AGENDA
COOS COUNTY BOARD OF COMMISSIONERS
Owen Building Large Conference Room
March 29, 2016
8:30 A.M.

1. **EXECUTIVE SESSION under the authority of ORS 192.660**
   A. (2)(f) Records or Information Exempt by Law from Public Inspection
   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. Request Approval of Contract Modification with KAIROS- Coos Health & Wellness (CHW)
   B. Request Approval of Contract with The Mill Casino for Food Service Inspections- CHW
   C. Request Approval of Contract with The Mill Casino for Pool/Spa Inspections- CHW
   D. Request Award of Contract for Electrical Design/Consulting- Solid Waste
   E. Request Approval of Contract Modification #4 with Forest Service- Sheriff
   F. Request Approval of MOU with Coquille Indian Tribe for COPS Grant- Sheriff
   G. Request Approval to Purchase 2015 Ford Pickup for Animal Control- Sheriff
   H. Request Approval to Purchase Mobile Radios for Marine Boats- Sheriff
   I. Request Approval of Contract for Tree Felling- County Counsel/Pipeline

4. **CONSENT CALENDAR- administrative matters not up for discussion**
   A. Approval of Minutes
      Joint Workgroup Minutes- February 23, 2016
   B. Ratification of All Routine Expenditures, Tax Overpayments and Adjustments and Transfer of Funds Within the Budget
      Transfer of Appropriation Within a Department- Sheriff- for equipment
   C. Orders & Resolutions
      Order 16-03-024C, In the matter of Appointing Barye Bluth to the Coos-Curry Housing Authority Board
      Resolution 16-03-035P, In the matter of Terminating an “Add Pay” for Melissa Hager as of March 31, 2016
   D. Items Previously Approved (authorize Chair to sign where necessary)
      Right of Way & Easement with Williams Pacific Connector Gas Operator, LLC- County Counsel
      Ratification of Signatures on Escrow Account Agreements with Cascade Contract Collections & AmeriTite- County Counsel/Treasurer

5. **PUBLIC HEARING**
   A. Amending the Coos County Code, Article 4, Division 1, Permits for Work in a Right of Way

6. **LATE AGENDA ITEMS**

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.
AGENDA ITEM COVERSHEET

Agenda Item Title: Executive Session Requested

Department: Counsel  Requested Agenda Date: 03/29/2016

Contact Person: Keith Leitz  Phone/Ext.: 7690

Background and description of need or problem: Need executive session for:
- ORS 192.660(2)(f) – to consider information or records that are exempt by law from public inspection
- 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: 3/23/16  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:  

BOC forwards signed Contract/Grant to:  n/a

Rev. 8/29/07
AGENDA ITEM COVERSHEET

Agenda Item Title: Behavioral Health Services Contract Modification with KAIROS

Department: Coos Health & Wellness
Contact Person: Ginger Swan

Requested Agenda Date: 03/29/2016
Phone/Ext.: 541-751-2547

Background and description of need or problem: This contract modification provides funding for Behavioral Health treatment services for children that are WOAH enrollees or other clients as referred by Coos Health & Wellness.

No County General Funds will be used for this contract.

Funding Source: 021-1302-444.36-01

Requested Action: Approve KAIROS Behavioral Health services contract modification

Date: 03/18/2016
Signature of Dept. Head:

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If this is a contract or grant:
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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: 

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

Rev. 6/13/11
CONTRACT / GRANT SUMMARY FORM

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

Name/Agency Name and Address: KAIROS, 715 Ramsey Ave, Grants Pass, OR 97527

Contact Person: Robert Lieberman Phone No. 541-956-4943

Amount of Contract/Grant Award: $ Medicaid and negotiated rates

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

Start Date: 07/01/2014 End Date: 06/30/2017

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

Description: This contract modification provides funding for Behavioral Health services for children.

FINANCIAL INFORMATION

<table>
<thead>
<tr>
<th>STATE %</th>
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<th>FEDERAL % (CFDA # Required)</th>
<th>Catalog of Federal Domestic Asst. *(CFDA) Number</th>
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*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 identifiers:

10.xxx USDA 14.xxx HUD 20.xxx USDOT 66.xxx EPA 84.xxx Dept. of Education

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: $ Medicaid rates

Original Date: 07/01/2013

Automatic Renewal? ☐ Yes ☒ No

Staff Requirements: ☐ New ☐ Existing ☒ Subcontract

Will unemployment cost be incurred? ☐ Yes ☒ No

PUBLIC CONTRACTING INFORMATION

Method of Selection:
☐ Bid ☐ None ☒ Other Behavioral Health Services
☐ 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: KAL

Contract and Grant Summary Form Revised 5/21/2016
AGENDA ITEM COVERSHEET

Agenda Item Title: Contract with The Mill Casino Hotel for food service inspections

Department: Coos Health & Wellness
Contact Person: Ginger Swan
Requested Agenda Date: 03/29/2016
Phone/Ext.: 541-751-2547

Background and description of need or problem: This contract allows Coos Health & Wellness - Public Health Department to conduct inspections/consultations of the food service areas at the Casino.

Funding Source: n/a

Requested Action: Approve contract with The Mill Casino Hotel

Date: 03/18/2016
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.

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☐ Is the Clerk’s Coversheet attached or do you want it returned to you for filing?

Departments Affected:

Counsel: ________________

Treasurer: OK __

Human Resources: ________________

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

Rev. 6/13/11
CONTRACT / GRANT SUMMARY FORM

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

Name/Agency Name and Address: Coquille Indian Tribe, PO Box 1525, Coos Bay, OR 97420

Contact Person: Terry Springer  Phone No. 541-756-5664

Amount of Contract/Grant Award: $ 140.00 per hour

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

Start Date: 03/29/2016  End Date: 12/31/2016

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

Description: This contract allows the Public Health Department to conduct quarterly inspection/consultations of the food service areas within the Mill Casino.

FINANCIAL INFORMATION

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10.xxx USDA  14.xxx HUD  20.xxx USDOT  66.xxx EPA  84.xxx Dept. of Education

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  ☐ Quote  ☐ Proposal  ☐ None  ☐ Other ______

Type of Contract:  ☒ New (complete sections below)
☐ Renewal (no need to complete sections below)
☐ Modification (no need to complete sections below)

Type of Contract:

☐ Goods and Services - If Not Using Bid or Proposal, Mark Exemption:
☐ Under $10,000  ☐ Under $50,000 for Quotes  ☐ Under $150,000 & Approval from Board for Quotes
☐ Sole Source  ☐ Contract with Public Agency
☐ Equipment Maintenance  ☐ Office Supplies  ☐ Used Vehicles
☐ State Purchasing  ☐ Other ______

☐ Public Improvement -- If Not Using Bid, Mark Exemption:
☐ Under $5,000  ☐ Under $50,000 for Quotes
☐ 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: ___________

Contract and Grant Summary Form  Revised 5/21/2015
AGENDA ITEM COVERSHEET

Agenda Item Title: Contract with The Mill Casino Hotel for pool/spa inspections

Department: Coos Health & Wellness  
Requested Agenda Date: 03/29/2016

Contact Person: Ginger Swan  
Phone/Ext.: 541-751-2547

Background and description of need or problem: This contract allows Coos Health & Wellness - Public Health Department to conduct inspections/consultations of the pool/spa areas at the Casino.

Funding Source: n/a

Requested Action: Approve contract with The Mill Casino Hotel

Date: 03/18/2016  
Signature of Dept. Head: [Signature]

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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: [Signature]

Treasurer: [Signature]

Human Resources: [Signature]

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: Coquille Indian Tribe, PO Box 1525, Coos Bay, OR 97420

Contact Person: Terry Springer Phone No. 541-756-5664

Amount of Contract/Grant Award: $ 140.00 per hour

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

Start Date: 03/29/2016 End Date: 12/31/2016

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

Description: This contract allows the Public Health Department to conduct semi-annually inspection/consultations of the Pool and Spa areas within the Mill Casino.

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10.xxx USDA 14.xxx HUD 20.xxx USDOT 66.xxx EPA 84.xxx Dept. of Education
11.xxx Dept. of Commerce 16.xxx USDAF 35.xxx General Svcs. Admin. 83.xxx FEMA 93.xxx USDHHS

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

☒ New
☐ Renewal
☐ Modification

Previous Amount: $________
Previous Date: ____________

Original Amount: $________
Original Date: ____________

Automatic Renewal? ☐Yes ☒No
Will unemployment cost be incurred? ☐Yes ☒No

Staff Requirements: ☐New ☒Existing ☐Subcontract

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)

☐ 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

☐ 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

☐ 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: ____________

Contract and Grant Summary Form Revised 5/21/2015
AGENDA ITEM COVERSHEET

Agenda Item Title: Contract Award for Electrical, Design and Consulting Work – Coos County Solid Waste Department

Department: Solid Waste Requested Agenda Date: 3/29/2016

Contact Person: Cheryl Westgaard Phone/Ext.: 7623

Background and description of need or problem: As discussed during the Budget presentation, this is a contract with CFE, LLC for electrical, consulting and design services at the Coos County Solid Waste Department. This contract will enable the Solid Waste Dept. to move forward with several projects that CFE, LLC is very familiar with. Contract term one year, or NTE $9,999.00.

Funding Source: 302-1700-432.36-01 Contracted Services
302-1700-432.36-16 Site Closure
302-1700-432.36-17 Household Hazardous Waste

Requested Action: Board to approve contract with CFE, LLC.

Date: 3/17/2016 Signature of Dept. Head: Cheryl Westgaard

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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☐ 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 document to Counsel's office.

Rev. 3/10/11
CONTRACT / GRANT SUMMARY FORM

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

Name/Agency Name and Address: CFE, LLC, 204 N. 8th Street, Lakeside, OR 97440

Contact Person: Curt Falkoske  Phone No. 541-759-2921

Amount of Contract/Grant Award: $ 9,999.00

Payment Terms: As work proceeds, upon submittal of invoices (state lump sum or amount and time of payments)

Start Date: 4/1/2016  End Date: One year term or NTE amount of $9,999, whichever occurs first.

County Department and Employee Responsible for Performance: Cheryl Westgaard, Solid Waste Department

Description: Contract for electrical design and consulting work at Solid Waste Department - various projects

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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: $  Original Date:
Previous 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 CR 10.105
☐ 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: ________

Contract and Grant Summary Form  Revised 5/21/2015
AGENDA ITEM COVERSHEET

Agenda Item Title: Modification #4 of the USFS Cooperative Law Enforcement Agreement for #12-LE-11061000-007.

Department: Sheriff’s Office
Contact Person: Det Sgt Dan Looney
Requested Agenda Date: 3/29/16
Phone/Ext.: 7808

Background and description of need or problem: This is Modification #4 for the 2016 Annual Operating and Financial Plan which increases funds for the continuing law enforcement patrol on National Forest System lands. The funds have remained same at $8,360.00. This contract begins upon the last date signed and ends on December 31, 2016.

Funding Source: 001-1600-421.02-02

Requested Action: Board review, approve and sign.

Date: 3/15/16
Signature of Dept. Head: [Signature]

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 Clerk’s Coversheet attached or do you want it returned to you for filing?

County Counsel [Signature]

Treasurer [Signature]

Human Resources [Signature]
CONTRACT / GRANT SUMMARY FORM

Clerk’s File C&A No.: __________ (complete after filed with Clerk) Internal Contract/Agreement or Grant No.: 12-LE-11061000-007
Name/Agency Name and Address: U.S. Dept. of Agriculture, Forest Service, 3040 Biddle Road, Medford, OR 97501
Contact Person: Javier Masiel, Patrol Captain Phone No. (541) 618-2152
Amount of Contract/Grant Award: $ 45,220.00 (Not to Exceed)
Payment Terms: Monthly Payments after invoiced for services (state lump sum or amount and time of payments)
Start Date: When fully executed End Date: 12-31-2016
CountyDepartment and Employee Responsible for Performance: Det. Sgt. Looney
Description: Modification #4 of the Cooperative Law Enforcement Agreement Annual Operating Plan 12-LE-11061000-007, Year 5 of 5.

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□ New □ Renewal □ Modification
Previous Amount: $ ____________________________
Previous Date: ____________________________
□ New □ Existing □ Subcontract
Original Amount: $ 9,500.00
Original Date: 2/14/12
Staff Requirements:

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:
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   □ 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
   □ Other ______
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: ___________
AGENDA ITEM COVERSHEET

Agenda Item Title: Authorize MOU with Coquille Indian Tribe for DOJ COPS Grant

Department: Sheriff’s Office  Requested Agenda Date: 03/29/2016

Contact Person: Sgt. Pat Downing  Phone/Ext.: Ext. 7811

Background and description of need or problem:
Authorize the Coos County Sheriff’s Office and Coquille Indian Tribe to enter into a Memorandum of Understanding (MOU) for a USDOJ COPS grant. By entering into this agreement it allows the Coos County Sheriff’s Office the ability to access funds for the purchase of one Ford Explorer SUV, fully equipped for the Sheriff’s Office Patrol. The cost of the vehicle is $31,900 and for outfitting is $11,442 for a total of $43,342.00

Funding Source: USDOJ COPS Tribal Resource Grant (Coquille Indian Tribe)

Requested Action: Approve and sign

Date: 03/18/2016  Signature of Dept. Head: [Signature]

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☐ Is the Clerk’s Coversheet attached or do you want it returned to you for filing?

Departments Affected:

COUNSEL: [Signature]

TREASURER: budgeted in Criminal - Automobile Capital Outlay - NO

HUMAN RESOURCES: [Signature]

BOC forwards signed Contract/Grant to:

Rev. 3/10/11
CONTRACT / GRANT SUMMARY FORM

Clerk's File C&A No.: (complete after filed with Clerk) Internal Contract/Agreement or Grant No.: 2015HEWX0054

Name/Agency Name and Address: Coquille Indian Tribe, Cindy Powell, Grant Specialist, 3050 Tremont North Bend, OR 97459, 541-756-0904, cindypowell@coquilleindiantribe.org

Contact Person: Cindy Powell Phone No. 541-756-0904

Amount of Contract/Grant Award: $ 43,342

Payment Terms: payment for submitted invoices (state lump sum or amount and time of payments)

Start Date: 09/15/2015 End Date: 08/31/2018

County Department and Employee Responsible for Performance: SFC Pat Downing & Jackie McDaniel, Coos County Sheriff's Office

Description: US DOJ COPS Grant

<table>
<thead>
<tr>
<th>STATE %</th>
<th>OTHER %</th>
<th>FEDERAL % (CFDA # Required)</th>
<th>Catalog of Federal Domestic Ass't. *CFDA Number</th>
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</thead>
<tbody>
<tr>
<td></td>
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<td>100</td>
<td>16,710</td>
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*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.xxxx USDA
- 14.xxxx HUD
- 20.xxxx USDOT
- 66.xxxx EPA
- 84.xxxx Dept. of Education
- 11.xxx Dept. of Commerce
- 18.xxx USDOJ
- 63.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

☐ 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)

☐ Other ______

☐ 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 278C.800? ☐ Yes ☐ No

Certificate of insurance required? ☐ Yes ☐ No

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

Contract and Grant Summary Form Revised 6/28/05

Date Approved by BOC: __________ Reviewed by Counsel: __________
AGENDA ITEM COVERSHEET

Agenda Item Title: Request approval to purchase a 2015 Ford ¾ ton pickup from Power Ford for Coos County Animal Control

Department: Sheriff’s Office  
Requested Agenda Date: 03/29/2016

Contact Person: Sgt. Pat Downing  
Phone/Ext.: Ext. 7811

Background and description of need or problem:  
Request approval to purchase one ¾ ton Ford pickup from Power Ford for Coos County Animal Control. This is a purchase that was budgeted for this year. The cost is $29,675.00 through State Purchasing from Power Ford.

Funding Source: 002-2600-421-60-01

Requested Action: Authorize Purchase

Date: 03/18/2016  
Signature of Dept. Head: [Signature]

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: [Yes/No]

______________________________

TREASURER: Purchase made w/ donation dollars [Yes/No]

______________________________

HUMAN RESOURCES: [Yes/No]

______________________________

BOC forwards signed Contract/Grant to:

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AGENDA ITEM COVERSHEET

Agenda Item Title: Approval to purchase 3 Motorola APX6500 mobile radios for 3 of the Marine boats

Department: Sheriff's Office Requested Agenda Date: 03/29/2016

Contact Person: Sgt. Pat Downing Phone/Ext.: Ext. 7811

Background and description of need or problem:
Request approval to purchase 3 Motorola APX6500 mobile radios for 3 boats in the Marine Division. The purchase would be through Day Wireless our contracted service provider through WISCA. The price is $3,362.56 per radio including installation and shipping.

Funding Source: 001-1604-421-22-27

Requested Action: Approve purchase

Date: 03/18/2016

Signature of Dept. Head: [Signature]

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?
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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: [Signature]

TREASURER: [Signature]

HUMAN RESOURCES: [Signature]

BOC forwards signed Contract/Grant to: [Signature]

Rev. 3/10/11
## Quote

**Quote # 0320-xx16-Coos County Sheriff Coos County Boat Project**

**Date:** 3/16/2016  
**Expiration Date:** 6/14/2016

To: Coos County Sheriff  
250 N. Baxter  
Coquille, OR 97423

Pat Dowing  
(541) 396-7811

---

### Day Wireless Contact

<table>
<thead>
<tr>
<th>Cameron Lougee</th>
</tr>
</thead>
</table>

### Project Name

<table>
<thead>
<tr>
<th>Coos County Boat Project</th>
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</thead>
</table>

### Payment Terms

<table>
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### Parts & Materials

<table>
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<tr>
<th>QTY</th>
<th>Description</th>
<th>Price</th>
<th>Extended Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>APX 6500 High Power, 100W, VHF Mobile Radio</td>
<td>$3,262.56</td>
<td>$13,050.24</td>
</tr>
<tr>
<td>4</td>
<td>Water Resistant Hand Mic</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>4</td>
<td>Water Resistant 15W Speaker</td>
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<td>$0.00</td>
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<tr>
<td>4</td>
<td>Antenna and cables</td>
<td>$100.00</td>
<td>$400.00</td>
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**Equipment Total:** $13,450.24

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### Labor

<table>
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<th>Description of Work</th>
<th>Total</th>
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<tbody>
<tr>
<td>INSTALLATION AND PROGRAMMING</td>
<td>$3,200.00</td>
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</table>

**Labor Total:** $3,200.00

---

### Other Expenses

<table>
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<tr>
<th>Description</th>
<th>Total</th>
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</thead>
<tbody>
<tr>
<td>EQUIPMENT SHIPPING</td>
<td>$46.00</td>
</tr>
</tbody>
</table>

**Other Total:** $46.00

**Grand Total:** $16,695.24

---

### Notes

Quotation for goods and services named.  
To Accept this quotation, sign here and return:  

**Date:**

**Thank you for your Business**
AGENDA ITEM COVERSHEET

Agenda Item Title: Contract for Tree Felling at Coquille Canoe Club site

Department: Counsel Requested Agenda Date: 3/29/2016

Contact Person: Keith Leitz Phone/Ext.: 7690

Background and description of need or problem: This contract is for the felling of a fir tree that may pose a future underground hazard to the pipeline valve at the Coquille Canoe Club site located at 16219 Sitkum Lane. Patrick Myers Tree Service will fell the tree and grind up the smaller limbs for $2,600. The shareholders of the Coquille Canoe Club voted to allow the cutting, and Jon Adamson, the caretaker, will be on site when scheduled.

Funding Source: Pipeline fund.

Requested Action: Approve contract with Patrick Myers Tree Service.

Date: 3/16/2016 Signature of Dept. Head: [Signature]

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: KAL

TREASURER: DL WMS

HUMAN RESOURCES: NL A

BOC forwards signed document to Counsel's office.

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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: Patrick Myers Tree Service, 2580 Pony Creek Road, North Bend, OR 97459

Contact Person: Patrick Myers Phone No. 541-756-3197

Amount of Contract/Grant Award: $ 2,600

Payment Terms: Lump sum, upon invoice to Treasurer (state lump sum or amount and time of payments)

Start Date: Upon execution End Date: No later than April 15, 2016

County Department and Employee Responsible for Performance: Counsel's office - Keith Leitz

Description: Pipeline Fund: Felling of 1 fir tree at the Coquille Canoe Club site located at 15219 Sitkum Lane

FINANCIAL INFORMATION

<table>
<thead>
<tr>
<th>STATE %</th>
<th>OTHER %</th>
<th>FEDERAL %</th>
<th>Catalog of Federal Domestic Asst.</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>(CFDA # Required)</td>
<td><em>CFDA # Required</em></td>
</tr>
</tbody>
</table>

*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 USDOJ 66.xxx EPA 84.xxx Dep't of Education

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:

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 CR 10.105

☐ 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 ROC: 6-24-15
AGENDA ITEM COVERSHEET

Agenda Item Title: Ordinance 16-03-001L - First Hearing to Amend Coos County Code, Article Four, Division One: Permits for Work in a Right of Way.

Department: Counsel Requested Agenda Date: 3/29/2016

Contact Person: Steve Stuchlik Phone/Ext.: 7690

Background and description of need or problem: There will be two hearings (March 29, 2016, and April 19, 2016) to consider amending the Coos County Code to revise Section 04.01.030(5) of Article Four, Division One. Notice was published in the World newspaper on 3/22/2016, posted in the courthouse, and two other public places in the county, pursuant to ORS 203.045.

A copy of Article Four, Division One with the requested amendment to Section 04.01.030(5) is attached as Exhibit "A". If adopted at the 2nd hearing, the ordinance shall take effect on the 90th day after April 19, 2016.

Funding Source: N/A

Requested Action: Read the Ordinance by title, offer comments if any, and state the next hearing date when the final vote will be taken.

Date: 3/16/16 Signature of Dept. Head: [Signature]

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?
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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: [Signature]

TREASURER: [Signature]

Rev. 3/10/11
BOARD OF COMMISSIONERS
COUNTY OF COOS
STATE OF OREGON

In the Matter of Amending the Coos County Code Article Four: Roads, Division One - Permits for Work in a Right of Way 16-03-001L

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

SECTION 1. TITLE
This ordinance shall be known as Ordinance 16-03-001L, an ordinance amending the Coos County Code.

SECTION 2. AUTHORITY
This ordinance is enacted pursuant to ORS 203.035.

SECTION 3. PURPOSE
The purpose of this ordinance is to revise Article Four, Division One - Permits for Work in a Right of Way at Section 04.01.030(5).

SECTION 4. ADOPTION
Exhibit "A", attached hereto and incorporated herein by this reference, is adopted as an amendment to the Coos County Code.

SECTION 5. REPEALER
Ordinance 91-01-002L, the ordinance which adopted the Coos County Code, and all amendments thereto, are hereby repealed to the extent they conflict with this ordinance.

SECTION 6. SAVINGS CLAUSE
The amendment of the Coos County Code shall have no effect on existing litigation and shall have no effect on any action or
proceeding pending on the date of adoption of this ordinance.

SECTION 7. SEVERANCE CLAUSE

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

SECTION 8. EFFECTIVE DATE

This ordinance shall become effective on the 90th day after the date of adoption at the second reading, as shown below.

ADOPTED this ___ day of ________________, ___.

ATTEST

Recording Secretary

APPROVED AS TO FORM

Office of Legal Counsel

Chair

Commissioner

Commissioner

1st Reading:

2nd Reading:

Adoption:

Effective Date:

ORDINANCE 16-03-001L - Page 2
IN THE MATTER OF AMENDING COOS COUNTY CODE ARTICLE FOUR, DIVISION ONE – PERMITS FOR WORK IN A RIGHT OF WAY ) NOTICE OF PUBLIC HEARINGS

Notice is hereby given that the Coos County Board of Commissioners will hold public hearings on March 29, 2016, and April 19, 2016, at 9:30 a.m. during their regular Board meetings held in the large conference room of the Owen Building, in Coquille, Oregon.

The purpose of these hearings will be to consider amending the Coos County Code to revise Section 04.01.030(5) of Article Four, Division One – Permits for Work in a Right of Way.

A copy of the proposed amendment is available at the Coos County Board of Commissioners’ office, 250 N. Baxter, Courthouse, Coquille, Oregon.

These hearings are open to the public and all interested persons may appear and be heard.

Date: March 16, 2016 John Sweet
Chair – Board of Commissioners


PLEASE DON’T REMOVE UNTIL APRIL 19, 2016