

REVISED AGENDA
COOS COUNTY BOARD OF COMMISSIONERS
Owen Building Large Conference Room
January 3, 2017
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

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. Election of Chair & Vice Chair for 2017- BOC
- B. Review of Tourism Workgroup Articles of Incorporation & Bylaws- BOC
- C. Request Approval of Contract with Amy Hood- Coos Health & Wellness (CHW)
- D. Request Approval to Purchase 2 New Vehicles- CHW
- E. Request Approval of Pay Grade Adjustment & Updated Job Description- CHW
- F. Request Approval of Electronic Waste Agreement- Solid Waste
- G. Request Approval of Change Order #2 for Sitkum Lane Slide Repair Project- Road
- H. Discussion re: Proposal for Lakeside Boat House- Parks
- I. Request Approval of Fee Structure for Everbridge Public Notification System- Emergency Management
- J. Request Acceptance of Grant, Authorize Chair to Sign Document & Approve Resolution- Planning

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

- A. **Approval of Minutes**
Hearing- Legislative Text Amendment AM-15-001- December 7, 2016
- B. **Orders & Resolutions**
Order 16-12-094C, In the Matter of Appointing Teresa Lucas to the Coos-Curry Housing Authority Board
Resolution 16-12-187P, In the Matter of Classifying and Placement of Various Employees on the Regular Coos County Payroll Effective Their Hire Date
Resolution 16-12-188P, In the Matter of Filling a Vacant Position Effective December 27, 2016
Resolution 16-12-189P, In the Matter of Filling a Vacant Position Effective Retroactive to December 1, 2016
- C. **Items Previously Approved (authorize Chair to sign where necessary)**
Amendment #11 to IGA 147785- CHW
Amendment #9 to IGA 148005- CHW
Change Order #2 to DLB Construction Contract- Solid Waste
Consulting Contract with Rich Turi- Solid Waste
SunGard Public Sector LLC Service Provider Agreement- Finance/Tax

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.

5. **LATE AGENDA ITEMS**

A. Request Approval of Locum Tenens Contract Payout- CHW

6. **COMMISSIONERS REPORTS**

7. **GOVERNING BODIES**

LIBRARY SERVICE DISTRICT

A. Election of Chair & Vice Chair

B. Request Approval of Coastline Services Access Agreement

CCAT

A. Election of Chair & Vice Chair

B. Request approval to Pay Insurance Premium

BOC only
Consent Agenda
Regular Agenda

LATE AGENDA ITEM COVERSHEET

Agenda Item Title: Locum Tenens contract payout

Department: Coos Health & Wellness

Requested Agenda Date: 01/03/2017

Contact Person: Ginger Swan

Phone/Ext.: 541-751-2547

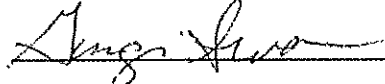
Background and description of need or problem: We have a signed contract with Locum Tenens and it states if we hire a Psychiatrist from them that they placed with us we will pay a \$20,000 permanent placement fee. We have hired Dr. Jeanine Collier starting 01/02/2017 and she was placed with us by Locum Tenens. We are requesting permission to pay the permanent placement fee. We have a budgeted expense for recruitment fees and this would come out of that line item.

No County General Funds will be used for this contract.

Funding Source: 021-1302-444.36-01

Requested Action: Approve \$20,000 permanent placement fee to Locum Tenens

Date: 12/29/2016

Signature of Dept. Head: 

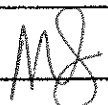
If this is a Human Resources issue, forward to the Treasurer who will forward it to Human Resources. For all other matters, forward the document to Counsel no later than the Monday prior to the Agenda deadline. Counsel will forward to Treasurer.


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: 

Treasurer: 

Human Resources: 

BOC forwards signed Contract/Grant to: n/a

5A

CONTRACT / GRANT SUMMARY FORM

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

Name/Agency Name and Address: LocumTenens LLC, 2655 Northwinds Parkway, Alpharetta, Georgia 30009

Contact Person: _____ Phone No. (800) 562-8663

Amount of Contract/Grant Award: \$ 20,000

Payment Terms: Lump sum, payment due one approved (state lump sum or amount and time of payments)

Start Date: 05/25/2010 End Date: 01/16/2017

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

Description: This is for the permanent placement buy out fee for hiring Dr. Jeanine Collier.

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 CDFA 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: Type of Contract:
 Bid None New (complete sections below)
 Quote Other Behavioral Health Services Renewal (no need to complete sections below)
 Proposal Modification (no need to complete sections below)

- Type of Contract:
 Goods and Services - If Not Using Bid or Proposal, Mark Exemption:
 Under \$10,000 Equipment Maintenance
 Under \$50,000 for Quotes Office Supplies
 Under \$150,000 & Approval from Board for Quotes Used Vehicles
 Sole Source State Purchasing
 Contract with Public Agency Other Behavioral Health Services
 Public Improvement - If Not Using Bid, Mark Exemption:
 Under \$5,000 Alternative Contracting Method Approved by Board
 Under \$50,000 for Quotes Other _____
 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: 

BOC only:
Consent Agenda _____
Regular Agenda _____

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

Agenda Item Title: SDIS Liability Insurance Premium 1/1/2017 through 12/31/2017

Department: CCAT

Requested Agenda Date: 1-3-2017

Contact Person: Rebecca Jennings

Phone/Ext.: 541-266-7029

Background and description of need or problem: Authorize payment of annual premium for general liability/auto liability coverage to SDIS (Special Districts Insurance Services of Oregon), for CCAT Service District for the period of; 1-01-2017 to 12-31-2017 in the amount of \$30,111.

Funding Source: CCAT Budget

Requested Action: Authorize approval of payment

Date: 12/27/2016

Signature of Dept. Head: Rebecca Jennings

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 MS

Human Resources n/a

S | D | I | S

INVOICE

INSURANCE SERVICES

Date: 28-Nov-16

Named Participant: Coos County Area Transit Service District
 2810 Ocean Blvd
 Coos Bay, OR 97420

Agent: Abel Insurance Agency
 PO Box 1780
 Coos Bay, OR 97420

Invoice #	Entity ID	Effective Date	Expiration Date	Invoice Date
32P30001-382	30001	01-Jan-17	31-Dec-17	28-Nov-16

2017 Longevity Credit Amount**

Not Eligible

**Only Eligible Districts that signed the Longevity Credit and Rate Lock Guarantee Agreement will receive the indicated Longevity Credit Amount

Coverage	Contribution
General Liability	
General Liability Contribution	\$3,533
Less Best Practices Credit	(\$71)
Less Multi-Line Discount Credit	(\$141)
Adjusted Contribution	\$3,321
Auto Liability	
Auto Liability Contribution	\$21,994
Less Best Practices Credit	(\$458)
Adjusted Contribution	\$21,536
Non-owned and Hired Auto Liability	\$150
Auto Physical Damage	\$4,076
Hired Auto Physical Damage	\$0
Excess Liability	\$470
Property	
Property Contribution	\$293
Less Best Practices Credit	(\$6)
Adjusted Contribution	\$287
Earthquake	\$57
Flood	\$28
Equipment Breakdown / Boiler and Machinery	\$0
Crime	\$186
Total:	\$30,111

Coverage is provided for only those coverages indicated above for which a contribution is shown or that are indicated as "Included." Your payment evidences "acceptance" of this renewal. Please use the payment coupon on the following page to help us apply your payment correctly.

Payment instructions are on the following page.