

A G E N D A
COOS COUNTY BOARD OF COMMISSIONERS
Owen Building Large Conference Room
November 3, 2015
8:30 A.M.

1. **EXECUTIVE SESSION under the authority of ORS 192.660**
 - A. (2)(d) Deliberations with Labor Negotiators
 - B. (2)(h) Consultation with Counsel
 - C. (2)(e) Real Property Transactions

2. **PLEDGE OF ALLEGIANCE**
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 Amendment with Waterfall Clinic- Coos Health & Wellness (CHW)
 - B. Request Approval of Contract Modification with Gisela Moreland- CHW
 - C. Request Approval of Contract with KCBY & Authorize Chair to Sign- CHW
 - D. Request Approval of Cooperative Access Agreement #30660- Road
 - E. Request Approval to Call Up Application & Appointment of Hearings Officer- Planning
 - F. Request Approval of 2015/17 Collective Bargaining Agreement with Teamsters #223- County Counsel
 - G. Request Approval of Vehicle Maintenance Agreement- CCAT

4. **CONSENT CALENDAR- administrative matters not up for discussion**
 - A. **Approval of Minutes**
 - Executive Session (2)(f)(e)- August 3, 2015
 - Worksession- HR Director & CCAT- September 10, 2015
 - Joint Workgroup Meeting- September 22, 2015
 - Regular Meeting Minutes- October 6, 2015
 - Hearing- Exemption from Competitive Bidding- October 6, 2015
 - Worksession- Budget Committee Interviews- October 6, 2015
 - Executive Session (2)(i)- October 14, 2015
 - Worksession- Emergency Elevator Repairs in North Bend- October 14, 2015
 - Worksession- Redemption of Foreclosed Property- October 15, 2015
 - Worksession- Early Jail Release- October 15, 2015
 - Regular Meeting Minutes- October 20, 2015
 - Worksession- Emergency Elevator Repairs- October 20, 2015
 - B. **Orders & Resolutions**
 - Order Initiating Vacation 15-10-050PL, In the Matter of Initiating a Vacation of a Portion of Noble Creek Lane Within Tax Lots 300,400 & 201 Located in Coos County, Oregon
 - Order 15-10-051C, In the Matter of Appointing Sven Backman to the Coos County Budget Committee
 - Order 15-10-052C, In the Matter of Appointing Jessica Engelke to the CCD Business Development Corporation Board of Directors
 - Resolution 15-10-139B, In the Matter of Advancing Taxes and Assessments to Certain Districts
 - Resolution 15-10-140B, In the Matter of a Transfer of Expenditure Appropriations in the Amount of \$5,733 Within the County Parks Fund
 - C. **Items Previously Approved (authorize Chair to sign where necessary)**
 - Criminal Justice Reinvestment Grant Program Agreement- Community Corrections
 - Ratification of Public Works Director's Signature on Gutter Installation Contract with Stemmerman Construction- Solid Waste

5. **CCAT GOVERNING BODY**
 - A. Request Approval of Vehicle Maintenance Agreement

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:** 11/03/15

Contact Person: Keith Leitz **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)(h) – consulting with regard to current litigation and litigation likely to be filed

• (2)(e) Real Property Transactions

Funding Source: n/a

Requested Action: Go into Executive Session during Board meeting as stated above.

Date: 10/28/15

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: n/a

HUMAN RESOURCES: n/a

BOC forwards signed Contract/Grant to: n/a

①

BOC only:
Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Contract Amendment w/ Waterfall Clinic for School Based Health Centers
Department: Coos Health & Wellness
Contact Person: Ginger Swan
Requested Agenda Date: 11/3/2015
Phone/Ext.: 541-751-2547

Background and description of need or problem: This Public Health contract provides funding for School Based Health Centers at Marshfield High School and Powers High School.

Funding Source: State Funding

Requested Action: Approve contract with Waterfall Clinic

Date: 10/22/2015

Signature of Dept. Head: *Ginger Swan*

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? (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?

Departments Affected:

Counsel: *INC*

Treasurer: *NC MS*

Human Resources: *NA*

BOC forwards signed Contract to: 1 original to Coos Health & Wellness, Carrie McKim
1 original to Clerk's office for filing

3A

BOC only: Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Behavioral Health Service contract modification with Gisela Moreland

Department: Coos Health & Wellness

Requested Agenda Date: 11/03/2015

Contact Person: Ginger Swan

Phone/Ext.: 541-751-2547

Background and description of need or problem: The attached contract modification provides funding of individual and group behavioral health treatment services for adults and children for OHP enrollees or other clients as referred by Coos Health & Wellness. Contractors are screened and selected in accordance with WOA criteria for credentialing providers.

No County General Funds will be used for this contract.

Funding Source: 021-1302-444.36-01

Requested Action: Approve Behavioral Health service contract modification with Gisela Moreland.

Date: 10/22/2015

Signature of Dept. Head: *Ginger Swan*

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? (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?

Departments Affected:

✓ Counsel: WA

Treasurer: NC-MB

Human Resources: N/A

BOC forwards signed Contract to: 1 original to Coos Health & Wellness, Carrie McKim
1 original to Clerk's office for filing

3B

CONTRACT / GRANT SUMMARY FORM

Clerk's CJ No.: _____ (complete after filed with Clerk) Contract/Agreement/Grant No.: 1302-OHP15-23

Name/Agency Name and Address: Gisela Moreland, 320 Central Ave, Ste 506, Coos Bay, OR 97420

Contact Person: Gisela Moreland Phone No. 541-999-0789

Amount of Contract/Grant Award: \$ Medicaid rates

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

Start Date: 10/01/2015 End Date: 09/30/2017

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

Description: This contract provides funding for behavioral health services for clients referred by Coos Health & Wellness.

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: \$ Medicaid rates
 Previous Date: _____ Original Date: 10/01/2012
 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 \$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: KW

BOC only:
Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Contract with KCBY

Department: Health & Human Services

Requested Agenda Date: 11/03/2015

Contact Person: Ginger Swan

Phone/Ext.: 541-751-2547

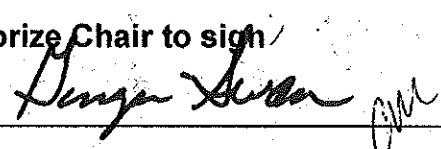
Background and description of need or problem: This contract is with KCBY through Sinclair Broadcasting Inc. The department needs to make commercials that explain who we are and what programs we offer. The commercials will also promote a contest for middle and high school students. The cost of the contract is \$22,400.

Funding Source: 021-1300-441.36-01

Requested Action: Approve contract with KCBY and authorize Chair to sign

Date: 10/22/2015

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: NA

Treasurer: NC - MB

Human Resources: NA

BOC forwards signed Contract to: Return to Health & Human Services, Carrie McKim



CONTRACT / GRANT SUMMARY FORM

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

Contract/Agreement/Grant No.: 0583

Name/Agency Name and Address: Sinclair Broadcasting, PO Box 1156, Coos Bay, OR 97420

Contact Person: Chris Beebe Phone No. 541-269-1111

Amount of Contract/Grant Award: \$ 22,400

Payment Terms: \$1600 monthly (state lump sum or amount and time of payments)

Start Date: 11/03/2015 End Date: 12/31/2016

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

Description: This contract is for production and airing of commercials about Coos Health & Wellness services.

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 Sole Source
- Proposal

Findings:
ORS 219B.075(2)(d)
Services are available from only one source. KCBY is the only TV station in Coos County.

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
- 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: ICW

CONTRACT / GRANT SUMMARY FORM

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

Contract/Agreement/Grant No.: 30660

Name/Agency Name and Address: STATE OF OREGON - DEPARTMENT OF TRANSPORTATION - ODOT, 3500 NW STEWART PARKWAY, ROSEBURG, OR 97470

Contact Person: Darrin Neavoll Phone No. 541-957-3683

Amount of Contract/Grant Award: \$ 0

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

Start Date: Upon signing End Date: 11/2025

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

Description: COOPERATIVE ACCESS AGREEMENT - SIGNING & STRIPING INSTALLATION & MAINTENANCE - ODOT

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 CFDA number, each segment must have it's own summary form.

- Renewal checked, Modification unchecked. Previous Amount: \$, Original Amount: \$, Previous Date: 07/19/2005, Original Date:
Automatic Renewal? Yes unchecked, No checked. Staff Requirements: New, Existing, Subcontract all unchecked.
Will unemployment cost be incurred? Yes unchecked, No checked.

PUBLIC CONTRACTING INFORMATION

Method of Selection:

- Bid, Quote, Proposal, None, Other

Type of Contract:

- New, Renewal checked, Modification

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 checked (attach the written contract)

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

BOC only:
Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Appoint Hearings Officer

Department: Planning

Requested Agenda Date: November 3, 2015

Contact Person: Jill Rolfe, Planning Director **Phone/Ext.:** 541 396-7770

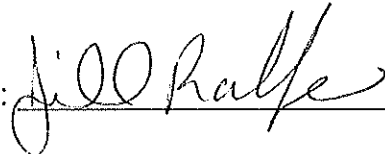
Background and description of need or problem: An Application has been filed by Jordan Cover Energy Project L.P. The Board needs to call up the matter and appoint a hearings officer. Need was discussed at the October 27, 2015 Department Head meeting. Requesting direct review before a Hearings Officer and final decision by the Board of County Commissioners pursuant to CCZLDO Section 5.0.600(4).

Funding Source: Planning Department

Requested Action: Appoint a hearings officer to conduct hearings and make recommendation to BOC.

Date: October 27, 2015

Signature of Dept. Head: _____



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?
- 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 _____

Human Resources _____



BOC only:
Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Approval of 2015/2017 Collective Bargaining Agreement with Teamsters Local 223.

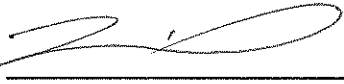
Department: Counsel **Requested Agenda Date:** 11/3/2015

Contact Person: Keith Leitz **Phone/Ext.:** 7690

Background and description of need or problem: The current Collective Bargaining Agreement with Teamsters Local 223 (Roads) expired on June 30, 2014. We are requesting that the Board approve the Collective Bargaining Agreement with Roads for July 1, 2015 through June 30, 2017.

Funding Source: N/A

Requested Action: Approve the Collective Bargaining Agreement with Teamsters Local 223.

Date: 10/26/2015 **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: *As of 28 OCT 15, the County is waiting for the signed CBA from the Union; if we do not receive it by 3 NOV 15, counsel will ask to pull from agenda.*

TREASURER: _____

HUMAN RESOURCES:  _____

BOC forwards signed document to Counsel's office.

3F

BOC only:
Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

SERVICE DISTRICT: COOS COUNTY AREA TRANSIT SERVICE DISTRICT

Agenda Item Title: Approve extension of Maintenance Agreement between Coos County Area Transit and Coos County to perform vehicle maintenance

Department: C-CAT

Requested Agenda Date: 11-3-2015

Contact Person: Russell Pedersen

Phone/Ext.: 541-266-7029

Background and description of need or problem: C-CAT has utilized the County Shop for vehicle maintenance for many years. We have a great working relationship with the Shop and would enjoy continuing to work with them to provide our vehicle maintenance.

Funding Source: n/a

Requested Action: Have Board approve and sign maintenance agreement extension.

Date: 10-26-2015

Signature of Dept. Head: *Russell Pedersen*

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: *MS*

TREASURER: *NC - MS*

HUMAN RESOURCES: *n/a*

BOC forwards signed Contract/Grants to: Return to Russell Pedersen for forwarding.

39/5A

CONTRACT / GRANT SUMMARY FORM

Clerk's CJ No.: CA#52 (complete after filed with Clerk)

Contract/Agreement/Grant No.:

Name/Agency Name and Address: Coos County Area Transit Service District - CCAT, 2810 Ocean Blvd, Coos Bay

Contact Person: Russell Pederson Phone No. 541-266-7029

Amount of Contract/Grant Award: \$ Rates as set out in Exhibit A of original contract

Payment Terms: Within 30 days of invoice (state lump sum or amount and time of payments)

Start Date: 7/1/2014 End Date: 6/30/2016

County Department and Employee Responsible for Performance: John Rowe, Public Works Director

Description: Renewal of IGA - Vehicle Maintenance Agreement between CCAT and Road Department

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, Previous Amount, Original Amount, Original Date, Automatic Renewal, Staff Requirements, Will unemployment cost be incurred?

PUBLIC CONTRACTING INFORMATION

Method of Selection:

- Checkboxes for Bid, Quote, Proposal, None, Other

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: [Signature]