

A G E N D A
COOS COUNTY BOARD OF COMMISSIONERS
Owen Building Large Conference Room
December 5, 2018
8:30 A.M.

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

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

3. **DEPARTMENT HEADS**
 - A. Request Approval of Rate Adjustments for Les' County Sanitary Service, Bandon Disposal & Recycling, Babe's Garbage & Wadsworth Garbage- County Counsel

 - B. Request Approval of Contract with Providence Health Plan & Authorize Director to Sign Electronically- Coos Health & Wellness (CHW)

 - C. Request Approval of IGA with North Bend School District- CHW

 - D. Request Approval of IGA with Coos Bay School District- CHW

4. **CONSENT CALENDAR- administrative matters not up for discussion**
 - A. **Approval of Minutes**
Worksession- Lower Four Mile Road- October 15, 2018
Regular Meeting Minutes- November 20, 2018
Joint Workgroup Meeting- November 27, 2018
Executive Session (2)(e)(h)- November 27, 2018

 - B. **Ratification of All Routine Expenditures, Tax Overpayments and Adjustments and Transfer of Funds Within the Budget**
Transfer of Appropriation Within Department- Planning- to training & travel

 - C. **Orders & Resolutions**
Resolution 18-11-204P, In the Matter of a Salary Adjustment for Dezeri Royce and Michael Dado Retroactive to July 1, 2018
Resolution 18-11-205P, In the Matter of a Longevity Increase for Ashley Mortimer Effective December 1, 2018
Resolution 18-11-206P, In the Matter of Classifying and Placement of Various Employees on the Regular Coos County Payroll Effective Their Hire Date
Resolution 18-11-208P, In the Matter of Filling a Vacant Position Effective December 3, 2018

 - D. **Items Previously Approved (authorize Chair to sign where necessary)**
Johnson Controls Fire Protection Service Agreement- Jail- annual smoke detector testing/inspection
Warranty Support Purchase Order with Dell- CHW- server maintenance/support
Agreement with Choice Counseling Center- CHW- training

5. **LATE AGENDA ITEMS**

6. **CCAT GOVERNING BODY**
 - A. Request Approval of Resolution Adopting the Group Transit Asset Management Plan & Performance Measures

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:** 12/5/18

Contact Person: Nathaniel Johnson **Phone/Ext.:** 7690

Background and description of need or problem: Need executive session for:
• 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: 11/28/18

Signature of Dept. Head: *Nathaniel Johnson*

Departments Affected:

COUNSEL: *NJ*

BOC only:
Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Requested Rate Adjustments for Les' and Bandon County Disposal, Babe's Disposal and Wadsworth Garbage

Department: Counsel

Requested Agenda Date: 12/05/18

Contact Person: Nathaniel Johnson

Phone/Ext.: 7690

Background and description of need or problem: To cover the County rate increase for the tonnage rate at the Beaver Hill Transfer Site, we received a request from Les' County Sanitary Service and Bandon Disposal & Recycling to increase their fee for a basic 35 gallon weekly service by 13 cents per month with rates adjusted proportionally for larger containers and for Babe's Garbage an increase of 14 cents per month with these rates for the 3 companies becoming effective January 1, 2019. Also requested to become effective July 1, 2019 is a CPI increase of 2.3% (52 cents increase and 64 cents increase for commercial customers) and 2.5% CPI increase for Babe's (55 cents and 81 cents). Letter and rate sheets are attached.

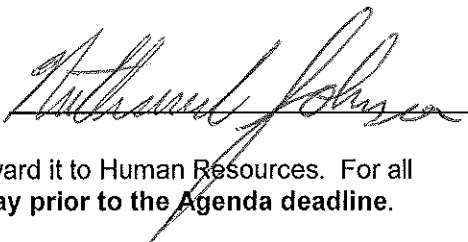
Wadsworth Garbage also submitted their request to cover the increased pass through rate and a cost of living adjustment. The basic 35 gallon can or cart per month will be an increase of 42 cents with all residential and commercial rates proportionately adjusted per container size to become effective January 1, 2019. Letter is attached.

Funding Source: n/a

Requested Action: Review and approve the requested rate increases as set out above becoming effective January 1, 2019 and July 1, 2019.

Date: 11/28/18

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.

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: NJ

3A

Board of Commissioners
County of Coos, State of Oregon
Coquille, OR 97423

RE: Request for 2019 Disposal Rate Pass through adjustment and a CPI Adjustment

Dear Commissioner:

Les and Bandon County Disposal hereby requests a disposal rate pass through adjustment effective January 1, 2019 and a cost of living rate adjustment effective July, 1 2019.

Please find enclosed request for disposal rate pass thru. The proposed fee increase for a basic residential 35 gallon weekly service is **13 cents** per month. Rates will be adjusted proportionally for larger carts or containers.

In addition enclosed is the CPI adjustment request for **2019**, based on the CPI West average. The CPI adjustment is calculated at **3.00%**.

Although the year over year CPI increase is **3.00%**, the rate schedule reflects **2.3 % (75% of CPI)**. This will result in a **52 cents** per month increase for the 35 gallon cart service. Rates will be adjusted proportionally for larger carts or containers. Commercial customers will be assessed **64 cents** increase per cubic yard.

Thank you for your consideration.

Sincerely,

Bill Richardson

Enclosure: ~~Current Rate Schedule~~
Exhibit A Disposal Pass Thru
Exhibit B Disposal Pass Thru including CPI

BANDON DISPOSAL & RECYCLING, AND LES' COUNTY SANITARY SERVICE
Proposed Pass Thru
January 1, 2019

CANS/CARTS: SET OUT (CURBSIDE SERVICE)

22.54	per month	One thirty-five (35) gallon can each week
32.65	per month	One forty-eight (48) gallon can each week
43.55	per month	One sixty-four (64) gallon can each week
65.25	per month	One ninety-six (96) gallon can each week
108.74	per month	One one-hundred sixty (160) gallon can each week
16.00	per month	Recycling service only- weekly
4.87	per month	Recycling where available with cart service

CANS/CARTS: OTHER THAN SET OUT SERVICE
AS DEEMED SAFE BY DRIVER

\$1.26 per trip each way for each drivable driveway \$1.26 each additional thirty feet, each way
 \$1.26 each: cart, door, gate, fence, hallway, stairs, etc \$1.26, unsecuring, securing, etc. – each time, each way

Unassisted/verifiable handicap serviced on each case need

COMMERCIAL/RENTAL SERVICE (CONTAINER/CART/CAN)

Cart Service 35 gallon	\$ 23.60
Cart Service 48 gallon	34.11
Cart Service 64 gallon	45.60
Cart Service 95 gallon	67.87
Cart Service 160 gallon	113.08
Container service- per loose yard-per pick-up	27.84
Container service- Gate Fee each time	7.57
Container service- Auto lock service	3.61
Container service- unsecuring and securing each time	7.57
Container rent- one through- eight yard- per month	8.81
Container rent/Roll off Box \$3.84 per day	
Container rent-one through eight yard-special on call .72 per day	
Customer Requested- Other than weekly- each trip	21.70
Customer requested- Specified pickup time- each trip	21.70
Customer service- Special events, construction, swap, clean up, etc. Per trip.	21.70
Container service- Roll-out each way as acceptable to collector	7.57
Customer requested- After hour, Saturday or Sunday- Extra	50%
Customer Service- extra heavy (sheet rock, roofing, etc) 2.75 times yard rate	
Mechanically compacted waste- 2.75 times yard or cart rate	
Commercial recycling credit- container service (where available) rate up to	50%

OTHER RESIDENTIAL & COMMERCIAL CHARGES

Occasional extra in route pick-up- Each	\$ 6.22
Residential special pick-up minimum	11.62
Initial set-up, close-out, monitored inactive service- each transaction	7.57
Resume from non pay	15.00
Roll off waste in excess of 450 lbs per yard will be charged at the rate of seven and a half cents per pound for overage.	

BANDON DISPOSAL & RECYCLING, AND LES' COUNTY SANITARY SERVICE
Proposed
July 1, 2019

CANS/CARTS: SET OUT (CURBSIDE SERVICE)

23.06	per month	One thirty-five (35) gallon can each week
33.40	per month	One forty-eight (48) gallon can each week
44.55	per month	One sixty-four (64) gallon can each week
66.75	per month	One ninety-six (96) gallon can each week
111.24	per month	One one-hundred sixty (160) gallon can each week
16.00	per month	Recycling service only- weekly
4.98	per month	Recycling where available with cart service

CANS/CARTS: OTHER THAN SET OUT SERVICE
AS DEEMED SAFE BY DRIVER

\$1.29 per trip each way for each drivable driveway \$1.29 each additional thirty feet, each way
 \$1.29 each: cart, door, gate, fence, hallway, stairs, etc \$1.29, unsecuring, securing, etc. – each time, each way

Unassisted/verifiable handicap serviced on each case need

COMMERCIAL/RENTAL SERVICE (CONTAINER/CART/CAN)

Cart Service 35 gallon	\$ 24.14
Cart Service 48 gallon	34.89
Cart Service 64 gallon	46.65
Cart Service 95 gallon	69.43
Cart Service 160 gallon	115.68
Container service- per loose yard-per pick-up	28.48
Container service- Gate Fee each time	7.74
Container service- Auto lock service	3.69
Container service- unsecuring and securing each time	7.74
Container rent- one through- eight yard- per month	9.01
Container rent/Roll off Box \$3.93 per day	
Container rent-one through eight yard-special on call .72 per day	
Customer Requested- Other than weekly- each trip	22.20
Customer requested- Specified pickup time- each trip	22.20
Customer service- Special events, construction, swap, clean up, etc. Per trip.	22.20
Container service- Roll-out each way as acceptable to collector	7.74
Customer requested- After hour, Saturday or Sunday- Extra	50%
Customer Service- extra heavy (sheet rock, roofing, etc) 2.75 times yard rate	
Mechanically compacted waste- 2.75 times yard or cart rate	
Commercial recycling credit- container service (where available) rate up to	50%

OTHER RESIDENTIAL & COMMERCIAL CHARGES

Occasional extra in route pick-up- Each	\$ 6.36
Residential special pick-up minimum	11.89
Initial set-up, close-out, monitored inactive service- each transaction	7.74
Resume from non pay	15.00
Roll off waste in excess of 450 lbs per yard will be charged at the rate of seven and a half cents per pound for overage.	

Board of Commissioners
County of Coos, State of Oregon
Coquille, OR 97423

RE: Request for 2019 Disposal Rate Pass through adjustment and a CPI Adjustment

Dear Commissioner:

Babe's Disposal hereby requests a disposal rate pass through adjustment effective January 1, 2019 and a cost of living rate adjustment effective July, 1 2019.

Please find enclosed request for disposal rate pass thru. The proposed fee increase for a basic residential 35 gallon weekly service is **14 cents** per month. Rates will be adjusted proportionally for larger carts or containers.

In addition enclosed is the CPI adjustment request for **2019**, based on the CPI West Average. The CPI adjustment is calculated at **3.00%**.

Although the year over year CPI increase is **3.00%**, the rate schedule reflects **2.5 % (75% of CPI)**. This will result in a **55cents** per month increase for the 35 gallon cart service. Rates will be adjusted proportionally for larger carts or containers. Commercial customers will be assessed **81 cents** increase per cubic yard.

Thank you for your consideration.

Sincerely,

Bill Richardson

Enclosure: ~~Current Rate Schedule~~
Exhibit A Disposal Pass Thru
Exhibit B Disposal Pass Thru including CPI

BABE'S GARBAGE SERVICE

Pass thru

Jan 1, 2019

CARTS: SET OUT (CURBSIDE SERVICE)

24.07	per month	One thirty-five (35) gallon can each week
35.97	per month	One forty-eight (48) gallon can each week
48.00	per month	One sixty-four (64) gallon can each week
71.96	per month	One ninety-six (96) gallon can each week
74.97	per month	One one-hundred (100) gallon can each week
119.98	per month	One one-hundred sixty (160) gallon can each week

CARTS: OTHER THAN SET OUT SERVICE

AS DEEMED SAFE BY DRIVER

\$1.24 per trip each way for each drivable driveway \$1.24 each additional thirty feet, each way

\$1.24 each: cart, door, gate, fence, hallway, stairs, etc \$1.24, unsecuring, securing, etc. - each time, each way

Unassisted/verifiable handicap serviced on each case need

COMMERCIAL/RENTAL SERVICE (CONTAINER/CART/CAN)

Container service- per loose yard-per pick-up	35.18
Container service- Gate Fee each time	7.57
Container service- Auto lock service	3.61
Container service- unsecuring and securing each time	7.57
Container rent- one through- eight yard- per month	8.81
Container rent/Roll off Box \$3.84 per day	
Container rent-one through eight yard-special on call .70 per day	
Customer Requested- Other than weekly or special pick-up-- per mile	2.37
Customer requested- Specified pickup time- each trip	45.77
Container service- Roll-out each way as acceptable to collector	7.57
Customer requested- After hour, Saturday or Sunday- Extra	50%
Customer Service- extra heavy (sheet rock, roofing, etc) 2.75 times yard rate	
Commercial recycling credit—container service (where available)	50%
Mechanically compacted waste—2.75 times yard or cart rate	

OTHER RESIDENTIAL & COMMERCIAL CHARGES

Occasional extra in route pick-up- Each	\$ 6.09
Residential special pick-up minimum	11.61
Initial set-up, close-out, monitored inactive service- each transaction.	7.57
Resume from non pay	15.00

Waste in excess of 800 lbs per yard extra .08 per lb for overage

BABE'S GARBAGE SERVICE

Proposed
July 1, 2019

CARTS: SET OUT (CURBSIDE SERVICE)

24.62	per month	One thirty-five (35) gallon can each week
36.80	per month	One forty-eight (48) gallon can each week
49.10	per month	One sixty-four (64) gallon can each week
73.62	per month	One ninety-six (96) gallon can each week
76.69	per month	One one-hundred (100) gallon can each week
122.74	per month	One one-hundred sixty (160) gallon can each week

CARTS: OTHER THAN SET OUT SERVICE

AS DEEMED SAFE BY DRIVER

\$1.27 per trip each way for each drivable driveway \$1.27 each additional thirty feet, each way
\$1.27 each: cart, door, gate, fence, hallway, stairs, etc \$1.27, unsecuring, securing, etc. - each time, each way

Unassisted/verifiable handicap serviced on each case need

COMMERCIAL/RENTAL SERVICE (CONTAINER/CART/CAN)

Container service- per loose yard-per pick-up	35.99
Container service- Gate Fee each time	7.74
Container service- Auto lock service	3.69
Container service- unsecuring and securing each time	7.74
Container rent- one through- eight yard- per month	9.01
Container rent/Roll off Box \$3.93 per day	
Container rent-one through eight yard-special on call .70 per day	
Customer Requested- Other than weekly or special pick-up-- per mile	2.37
Customer requested- Specified pickup time- each trip	46.82
Container service- Roll-out each way as acceptable to collector	7.74
Customer requested- After hour, Saturday or Sunday- Extra	50%
Customer Service- extra heavy (sheet rock, roofing, etc) 2.75 times yard rate	
Commercial recycling credit—container service (where available)	50%
Mechanically compacted waste—2.75 times yard or cart rate	

OTHER RESIDENTIAL & COMMERCIAL CHARGES

Occasional extra in route pick-up- Each	\$ 6.23
Residential special pick-up minimum	11.88
Initial set-up, close-out, monitored inactive service- each transaction.	7.74
Resume from non pay	15.00

Waste in excess of 800 lbs per yard extra .08 per lb for overage

Coos County
NOV 05 2018
Commissioners Office

Wadsworth Garbage
PO Box 156
Coquille, Or 97423
January 1, 2019

County Commissioners,

Dear County Commissioners,

We would like to request a price increase of 42 cents for a 35 gallon can or cart per month. We would also like to increase all residential and commercial rates proportionately adjusted per container size.

This request is due to a pass through adjustment for Beaver Hill Disposal fee schedule and a cost of living increase.

Please accept my sincere thanks for your time and consideration of my request.

Sincerely,

Wadsworth Garbage

BOC only:
Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Providence Health Plan

Department: Coos Health & Wellness

Requested Agenda Date: 12/4/18

Contact Person: Ginger Swan

Phone/Ext.: 541-266-6788

Background and description of need or problem:

This PH contract provides assurance for client's health coverage.
No County General Funds will be used for this contract.

Funding Source:

Requested Action: Approve the contract with Providence Health Plan and authorize
Ginger Swan to sign electronically.
Date: 11/26/18 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?
- 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: NT

Treasurer: MS

Human Resources: N/A

BOC forwards signed Contract/Grant to: ~~1 to CHW, Debby Reed~~
1 to Clerk's Office for filing

3B

CONTRACT / GRANT SUMMARY FORM

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

Name/Agency Name and Address: Providence Health Plans, 3601 SW Murray Blvd, Beaverton, OR 97005

Contact Person: Raquel Rich Phone No. 503-574-7244

Amount of Contract/Grant Award: \$ Pre-determined rates

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

Start Date: 1/1/2019 End Date: 12/31/2019

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

Description: This Public Health contract allows PH to bill Providence for services rendered..

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Staff Requirements: <input type="checkbox"/> New <input checked="" 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: | Type of Contract: |
| <input type="checkbox"/> Bid <input type="checkbox"/> None | <input type="checkbox"/> New (complete sections below) |
| <input type="checkbox"/> Quote <input type="checkbox"/> Other _____ | <input checked="" type="checkbox"/> Renewal (no need to complete sections below) |
| <input type="checkbox"/> Proposal | <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"/> 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"/> Under \$100,000 & Not a Transportation Project for Quotes | |
- Personal Services Contract - If Not Using Proposal, Mark Exemption:**
- Under \$50,000
- Under \$150,000 & Approval from Board

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

Certificate of insurance required? Yes No

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

Date Approved by BOC: _____

Reviewed by Counsel: MS

BOC only:
Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: North Bend School District

Department: Coos Health & Wellness

Requested Agenda Date: 12/4/18

Contact Person: Ginger Swan

Phone/Ext.: 541-266-6788

Background and description of need or problem: This contract with North Bend School District is for a School Therapist.

No County General Funds will be used for this contract.

Funding Source: 021-0000-345.01-00

Requested Action: To approve the contract with North Bend School District.

Date: 11/15/18

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?
- 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: NS

Treasurer: NS

Human Resources: NS

BOC forwards signed Contract/Grant to: 1 to CHW, Debby Reed
1 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.:

Name/Agency Name and Address: North Bend School District, 1913 Meade Street, North Bend, OR 97459

Contact Person: Bill Yester Phone No. 541-751-6797

Amount of Contract/Grant Award: \$ 0

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

Start Date: 07/01/2018 End Date: 06/30/2019

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

Description: This contract with North Bend School is for a School Therapist.

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 IGA - Intergovernmental Agreement ORS 190.010
 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 checked="" 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"/> Under \$100,000 & Not a Transportation Project for Quotes | |

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

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

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

Certificate of insurance required? Yes No

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

Date Approved by BOC: _____ Reviewed by Counsel: MS

BOC only:
Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Coos Bay School District

Department: Coos Health & Wellness

Requested Agenda Date: 12/4/18

Contact Person: Ginger Swan

Phone/Ext.: 541-266-6788

Background and description of need or problem:

This contract with Coos Bay School District is for two School Therapists .

No County General Funds will be used for this contract.

Funding Source: 021-0000-345.01-00

Requested Action: Approve contract with Coos Bay School District.

Date: 11/15/18

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?
- 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: NT

Treasurer: MS

Human Resources: AK

BOC forwards signed Contract/Grant to: 1 to CHW, Debby Reed
1 to Clerk's Office for filing

30

CONTRACT / GRANT SUMMARY FORM

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

Contract/Agreement/Grant No.: _____

Name/Agency Name and Address: Coos Bay School District #9, 1255 Hemlock, Coos Bay, OR 97420

Contact Person: Bryan Trendell Phone No. 541-267-1310

Amount of Contract/Grant Award: \$ 0

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

Start Date: 07/01/018 End Date: 06/30/19

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

Description: This contract with Coos Bay School District is for two School Therapists.

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 Intergovernmental Agreement 05190.010

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

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:
NSJ

BOC only: _____
 Consent Agenda _____
 Regular Agenda _____

CCAT Governing Body

AGENDA ITEM COVERSHEET

Agenda Item Title: Adoption of TAM Plan and Performance Measures

Dec. 5, 2018

Department: CCAT

Requested Agenda Date: _____

Contact Person: Sergio Gamino

Phone/Ext.: 5712324674

Background and description of need or problem: The Transit Asset Management (TAM) is a strategic and systematic practice of procuring, operating, inspecting, maintaining, rehabilitating, and replacing transit capital assets to manage the performance, safety, and costs over their life cycles. In 2015, the Fixing America's Surface Transportation Act (FAST Act) reauthorized the Federal Transit Administration (FTA) to develop a rule to establish a strategic and systematic process of operating, maintaining, and improving public transportation capital assets effectively throughout their entire life cycle. The TAM Final Rule requires the transit providers Group TAM Plan sponsor (ODOT) to set performance targets for the State of Good Repair by January 1, 2017 and then for the group members to adopt this plan.

Funding Source: N/A

Requested Action: Approve and adopt TAM Plan and Performance Measures

by Resolution 18-11-2018

Date: 10/30/2018

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 *NS* _____

Treasurer *DK per email 11/28/18 to NS* _____

Human Resources *N/A* _____

**Resolution to Adopt the Group Transit Asset Management Plan and
Performance Measures**

By the Coos County Area Transit Service District Resolution 18-11-207C

WHEREAS, the Coos County Area Transit Service District, is the designated transportation service provider for Coos County; and,

WHEREAS, in 2012, the Moving Ahead for Progress in the 21st Century Act (MAP-21) mandated, and in 2015 the Fixing America’s Surface Transportation Act (FAST Act) reauthorized the Federal Transit Administration (FTA) to develop a rule to establish a strategic and systematic process of operating, maintaining, and improving public transportation capital assets effectively throughout their entire life cycle; and,

WHEREAS, FTA’s national Transit Asset Management (TAM) System Final Rule, became effective on October 1, 2016, which defined the “State of Good Repair” (SGR), which requires grantees to develop a TAM plan, establish performance measures, establish annual reporting requirements to the National Transit Database (NTD), and that the FTA provide technical assistance; and,

WHEREAS, the TAM Final Rule requires the transit providers Group TAM Plan sponsor to set performance targets for the State of Good Repair by January 1, 2017; and,

WHEREAS, the Planning Rule requires each MPO to establish targets no later than June 30, 2017 or 180 days after the date on which the relevant State or public transportation provider establishes its performance targets; and,

WHEREAS, the Transit Asset Management (TAM) is a strategic and systematic practice of procuring, operating, inspecting, maintaining, rehabilitating, and replacing transit capital assets to manage the performance, safety, and costs over their life cycles; and,

WHEREAS, these performance targets aid in a safe, cost-effective, and reliable public transportation network; and,

WHEREAS, TAM provides decision makers with a guide in which to manage capital assets and prioritize funding to improve or maintain a “State of Good Repair;”

NOW THEREFORE BE IT RESOLVED that the Coos County Area Transit Service District, the transportation service provider, adopts the Group Transit Asset Management Plan, performance measures and targets for State of Good Repair as identified in the Final Group TAM Plan.

We certify that the above resolution is hereby adopted with an effective date of 30 October 2018, as a public meeting of the Coos County Area Transit Service District governing body.

Chairperson of the Board

Date

Other Signature

Date

Other Signature

Date