

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/953580029>
August 20, 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. **DEPARTMENT HEADS**
 - A. Request Approval of Amendment #5 to IGA with Oregon Health Authority & Authorize Mike Rowley to DocuSign- Coos Health & Wellness (CHW)

 - B. Request Approval of Contract with TriWest Healthcare Alliance & Authorize Mike Rowley to Sign- CHW

 - C. Request Approval of Services Agreement with Lines for Life & Authorize Mike Rowley to Sign- CHW

 - D. Request Approval to Post & Fill Either QMHP or QMHA Level Position- CHW

 - E. Request Approval to Post & Fill Mental Health Specialist II Position- CHW

 - F. Request Award of Forest Labor Contract- Forestry

 - G. Request Award of Planting Contract- Forestry

 - H. Request Award of Pre-Commercial Thinning Contract- Forestry

 - I. Request Approval of Forest Operations Foreman Job Description- Forestry

 - J. Request Award of Contract for Paving Trailhead Parking at Laverne Park- Parks

 - K. Request Award of Contract for Water Treatment Facilities at Laverne/West Laverne Parks & Authorize Craig Storm to Sign- Parks

 - L. Request Approval to Purchase Used Portable Stacker Conveyor- Road

 - M. Request Approval to Purchase New Roller- Road

 - N. Request Approval to Pay Fuel Bill- Sheriff

 - O. Request Approval of Order Adopting Vacation of Public Way- Community Development

 - P. Request Approval of IGA with OEBC & Authorize Chair to Sign- HR/Counsel

 - Q. Request Approval of Donation Agreement with Weyerhaeuser Timber Holdings & Authorize Chair to Sign- Counsel

 - R. Discussion with Bill Gerski re: Beacon Broadband Project- BOC

 - S. Discussion re: County Forest Road Access- BOC

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.

4. **CONSENT CALENDAR- administrative matters not up for discussion**

A. **Approval of Minutes**

Workgroup Minutes- May 28, 2024

Worksession- Insurance- June 18, 2024

B. **Orders & Resolutions**

Order 24-08-038C, In the Matter of Appointing Curt Benward to the Coos County Library Service District Board

Resolution 24-08-133P, In the Matter of Classifying and Placement of Various Employees on the Regular Coos County Payroll Effective Their Hire Date

Resolution 24-08-134P, In the Matter of Filling a Vacant Position and Transfer for Cassidy Carr Effective August 1, 2024

Resolution 24-08-135P, In the Matter of Granting Salary Merit Step Increases for Various Employees Retroactive to July 1, 2024

Resolution 24-08-136P, In the Matter of Granting Salary Merit Step Increases for Various Employees Effective August 1, 2024

Resolution 24-08-137P, In the Matter of Granting Salary Merit Step Increases for Various Employees Effective September 1, 2024

Resolution 24-08-138P, In the Matter of a Salary Adjustment Due to Certification for Sean Sanborn Effective August 1, 2024

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

Contract Amendment #1 with Strata Design- Road- Ross Inlet wall failure

Contract Amendment #1 with Strata Design- Road- Fairview Sumner landslide

Contract Amendment #1 with Strata Design- Road- Olive Barber road failure

5. **LATE AGENDA ITEMS**

6. **COMMISSIONERS REPORTS**

7. **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: 08/20/2024

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: 08/12/2024

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: Fifth Amendment to Intergovernmental Agreement 44300-000260006 with Oregon Health Authority

Department: Coos Health & Wellness

Requested Agenda Date: 8/20/2024

Contact Person: Mike Rowley

Phone/Ext.: 541-266-6700

Background and description of need or problem: This fifth amendment to IGA 44300-000260006 is an increase in behavioral health Part C funds of 341,284.82 for SE 17 reimbursements.

Funding Source: OHA

Requested Action: Board to approve amendment five to Intergovernmental Agreement 44300-000260006-0 with Oregon Health Authority and authorize department head, Mike Rowley to DocuSign.

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: 2024.08.09 14:23:06 -0700

Date: 8/9/2024

Signature of Dept. Head: _____

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

If this is a Contract or Grant:

- Is the contract or grant an original?
- Is the Contract/Grant Summary Form attached?
- Is the Contract signed first by the vendor (except state/federal grants or contracts)?
- If Insurance is required, Is the Insurance Certificate attached?
- Is the Clerk's 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.: 026006-5(if applicable)

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

Contact Person: Larry Briggs Phone No: 503-945-6879 Email: LARRY.O.BRIGGS@dhsosha.state.or.us

Amount of Contract/Grant Award: \$ 5,520,881.42 (increase \$341,284.82)

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

Effective Date: 7/1/2024 Start Date: 1/1/2024 (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: Behavioral Health Part C funds of three hundred forty-one thousand, two hundred eighty-four dollars and eighty-two cents (\$341,284.82) for SE 17 reimbursements.

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
TBD		TBD	Various

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

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

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

- New Renewal Modification
 Previous Amount: \$ Original Amount: \$ 5,060,049.41
 Previous Date: Original Date: 1/1/2024

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:

- | | |
|---|--|
| <input type="checkbox"/> Under \$10,000 | <input type="checkbox"/> Equipment Maintenance |
| <input type="checkbox"/> Under \$50,000 for Quotes | <input type="checkbox"/> Office Supplies |
| <input type="checkbox"/> Under \$150,000 & Approval from Board for Quotes | <input type="checkbox"/> Used Vehicles |
| <input type="checkbox"/> Sole Source | <input type="checkbox"/> State Purchasing |
| <input type="checkbox"/> Contract with Public Agency | <input type="checkbox"/> Other _____ |

Public Improvement - If Not Using Bid, Mark Exemption:

- | | |
|---|---|
| <input type="checkbox"/> Under \$5,000 | <input type="checkbox"/> Alternative Contracting Method Approved by Board |
| <input type="checkbox"/> Under \$50,000 for Quotes | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Between \$50,000 and \$100,000 for Quotes and Prevailing Wage Requirements | |

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

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

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

Certificate of insurance required? Yes No

Date Approved by BOC: _____ Reviewed by Counsel: AT

BOC only: _____
Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Contract with TriWest Healthcare Alliance (TriWest)

Department: Coos Health & Wellness

Requested Agenda Date: 8/20/2024

Contact Person: Mike Rowley

Phone/Ext.: 541-266-6700

Background and description of need or problem: TriWest has subcontracted with Regence BlueCross BlueShield of Oregon. This provider agreement will allow Coos County to participate in network for TriWest administered health care programs.

Funding Source:

Requested Action: Board to approve contract with TriWest Healthcare Alliance and authorize department head, Mike Rowley to sign.

Date: 8/9/2024

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: 2024.08.09 14:19:15 -0700

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 MS

Human Resources _____

3B

CONTRACT / GRANT SUMMARY FORM

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

Name/Agency Name and Address: TriWest Healthcare Alliance P.O. Box 42049 Phoenix, AZ 85053

Contact Person: MaryAnn Brooks Phone No: 503-553-5069 Email: MaryAnn.Brooks@regence.com

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: auto renew (if known)

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

Description: TriWest Healthcare Alliance (TriWest) has subcontracted with Regence BlueCross BlueShield of Oregon. This provider agreement will allow Coos County to participate in network for TriWest administered health care programs.

Staff Requirements: New Existing Subcontract

Will unemployment cost be incurred? Yes No

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

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

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

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

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

New

Renewal
Previous Amount: \$
Previous Date:

Modification
Original Amount: \$
Original Date:

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

Method of Selection:

- Bid None
- Quote Other _____
- Proposal

Type of Contract:

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

Type of Contract:

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

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

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

Public Improvement - If Not Using Bid, Mark Exemption:

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

- Alternative Contracting Method Approved by Board
- Other _____

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

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

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

Certificate of insurance required? Yes No

Date Approved by BOC: _____

Reviewed by Counsel: CT

BOC only:
 Consent Agenda _____
 Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Services Agreement with Lines for Life

Department: Coos Health & Wellness

Requested Agenda Date: 8/20/2024

Contact Person: Mike Rowley

Phone/Ext.: 541-266-6700

Background and description of need or problem: Lines for life will provide after-hours crisis phone line support. Services include telephonic crisis intervention, consultation, triage, and referral. Monthly fee is \$10,000.

Funding Source: Behavioral Health

Requested Action: Board to approve Lines for Life Services Agreement and authorize department head, Mike Rowley to DocuSign.

Date: 8/9/2024

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: 2024.08.09 11:30:44 -07'00'

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

If this is a Contract or Grant:

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

County Counsel CT _____

Treasurer MS _____

Human Resources _____

3C

CONTRACT / GRANT SUMMARY FORM

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

Name/Agency Name and Address: Lines for Life, 5100 SW Macadam Avenue, Suite 400, Portland, OR 97239

Contact Person: Bailey Simpson Phone No: 641-832-8866 Email: BaileyS@linesforlife.org

Amount of Contract/Grant Award: \$ 10,000.00 monthly (up to 400 calls)-\$28.50 each additional / one-time setup fee \$2,000

Payment Terms: \$2,000 one-time setup / \$10,000 per mo./ addtl monthly fees (state lump sum or amount and time of payments)

Effective Date: 10/1/2024 Start Date: _____ (if different from effective date, i.e. retroactive / prospective date)

End Date: AR (if known)

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

Description: After-hours crisis phone line support. One-time setup fee of two thousand dollars (\$2,000). Monthly charge is ten thousand dollars (\$10,000) up to 400 calls per month. Each additional call in excess of 400 calls each month. \$28.50 per call.

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 Behavioral Health
 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:

- | | |
|---|--|
| <input type="checkbox"/> Under \$10,000 | <input type="checkbox"/> Equipment Maintenance |
| <input type="checkbox"/> Under \$50,000 for Quotes | <input type="checkbox"/> Office Supplies |
| <input type="checkbox"/> Under \$150,000 & Approval from Board for Quotes | <input type="checkbox"/> Used Vehicles |
| <input type="checkbox"/> Sole Source | <input type="checkbox"/> State Purchasing |
| <input type="checkbox"/> Contract with Public Agency | <input type="checkbox"/> Other _____ |

Public Improvement - If Not Using Bid, Mark Exemption:

- | | |
|---|---|
| <input type="checkbox"/> Under \$5,000 | <input type="checkbox"/> Alternative Contracting Method Approved by Board |
| <input type="checkbox"/> Under \$50,000 for Quotes | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Between \$50,000 and \$100,000 for Quotes and Prevailing Wage Requirements | |

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

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

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

Certificate of insurance required? Yes No

Date Approved by BOC: _____ Reviewed by Counsel: CT

BOC only:
Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Approval to Post/Fill Position at CHW

Department: Coos Health & Wellness **Requested Agenda Date:** 8/20/2024

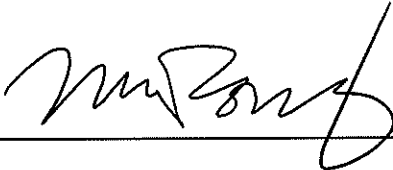
Contact Person: Mike Rowley **Phone/Ext.:** 541-266-6700

Background and description of need or problem: CHW received additional funding from OHA in the amount of 170,000 specifically related to providing services for the forensic and Aide/Assist population. This population has continued to grow significantly over the last few years. We believe this to be ongoing funding to help meet the needs of this population. The FY 2024/2025 budget included an additional Forensic Behavioral Health position. We are requesting Board approval to post/fill for the Forensics team at either a QMHP Mental Health Specialist II or QMHA Mental Health Associate II level, depending on applications received, to meet our contractual requirements.

Funding Source: 021-1302-444.10-01

Requested Action: BOC to approve posting/filling new behavioral health position under the Forensics team at either QMHP or QMHA level.

Date: 8/1/2024

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

HUMAN RESOURCES: CV

3D

BOC only:
Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Approval to Post/Fill Position at CHW

Department: Coos Health & Wellness **Requested Agenda Date:** 8/20/2024

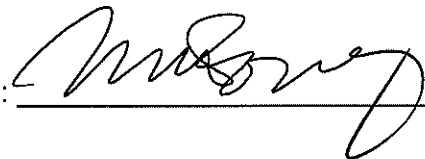
Contact Person: Mike Rowley **Phone/Ext.:** 541-266-6700

Background and description of need or problem: There continues to be an increased need for mental health services in our schools due to behavioral challenges at school and in the classroom. Given this, Coos Bay School District is requesting an additional position to meet this need. The FY 2024/2025 budget included an additional School Based Mental Health Specialist II position. This position will be funded partially with additional funds from the Coos Bay School District and the other part will be paid for through insurance reimbursement from OHP. Request Board approval to post/fill the Mental Health Specialist II School Based position.

Funding Source: 021-1302-444.10-01

Requested Action: BOC to approve posting/filling Mental Health Specialist II position budgeted in the 2024/2025 budget.

Date: 8/1/2024

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

HUMAN RESOURCES: aw

3E

BOC only:
Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

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

Department: Forestry **Requested Agenda Date:** 8/20/2024


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

Background and description of need or problem: Quotes were solicited for performing 2,000 hours of Forest Labor on County Forest Lands. One quote was received from Rye Tree Service, Inc. at the rate of \$39.99/hour.

Funding Source: 103-9000-461.36-21 Reforestation

Requested Action: Request the Board award Contract FL-1-24 to Rye Tree Service Inc. for the quoted price of \$39.99/hour.

Date: 8/5/2024

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 NS _____

Human Resources _____

RESULTS OF QUOTE OPENING HELD 8-1-24, CONTRACT NO. FL-1-24



Contractor: Rye Tree Service, Inc. _____

9551 N Fork Siuslaw Rd. _____

Florence, OR 97439 _____

Quoted price per Hour: \$ 39.99 _____

Contractor: _____

Quoted price per Hour: \$ _____

Contractor: _____

Quoted price per Hour: \$ _____

Contractor: _____

Quoted price per Hour: _____

BOC only:
Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

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

Department: Forestry **Requested Agenda Date:** 8/20/2024

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

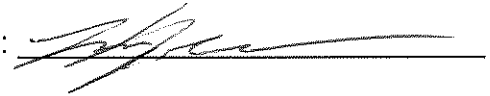
Background and description of need or problem: Quotes were solicited for planting approximately 103,320 seedlings on County Forest Lands. Three quotes were received, with Rye Tree Service, Inc. submitting the low quote of \$400.00/M. See attached bid results

Funding Source: 103-9000-461.36-21 Reforestation

Requested Action: Request the Board accept the low quote of \$400.00/M seedlings planted and award Contract PL-1-24 to Rye Tree Service, Inc.

Date: 8/5/2024

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 MS _____

Human Resources _____

RESULTS OF BID OPENING HELD 8-1-24, CONTRACT NO. PL-1-24

Bidder: Rye Tree Service Inc.

 9551 N Fork Siuslaw Rd.

Florence, OR 97439

Bid price per M: \$400.00

Bidder: Raindrop Reforestation

369 De Barr Ave.

Medford, OR 97501

Bid price per M: \$ 550.00

Bidder: Three Stripes Contraction LLC

P. O. Box 790

Medford, OR 97501

Bid price per M: \$440.00

Bidder: _____

Bid price per M: \$

BOC only:
Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

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


Department: Forestry **Requested Agenda Date:** 8/20/2024

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

Background and description of need or problem: Quotes were solicited for Pre-Commercial Thinning of approximately 320 acres of County Forest Lands. Three quotes were received with Raindrop Reforestation submitting the low quote of \$175.00/acre.

Funding Source: 103-9000-461.36-21, Reforestation

Requested Action: Request the Board accept the low quote of \$175.00/acre and award contract PCT-1-24 to Raindrop Reforestation.

Date: 8/5/2024 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 MB _____

Human Resources _____

3H

RESULTS OF QUOTE OPENING HELD 8-1-24, CONTRACT NO. PCT-1-24

Contractor: Raindrop Reforestation
369 De Barr Ave
Medford, OR 97501

Quoted price per acre: \$ 175.00

Contractor: IB Reforestation, Inc.
104 Queens Gate Ct.
Central Point, OR 97502

Quoted price per acre: \$ 179.00

Contractor: Rye Tree Service, Inc.
9551 N. Fork Siuslaw Rd.
Florence, OR 97439

Quoted price per acre: \$ 184.00

Contractor: _____

Quoted price per acre: \$ _____

BOC only:
Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Approval of Job Description – Forest Operations Foreman

Department: Forestry **Requested Agenda Date:** 8/20/2024

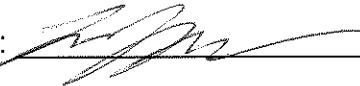
Contact Person: Lance Morgan **Phone/Ext.:** 7751

Background and description of need or problem: Attached is a Job Description for the Forest Operations Foreman position within the Forestry Department. The filling of this position was approved in the 23/24 budget season, and the description has been approved by ASFSME.

Funding Source: N/A

Requested Action: Please review and approve the attached job description.

Date: 8/1/2024

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 MS

Human Resources CM

JOB DESCRIPTION

Approved: 8/20/2024

1.	Current Classification Title: Forestry Operations Foreman
2.	Working Title: Forestry Operations Foreman
3.	Department: Forestry
4.	Pay Grade: 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"/> AFSCME Eligible for Overtime? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
5.	What is the purpose of this position? Assists County Forester in all phases of forest management and works with other Forestry Department personnel as a team member to accomplish field and office work related to forest management. (May act as County Forester in temporary absence of County Forester as directed by County Board of Commissioners.)
6.	Essential functions of position. (Reason position exists is to perform these functions.) Take the lead role insuring the following activities are performed with quality and quantity priorities while providing for safety first. <ul style="list-style-type: none"> • Reforestation Activities; performs quality control inspections to monitor contract compliance for activities such as planting, pre-commercial thinning, pruning, cone collection and herbicide application; supervise work crews directly where contracts require furnishing of "labor only" or where adult-in-custody crews are employed; conducts reforestation surveys of existing stands, using established sampling methods to determine seedling survival and distribution and to identify disease, animal damage and brush competition problems. • Timber Sale Preparation and Layout; clear and post boundaries of timber sale areas, assist in surveying of property lines and new road location, performs timber cruise to determine volume and grade of timber; marks trees to be removed in commercial thinning sales. Routine inspections of timber sale activities. • Timber Sale Contract Administration; organize pre-work meetings with timber sale purchasers and logging contractors to review special provisions of each timber sale; monitor logging and new road building operations in progress to determine compliance with the terms of the contract; inspect scaling operations to insure that specified procedures are being followed. • Road Maintenance; patrols and inspects County Forest roads, checking for gravel needs, culverts, drainage, slides, fallen trees and washouts. Makes arrangements for necessary repairs and maintenance to be performed. • Other activities; spray roadside vegetation to control encroachment on forest roads, supervise adult-in-custody crews engaged in roadside clearing operations; assist/supervise slash burning operations, performs fire-fighting on County forest lands or on adjacent lands when fire threatening County Forest land, may be permitted to drive vehicle (which has been equipped for initial attack) to and from work during closed fire season, performs forest inventory cruising, administers sales of minor forest products such as cedar bolts and poles, inspects and insures that equipment and tools such as power saws, loppers, pole saws, marking guns etc. are sufficient and kept in good working order, inspects recreational trails such as Mountain Bike and ATV Trails, and recommends maintenance as needed, performs related work as required. • Safe use and maintenance of forestry equipment and tools, safety practices and precautions in performing responsibilities: principles of supervision and personnel practices. • May be required to patrol County Forest lands as needed as determined by County Forester (includes weekends and holidays). <p>Additionally:</p> <ul style="list-style-type: none"> • Prepares and submits "Written Plans" for review by the State.

DESCRIPTION OF POSITION

- Must be able to accept supervision and adhere to County and Department Policies, and be able to follow oral and written instructions.
- Assists in preparation of reforestation budgets.
- Must be able to establish and maintain harmonious working relationships with other employees, and the general public, and represent the County and the department in a positive, professional manner.
- Perform other duties as assigned by County Forester and/or Board of Commissioners.
- Working knowledge and use of ArcGIS programs used to construct forestry maps for a variety of field applications and data management.

7. Supervision.

- This position is supervised by the County Forester.
- This position may assist in the supervision of adults in custody and contract work crews on various projects and seasonal employees involved in field survey activities. May assist County Forester with supervision of Forestry Department employees.

8. Working conditions of position.

Work is performed both in the office and in the field. Work will require bending, twisting, pushing, pulling, lifting and carrying up to 80 pounds, hearing voice conversation, operating equipment with common exposure to chemicals, stooping and walking over rough, sometimes steep uneven brushy terrain. Work is performed in an environment which can involve discomforts and sometimes adverse weather conditions. Driving is required. Regular and consistent attendance is required.

Specific vision abilities required by this job include close vision, distance vision, color vision, peripheral vision, depth perception and the ability to adjust focus.

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

- Associates degree in Forestry or related field; and five years of experience in forest management; or any satisfactory combination of experience and training which demonstrates the knowledge, skills and ability to perform the above-described functions.
- Possession of or ability to obtain Wildland Fire Fighters Certificate, Oregon Public Pesticide Applicator License within 6 months of hire is required.
- A valid Oregon Driver's License is required, with safe driving record.
- Knowledge of proper use of PPE (Personal Protective Equipment), and safety practices and precautions in performing responsibilities.
- Have a working knowledge of the following: methods, practices and procedures used in reforestation; timber stand improvement; surveying; logging and timber sales; Considerable knowledge of fire control procedures; considerable knowledge of Oregon State Forest Practice rules and, use of FERNs system. Considerable knowledge of vegetation management, herbicide use and regulation, budgeting and record keeping.
- May be required to obtain an FAA drone pilot license.

10. Is operation of motor vehicle required? Yes No

11. List equipment, tools, and machines used in performance of duties including but not limited to: Chainsaws, saws, machetes, axes, compass, fire equipment, Safety PPE, and other tools and equipment necessary for timber cruising, fire control and general forest management. Various office machines that include a calculator, email, ArcGIS mapping software, and various office computer software.

BOC only:
Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Contract for Paving Trailhead Parking at Laverne Park Trail

Department: Parks

Requested Agenda Date: 8/20/24

Contact Person: Craig Storm

Phone/Ext.: 7757

Background and description of need or problem: Coos County Parks was awarded grant # LG22-08 from Oregon Parks and Recreation to complete the work for the Laverne Park Trail. We requested 3 quotes for paving the trailhead parking and would like the Board to award the contract to the lowest quoter (Knife River) for the total amount of \$18,145.00.

Funding Source: 010-1800-452.60-14 Construction and Acquisition

Requested Action: Request Board to Approve Contract with Knife River Materials for the total amount of \$18,145.00.

Date: 7/18/24

Signature of Dept. Head: Craig Storm

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

If this is a contract or grant:

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

County Counsel CT

Treasurer MS

Human Resources _____

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CONTRACT / GRANT SUMMARY FORM

Clerk's File C&A No.: _____ (complete after filed with Clerk)

Internal Contract/Agreement or Grant No.: LG22-038

Name/Agency Name and Address: KNIFE RIVER

Contact Person: Cody Everetts Phone No. 541-269-1915

Amount of Contract/Grant Award: \$ 18,145.00

Payment Terms: PAY IN FULL UPON COMPLETION t. (state lump sum or amount and time of payments)

Start Date: date of signed agreement End Date: UPON COMPLETION

County Department and Employee Responsible for Performance: Parks Department, Craig Storm

Description: County Opportunity Grant with OPRD for Laverne Park Trail for Paving the trailhead parking.

FINANCIAL INFORMATION

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 it's own summary form.

New Renewal Modification

Previous Amount: \$

Original Amount: \$

Previous Date:

Original Date:

Automatic Renewal? Yes No

Staff Requirements: New Existing Subcontract

Will unemployment cost be incurred? Yes No

PUBLIC CONTRACTING INFORMATION

Method of Selection:

- 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 \$5000
- 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 \$5000
- Under \$50,000 for Quotes
- Under \$100,000 & Not a Transportation Project for Quotes
- 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

Form of contract: Oral Written (attach the written contract)

Date Approved by BOC: _____

Reviewed by Counsel: CT

BOC only:
Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Award Contract for Water Treatment Facilities at Laverne and West Laverne Park to 541 Water Inc.

Department: Parks/*Counsel* **Requested Agenda Date:** 8/20/24

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

Background and description of need or problem: Laverne and West Laverne Parks Water Treatment Facilities were out of OHA Compliance and needed to be upgraded. County Counsel helped us put out a Design/Build Request for Proposal and we only received one Proposal from 541 Water Inc. for the amount of \$171, 352.00.

Funding Source:

Requested Action: Request Board to Award Contract to 541 Water Inc. for the total amount of \$171,352.00 and Approve Department Head to sign Contract subject to Counsel's approval.

Date: 8/8/24 Signature of Dept. Head: *Coltan 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 Coversheet attached?
- Do you want it returned to you for filing?

County Counsel *CT*

Treasurer *MS*

Human Resources _____

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BOC only: Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Request Approval to purchase a used 2010 KPI-JCI Portable Stacker Conveyor.

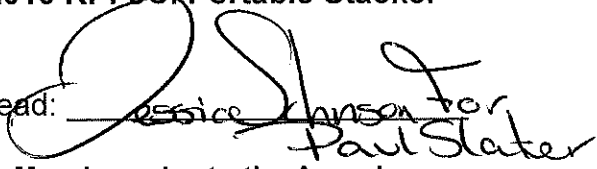
Department: Road **Requested Agenda Date:** 8/20/24

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

Background and description of need or problem: We would like to purchase a used Portable Stacker Conveyor for our Weekly Rock Pit. This portable stacker conveyor will allow us to make multiple products at the same time improving productivity. We recently requested quotes for a new and used Stacker Conveyor and Knife River Materials had the lowest quote at \$15,000.

Funding Source: 003-2703-431.60-01 Equipment

Requested Action: Request Approval to purchase used 2010 KPI-JCI Portable Stacker Conveyor from Knife River Materials for \$15,000.

Date: 8/12/24 Signature of Dept. Head:  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 Filing Coversheet attached?
- Do you want this returned to you for filing?

County Counsel CT _____

Treasurer MS _____

Human Resources _____

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SUMMARY OF QUOTES COOS COUNTY

County Department:

Goods and/or Services Specifications:

1. Portable Stacker Conveyor
- 2.

How Solicited: Written Oral

The Department requested quotes from the following firms:

Date	Firm	Contact Person	Quoted Price
8/9/24	Knife River Materials - Used	Tim	15,000
7/17/24	Kimball Equipment - Used	David	22,000
7/31/24	Modern Machinery - New	Steve	41,215

If evaluation factors other than price:

Firm					Total Score

Solicitor:

Department's Recommendation: -

BOC only
Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Request Approval to purchase a new 12 Ton Hamm HC100i 84" Roller.

Department: Road

Requested Agenda Date: 8/20/24

Contact Person: Paul Slater

Phone/Ext.: 7664

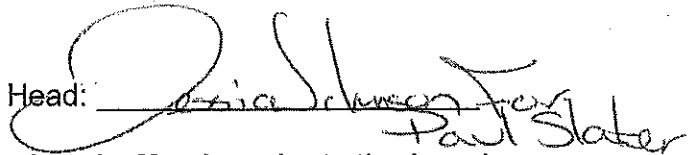
Background and description of need or problem: We would like to purchase a new 12-Ton Hamm 84" Roller with cab from Pape Machinery for \$168,502.57 Sourcewell Contract #060122-WAI. We recently requested demos and quotes for a new and used 12 Ton 84" Rock Roller with a cab. The new Hamm roller from Pape Machinery was our first choice due to great visibility, safety and the easy drive operating concept.

Funding Source: 003-2703-431.60-01 Equipment

Requested Action: Request Approval to purchase a new 12-Ton Hamm 84" Roller from Pape Machinery for \$168,502.57.

Date: 8/6/24

Signature of Dept. Head: _____



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

If this is a Contract or Grant:

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

County Counsel CT

Treasurer MS

Human Resources _____



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:** August 20, 2024

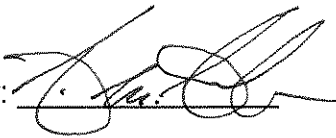
Contact Person: Cpt. Sean Sanborn **Phone/Ext.:** 541-396-7874

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 August.

Date: August 6, 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 CT

Treasurer NS

Human Resources _____



BOC only:
Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Order Adopting a vacation of public way as described under background, application VAC-24-002

Department: Community Development

Requested Agenda Date: August 20, 2024

Contact Person: Jill Rolfe, Director **Phone/Ext.:** 7770

Background and description of need or problem: A request was submitted to vacate approximate 60-foot by 245-foot portion of Carlisle Avenue (Main Avenue), Located in the amended plat of Boise Addition Between Blocks 18 and 31 in the Southeast ¼ of the northwest ¼ of Section 2, Township 26 South, Range 13 West, W.M. Coos County Oregon.

Funding Source: Applicant

Requested Action: Adopt Order No. 24-07-035PL, In the Matter of the Vacation of a Portion of Carlisle Avenue (Main Avenue), Located in the amended plat of Boise Addition Between Blocks 18 and 31 in the Southeast ¼ of the northwest ¼ of Section 2, Township 26 South, Range 13 West, W.M. Coos County Oregon

Date: August 2, 2024 Signature of Dept. Head: Jill Rolfe

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

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

County Counsel CT

Treasurer MS

Human Resources _____

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BOARD OF COMMISSIONERS

COUNTY OF COOS

STATE OF OREGON

In the Matter of the Vacation of a Portion of Carlisle Avenue (Main Avenue), Located in the amended plat of Boise Addition Between Blocks 18 and 31 in the Southeast ¼ of the northwest ¼ of Section 2, Township 26 South, Range 13 West, W.M. Coos County Oregon.)	
)	Vacation Order No.
)	Order 24-07-035PL
)	

WHEREAS, ORS 368.351 allows a county governing body to make a determination about the vacation of property without complying with the hearing requirements of ORS 368.346 if certain conditions are met, including the submission of a petition indicating the approval of the proposed vacation by 100% of the private property owners affected and the owners of 100% of the property abutting the public property proposed to be vacated; and

WHEREAS, Leo Hupp, Simona Curea, Steve Gorham and Ravael Gorham, (herein referred to as the Petitioners) has submitted a petition with the Coos County Community Development Department (File Number VAC-24-002) containing the acknowledged signatures of all property owners and service providers in the area as required under ORS 368.351; and

WHEREAS, the area to be vacated is describe as follows:

SAID VACATED PORTION OF CARLISLE AVENUE BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS;
BEGINNING AT THE SOUTHWEST CORNER OF SAID BLOCK 18, THENCE NORTH 89°33'37" EAST FOR A DISTANCE OF 245.18 FEET TO THE SOUTHEAST CORNER OF SAID BLOCK 18;
THENCE SOUTH 0°14'54 EAST FOR A DISTANCE OF 60.00 FEET TO THE NORTHEAST CORNER OF SAID BLOCK 31;
THENCE SOUTH 89°48'11" WEST FOR A DISTANCE OF 244.28 FEET TO THE NORTHWEST CORNER OF SAID BLOCK 31;
THENCE NORTH 1°07'33" WEST FOR A DISTANCE OF 59.04 FEET TO THE POINT OF BEGINNING.

SAID VACATION CONTAINING 0.33 ACRES, MORE OR LESS.

BASIS OF BEARING FOR THIS MAP
IS COOS COUNTY SURVEY 46A334(HOSTETTER)

WHEREAS, the Coos County Road Official has filed a written report with the Coos County Board of Commissioners, assessing that the vacation of the public property is in the public interest, in accordance with ORS 368.351(1); and

WHEREAS, the Coos County Board of Commissioners has reviewed the petition and the Road Official's report and has determined that the vacation of the property is in the public interest and that all legal requirements under ORS 368.351 have been satisfied;

1 NOW, THEREFORE, IT IS HEREBY ORDERED:

2 Vacation of Property: The property described on page one of this order is hereby vacated. The amounts of any
3 costs resulting from this vacation shall be paid by the petitioners. The Petitioners are directed to record this
4 order with Coos County Clerk's Office. Copies of this order shall be filed with the Coos County Surveyor and
5 the Coos County Assessor. This order is effective upon filing. Plat Vacations (if applicable): If a plat is vacated
6 by this order, the Coos County Surveyor is directed to mark the plat as provided under ORS 271.230.
7

8
9 Dated this August 20th day of August 2024.

10
11 BOARD OF COMMISSIONERS

12
13 _____
14 Chair

13 _____
14 Vice Chair

13 _____
14 Commissioner

15 STATE OF OREGON)

16) ss.

17 COUNTY OF COOS)
18

19 This instrument was acknowledged before me this ____ day of _____, _____, by
20

21 _____ as Commissioners of Coos County.
22

23 _____
24 Notary Public for Oregon

25 My Commission Expires: _____
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BOC only: Consent Agenda _____ Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Intergovernmental Agreement with OEGB

Department: HR/Counsel

Requested Agenda Date: 8/20/2024

Contact Person: Colton Totland

Phone/Ext.: 541-396-7690

Background and description of need or problem: Request Board approval of Intergovernmental Agreement with Oregon Educators Benefit Board for health insurance coverage for employees under the AFSCME Union, and members of the Coos County Prosecuting Attorneys Association.

Funding Source: N/A

Requested Action: BOC to approve yearly Intergovernmental Agreement with Oregon Educator's Benefit Board for health insurance coverage for County employees, effective 10/1/2024 and Board Chair to sign.

Date: 8/13/2024

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.

Departments Affected:

COUNSEL: CT

TREASURER: MS

HUMAN RESOURCES: CU

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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 Educators Benefit Board (OEBB), 500 Summer St, NE, E88, Salem OR 97301

Contact Person: Linda Freeze Phone No: 503-881-8760 Email: linda.freeze@dhsosha.state.or.us

Amount of Contract/Grant Award: \$ County pays contribution set forth in applicable CBA

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

Effective Date: 10/1/2024 Start Date: _____ (if different from effective date, i.e. retroactive / prospective date)

End Date: 9/30/2025 (if known)

County Department and Employee Responsible for Performance: Colton Totland, County Counsel

Description: IGA with OEBB for health insurance coverage for AFSCME and DDA employees

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 _____
- 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: Donation Agreement for properties adjacent to West Fork Millicoma Road

Department: Counsel

Requested Agenda Date: 08/20/2024

Contact Person: Colton Totland

Phone/Ext.: 7690

Background and description of need or problem: This is a Real Estate Donation Agreement between Weyerhaeuser Timber Holdings Inc., and Coos County for Certain Real Property located on West Fork Millicoma Road. Tax Parcel Numbers: 110301, 110305, and 110311.

Funding Source: N/A

Requested Action: Request Board to Approve and Sign the Real Estate Donation Agreement with Weyerhaeuser Timber Holdings Inc. *Authorize Chair to Sign*

Date: 08/12/24

Signature of Dept. Head: *Colton Totland*

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

If this is a Contract or Grant:

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

County Counsel *CT*

Treasurer *MS*

Human Resources _____

CONTRACT / GRANT SUMMARY FORM

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

Name/Agency Name and Address: Weyerhaeuser Timber Holdings, Inc., 220 Occidental Ave South, Seattle, WA 98104

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

Amount of Contract/Grant Award: \$ See Section 2 - Consideration and Payment

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: Upon Completion (if known)

County Department and Employee Responsible for Performance: Colton Totland

Description: Real Estate Donation Agreement - Tax Parcel Numbers: 110301, 110305, and 110311.

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 Donation Agreement
- 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: Update from CCEC Bill Gerski re: Beacon Broadband

Department: BOC

Requested Agenda Date: 8/20/2024

Contact Person: Rod Taylor

Phone/Ext.: 7539

Background and description of need or problem: Update from Bill Gerski of Coos Curry Electric Co-op, regarding their Beacon Broadband project; discussion.

Funding Source: NA

Requested Action: Participate in discussion regarding the Beacon Broadband project.

Date: 8/14/2024

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 _____



BOC only: _____
Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: County Forest Roads Access

Department: BOC

Requested Agenda Date: 8/20/2024

Contact Person: Rod Taylor

Phone/Ext.: 7539

Background and description of need or problem: Garbage dumping is still a problem on Davis Creek Rd. The shooting group that took responsibility for it is overloaded with the volume & frequency. We need to re-engage the discussion about securing the roads, and possibly implementing a key program for some of them as discussed in the past.

Funding Source: NA

Requested Action: Open discussion regarding the County Forest Roads and a possible Key Access program.

Date: 8/14/2024

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 _____

