowledge of the application of bookkeeping principles to online accounting transactions; working knowledge of modern office methods and procedures and familiarity with the uses of standard office equipment; skill in the application of bookkeeping principles to the keeping of accounts and the preparation of financial reports; ability to make arithmetic calculations and rapidly and accurately. Preference given to candidates with at least two years of progressively responsible clerical / office experience, or an equivalent of experience and training. Must be able to accept supervision and adhere to County and Department policies. Ability to deal effectively, tactfully, and professionally with the general public, employees, and administrative staff. Able to maintain harmonious working relationships with coworkers, and effective interpersonal relationships with subordinates and other agencies. Hazwoper Training CPR, First Aid & AED Training
10.	Is operation of motor vehicle required? Yes ⊠ No □
11.	List equipment, tools, machines used in performance of duties:
	 Waste accounting computer system, <u>Microsoft Office</u> (<u>Outlook</u>, <u>word processing</u>, <u>spreadsheets</u>, <u>databases</u>), <u>calculator</u>, <u>computer</u>, <u>copier</u>, <u>scanner</u>.

NON-UNION SALARY SCHEDULE Fiscal Year 2023-2024

			July 1,	202	July 1, 2023 +5%									
Red font indicates not filled	Pay													
	Grade		_		7		ო		4		2		ဖ	
		69	29,2673	↔	30.6981 \$	()	32.2154	69	33.8019	69	32.2154 \$ 33.8019 \$ 35.4865 \$ 37.2635	3/	7.2635	
						•		N. A. S.			1		•	K
SW Operations Manager	772	₩	3,799	()	3,978 \$	₩	4,171	rs.	4,374	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4,585	3	£,809	
		69	21.9173 \$	↔	22.9500	€)	24.0635 \$ 25.2346 \$ 26.4519 \$ 27.7442	.es	25.2346	မှ	26.4519	8 ⊠	7.7442	
Administrative Aide II - CC	775	69	3,151	69	3,308	₩	3,308 \$ 3,470 \$ 3,640 \$ 3,818 \$ 4,003	₩	3,640	₩	3,818	43	4,003	
Administrative Aide II - PH		49	18.1788	49	19.0846	49	20.0192	49	21.0000	B	20.0192 \$ 21.0000 \$ 22.0269 \$ 23.0942	€9 €9	3.0942	
Administrative Aide II - MH														
Administrative Aide II - I I														
Not Used	778	69	6,031	↔	6,329 \$		6,643 \$ 6,973 \$ 7,314 \$ 7,678	₩	6,973	₩	7,314	69	7,678	
		co	34.7942	↔	36.5135 \$		38.3250	69	40.2288	69	42.1962	& 4	4.2962	
County Counsel	77	43	\$ 10,512 \$	49	11,037	49	\$ 11,588 \$ 12,166 \$ 12,776 \$ 13,416	49	12,166	4	12,776	\$	3,416	
Integrated Nurse Practitioner - NOT DUAL		69	60,6462	θ	63.6750	69	66.8538	69	70.1885	69	66.8538 \$ 70.1885 \$ 73.7077	8	\$ 77.4000	
Psychiatric MH Nurse Practioner Adult/Child														
MH Adult/Child Psychiatric Serv Coord														
Adult Psychiatric Service Manager														
MH Adult Psychiatric Serv Coord														

nen	780 M	↔ ↔	4,337 25.0212	↔ ↔	\$ 4,337 \$ 4,549 \$ 4,767 \$ 4,998 \$ 5,244 \$ 5,499 \$ 25.0212 \$ 26.2442 \$ 27.5019 \$ 28.8346 \$ 30.2538 \$ 31.7250	↔ ↔	4,767 27.5019	⇔ ↔	4,767 \$ 4,998 \$ 5,244 \$ 5,499 27.5019 \$ 28.8346 \$ 30.2538 \$ 31.7250	и _и	5,244 30.2538	↔ ↔	5,499 31,7250	
PH Emergency Preparedness Program Mgr														
Business Operations Mgr - Surveyor														
Business Operations Mgr - Juvenile														
Business Operations Mgr Road														

BOC only: Consent Agenda	
Regular Agenda	

Regular Agenda	
AGENDA ITEM	I COVERSHEET
Agenda Item Title: Timber and Operation Pa	trol Services (TOPS) Program
Department: Sheriff's Office	Requested Agenda Date: 7/15/24
Contact Person: Captain. Sean Sanborn	Phone/Ext.: 7808
for a full-time patrol deputy is split by the amount of the services. Bavarian OlympusTimber LLC, Keystone Forest Investments LLC, Lone Rock	ands in Coos County. Fifty percent (50%) of the cost of acres owned by each of the following subscribers FIA Timber Growth & Value Master LLC, Timber Company, Manulife Investment II Lumber Co, New Growth Olympus LLC, Oegon
Funding Source: 342.01-01	
Requested Action: Board review, approve a	nd sign the attached Contracts and Agreements
Date: 7/8/24 Signature	of Dept. Head: Leave a Patter
For all matters, forward the document to Counsel r deadline. Counsel will forward to Treasurer.	9
If this is a Contract or Grant: Is the contract or grant an original? Is the Contract/Grant Summary Fore Is the Contract signed first by the very If Insurance is required, Is the Insurance is the Clerk's Filing Coversheet atta Do you want this returned to you for	endor (except state/federal grants or contracts)? ance Certificate attached? ched?

411

CONTRACT / GRANT SUMMARY FORM Clerk's CJ No.: (complete after filing) Contract/Agreement/Grant No.: (if applicable) Name/Agency Name and Address: Bayarian Olympus Timber, LLC, Barnes & Associates, Inc., 1515 Sherifan Ave Suite B North Bend OR 97459 Contact Person: Michael Scott Phone No: <u>541-982-5188</u> Email: mscott@barnesinc.com Amount of Contract/Grant Award: \$2,570.08 Payment Terms: Invoiced Lump Sum (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 - Captain Sanborn Description: Cooperative Agreement for Patrol on Timberlands Staff Requirements: New Existing Subcontract Will unemployment cost be incurred? ☐Yes ☒No FINANCIAL INFORMATION (Fill out this section only if the County is receiving funds) STATE % OTHER % FEDERAL % Catalog of Federal Domestic Asst. (CFDA # Required) *(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: 14.xxx HUD 20.xxx USDOT 10.xxx USDA 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 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: 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 ____ Between \$50,000 and \$100,000 for Quotes and Prevailing Wage Requirements 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

Reviewed by Counsel: CT

		CONTENT OF A	מו או אומר ביונ	ATTN AT A	DV EODM	
Clerk's CJ No.:_		CONTRACT / G (complete after filing)			KY FUKIVI ct/Agreement/Grant No.:	(if applicable)
Name/Agency Na	me and Address: FIA	A Timber-Growth & V	alue Master, L	LC., I	Barnes & Associates, Inc., 15	515 Sherifan Ave Suite
B, North Bend O	<u>R 97459</u>					
Contact Person: N	<u> Iichael Scott</u>	Phone No: <u>541-</u>	<u>982-5188</u>	F	Email: <u>mscott@barnesinc.co</u>	<u>m</u>
Amount of Contra	ect/Grant Award: \$3	3,635.79				
Payment Terms: I	nvoiced Lump Sum	(state lump sum or am	ount and time	of payı	ments)	
Effective Date: 07	1/01/24 Start Date:	(if different from	effective date	, i.e. re	etroactive / prospective date)	
End Date: 6/30/25	(if known)					
County Departme	nt and Employee Re	sponsible for Performa	ınce: <u>Sheriff's</u>	Office	- Criminal	
Description: Coop	perative Agreement f	or Patrol on Timberla	<u>nds</u>			
Staff Requiremen	ts: □New ⊠Existir	ng Subcontract				
Will unemployme	ent cost be incurred?	☐Yes ⊠No				
	FINANCIAL INI	ORMATION (Fill of	ut this section	only i	f the County is receiving fu	inds)
	STATE %	OTHER %	FEDERAL (CFDA # Req		Catalog of Federal Domestic A *(CFDA) Number	Asst.
		100%				
*CFDA is a five digit is a partial listing of the	number in the following f the two digit agency identif	ormat: xx.xxx. The first two ier:	o digits designate	the feder	ral agency and the last three the gran	at description. The following
10.xxx USDA 11.xxx Dept. of Co	14.xxx HUD mmerce 16.xxx USDO	20.xxx USDOT J 39.xxx General Svs. Ad	66,xxx EF min. 83,xxx FE		4.xxx Dept. of Education 3.xxx USDHHS	
					ach segment must have its own su	mmary form.
⊠ New		Renewal Previous Amou	nt. ¢		Modification	•
		Previous Amou	ні; ф		Original Amount: \$ Original Date:	ı
PUR	LIC CONTRACTU	NC INFORMATION	(Fill out this	section	n only if the County is spen	ding funds)
			(11110410111111111111111111111111111111		. <u>Omi,</u> ii the County is spen	ang tanos
Method of Selecti			•		Contract:	
	☐ None☐ Other				complete sections below) (al (no need to complete sections be	olow)
☐ Proposal					cation (no need to complete sections be	
Type of Contract:					•	,
<u></u>	rvices - If Not Using	Bid or Proposal, Mar	k Exemption:			
Under \$10,		•	•		uipment Maintenance	
	000 for Quotes 0,000 & Approval from	Roard for Ovotes			fice Supplies sed Vehicles	
Sole Source		posta for Anotes			ate Purchasing	
Contract w	ith Public Agency				her	
Public Improv	vement – If Not Usin	g Bid, Mark Exemptio	<u>n:</u>			
☐ Under \$5,0					ternative Contracting Method A	approved by Board
Under \$50,	-	r Quotes and Prevailing		∐ Ot	her	
Wage Require		. Quotos ana riovaning				
Personal Serv	ices Contract – If No	ot Using Proposal, Mar	k Exemption:			
Under \$50,		_				
∐ Under \$150	0,000 & Approval from	Board				
		r for Prevailing Wages u	nder ORS 279C	.800? [□Yes □No	
Certificate of insura	nce required? Yes	□No				

Reviewed by Counsel:

Clerk's CJ No.:	CONTRACT / GRANT S (complete after filing)		RY FORM ct/Agreement/Grant No.:(if	`applicable)
Name/Agency Name and Address: Ke	ystone Forest Investments LLC	Barnes &	Associates, Inc., 1515 Sherifan A	ve Suite B, North
Bend OR 97459	•			
Contact Person: Michael Scott	Phone No: <u>541-982-5188</u>	E	Email: mscott@barnesinc.com	
Amount of Contract/Grant Award: \$ 9	949.79			
Payment Terms: Invoiced Lump Sum	(state lump sum or amount and t	ime of payn	nents)	
Effective Date: <u>07/01/24</u> Start Date:	(if different from effective	date, i.e. re	troactive / prospective date)	
End Date: 6/30/25 (if known)				
County Department and Employee Re	sponsible for Performance: Sher	iff's Office -	- Criminal	
Description: Cooperative Agreement f	or Patrol on Timberlands			
Staff Requirements: New Existing	ng Subcontract			
Will unemployment cost be incurred?	□Yes ⊠No			
FINANCIAL INI	ORMATION (Fill out this sec	tion <u>only</u> if	f the County is receiving funds)	
STATE %		RAL%	Catalog of Federal Domestic Asst.	
	(CFDA #	Required)	*(CFDA) Number	_
*CFDA is a five digit number in the following f		mate the federa	al agency and the last three the grant descr	 ription. The following
is a partial listing of the two digit agency identified 10.xxx USDA 14.xxx HUD		xx EPA 84	4.xxx Dept. of Education	
11.xxx Dept. of Commerce 16.xxx USDO NOTE: If the contract/grant			3.xxx USDHHS ich segment must have its own summary	v form.
⊠ New	Renewal	,	☐ Modification	,
	Previous Amount: \$		Original Amount: \$	
	Previous Date:		Original Date:	
PUBLIC CONTRACTI	NG INFORMATION (Fill out	this section	only if the County is spending	funds)
Method of Selection:		Type of Co	ontract:	
☐ Bid ☐ None			omplete sections below)	
Quote Other			al (no need to complete sections below)	
☐ Proposal		∐ Modifi	cation (no need to complete sections belo	ow)
Type of Contract:	. Did ou Duomanal Mault Externati	omi		
Goods and Services - If Not Using Under \$10,000	, blu or Proposal, Mark Exempli		uipment Maintenance	
Under \$50,000 for Quotes		Of	fice Supplies	
☐ Under \$150,000 & Approval from ☐ Sole Source	Board for Quotes		ed Vehicles ate Purchasing	
Contract with Public Agency			her	
Public Improvement – If Not Usin	g Bid, Mark Exemption:			
Under \$5,000	<u></u>	☐ Alt	ternative Contracting Method Approv	red by Board
☐ Under \$50,000 for Quotes ☐ Between \$50,000 and \$100,000 for	or Overton and Proveiling	Otl	her	
Wage Requirements	1 Quotes and Freyaming			
Personal Services Contract – If No	ot Using Proposal, Mark Exempt	ion:		
Under \$50,000				
Under \$150,000 & Approval from	Board			
Will project be reported to Bureau of Labo	r for Prevailing Wages under ORS 2	279C.800?	□Yes □No	
Certificate of insurance required? Yes	□No			

Reviewed by Counsel:

Clerk's CJ No.:		(complete after filing)		act/Agreement/Grant No.:	(if applicable)
Name/Agency Na		` .		PO Box 1127, Roseburg OR 97	· • • •
Contact Person: <u>H</u>		Phone No: <u>541</u> -		Email: hcornlkent@irtev.com	
Amount of Contra	act/Grant Award: \$ 7	,000.84		<u> </u>	
Payment Terms: Invoiced Lump Sum (state lump sum or amount and time of payments)					
-		-	•	retroactive / prospective date)	
End Date: 6/30/2:			,	,	
	•	sponsible for Performa	ance: Sheriff's Offic	e - Criminal	
• •	•	or Patrol on Timberla			
	ts: New Existin				
_	ent cost be incurred?				
				·•	
	FINANCIAL INF	ORMATION (KIII o	ut this section only	if the County is receiving fu	<u>nds) </u>
	STATE %	OTHER %	FEDERAL % (CFDA # Required)	Catalog of Federal Domestic A *(CFDA) Number	isst.
		100%	(======		
	number in the following for the two digit agency identified		o digits designate the fee	leral agency and the last three the gran	t description. The following
10.xxx USDA	14.xxx HUD	20.xxx USDOT	66.xxx EPA	84.xxx Dept. of Education	
	ommerce 16.xxx USDOJ E: If the contract/grant i			each segment must have its own sur	nmary form.
🛛 New		Renewal		☐ Modification	
		Previous Amou Previous Date:	nt: \$	Original Amount: \$ Original Date:	
PUB	LIC CONTRACTIN	IG INFORMATION	(Fill out this secti	on <u>only</u> if the County is spend	ding funds)
Method of Selecti	ion:		Type of	Contract:	
Bid	None			(complete sections below)	
☐ Quote ☐ Proposal	Other			wal (no need to complete sections be	•
			∐ Mod	ification (no need to complete section	ns below)
Type of Contract:		Did an Duamanal Man	le Evenuetion		
☐ Under \$10,	_	Bid or Proposal, Mar		Equipment Maintenance	
Under \$50,	000 for Quotes			Office Supplies	
Under \$150	0,000 & Approval from	Board for Quotes		Used Vehicles State Purchasing	
_	ith Public Agency			Other	
☐ Public Improv	vement If Not Using	g Bid, Mark Exemption	on:		
☐ Under \$5,0				Alternative Contracting Method A	pproved by Board
	000 for Quotes	0 1 15 "		Other	
Wage Require	50,000 and \$100,000 for ments	r Quotes and Prevailing			
Personal Serv	rices Contract - If No	t Using Proposal, Mar	k Exemption		
☐ Under \$50,			<u> </u>		
Under \$150	0,000 & Approval from	Board			
Will project be reno	orted to Bureau of Lahor	for Prevailing Wages u	nder ORS 279C.8009	□Yes □No	
	ince required? Tyes			<u> </u>	
D-4- A	d by DCC			B	
Date Approve	a by BOC:			Reviewed by Counsel:	

Contract and Grant Summary Form

Revised 1/28/2020

Clerk's CJ No.:	(complete after filing	KANI SUMMA Contra	KKY FURIVI act/Agreement/Grant No.:	(if annlicable)
Name/Agency Name and Address: M		•	-	(ii uppiiouoio)
Contact Person: Darin McMickel	Phone No: <u>541</u>	_	Email: dmcmichael@manulife.c	om
Amount of Contract/Grant Award: \$		1001000	Zamani <u>amomionaonajmanamio.o</u>	<u>om</u>
Payment Terms: Invoiced Lump Sum (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: <u>6/30/25</u> (if known)	(II different from	ii criective date, i.e. i	onoactive / prospective date)	
County Department and Employee Re	senancible for Perform	ance: Sheriffs Office	- Criminal	
Description: Cooperative Agreement	•		- Cimmai	
Staff Requirements: New Existi		anus		
•				
Will unemployment cost be incurred?	☐ Y es ⊠ino			
FINANCIAL IN	FORMATION (Fill o	ut this section <u>only</u>	if the County is receiving funds	s)
STATE %	OTHER %	FEDERAL %	Catalog of Federal Domestic Asst.	
	100%	(CFDA # Required)	*(CFDA) Number	_
*CFDA is a five digit number in the following		/o digits designate the fede	ral agency and the last three the grant de	 escription. The following
is a partial listing of the two digit agency identi 10.xxx USDA 14.xxx HUD			84.xxx Dept. of Education	,
11.xxx Dept. of Commerce 16.xxx USDC	J 39.xxx General Svs. Ac	dmin. 83,xxx FEMA		arry farm
New	Renewal	an one CDFA number, e	Modification	ту юш.
Z Now	Previous Amou	ınt: \$	Original Amount: \$	
	Previous Date:		Original Date:	
PUBLIC CONTRACTI	NG INFORMATION	V (Fill out this section	n only if the County is spendin	g funds)
Method of Selection:		т. С.		
☐ Bid ☐ None		Type of C	Contract:	
Quote Other			val (no need to complete sections below	·)
☐ Proposal			ication (no need to complete sections b	
Type of Contract:				
Goods and Services - If Not Using	g Bid or Proposal, Mar	k Exemption:		
Under \$10,000			quipment Maintenance	
☐ Under \$50,000 for Quotes ☐ Under \$150,000 & Approval fron	Board for Quotes		ffice Supplies sed Vehicles	
Sole Source	. 20		tate Purchasing	
Contract with Public Agency		□0	ther	
Public Improvement – If Not Usir	ıg Bid, Mark Exemptic	on:		
Under \$5,000			Iternative Contracting Method Appr	oved by Board
☐ Under \$50,000 for Quotes☐ Between \$50,000 and \$100,000 for	or Quotes and Prevailing	По	ther	
Wage Requirements				
Personal Services Contract – If No	ot Using Proposal, Ma	rk Exemption:		
Under \$50,000		•		
☐ Under \$150,000 & Approval fron	ı Board			
Will project be reported to Bureau of Labo	or for Prevailing Wages u	inder ORS 279C.800?	□Yes □No	
Certificate of insurance required? Yes		·	_	
Data Approved by POC:			Davioused by Coursell	
Date Approved by BOC:			Reviewed by Counsel:	

Revised 1/28/2020

Contract and Grant Summary Form

Clerk's CJ No.:	CONTRACT / GR (complete after filing)		RY FORM ct/Agreement/Grant No.:(if applicable)
Name/Agency Name and Address: M	ahaffy Tree Farm Inc., 97		
Contact Person: Ryan Mahaffy	Phone No: <u>541-40</u>	<u>)4-8400</u> E	mail: <u>rymahaffy@gmail.com</u>
Amount of Contract/Grant Award: \$	<u>371.62</u>		
Payment Terms: Invoiced Lump Sum	(state lump sum or amou	nt and time of payr	nents)
Effective Date: 07/01/24 Start Date:	(if different from e	ffective date, i.e. re	troactive / prospective date)
End Date: <u>6/30/25</u> (if known)			
County Department and Employee Re	esponsible for Performanc	e: Sheriff's Office	- Criminal
Description: Cooperative Agreement	for Patrol on Timberland	<u>s</u>	
Staff Requirements: New Existing	ng Subcontract		
Will unemployment cost be incurred?	□Yes ⊠No		
FINANCIAL IN	FORMATION (Fill out	this section <u>only</u> if	the County is receiving funds)
STATE %	OTHER %	FEDERAL %	Catalog of Federal Domestic Asst.
		(CFDA # Required)	*(CFDA) Number
*CEDA is a five digit number in the following	format: vv vvv The first two di	igits designate the feder	al agency and the last three the grant description. The following
is a partial listing of the two digit agency identities 10.xxx USDA 14.xxx HUD	fier:		
11.xxx Dept. of Commerce 16.xxx USDO	20.xxx USDOT J 39.xxx General Svs. Admin is associated with more than	n. 83.xxx FEMA 93	.xxx Dept. of Education 3.xxx USDHHS ch segment must have its own summary form.
New	Renewal		☐ Modification
	Previous Amount: Previous Date:	\$	Original Amount: \$ Original Date:
PUBLIC CONTRACTION	NG INFORMATION (F	ill out this section	only if the County is spending funds)
Method of Selection:		Type of Co	ontract:
☐ Bid ☐ None			emplete sections below)
Quote Other			al (no need to complete sections below)
-			vaction (no need to complete sections below)
Type of Contract: Goods and Services - If Not Using	Rid or Proposal Mark F	vemntion:	
Under \$10,000	, Did of Troposal, Mark L	•	ipment Maintenance
Under \$50,000 for Quotes		Off	ice Supplies
☐ Under \$150,000 & Approval from ☐ Sole Source	Board for Quotes		ed Vehicles de Purchasing
Contract with Public Agency			er utenasing
Public Improvement – If Not Usin	g Bid. Mark Exemption:		
☐ Under \$5,000		☐ Alte	ernative Contracting Method Approved by Board
Under \$50,000 for Quotes	0	Oth	er
☐ Between \$50,000 and \$100,000 fo Wage Requirements	r Quotes and Prevailing		
Personal Services Contract – If No	t Heing Proposal Mark F	ivemntion:	
☐ Under \$50,000	t Obing I Toposat, Watk I	<u> Moimpidon.</u>	
☐ Under \$150,000 & Approval from	Board		
Will project be reported to Bureau of Labor Certificate of insurance required? Yes		r ORS 279C.800?	Yes No
Date Approved by BOC:			Reviewed by Counsel:

Revised 1/28/2020

Contract and Grant Summary Form

Clerk's CJ No.:_		CONTRACT / G (complete after filing)		RY FORM ct/Agreement/Grant No.:	(if applicable)
Name/Agency Na	ame and Address: Mo	ore Mill & Lumber C	o., PO Box 277, Ban	don OR 97411	
Contact Person: J	eff Miller	Phone No: <u>541</u> -	-347-2412	Email: <u>mmtimbermgr@yaho</u>	<u>o.com</u>
Amount of Contra	act/Grant Award: \$ 4	,731.69			
Payment Terms: 1	Invoiced Lump Sum (state lump sum or am	ount and time of pay	ments)	
•	-	<u>-</u>	• •	etroactive / prospective date)	
End Date: 6/30/2:		(· · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , , ,	
		sponsible for Performa	ance: Sheriff's Office	- Criminal	
	• •	or Patrol on Timberla			
	ts: New Existin				
-	ent cost be incurred?				
	FINANCIAL INF	ORMATION (Fill o	ut this section only i	f the County is receiving fu	nds)
	STATE %	OTHER %	FEDERAL %	Catalog of Federal Domestic A	Acet
	51111D 70		(CFDA # Required)	*(CFDA) Number	
*CED A is a firm digit		100%			t description. The following
is a partial listing of the	he two digit agency identifi	ier:		ral agency and the last three the gran	it description. The following
	14.xxx HUD ommerce 16.xxx USDOJ		lmin. 83,xxx FEMA 9		
	_		an one CDFA number, e	ach segment must have its own sur	nmary form.
⊠ New		L Renewal Previous Amou	nt: \$	Modification Original Amount: \$	
		Previous Date:		Original Date:	
PUB	LIC CONTRACTIN	IG INFORMATION	l (Fill out this sectio	n only if the County is spen	ding funds)
Method of Select	ion:		Type of (ontract:	
□ Bid	☐ None			complete sections below)	
Quote	Other		-	/al (no need to complete sections be	elow)
☐ Proposal			☐ Modif	ication (no need to complete section	ons below)
Type of Contract:					
	_	Bid or Proposal, Mar	•		
☐ Under \$10,	,000 ,000 for Quotes			quipment Maintenance ffice Supplies	
	0,000 & Approval from	Board for Quotes		sed Vehicles	
Sole Sourc				ate Purchasing	
	ith Public Agency			ther	
☐ Under \$5,0		g Bid, Mark Exemption		Iternative Contracting Method A	navouad his Daawd
	,000 for Quotes			ther	pproved by Board
☐ Between \$	50,000 and \$100,000 for	r Quotes and Prevailing			
Wage Require	ments				
		t Using Proposal, Mai	rk Exemption:		
☐ Under \$50,	,000 0,000 & Approval from	Board			
* -		r for Prevailing Wages u	nder ORS 279C.800?	YesNo	
	nnce required? Yes				
Date Approve	d by BOC:		·. ·	Reviewed by Counsel:	

Revised 1/28/2020

Contract and Grant Summary Form

Clerk's CJ No.:_		CONTRACT / G (complete after filing)		.RY FORM ct/Agreement/Grant No.:(if	`applicable)
Name/Agency Name/	ame and Address: Ne	w Growth Olympus, L	LC., Barnes & Asso	ociates, Inc., 1515 Sherifan Ave Su	ite B, North Bend
OR 97459					
Contact Person: 1	Michael Scott	Phone No: <u>541-</u>	982-5188	Email: mscott@barnesinc.com	
Amount of Contr	act/Grant Award: \$ 2	<u>2,497.80</u>			
Payment Terms:	Invoiced Lump Sum	(state lump sum or am	ount and time of pay	ments)	
Effective Date: 0	7/01/24 Start Date:	(if different from	effective date, i.e. re	etroactive / prospective date)	
End Date: <u>6/30/2</u>	<u>5</u> (if known)				
County Departme	ent and Employee Re	sponsible for Performa	nce: <u>Sheriff's Office</u>	- Criminal	
Description: Coo	perative Agreement f	or Patrol on Timberla	<u>nds</u>		
Staff Requiremen	ıts: □New ⊠Existir	ng Subcontract			
Will unemploym	ent cost be incurred?	☐Yes ⊠No			
	FINANCIAL INI	FORMATION (Fill o	ut this section <u>only</u> i	if the County is receiving funds)	
	STATE %	OTHER %	FEDERAL %	Catalog of Federal Domestic Asst.	7
		100%	(CFDA # Required)	*(CFDA) Number	-
is a partial listing of t 10.xxx USDA 11.xxx Dept. of Co	he two digit agency identif 14.xxx HUD ommerce 16.xxx USDO	ormat: xx.xxx. The first two ier: 20.xxx USDOT J 39.xxx General Svs. Ad	66,xxx EPA 8 min. 83,xxx FEMA 9	ral agency and the last three the grant described as the second of Education 33.xxx USDHHS ach segment must have its own summary	
⊠ New		Renewal		☐ Modification	
		Previous Amou Previous Date:	nt: \$	Original Amount: \$ Original Date:	
PUB	LIC CONTRACTI	NG INFORMATION	(Fill out this section	n only if the County is spending	funds)
Method of Select	<u>ion:</u>		Type of C	Contract:	
□Bid	☐ None			complete sections below)	
☐ Quote ☐ Proposal	Other			 /al (no need to complete sections below) Ication (no need to complete sections below) 	ovy
•			Modif	leation (no need to complete sections bea	уw)
Type of Contract Goods and St	-	Bid or Proposal, Marl	Evenution:		
☐ Under \$10	· · · · · · · · · · · · · · · · · · ·	, Did of Troposal, Maii		quipment Maintenance	
	,000 for Quotes			ffice Supplies	
☐ Under \$15	0,000 & Approval from	Board for Quotes		sed Vehicles ate Purchasing	
	rith Public Agency			ther	
Public Impro	vement – If Not Usin	g Bid, Mark Exemptio	n:		
Under \$5,0				Iternative Contracting Method Approv	ed by Board
	,000 for Quotes	0 / 10 '!!	☐ Ot	ther	
Wage Require		r Quotes and Prevailing			
_		ot Using Proposal, Mar	k Evenntion		
☐ Under \$50		o come i roposai, iviai	A LASIIIPHOIL		
Under \$15	0,000 & Approval from	Board	•		
Will project be very	wted to Burgon of the	r for Prevailing Wages u	nder ODS 2700 0000	Tves TNo	
	ance required? TVes		11601 OTG 2170,0001 [1.03110	

Reviewed by Counsel: _____

Clerk's CJ No.:	CONTRACT / Gi (complete after filing)		RY FORM ct/Agreement/Grant No.:	_(if applicable)
Name/Agency Name and Address: Or	egon Dept. of Forestry,	63612 Fifth Rd, Coo	os Bay OR 97420	
Contact Person: Ryan Greco	Phone No: <u>541-</u> 2	267-1742 F	Email: <u>ryan.greco@oregon.go</u>	<u>v</u>
Amount of Contract/Grant Award: \$	1,445.25			
Payment Terms: Invoiced Lump Sum		ount and time of payr	ments)	
Effective Date: 07/01/24 Start Date:	•			
End Date: <u>6/30/25</u> (if known)		,	,	
County Department and Employee Re	esponsible for Performa	nce: Sheriff's Office	- Criminal	
Description: Cooperative Agreement	•			
Staff Requirements: New Existi		1405		
Will unemployment cost be incurred?				
FINANCIAL IN	FORMATION (Fill or	it this section <u>only</u> i	f the County is receiving fur	ids)
STATE %	OTHER %	FEDERAL %	Catalog of Federal Domestic A	sst.
	100%	(CFDA # Required)	*(CFDA) Number	
*CFDA is a five digit number in the following		o digits designate the feder	I al agency and the last three the grant	description. The following
is a partial listing of the two digit agency identi 10.xxx USDA 14.xxx HUD	20.xxx USDOT	66.xxx EPA 8	4.xxx Dept. of Education	
11.xxx Dept. of Commerce 16.xxx USDC	OJ 39.xxx General Svs. Add	min. 83.xxx FEMA 9 an one CDFA number, ea	3.xxx USDHHS nch segment must have its own sum	amary form.
New	Renewal	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Modification	
	Previous Amour	nt: \$	Original Amount: \$	
	Previous Date:		Original Date:	
PUBLIC CONTRACTI	NG INFORMATION	(Fill out this section	only if the County is spend	ling funds)
Method of Selection:		Type of C	Contract:	
☐ Bid ☐ None		☐ New (d	omplete sections below)	
Quote Other			al (no need to complete sections bel	·
☐ Proposal		∐ Modifi	cation (no need to complete section	as below)
Type of Contract:				
☐ Goods and Services - If Not Usin ☐ Under \$10,000	g Bid or Proposal, Marl	=	uipment Maintenance	
Under \$50,000 for Quotes			fice Supplies	
☐ Under \$150,000 & Approval from	n Board for Quotes		sed Vehicles	
☐ Sole Source ☐ Contract with Public Agency			ate Purchasing her	
	D'IM ID		iici	
Public Improvement – If Not Usin Under \$5,000	ng Bid, Mark Exemptio	_	ternative Contracting Method Ap	nroved by Board
Under \$50,000 for Quotes			her	proved by Bourd
Between \$50,000 and \$100,000 f	or Quotes and Prevailing			
Wage Requirements				
Personal Services Contract – If N Under \$50,000	ot Using Proposal, Mar	k Exemption:		
Under \$150,000 & Approval from	n Board			
_		_		
Will project be reported to Bureau of Lab		nder ORS 279C.800? [YesNo	
Certificate of insurance required? Yes	S			
Date Approved by BOC:			Reviewed by Counsel:	

C1 11 CY37	CONTRACT/G			('C 1' 11)
Clerk's CJ No.:	_(complete after filing)		ct/Agreement/Grant No.:	
Name/Agency Name and Address: On	regon Dept. of State La	nds, , 951 SW Simps	on Ave Ste. 104, Bend OR 977	702
Contact Person: Amber McKernan	Phone No: <u>541</u>	- <u>388-6355</u> I	Email: <u>amber.mckernan@state</u> .	or.us
Amount of Contract/Grant Award: \$	<u>7,305.56</u>			
Payment Terms: Invoiced Lump Sum	(state lump sum or am	ount and time of pay	ments)	
Effective Date: <u>07/01/23</u> Start Date:	(if different from	n effective date, i.e. re	etroactive / prospective date)	
End Date: <u>6/30/24</u> (if known)				
County Department and Employee Re	esponsible for Perform	ance: Sheriff's Office	- Criminal	
Description: Cooperative Agreement	for Patrol on Timberla	<u>nds</u>		
Staff Requirements: New Existi	ng Subcontract			
Will unemployment cost be incurred?	' ∐Yes ⊠No			
DINANCIALIN	EODMATION (ESIL)	ud this costine only i	f the County is receiving fund	la\
FINANCIAL IN	RESPONSABILITIES	ur mis secuoni <u>omy</u> a	Time County is receiving tune	
STATE %	OTHER %	FEDERAL % (CFDA # Required)	Catalog of Federal Domestic Ass *(CFDA) Number	st.
	100%		(01211) 1(01101	
*CFDA is a five digit number in the following		o digits designate the fede	ral agency and the last three the grant of	description. The following
is a partial listing of the two digit agency identi 10.xxx USDA 14.xxx HUD	20.xxx USDOT		4.xxx Dept. of Education	
11.xxx Dept. of Commerce 16.xxx USDC NOTE: If the contract/grant		lmin. 83.xxx FEMA 9 an one CDFA number, ea	33.xxx USDHHS ach segment must have its own sumr	nary form.
New	Renewal			
	Previous Amou	nt: \$	Original Amount: \$	
	Previous Date:		Original Date:	
PUBLIC CONTRACTI	ING INFORMATION	l (Fill out this section	n <u>only</u> if the County is spendi	ng funds)
Method of Selection:		Type of C	Contract:	
☐ Bid ☐ None			complete sections below)	
Quote Other		☐ Renew	al (no need to complete sections belo	w)
☐ Proposal		☐ Modif	ication (no need to complete sections	s below)
Type of Contract:				
Goods and Services - If Not Usin	g Bid or Proposal, Mar	•		
☐ Under \$10,000 ☐ Under \$50,000 for Quotes			quipment Maintenance ffice Supplies	
Under \$150,000 & Approval from	n Board for Quotes		sed Vehicles	
Sole Source			ate Purchasing	
Contract with Public Agency			ther	
Public Improvement – If Not Usin	ng Bid, Mark Exemption			11 D 1
☐ Under \$5,000 ☐ Under \$50,000 for Quotes			ternative Contracting Method Applace ther	proved by Board
☐ Between \$50,000 and \$100,000 f	or Quotes and Prevailing			
Wage Requirements				
Personal Services Contract – If N	ot Using Proposal, Ma	rk Exemption:		
Personal Services Contract – If N Under \$50,000	•	rk Exemption:		
Personal Services Contract – If N	•	rk Exemption:		
Personal Services Contract – If N Under \$50,000	n Board		∐Yes ∐No	
Personal Services Contract – If N Under \$50,000 Under \$150,000 & Approval from	n Board or for Prevailing Wages u		∐Yes ∐No	

Contract and Grant Summary Form

Revised 1/28/2020

BOC only: Consent Agenda				
Regular Agenda				
AGENDA ITE	M COVERSHEET			
Agenda Item Title: Dispatch Contracts				
Department: Coos County Sheriff's Office	Requested Agenda Date: 7/16/24			
Contact Person: Captain Patterson	Phone/Ext.: 7820			
Background and description of need or problem: Contracts for dispatch services. City of Coquille, City of Powers, City of Myrtle Point, and Bridge, Greenacre, Charleston, Dora-Sitkum, Fairview, North Bay Rural Fire Protection Districts				
Funding Source: 342.01-02 Contracted Disp	patch			
Requested Action: Approval for Sheriff an	d Board of Commissions to sign.			
Date: 6/26/24 Signature	of Dept. Head: John A. Router			
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 _____

4

Clerk's CJ No.:		CONTRACT / G (complete after filing)			vI .t/Grant No.:	_(if applicable)
Name/Agency Na	ame and Address: City	y of Coquille, 851 N C	Central Blvd, Coqu	ille OR 97423		
Contact Person: <u>F</u>	orrest Neuerburg (Ma	anager)	Phone No: <u>541-</u>	<u>396-2115</u>	Email:	
Amount of Contra	act/Grant Award: \$ 7	,162.56 with a yearly	increase of 4.5%.	- 2.5% to be us	sed for the radio m	aint. and upgrades.,
Payment Terms: Deffective Date: 0/30/2 End Date: 0/6/30/2 County Department Description: Dispostaff Requirement Will unemployment *CFDA is a five digit is a partial listing of the 10.xxx USDA	Invoiced Yearly (state 7/01/24 Start Date: _ 29 (if known) ent and Employee Reseatch Services ats: New Existingent cost be incurred? FINANCIAL INF STATE % number in the following for the two digit agency identifications.	e lump sum or amount (if different from sponsible for Performa g Subcontract Yes No ORMATION (Fill of OTHER % 100% ormat: xx.xxx. The first two ier: 20.xxx USDOT	and time of paym m effective date, i. unce: Sheriff Offic ut this section on FEDERAL % (CFDA # Required o digits designate the form	ents) e. retroactive / e-Dispatch - Ca y if the County Catalog of ederal agency and t 84.xxx Dept. of 1	prospective date) uptain Patterson y is receiving function f Federal Domestic Associated Number the last three the grant of Education	ls)
11.xxx Dept. of Co	ommerce 16.xxx USDOJ FE: If the contract/grant i	39.xxx General Svs. Ad is associated with more the	min, 83.xxx FEMA an one CDFA number	93.xxx USDHH: r, each segment m	S ust have its own sumr Modification	nary form.
		Previous Amou Previous Date:	nt: \$		ginal Amount: \$ ginal Date:	
PUB	LIC CONTRACTIO	NG INFORMATION	(Fill out this sec	tion <u>only</u> if the	County is spendi	ng funds)
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)				·		
☐ Under \$10 ☐ Under \$50 ☐ Under \$15 ☐ Sole Source	ervices - If Not Using ,000 ,000 for Quotes 0,000 & Approval from	Bid or Proposal, Mar Board for Quotes		Equipment Main Office Supplies Used Vehicles State Purchasing Other		
Public Improvement — If Not Using Bid, Mark Exemption: Under \$5,000						
Under \$50		t Using Proposal, Mar Board	k Exemption:			
	orted to Bureau of Laborance required?	r for Prevailing Wages u ∐No	nder ORS 279C.800	? ∐Yes ∐No)	
Date Approve	d by BOC:			Reviewed	by Counsel:	T

Clark's CI No.		CONTRACT / GI (complete after filing)			PRM ment/Grant No.:	(if applicable)		
		cy of Powers, PO Box 2		•	nenoGrant No	_(II applicable)		
		-			D 11.			
	Noah White (Mayor)		No: <u>541-439-33</u>		Email:			
	Amount of Contract/Grant Award: \$ 23,740.41 with a yearly call increase of 3%.							
·		ate lump sum or amoun	-	· ·				
	Effective Date: 07/01/24 Start Date: (if different from effective date, i.e. retroactive / prospective date)							
End Date: <u>06/30/</u>	<u>29</u> (if known)							
County Departme	ent and Employee Res	sponsible for Performar	nce: <u>Sheriff Off</u>	fice-Dispatch -	- Captain Patterson			
Description: Disp	atch Services							
Staff Requiremen	its: New Existir	ng Subcontract						
Will unemployme	ent cost be incurred?	□Yes ⊠No						
	FINANCIAL INI	FORMATION (Fill ou	t this section <u>o</u>	only if the Co	unty is receiving fun	ds)		
	STATE %	OTHER %	FEDERAL %		og of Federal Domestic As	st.		
		100%	(CFDA # Requir	red)	*(CFDA) Number			
*CFDA is a five digit	number in the following f	format: xx.xxx. The first two	digits designate the	ie federal agency a	and the last three the grant	description. The following		
	he two digit agency identif 14.xxx HUD		66.xxx EPA		t. of Education			
11.xxx Dept. of Co	ommerce 16.xxx USDO	J 39.xxx General Svs. Adn is associated with more tha	nin. 83.xxx FEM	1A 93.xxx USD	OHHS	-nour foun		
New	E. II the contract/grant	Renewal	ii one CDPA iidaii	ner, each segmei [Modification	mary torm.		
⊠ I4€W		Previous Amoun	nt: \$	L	Original Amount: \$			
		Previous Date:			Original Date:			
PUB	LIC CONTRACTII	NG INFORMATION	(Fill out this se	ection <u>only</u> if	the County is spend	ing funds)		
Method of Select	ion:		Туре	e of Contract:				
☐ Bid	☐ None			lew (complete se	ctions below)			
Quote	☐ Other				d to complete sections belo			
☐ Proposal				Aodification (n	o need to complete section	s below)		
Type of Contract								
	_	g Bid or Proposal, Mark	-					
Under \$10	,000 ,000 for Quotes			☐ Equipment I ☐ Office Supp				
Under \$15	0,000 & Approval from	Board for Quotes		☐ Used Vehicl	les			
Sole Source				State Purcha				
	ith Public Agency			Other	-			
☐ Under \$5,0		g Bid, Mark Exemption		□ Alternative	Contracting Method Ap	mround by Doord		
	,000 for Quotes			Other	• .	proved by Board		
		or Quotes and Prevailing						
Wage Require	ments							
		ot Using Proposal, Marl	k Exemption:					
Under \$50	,000 0,000 & Approval from	Doord						
C Onder \$13	o,ooo & Approvai nom	Doard						
		or for Prevailing Wages un	der ORS 279C.8	800?]No			
Certificate of insura	ance required? Yes	□No						
Date Approve	d by BOC:			Review	ved by Counsel:	CT		

		CONTRACT / G						
Clerk's CJ No.:		(complete after filing)		ct/Agreement/Grant No.:(it	f applicable)			
Name/Agency Na	ne and Address: <u>Cit</u>	y of Myrtle Point, 424	5th Street. Myrtle Po	int OR 97458				
Contact Person: So	cott Nay (City Mana	ger) Phone	No: <u>541-572-2626</u>	Email:				
Amount of Contra	ct/Grant Award: \$ 8	5,881.11 with a yearl	y call increase of 3%) <u>.</u>				
Payment Terms: In	nvoiced Monthly (sta	ate lump sum or amou	nt and time of payme	nts)				
Effective Date: 07	/01/24 Start Date:	(if different fro	m effective date, i.e. i	retroactive / prospective date)				
End Date: <u>06/30/2</u>	End Date: <u>06/30/29</u> (if known)							
County Departmen	County Department and Employee Responsible for Performance: Sheriff Office-Dispatch - Captain Patterson							
Description: Dispa	tch Services							
Staff Requirement	s: New 🛮 Existin	g Subcontract						
Will unemployme	nt cost be incurred?	∐Yes ⊠No						
	FINANCIAL INFORMATION (Fill out this section only if the County is receiving funds)							
	STATE %	OTHER %	FEDERAL %	Catalog of Federal Domestic Asst.	-			
		100%	(CFDA # Required)	*(CFDA) Number	_			
*CFDA is a five digit	number in the following for		o digits designate the feder	al agency and the last three the grant desc				
	e two digit agency identif 14.xxx HUD		-	4.xxx Dept. of Education				
11.xxx Dept. of Cor	nmerce 16.xxx USDO	J 39,xxx General Sys, Ad	min. 83,xxx FEMA 9	3.xxx USDHHS 1ch segment must have its own summar	u farm			
New New	e. It the contractigiant	Renewal	an one CDPA number, ea	Modification	y 101 m.			
Z3 11011		Previous Amou	nt: \$	Original Amount: \$				
		Previous Date:		Original Date:				
PUBI	JIC CONTRACTI	NG INFORMATION	(Fill out this section	only if the County is spending	funds)			
Method of Selection	on:		Type of C	ontract:				
_	None			omplete sections below)				
	Other			al (no need to complete sections below)				
☐ Proposal				cation (no need to complete sections be	low)			
Type of Contract:	i IGNI-4II-i	D! I D I M	1. P4'					
Under \$10,0	_	Bid or Proposal, Mar		uipment Maintenance				
☐ Under \$50,0				fice Supplies				
	,000 & Approval from	Board for Quotes		ed Vehicles				
☐ Sole Source ☐ Contract wi	th Public Agency			ate Purchasing her				
	- <i>,</i>	g Bid, Mark Exemption						
☐ Under \$5,00		g Dia, wark Exemptio		ternative Contracting Method Approv	ved by Board			
Under \$50,0	•		☐ Ot	her				
☐ Between \$5 Wage Requiren		r Quotes and Prevailing						
_		t Haing Droposal Mar	dr Evametian					
Under \$50,0		t Using Proposal, Mai	K Exemption.					
	,000 & Approval from	Board						
Will project be	etad to Duesau aft at -	r for Drovailing Wass	ndos ODC 2700 0000 F					
	nce required? Yes	r for Prevailing Wages u □No	nuci Ono 2190,8007 [□ 1 c2 □140				
	,							
				Reviewed by Counsel:				

Clerk's CJ No.:	CONTRACT / G (complete after filing)		RY FORM ct/Agreement/Grant No.:(if	annlicable)			
Name/Agency Name and Address: Bri			-				
•			-	<u> 36</u>			
Contact Person: Michael Gibbs (Chief	,	No: <u>541-260-2907</u>	Email:	int and magnadae			
Amount of Contract/Grant Award: \$ 9	859.74 with a yeariy ca	III increase of 4.5%	2.5% to be used for the radio mai	int. and upgrades.,			
Payment Terms: <u>Invoiced Quarterly</u> (s	tate lump sum or amo	ant and time of paym	ents)				
Effective Date: <u>07/01/24</u> Start Date:	(if different fro	m effective date, i.e. i	retroactive / prospective date)				
End Date: <u>06/30/29</u> (if known)							
County Department and Employee Re	sponsible for Performa	nce: <u>Sheriff Office-</u> E	Dispatch - Captain Patterson				
Description: Dispatch Services							
Staff Requirements: New Existing	ng Subcontract						
Will unemployment cost be incurred?	□Yes ⊠No						
FINANCIAL INI	FORMATION (Fill o	ut this section <u>only</u> i	f the County is receiving funds)				
STATE %	OTHER %	FEDERAL % (CFDA # Required)	Catalog of Federal Domestic Asst. *(CFDA) Number	7			
	100%	(Cr.D.T.W. recignited)	(CI DIT) Namou	1			
*CFDA is a five digit number in the following t		o digits designate the feder	al agency and the last three the grant descri	ription. The following			
is a partial listing of the two digit agency identified 10.xxx USDA 14.xxx HUD 11.xxx Dept. of Commerce 16.xxx USDO NOTE: If the contract/grant	20.xxx USDOT J 39.xxx General Svs. Ad	min. 83 xxx FEMA 9	4.xxx Dept. of Education 3.xxx USDHHS ach segment must have its own summary	y form.			
⊠ New	Renewal		☐ Modification				
	Previous Amou	nt: \$	Original Amount: \$				
	Previous Date:		Original Date:				
PUBLIC CONTRACTI	NG INFORMATION	(Fill out this section	nonly if the County is spending	funds)			
Method of Selection:		Type of C	Contract:				
☐ Bid ☐ None			complete sections below)				
Quote Other		☐ Renew	al (no need to complete sections below)				
☐ Proposal			cation (no need to complete sections bel	ow)			
Type of Contract:							
Goods and Services - If Not Using	Bid or Proposal, Mar						
☐ Under \$10,000☐ Under \$50,000 for Quotes			uipment Maintenance fice Supplies				
☐ Under \$150,000 & Approval from	Board for Quotes	Us	sed Vehicles				
☐ Sole Source☐ Contract with Public Agency			ate Purchasing her				
Public Improvement – If Not Usin Under \$5,000	g Bid, Mark Exemption		ternative Contracting Method Approv	ed by Board			
Under \$50,000 for Quotes			her	51 5, 25 a. a			
Between \$50,000 and \$100,000 fo	or Quotes and Prevailing						
Wage Requirements							
Personal Services Contract – If No Under \$50,000	ot Using Proposal, Mai	k Exemption:					
Under \$150,000 & Approval from	Board						
77711 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		l one man in the	¬., □.,				
Will project be reported to Bureau of Labo Certificate of insurance required? Yes		nder OKS 279C.800? [YesINO				
Date Approved by BOC:			Reviewed by Counsel:	-			
1							

Clerk's CJ No.:	CONTRACT / Gi (complete after filing)		ARY FORM ict/Agreement/Grant No.:(if:	applicable)
Name/Agency Name and Address: G			•	
Contact Person: David Brandt (Board		No: <u>541-269-2441</u>	Email:	<u> </u>
Amount of Contract/Grant Award: \$				aint and
	3,136,30 Willia yearry	can increase of 4.57	76, - 2.376 to be used for the radio in	ant ara
upgreades.	. 1		4	
Payment Terms: <u>Invoiced Yearly</u> (sta				
Effective Date: <u>07/01/24</u> Start Date:	: (if different from	n effective date, i.e.	retroactive / prospective date)	
End Date: <u>06/30/29</u> (if known)	"1 C D C	of treese	Director Courtein Dettermen	
County Department and Employee Re	esponsible for Performa	nce: Sheriff Office-	Dispaten - Captain Patterson	
Description: Dispatch Services				
Staff Requirements: New Exist				
Will unemployment cost be incurred?	? ∐Yes ⊠No			
FINANCIAL IN	FORMATION (Fill o	ut this section <u>only</u>	if the County is receiving funds)	
STATE %	OTHER %	FEDERAL %	Catalog of Federal Domestic Asst.	
-	100%	(CFDA # Required)	*(CFDA) Number	
*CFDA is a five digit number in the following		o digits designate the fede	eral agency and the last three the grant descri	iption. The following
is a partial listing of the two digit agency ident 10,xxx USDA 14,xxx HUD	tifier:		84.xxx Dept. of Education	
11.xxx Dept. of Commerce 16.xxx USD	OJ 39,xxx General Svs. Ad	min. 83,xxx FEMA an one CDFA number.	93.xxx USDHHS each segment must have its own summary	form.
New	Renewal		Modification	
<u></u>	Previous Amou	nt: \$	Original Amount: \$	
	Previous Date:		Original Date:	
PUBLIC CONTRACT	ING INFORMATION	(Fill out this section	on <u>only</u> if the County is spending i	(unds)
Method of Selection:		Type of	Contract:	
☐ Bid ☐ None		☐ New ((complete sections below)	
Quote Other			wal (no need to complete sections below)	
Proposal		∐ Modi	fication (no need to complete sections belo	ow)
Type of Contract:				
Goods and Services - If Not Using Under \$10,000	ig Bid or Proposal, Mar		Equipment Maintenance	
Under \$50,000 for Quotes			Office Supplies	
Under \$150,000 & Approval fro	m Board for Quotes		Jsed Vehicles	
☐ Sole Source ☐ Contract with Public Agency			State Purchasing Other	
Public Improvement – If Not Usi	ing Rid Mark Evenntic			
Under \$5,000	nig Diu, Mark Exemptio		Alternative Contracting Method Approv	ed by Board
Under \$50,000 for Quotes			Other	
☐ Between \$50,000 and \$100,000 Wage Requirements	for Quotes and Prevailing			
·	Yet I Yeine Duemanni Mar	de Essametians		
Personal Services Contract – If N Under \$50,000	Not Using Proposal, Mai	rk Exemption:		
Under \$150,000 & Approval fro	m Board			
Will and lead by account of the control of the cont	an fan Ducceilling Wi-	ndon ODS 2700 0000	□Ves □No	
Will project be reported to Bureau of Lat Certificate of insurance required?		1000 OK9 279C/900	[1 t c2 []140	
Date Approved by BOC:			Reviewed by Counsel:	

Clerk's CJ No.:		CONTRACT / G (complete after filing)		ARY FORM ract/Agreement/Grant No.:(if	applicable)
				342 Cape Arago Hwy, Coos Bay Ol	
	Michael Sheddon (Ch		No: 541-435-7071		<u> </u>
	•	•		.5% 2.5% to be used for the radio	maint and
upgrades.,	ανο Grant France. Ψ <u>ι</u>	2,130,37 Train a your.	ny can mercaso or m	1370. 2.570 to ob asea for the radio	mu. mu
- -	Invoiced Quarterly (e	tate lump sum or amo	unt and time of nav	mante)	
•		•	• •	e. retroactive / prospective date)	
End Date: <u>06/30/</u>		(ii different no	in chective date, i.e	s. retroactive / prospective date)	
	•	enansible for Performs	ance: Sheriff Office	-Dispatch - Captain Patterson	
Description: Disp		sponsione for 1 erroring	ance: <u>Sheriti Ginee</u>	-Dispaton - Captain I attorson	
	nts: □New ⊠Existin	σ □Subcontract			
-	ent cost be incurred?	-			
w in uncinploying					**************************************
	FINANCIAL INF	ORMATION (Fill o	ut this section <u>only</u>	y if the County is receiving funds)	
	STATE %	OTHER %	FEDERAL % (CFDA # Required)	Catalog of Federal Domestic Asst. *(CFDA) Number	
		100%	(CI DIT's Required)	(CI DIT) remitor	
*CFDA is a five digit	number in the following for the two digit agency identified	ormat: xx.xxx. The first tw	o digits designate the fed	deral agency and the last three the grant descr	iption. The following
10.xxx USDA 11.xxx Dept. of Co	14.xxx HUD ommerce 16.xxx USDOJ	20.xxx USDOT 39.xxx General Sys. Ad			
			an one CDFA number,	each segment must have its own summary	form.
⊠ New		Renewal Previous Amou	nt: \$	☐ Modification Original Amount: \$	
		Previous Date:		Original Date:	
PUB	LIC CONTRACTIN	IG INFORMATION	(Fill out this secti	on <u>only</u> if the County is spending	funds)
Method of Select	ion:		Type of	Contract:	
□Bid	☐ None			(complete sections below)	
Quote	Other			ewal (no need to complete sections below)	
☐ Proposal				ification (no need to complete sections belo	ow)
Type of Contract:	-				
☐ Under \$10.		Bid or Proposal, Mar		E-i	
	,000 ,000 for Quotes			Equipment Maintenance Office Supplies	
	0,000 & Approval from	Board for Quotes		Used Vehicles	
Sole Sourc	e ith Public Agency			State Purchasing Other	
		Did Mada Parametic		Office	
Under \$5,0		g Bid, Mark Exemption		Alternative Contracting Method Approv	ed by Board
☐ Under \$50,	,000 for Quotes			Other	
☐ Between \$: Wage Require	50,000 and \$100,000 for	Quotes and Prevailing			
Under \$50,		t Using Proposal, Mar	K Exemption:		
	0,000 & Approval from	Board			
Will period be	autod to Damaga -61 -1	- Con Duove-III XV	nder ODS area coss	□Voo □No	
	orted to Bureau of Labor ance required? Tyes	for Prevailing Wages u No	nder OKS 279C,800?	T t es Tino	

Date Approve	d by BOC:	_		Reviewed by Counsel:	

Clerk's CJ No.:	CONTRACT / G (complete after filing)		RY FORM ct/Agreement/Grant No.:(if a	oplicable)
			129 Goldbrick Rd, Myrtle Point OR	
Contact Person: Richard Kirk (Be		No: <u>541-572-2182</u>	Email:	
· · · · · · · · · · · · · · · · · · ·			- 2.5% to be used for the radio main	t. and ungrades
Amount of Contract Offant Hwar	α. ψ <u>166.77 With α yourly σ</u>	an morouso or move.	Dibyo to be deed for the radio man	
Payment Terms: Invoiced Yearly	(state lump sum or amount	t and time of payment	s)	
Effective Date: 07/01/24 Start I				
End Date: <u>06/30/29</u> (if known)				
County Department and Employe	ee Responsible for Performa	ance: Sheriff Office-D	Pispatch - Captain Patterson	
Description: <u>Dispatch Services</u>				
Staff Requirements: ☐New ☑E	Existing Subcontract			
Will unemployment cost be incur	rred? □Yes ⊠No			
FINANCIA	L INFORMATION (Fill o	ut this section <u>only</u> i	the County is receiving funds)	Salasa energia
STATE %	OTHER %	FEDERAL %	Catalog of Federal Domestic Asst.]
		(CFDA # Required)	*(CFDA) Number	
*CEDA is a five digit number in the follo	100%	o digits designate the feder	al agency and the last three the grant descrip	tion The following
is a partial listing of the two digit agency	identifier:		4.xxx Dept. of Education	tion. The tono ting
10.xxx USDA 14.xxx 11.xxx Dept. of Commerce 16.xxx	USDOJ 39.xxx General Svs. Ad	tmin. 83.xxx FEMA 9	3.xxx USDHHS	
NOTE: II the contract. New	grant is associated with more the	ian one CDFA number, ea	ch segment must have its own summary f Modification	orni.
₩ Mew	Previous Amou	int: \$	Original Amount: \$	
	Previous Date:		Original Date:	
PUBLIC CONTRA	CTING INFORMATION	(Fill out this section	n <u>only</u> if the County is spending fu	nds)
Method of Selection:		Type of C	ontract:	
☐ Bid ☐ None			omplete sections below)	
Quote Other	_		al (no need to complete sections below)	Α.
Proposal			cation (no need to complete sections below	()
Type of Contract: Goods and Services - If Not	Haing Rid or Bronagal May	k Evenntion:		
Under \$10,000	Osing Bid of Proposal, ivial		uipment Maintenance	
Under \$50,000 for Quotes			fice Supplies	
☐ Under \$150,000 & Approva☐ Sole Source	il from Board for Quotes		ed Vehicles ate Purchasing	
Contract with Public Agenc	y		her	
Public Improvement – If Not	t Using Bid, Mark Exemption	on:		
Under \$5,000	-	□ AI	ternative Contracting Method Approved	d by Board
☐ Under \$50,000 for Quotes ☐ Between \$50,000 and \$100,	000 for Quotes and Prevailing		her	
Wage Requirements	ood for Quoies and Fromming			
Personal Services Contract –	- If Not Using Proposal, Ma	rk Exemption:		
☐ Under \$50,000		-		
☐ Under \$150,000 & Approva	il from Board			
Will project be reported to Bureau o	f Labor for Prevailing Wages ι	under ORS 279C.800? [□Yes □No	
Certificate of insurance required?				
Date Approved by BOC:			Reviewed by Counsel:	

CONTRACT / GRANT SUMMARY FORM Contract/Agreement/Grant No.: ____(if applicable) (complete after filing) Clerk's CJ No.: Name/Agency Name and Address: Fairview Rural Fire Protection District, 58511 Fairview Rd, Coquille OR 97423 Email: Phone No: <u>541-297-6688</u> Contact Person: Bill Nelson (Chief) Amount of Contract/Grant Award: \$ 741.97 with a yearly call increase of 4.5%. - 2.5% to be used for the radio maint, and upgrades., Payment Terms: Invoiced Yearly (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: 06/30/29 (if known) County Department and Employee Responsible for Performance: Sheriff Office-Dispatch - Captain Patterson Description: Dispatch Services 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 % Catalog of Federal Domestic Asst. *(CFDA) Number (CFDA # Required) 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: 84.xxx Dept. of Education 66.xxx EPA 20.xxx USDOT 10.xxx USDA 14.xxx HUD 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. Modification New New Renewal Original Amount: \$ Previous Amount: \$ Original Date: Previous Date: PUBLIC CONTRACTING INFORMATION (Fill out this section only if the County is spending funds) Method of Selection: Type of Contract: ☐ New (complete sections below) □Bid ☐ None Renewal (no need to complete sections below) ☐ Quote Other Modification (no need to complete sections below) Proposal Type of Contract: Goods and Services - If Not Using Bid or Proposal, Mark Exemption: Equipment Maintenance Under \$10,000 Under \$50,000 for Quotes Office Supplies ☐ Used Vehicles ☐ Under \$150,000 & Approval from Board for Quotes ☐ State Purchasing Sole Source Other ____ Contract with Public Agency Public Improvement – If Not Using Bid, Mark Exemption: Under \$5,000 Alternative Contracting Method Approved by Board Under \$50,000 for Quotes Other ____ Between \$50,000 and \$100,000 for Quotes and Prevailing Wage Requirements 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: __

G1 11 G137		CONTRACT / G				r 11 \
Clerk's CJ No.:	•	complete after filing)			t/Agreement/Grant No.:(if app	licable)
• •		•			ox 664, Coos Bay OR 97459	
Contact Person: Don	Thompson (Chief)	Phone Phone	No:	Е	cmail:	
Amount of Contract/	'Grant Award: \$ 3,	804.05 with a yearly	call increase o	of 4.5%	2.5% to be used for the radio maint	<u>, and</u>
upgrades.,						
Payment Terms: Inve	oiced Quarterly (sta	ate lump sum or amo	unt and time of	payme	ents)	
Effective Date: 07/0	1/24 Start Date: _	(if different fro	m effective dat	e, i.e. r	etroactive / prospective date)	
End Date: 06/30/29 ((if known)					
County Department	and Employee Resp	oonsible for Performa	ance: <u>Sheriff O</u>	ffice-D	ispatch - Captain Patterson	
Description: Dispate	h Services					
Staff Requirements:		g Subcontract				
Will unemployment	cost be incurred? [□Yes ⊠No				
	FINANCIAL INFO	ORMATION (Fill o	ut this section	<u>only</u> if	the County is receiving funds)	
	STATE %	OTHER %	FEDERAL		Catalog of Federal Domestic Asst.	
		100%	(CFDA # Requ	iired)	*(CFDA) Number	
*CFDA is a five digit num	nber in the following for		l o digits designate t	he federa	al agency and the last three the grant description	a. The following
is a partial listing of the ty 10.xxx USDA	vo digit agency identific 14.xxx HUD	er: 20.xxx USDOT	66,xxx EP	A 84	1.xxx Dept. of Education	
11.xxx Dept. of Comm	nerce 16.xxx USDOJ	39.xxx General Svs. Ad		MA 93		n
⊠ New	xx the continents	Renewal	O.C O.D. 21 Mai	noci, cu	Modification	
2 11011		Previous Amou	nt: \$		Original Amount: \$	
		Previous Date:			Original Date:	
PUBLIC	C CONTRACTIN	G INFORMATION	(Fill out this	section	only if the County is spending fund	ls)
Method of Selection	• •		Туг	e of C	ontract:	
□Bid□	None			New (co	omplete sections below)	
	Other				al (no need to complete sections below)	
☐ Proposal				Modific	cation (no need to complete sections below)	
Type of Contract:			_			
☐ Under \$10,000		Bid or Proposal, Mar	k Exemption:	ПБа	uinment Maintenance	
Under \$50,000				☐ Equipment Maintenance ☐ Office Supplies		
	00 & Approval from 1	Board for Quotes			ed Vehicles	
☐ Sole Source ☐ Contract with	Public Agency				ate Purchasing her	
		Did Mada Parameti				
Under \$5,000	nent – II Not Osing	Bid, Mark Exemption	<u>)n:</u>	ПAlt	ternative Contracting Method Approved by	v Board
Under \$50,000) for Quotes				her	'
		Quotes and Prevailing				
Wage Requiremen						
Under \$50,000		Using Proposal, Ma	rk Exemption:			
	,)0 & Approval from I	Board				
Will project be reported Certificate of insurance			inder ORS 279C.	800? L	_Yes ∟No	
Certificate of Insurance	Joquilou: [] I es [
Date Approved b	y BOC:	_	•		Reviewed by Counsel:	_

BOC only: Consent Agenda Regular Agenda					
AGENDA ITEM COVERSHEET					
Agenda Item Title: Dispatch Console Upgrade					
Department: Coos County Sheriff's Office Requested Agenda Date: 07/16/24					
Contact Person: Captain Jason Patterson Phone/Ext.:7820					
Background and description of need or problem: Upgrade dispatch consoles which includes power cable and wire mitigation. This would be funded solely by a COPS- grant previously obtained from the federal government. Three quotes were obtained however the one best suited for the dispatch building is the lowest. The total cost for this upgrade is \$87,837.06.					
Funding Source: 025 1625 421 60-09					
Requested Action: Request BOC approve the contract with Xybix in the amount of \$87,837.06 and request board chair to sign.					
Date: 07/09/24 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 _____

Revised 2/28/2022

Clerk's CJ No.:		CONTRACT / G (complete after filing)		RY FORM #/Agreement/Grant No.:(if applicable)		
×	ame and Address: <u>Xy</u>					
Contact Person:]	•	Phone No:	Email: <u>Jac</u>	ckM@xybix.com		
Amount of Conti	act/Grant Award: \$ {	87,837.06				
Payment Terms:	Invoice 50% down/ 4	0% upon ordering and	10% upon final (sta	te lump sum or amount and time of payments)		
Effective Date: w				late, i.e. retroactive / prospective date)		
End Date:	_			• • •		
County Departm	ent and Employee Re	sponsible for Performa	nce: <u>Casie Stone</u>			
Description:	paradino	z dispute	h consol	es		
	r († nts: ∐New ∐Existin		-			
Will unemploym	ent cost be incurred?	□Yes □No				
	FINANCIAL INI	ORMATION (Fill o	ut this section <u>only</u> i	f the County is receiving funds)		
	STATE %	OTHER %	FEDERAL %	Catalog of Federal Domestic Asst.		
			(CFDA # Required)	*(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 Amou Previous Date:	nt: \$	Original Amount: \$ Original Date:		
PUL	BLIC CONTRACTI	NG INFORMATION	(Fill out this section	nonly if the County is spending funds)		
Method of Select			Type of C			
⊠ Bid □ Quote	☐ None			omplete sections below)		
☐ Proposal	L_J Other			al (no need to complete sections below) ication (no need to complete sections below)		
Type of Contract	•			,		
	-	Bid or Proposal, Mar	k Exemption:			
Under \$10		•		uipment Maintenance		
	,000 for Quotes 0,000 & Approval from	Roard for Quales		Tice Supplies sed Vehicles		
Sole Source	• •	Board for Quotes		ate Purchasing		
Contract v	vith Public Agency			her		
Public Improvement – If Not Using Bid, Mark Exemption: Under \$5,000						
Personal Ser Under \$50	vices Contract - If No	ot Using Proposal, Mai n Board	k Exemption:			
	orted to Bureau of Labo ance required? ⊠Yes	or for Prevailing Wages u □No	nder ORS 279C.800? [_Yes ⊠No		
Date Approve	ed by BOC:			Reviewed by Counsel: _C/		

BOC only: Consent Agenda
Regular Agenda
AGENDA ITEM COVERSHEET
Agenda Item Title: Payment of CCSO Fuel Bill
Department: Coos County Sheriff's Office Requested Agenda Date: July 16, 2024
Contact Person: Cpt. Sean Sanborn Phone/Ext.: 541-396-7874
Background and description of need or problem:
At the end of January of 2024, the Coos County Sheriff's Office received notice that County Commission permission was needed to pay our month-to-month fuel bill. Annually, The Sheriff's Office pays between \$16,000 to \$25,000 per month to cover the cost of fuel. Fuel costs have gone up due to employees attending required training as well as other factors. The Coos County Sheriff's Office is requesting Departmental Spending Authority to pay our fuel bill in an amount not to exceed \$30,000
Funding Source: Vehicle Expense 32-13 Requested Action: Board to approve spending authority not to exceed \$30,000 in order
to pay the Coos County Sheriff's Office fuel bill for the month of July.
Date: July 2, 2024 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 Country Count
Treasurer



Human Resources _____

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BOC only:				
Consent Agend	la .	4 - 4 - 5 - 5		
				
Regular Agend	a			

AGENI	DA ITEM COVERSHEET
Agenda Item Title: Intergovernmenta	al Agreement with OSU
Department: Finance	Requested Agenda Date: July 16, 2024
Contact Person: Megan Simms	Phone/Ext.: 7730
extension services for the 4H & Exten	ed or problem: Intergovernmental agreement for sion Service District. This agreement is for a 3-year for each year will be decided during the budget process.
Funding Sources: 4H & Extension S	Service District
Requested Action: Approve and si University and its Extension Servic	gn Intergovernmental Agreement with Oregon State
Date: 7/8/2024 S	ignature of Dept. Head: What Manager
For all matters, forward the document to Coul Counsel will forward to Treasurer.	nsel no later than the Monday prior to the Agenda deadline.
If insurance is required, is the ins	orm attached? vendor (except state/federal grants or contracts)?
County Counsel	
Treasurer	
Human Resources	



Clerk's CJ No.:		(complete after filing)		. ARY FORM tract/Agreement/Grant No.: <u>2024-015136</u> (if ap	plicable)		
Name/Agency Name				Service			
Contact Person: Wile		Phone No: 845		Email: wiley.thompson@oregonstate.edu			
Amount of Contract/Grant Award: \$ as approved during budget process							
	Payment Terms: Reimbursement (state lump sum or amount and time of payments)						
Effective Date: upon				ve date, i.e. retroactive / prospective date)			
End Date: 6/30/2027		•		• •			
County Department a	,	sponsible for Perform	ance: Finance, Me	gan <u>Simms</u>			
	• •	-		SU and the Coos County 4H & Extension Svo	District		
Staff Requirements: [
Will unemployment of							
The state of the s	INANCIAL INI	ORMATION (Fill o	out this section on	y if the County is receiving funds)			
	STATE %	OTHER %	FEDERAL %	Catalog of Federal Domestic Asst.			
	SIAIE 76	OTHER 76	(CFDA # Required	I I			
					f-llouine.		
is a partial listing of the tw	o digit agency identif	ier:		deral agency and the last three the grant description. The	lonowing		
10.xxx USDA 11.xxx Dept. of Comm	14.xxx HUD erce 16.xxx USDO	20.xxx USDOT J 39.xxx General Svs. Ac	66.xxx EPA dmin. 83.xxx FEMA	84.xxx Dept. of Education 93.xxx USDHHS			
	f the contract/grant		ian one CDFA number	, each segment must have its own summary form.			
New		☐ Renewal Previous Amou	ınt: \$	☐ Modification Original Amount: \$			
		Previous Date:		Original Date:			
PUBLIC	CONTRACTI	NG INFORMATION	N (Fill out this sec	ion only if the County is spending funds)			
Method of Selection:			T				
	None			f Contract: v (complete sections below)			
	Other <u>IGA</u>			ewal (no need to complete sections below)			
☐ Proposal ☐ Modification (no need to complete sections below)							
Type of Contract:							
Goods and Servi	ces - If Not Using	g Bid or Proposal, Mai					
Under \$10,000				Equipment Maintenance Office Supplies			
☐ Under \$50,000	for Quotes 0 & Approval from	Board for Ouotes		Used Vehicles			
Sole Source				State Purchasing			
Contract with I	Public Agency			Other			
	ent – If Not Usin	g Bid, Mark Exempti					
Under \$5,000			f		ed		
☐ Under \$50,000	C - O t -			Alternative Contracting Method Approved by Boa	14		
Wage Requirement	-	or Ouotes and Prevailing		Other	14		
mago reoquironion	00 and \$100,000 fo	or Quotes and Prevailing			iu		
	00 and \$100,000 fo	or Quotes and Prevailing ot Using Proposal, Ma	;		iu		
Personal Service Under \$50,000	00 and \$100,000 fo ts s Contract — If No	ot Using Proposal, Ma	;		14		
Personal Service Under \$50,000	00 and \$100,000 fo ts s Contract – If No	ot Using Proposal, Ma	;		44		
Personal Service Under \$50,000 Under \$150,000	00 and \$100,000 fo ts s Contract — If No 0 & Approval from	ot Using Proposal, Ma	ark Exemption:	Other	44		
Personal Service Under \$50,000 Under \$150,000	00 and \$100,000 fo ts s Contract — If No 0 & Approval from to Bureau of Labo	ot Using Proposal, Mana Board or for Prevailing Wages to	ark Exemption:	Other	44		
Personal Service Under \$50,000 Under \$150,000	00 and \$100,000 forts s Contract — If No 0 & Approval from 1 to Bureau of Labor required? Yes	ot Using Proposal, Man Board or for Prevailing Wages to No	ark Exemption:	Other	10		

Contract and Grant Summary Form

Revised 1/28/2020

BOC only: Consent Agenda								
Regular Agenda								
	AGEN	IDA ITEM COVI	ERSHEET	,				
Agenda Item Title:	Order Adopting	Official Road Na	me of Upto	n Lane				
Department:	Planning	Reque	sted Ager	nda Date: 7/16/24				
Contact Person:	Jill Rolfe	Phone	e /Ext. : 77	70				
Background and d	escription of ne	ed or problem:	Adoption of	of a road name				
Funding Source:	Applicant							
Requested Action: of Bay Park Lane,	: Motion to adop south of the Cit	ot an official nan y of Coos Bay, C	ne of a roa)rder No. 2	d "Upton Lane" Located off 4-07-027PL.				
Date: July 8, 2024	Date: July 8, 2024 Signature of Dept. Head:							
For all matters, forward Counsel will forward to		unsel no later than t	the Monday _I	prior to the Agenda deadline.				
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								
Human Resources			address to the second s					

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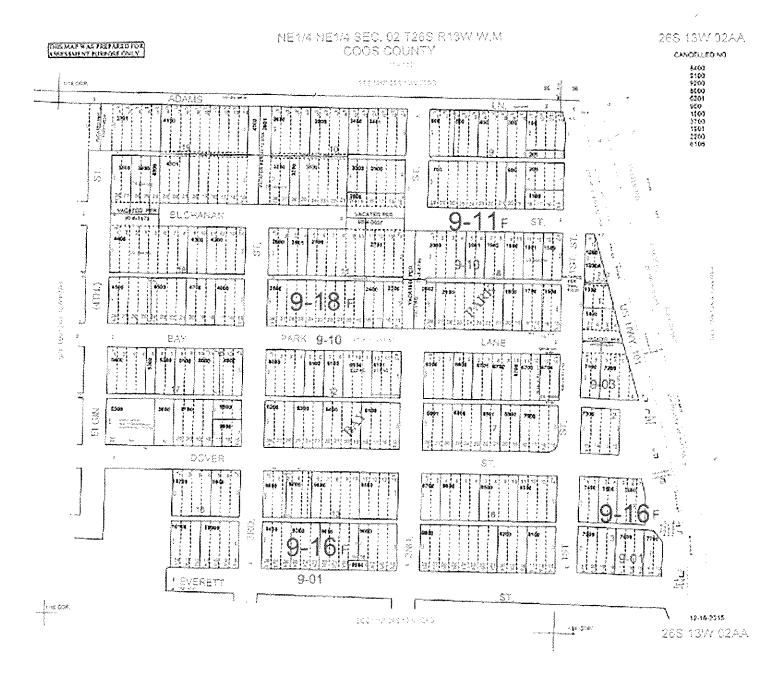
BOARD OF COMMISSIONERS 1 2 **COOS COUNTY** 3 STATE OF OREGON 4 IN THE MATTER OF THE ADOPTION ORDER NO. 24-07-027PL. 5 6 OF AN OFFICIAL NAME OF A ROAD "UPTON LANE" LOCATED OFF 7 8 OF BAY PARK LANE, SOUTH OF THE 9 CITY OF COOS BAY 10 THIS MATTER HAVING come before the Board of Coos County Commissioners (the 11 "Board") at a regular meeting held on the 16th day of July, 2024, and whereas the Planning 12 Department has received a request to finalize a road name by adopting an official road name for the 13 property located in Attachment "A", attached hereto and incorporated by this reference herein and 14 further described as part of Coos County Planning File RN-24-002; 15 16 AND IT APPEARING to the Board the Planning Department followed the correct process to 17 name a road as described in Article IV, Division 8, of the Coos County Code. The petition has been 18 accepted and found the name is necessary to facilitate emergency response and promote the health, 19 safety, and welfare of the public; 20 21 AND IT FURTHER APPEARING to the Board that a notice was provided to abutting 22 property owners and all required parties of Section 04-08-040; 23 24 AND IT FURTHER APPEARING to the Board that after reviewing the request from the 25 Planning Department and the fact that no appeals were filed that Board finds that the proposed road name 26 is appropriate and conforms to the requirements of the Coos County Code Article IV, Division 8. 27 28 NOW, THEREFORE, IT IS HEREBY ORDERED by the Board that the official name for the 29 property described in Attachment "A" shall be Upton Lane. 30 31 Dated this day of ______, 2024. 32 33 **BOARD OF COMMISSIONERS** 34 35 36 Vice Chair Commissioner 37 Chair 38 Approved as to form: 39

Office of Legal Counsel

40 41

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Attachment A



BOC only: Consent Agenda
Regular Agenda
AGENDA ITEM COVERSHEET
Agenda Item Title: Purchase of Vehicle
Department: Community Development (Building Department)
Requested Agenda Date: July 16 th , 2024
Contact Person: Jill Rolfe Phone/Ext.: 7770
Background and description of need or problem : Due to high mileage traveled daily, Community Development is staggering the replacement of vehicles needed in the fleet. David from the Road Department currently has a quote for a 4WD through the State purchasing program. The quote obtained is in the amount of \$48,070.12. The purchase of a new vehicle was included in the 24-25 budget. Staff budgeted up to \$60,000.
If Staff is unable to secure a vehicle through the State purchasing program staff would like to search for a vehicle at the same price point not to exceed \$60,000 and provide three comparable vehicle prices.
Funding Source: Community Development Pur chase Value of purchase of purchase does not go through the State purchasing program will provide three comparable vehicles with prices. The four-wheel drive vehicle not to exceed \$60,000
Date: July 9, 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 Coversheet attached or do you want it returned to you for filing?

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County Counsel __CT

BOC only: Consent Agenda Regular Agenda		
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Regular Agenda					
AGENDA IT	EM COVERSHEET				
Agenda Item Title: Filling a Vacant position &	Lateral Transfer to Building Permit Tech I				
Department: Community Development Re	quested Agenda Date: 7/16/2024				
Contact Person: Jill Rolfe Ph	one/Ext.: 541-266-6700				
transfer for Brooke Pedro from Permit Specialis	blem : Request Board of Commissioners approve lateral to the vacant position of Building Permit Tech I 7-115P. This is a lateral transfer with no change in				
Funding Source: 006-1501-419.10-01					
	insfer of Brooke Pedro to the vacant position of Building ansfer Resolution 24-07-115P, effective 7/1/2024.				
Date: 7/2/2024 Signa	ature of Dept. Head: <u>AMY Delle</u>				
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.					
Departments Affected: COUNSEL: CS					
TREASURER:					
HUMAN RESOURCES:					

BOARD OF COMMISSIONERS COUNTY OF COOS/STATE OF OREGON

1	COUNTY OF COOS/STATE OF OREGON
2	In the Matter of Filling a Vacant Position) RESOLUTION And Granting a Lateral Transfer for) 24-07-115 P Brooke Pedro Effective July 1, 2023)
4	THIS MATTER HAVING COME BEFORE the Board of Commissioners at a regular
5	Meeting held July 16, 2024; and
6	WHEREAS, Brooke Pedro is currently employed under an AFSCME union
7	position as a Permit Specialist with the Coos County Community Development
8	Department as follows, and
9	EMPLOYEE CLASSIFICATION GRADE RGE. STEP AMOUNT
10	COMMUNITY DEVELOPMENT - BUILDING CODES - 006-1501-419.10-01
11	Pedro, Brooke Permit Specialist 416 19 2 \$3,848
12	WHEREAS a vacant position was posted for a Building Permit Tech I with the Coos County Community Development Department, and the Building Permit Tech
13	
14	I position is under the same Pay Grade as the Permit Specialist and Brooke
15	Pedro was the most qualified applicant for the position, and
16	THEREFORE, BE IT RESOLVED transferring position title for employee
17	Brooke Pedro as follows:
18	EMPLOYEE CLASSIFICATION GRADE RGE. STEP AMOUNT
19	COMMUNITY DEVELOPMENT - BUILDING CODES - 006-1500-419.10-01
20	Pedro, Brooke Building Permit Tech I 416 19 2 \$3,848
21	BE IT FURTHER RESOLVED, Brooke Pedro's anniversary date shall remain
22	November 1st.
23	DATED THIS day of, 2024.
24	
25	BOARD OF COMMISSIONERS
26	
27	Commissioner Commissioner Commissioner
28	Resolution 24-07-115P

BOC only: Consent Agenda		
Regular Agenda		

Regular Agenda	
AGENDA ITEM	COVERSHEET
Agenda Item Title: Approval of Job Description	
Department: Community Development Reque	sted Agenda Date: 7/16/2024
Contact Person: Jill Rolfe Phone	/Ext.: 541-266-6700
Background and description of need or problem job description for the position Principal Planner and has reviewed the proposed changes.	n: Request Board of Commissioners approve revised place under paygrade 424. The AFSCME Union
Funding Source: 006-1500-419.10-01	
Requested Action: BOC to approve revised job de paygrade 424 and approve posting and filling the population.	
Date: 7/9/2024 Signature	of Dept. Head: Amy Dele
If this is a Human Resources issue, forward to the Treas other matters, forward the document to Counsel no later Counsel will forward to Treasurer.	
Departments Affected: COUNSEL: CT	
TREASURER:	
HUMAN RESOURCES	

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Approv	ved by BOC May 18, 2022July 16, 2024
1.	Current Classification Title: Principal Planner
2.	Working Title: Principal Planner
3.	Department: Community Development – Planning Program
4.	Pay Grade & Range: 441 424
	Position Is: Full Time 🔲 Extra Help 🗌
	Seasonal Other
	Excluded from Bargaining Unit? Yes No AFSCME
	Eligible for Overtime? Yes No 🗌
5.	What is the purpose of this position?
0.	What is the purpose of the position.
	The purpose of this job is to manage the planning program under the direct supervision of the Community Development Director to achieve compliance with Coos County Comprehensive Plan, Zoning and Land Development Ordinance, County Code and state land use laws; research and analyze data for complex rural/urban planning projects; perform experienced professional work of technical difficulty; interpret and explain land use regulations, investigate complaints, and help resolve issues; review and process applications for development and planning projects; provide technical expertise on planning, zoning, long range planning and transportation issues; and to assist with the maintenance of the Comprehensive Plan. This position also tracks planning projects and assists with assigns tasks applications to other planning team members to ensure they are completed in a timely manner.
6.	Essential functions of position. (Reason position exists is to perform these functions.) List duties that must be performed to accomplish the purpose of the position.
	 Coordinates projects with other team members through effective planning, staff management, and resource allocation, manages activities to achieve the County's land use and development strategies and regulatory compliance objectives. This position is a team leader, and may assigns duties, priorities, monitors work, and provide feedback to the Director on performance measures; developes and coordinates training as needed for team members; and assures required deadlines are met. This position will serve as the Floodplain Administrator for Coos County. Reviews staff reports and land use decisions to ensure compliance with County regulations and policies. Maintains planning and related maps related to land use. Interprets and applies advanced principles, practices, procedures, regulations, and ordinances governing Coos County Community Development Planning Program; conducts research on complex technical issues and project proposals to assist citizens and personnel; duties may vary according to job assignment. Performs skilled professional planning activities; uses knowledge of urban/rural planning and growth management theory, public policy, and land use law to review development plans and manage planning projects; analyzes data for planning projects, including zoning, ordinances, and traffic and transportation planning. Reviews and evaluates complex development plans, ordinances, and technical documents; assures planning issues are properly addressed and resolved; verifies plans are in compliance with state and federal regulations, and DCC, policies, and procedures. Reviews and processes complex applications for land use, planning, and development projects; reviews and processes code amendments; resolves problems within scope of authority. Provides technical and professional planning services to achieve structured and organized growth and development in the County; reviews and manages la
	 Answers inquiries, and assists developers, citizens, and other agencies regarding planning and zoning matters for Coos County; provides information and recommendations within scope of authority.

Approved by BOC May 18, 2022 July 16, 2024

- Reviews and evaluates development plans, permit applications, ordinances, and technical documents; verifies compliance with regional standards and regulatory requirements; reviews and updates maps and databases using Geographical Information Systems (GIS) software.
- Analyzes a variety of current and long-range planning issues; updates and maintains Comprehensive Plan and related zoning ordinance or codes; develops and presents reports and recommendations.
- Develops strategies to promote community development and land use consistent with community goals.
- Prepares and maintains a variety of planning records and technical documentation.
- Prepares and carries out pre-application meetings and provides follow-up reports.
- Works with Citizen Advisory Committees.
- Performs other duties as business needs necessitate.
- Supervision.
 - 1. This position is supervised by the Planning Director/Community Development Director or other management team members in the event that the Director is not available.
 - 2. This position does supervisor other employees but is a team leader.
- 8. Working conditions of position.

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. Travel within the county may be required.

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

This is the journey-level classification in the Planner job series. Incumbents have acquired necessary technical knowledge, and have a greater degree of independence; incumbents apply considerable knowledge of the techniques and procedures required to manage planning projects independently, and have full responsibility for the completion of assigned residential development proposals.

Knowledge of:

- · County policies and procedures.
- County, state and federal laws, regulations and ordinances governing planning, zoning, code enforcement, building, municipal services, urban development and rural development.
- County land use and development regulations, zoning ordinances, and planning concepts and principles.
- Standard and specialized computer software applications, including Geographic Information System (GIS), ORCATS/Helion, Microsoft Office, and Accela.
- Principles of record keeping, case files, and records management.
- Local community issues and regional community resources available to citizens.

Skill in:

- Performing a variety of technical urban/rural planning functions.
- Interpreting and applying complex development regulations, technical standards, review procedures, federal and state rules and regulations, and County policies and procedures.
- Explaining complex planning and development regulations, policies, and procedures.
- Checking designs, details, estimates, plans, and specifications for development plans and applications.
- Presenting and justifying Department reports and information in public meetings.
- Responding to public inquiries and providing information on departmental services, programs, policies, and procedures.
- Maintaining accurate records, and performing complex mathematical calculations with skill and accuracy.
- Establishing and maintaining cooperative working relationships with co-workers, citizens, developers, advocates, and regional agencies.
- Communicating effectively verbally and in writing.

Approved by BOC May 18, 2022 July 16, 2024

Α	bi	lit	ty	to	
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- Demonstrate courteous behavior when interacting with visitors and County staff.
- Promote County goals and priorities, and comply with all policies and procedures.

Minimum Qualifications

- Bachelor's degree in planning, geography or a related field <u>preferred;</u>
- Two years of planning and/or zoning experience with at least two years of supplemental college course work in area of expertise of department; or
- Seven-Five years' experience in Oregon Planning with a city, county or regional planning office.

An equivalent combination of training experience may be accepted.

Position may be subject to a criminal background check and a DMV records check/reporting requirements

10.	Is operation of motor vehicle required?	Yes		No		
11.	List equipment, tools, machines used in performance of duties.					
	Skilled in use of current computer and software scanner and other general office machines recording equipment. Must be familiar with Accela and GIS	such as pe	rsonal co	mpute	r, laptop, copier, calculator,	

BOC only: Consent Agen	da	
Regular Agend		

AGENDA ITEM COVERSHEET

Agenda Item Title: Approval of Job Description

Department: Community Development Requested Agenda Date: 7/16/2024

Contact Person: Jill Rolfe Phone/Ext.: 541-266-6700

Background and description of need or problem: Due to a resignation in the office, we have decided to revise the job description for the position of Associate Planner. Request Board of Commissioners approve revised job description for the position Associate Planner and place under paygrade 420, which reflects the duties the position performs. The AFSCME Union has reviewed the proposed changes.

Funding Source: 006-1500-419.10-01

Requested Action: BOC to approve revised job description for the position of Associate Planner under paygrade 420, and approve posting and filling the position at either the Associate Planner or up to the Principal Planner position.

Date: 7/2/2024

Signature of Dept. Head:

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

Departments Affected:
COUNSEL:
TREASURER:
HUMAN RESOURCES:

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Appro	oved by	BOC	May 18,	-2022July	16,	2024

1.	Current Classification Title: Associate Planner
2,	Working Title: Associate Planner
3.	Department: Community Development – Planning Program
4.	Pay Grade & Range: 449 420 Position Is: Full Time Part Time Extra Help Seasonal Other
	Excluded from Bargaining Unit? Yes No AFSCME Eligible for Overtime? Yes No D
5.	What is the purpose of this position? Position requires reviewing and processing applications for land use development and planning projects for the Community Development Department (CDD); conducts research, analyzes technical findings, and prepares technical reports on land use, planning, and zoning issues. This position requires existing technical knowledge and a greater degree of independence of land use principals and laws; requires considerable knowledge of the techniques and procedures required to manage planning projects independently, and assumes full responsibility for the completion of assigned residential-development proposals.
6.	 Essential functions of position. (Reason position exists is to perform these functions.) List duties that must be performed to accomplish the purpose of the position. Interprets and applies principles, practices, procedures, regulations, and ordinances governing the Community Development Program, Coos County Zoning and Land Use Development Ordinance and Comprehensive Plan; conducts research on technical issues and project proposals to assist citizens; duties may vary according to job assignment. Performs professional planning activities; uses knowledge of urban/rural planning and growth management theory, public policy, and land use law to review development plans and manage planning projects. Reviews and processes applications for land use, planning, and development projects; reviews and processes code amendments; resolves problems within scope of authority. Provides technical and professional planning services to achieve structured and organized growth and development in the County; reviews project plans and verifies plans are in compliance with state and federal regulations, and County codes, ordinances, policies, and procedures. Answers inquiries, and assists developers, citizens, and other agencies regarding County standards and regulations; provides information and recommendations within scope of authority. Reviews and evaluates development plans, permit applications, ordinances, and technical documents; verifies compliance with regulatory requirements; reviews and updates map and databases using Geographical Information-Systems (GIS) software. Analyzes a variety of planning issues; updates and maintains Comprehensive Plan and County Codes; develops and presents reports and recommendations as assigned. Develops strategies to promote community development and efficient land use consistent with community goals; researches grant-funding opportunities; administers grant-programs. P
7.	Supervision. This position is supervised by the Planning Director/Community Development Director or other management team members in the event that the Director is not available. This position does supervisor other employees.

Approved by BOC May 18, 2022 July 16, 2024

8. Working conditions of position.

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. Travel within the county may occasionally be required.

List required special skills, licenses, certificates, etc.

Knowledge of:

County policies and procedures.

- County, state and federal laws, regulations and ordinances governing planning, zoning, code enforcement, building, municipal services, urban development and rural development.
- County land use and development regulations, zoning ordinances, and planning concepts and principles.
- Standard and specialized computer software applications, including Geographic Information System (GIS), ORCATS/Helion, Microsoft Office, and Accela.
- Principles of record keeping, case files, and records management.
- Local community issues and regional community resources available to citizens.

Skill in:

- Performing a variety of technical urban/rural planning functions.
- Interpreting and applying complex development regulations, technical standards, review
 procedures, federal and state rules and regulations, and County policies and procedures.
- Explaining complex planning and development regulations, policies, and procedures.
- Checking designs, details, estimates, plans, and specifications for development plans and applications.
- Presenting and justifying Department reports and information in public meetings.
- Responding to public inquiries and providing information on departmental services, programs, policies, and procedures.
- Maintaining accurate records, and performing complex mathematical calculations with skill and accuracy.
- Communicating effectively verbally and in writing.

Ability to:

- Represent the County in a positive manner, using tact and judgment in dealing with the public or staff from other agencies.
- Promote County goals and priorities, and comply with all policies and procedures.
- Establish and maintain harmonious working relationships with co-workers, citizens, developers, advocates, and regional agencies.

Minimum Qualifications

- Bachelor's Associates degree in planning, geography or a related field and at least two one years
 of planning and/or zoning experience with supplemental college course work in area of expertise
 of department; or
- Five Two years' experience in Oregon Planning with a city, county or regional planning office.
 An equivalent combination of training experience may be accepted.

Position may be subject to a criminal background check

and a DMV records check/reporting requirements

10.	Is operation of motor vehicle required?	Yes		No	
11.	List equipment, tools, machines used in perfo	ormance o	f duties.		

Skilled in use of current computer and software technology, telephone, copy machine, fax, scanner and other general office machines such as personal computer, laptop, copier, calculator, recording equipment. Must be familiar with Microsoft Word, Excel, Access, Helion/ORCATS, Accela and GIS.

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BOC only: Consent Agenda				
Regular Agenda				
	AGEND	A ITEM COVERSHEET		
	: Approval of 2024-2 223 (Roads Departm	2027 Collective Bargaining Agreement with the nent Employees).		
Department:	Counsel	Requested Agenda Date: 7/16/2024		
Contact Person:	Colton Totland	Phone/Ext.: 541-396-7690		
Agreement with Te 2024. We are requ	amsters Local #223 lesting the Board ap	or problem: The current Collective Bargaining (Roads Department Employees) expires on June 30, prove the successor Collective Bargaining Agreement ly 1, 2024 through June 30, 2027.		
Funding Source:	N/A			
Requested Action with Teamsters Lo	: Board to approve	e and sign the Collective Bargaining Agreement Payroll Resolution 24-07-116P.		
Date: 7/8/2024	Sig	nature of Dept. Head: Coth Totland		
other matters, forward	the document to Counse	the Treasurer who will forward it to Human Resources. For all el no later than the Monday prior to the Agenda deadline.		
Counsel will forward to Treasurer. If this is a contract or grant: Is the contract or grant an original? Is the Contract/Grant Summary Form attached? Is the contract signed first by the vendor (except state/federal grants or contracts)? If insurance is required, is the insurance certificate attached? Is the Clerk's Coversheet attached or do you want it returned to you for filing?				
Departments Affect	ted:			
COUNSEL				
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TREASURER:	V			

BOC forwards signed document to Counsel's office.

HUMAN RESOURCES: _____

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مسا	BOARD OF COMMISSIONERS COUNTY OF COOS/STATE OF OREGON
2	In the Matter of a Contract Salary) RESOLUTION
3	Adjustment for Teamsters Local #223) 24-07-116 P
4	Road Department Employees On The Coos) County Payroll Effective July 1, 2024)
5	THIS MATTER HAVING COME BEFORE the Board of Commissioners at a regular
6	meeting held July 16, 2024, and whereas Coos County and the Teamsters Local
7	#223 Road Department Employees Union have reached an Agreement effective July
8	1, 2024 through June 30, 2027;
9	
10	BE IT THEREFORE RESOLVED that the Human Resources Department of Coos
11	County, Oregon is hereby authorized to implement the Contract Salary
12	Adjustments as listed in the Contract on all Teamsters Local #223 Road
13	Department salaries, effective July 1, 2024.
14	DATED THIS day of, 2024.
15	BOARD OF COMMISSIONERS
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19	Commissioner Commissioner
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23	
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28	Resolution 24-07-116 P

BOC only: Consent Agenda	
Regular Agenda	
	AGENDA ITEM COVERSHEET
	: Approval of 2024-2027 Collective Bargaining Agreement with the 206 (Solid Waste Department Employees).
Department:	Counsel Requested Agenda Date: 7/16/2024
Contact Person:	Colton Totland Phone/Ext.: 541-396-7690
Agreement with Te 30, 2024. We are Agreement with Te	description of need or problem: The current Collective Bargaining camsters Local #206 (Solid Waste Department Employees) expired on June requesting the Board approve the successor Collective Bargaining camsters Local #206 Solid Waste Department employees effective July 1, 20, 2027, and sign Payroll Resolution 24-07-117P.
	oo, zozi, and oight ayron resounder ziv si titt
Funding Source:	
Requested Action	
Requested Action	N/A n: Board to approve and sign the Collective Bargaining Agreement
Requested Action with Teamsters L Date: 7/8/2024 If this is a Human Res	n: Board to approve and sign the Collective Bargaining Agreement ocal #206 Solid Waste, and sign Payroll Resolution 24-07-117P. Signature of Dept. Head:
Requested Action with Teamsters L Date: 7/8/2024 If this is a Human Resorther matters, forward to Counsel will forward to Is the con Is the Con Is the con If insurance	n: Board to approve and sign the Collective Bargaining Agreement ocal #206 Solid Waste, and sign Payroll Resolution 24-07-117P. Signature of Dept. Head:
Requested Action with Teamsters L Date: 7/8/2024 If this is a Human Resorther matters, forward to Counsel will forward to Is the con Is the Con Is the con If insurance	n: Board to approve and sign the Collective Bargaining Agreement ocal #206 Solid Waste, and sign Payroll Resolution 24-07-117P. Signature of Dept. Head: Signature of Dept. Head: Ources issue, forward to the Treasurer who will forward it to Human Resources. For all the document to Counsel no later than the Monday prior to the Agenda deadline. Treasurer. Grant: Gr
Requested Action with Teamsters L Date: 7/8/2024 If this is a Human Resorther matters, forward to counsel will forward to list the conlist the conlist the conlist the Corlist the Cle	n: Board to approve and sign the Collective Bargaining Agreement ocal #206 Solid Waste, and sign Payroll Resolution 24-07-117P. Signature of Dept. Head: Signature of Dept. Head: Ources issue, forward to the Treasurer who will forward it to Human Resources. For all the document to Counsel no later than the Monday prior to the Agenda deadline. Treasurer. Grant: Gr

HUMAN RESOURCES:

BOC forwards signed document to Counsel's office.

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1	BOARD OF COMMISSIONERS COUNTY OF COOS/STATE OF OREGON
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3	Adjustment for Teamsters Local #206) 24-07-117 P
4	Solid Waste Dept. Employees on The Coos) County Payroll Effective July 1, 2024)
5	THIS MATTER HAVING COME BEFORE the Board of Commissioners at a regular
6	meeting held July 16, 2024, and whereas Coos County and the Teamsters Local
7	#206 Solid Waste Department Employees Union have reached an Agreement effectiv
8	July 1, 2024 through June 30, 2027;
9	
10	BE IT THEREFORE RESOLVED that the Human Resources Department of Coos
11	County, Oregon is hereby authorized to implement the Contract Salary
12	Adjustments as listed in the Contract on all Teamsters Local #206 Solid Waste
13	Department salaries, effective July 1, 2024.
14	DATED THIS day of, 2024.
15	BOARD OF COMMISSIONERS
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	Commissioner Commissioner Commissioner
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2728	Resolution 24-07-117 P
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BOC only: Consent Agenda	
Regular Agenda	
AGENDA ITE	M COVERSHEET
Agenda Item Title: Payment of Dues to Asso	ciation of O&C Counties
Department: BOC	Requested Agenda Date: 7/16/24
Contact Person: Bob Main	Phone/Ext.: 7540
Background and description of need or pr	oblem: annual dues for FY 25 are now due.
Funding Source: Economic Development	
Requested Action: approve payment of A \$33,529.38	ssoc of O&C Counties dues in the amount of
Date: 7/8/24 Signature	e of Dept. Head: Pohnt Bob Main
For all matters, forward the document to Counsel 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 For Is the Contract signed first by the value of If Insurance is required, Is the Insurance Is the Clerk's Filing Coversheet attempo Do you want this returned to you for	rm attached? vendor (except state/federal grants or contracts)? rance Certificate attached? ached?
County Counsel	

Treasurer _____

Coos County

MAY 1 6 2024

Commissioners Office



COOS COUNTY COMMISSIONER - BOB MAIN 250 N. BAXTER ST COQUILLE, OR 97423

May 3, 2024

INVOICE

DESCRIPTION		TOTAL
O&C DUES		\$33,529.38
	VII. F-2-3-00-3-1	
	TOTAL DUE	\$33,529.38

Make all checks payable to AOCC If you have any questions concerning this invoice, contact: DOUG ROBERTSON (541) 430-8952

BOC only: Consent Ag			
Consent Ag	enda		
Regular Age	ında		
Treample Tigo			

Revised 2/28/2022

AGENDA ITEM COVERSHEET					
Agenda Item Title:	Revenue Alte	ernatives Discussion			
Department:	вос	Requested Agenda Date: July 16, 2024			
Contact Person:	Rod Taylor	Phone/Ext.: 7539			
Background and description of need or problem: Coos County faces a perpetual shortfall conflict because revenues do not pace with inflation. Insolvency will ultimately result unless a solution is found to increase County revenue without placing more burden on the backs of landowners.					
Funding Source:	N/A				
		age in an open discussion about creative ideas to nd develop an implementation plan.			
		Fray			
Date: June 24, 202	4	Signature of Dept. Head:			
For all matters, forwa deadline. Counsel v		t to Counsel no later than the Monday prior to the Agenda easurer.			
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					