

A G E N D A
COOS COUNTY BOARD OF COMMISSIONERS
Owen Building Large Conference Room, 201 N. Adams, Coquille
or Virtually at <https://meet.goto.com/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 PUBLIC PORTION OF THE MEETING, BEGINNING WITH THE PLEDGE OF ALLEGIANCE/MOMENT OF SILENCE**

3. **PUBLIC HEARING**
 - A. Amending Article Five, Division Two of the Coos County Code

4. **DEPARTMENT HEADS**
 - 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 CCSSO 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 Requested

Department: Counsel

Requested Agenda Date: 07/16/2024

Contact Person: Colton Totland

Phone/Ext.: 7690

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

Funding Source: N/A

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

- **ORS 192.660(2)(d)** – To conduct deliberations with persons designated by the governing body to carry on labor negotiations.
- **ORS 192.660(2)(e)** – Conducting deliberations with persons designated by the governing body to negotiate real property transactions
- **ORS 192.660(2)(h)** – Consulting with counsel concerning the legal rights and duties of a public body with regard to current litigation or litigation likely to be filed.

Date: 07/09/2024

Signature of Dept. Head: Colton Totland

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

If this is a Contract or Grant:

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

County Counsel CT

BOC only:	
Consent Agenda	_____
Regular Agenda	_____

AGENDA ITEM COVERSHEET

Agenda Item Title: 2nd PUBLIC HEARING: Amending Article Five, Division Two of the Coos County Code

Department: County Counsel

Requested Agenda Date: 7/16/2024

Contact Person: Colton Totland

Phone/Ext.: 7690

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

Funding Source: N/A

Requested Action:

1. BOC to read ordinance 24-06-003L by title.
2. BOC to take public comment on the ordinance, if any.
3. BOC to adopt ordinance 24-06-003L Amending Article Five, Division Two of the Coos County Code.

Date: 7/8/2024

Signature of Dept. Head: Colton Totland

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- Is the Contract/Grant Summary Form attached?
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- Do you want this returned to you for filing?

County Counsel CT
 Treasurer MS
 Human Resources _____

BOARD OF COMMISSIONERS

COUNTY OF COOS

STATE OF OREGON

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

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

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

SECTION 1. TITLE

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

SECTION 2. AUTHORITY

This Ordinance is enacted pursuant to ORS 203.035.

SECTION 3. PURPOSE

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

SECTION 4. ADOPTION

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

SECTION 5. REPEALER

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

SECTION 6. SAVINGS CLAUSE

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

SECTION 7. SEVERANCE CLAUSE

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

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

SECTION 8. EMERGENCY CLAUSE

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

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

ADOPTED this _____ day of _____, 2024.

ATTEST

BOARD OF COMMISSIONERS

Recording Secretary

Chair

APPROVED AS TO FORM _____

Commissioner

Office of Legal Counsel

Commissioner

1st Reading: July 2, 2024

2nd 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 on-site investigation of the premises of the suspected animal rescue entity. The purpose of the investigation is to determine whether the animal rescue entity is subject to the registration requirements of this section.
- (5) Animal Rescue Entity License applicants must comply with ORS 609.415 and ORS 609.420 and all other applicable regulations and law. An Animal Rescue Entity License does not in any way exempt the holder from their responsibility of complying with any other provision of Coos County Code, zoning or permitting requirements, or other applicable law, unless specifically provided for by law.
- (6) At any reasonable time, an authorized representative of Coos County, a law enforcement agency, or the United States Department of Agriculture may conduct an on-site investigation to determine whether the entity is in compliance with this section and Oregon law.

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

SECTION 05.02.050

LICENSES AND OTHER FEES

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

BOC only: _____
Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Grant agreement 107-2024-5204-05 with Oregon Department of Administrative Services.

Department: Coos Health & Wellness

Requested Agenda Date: 7/16/2024

Contact Person: Mike Rowley

Phone/Ext.: 541-266-6700

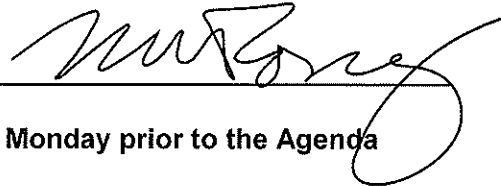
Background and description of need or problem: One-time grant funding of \$400,000 allotted during this last legislative session to CHW for use towards the development of a sobering center. CHW will work out a contract with Adapt to transfer these funds to them as they will be developing the project.

Funding Source: State of Oregon

Requested Action: Board to approve grant agreement 107-2024-5204-05 with Oregon Department of Administrative Services and authorize department head, Mike Rowley to sign.

Date: 7/8/2024

Signature of Dept. Head: _____



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If this is a Contract or Grant:

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

County Counsel CT _____

Treasurer MS _____

Human Resources _____

CONTRACT / GRANT SUMMARY FORM

Clerk's CJ No.: _____ (complete after filing) Contract/Agreement/Grant No.: 107-2024-5204-05 (if applicable)

Name/Agency Name and Address: Oregon Department of Administrative Services 155 Cottage St. NE Salem OR 97301

Contact Person: Khela Singer Phone No: 971-900-9751 Email: CFO.Grants@DAS.oregon.gov

Amount of Contract/Grant Award: \$ 400,000

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

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

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

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

Description: Oregon DAS funds of four hundred thousand dollars (\$400,000) awarded to behavioral health for use toward the development of a sobering center.

Staff Requirements: New Existing Subcontract

Will unemployment cost be incurred? Yes No

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

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

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

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

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

New

Renewal

Modification

Previous Amount: \$

Original Amount: \$

Previous Date:

Original Date:

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

Method of Selection:

- Bid None
 Quote Other _____
 Proposal

Type of Contract:

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

Type of Contract:

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

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

- Equipment Maintenance
 Office Supplies
 Used Vehicles
 State Purchasing
 Other _____

Public Improvement - If Not Using Bid, Mark Exemption:

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

- Alternative Contracting Method Approved by Board
 Other _____

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

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

Will project be reported to Bureau of Labor for Prevailing Wages under ORS279C.800? Yes No

Certificate of insurance required? Yes No

Date Approved by BOC: _____

Reviewed by Counsel: CT

BOC only: _____
 Consent Agenda _____
 Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: MOU by and among North Bend City Housing Authority ("NBCHA"), and Coos Health & Wellness ("CHW"), a department of Coos County Oregon, a political subdivision of the State of Oregon.

Department: Coos Health & Wellness **Requested Agenda Date:** 7/16/2024

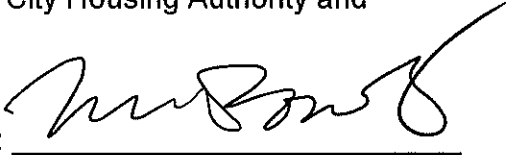
Contact Person: Mike Rowley **Phone/Ext.:** 541-266-6700

Background and description of need or problem: This MOU will facilitate the development of family and low-income housing within our community, specifically the development of units within a larger project for use by individuals with significant mental illness. CHW proposes to contribute \$2,200,000 or more in funding to the Project with the understanding that this partnership will serve to strengthen the funding application NBCHA is making to Oregon Housing and Community Services. In consideration, 20 units within the Project will be designated for use by CHW to serve individuals with severe mental illness.

Funding Source: IGA 177671

Requested Action: Board to approve MOU with North Bend City Housing Authority and authorize department head, Mike Rowley, to sign.

Date: 7/8/2024


Signature of Dept. Head: 

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

If this is a Contract or Grant:

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

County Counsel CT

Treasurer 

Human Resources _____

CONTRACT / GRANT SUMMARY FORM

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

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

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

Amount of Contract/Grant Award: \$ 0

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

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

End Date: 12-months from MOU execution date (if known)

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

Description: This MOU is solely for the purpose of facilitating the negotiation and execution of a definitive written agreement(s) between CHW and NBCHA for development of family and low-income housing within our community.

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)

Table with 4 columns: STATE %, OTHER %, FEDERAL % (CFDA # Required), Catalog of Federal Domestic Asst. *(CFDA) Number

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

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

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

Input fields for 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:

- Input fields for Bid, Quote, Proposal, None, Other.

Type of Contract:

- Input fields for New, Renewal, Modification (complete sections below).

Type of Contract:

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

- Input fields for Under \$10,000, Under \$50,000 for Quotes, Under \$150,000 & Approval from Board for Quotes, Sole Source, Contract with Public Agency, Equipment Maintenance, Office Supplies, Used Vehicles, State Purchasing, Other.

Public Improvement - If Not Using Bid, Mark Exemption:

- Input fields for Under \$5,000, Under \$50,000 for Quotes, Between \$50,000 and \$100,000 for Quotes and Prevailing Wage Requirements, Alternative Contracting Method Approved by Board, Other.

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

- Input fields for Under \$50,000, Under \$150,000 & Approval from Board.

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

Certificate of insurance required? Yes No

Date Approved by BOC: _____ Reviewed by Counsel: CT

BOC only: Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: First amendment to agreement 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

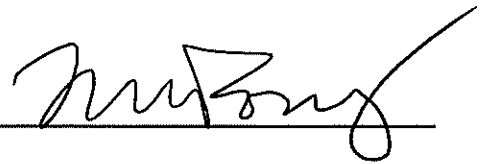
Background and description of need or problem: The County, by and through Coos Health & Wellness, received additional behavioral health housing funds as allocated in House Bill 5202, section 364, through housing grant with the State of Oregon and the Oregon Health Authority (OHA) through intergovernmental agreement (IGA) #177671. This amendment to the agreement with the Nancy Devereux Center extends the agreement end date and provides additional support funds, up to \$250,000, for the Adult Mental Health Foster Home (AFH) project development.

Funding Source: IGA 177671

Requested Action: Board to approve first amendment to agreement with the Nancy Devereux Center and authorize department head, Mike Rowley to sign.

Date: 7/8/2024

Signature of Dept. Head: _____



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

County Counsel CT _____

Treasurer MS _____

Human Resources _____

CONTRACT / GRANT SUMMARY FORM

Clerk's CJ No.: _____ (complete after filing) Contract/Agreement/Grant No.: Amend 1 (if applicable)

Name/Agency Name and Address: The Devereux Center 1200 Newmark Avenue, Coos Bay OR 97420

Contact Person: Tara Johnson Phone No: 541-888-3202 Email: tarajohnson@thedeveuxcenter.org

Amount of Contract/Grant Award: \$ up to \$550,000.00 NTE (increase \$250,000)

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

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

End Date: 4/30/2026 (if known)

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

Description: Funds increase of up to five hundred fifty-thousand dollars (\$550,000) NTE. Project development of Mental Health Adult Foster Home (AFH) through OHA housing grant, IGA 177671.

Staff Requirements: New Existing Subcontract

Will unemployment cost be incurred? Yes No

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

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

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

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

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

New

Renewal

Modification

Previous Amount: \$

Original Amount: \$

Previous Date:

Original Date:

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

Method of Selection:

- Bid None
 Quote Other Grant
 Proposal

Type of Contract:

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

Type of Contract:

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

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

- Equipment Maintenance
 Office Supplies
 Used Vehicles
 State Purchasing
 Other Grant

Public Improvement - If Not Using Bid, Mark Exemption:

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

- Alternative Contracting Method Approved by Board
 Other _____

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

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

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

Certificate of insurance required? Yes No

Date Approved by BOC: _____

Reviewed by Counsel: CT

BOC only: Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Grant agreement with The Roundhouse Foundation

Department: Coos Health & Wellness

Requested Agenda Date: 7-16-2024

Contact Person: Mike Rowley

Phone/Ext.: 541-266-6700

Background and description of need or problem: awarded \$30,000.00 funds for The Mosquito Project to do testing at various sites in the Coquille valley.

Funding Source: Roundhouse Foundation

Requested Action: Approve Roundhouse Foundation grant agreement and authorize department head to sign.

Date: 7-3-2024

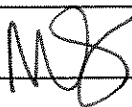
Signature of Dept. Head: 

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

If this is a Contract or Grant:

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

County Counsel CT

Treasurer 

Human Resources _____

CONTRACT / GRANT SUMMARY FORM

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

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

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

Amount of Contract/Grant Award: \$ 30,000.00

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

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

End Date: _____ (if known).

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

Description: grant award for The Mosquito Project to test various sites in Coquille valley area.

Staff Requirements: New Existing Subcontract

Will unemployment cost be incurred? Yes No

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

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

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

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

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

New

Renewal

Modification

Previous Amount: \$

Original Amount: \$

Previous Date:

Original Date:

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

Method of Selection:

- Bid None
- Quote Other _____
- Proposal

Type of Contract:

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

Type of Contract:

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

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

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

Public Improvement - If Not Using Bid, Mark Exemption:

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

- Alternative Contracting Method Approved by Board
- Other _____

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

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

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

Certificate of insurance required? Yes No

Date Approved by BOC: _____ Reviewed by Counsel: CT

BOC only:
Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

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

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 problem: Behavioral Health 2024-2025 AOCMHP renewal membership dues of \$11,716.86.

Funding Source: 021-1302-444.30-05

in the amount of \$11,716.86

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

Date: 7/9/2024

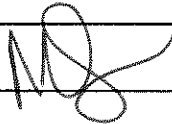
Signature of Dept. Head: Mike Rowley
Digitally signed by Mike Rowley
DN: cn=Mike Rowley, o=Coos Health & Wellness, ou,
email=mike.rowley@chw.coos.or.us, c=US
Date: 2024.07.09 10:25:26 -07'00'

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

If this is a Contract or Grant:

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

County Counsel CT

Treasurer 

Human Resources _____

4E

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



ASSOCIATION OF OREGON
COMMUNITY MENTAL
HEALTH PROGRAMS

INVOICE

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

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

LINE	DESCRIPTION	QUANTITY	UNIT PRICE	TOTAL
1	Membership Dues	1	11,716.86	11,716.86

BALANCE DUE **\$11,716.86**

Rec'd 7.3.24

BOC only: _____
Consent Agenda _____
Regular Agenda _____

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 working for 2 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: Craig Storm

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

TREASURER: MS union positions should have job descriptions updated & approved by union prior to Board approval

HUMAN RESOURCES: WE WILL NEED A JOB DESCRIPTION FOR THIS POSITION. PRESUMING STIPENDS WILL GO AWAY IF APPROVED.

4F

BOC only:

Consent Agenda _____

Regular Agenda _____

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: CT

TREASURER: MS These are union positions - job descriptions should be revised before reclass

HUMAN RESOURCES: WE SHOULD UPDATE JOB DESCRIPTIONS THEN.

BOC only: _____
Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Award of Contract SP-1-24

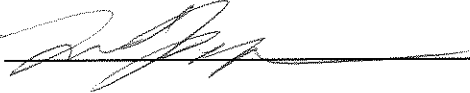
Department: Forestry **Requested Agenda Date:** 7/16/2024

Contact Person: Lance Morgan **Phone/Ext.:** 7751

Background and description of need or problem: Quotes were solicited for aerial application of herbicide on approximately 226 acres of County Forest land. One bid was received from Pacific Ag Services Northwest, LLC at \$55.00/acre.

Funding Source: 103-9000-461.36-21 Reforestation

Requested Action: Request that the Board award contract SP-1-24 to Pacific Ag Services Northwest, LLC at the quoted price of \$55.00/acre.


Date: 7/8/2024 **Signature of Dept. Head:** 

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

If this is a Contract or Grant:

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

County Counsel CT

Treasurer 

Human Resources _____

CONTRACT / GRANT SUMMARY FORM

Clerk's CJ No.: _____ (complete after filing) Contract/Agreement/Grant No.: SP-1-24(if applicable)

Name/Agency Name and Address: Pacific Ag Services Northwest, LLC; P.O. Box 875, Marysville, WA 98270.

Contact Person: Anthony Ghidossi Phone No: 775-225-4212 Email: _____

Amount of Contract/Grant Award: \$ 12,430.00

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

Effective Date: 7/16/2024 Start Date: _____ (if different from effective date, i.e. retroactive / prospective date)

End Date: 10/4/2024 (if known)

County Department and Employee Responsible for Performance: Forestry, Lance Morgan

Description: Aerial Spray Contract

Staff Requirements: New Existing Subcontract

Will unemployment cost be incurred? Yes No

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

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

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

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

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

New

Renewal

Modification

Previous Amount: \$

Original Amount: \$

Previous Date:

Original Date:

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

Method of Selection:

- Bid None
- Quote Other _____
- Proposal

Type of Contract:

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

Type of Contract:

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

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

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

Public Improvement - If Not Using Bid, Mark Exemption:

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

- Alternative Contracting Method Approved by Board
- Other _____

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

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

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

Certificate of insurance required? Yes No

Date Approved by BOC: _____ Reviewed by Counsel: CT

BOC only: Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

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

Department: Road Department **Requested Agenda Date:** 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 re-inspection of our Rural Major Collector roads as required per HB 2017 NTE \$ 16,900.

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

Requested Action: Approve Sole Source Finding and Award/Sign Contract for Pavement condition Survey with Capitol Asset & Pavement Services, Inc NTE \$16,900.

Date: 6/27/24 Signature of Dept. Head: Paul Slater

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

If this is a Contract or Grant:

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

County Counsel OT

Treasurer MS

Human Resources _____

CONTRACT / GRANT SUMMARY FORM

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

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

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

Amount of Contract/Grant Award: \$ 16,900

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

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

End Date: 12/31/24 (if known)

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

Description: Pavement Condition Survey & Digital Imaging County Maintained Roads

Staff Requirements: New Existing Subcontract

Will unemployment cost be incurred? Yes No

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

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

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

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

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

New

Renewal

Modification

Previous Amount: \$

Original Amount: \$

Previous Date:

Original Date:

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

Method of Selection:

- Bid None
 Quote Other _____
 Proposal

Type of Contract:

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

Type of Contract:

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

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

- Equipment Maintenance
 Office Supplies
 Used Vehicles
 State Purchasing
 Other _____

Public Improvement - If Not Using Bid, Mark Exemption:

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

- Alternative Contracting Method Approved by Board
 Other _____

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

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

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

Certificate of insurance required? Yes No

Date Approved by BOC: _____ Reviewed by Counsel: CT

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.

Date: 7/2/24

Signature of Dept. Head: Paul Stolt

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

If this is a Contract or Grant:

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

County Counsel CT _____

Treasurer MS _____

Human Resources _____

45

CONTRACT / GRANT SUMMARY FORM

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

Name/Agency Name and Address: City of Lakeside, PO Box L, Lakeside, OR 97449

Contact Person: MELISSA BETHEL Phone No: 541-759-3007 Email: manager@cityoflakeside.org

Amount of Contract/Grant Award: \$ NTE 30,000

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

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

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

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

Description: Amendment #1 - additional \$20,000 to CITY OF LAKESIDE MOU - N 8TH STREET RAILROAD CROSSING IMPROVEMENTS

Staff Requirements: New Existing Subcontract

Will unemployment cost be incurred? Yes No

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

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

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

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

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

- New Renewal Modification
- Previous Amount: \$ Original Amount: \$
- Previous Date: Original Date:

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

Method of Selection:

- Bid None
- Quote Other _____
- Proposal

Type of Contract:

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

Type of Contract:

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

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

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

Public Improvement - If Not Using Bid, Mark Exemption:

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

- Alternative Contracting Method Approved by Board
- Other _____

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

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

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

Certificate of insurance required? Yes No

Date Approved by BOC: _____

Reviewed by Counsel: CT

BOC only
Consent Agenda
Regular Agenda

AGENDA ITEM COVERSHEET

Agenda Item Title: Request BOC approval to reclassify the current Fleet Service I employee to a Fleet Service III position.

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

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

Background and description of need or problem Road department is requesting Board approval to reclassify Michael Spencer from a Fleet Service I Step 5 position to a Fleet Service III Step 3. After a yearly review of his position description and paygrade, it was determined that the Fleet Service III job description and paygrade more closely reflects the duties that Michael has been performing. This reclassification would be effective 7/1/24.

Funding Source: 003-2702-431.10-01 Fleet Wages

Requested Action: Request BOC approval to reclassify the current Fleet Service I-Step 5 employee to a Fleet Service III- Step 3 effective July 1, 2024.

Date: 7/2/24 Signature of Dept. Head: *Jessica Johnson for Paul Slater*

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

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

County Counsel CT _____

Treasurer MS _____

Human Resources CM _____

4K

New

Coos County Road Dept.
1281 W Central
Coquille, OR

DESCRIPTION OF POSITION

Revision Date: September 7, 2021

1.	Current Classification Title: Fleet Service III
2.	Working Title: Fleet Service III
3.	Department: Road Department
4.	Pay Grade: 809 Position Is: Full Time <input checked="" type="checkbox"/> Part Time <input type="checkbox"/> Extra Help <input type="checkbox"/> Seasonal <input type="checkbox"/> Other _____ Excluded from Bargaining Unit? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Teamsters #223 Eligible for Overtime? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
5.	What is the purpose of this position? Repairs, overhauls and maintains automotive equipment, machinery and other heavy construction equipment utilized by the county.
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. <ul style="list-style-type: none"> ▪ 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: <ul style="list-style-type: none"> ▪ This position is supervised by the Fleet Service V and/or the Roadmaster.
8.	Working conditions of position: <ul style="list-style-type: none"> ▪ 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?** Yes No

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

BOC only
Consent Agenda
Regular Agenda

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 to approve the revised Office Manager job description/paygrade and reclassify Robert Stewart at a Step 4

Date: 7/2/24

Signature of Dept. Head:

Jason Johnson for Paul Slater

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

If this is a contract or grant:

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

County Counsel CT

Treasurer *[Signature]*

Human Resources *aw*

DESCRIPTION OF POSITION

Revision Date: 30-2024 July 16, 2024

1.	Current Classification Title: Solid Waste Office Manager		
2.	Working Title: Solid Waste Office Manager		
3.	Department: Solid Waste/ Public Works		
4.	Pay Grade: -7432772		
	Position Is:	Full Time <input checked="" type="checkbox"/>	Part Time <input type="checkbox"/> Extra Help <input type="checkbox"/>
		Seasonal <input type="checkbox"/>	Other _____
	Excluded from Bargaining Unit?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
	Eligible for Overtime?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
5.	What is the purpose of this position?		
	Performs a variety of administrative and fiscal functions for the Solid Waste Department.		
	<ul style="list-style-type: none"> ▪ 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. ▪ 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 voucher 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. ▪ <u>Helps prepare department budget, reviews budget proposals and prepares necessary supporting documentation and justification.</u> ▪ 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. ▪ <u>Exercises accounting control over various contracts and grants. Responsible for reimbursement/payments on a timely basis.</u> ▪ <u>Determines cost of individual programs and projects. Develops and monitors project budgets and monitors cost effectiveness.</u> ▪ <u>Recommends to management economic strategies, objectives and policies.</u> ▪ 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. ▪ <u>Household Hazardous Waste Program; Monthly inspections of facility, Annual DEQ reporting,; Coordinates planning and scheduling with the public and vendor for HHW Events.</u> ▪ <u>Ensures compliance with our DEQ 1200z Stormwater Permit; Including monthly inspections, quarterly reporting & sampling as required.</u> ▪ <u>Prepares Department of Environmental Quality compliance reports for submittal: Annual Tonnage Reports, .</u> ▪ <u>Assists with quarterly and annual Closure Site Inspections.</u> ▪ <u>Initial contact person for the department's customer complaints. Works to resolve the customer complaint and/or request assistance from management.</u> 		

DESCRIPTION OF POSITION

<p>7. Supervision:</p> <ul style="list-style-type: none">▪ 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.
<p>8. Working conditions of position:</p> <ul style="list-style-type: none">▪ Normal schedule is Tuesday through Saturday 8:00 a.m. – 5:00 p.m., though <u>hours</u> 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.
<p>9. List required special skills, licenses, certificates, etc:</p> <ul style="list-style-type: none">▪ 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.▪ <u>Hazwoper Training</u>▪ <u>CPR, First Aid & AED Training</u>
<p>10. Is operation of motor vehicle required? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>
<p>11. List equipment, tools, machines used in performance of duties:</p> <ul style="list-style-type: none">▪ Waste accounting computer system, <u>Microsoft Office (Outlook, word processing, spreadsheets, databases)</u>, calculator, computer, copier, scanner.

NON-UNION SALARY SCHEDULE

Fiscal Year 2023-2024

July 1, 2023 +5%

Red font indicates not filled

Pay Grade	1	2	3	4	5	6
	\$ 29,2673	\$ 30,6981	\$ 32,2154	\$ 33,8019	\$ 35,4865	\$ 37,2635
772	\$ 3,799	\$ 3,978	\$ 4,171	\$ 4,374	\$ 4,565	\$ 4,809
	\$ 21,9173	\$ 22,9500	\$ 24,0635	\$ 25,2346	\$ 26,4519	\$ 27,7442
775	\$ 3,151	\$ 3,308	\$ 3,470	\$ 3,640	\$ 3,818	\$ 4,003
	\$ 18,1788	\$ 19,0846	\$ 20,0192	\$ 21,0000	\$ 22,0269	\$ 23,0942
778	\$ 6,031	\$ 6,329	\$ 6,643	\$ 6,973	\$ 7,314	\$ 7,678
	\$ 34,7942	\$ 36,5135	\$ 38,3250	\$ 40,2288	\$ 42,1962	\$ 44,2962
779	\$ 10,512	\$ 11,037	\$ 11,588	\$ 12,166	\$ 12,776	\$ 13,416
	\$ 60,6462	\$ 63,6750	\$ 66,8538	\$ 70,1885	\$ 73,7077	\$ 77,4000
780	\$ 4,337	\$ 4,549	\$ 4,767	\$ 4,998	\$ 5,244	\$ 5,499
	\$ 25,0212	\$ 26,2442	\$ 27,5019	\$ 28,8346	\$ 30,2538	\$ 31,7250
SW Operations Manager						
Administrative Aide II - CC						
Administrative Aide II - PH						
Administrative Aide II - MH						
Administrative Aide II - IT						
Not Used						
County Counsel						
Integrated Nurse Practitioner - NOT DUAL						
Psychiatric MH Nurse Practitioner Adult/Child						
MH Adult/Child Psychiatric Serv Coord						
Adult Psychiatric Service Manager						
MH Adult Psychiatric Serv Coord						
IT System Administrator						
Business Operations Mgr - Forestry						
Business Operations Mgr - Parks						
Business Operations Mgr - Comm Development						
Legal Assistant/Legal Office Manager - Counsel						
Business Operations Mgr - District Attorney						
Business Operations Mgr - BOC						
Business Operations Mgr - Maintenance/IT						
HIPAA Compliance Ofcr/Contract Admin						
PH Emergency Preparedness Program Mgr						
Business Operations Mgr - Surveyor						
Business Operations Mgr - Juvenile						
Business Operations Mgr. - Road						

new

BOC only:
Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

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

Department: Sheriff's Office

Requested Agenda Date: 7/15¹⁸/24

Contact Person: Captain. Sean Sanborn

Phone/Ext.: 7808

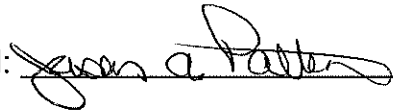
Background and description of need or problem: The Sheriff's Office has a program for timber patrol services on public and private timberlands in Coos County. Fifty percent (50%) of the cost for a full-time patrol deputy is split by the amount of acres owned by each of the following subscribers of the services. **Bavarian Olympus Timber LLC, FIA Timber Growth & Value Master LLC, Keystone Forest Investments LLC, Lone Rock Timber Company, Manulife Investment Management, Mahaffy Tree Farm Inc, Moore Mill Lumber Co, New Growth Olympus LLC, Oegon Department of Forestry, Oregon Department of State Lands.**

Funding Source: 342.01-01

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

Date: 7/8/24

Signature of Dept. Head: _____



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

If this is a Contract or Grant:

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

County Counsel _____



Treasurer _____



Human Resources _____



CONTRACT / GRANT SUMMARY FORM

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

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

Contact Person: Michael Scott Phone No: 541-982-5188 Email: msscott@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 % (CFDA # Required)	Catalog of Federal Domestic Asst. *(CFDA) Number
	100%		

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

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

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

- New Renewal Modification
- Previous Amount: \$ Original Amount: \$
- Previous Date: Original Date:

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

Method of Selection:

- Bid None
- Quote Other _____
- Proposal

Type of Contract:

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

Type of Contract:

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

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

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

Public Improvement -- If Not Using Bid, Mark Exemption:

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

- Alternative Contracting Method Approved by Board
- Other _____

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

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

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

Certificate of insurance required? Yes No

Date Approved by BOC: _____ Reviewed by Counsel: CT

CONTRACT / GRANT SUMMARY FORM

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

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

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

Amount of Contract/Grant Award: \$ 3,635.79

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 - Criminal

Description: Cooperative Agreement for Patrol on Timberlands

Staff Requirements: New Existing Subcontract

Will unemployment cost be incurred? Yes No

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

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

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

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

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

- New Renewal Modification
- Previous Amount: \$ Original Amount: \$
- Previous Date: Original Date:

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

Method of Selection:

- Bid None
- Quote Other _____
- Proposal

Type of Contract:

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

Type of Contract:

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

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

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

Public Improvement - If Not Using Bid, Mark Exemption:

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

- Alternative Contracting Method Approved by Board
- Other _____

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

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

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

Certificate of insurance required? Yes No

Date Approved by BOC: _____ Reviewed by Counsel: _____

CONTRACT / GRANT SUMMARY FORM

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

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

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

Amount of Contract/Grant Award: \$ 949.79

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 - Criminal

Description: Cooperative Agreement for Patrol on Timberlands

Staff Requirements: New Existing Subcontract

Will unemployment cost be incurred? Yes No

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

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

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

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

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

New

Renewal

Modification

Previous Amount: \$

Original Amount: \$

Previous Date:

Original Date:

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

Method of Selection:

- Bid None
 Quote Other _____
 Proposal

Type of Contract:

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

Type of Contract:

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

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

- Equipment Maintenance
 Office Supplies
 Used Vehicles
 State Purchasing
 Other _____

Public Improvement - If Not Using Bid, Mark Exemption:

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

- Alternative Contracting Method Approved by Board
 Other _____

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

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

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

Certificate of insurance required? Yes No

Date Approved by BOC: _____

Reviewed by Counsel: _____

CONTRACT / GRANT SUMMARY FORM

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

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

Contact Person: Haley Cornlken Phone No: 541-673-0141 Email: hcornlken@irtev.com

Amount of Contract/Grant Award: \$ 7,000.84

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 - Criminal

Description: Cooperative Agreement for Patrol on Timberlands

Staff Requirements: New Existing Subcontract

Will unemployment cost be incurred? Yes No

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

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

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

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

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

New

Renewal

Modification

Previous Amount: \$

Original Amount: \$

Previous Date:

Original Date:

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

Method of Selection:

- Bid None
 Quote Other _____
 Proposal

Type of Contract:

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

Type of Contract:

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

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

- Equipment Maintenance
 Office Supplies
 Used Vehicles
 State Purchasing
 Other _____

Public Improvement - If Not Using Bid, Mark Exemption:

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

- Alternative Contracting Method Approved by Board
 Other _____

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

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

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

Certificate of insurance required? Yes No

Date Approved by BOC: _____ Reviewed by Counsel: _____

CONTRACT / GRANT SUMMARY FORM

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

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

Contact Person: Darin McMickle Phone No: 541-430-1895 Email: dmcmmichael@manulife.com

Amount of Contract/Grant Award: \$ 24,067.31

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 - Criminal

Description: Cooperative Agreement for Patrol on Timberlands

Staff Requirements: New Existing Subcontract

Will unemployment cost be incurred? Yes No

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

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

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

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

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

New

Renewal

Modification

Previous Amount: \$

Original Amount: \$

Previous Date:

Original Date:

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

Method of Selection:

- Bid None
- Quote Other _____
- Proposal

Type of Contract:

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

Type of Contract:

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

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

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

Public Improvement - If Not Using Bid, Mark Exemption:

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

- Alternative Contracting Method Approved by Board
- Other _____

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

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

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

Certificate of insurance required? Yes No

Date Approved by BOC: _____	Reviewed by Counsel: _____
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CONTRACT / GRANT SUMMARY FORM

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

Name/Agency Name and Address: Mahaffy Tree Farm Inc., 97356 Hwy 241, Coos Bay OR 97420

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

Amount of Contract/Grant Award: \$ 371.62

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 - Criminal

Description: Cooperative Agreement for Patrol on Timberlands

Staff Requirements: New Existing Subcontract

Will unemployment cost be incurred? Yes No

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

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

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

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

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

New

Renewal

Modification

Previous Amount: \$

Original Amount: \$

Previous Date:

Original Date:

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

Method of Selection:

- Bid None
- Quote Other _____
- Proposal

Type of Contract:

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

Type of Contract:

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

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

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

Public Improvement - If Not Using Bid, Mark Exemption:

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

- Alternative Contracting Method Approved by Board
- Other _____

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

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

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

Certificate of insurance required? Yes No

Date Approved by BOC: _____	Reviewed by Counsel: _____
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CONTRACT / GRANT SUMMARY FORM

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

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

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

Amount of Contract/Grant Award: \$ 4,731.69

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 - Criminal

Description: Cooperative Agreement for Patrol on Timberlands

Staff Requirements: New Existing Subcontract

Will unemployment cost be incurred? Yes No

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

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

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

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

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

New

Renewal

Modification

Previous Amount: \$

Original Amount: \$

Previous Date:

Original Date:

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

Method of Selection:

- Bid None
- Quote Other _____
- Proposal

Type of Contract:

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

Type of Contract:

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

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

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

Public Improvement - If Not Using Bid, Mark Exemption:

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

- Alternative Contracting Method Approved by Board
- Other _____

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

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

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

Certificate of insurance required? Yes No

Date Approved by BOC: _____	Reviewed by Counsel: _____
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CONTRACT / GRANT SUMMARY FORM

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

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

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

Amount of Contract/Grant Award: \$ 2,497.80

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 - Criminal

Description: Cooperative Agreement for Patrol on Timberlands

Staff Requirements: New Existing Subcontract

Will unemployment cost be incurred? Yes No

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

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

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

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

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

- New Renewal Modification
- Previous Amount: \$ Original Amount: \$
- Previous Date: Original Date:

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

Method of Selection:

- Bid None
- Quote Other _____
- Proposal

Type of Contract:

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

Type of Contract:

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

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

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

Public Improvement - If Not Using Bid, Mark Exemption:

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

- Alternative Contracting Method Approved by Board
- Other _____

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

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

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

Certificate of insurance required? Yes No

Date Approved by BOC: _____ Reviewed by Counsel: _____

CONTRACT / GRANT SUMMARY FORM

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

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

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

Amount of Contract/Grant Award: \$ 1,445.25

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 - Criminal

Description: Cooperative Agreement for Patrol on Timberlands

Staff Requirements: New Existing Subcontract

Will unemployment cost be incurred? Yes No

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

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

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

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

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

New

Renewal

Modification

Previous Amount: \$

Original Amount: \$

Previous Date:

Original Date:

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

Method of Selection:

- Bid None
- Quote Other _____
- Proposal

Type of Contract:

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

Type of Contract:

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

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

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

Public Improvement - If Not Using Bid, Mark Exemption:

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

- Alternative Contracting Method Approved by Board
- Other _____

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

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

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

Certificate of insurance required? Yes No

Date Approved by BOC: _____	Reviewed by Counsel: _____
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CONTRACT / GRANT SUMMARY FORM

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

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

Contact Person: Amber McKernan Phone No: 541-388-6355 Email: amber.mckernan@state.or.us

Amount of Contract/Grant Award: \$ 7,305.56

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

Effective Date: 07/01/23 Start Date: _____ (if different from effective date, i.e. retroactive / prospective date)

End Date: 6/30/24 (if known)

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

Description: Cooperative Agreement for Patrol on Timberlands

Staff Requirements: New Existing Subcontract

Will unemployment cost be incurred? Yes No

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

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

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

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

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

New

Renewal

Modification

Previous Amount: \$

Original Amount: \$

Previous Date:

Original Date:

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

Method of Selection:

- Bid None
- Quote Other _____
- Proposal

Type of Contract:

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

Type of Contract:

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

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

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

Public Improvement - If Not Using Bid, Mark Exemption:

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

- Alternative Contracting Method Approved by Board
- Other _____

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

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

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

Certificate of insurance required? Yes No

Date Approved by BOC: _____ Reviewed by Counsel: _____

BOC only:
Consent Agenda _____
Regular Agenda _____

AGENDA ITEM 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 Dispatch

Requested Action: Approval for Sheriff and Board of Commissions to sign.

Date: 6/26/24

Signature of Dept. Head: _____



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

If this is a Contract or Grant:

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

County Counsel _____

CT

Treasurer _____

Human Resources _____

CONTRACT / GRANT SUMMARY FORM

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

Name/Agency Name and Address: City of Coquille, 851 N Central Blvd, Coquille OR 97423

Contact Person: Forrest Neuerburg (Manager) Phone No: 541-396-2115 Email: _____

Amount of Contract/Grant Award: \$ 7,162.56 with a yearly 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 % (CFDA # Required)	Catalog of Federal Domestic Asst. *(CFDA) Number
	100%		

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

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

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

New

Renewal

Modification

Previous Amount: \$

Original Amount: \$

Previous Date:

Original Date:

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

Method of Selection:

- Bid None
 Quote Other _____
 Proposal

Type of Contract:

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

Type of Contract:

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

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

- Equipment Maintenance
 Office Supplies
 Used Vehicles
 State Purchasing
 Other _____

Public Improvement - If Not Using Bid, Mark Exemption:

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

- Alternative Contracting Method Approved by Board
 Other _____

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

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

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

Certificate of insurance required? Yes No

Date Approved by BOC: _____

Reviewed by Counsel: CT

CONTRACT / GRANT SUMMARY FORM

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

Name/Agency Name and Address: City of Powers, PO Box 250, Powers OR 97466

Contact Person: Noah White (Mayor) Phone No: 541-439-3331 Email: _____

Amount of Contract/Grant Award: \$ 23,740.41 with a yearly call increase of 3%.

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

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

End Date: 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 % (CFDA # Required)	Catalog of Federal Domestic Asst. *(CFDA) Number
	100%		

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

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

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

New

Renewal

Modification

Previous Amount: \$

Original Amount: \$

Previous Date:

Original Date:

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

Method of Selection:

- Bid None
- Quote Other _____
- Proposal

Type of Contract:

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

Type of Contract:

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

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

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

Public Improvement - If Not Using Bid, Mark Exemption:

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

- Alternative Contracting Method Approved by Board
- Other _____

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

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

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

Certificate of insurance required? Yes No

Date Approved by BOC: _____ Reviewed by Counsel: CT

CONTRACT / GRANT SUMMARY FORM

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

Name/Agency Name and Address: City of Myrtle Point, 424 5th Street, Myrtle Point OR 97458

Contact Person: Scott Nay (City Manager) Phone No: 541-572-2626 Email: _____

Amount of Contract/Grant Award: \$ 85,881.11 with a yearly call increase of 3%.

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

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

End Date: 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 % (CFDA # Required)	Catalog of Federal Domestic Asst. *(CFDA) Number
	100%		

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

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

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

New

Renewal

Modification

Previous Amount: \$

Original Amount: \$

Previous Date:

Original Date:

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

Method of Selection:

- Bid None
- Quote Other _____
- Proposal

Type of Contract:

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

Type of Contract:

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

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

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

Public Improvement - If Not Using Bid, Mark Exemption:

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

- Alternative Contracting Method Approved by Board
- Other _____

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

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

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

Certificate of insurance required? Yes No

Date Approved by BOC: _____ Reviewed by Counsel: CT

CONTRACT / GRANT SUMMARY FORM

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

Name/Agency Name and Address: Bridge Rural Fire Protection District, 98183 Bridge Lane, Myrtle Point OR 97458

Contact Person: Michael Gibbs (Chief) Phone No: 541-260-2907 Email: _____

Amount of Contract/Grant Award: \$ 859.74 with a yearly call increase of 4.5%. - 2.5% to be used for the radio maint. and upgrades..

Payment Terms: Invoiced Quarterly (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 % (CFDA # Required)	Catalog of Federal Domestic Asst. *(CFDA) Number
	100%		

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

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

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

New

Renewal

Modification

Previous Amount: \$

Original Amount: \$

Previous Date:

Original Date:

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

Method of Selection:

- Bid None
- Quote Other _____
- Proposal

Type of Contract:

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

Type of Contract:

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

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

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

Public Improvement - If Not Using Bid, Mark Exemption:

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

- Alternative Contracting Method Approved by Board
- Other _____

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

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

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

Certificate of insurance required? Yes No

Date Approved by BOC: _____

Reviewed by Counsel: CF

CONTRACT / GRANT SUMMARY FORM

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

Name/Agency Name and Address: Greenacre Rural Fire Protection District, 93449 Greenacres Lane, Coos Bay OR 97420

Contact Person: David Brandt (Board Chair) Phone No: 541-269-2441 Email: _____

Amount of Contract/Grant Award: \$ 3,156.30 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 % (CFDA # Required)	Catalog of Federal Domestic Asst. *(CFDA) Number
	100%		

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

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

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

New

Renewal

Modification

Previous Amount: \$

Original Amount: \$

Previous Date:

Original Date:

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

Method of Selection:

- Bid
- Quote
- Proposal
- None
- Other _____

Type of Contract:

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

Type of Contract:

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

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

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

Public Improvement - If Not Using Bid, Mark Exemption:

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

- Alternative Contracting Method Approved by Board
- Other _____

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

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

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

Certificate of insurance required? Yes No

Date Approved by BOC: _____

Reviewed by Counsel: CT

CONTRACT / GRANT SUMMARY FORM

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

Name/Agency Name and Address: Charleston Rural Fire Protection District, 92342 Cape Arago Hwy, Coos Bay OR 97420

Contact Person: Michael Sheddon (Chief) Phone No: 541-435-7071 Email: _____

Amount of Contract/Grant Award: \$ 12,130.57 with a yearly call increase of 4.5% - 2.5% to be used for the radio maint. and upgrades..

Payment Terms: Invoiced Quarterly (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 % (CFDA # Required)	Catalog of Federal Domestic Asst. *(CFDA) Number
	100%		

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

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

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

New

Renewal

Modification

Previous Amount: \$

Original Amount: \$

Previous Date:

Original Date:

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

Method of Selection:

- Bid None
- Quote Other _____
- Proposal

Type of Contract:

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

Type of Contract:

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

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

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

Public Improvement - If Not Using Bid, Mark Exemption:

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

- Alternative Contracting Method Approved by Board
- Other _____

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

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

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

Certificate of insurance required? Yes No

Date Approved by BOC: _____

Reviewed by Counsel: CT

CONTRACT / GRANT SUMMARY FORM

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

Name/Agency Name and Address: Dora-Sitkum Rural Fire Protection District, 56129 Goldbrick Rd, Myrtle Point OR 97458

Contact Person: Richard Kirk (Board Chair) Phone No: 541-572-2182 Email: _____

Amount of Contract/Grant Award: \$ 188.44 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 % (CFDA # Required)	Catalog of Federal Domestic Asst. *(CFDA) Number
	100%		

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

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

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

New

Renewal

Modification

Previous Amount: \$

Original Amount: \$

Previous Date:

Original Date:

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

Method of Selection:

- Bid None
- Quote Other _____
- Proposal

Type of Contract:

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

Type of Contract:

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

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

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

Public Improvement - If Not Using Bid, Mark Exemption:

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

- Alternative Contracting Method Approved by Board
- Other _____

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

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

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

Certificate of insurance required? Yes No

Date Approved by BOC: _____

Reviewed by Counsel: CT

CONTRACT / GRANT SUMMARY FORM

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

Name/Agency Name and Address: Fairview Rural Fire Protection District, 58511 Fairview Rd, Coquille OR 97423

Contact Person: Bill Nelson (Chief) Phone No: 541-297-6688 Email: _____

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

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

10.xxx USDA 14.xxx HUD 20.xxx USDOT 66.xxx EPA 84.xxx Dept. of Education
11.xxx Dept. of Commerce 16.xxx USDOJ 39.xxx General 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:

- Bid None
- Quote Other _____
- Proposal

Type of Contract:

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

Type of Contract:

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

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

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

Public Improvement - If Not Using Bid, Mark Exemption:

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

- Alternative Contracting Method Approved by Board
- Other _____

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

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

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

Certificate of insurance required? Yes No

Date Approved by BOC: _____

Reviewed by Counsel: CT

CONTRACT / GRANT SUMMARY FORM

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

Name/Agency Name and Address: North Bay Rural Fire Protection District, PO Box 664, Coos Bay OR 97459

Contact Person: Don Thompson (Chief) Phone No: _____ Email: _____

Amount of Contract/Grant Award: \$ 3,804.05 with a yearly call increase of 4.5%. - 2.5% to be used for the radio maint. and upgrades..

Payment Terms: Invoiced Quarterly (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 % (CFDA # Required)	Catalog of Federal Domestic Asst. *(CFDA) Number
	100%		

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

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

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

New

Renewal

Modification

Previous Amount: \$

Original Amount: \$

Previous Date:

Original Date:

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

Method of Selection:

- Bid None
- Quote Other _____
- Proposal

Type of Contract:

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

Type of Contract:

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

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

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

Public Improvement - If Not Using Bid, Mark Exemption:

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

- Alternative Contracting Method Approved by Board
- Other _____

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

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

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

Certificate of insurance required? Yes No

Date Approved by BOC: _____

Reviewed by Counsel: CT

BOC only:
Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Dispatch Console Upgrade

Department: Coos County Sheriff's Office

Requested Agenda Date: 07/16/24

Contact Person: Captain Jason Patterson

Phone/Ext.: 7820

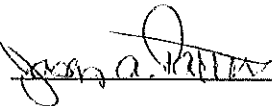
Background and description of need or problem: Upgrade dispatch consoles which includes power cable and wire mitigation. This would be funded solely by a COPS- grant previously obtained from the federal government. Three quotes were obtained however the one best suited for the dispatch building is the 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.

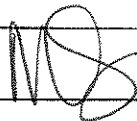
If this is a Contract or Grant:

- 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 _____

CONTRACT / GRANT SUMMARY FORM

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

Name/Agency Name and Address: Xybix Systems

Contact Person: Doug Herman Phone No: _____ Email: JackM@xybix.com

Amount of Contract/Grant Award: \$ 87,837.06

Payment Terms: Invoice 50% down/ 40% upon ordering and 10% upon final (state lump sum or amount and time of payments)

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

End Date: _____ (if known)

County Department and Employee Responsible for Performance: Casie Stone

Description: upgrading dispatch consoles

Staff Requirements: New Existing Subcontract

Will unemployment cost be incurred? Yes No

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

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

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

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

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

New

Renewal

Modification

Previous Amount: \$

Original Amount: \$

Previous Date:

Original Date:

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

Method of Selection:

- Bid None
 Quote Other _____
 Proposal

Type of Contract:

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

Type of Contract:

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

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

- Equipment Maintenance
 Office Supplies
 Used Vehicles
 State Purchasing
 Other _____

Public Improvement - If Not Using Bid, Mark Exemption:

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

- Alternative Contracting Method Approved by Board
 Other _____

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

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

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

Certificate of insurance required? Yes No

Date Approved by BOC: _____ Reviewed by Counsel: CI

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 _____

Treasurer _____

Human Resources _____

BOC only:
Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Intergovernmental Agreement with OSU

Department: Finance

Requested Agenda Date: July 16, 2024

Contact Person: Megan Simms

Phone/Ext.: 7730

Background and description of need or problem: Intergovernmental agreement for extension services for the 4H & Extension Service District. This agreement is for a 3-year period ending June 30, 2027. Amount for each year will be decided during the budget process.

Funding Sources: 4H & Extension Service District

Requested Action: Approve and sign Intergovernmental Agreement with Oregon State University and its Extension Service

Date: 7/8/2024

Signature of Dept. Head: Megan Simms

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

If this is a contract or grant:

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

County Counsel CT

Treasurer MS

Human Resources _____

CONTRACT / GRANT SUMMARY FORM

Clerk's CJ No.: _____ (complete after filing) Contract/Agreement/Grant No.: 2024-015136(if applicable)

Name/Agency Name and Address: Oregon State University and its Extension Service

Contact Person: Wiley Thompson Phone No: 845-608-2227 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 execution Start Date: _____ (if different from effective date, i.e. retroactive / prospective date)

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

County Department and Employee Responsible for Performance: Finance, Megan Simms

Description: IGA for funding education programs and services performed by OSU and the Coos County 4H & Extension Svc District

Staff Requirements: New Existing Subcontract

Will unemployment cost be incurred? Yes No

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

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

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

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

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

New

Renewal

Modification

Previous Amount: \$

Original Amount: \$

Previous Date:

Original Date:

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

Method of Selection:

- Bid None
- Quote Other IGA
- Proposal

Type of Contract:

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

Type of Contract:

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

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

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

Public Improvement – If Not Using Bid, Mark Exemption:

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

- Alternative Contracting Method Approved by Board
- Other _____

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

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

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

Certificate of insurance required? Yes No

Date Approved by BOC: _____ Reviewed by Counsel: CT

BOC only
Consent Agenda
Regular Agenda

AGENDA ITEM COVERSHEET

Agenda Item Title: Order Adopting Official Road Name of Upton Lane

Department: Planning

Requested Agenda Date: 7/16/24

Contact Person: Jill Rolfe

Phone/Ext.: 7770

Background and description of need or problem: Adoption of a road name

Funding Source: Applicant

Requested Action: Motion to adopt an official name of a road "Upton Lane" Located off of Bay Park Lane, south of the City of Coos Bay, Order No. 24-07-027PL.

Date: July 8, 2024

Signature of Dept. Head: Jill Rolfe

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

If this is a contract or grant:

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

County Counsel CT

Treasurer NS

Human Resources _____

4R

BOARD OF COMMISSIONERS
COOS COUNTY
STATE OF OREGON

IN THE MATTER OF THE ADOPTION
OF AN OFFICIAL NAME OF A ROAD
“UPTON LANE” LOCATED OFF
OF BAY PARK LANE, SOUTH OF THE
CITY OF COOS BAY

ORDER NO. 24-07-027PL.

THIS MATTER HAVING come before the Board of Coos County Commissioners (the “Board”) at a regular meeting held on the 16th day of July, 2024, and whereas the Planning Department has received a request to finalize a road name by adopting an official road name for the property located in Attachment “A”, attached hereto and incorporated by this reference herein and further described as part of Coos County Planning File RN-24-002;

AND IT APPEARING to the Board the Planning Department followed the correct process to name a road as described in Article IV, Division 8, of the Coos County Code. The petition has been accepted and found the name is necessary to facilitate emergency response and promote the health, safety, and welfare of the public;

AND IT FURTHER APPEARING to the Board that a notice was provided to abutting property owners and all required parties of Section 04-08-040;

AND IT FURTHER APPEARING to the Board that after reviewing the request from the Planning Department and the fact that no appeals were filed that Board finds that the proposed road name is appropriate and conforms to the requirements of the Coos County Code Article IV, Division 8.

NOW, THEREFORE, IT IS HEREBY ORDERED by the Board that the official name for the property described in Attachment “A” shall be Upton Lane.

Dated this _____ day of _____, 2024.

BOARD OF COMMISSIONERS

Chair

Vice Chair

Commissioner

Approved as to form:

Office of Legal Counsel

Attachment A

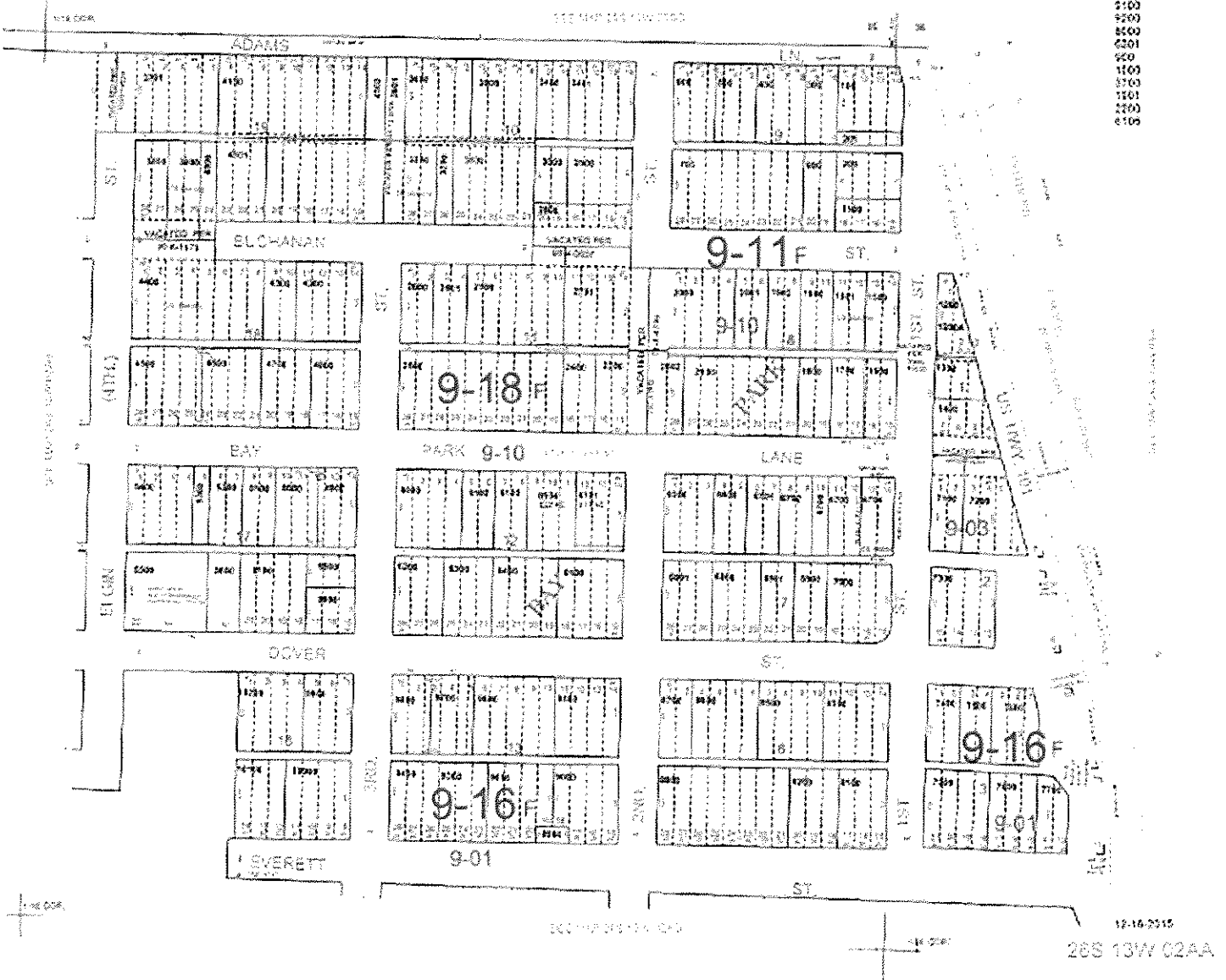
NE 1/4 NE 1/4 SEC. 02 T26S R13W W.M
COOS COUNTY

26S 13W 02AA

THIS MAP WAS PREPARED FOR
ASSESSMENT PURPOSES ONLY

CANCELLED NO

- 8400
- 8400
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- 8400
- 8400
- 8400



BOC only:
Consent Agenda
Regular Agenda

AGENDA ITEM COVERSHEET

Agenda Item Title: Purchase of Vehicle

Department: Community Development (Building Department)

Requested Agenda Date: July 16th, 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

purchase vehicle through State purchasing NTE \$50,000

Requested Action: Request approval to ~~spend money to secure vehicle and allow County Counsel to sign off on purchase to make it faster to buy. If 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: Jill Rolfe

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

If this is a contract or grant:

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

County Counsel CT

Treasurer *[Signature]* - quote not provided w/ agenda item.

BOC only:
Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Filling a Vacant position & Lateral Transfer to Building Permit Tech I

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: Request Board of Commissioners approve lateral transfer for Brooke Pedro from Permit Specialist to the vacant position of Building Permit Tech I effective July 1, 2024 and sign Resolution 24-07-115P. This is a lateral transfer with no change in paygrade.

Funding Source: 006-1501-419.10-01

Requested Action: BOC to approve lateral transfer of Brooke Pedro to the vacant position of Building Permit Tech I, and approve and sign Payroll Transfer Resolution 24-07-115P, effective 7/1/2024.

Date: 7/2/2024

Signature of Dept. Head:

Amy DeBe

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*

TREASURER: *MS*

HUMAN RESOURCES: *CM*

BOARD OF COMMISSIONERS
COUNTY OF COOS/STATE OF OREGON

In the Matter of Filling a Vacant Position) R E S O L U T I O N
And Granting a Lateral Transfer for) 24-07-115 P
Brooke Pedro Effective July 1, 2023)

THIS MATTER HAVING COME BEFORE the Board of Commissioners at a regular Meeting held July 16, 2024; and

WHEREAS, Brooke Pedro is currently employed under an AFSCME union position as a Permit Specialist with the Coos County Community Development Department as follows, and

<u>EMPLOYEE</u>	<u>CLASSIFICATION</u>	<u>GRADE</u>	<u>RGE.</u>	<u>STEP</u>	<u>AMOUNT</u>
<u>COMMUNITY DEVELOPMENT - BUILDING CODES - 006-1501-419.10-01</u>					
Pedro, Brooke	Permit Specialist	416	19	2	\$3,848

WHEREAS a vacant position was posted for a Building Permit Tech I with the Coos County Community Development Department, and the Building Permit Tech I position is under the same Pay Grade as the Permit Specialist and Brooke Pedro was the most qualified applicant for the position, and

THEREFORE, BE IT RESOLVED transferring position title for employee Brooke Pedro as follows:

<u>EMPLOYEE</u>	<u>CLASSIFICATION</u>	<u>GRADE</u>	<u>RGE.</u>	<u>STEP</u>	<u>AMOUNT</u>
<u>COMMUNITY DEVELOPMENT - BUILDING CODES - 006-1500-419.10-01</u>					
Pedro, Brooke	Building Permit Tech I	416	19	2	\$3,848

BE IT FURTHER RESOLVED, Brooke Pedro's anniversary date shall remain November 1st.

DATED THIS _____ day of _____, 2024.

BOARD OF COMMISSIONERS

Commissioner

Commissioner

Commissioner

Resolution 24-07-115P

BOC only: Consent Agenda _____
Regular Agenda _____

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: Request Board of Commissioners approve revised job description for the position Principal Planner and place under paygrade 424. 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 Principal Planner under paygrade 424 and approve posting and filling the position at either the Associate Planner or up to the Principal Planner position.

Date: 7/9/2024 Signature of Dept. Head: Amy Rolfe

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

TREASURER: MS

HUMAN RESOURCES: ew

4U

DESCRIPTION OF POSITION

Approved by BOC May 18, 2022/July 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 <input checked="" type="checkbox"/> Part Time <input type="checkbox"/> Extra Help <input type="checkbox"/> Seasonal <input type="checkbox"/> Other _____ Excluded from Bargaining Unit? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>AFSCME</u> Eligible for Overtime? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
5.	What is the purpose of this position? <p>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, <u>long range planning</u> and transportation issues; and to assist with the maintenance of the Comprehensive Plan. This position also tracks planning projects and <u>assists with assigns tasks applications</u> to other planning team members to ensure they are completed in a timely manner.</p>
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. <ul style="list-style-type: none"> ▪ 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; develops 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. ▪ <u>Maintains planning and related maps related to land use.</u> ▪ 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 large-scale development proposals. ▪ 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.

DESCRIPTION OF POSITION

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.

7. 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.

DESCRIPTION OF POSITION

Approved by BOC ~~May 18, 2022~~ July 16, 2024

Ability to:

- 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 preferred;
- 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 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.

BOC only
Consent Agenda _____
Regular Agenda _____

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: Amy Delee

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

TREASURER: MS

HUMAN RESOURCES: ew

DESCRIPTION OF POSITION

Approved by BOC ~~May 18, 2022~~ July 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 <input checked="" type="checkbox"/> Part Time <input type="checkbox"/> Extra Help <input type="checkbox"/> Seasonal <input type="checkbox"/> Other _____ Excluded from Bargaining Unit? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>AFSCME</u> Eligible for Overtime? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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. <ul style="list-style-type: none"> ▪ 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. ▪ Prepares and maintains a variety of planning records and technical documentation; reviews Department records and identifies technical and clerical errors. ▪ <u>Uses GIS to make notification maps and list as needed to send out decisions.</u> ▪ Performs other duties as business needs necessitate.
7.	Supervision. <ul style="list-style-type: none"> • 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. •

DESCRIPTION OF POSITION

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.
9.	List required special skills, licenses, certificates, etc. Knowledge of: <ul style="list-style-type: none">• 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: <ul style="list-style-type: none">• 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: <ul style="list-style-type: none">• 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 <ul style="list-style-type: none">• Bachelor's Associates degree in planning, geography or a related field and at least two <u>one</u> years of planning and/or zoning experience with supplemental college course work in area of expertise of department; or• Five <u>Two</u> years' experience in Oregon Planning with a city, county or regional planning office. An equivalent combination of training experience may be accepted. <p style="text-align: center;">Position may be subject to a criminal background check and a DMV records check/reporting requirements</p>
10.	Is operation of motor vehicle required? Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>
11.	List equipment, tools, machines used in performance of 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 _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Approval of 2024-2027 Collective Bargaining Agreement with the Teamsters Local #223 (Roads Department Employees).

Department: Counsel **Requested Agenda Date:** 7/16/2024

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

Background and description of need or problem: The current Collective Bargaining Agreement with Teamsters Local #223 (Roads Department Employees) expires on June 30, 2024. We are requesting the Board approve the successor Collective Bargaining Agreement with Teamsters Local #223 effective July 1, 2024 through June 30, 2027.

Funding Source: N/A

Requested Action: Board to approve and sign the Collective Bargaining Agreement with Teamsters Local #223 and sign Payroll Resolution 24-07-116P.

Date: 7/8/2024 Signature of Dept. Head: Colton Totland

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

If this is a contract or grant:

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

Departments Affected:

COUNSEL: CT

TREASURER: MS

HUMAN RESOURCES: cu

BOC forwards signed document to Counsel's office.

4W

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

3 In the Matter of a Contract Salary) RESOLUTION
4 Adjustment for Teamsters Local #223) 24-07-116 P
5 Road Department Employees On The Coos)
6 County Payroll Effective July 1, 2024)

7 THIS MATTER HAVING COME BEFORE the Board of Commissioners at a regular
8 meeting held July 16, 2024, and whereas Coos County and the Teamsters Local
9 #223 Road Department Employees Union have reached an Agreement effective July
10 1, 2024 through June 30, 2027;

11 BE IT THEREFORE RESOLVED that the Human Resources Department of Coos
12 County, Oregon is hereby authorized to implement the Contract Salary
13 Adjustments as listed in the Contract on all Teamsters Local #223 Road
14 Department salaries, effective July 1, 2024.

15 DATED THIS _____ day of _____, 2024.

16 BOARD OF COMMISSIONERS

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19 _____ Commissioner Commissioner Commissioner

BOC only: Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Approval of 2024-2027 Collective Bargaining Agreement with the Teamsters Local #206 (Solid Waste Department Employees).

Department: Counsel **Requested Agenda Date:** 7/16/2024

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

Background and description of need or problem: The current Collective Bargaining Agreement with Teamsters Local #206 (Solid Waste Department Employees) expired on June 30, 2024. We are requesting the Board approve the successor Collective Bargaining Agreement with Teamsters Local #206 Solid Waste Department employees effective July 1, 2024 through June 30, 2027, and sign Payroll Resolution 24-07-117P.

Funding Source: N/A

Requested Action: Board to approve and sign the Collective Bargaining Agreement with Teamsters Local #206 Solid Waste, and sign Payroll Resolution 24-07-117P.

Date: 7/8/2024

Signature of Dept. Head: Colton Totland

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

If this is a contract or grant:

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

Departments Affected:

COUNSEL: _____

TREASURER: MS

HUMAN RESOURCES: aw

BOC forwards signed document to Counsel's office.

4X

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

3 In the Matter of a Contract Salary) RESOLUTION
4 Adjustment for Teamsters Local #206) 24-07-117 P
5 Solid Waste Dept. Employees on The Coos)
6 County Payroll Effective July 1, 2024)

7 THIS MATTER HAVING COME BEFORE the Board of Commissioners at a regular
8 meeting held July 16, 2024, and whereas Coos County and the Teamsters Local
9 #206 Solid Waste Department Employees Union have reached an Agreement effective
10 July 1, 2024 through June 30, 2027;

11 BE IT THEREFORE RESOLVED that the Human Resources Department of Coos
12 County, Oregon is hereby authorized to implement the Contract Salary
13 Adjustments as listed in the Contract on all Teamsters Local #206 Solid Waste
14 Department salaries, effective July 1, 2024.

15 DATED THIS _____ day of _____, 2024.

16 BOARD OF COMMISSIONERS

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19 _____
Commissioner

Commissioner

Commissioner

BOC only: _____
Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Payment of Dues to Association 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 problem: annual dues for FY 25 are now due.

Funding Source: Economic Development

Requested Action: approve payment of Assoc of O&C Counties dues in the amount of \$33,529.38

Date: 7/8/24

Signature of Dept. Head: Robert "Bob" Main

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 _____

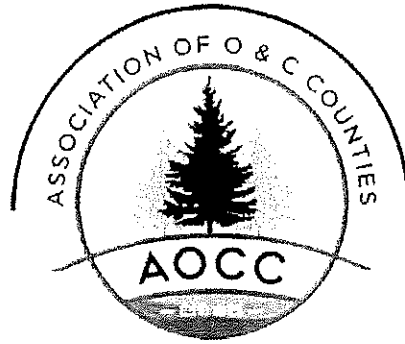
Treasurer _____

PAID
5/16/24

Coos County

MAY 16 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
	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

1224 NE Walnut St. #431 Roseburg, Oregon 97470 — 541 430 8952

BOC only: _____
Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Revenue Alternatives Discussion

Department: BOC

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

Requested Action: BOC to engage in an open discussion about creative ideas to address our revenue problem, and develop an implementation plan.

Date: June 24, 2024

Signature of Dept. Head:  _____

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

If this is a Contract or Grant:

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

County Counsel _____

Treasurer _____

Human Resources _____