

A G E N D A
COOS COUNTY BOARD OF COMMISSIONERS
Owen Building Large Conference Room
March 7, 2017
8:30 A.M.

1. **EXECUTIVE SESSION under the authority of ORS 192.660**
 - A. (2)(d) Labor Negotiations
 - B. (2)(e) Real Property Transactions
 - C. (2)(h) Consultation with Counsel

- PLEDGE OF ALLEGIANCE**

2. **CITIZEN COMMENTS (agenda items or general comments) – limited to 3 minutes per person- scheduled to begin at 9:30 AM**

3. **DEPARTMENT HEADS**
 - A. Appointment of Coos County Tourism Workgroup Members- BOC
 - B. Presentation on Coquille River Water Trail- BOC
 - C. Request Approval of Contract with Youth Move Oregon- Coos Health & Wellness (CHW)
 - D. Request Approval of Contract with South Coast Business Employment Corp.- CHW
 - E. Request Approval to Purchase Varonis Software- Information Technology (IT)
 - F. Request Approval to Purchase 2 CISCO Switches- IT
 - G. Request Approval of Lease with Coos Bay Energy LLC- County Counsel

4. **CONSENT CALENDAR- administrative matters not up for discussion**
 - A. **Approval of Minutes**
Worksession- Coos Health & Wellness Property Purchase- July 12, 2016
Joint Workgroup Meeting- January 24, 2017
 - B. **Ratification of All Routine Expenditures, Tax Overpayments and Adjustments and Transfer of Funds Within the Budget**
Transfer of Appropriations Within a Department- SO/Dispatch- contracted services
Transfer of Appropriations Within a Department- SO/PSAP- contracted services
 - C. **Items Previously Approved (authorize Chair to sign where necessary)**
Contract with Minot State University- hosting nursing student interns- CHW
State IGA #144370 Amendment #3- Behavioral Rehabilitation Services- CHW
State IGA #147785 Amendment #13- funding increase- CHW
State IGA #148005 Amendment #10- funding increase- CHW
State IGA #148005 Amendment #11- funding increase- CHW
Unemployment Payment from 9900 Miscellaneous Account- Crime Victims Assistance
Liquor License Application (change of Ownership- Hwy 42 LLC)

5. **LATE AGENDA ITEMS**

6. **CCAT GOVERNING BODY**
 - A. Request Approval of Resolution to Transfer Funds

7. **COMMISSIONERS REPORTS**

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.

BOC only
Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Executive Session Requested

Department: Counsel **Requested Agenda Date:** March 7, 2017

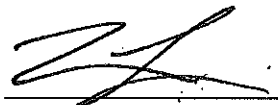
Contact Person: Keith Leitz / Steve Stuchlik **Phone/Ext.:** 7690

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

- 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) – to negotiate real property transactions
- ORS 192.660(2)(h) – consulting with regard to current litigation and litigation likely to be filed

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

Date: 2/28/17

Signature of Dept. Head:  _____

Departments Affected:

COUNSEL: KL _____

81

BOC only: _____
Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Appointment of Coos County Tourism Workgroup Members

Department: BOC

Requested Agenda Date: 3/21/17

Contact Person: Melissa Cribbins

Phone/Ext.: 7539

Background and description of need or problem:

Funding Source:

Requested Action: appoint members to the workgroup

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

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

If this is a contract or grant:

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

County Counsel _____

Treasurer _____

Human Resources _____

3A

BOC only: Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Coquille River Water trail

Department: BOC

Requested Agenda Date: 3/7/17

Contact Person: Melissa Cribbins

Phone/Ext.: 7539

Background and description of need or problem: Dave Lacey and Brian Kraynik will provide a power point presentation on the idea of a state designated Coquille River Water Trail

Funding Source: n/a

Requested Action: listen to presentation

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

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

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- Is the Contract/Grant Summary Form attached?
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County Counsel _____

Treasurer _____

Human Resources _____

3B

In compliance with Oregon public meetings law, this message is intended for the listed recipient(s) only. Please do not forward this message without the express permission of the sender.

From: Dave Lacey [mailto:dave@thepeoplescoast.com]

Sent: Thursday, February 16, 2017 9:07 PM

To: Melissa Cribbins

Subject: Coquille River Water Trail

Hello Melissa, do you think the Coos County Commissioners would publicly support the idea of a state designated Coquille River Water Trail? There would be no prohibitions associated with the designation, just a draw for tourism. South Coast Tours LLC, the Bandon Chamber, a developer in Prosper (Brian Kraynik), Port of Bandon, some land owners along the Coquille river and the City of Coquille have all expressed some interest in the idea and we all think it could be a real boon to the economy of the county and region.

There is surely much more work to be done and OCVA could help lead the charge like we have done for the Oregon Coast Trail and mtn bike development on the south coast.

We are in the initial process of the designation and are building support, developing a map+plan and consulting with State Parks about the management plan for the trail. It is a process outlined here:

https://www.oregon.gov/oprd/Trail_Programs_Services/Pages/Oregon-Water-Trails.aspx#Staff_Contact

We would love the chance to present to the full commission at your leisure. You can see our first presentation at the Next RTS module on the 21st in Charleston.

We hope to have your support, cheers!

THE PEOPLE'S COAST

Dave Lacey
Destination Coordinator

OREGON COAST VISITORS ASSOCIATION
PO Box 1872 ~ Gold Beach ~ 97444
[541-373-7227](tel:541-373-7227)

BOC only:
Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Contract with Youth Move Oregon

Department: Coos Health & Wellness

Requested Agenda Date: 03/07/2017

Contact Person: Ginger Swan

Phone/Ext.: 541-751-2547

Background and description of need or problem: This contract provides funding for a youth drop in center where peer delivered services will be offered.

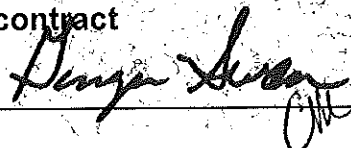
No County General Funds will be used for this contract.

Funding Source: 021-1302-444-36-01

Requested Action: Approve and sign Youth Move Oregon contract

Date: 02/24/2017

Signature of Dept. Head: _____



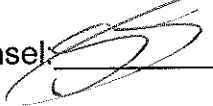
If this is a Human Resources issue, forward to the Treasurer who will forward it to Human Resources. For all other matters, forward the document to Counsel no later than the Monday prior to the Agenda deadline. Counsel will forward to Treasurer.

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- 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: _____



Human Resources: _____

N/A

BOC forwards signed Contract/Grant to: 1 original to CHW, Carrie McKim
1 original to Clerk's office for filing



CONTRACT / GRANT SUMMARY FORM

Clerk's CJ No.: _____ (complete after filed with Clerk) Contract/Agreement/Grant No.:

Name/Agency Name and Address: Youth Move Oregon, PO Box 583, Eugene, OR 97440

Contact Person: Jammie Gardner Phone No. 503-730-9943

Amount of Contract/Grant Award: \$ Not to exceed \$89,000

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

Start Date: 03/01/2017 End Date: 06/30/2017

County Department and Employee Responsible for Performance: Coos Health & Wellness, Ginger Swan, Director

Description: This contract is to support a youth drop in center and the peer delivered services offered.

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.

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> New | <input type="checkbox"/> Renewal | <input type="checkbox"/> Modification |
| | Previous Amount: \$ | Original Amount: \$ |
| | Previous Date: | Original Date: |
| Automatic Renewal? <input type="checkbox"/> Yes <input type="checkbox"/> No | Staff Requirements: <input type="checkbox"/> New <input type="checkbox"/> Existing <input type="checkbox"/> Subcontract | |
| Will unemployment cost be incurred? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

PUBLIC CONTRACTING INFORMATION

- | | |
|--|--|
| Method of Selection:
<input type="checkbox"/> Bid <input type="checkbox"/> None
<input type="checkbox"/> Quote <input checked="" type="checkbox"/> Other <u>Behavioral Health services</u>
<input type="checkbox"/> Proposal | Type of Contract:
<input checked="" type="checkbox"/> New (complete sections below)
<input type="checkbox"/> Renewal (no need to complete sections below)
<input type="checkbox"/> 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"/> Under \$50,000 for Quotes
<input type="checkbox"/> Under \$150,000 & Approval from Board for Quotes
<input type="checkbox"/> Sole Source
<input type="checkbox"/> Contract with Public Agency | <input type="checkbox"/> Equipment Maintenance
<input type="checkbox"/> Office Supplies
<input type="checkbox"/> Used Vehicles
<input type="checkbox"/> State Purchasing
<input checked="" type="checkbox"/> Other <u>Behavioral Health services</u> |
|--|--|
- Public Improvement – If Not Using Bid, Mark Exemption:**
- | | |
|--|---|
| <input type="checkbox"/> Under \$5,000
<input type="checkbox"/> Under \$50,000 for Quotes
<input type="checkbox"/> Under \$100,000 & Not a Transportation Project for Quotes | <input type="checkbox"/> Alternative Contracting Method Approved by Board
<input type="checkbox"/> Other _____ |
|--|---|
- Personal Services Contract – If Not Using Proposal, Mark Exemption:**
- | | |
|---|--|
| <input type="checkbox"/> Under \$50,000
<input type="checkbox"/> 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:
-----------------------------	----------------------

BOC only:
Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Contract with South Coast Business Employment Corp. (SCBEC)
Department: Coos Health & Wellness **Requested Agenda Date:** 03/07/2017
Contact Person: Ginger Swan **Phone/Ext.:** 541-751-2547

Background and description of need or problem: This contract allows South Coast Business Employment Corp AAA program to refer clients to Behavioral Health to assist older adults and people with disabilities in Coos/Curry Counties who may be experiencing struggles due to depression, anxiety and substance abuse.

No County General Funds will be used for this contract.

Funding Source: n/a

Requested Action: Approve and sign contract with SCBEC

Date: 02/24/2017 Signature of Dept. Head: *Ginger Swan*

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? (2)
 - 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: *[Signature]*

Treasurer: *[Signature]*

Human Resources: *M/A*

BOC forwards signed Contract/Grant to: 1 original to CHW, Carrie McKim
1 original to Clerk's office for filing

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CONTRACT / GRANT SUMMARY FORM

Clerk's CJ No.: _____ (complete after filed with Clerk) Contract/Agreement/Grant No.: **SCBEC/AAA #5 PY 16**

Name/Agency Name and Address: SCBEC, PO Box 1118 Coos Bay, OR 97420

Contact Person: Melissa Metz Phone No. 541-269-2013

Amount of Contract/Grant Award: \$ 16,177

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

Start Date: 07/01/2016 End Date: 06/30/2017

County Department and Employee Responsible for Performance: Coos Health & Wellness, Ginger Swan, Director

Description: This contract is for SCBEC/AAA staff to refer clients to us for behavioral health services.

FINANCIAL INFORMATION

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 it's own summary form.

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> New | <input type="checkbox"/> Renewal
Previous Amount: \$
Previous Date: _____ | <input type="checkbox"/> Modification
Original Amount: \$
Original Date: _____ |
|---|---|--|
- Automatic Renewal? Yes No Staff Requirements: New Existing Subcontract
- Will unemployment cost be incurred? Yes No

PUBLIC CONTRACTING INFORMATION

- | | |
|---|--|
| Method of Selection:
<input type="checkbox"/> Bid <input type="checkbox"/> None
<input type="checkbox"/> Quote <input type="checkbox"/> Other _____
<input type="checkbox"/> Proposal | Type of Contract:
<input checked="" type="checkbox"/> New (complete sections below)
<input type="checkbox"/> Renewal (no need to complete sections below)
<input type="checkbox"/> 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"/> Under \$50,000 for Quotes
<input type="checkbox"/> Under \$150,000 & Approval from Board for Quotes
<input type="checkbox"/> Sole Source
<input type="checkbox"/> Contract with Public Agency | <input type="checkbox"/> Equipment Maintenance
<input type="checkbox"/> Office Supplies
<input type="checkbox"/> Used Vehicles
<input type="checkbox"/> State Purchasing
<input type="checkbox"/> Other _____ |
|--|---|
- Public Improvement – If Not Using Bid, Mark Exemption:**
- | | |
|--|---|
| <input type="checkbox"/> Under \$5,000
<input type="checkbox"/> Under \$50,000 for Quotes
<input type="checkbox"/> Under \$100,000 & Not a Transportation Project for Quotes | <input type="checkbox"/> Alternative Contracting Method Approved by Board
<input type="checkbox"/> 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: _____

BOC only:
Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Request Approval to Purchase Varonis Software

Department: Information Technology **Requested Agenda Date:** 3/7/17

Contact Person: Daris Bouthillier **Phone/Ext.:** 7739

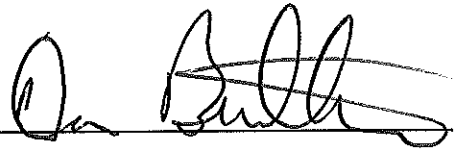
Background and description of need or problem: This is to request approval to purchase Varonis software from CDW-G. Varonis tracks activity on our Windows servers and satisfies a CJIS requirement for logging and reviewing activity on the network. Varonis also provides protection against new viruses and malware. Varonis ~~is not a vendor, they do not sell direct;~~ they designate a vendor, in this case CDW-G from whom we can purchase the software.

Funding Source: 001-4002-419.60-01 Capital Outlay – Computer Equipment

Requested Action: Approve the purchase of Varonis from CDW-G in the amount of \$19,850.

Date: 2/24/17

Signature of Dept. Head: _____



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

Departments Affected:

COUNSEL: kw _____

TREASURER: MS _____

HUMAN RESOURCES: N/A _____

BOC forwards signed Contract/Grant to: N/A

Commissioners Initials to Place on Agenda ONLY: _____

3E

QUOTE CONFIRMATION



DEAR DARIS BOUTHILLIER,

Thank you for considering CDW•G for your computing needs. The details of your quote are below. [Click here](#) to convert your quote to an order.

QUOTE #	QUOTE DATE	QUOTE REFERENCE	CUSTOMER #	GRAND TOTAL
HSCH392	2/16/2017	VARONIS	7296981	\$19,850.00

ITEM	QTY	CDW#	UNIT PRICE	EXT. PRICE
<u>DatAlert Suite - license</u> Mfg. Part#: DLS-200L UNSPSC: 46171619 Electronic distribution - NO MEDIA Contract: MARKET	1	4166606	\$5,000.00	\$5,000.00
<u>DatAdvantage Intelligent Data Usage Analytics Engine for Windows - license</u> Mfg. Part#: DA-200L UNSPSC: 43232804 Electronic distribution - NO MEDIA Contract: MARKET	1	3156068	\$7,500.00	\$7,500.00
<u>DatAdvantage Probe SOSL - license</u> Mfg. Part#: DAPR-1P UNSPSC: 43232901 Electronic distribution - NO MEDIA Contract: MARKET	1	2480772	\$4,000.00	\$4,000.00
<u>Varonis Software Subscription and Support - technical support - for Varonis</u> Mfg. Part#: SSPDLS1-200L UNSPSC: 81112201 Electronic distribution - NO MEDIA Contract: MARKET	1	4166612	\$1,000.00	\$1,000.00
<u>Varonis Software Subscription and Support - technical support - for Varonis</u> Mfg. Part#: SSPDAPR1-1P UNSPSC: 81112201 Electronic distribution - NO MEDIA Contract: MARKET	1	2472963	\$850.00	\$850.00
<u>Varonis Software Subscription and Support - technical support - for Varonis</u> Mfg. Part#: SSPDA1-200L UNSPSC: 81112201 Electronic distribution - NO MEDIA Contract: MARKET	1	3156072	\$1,500.00	\$1,500.00

PURCHASER BILLING INFO	SUBTOTAL	\$19,850.00
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BOC only:
Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Request Approval to Purchase 2 New CISCO Switches


Department: Information Technology **Requested Agenda Date:** 3/7/17

Contact Person: Daris Bouthillier **Phone/Ext.:** 7739

Background and description of need or problem: This is to request approval to purchase 2 new Cisco switches to replace older switches currently located on the 2nd floor. With this purchase, it will give us 4 10 Gigabit ports, 3 of which can be made available to the cartographers in the Assessor's office. This purchase was included in this year's budget. The purchase would be through a State Purchasing, Oregon IT Hardware VAR Contract (5603) from CDW-G in the amount of \$11,930.

Funding Source: 001-4002-419.60-02 Capital Outlay – Computer Hardware

Requested Action: Approve the purchase of two Cisco switches from CDW-G through the State Purchasing Oregon IT Hardware VAR Contract (5603) in the amount of \$11,930.

Date: 2/23/17 **Signature of Dept. Head:** 

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

Departments Affected:

COUNSEL: KAL

TREASURER: NS

HUMAN RESOURCES: N/A

BOC forwards signed Contract/Grant to: N/A

Commissioners Initials to Place on Agenda ONLY: _____

3F

QUOTE CONFIRMATION



DEAR DARIS BOUTHILLIER,

Thank you for considering CDW•G for your computing needs. The details of your quote are below. [Click here](#) to convert your quote to an order.

QUOTE #	QUOTE DATE	QUOTE REFERENCE	CUSTOMER #	GRAND TOTAL
HSJZ063	2/22/2017	CISCO 2960	7296981	\$11,930.00

IMPORTANT - PLEASE READ
Special Instructions: TAX: MULTIPLE TAX JURISDICTIONS APPLY
 TAX: CONTACT CDW FOR TAX DETAILS

ITEM	QTY	CDW#	UNIT PRICE	EXT. PRICE
Cisco Catalyst 2960X-48FPD-L - switch - 48 ports - managed - rack-mountable Mfg. Part#: WS-C2960X-48FPD-L UNSPSC: 43222612 TAX: COQUILLE, OR .0000% \$.00 Contract: Oregon IT Hardware VAR Contract (5603)	2	3061401	\$4,850.00	\$9,700.00
Cisco Base technical support - 1 year Mfg. Part#: CON-SW-WSC296XL UNSPSC: 81111812 Electronic distribution - NO MEDIA TAX: COQUILLE, OR .0000% \$.00 Contract: Oregon IT Hardware VAR Contract (5603)	2	3357705	\$365.00	\$730.00
Cisco FlexStack-Plus - network stacking module Mfg. Part#: C2960X-STACK UNSPSC: 43201404 TAX: COQUILLE, OR .0000% \$.00 Contract: Oregon IT Hardware VAR Contract (5603)	2	3075418	\$750.00	\$1,500.00

PURCHASER BILLING INFO	SUBTOTAL	\$11,930.00
Billing Address: COOS COUNTY INFORMATION TECHNOLOGY 250 N BAXTER ST COQUILLE, OR 97423-1899 Phone: (541) 396-7500 Payment Terms: Net 30 Days-Govt State/Local	SHIPPING	\$0.00
	GRAND TOTAL	\$11,930.00
DELIVER TO	Please remit payments to:	
Shipping Address: COOS COUNTY DARIS BOUTHILLIER 250 N BAXTER ST COQUILLE, OR 97423-1899 Phone: (541) 396-7500 Shipping Method: DROP SHIP-GROUND	CDW Government 75 Remittance Drive Suite 1515 Chicago, IL 60675-1515	

BOC only:
Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Lease with Coos Bay Energy, LLC

Department: Counsel's Office

Requested Agenda Date: 3/7/17

Contact Person: Steve Stuchlik

Phone/Ext.: 7690

Background and description of need or problem: BOC to review and approve lease with Coos Bay Energy LLC. For many years, the County has consistently leased a substantial portion of the County forest to various energy companies. The most recent lease lapsed and Coos Bay Energy, LLC approached the County to renew.

Funding Source:

Requested Action: Review and approve lease.

Date: 2/22/2017

Signature of Dept. Head: _____

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Departments Affected:

COUNSEL: _____

TREASURER: _____

HUMAN RESOURCES: _____

BOC forwards signed document to Counsel's office.

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BOC only:
Consent Agenda _____
Regular Agenda _____

**AGENDA ITEM COVERSHEET
COOS COUNTY AREA TRANSIT SERVICE DISTRICT**

Agenda Item Title: Appropriation Transfer of Funds - \$5,000 - Resolution #17-02-025B

Department: CCAT

Requested Agenda Date: 3/7/17

Contact Person: Rebecca Jennings

Phone/Ext.: 541-267-7111

Background and description of need or problem: This fiscal year all staff attended 16 hrs. of P.A.S.S. training (Passenger Assistance Safety and Sensitivity) and First/Aid CPR which resulted in additional wage expenses. Also, CCAT is requiring all drivers to have DOT physicals. In the past we only funded DOT physicals for our drivers that held commercial driver's license but are now requiring all driver's to pass physicals in compliance with DOT standards and regulations. Because of the additional wages paid to staff to attend the trainings we are asking that \$5,000 be moved from fuel/oil to personnel services.

Funding Source: N/A

Requested Action: Approve resolution moving \$5,000 in funds from fuel/oil to Personnel Services. ^{17-02-025B}

Date: 2/28/17

Signature of Dept. Head: Rebecca Jennings

Departments Affected:

COUNSEL: _____

TREASURER: MS

HUMAN RESOURCES: _____

6A

1 BOARD OF COMMISSIONERS
2 SITTING AS THE
3 COOS COUNTY AREA TRANSIT SERVICE DISTRICT BOARD
4 COUNTY OF COOS
5 STATE OF OREGON

6 In the Matter of a Transfer of Expenditure)
7 Appropriations in the Amount of \$5,000) RESOLUTION
8 Within the Coos County Area Transit Operating Fund) 17-02-025B

9 NOW BEFORE THE Coos County Area Transit Service District Board, at a meeting on
10 March 7, 2017, is the matter of a transfer of appropriations in the amount of \$5,000,

11 WHEREAS, the reason, need and purpose of the request for transfer of expenditure
12 appropriations is for additional personnel costs associated with training;

13 WHEREAS, a transfer of expenditure appropriations would be allowable according to
14 O.R.S. 294.463 as expenditures were not anticipated during the preparation of the current
15 fiscal year's budget;

16 NOW, THEREFORE, BE IT RESOLVED that the transfer of appropriations be approved
17 and be transferred between the departments and amount as shown below:

18 COOS COUNTY AREA TRANSIT DISTRICT OPERATING FUND

19 From:

20 Material & Services

21 Fuel/Oil

\$ 5,000

22 To:

23 Personnel Services

\$ 5,000

24 Dated this _____ day of March 2017.

25 BOARD OF COMMISSIONERS
26 COOS COUNTY AREA TRANSIT SERVICE DISTRICT

27 _____
28 Commissioner

Commissioner

Commissioner

Prepared by:



Budget Office