

REVISED AGENDA
COOS COUNTY BOARD OF COMMISSIONERS
Owen Building Large Conference Room
September 5, 2017
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)(f) Records or Information Exempt from Public Inspection
 - D. (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. Update from Charleston Merchants Association- BOC/Mel Campbell
- B. Request Approval of Contract with Trillium Family Services- Coos Health & Wellness (CHW)
- C. Request Approval of Contract with Susan Chappellear- CHW
- D. Request Approval of Contract with Kelsi McMartin- CHW
- E. Request Approval of Marine Board Contract; Authorize Chair to Sign; Approve Resolution- Parks
- F. Request Approval of Dispatch Agreement with Greenacres RFPD- Sheriff
- G. Request Approval of IGA with Dept of Education- Juvenile
- H. Request Approval of BLM Grant Amendment for Noxious Weed Advisory Board- Planning
- I. Request Approval of Hearings Officer Contract Amendment #10- Planning
- J. Request Approval of Revised Job Description & Pay Grade Adjustment – Human Resources
- K. Request Award of Contract for Tow Company of Record- County Counsel

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

- A. **Approval of Minutes**
Budget Committee- April 6, 2017
Budget Committee- April 7, 2017
Budget Committee- April 11, 2017
- B. **Ratification of All Routine Expenditures, Tax Overpayments and Adjustments and Transfer of Funds Within the Budget**
Invoice from Ken Ware Chevrolet for engine work on Pick-Up- \$6,149.11-Sheriff
- C. **Orders & Resolutions**
Order 17-08-047C, In the Matter of Appointing Steven Peterson to the Carlson-Primrose Special Road District
Order 17-08-048C, In the Matter of Appointing Robert Mawson to the Coos-Curry Housing Authority Board
Resolution 17-08-113B, In the Matter of a Transfer of Expenditure Appropriations in the Amount of \$400 Within the Land Corner Preservation Fund
Resolution 17-08-114P, In the Matter of Granting a Salary Merit Step Increase for Allen Jones, Effective Retroactive to August 1, 2017

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.

Resolution 17-08-115P, In the Matter of Granting Salary Merit Step Increases for Various Coos County Employees Effective September 1, 2017
Resolution 17-08-116P, In the Matter of a Promotion for Jennifer Mahlum Effective September 1, 2017
Resolution 17-08-117P, In the Matter of a Reclassification for Andy Chester Effective Retroactive to July 1, 2017
Resolution 17-08-118P, In the Matter of a Reclassification for Bradley Rose Effective Retroactive to August 14, 2017
Resolution 17-08-119P, In the Matter of Classifying and Placement of Various Employees on the Regular Coos County Payroll Effective Their Hire date
Resolution 17-08-120P, In the Matter of a Longevity Increase for Diane Boyce Effective September 1, 2017
Resolution 17-08-121P, In the Matter of a Salary Adjustment and Longevity Increase for Bobbi Brooks Effective September 1, 2017

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

Contract with Agri-Tech for mowing services at Beaver Hill; not to exceed \$2,500- Solid Waste
IGA #152029 amendment #1 with State of Oregon for Peer to Peer Services- CHW
IGA #147785 amendment #14 with State of Oregon for residential treatment services- CHW
IGA #153154 with State of Oregon for Tort Liability coverage- CHW
Contracts with OHA for AmeriCorps Vista Program (2)- CHW
Waiver of Dump Fees for Coquille Rotary Clean-Up Event on September 9, 2017- BOC
Liquor License Application (new outlet) for Fishermen's Wharf

5. LATE AGENDA ITEMS

6. CCAT GOVERNING BODY

A. Request Approval of Agreement Between CCAT & Coos County

B. Request Approval of Agreement Between CCAT & SCBEC

C. Request Approval to Purchase New Wheelchair Lift

7. COMMISSIONERS REPORTS

A. Request Approval to Purchase Furniture- CHW

B. Request Approval of Resolution to Transfer Funds- CHW

C. Request Award of Contract for Environmental Monitoring/ Reporting/Consulting- Solid Waste

D. Request Approval of IGA with State of Oregon & Authorize Chair to Sign- Community Corrections

BOC only: _____
Consent Agenda _____
Regular Agenda _____

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

Agenda Item Title: Authorize expenditure of \$5,936.00 for a New Braun Century-2 Wheelchair Lift.

Department: CCAT Service District

Requested Agenda Date: 9/5/17

Contact Person: Rebecca Jennings

Phone/Ext.: 541-266-7029

Background and description of need or problem: Mobile 18 and Mobile 19, used to provide Dial-A-Ride services in the Coos Bay/North Bend area and Bandon, have failed. The current lifts were only manufactured for 2 years (2008-2009) and there were so many mechanical problems that the lifts were discontinued. We have had them repaired multiple times until recently when we were forced to place them out of service due to no longer being able to obtain replacement parts. We are asking at this time to replace the lift for Mobile 18.

Funding Source: ODOT - Agreement #32182, SEC. 5310

Requested Action: Authorize expenditure of \$5936.00 to R & J Mobility for Braun Century-2 wheelchair lift and labor for removal of old and installation of the new one.

Date: 8/31/17

Signature of Dept. Head: Rebecca Jennings

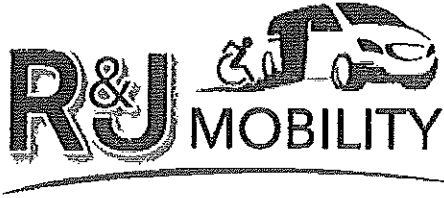
Departments Affected:

COUNSEL: *[Signature]*

TREASURER: _____

HUMAN RESOURCES: _____

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155 E Street - PO Box 128
 Independence, OR 97351
 PH: (503) 838-5520
 FX: (503) 838-4710

Federal TIN: 81-5245036
 Oregon Dealer # DA 0704

4938 Crater Lake Avenue
 Medford, OR 97504
 PH: (541) 245-4846
 FX: (541) 245-4847

www.RJ-MS.com • facebook.com/rjmobilityservice

Customer		Vehicle	Conversion	Estimate	
Coos County Area Transit 2810 Ocean Blvd SE Coos Bay, OR 97420					
		VIN	Lic. Plate #	Date	Estimate #
				8/22/2017	700
Lift Make / Model #	Lift SN #	Chair/Scooter Make / Model #	Chair/Scooter SN #		
Item	Description	Qty	Rate	Total	
Labor	#18 9DA81170 K5505-L 00249566 To remove obsolete non-operational lift and install new Braun Century- 2 Wheelchair lift.		990.00	990.00	
Lift	NCL9171B-2 Lift DPA 33X51 / 48 FTG IB	1	4,546.00	4,546.00	
Shipping			400.00	400.00	
Total				\$5,936.00	

THIS ESTIMATE IS VALID FOR 30 DAYS AND IS NOT A QUOTE. In the event of an order cancellation there will be a minimum 15% restocking fee (varies depending on individual manufacturer) plus any shipping charges that have accrued. I hereby authorize the above work to be done along with the necessary materials. I understand that this estimate is based on the evaluation of the requirements necessary to complete the job and does not include material price increases or additional labor and materials which may be required should unforeseen problems arise after the work has started. In addition, you and your employees may operate my vehicle for purposes of testing, inspection, or delivery at my risk. It is understood that R & J Mobility will not be held responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft or any other cause beyond our control.

Signature _____

BOC only:
Consent Agenda _____
Regular Agenda _____

LATE AGENDA ITEM COVERSHEET

Agenda Item Title: Approve furniture purchase through Office World

Department: Coos Health & Wellness

Requested Agenda Date: 09/05/2017

Contact Person: Ginger Swan

Phone/Ext.: 541-751-2547

Background and description of need or problem: Coos Health & Wellness needs to purchase furniture for the new building. We would like to purchase it from Office World through State Contract 9722/9729. The cost of the furniture is \$261,785.25 and we believe that this quote has all the requested furniture listed. However, due to the large number of items being ordered we would like to build in a \$5,000 cushion in case we need to add a specific piece of furniture or two. We are asking for permission to spend up to \$266,785.25. This cost includes furniture for all offices, interview rooms, therapy rooms, examination rooms, lobbies, break room and conference rooms.

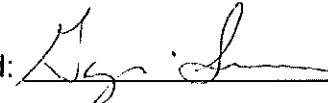
No County General Funds will be used for this contract.

Funding Source: 021-1300-441.22-27

Requested Action: Approve furniture purchase from Office World and authorize Chair to sign the quote.

Date: 08/30/2017

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: 1 original to CHW, Carrie McKim
1 original to Clerk's office for filing

7A

CONTRACT / GRANT SUMMARY FORM

Clerk's CJ No.: _____ (complete after filed with Clerk) Contract/Agreement/Grant No.: 9722/9727

Name/Agency Name and Address: Office World 115 Cleveland St, Eugene, OR

Contact Person: Gary Kennedy Phone No. 541-687-9704

Amount of Contract/Grant Award: \$ 266,785.25 maximum

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

Start Date: 09/05/2017 End Date: 12/31/2017

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

Description: This agreement is for furniture through State contract 9722-9729.

FINANCIAL INFORMATION

Table with 4 columns: 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.

- Checkboxes for New, Renewal, Modification, Automatic Renewal, Will unemployment cost be incurred, Staff Requirements (New, Existing, Subcontract)

PUBLIC CONTRACTING INFORMATION

Method of Selection:

- Checkboxes for Bid, Quote, Proposal, None, Other State Purchase Contract

Type of Contract:

- Checkboxes for New, Renewal, Modification (complete sections below)

Type of Contract:

Goods and Services - If Not Using Bid or Proposal, Mark Exemption:

- Checkboxes for 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:

- Checkboxes for 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:

- Checkboxes for 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 _____

LATE AGENDA ITEM COVERSHEET

Agenda Item Title: Transfer of funds
Department: Coos Health & Wellness
Contact Person: Ginger Swan

Requested Agenda Date: 09/05/2017
Phone/Ext.: 541-751-2547

Background and description of need or problem: A transfer of funds in the amount of \$260,000 is needed to ensure adequate funds are in the line item.

From: 021-9900-699.99-96 Operating contingency
To: 021-1300-441.22-27 <\$5,000 Equipment

No County General Funds will be used for this contract.

Funding Source: See above

Requested Action: Approve transfer of funds

Date: 08/30/2017 **Signature of Dept. Head:** Ginger Swan

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- 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: [Signature]
Treasurer: for the purchase of office furniture - supposed to be purchased last year - MJ
Human Resources: [Signature]

BOC forwards signed Contract/Grant to: n/a

7B

1 BOARD OF COMMISSIONERS
2 COUNTY OF COOS
3 STATE OF OREGON

4 In the Matter of a Transfer of Expenditure)
5 Appropriations in the Amount of \$260,000) RESOLUTION
6 Within the Health & Wellness Fund) 17-08-123B

7 NOW BEFORE THE BOARD OF COMMISSIONERS sitting for the transaction of
8 County business at a meeting on September 5, 2017, is the matter of a transfer of
9 appropriations in the amount of \$260,000,

10 WHEREAS, the reason, need and purpose of the request for transfer of expenditure
11 appropriations is for the purchase of office furniture;

12 WHEREAS, a transfer of expenditure appropriations would be allowable according to
13 O.R.S. 294.463 as expenditures were not anticipated during the preparation of the current
14 fiscal year's budget;

15 NOW, THEREFORE, BE IT RESOLVED that the transfer of appropriations be approved
16 and be transferred between the departments and amount as shown below:

17 021 HEALTH & WELLNESS FUND

18 From:

19 9900 – Miscellaneous Department
20 699.99-96 Operating Contingency \$ 260,000

21 To:

22 1300 – Local Administration Division
23 Materials & Services
24 441.22-27 <\$5,000 Equipment \$ 260,000

25 Dated this _____ day of September 2017.

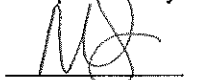
26 BOARD OF COMMISSIONERS

27 _____
28 Commissioner

Commissioner

Commissioner

29 Prepared by:

30 

31 Budget Office

BOC only
Consent Agenda
Regular Agenda

LATE AGENDA ITEM COVERSHEET

Agenda Item Title: Solid Waste Department: Environmental Monitoring, Reporting and Consulting Services for Joe Ney and Beaver Hill Sites

Department: Solid Waste

Requested Agenda Date: 9/5/2017

Contact Person: Cheryl Westgaard

Phone/Ext.: 7623

Background and description of need or problem: The County received one response to the Request for Proposals to select a consulting firm to perform environmental monitoring, reporting and consulting services at both Joe Ney and Beaver Hill disposal sites. Request the Board to award the contract to BB&A Environmental.

Funding Source: 302-1700-432.36-01 contracted services & 302-1703-432.36-01 closure contracted services

Requested Action: Approve award of contract to BB&A Environmental.

Date: 8/25/2017

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.

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: [Signature]

TREASURER: [Signature]

HUMAN RESOURCES: [Signature]

BOC forwards signed document to Counsel's office.

[Handwritten mark]

BOC only:
Consent Agenda _____
Regular Agenda _____

LATE AGENDA ITEM COVERSHEET

Agenda Item Title: Approval of IGA #5423 Agreement between the State of Oregon/DOC and Coos County.

Department: Community Corrections **Requested Agenda Date:** 09/05/2017

Contact Person: Mike Crim, Director or Kelly Church **Phone/Ext.** 541-396-7703

Background and description of need or problem: The Measure 57 program focuses on Property Drug Crimes and Possession Controlled Substances crimes. Community Corrections provides (1) Parole & Probation Officer, Drug & Alcohol Treatment, Housing to target clients with these crimes. Community Corrections will receive \$211,954 for 2017-2019.

Funding Source: State of Oregon/Dept. Of Corrections

Requested Action: Approval of the 17-19 IGA #5423 between the State of Oregon/DOC and Community Corrections for Measure 57 clients. *Authorize chair to sign.*

Date: *8/29/17* **Signature of Dept. Head:** *Kelly Church*

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? *(2)*
 - 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 *[Signature]*

Treasurer *[Signature]*

Human Resources *[Signature]*

CONTRACT / GRANT SUMMARY FORM

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

Contract/Agreement/Grant No.: IGA# 5423

Name/Agency Name and Address: State of Oregon/DOC, 2575 Center St. NE, Salem, OR 97301

Contact Person: Jeremiah Stromberg, Asst. Dir. Phone No. 503-945-8876

Amount of Contract/Grant Award: \$ 211,954

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

Start Date: 07/01/2017 End Date: 06/30/2019

County Department and Employee Responsible for Performance: Mike Crim, Director & Kelly Church, Business Operations Manger.

Description: IGA Agreement #5423 between Dept of Corrections/State of Oregon and Coos County for Measure 57 clients. Measure 57 focuses on Property Drug Crimes and Possession of Controleed Substances.

FINANCIAL INFORMATION

Table with 4 columns: STATE %, OTHER %, FEDERAL % (CFDA # Required), Catalog of Federal Domestic Asst. *(CFDA) Number. Row 1: 100, , ,

*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.

- Renewal/Modification checkboxes, Previous/Original Amount and Date fields, Automatic Renewal? Staff Requirements: New/Existing/Subcontract

PUBLIC CONTRACTING INFORMATION

- Method of Selection: Bid, Quote, Proposal, None, Other. Type of Contract: New, Renewal, Modification

- Type of Contract: Goods and Services, Public Improvement, Personal Services Contract with various exemption checkboxes

Will project be reported to Bureau of Labor for Prevailing Wages under ORS 279C.800? Certificate of insurance required? Form of contract: Oral/Written

Date Approved by BOC: _____ Reviewed by Counsel: [Signature]