

**A G E N D A**  
**COOS COUNTY BOARD OF COMMISSIONERS**  
Owen Building Large Conference Room  
April 3, 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

**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 Reproductive Health Program Medical Services Agreement & Authorize Chair to Sign- Coos Health & Wellness (CHW)
- B. Request Approval of Contract Modification with Waterfall Clinic- CHW
- C. Request Approval to Update Cellebrite UFED System & Adopt Sole Source Findings- SCINT

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 Appropriation Within a Department-Sheriff/Criminal- Civil Deputy position

B. **Orders & Resolutions**

- Ratification of Order 18-03-022C, In the Matter of Reappointing Members to the Coos County Urban Renewal Budget Committee
- Ratification of Order 18-03-023C, In the Matter of Reappointing Members to the Coos County Urban Renewal Budget Committee

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

- Contract Amendment with Modern Floors- work on window coverings- CHW
- Timber Sale Contract BH-1-18 to Scott Timber Company- Forestry
- Timber Sale Contract BH-2-18 to Scott Timber Company- Forestry
- Timber Sale Contract BH-3-18 to Scott Timber Company- Forestry
- Timber Sale Contract BH-4-18 to Scott Timber Company- Forestry
- Timber Sale Contract BH-5-18 to Scott Timber Company- Forestry
- Timber Sale Contract BH-6-18 to Scott Timber Company- Forestry
- Timber Sale Contract BH-7-18 to Scott Timber Company- Forestry

D. **Maintenance Agreements/Licensing (authorize Chair to sign where necessary)**

- Software License with Dot Net Nuke- web page management- Information Technology

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 Requested

**Department:** Counsel                      **Requested Agenda Date:** 4/03/18

**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: 3/28/18

Signature of Dept. Head: Nathaniel Johnson

Departments Affected:

COUNSEL: NJ

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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: Reproductive Health Program, 800 NE Oregon St, Ste. 805, Portland, OR 97232  
 Contact Person: Alison Babich Phone No. 971-673-0227  
 Amount of Contract/Grant Award: \$ As billed  
 Payment Terms: As billed (state lump sum or amount and time of payments)  
 Start Date: April 1, 2018 End Date: Ongoing April 1, 2023 (5 yr. contract)  
 County Department and Employee Responsible for Performance: Coos Health & Wellness, Ginger Swan, Director  
 Description: Provides funding for reproductive health services in Public Health.

**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 \_\_\_\_\_                                       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: MS

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

### AGENDA ITEM COVERSHEET

**Agenda Item Title:** Waterfall Clinic contract modification

**Department:** Coos Health & Wellness

**Requested Agenda Date:** 04/03/2018

**Contact Person:** Ginger Swan

**Phone/Ext.:** 541-266-6788

**Background and description of need or problem:** The attached contract amendment extends the existing agreement to 08/31/2018.

No County General Funds will be used for this contract.

**Funding Source:** 021-1302-444.36-01

**Requested Action:** Approve contract modification with Waterfall Clinic

**Date:** 03/22/2018

**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: NS

Treasurer: NS

Human Resources: n/a

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

3B



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

**AGENDA ITEM COVERSHEET**

**Agenda Item Title:** Spending approval and adoption of sole source purchase to update our Cellebrite UFED System

**Department:** SCINT

**Requested Agenda Date:** <sup>4/3/2018</sup> ~~3/27/2018~~

**Contact Person:** Kelly Allman

**Phone/Ext.:** (541) 808-0935

**Background and description of need or problem:** The South Coast Interagency Narcotics Team (SCINT) wishes to update, one, (1) Cellebrite UFED Touch Ultimate from Cellebrite USA Inc. ORS 279B.075 provides that the County may purchase a good or service without competition if it is available from only one source based on written findings. According to ORS 279B.075, the purchase of and installation is sole source procurement because:

- \*the efficient utilization of existing goods requires the acquisition of compatible goods or services; and
- \*the goods or services required for the exchange of software or data with other public or private agencies are available from only one source;
- \*the goods or services are for use in a pilot or an experimental project; or
- \* or other findings that support the conclusion that the goods or services are available from only one source.

The purchase meets the above statutory reason(s) for sole source procurement because \*.

SCINT currently has a device that downloads data from cell phone and similar devices. The device is called Cellebrite and is currently in use by SCINT and other Agencies in Coos County with great success.


This technology has been a benefit in the apprehension and prosecution of drug traffickers. Likewise, law enforcement officers throughout the county have also benefited in the apprehension and prosecution of cases such as: child sexual abuse, homicide, etc.

The current system will no longer be supported and SCINT would like to purchase the upgrade.

Cellebrite is owned and distributed by Cellebrite USA Inc. solely. Technical support is handled by Cellebrite USA as well.

**Funding Source:** 019-1607-421.22-27

**Requested Action:** Sole source spending authority for an upgrade to Cellebrite system for a total of \$3,080.00

**Date:** \_\_\_\_\_ **Signature of Dept. Head:** 

*30*

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

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County Counsel   NJ  

Treasurer Are you trading in the Touch 1? Is there a trade-in value? - MS

Human Resources   NA