

REVISED AGENDA
COOS COUNTY BOARD OF COMMISSIONERS
Owen Building Large Conference Room
July 7, 2015
8:30 A.M.

1. **EXECUTIVE SESSION under the authority of ORS 192.660**
 - A. (2)(d) Deliberations with Labor Negotiators
 - B. (2)(e) Real Property Transactions
 - C. (2)(f) Records or Information Exempt by Law 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. **4H & EXTENSION SERVICE DISTRICT GOVERNING BODY**

- A. Request Approval of IGA with Oregon State University

4. **DEPARTMENT HEADS**

- A. Request Approval of ODOT Agreement #30755 & Authorize Chair to Sign Racial & Ethnic Impact Statement- Treasurer
- B. Request Approval of IGA #148005 & Authorize Chair to Sign- Coos Health & Wellness (CHW)
- C. Request Approval of Contract Modification with PH Tech- CHW
- D. Request Approval of Contract Renewal with Bay Area First Step- CHW
- E. Request Approval of Contract Renewal with ADAPT- CHW
- F. Request Approval of ODOT Fund Exchange Agreement #30875 for 2015 Paving Projects- Road
- G. Request Approval of IGA with State of Oregon for Child Dependency Cases & Authorize Chair to Sign- District Attorney
- H. Request Approval to Advertise/Fill 2 DDA Positions & Develop Hiring List- District Attorney
- I. Request Approval of TOPS Agreement with Coquille Indian Tribe- Sheriff
- J. Request Acceptance of DOJ Funding for 2015 Marijuana Eradication Project- Sheriff
- K. Request Approval of Joint Resolution for Traffic & Parking Control for the Fair- Sheriff
- L. Request Approval to Purchase Radio Repeater- Jail
- M. Request Approval of Agreement for Elevator Repairs & Authorize Chair to Sign- Jail
- N. Request Approval to Advertise/Fill Parole & Probation Officer I Position- Community Corrections
- O. Request Approval of IGA #9881 Amendment #3 & Authorize Chair to Sign- Juvenile
- P. Request Approval of IGA #13197 & Authorize Chair to Sign- Juvenile
- Q. Request Approval of IGA #13196 & Authorize Chair to Sign- Juvenile

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.

- R. Request Approval of Letter of Support for DLCD Grant Request- Planning
- S. Request Approval of 2.2% COLA For Non-Represented Employees- Human Resources (HR)
- T. Request Approval of Revised Job Descriptions for Fair Office Manager & Maintenance Foreman (HR)
- U. Request Approval of Public Works Director Job Description & Salary Range- HR
- V. Request Approval of Revised Job Description for Chief Deputy Assessor & Reassignment of Salary Range- HR
- W. Request Approval of Smoking/Tobacco Policy & Resolution 15-06-083L- HR
- X. Request Approval of Engagement Letter for Consultation Services- County Counsel
- Y. Request Adoption of 2015/20 Strategic Plan- BOC
- Z. Discussion re: BLM Management Plan for O&C Lands- BOC

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

A. **Approval of Minutes**

Regular Meeting Minutes- June 2, 2015
Regular Meeting Minutes- June 16, 2015

B. **Orders & Resolutions**

Order 15-06-024B, In the Matter of the Designation of a Newspaper for the Publication of the Annual Foreclosure List

Order 15-06-025C, In the Matter of Reappointing Paula Bechtold, Jeff Whitey, Andy Combs, Thomas Shine, Earl Boots, Patty Sanden and Chris Von Lobedan to the Local Alcohol and Drug Planning Committee

Order 15-06-026C, In the Matter of Appointing Karen Cyrus to the Local Alcohol and Drug Planning Committee

Order 15-06-027C, In the Matter of Reappointing Members to the Coos County Animal Damage Control Advisory Committee

Order 15-06-028C, In the Matter of Appointing Members to the Coos County Animal Damage Control Advisory Committee

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

Contract Renewals with Comstor Information Management Inc.- Tax/Treasurer

Liquor License Renewals with the Following: 7-11 Bunker Hill, El Sol Mexican Restaurant, Hanson's Barview Market, Sea Basket Restaurant

Settlement Agreement & Full Release with Employee (exempt record)- County Counsel

Contract Amendment with Abel Insurance- County Counsel

Insurance Contribution to Picket Engineering- County Counsel/Solid Waste

6. **LATE AGENDA ITEMS**

A. Request Approval of MOU with Kids' HOPE Center & Authorize Kathy Cooley to Sign- CHW

B. Request Approval to Change Position from MHAI to MHSII- CHW

C. Request Approval to Purchase Server- CHW

D. Request Approval to Purchase CMI Software Update- Sheriff

E. Request Approval of Marine Board Contract & Authorize Chair to Sign- Sheriff

F. Request Approval of Resolution Amending County Rules, Public Contracting- County Counsel

7. **COMMISSIONERS REPORTS**

BOC only:
Consent Agenda _____
Regular Agenda _____

Late **AGENDA ITEM COVERSHEET**

Agenda Item Title: Memorandum of Understanding with Kids' HOPE Center

Department: Health & Human Services

Requested Agenda Date: 07/07/2015

Contact Person: Ginger Swan

Phone/Ext.: 541-751-2547

Background and description of need or problem: This Memorandum of Understanding is used for the investigation and treatment of child abuse victims. We are asking that the BOC delegate the authority to sign this MOU to Kathy Cooley, as participant from Coos County Public Health.

No County General Funds will be used for this contract.

Funding Source: N/A

Requested Action: Approve MOU and delegate Kathy Cooley to sign for County Public Health.

Date: 06/24/2015

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: *KAC*

Treasurer: *n/a*

Human Resources: *n/a*

BOC forwards signed Contract to: Return both to Coos Health & Wellness, Carrie McKim

6A

CONTRACT / GRANT SUMMARY FORM

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

Contract/Agreement/Grant No.:

Name/Agency Name and Address: Kids' Hope Center, 1775 Thompson Rd, Coos Bay, OR 97420

Contact Person: Joanne Shorb Phone No. 541-266-8806

Amount of Contract/Grant Award: \$ 0

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

Start Date: 07/01/2015 End Date: 12/31/2017

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

Description: This PH MOU is used for the investigation and treatment of child abuse.

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.

- Renewal (checked)
Previous Amount: \$ 0
Previous Date: 01/01/2014
Original Amount: \$
Original Date:
Automatic Renewal? No (checked)
Staff Requirements: Subcontract (checked)
Will unemployment cost be incurred? No (checked)

PUBLIC CONTRACTING INFORMATION

Method of Selection:

- Other Sole source (checked)
Quote (checked)
Proposal (checked)

Type of Contract:

- Renewal (checked)
Modification (checked)

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? No (checked)

Certificate of insurance required? No (checked)

Form of contract: Written (checked)

Date Approved by BOC: _____

Reviewed by Counsel: Kh

BOC only:
Consent Agenda _____
Regular Agenda _____

LATE AGENDA ITEM COVERSHEET

Agenda Item Title: Request to change position from MHAI to MHSII

Department: Coos Health & Wellness

Requested Agenda Date: 07/07/2015

Contact Person: Ginger Swan

Phone/Ext.: 541-751-2547

Background and description of need or problem: Due to a resignation we are requesting to reclassify a Mental Health Associate II (MHAI) position to a Mental Health Specialist II (MHSII). A MHSII, by licensing requirements, is allowed to provide a greater array of behavioral health services and documentation than a MHAI. By upgrading this position to a MHSII the position to be able to provide family and individual counseling services as well as case management services. The funds are available in the 2015-2016 budget and the position description has been approved by AFSCME. The current pay grade for the MHAI is 450, with the monthly salary at \$3,161-\$3,697 and the pay grade for the MHSII is 447 with the monthly salary at \$4,141-\$4,831.

No County General Funds will be used for this contract.

Funding Source: 021.1302.444.10-01

Requested Action: Approve position change from MHAI to MHSII

Date: 07/01/2015

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?
- 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: *na*

HUMAN RESOURCES: *na*

BOC forwards signed Contract/Grant to: N/A

WB

DESCRIPTION OF POSITION

Revision: 11/07/2014

1.	Classification Title: Mental Health Specialist II
2.	Working Title: Clinical Case Manager
3.	Department: Mental Health
4.	Pay Grade: 447 Position Is: Full Time <input checked="" type="checkbox"/> Part Time <input type="checkbox"/> Extra Help <input type="checkbox"/> Seasonal <input type="checkbox"/> Other _____ Excluded from Bargaining Unit? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Eligible for Overtime? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
5.	What is the purpose of this position? To provide mental health services to adults as assigned.
6.	Essential functions of position. (Reason position exists is to perform these functions.) List duties that must be performed to accomplish the purpose of the position. The specific functions of an MHSII position will be assigned based on which clinical program the position is working in. The functions of this position classification include, but are not limited to: <ol style="list-style-type: none"> 1. May be assigned to provide direct services including individual, group and family therapy as indicated by treatment plan. May be assigned to provide case management and other necessary services. 2. May be assigned to provide supervision and case management for individuals in the county under the Psychiatric Security Review Board (PSRB). 3. Provide support, counseling and education to consumers to assist them in achieving their recovery goals. Maintain strength-based approach. Assist consumers in accessing available benefits and services. 4. Implement approaches that utilize and enhance consumers' natural supports. 5. Utilize motivational interviewing and provide stage appropriate interventions. 6. Continuously evaluate health and safety issues and implement appropriate crises planning. Assist consumers in self-directing a crises plan. Provide crisis intervention and stabilization. 7. Coordinate service plans with involved family, caregivers, medical, psychiatric and other providers. Provide mental health consultation and patient consultation to other health care or social professionals. 8. Maintain all applicable professional, legal and ethical standards, including confidentiality, dual relations, and informed consent. 9. Provide clinical documentation, reports, and records to meet State, Federal, Regional and departmental standards and requirements. Includes, but not limited to: <ol style="list-style-type: none"> a. Clinical formulations that clearly direct treatment considerations and focus. b. Clear documentation for psychosocial and diagnostic assessments. c. Recovery oriented treatment plans with objective, measurable objectives. d. Clear, organized, timely progress notes. 10. Represent the comprehensive mental health program to the community and promote the interest and education of the community in mental health. 11. Learn/utilize computer medical record system including use of newer office technologies. 12. Maintain productivity standards set by departmental policy. 13. May be assigned to carry a specialized workload of more complicated situations, or assigned to work in specific mental health areas such as comprehensive psychosocial and diagnostic assessments and preparing treatment plans; providing brief or ongoing therapy; participating in crisis team responses; conducting diagnostic examinations and making recommendations to the court; completing civil commitment services.

DESCRIPTION OF POSITION

	<p>14. May provide in-service training for staff and other professional disciplines. 15. May provide support to community groups and organizations enhancing consumer recovery. 16. Regular and consistent attendance is required.</p>
7.	<p>List the minor duties assigned to this position.</p> <ol style="list-style-type: none"> 1. Work effectively within a multidisciplinary team. 2. Attend staff meetings, community agency meetings as needed. 3. Participate in skills trainings/updates. 4. Complete other assignments and tasks as directed by supervisor and/or Director.
8.	<p>Supervision This position is supervised by either the Brief Therapy Crisis Services Manager or the Adult Services Manager. This position does not supervise any staff.</p>
9.	<p>Working conditions of position. Typical office setting, 8:00am - 5:00pm, Mon-Fri. Frequent travel required within the county and infrequent travel within the State.</p>
10.	<p>List required special skills, licenses, certificates, etc. Must be a Qualified Mental Health Professional or eligible; master's degree in social work, psychology, counseling, or other mental health related field; or Bachelors' in nursing or occupational therapy w/license and experience.</p> <p>Thorough knowledge of the techniques and principles of psychological, behavioral, and social disorders and the application of psychological treatment to these disorders; skill in dealing with the mentally ill and their families; skill in dealing with the public in advocating for the mentally and emotionally disturbed; ability to develop cooperative relationships with families, physicians, agency personnel and executives and public officials; ability to take part in diagnostic and treatment planning conferences; ability to prepare concise and complete reports and patient records; ability to participate in social planning and to carry out recommendations and directives.</p> <p>Prefer at least two years postgraduate experience providing clinical mental health services. CAD/C, bi-lingual a plus.</p> <p>Must have good time-management skills; ability to prioritize tasks in a fast-paced environment; and good clinical writing/composition skills. Regular and consistent attendance is required.</p> <p>Must be able to accept supervision and adhere to County and Department policies. Must be able to establish and maintain harmonious working relationships with other employees, maintain a positive attitude and represent the County and the Department in the community in a positive manner.</p>
11.	<p>Is operation of motor vehicle required? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>
12.	<p>List equipment, tools, and machines used in performance of duties. Basic computer skills, tape recorder or dictation device, copy machine, fax, telephone.</p>

BOC only:
Consent Agenda _____
Regular Agenda _____

LATE AGENDA ITEM COVERSHEET

Agenda Item Title: Request approval to purchase server

Department: Health & Human Services

Requested Agenda Date: 07/07/2015

Contact Person: Ginger Swan

Phone/Ext.: 541-751-2547

Background and description of need or problem: The department is requesting permission to purchase a new server through Dell. This server will eventually hold all of drives used by Coos Health & Wellness including the shared drive, management drive and finance drive. Our current file server is over 4 years old and the warranty is going to expire soon. The server is a budgeted expense.

No County General Funds will be used for this contract.

Funding Source: 021-1300-441.60-01

Requested Action: Approve purchase of server from Dell in amount of \$8,061.60.

Date: 07/01/2015

Signature of Dept. Head: *Ginger Swan* *CHW*

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Departments Affected:

Counsel: *KA*

Treasurer: *OK, B*

Human Resources: *N/A*

BOC forwards signed Contract/Grant to: n/a

OC

BOC only:
Consent Agenda _____
Regular Agenda _____

LATE AGENDA ITEM COVERSHEET

Agenda Item Title: Approval to purchase Law Enforcement (CMI) software update

Department: Sheriff's Office

Requested Agenda Date: 07/07/2015

Contact Person: Sgt. 1st Class Pat Downing

Phone/Ext.: 7811

Background and description of need or problem:

The Coos County Sheriff's Office is requesting approval to purchase a software update to its CAD/RMS countywide system at a price of \$12,000. The total cost for the update is \$41,900, \$5,900 of the total \$41,900 is the installation cost, with \$36,000 being the annual cost for maintenance and licensing. This \$36,000 is being split 3 ways between each dispatch center agency (Coos County SO, Coos Bay PD & North Bend PD) for \$12,000 for each agency. The \$5,900 installation cost is being paid for out of the CMI core fund.

This software update will replace the current CMI JusticeLite program with CMI JusticeWeb and will be available for free for 1 year to all Police, Fire & Ambulance agencies in Coos County. In the second year all agencies that wish to use JusticeWeb will be required to sign on and begin splitting the \$36,000 annual fee.

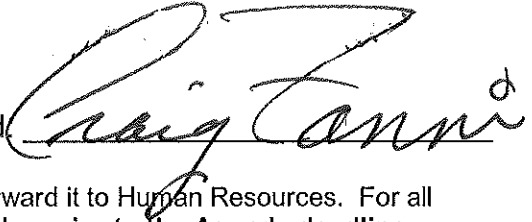
This was included in our 2015/2016 proposed budget and approved.

Funding Source: 001-1600-421-35-06

Requested Action: Approve purchase

Date: 07-01-2015

Signature of Dept. Head:



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- 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: KAH

TREASURER: OK, B



iFOCUS CONSULTING

DATE	
6/23/2015	00008221

BILL To:
Coos Bay Police Department Chris Chapanar, Captain 500 Central Ave. Coos Bay, OR 97420

DATE	UNITS	DESCRIPTION	RATE	AMOUNT
7/1/2015	1	SERVICES; JUSTICEWEB INSTALLATION SERVICES	\$4,800.00	\$4,800.00
7/1/2015	1	SERVICES; FORCECOM LEDS SERVER API CONFIGURATION	\$1,100.00	\$1,100.00
7/1/2015	1	JUSTICEWEB CLOUD; ANNUAL LICENSE (Unlimited Users) (July 2015 – June 2016)	\$36,000.00	\$36,000.00
		<p>#36,000 split equally between Coos Bay North Bend & Coos County @ \$12,000 each.</p>		
DUE ON RECEIPT			TOTAL AMOUNT:	\$41,900.00

BOC only:
Consent Agenda _____
Regular Agenda _____

LATE AGENDA ITEM COVERSHEET

Agenda Item Title: Oregon State Marine Board Contract

Department: Sheriff's Office - Marine

Requested Agenda Date: 7/6/15

Contact Person: Sgt. Coleman

Phone/Ext.: 7807

Background and description of need or problem: To provide Marine Patrol coverage and promote safe boating practices on all waters within the County jurisdiction. This contract is for the Fiscal Year 2015-16 in the amount of \$182,752 which is to be used towards personnel services.

Funding Source:

Requested Action: Board review, approval and signature.

Date: 6/30/15
Signature of Dept. Head: *Authorize Chair to sign.*
Craig Zanni

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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: *KA*

TREASURER: *OK, B*

HUMAN RESOURCES: *n/a*

BOC forwards signed Contract/Grant to:

Commissioners Initials to Place on Agenda ONLY: _____

WE

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: Oregon State Marine Board, 435 Commercial St., NE, #400, P.O. Box 14145, Salem, OR 97309-5065

Contact Person: William Rydblom Phone No. (503) 378-8587

Amount of Contract/Grant Award: \$ 182,752.00

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

Start Date: July 1, 2015 End Date: June 30, 2016

County Department and Employee Responsible for Performance: Coos County Sheriff's Office; 250 N. Baxter Str., Coquille, OR 97423; Sgt. Will Coleman (541) 396-7807

Description: Contract for Deputies to Patrol on Marine Waterways

FINANCIAL INFORMATION

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

- | | |
|---|--|
| <input type="checkbox"/> Under \$5000 | <input type="checkbox"/> Equipment Maintenance |
| <input type="checkbox"/> Under \$50,000 for Quotes | <input type="checkbox"/> Office Supplies |
| <input type="checkbox"/> Under \$150,000 & Approval from Board for Quotes | <input type="checkbox"/> Used Vehicles |
| <input type="checkbox"/> Sole Source | <input type="checkbox"/> State Purchasing |
| <input type="checkbox"/> Contract with Public Agency | <input type="checkbox"/> Other _____ |

Public Improvement - If Not Using Bid, Mark Exemption:

- | | |
|--|---|
| <input type="checkbox"/> Under \$5000 | <input type="checkbox"/> Alternative Contracting Method Approved by Board |
| <input type="checkbox"/> Under \$50,000 for Quotes | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> 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: ICR

BOC only:
Consent Agenda _____
Regular Agenda _____

LATE AGENDA ITEM COVERSHEET

Agenda Item Title: Resolution 15-07-084L amending County Rules Chapter 10, Division 000: Public Contracting Rules.

Department: Counsel

Requested Agenda Date: 7/7/2015

Contact Person: Josh Soper

Phone/Ext.: 7690

Background and description of need or problem: Resolution to amend Coos County Rules Chapter 10, Division 000 to address updates to Oregon Revised Statutes, and amend the delegation of contract authority section, which includes departmental spending authority.

Funding Source: N/A

Requested Action: Approve and sign Resolution 15-07-084L

Date: 7/1/2015

Signature of Dept. Head: _____



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If this is a contract or grant:

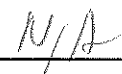
- Is the contract or grant an original?
- Is the Contract/Grant Summary Form attached?
- Is the contract signed first by the vendor (except state/federal grants or contracts)?
- If insurance is required, is the insurance certificate attached?
- Is the Clerk's Coversheet attached or do you want it returned to you for filing?

Departments Affected:

COUNSEL: _____



TREASURER: _____



BOC forwards signed document to Counsel's office.



BOARD OF COMMISSIONERS
COUNTY OF COOS
STATE OF OREGON

IN THE MATTER OF AMENDING COOS COUNTY RULES) RESOLUTION
CHAPTER 10, DIVISION 000: PUBLIC CONTRACTING RULES) 15-07-084L

NOW BEFORE THE Board of Commissioners sitting for the transaction of County business on the 7th day of July, 2015, is the matter of amending the Coos County Rules;

WHEREAS, Chapter 10, Division 000 of the Coos County Rules address Public Contracting Rules; and

WHEREAS, amendments have been drafted for Division 000 to address updated statutes, change procedures, and rewrite Sections relating to departmental spending and contracting authority;

NOW, THEREFORE, IT IS HEREBY RESOLVED that the Board of Commissioners hereby amends Coos County Rules Chapter 10, Division 000 to reflect the changes as shown in Exhibit "A" attached.

Dated this _____ day of _____, 2015.

BOARD OF COMMISSIONERS

Approved as to form:


Office of Legal Counsel

Chair

Commissioner

Commissioner