

A G E N D A
COOS COUNTY BOARD OF COMMISSIONERS
Owen Building Large Conference Room
August 5, 2014
8:30 A.M.

1. **EXECUTIVE SESSION under the authority of ORS 192.660**
 - A. (2)(i) Employment Related Performance Reviews

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. Update from Siuslaw National Forest on Designated Trail Project- BOC
 - B. Request Consideration for Economic Development Application from OIMB- BOC
 - C. Request Approval of Commercial Lease for Office Space & Authorize Chair to Sign- Health & Human Services (HHS)
 - D. Request Approval of Aerial Spraying Contract- Forestry
 - E. Request Approval of Wulfy Beach Cooperative Agreement & Authorize Department Head to Sign- Parks
 - F. Request Approval of Dispatch Agreement with Sumner Rural Fire Department- Sheriff
 - G. Request Approval of MOU with Coquille Indian Tribe for Adding Portions of County Roads to Tribal Inventory System- Road
4. **CONSENT CALENDAR- administrative matters not up for discussion**
 - A. **Ratification of All Routine Expenditures, Tax Overpayments and Adjustments and Transfer of Funds Within the Budget**
Transfer of Appropriations Within a Department- Sheriff/Dunes- extra help
 - B. **Items Previously Approved (authorize Chair to sign where necessary)**
2014 Homeland Security Grant Application- Sheriff/Emergency Management
Temporary Liquor License Application- Wild Women of Charleston
 - C. **Software Licenses/Maintenance Agreements (authorize Chair to sign where necessary)**
Helion Maintenance Agreement- Planning- \$515
5. **LATE AGENDA ITEMS**
6. **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

Department: BOC/HR

Requested Agenda Date: 8/5/14

Contact Person:

Phone/Ext.:

Background and description of need or problem:

- ORS 192.660 (2)(i) Employment Related Performance Review

Funding Source:

Requested Action:

Date:

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?

County Counsel _____

Treasurer _____

IA

BOC only:
Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Update from Siuslaw National Forest

Department: BOC

Requested Agenda Date: 8/5/14

Contact Person: Melissa Cribbins

Phone/Ext.: 7539

Background and description of need or problem: Carl Bower will be here to give an update on the designated trail project

Funding Source: n/a

Requested Action:

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

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County Counsel _____

Treasurer _____

3A

BOC only
Consent Agenda
Regular Agenda

AGENDA ITEM COVERSHEET

Agenda Item Title: Economic Development Grant Application from OIMB

Department: BOC

Requested Agenda Date: 8/5/14

Contact Person: Melissa Cribbins

Phone/Ext.: 7539

Background and description of need or problem: Craig Young has submitted a grant application for the Oregon Institute of Marine Biology to cover unforeseen expenses associated with completing the Charleston Marine Life Center.

Funding Source: Economic Development

Requested Action: Consider approving the application; direct County Counsel to draft a letter of understanding for grant if approved

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

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County Counsel _____

Treasurer _____

*See Original Packet
for Complete Application*

3B

BOC only:
Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Commercial Lease for office space

Department: Health & Human Services

Requested Agenda Date: 8/5/14
07/29/2014

Contact Person: Ginger Swan

Phone/Ext.: 541-751-2547

Background and description of need or problem: The Health and Human Services department would like to rent addition office space for employees. We found suitable office space that is very close to the North Bend Annex. The owner is willing to provide us with a 2 year lease through Prestige Property Management.

No County General Funds will be used for this contract.

Funding Source: 021-1300-441.22-15

Requested Action: Approve commercial lease and authorize Chair to sign

Date: 07/18/2014

Signature of Dept. Head: *Ginger Swan*

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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: *1/9*

Treasurer: *NC, S*

Human Resources: *N/A*

BOC forwards signed Contract/Grant to: Return both the HHS, MH-Carrie McKim

3C

CONTRACT / GRANT SUMMARY FORM

Clerk's File C&A No.: _____ (complete after filed with Clerk) Internal Contract/Agreement or Grant No.: 1300-OHP13-43

Name/Agency Name and Address: Prestige Property Management, PO Box 1511, North Bend, OR 97459

Contact Person: JuLene Gerami Phone No. 541-751-9415

Amount of Contract/Grant Award: \$ 37,600

Payment Terms: 3,100 1st month then 1,500 monthly (state lump sum or amount and time of payments)

Start Date: 09/01/2014 End Date: 08/31/2016

County Department and Employee Responsible for Performance: Mental Health, David Geels, Director

Description: This contract provides additional office space

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 _____
- 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 \$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 279C.800? Yes No

Certificate of insurance required? Yes No

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

Date Approved by BOC: _____

Reviewed by Counsel: 

BOC only:
Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Award of Contract SP-1-14

Department: Forestry

Requested Agenda Date: 8/5/14

Contact Person: Lance Morgan

Phone/Ext.: 7751

Background and description of need or problem: Competitive quotes were received on 7/17/14 for aerial spraying of 236 acres of County Forest Land. Applebee Aviation submitted the low quote of \$86.02/Ac. (See attached results)

Funding Source: 103-9000-461.36-21 Reforestation

Requested Action: Award contract No. SP-1-14 to Applebee Aviation, Inc.

Date: 7-28-14

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: VCB

TREASURER: NCB

HUMAN RESOURCES: [Signature]

BOC forwards signed Contract/Grant to:

Commissioners Initials to Place on Agenda ONLY: [Signature]

3D

**RESULTS OF QUOTE OPENING HELD 7/17/14
CONTRACT NO. SP-1-14**

Contractor: Wilbur Ellis Co.

P.O. Box 750

Napavine, WA 98565

Price per Acre \$ No Bid

Contractor: Applebee Aviation, Inc.

P.O. Box 389

Banks, OR 97106

Price per Acre: \$ 86.02

Contractor: _____

Price per Acre: \$ _____

Contractor: _____

Price per Acre: \$ _____

BOC only: Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Approve Wulfy Beach Cooperative Agreement

Department: ~~BOC/Counsel~~ Parks **Requested Agenda Date:** 8/5/2014

Contact Person: Josh Soper ~~harry Redson~~ **Phone/Ext.:**

Background and description of need or problem: Coos County, Tenmile Lakes Basin Partnership, the City of Lakeside, and Ray Wulfenstein, have discussed working together to cooperatively develop and maintain the beach picnic, and swimming areas at Tenmile Lake County Parks. To do so, the Board must approve the attached Cooperative Agreement.

Funding Source: NA

Requested Action: Approve Wulfy Beach Cooperative Agreement *to authorize Dept. Head to sign*

Date: 7/29/2014 **Signature of Dept. Head:** _____

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Departments Affected:

COUNSEL: ✓ _____

~~BOC~~ *No Contract Summary form attached*

[Handwritten signature]

BOC only:
Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: DISPATCH SERVICES AGREEMENT

Department: Sheriff's Office - Dispatch

Requested Agenda Date: 8/5/14

Contact Person: Sgt. Pat Downing

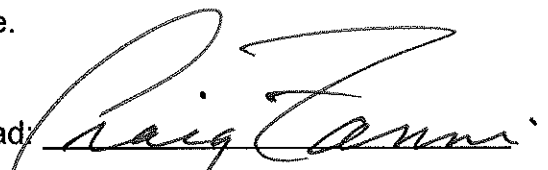
Phone/Ext.: 7811

Background and description of need or problem: Dispatch Services Agreement for FY 14-15: Sumner Rural Fire Department (\$190.94).

Funding Source: Revenue to Line Item # 342.01-02

Requested Action: Board review, approval and signature.

Date:

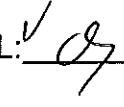
Signature of Dept. Head: 

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Departments Affected:

COUNSEL:  _____

TREASURER: _____

HUMAN RESOURCES: _____

BOC forwards signed Contract/Grant to: Jackie McDaniel, Sheriff's Office



CONTRACT / GRANT SUMMARY FORM

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

Name/Agency Name and Address: Sumner Rural Fire Department

Contact Person: Chief Roger Goude Phone No. (541) 267-3781

Amount of Contract/Grant Award: \$ 190.94

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

Start Date: July 1, 2014 End Date: June 30, 2015

County Department and Employee Responsible for Performance: Coos County Sheriff's Office; 250 N. Baxter Str., Coquille, OR 97423; Sgt. Pat Downing (541) 396-7811

Description: Dispatch Services Agreement

FINANCIAL INFORMATION

STATE %	OTHER %	FEDERAL % (CFDA # Required)	Catalog of Federal Domestic Asst. *(CFDA) Number
	100		

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- 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 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:** **Type of Contract:**
- Bid None New (complete sections below)
- Quote Other _____ 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 \$5000 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 \$5000 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: *JG*

BOC only: Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Coquille Indian Tribe would like to add portions of the Coos County roadway system to their Tribal Transportation Program Roadway Inventory.

Department: Road Dept.

Requested Agenda Date: 8/5/14

Contact Person: John Rowe

Phone/Ext.: 7665

Background and description of need or problem: The Coquille Indian Tribe would like to add portions of our County roads to the Tribe's TTP Road Inventory for additional funding consideration for future roadway improvements.

Funding Source: n/a

Requested Action: Approve & ~~Sign~~ ^{authorize chair to sign} Coquille Indian Tribe's Acknowledgement of Public Responsibility, Statement of Inability to Provide Funds and Verification of Federal Aid Category.

Date: 6-4-14 **Signature of Dept. Head:** John Rowe

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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: ✓ CG

TREASURER: OK, B

HUMAN RESOURCES: N/A

BOC forwards signed Contract/Grant to:
ROAD DEPT.

Commissioners Initials to Place on Agenda ONLY: _____

Handwritten initials

CONTRACT / GRANT SUMMARY FORM

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

Name/Agency Name and Address: Coquille Indian Tribe, 3050 Tremont Street, North Bend, OR 97459

Contact Person: Todd Tripp Phone No. 541-756-0904

Amount of Contract/Grant Award: \$ N/A

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

Start Date: upon signing End Date: none

County Department and Employee Responsible for Performance: Road Department, John Rowe

Description: Coquille Indian Tribe would like to add portions of county roads to the Tribe's Transportation Program Roadway Inventory.

FINANCIAL INFORMATION

STATE %	OTHER %	FEDERAL % (CFDA # Required)	Catalog of Federal Domestic Asst. *(CFDA) Number

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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: \$

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
- 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 \$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 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: OT