

**A G E N D A**  
**COOS COUNTY BOARD OF COMMISSIONERS**  
Owen Building Large Conference Room  
April 2, 2019  
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. Request Approval of Contract for EMDR Training- Coos Health & Wellness (CHW)/County Counsel
- B. Request Approval of Resolution 19-03-045P, Merit Step Increase- County Counsel
- C. Update on STIP Application- CCAT

4. **CCAT GOVERNING BODY**

- A. Request Approval to Purchase Replacement Bus for Veterans Service

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

A. **Approval of Minutes**

- Worksession- Budget- February 26, 2019
- Worksession- Budget- March 7, 2019
- Worksession- Budget- March 8, 2019
- Worksession- Budget- March 13, 2019
- Regular Meeting Minutes- March 19, 2019

B. **Orders & Resolutions**

- Order 19-03-022C, In the Matter of Appointing Members to the Carlson-Primrose Special Road District Board
- Amended Resolution 19-02-021P, In the Matter of Amending Resolution 19-02-021P
- Resolution 19-03-044P, In the Matter of Filling a Vacant Position Effective March 15, 2019
- Resolution 19-03-046P, In the Matter of Classifying and Placement of Various Employees on the Regular Coos County Payroll Effective Their Hire Date
- Resolution 19-03-047P, In the Matter of Granting Salary Merit Step Increases for Various Employees Effective April 1, 2019
- Resolution 19-03-049P, In the Matter of Filling a Vacant Position Effective April 1, 2019
- Resolution 19-03-050P, In the Matter of Granting Salary Merit Step Increases for Various Employees Effective April 1, 2019
- Resolution 19-03-051P, In the Matter of a Union Transfer/Pay Grade Adjustment for Randall Scott, a Coos County Employee, Effective April 1, 2019

C. **Items Previously Approved (authorize Chair to sign where necessary)**

- Agreement for Relocation Expenses- CHW- Sophia Daniel
- Contract Amendment with PBS Engineering- County Counsel- pipeline/road projects

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.

BOC only:
Consent Agenda _____
Regular Agenda _____

**AGENDA ITEM COVERSHEET**

**Agenda Item Title:** Executive Session Requested

**Department:** Counsel                      **Requested Agenda Date:** 4/02/2019

**Contact Person:** Nathaniel Johnson                      **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:** 3/27/19

**Signature of Dept. Head:** *Nathaniel Johnson*

**Departments Affected:**

**COUNSEL:** \_\_\_\_\_

BOC only:  
Consent Agenda \_\_\_\_\_  
Regular Agenda \_\_\_\_\_

**AGENDA ITEM COVERSHEET**

**Agenda Item Title:** Contract for EMDR Training

**Department:** Counsel & CH&W

**Requested Agenda Date:** 4/2/19

**Contact Person:** Colton Totland & David Geels

**Phone/Ext.:** 7690

**Background and description of need or problem:** Previously presented to the Board by David Geels, Behavioral Health Director, was a description of EMDR Training being considered for certain CH&W employees and contracted providers. It was approved, the contract was drafted and has been signed by the owner of Personal Transformation Institute.

**Funding Source:** CH&W

**Requested Action:** Approve and sign the attached contract with Personal Transformation Institute.

Date:

Signature of Dept. Head: Colton Totland

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

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: CT

TREASURER: MB

**BOC forwards signed document to Counsel's office.**

3A

**CONTRACT / GRANT SUMMARY FORM**

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

Contract/Agreement/Grant No.:

Name/Agency Name and Address: Personal Transformation Institute, 1205 Meadowbrook, Ann Arbor, MI 48103

Contact Person: Deborah S. Kennard, Owner Phone No. 734-925-3622

Amount of Contract/Grant Award: \$ depends on # of staff registered; if discount applied; fee \$999 each or \$1,099

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

Start Date: once contract signed & upon coordination with trainers End Date: 6 days of training; complete w/in 1 year from date

County Department and Employee Responsible for Performance: CH&W, Behavioral Health, David Geels, Director

Description: EMDR training held at CH&W facility for certain employees and contracted providers

**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 County Rule 10.230                                       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 \_\_\_\_\_
- 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: CT

OC only  
Consent Agenda \_\_\_\_\_  
Regular Agenda \_\_\_\_\_

**AGENDA ITEM COVERSHEET**

**Agenda Item Title:** Request Board approve merit step increase.

**Department:** County Counsel                      **Requested Agenda Date:** 4/2/2019

**Contact Person:** Nathaniel Johnson                      **Phone/Ext.:** 541-396-7690

**Background and description of need or problem:** Request Board approval to increase Caroline Barr, HR Officer, from Step 1 to Step 3 of her current payscale effective March 1, 2019. I completed an annual evaluation of her work performance and believe that an increase to step 3 on her current payscale is appropriate. See attached Resolution 19-03-043 P.

**Funding Source:** 001-5000-415.10-01

**Requested Action:** Board to approve merit step increase to step 3 for Caroline Barr.

**Date:** 3/21/2019

**Signature of Dept. Head:** *Nathaniel Johnson*

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**Departments Affected:** \_\_\_\_\_

**COUNSEL:** *NTJ*

**TREASURER:** *MS*

**HUMAN RESOURCES:** *NTJ*

*3B*

1 BOARD OF COMMISSIONERS

2 COUNTY OF COOS/STATE OF OREGON

3 In the Matter of Granting Salary Merit ) R E S O L U T I O N  
4 Step Increase for Caroline Barr ) 19-03-045 P  
5 Retroactive to March 1, 2019. )

6 THIS MATTER HAVING COME BEFORE the Board of Commissioners at a regular  
7 Meeting held April 2, 2019; and

8 WHEREAS the employee in the following list, with a salary in effect is  
9 eligible for a merit step increase retroactive to March 1, 2019; and

10 WHEREAS the Board of Commissioners having decided this date that a two  
11 step merit increase is appropriate;

<u>EMPLOYEE</u>	<u>CLASSIFICATION</u>	<u>GRADE</u>	<u>RGE.</u>	<u>STEP</u>	<u>AMOUNT</u>
<u>COUNTY COUNSEL - 001-5000-415.10-01</u>					
Barr, Caroline	HR Officer	817	--	1	\$4,959

14 WHEREAS, the above stated employee has received a proper performance  
15 Evaluation recommending a merit step increase;

16 THEREFORE BE IT RESOLVED that the merit step increase be granted and the  
17 salary be adjusted for the following employee, retroactive to March 1, 2019 as  
18 follows:

<u>EMPLOYEE</u>	<u>CLASSIFICATION</u>	<u>GRADE</u>	<u>RGE.</u>	<u>STEP</u>	<u>AMOUNT</u>
<u>COUNTY COUNSEL - 001-5000-415.10-01</u>					
Barr, Caroline	HR Officer	817	--	3	\$5,187

23 DATED THIS \_\_\_\_ day of \_\_\_\_\_, 2019.

24 BOARD OF COMMISSIONERS

25  
26  
27 \_\_\_\_\_  
Commissioner                      Commissioner                      Commissioner

BOC only  
Consent Agenda  
Regular Agenda

**AGENDA ITEM COVERSHEET**

**Agenda Item Title:** Update to STIF Application

**Department:** CCAT

**Requested Agenda Date:** 2 Apr 2019

**Contact Person:** Sergio Gamino

**Phone/Ext.:** 5712324674

**Background and description of need or problem:** Our STIF application has undergone some changes/updates due largely in part to guidance received from ODOT. As a result of these changes, ODOT has asked for us to bring it back to you for approval/endorsement. Aside from the mandated changes from ODOT, changes to the plan were also made in so far as dollars allocated within each project (i.e. a more robust transit management system was found, a contingency fund was established, additional money was allocated to purchase new vehicles). All money stayed within the general scope of the initial application save for a new allocation of reserve funds in years 2 and 3.

**Funding Source:** N/A

**Requested Action:** Approve and adopt updated STIF application and authorize chair to sign and upload sigload signature page.

**Date:** 3/25/2019

**Signature of Dept. Head:** → Emailed by: Sergio Gamino

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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County Counsel NT

Treasurer MS

Human Resources MP

*36*

**FY 2019-2021 Statewide Transportation Improvement Fund  
Formula Fund STIF Plan Certification of Agreement**

This STIF Plan submitted by \_\_\_\_\_, a Qualified Entity, serves as a legally binding agreement between the Qualified Entity and the State of Oregon, acting by and through its Department of Transportation.

By signing below, I certify that I am authorized to execute this STIF Plan on behalf of \_\_\_\_\_, a Qualified Entity as defined in ORS 184.752 (2), under the direction or approval of the Qualified Entity's Governing Body, and to legally bind the Qualified Entity.

I further acknowledge and represent on behalf of the Qualified Entity each of the following:

- The Qualified Entity, through its agents, officers or employees responsible to administer the STIF Plan and oversee completion of the projects included in the STIF Plan, has read and understands ORS 184.751 through ORS 184.766 and OAR chapter 732, divisions 40 and 42;
- The Qualified Entity agrees to be bound by ORS 184.751 through ORS 184.766 and OAR chapter 732, divisions 40 and 42 and any other laws applicable to STIF Formula Fund program administration and to the completion of the projects described in this STIF Plan;
- The associated STIF Plan is complete and includes all of the required documentation and information;
- The STIF Plan does not contain and is not based on any false or fraudulent information;
- The STIF Plan does not contain any statement or representation that is untrue in whole or part;
- The STIF Plan does not omit information that could have a material effect on the value, validity or authenticity of the STIF Formula Fund distributions made to the Qualified Entity;
- The Qualified Entity agrees to deliver the project(s) described in this STIF Plan within the identified timelines; and
- The Qualified Entity understands that it may request STIF Formula Fund distributions from the Oregon Department of Transportation after the Oregon Transportation Commission has approved the STIF Plan, but may not make a request prior to July 1, 2018.

Name of authorized representative: \_\_\_\_\_

Authorized representative signature: \_\_\_\_\_

Date of authorized representative's certification, acknowledgement and representation: \_\_\_\_\_

Name of authorized representative: \_\_\_\_\_

Authorized representative signature: \_\_\_\_\_

Date of authorized representative's certification, acknowledgement and representation: \_\_\_\_\_



BOC only:  
Consent Agenda \_\_\_\_\_  
Regular Agenda \_\_\_\_\_

**CCAT | AGENDA ITEM COVERSHEET**

**Agenda Item Title:** Authorization to purchase replacement bus for our Veteran service line through our insurance coverage.

**Department:** CCAT

**Requested Agenda Date:** 2 Apr 2019

**Contact Person:** Sergio Gamino

**Phone/Ext.:** 541-267-7111

**Background and description of need or problem:** Our Veteran shuttle was recently involved in an accident which resulted in it being totaled according to our insurance adjuster. We need to replace this vehicle as soon as possible in order to reconstitute our fleet. We will continue to operate this service using one of our other fleet vehicles. We intent to replace this vehicle with the exact same make but current year model and using the existing ODOT State Price Contract dated Aug 2018. We anticipate this purchase to be approximately \$58,802.

**Funding Source:** ODVA grant funds

**Requested Action:** Approve and authorize replacement purchase of new bus for ODVA shuttle service.

**Date:** 3/25/2019

**Signature of Dept. Head:** Emailed by: Sergio Gamino

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County Counsel NJ

Treasurer \_\_\_\_\_

Human Resources n/a

CAA