

REVISED AGENDA
COOS COUNTY BOARD OF COMMISSIONERS
Owen Building Large Conference Room
September 17, 2013
8:30 A.M.

1. **EXECUTIVE SESSION**
 - A. (2)(d) Labor Negotiations

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 Service Provider Contract Renewals- Health & Human Services (HHS)
- B. Request Approval of Amendment #2 to State IGA #142005- HHS
- C. Request Approval of IGA with Department of Education- HHS
- D. Request Approval of Contract with Multnomah Education Service District & Authorize Chairman to Sign- HHS
- E. Request Approval to Purchase Color Printer/Scanner/Copier & Maintenance Agreement- HHS
- F. Request Approval to Post/Advertise & Fill MHS II Position #68- Mental Health
- G. Request Approval to Post/Advertise & Fill MHS III Position #21- Mental Health
- H. Request Approval to Extend Waiver of Fees for Metal Collection- Solid Waste
- I. Request Approval of 2013/15 Plan- Community Corrections
- J. Request Approval to Release November Paychecks on 11/27/13- Human Resources

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

A. Approval of Minutes

- Hearing- Accelerated Foreclosure- August 20, 2013
- Worksession- Internal Administrative Matters- August 28, 2013
- Worksession- IT Issues- August 28, 2013
- Worksession- Rental Fees for the Owen Building- August 28, 2013
- Worksession- Economic Development Application- August 29, 2013

B. Ratification of All Routine Expenditures, Tax Overpayments and Adjustments and Transfer of Funds Within the Budget

- Transfer of Appropriations Within a Department- Sheriff- canine expenses
- PBS Engineering Invoices (4)- Pipeline/Road- \$16,310.16 total

C. Orders & Resolutions

- Resolution 13-09-105P, In the Matter of Granting Salary Merit Step Increases for Various Coos County Employees Effective September 1, 2013
- Resolution 13-09-105P, In the Matter of Granting Salary Merit Step Increases for Various Coos County Employees Effective September 1, 2013
- Resolution 13-09-106P, In the Matter of Filling a Vacant Position Effective September 1, 2013
- Resolution 13-09-107P, In the Matter of Classifying and Placement of Various Employees on the Regular Coos County Payroll Effective Their Hire Date

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 13-09-108P, In the Matter of a Longevity Increase for Diane Boyce Effective September 1, 2013
Resolution 13-09-109P, In the Matter of a Longevity Increase for Keith Lewis and David Jennings Retroactive Effective August 1, 2013
Resolution 13-09-110P, In the Matter of a Longevity Increase for Alan Doffing Effective September 1, 2013
Resolution 13-09-111P, In the Matter of a Longevity Increase for Theresa Thaxton Effective Retroactive August 1, 2013
Resolution 13-09-112P, In the Matter of a Cost of Living Adjustment for Non Union Employees on the Coos County Payroll Effective Retroactive July 1, 2013

D. Items Previously Approved (authorize Chairman to Sign where necessary)

Amendment #1 to 2013/15 State IGA #141406- HHS
Separation Agreement (exempt public record)- Sheriff/HR
Contract for Annual Elevator Testing with Centric Elevator- Maintenance- \$1,723.60
Task Order #24.1 (Mosieur Tide Gate) with PBS Engineering- BOC/Counsel- \$2,925.03

5. LATE AGENDA ITEMS

- A. Request Approval of Contract with Waterfall Clinic- HHS
- B. Request Approval to Award Contract for Pickup Storage Building- Road
- C. Request Approval to Hire Parole & Probation Officer III at Step 4- Community Corrections
- D. Request Approval to Advertise & Fill 2 Dispatch Positions & Create Eligibility List- Sheriff
- E. Request Approval of Contract for ORCATS Transition- Assessor/Treasurer
- F. Request Approval to Purchase Mapping/Survey Program- Information Technology
- G. Request Approval of Advertising Contract with Lee Enterprises- County Counsel
- H. Request Approval of Resolution to Add Workers Comp Coverage for Fair Board- County Counsel
- I. Discussion re: Insect Abatement Board- BOC

6. COMMISSIONERS REPORTS

7. 4H/EXTENSION SERVICE DISTRICT GOVERNING BODY

- A. Request Approval of IGA with Oregon State University

BOC only:
Consent Agenda _____
Regular Agenda _____

LATE AGENDA ITEM COVERSHEET

Agenda Item Title: Contract with Waterfall Clinic for School Based Health Centers

Department: Health & Human Services

Requested Agenda Date: 09/17/2013

Contact Person: Ginger Swan


Phone/Ext.: 541-751-2547

Background and description of need or problem: This Public Health contract provided 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: 09/10/2013

Signature of Dept. Head: 
By: Carrie McKim

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: N/A

BOC forwards signed Contract/Grant to: 1 original to MH, 1 original to Clerk's ofc for filing



CONTRACT / GRANT SUMMARY FORM

Clerk's File C&A No.: _____ (complete after filed with Clerk) Internal Contract/Agreement or Grant No.: PH2014-01

Name/Agency Name and Address: Waterfall Clinic 1890 Waite Street, Ste 1, North Bend, OR 97459

Contact Person: Kathryn Laird Phone No. 541-756-6232

Amount of Contract/Grant Award: \$ 106,000 maximum

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

Start Date: 07/01/2013 End Date: 07/31/2014

County Department and Employee Responsible for Performance: Public Health, Nikki Zogg, Administrator

Description: This is contract to provide funding for School Based Health Centers at Marshfield High School and Powers High School.

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: *VS*

BOC only:	
Consent Agenda	_____
Regular Agenda	_____

AGENDA ITEM COVERSHEET

Agenda Item Title: Request Approval to award Pickup storage building contract.

Department: Road Dept.

Requested Agenda Date: 09/17/13

Contact Person: John Rowe

Phone/Ext.: 7665

Background and description of need or problem: We recently requested quotes for a 108'x24' Storage building for our road department pickups. We have this money in our equipment budget for this fiscal year. We have received three quotes and would recommend the Board award the building contract to Stemmerman Construction for \$22,170.00.

Funding Source: 003-2703-431.60-01Equipment

Requested Action: Award Pickup Storage building contract to Stemmerman Construction.

Date: 08/28/2013 **Signature of Dept. Head:** *John Rowe*

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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: *CS*

TREASURER: *OK, B*

HUMAN RESOURCES: *Wa*

BOC forwards signed Contract/Grant to:

Commissioners Initials to Place on Agenda ONLY: _____

No quote summary form attached

SB

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: Stemmerman Construction, 61717 Edwards Mill Rd, Coos Bay, OR 97420

Contact Person: Virgil Stemmerman Phone No. 541-269-5773

Amount of Contract/Grant Award: \$ 22,170.00

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

Start Date: Upon signing of contract End Date: 10-31-13

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

Description: Pole Building

FINANCIAL INFORMATION

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

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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: OS

BOC only:
Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title:

Request approval to advertise, test, fill positions and create an eligibility/hiring list for the position of Telecommunications Specialist (Dispatch)

Department: Sheriff's Office

Requested Agenda Date: 09/17/2013

Contact Person: Sgt. Downing

Phone/Ext.: 7811

Background and description of need or problem:

The Sheriff's Office's staffing 911 Dispatch Center is currently short two Telecommunication Specialists due to the recent resignations of Nathan George and Jamie Schlosser. We are requesting permission to advertise, test, fill the positions, and create a hiring list; also we are requesting that in the event of the position cannot be filled from the newly created list, permission to repeat the process until the positions are filled.

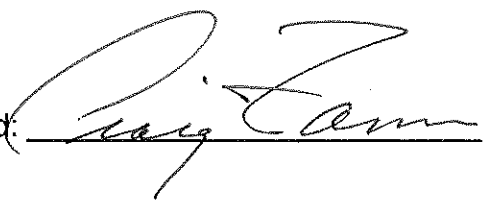
Funding Source:

Requested Action:

Hire and fill vacated Telecommunication Specialist positions created due to resignations.

Date: 09/13/13

Signature of Dept. Head: _____
SHERIFF



COUNSEL: JS

TREASURER: N/A

HUMAN RESOURCES: Mackson

BOC forwards signed Contract/Grant to:

Commissioners Initials to Place on Agenda ONLY: _____



BOC only:
Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Request Approval of ORCATS Transition Contract

Department: Assessor

Requested Agenda Date: 9/17/13

Contact Person: Steve Jansen ^{MARY BARTON} **Phone/Ext.:** 7901

Background and description of need or problem: This is the transition contract transferring ownership of the ORCATS software from the Consortium Counties to Helion Software Inc.

Funding Source: 001-2100-415.35-06 Software License/Maintenance

Requested Action: Approval of ORCATS Transition Contract

Date: 9/09/13 **Signature of Dept. Head:** Steve Jansen / Barton

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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: CS

TREASURER: N/A

HUMAN RESOURCES: n/a

BOC forwards signed Contract/Grant to:

~~Commissioners Initials to Place on Agenda ONLY:~~ _____

See Original Packet for Contract

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BOC only:
Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Request Approval of Purchase of Mapping/Survey Program

Department: Information Technology **Requested Agenda Date:** 9/17/13

Contact Person: Sandi Arbuckle **Phone/Ext.:** 7739

Background and description of need or problem: This is to request approval to purchase Autodesk Infrastructure Design Suite in the amount of \$6,661.47. This is a mapping survey program for the Surveyor's office and was included in IT's budget this fiscal year. DLT Solutions is the only company that sells this program.

Funding Source: 001-4002-419.22-12 - Software

Requested Action: Request approval of purchase of Autodesk Design Suite mapping program from DLT Solutions in the amount of \$6661.47. And, request approval of ^{the} sole source findings.

Date: 9/6/13 **Signature of Dept. Head:** Sandi Arbuckle

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- 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: CS

TREASURER: OK, B

HUMAN RESOURCES: NA

BOC forwards signed Contract/Grant to:

Commissioners Initials to Place on Agenda ONLY: /

SF



Price Quotation

Quote: 4322919
 Reference: 930172
 Date: 09/03/2013
 Expires: 10/03/2013

To: Sandi Arbuckle
 Coos County Courthouse
 Coos Bay, OR

From: Brian Stankiewicz
 DLT Solutions, LLC
 13861 Sunrise Valley Drive
 Suite 400
 Herndon, VA 20171

Phone:
 Fax:
 Email:

Phone: (703) 773-9207
 Fax: (866) 708-6705
 Email: brian.stankiewicz@dlt.com

#	DLT Part No.	Contract	Qty	Unit Price	Ext. Price
1	9701-8802ELS	OM	1	\$5,844.83	\$5,844.83
	Autodesk Infrastructure Design Suite Premium 2014 Standalone License ELD **This purchase is eligible for a \$1000 mail-in rebate - expires October 25, 2013				
2	9701-8802XW1	OM	1	\$816.64	\$816.64
	Autodesk Infrastructure Design Suite Premium 2014 Subscription - 1 year				

This quote is on behalf of The PPI Group, your local Autodesk Reseller.

Total: \$6,661.47

Contract Number: OPEN MARKET
 DUNS #: 78-646-8199
 Federal ID #: 54-1599882
 CAGE Code: 0S0H9
 FOB: Destination
 Terms: Net 30 (On Approved Credit)
 DLT accepts VISA/MC/AMEX
 DLT's standard Terms & Conditions apply

**PLEASE REMIT
 PAYMENT TO:**

ACH: DLT Solutions, LLC
 SunTrust Bank
 ABA # 061000104
 Acct # 1000032705898

-OR-

Mail: DLT Solutions, LLC
 PO Box 102549
 Atlanta, GA 30368

Customer orders subject to applicable sales tax in: CA, CO, CT, DC, FL, GA, HI, IL, IN, KS, KY, LA, MA, MD, MI, MO, MS, NC, NM, NJ, NV, NY, OH, OK, PA, RI, SC, TN, TX, VA, WA, WI

The terms and conditions of the Manufacturer's standard commercial license and subscription agreement are made a part of this quotation and shall govern purchaser's use of any Manufacturer product. Contact the DLT Sales Rep if further information is required.

BOC only: Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Annual Advertising Contract with Lee Enterprises, Inc. dba The World

Department: Counsel **Requested Agenda Date:** 9/17/13

Contact Person: Josh Soper **Phone/Ext.:** 7690

Background and description of need or problem: The term of the contract with The World for advertising space requires renewal. The pricing agreement for Oct. 1, 2013 through September, 2014 will be \$13.39 per column inch in The World and \$4.95 per column inch in the Bandon Western World with a minimum total advertising volume of \$15,000. The rates have remained the same.

Funding Source:

Requested Action: Approve Advertising Contract; authorize Chair to sign; original attached for signing.

Date: 9/13/13 **Signature of Dept. Head:** Josh Soper

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- 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: JS

TREASURER: N/A

BOC forwards signed document to Counsel's office.

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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: THE WORLD, PO Box 1840, Coos Bay, OR 97420

Contact Person: Joanna McNeely Phone No. 269-1222 ext. 252

Amount of Contract/Grant Award: \$ 13.39 pci for World; \$4.95 pci for Bandon Western World

Payment Terms: lump sum per monthly invoice (state lump sum or amount and time of payments)

Start Date: Oct. 1, 2013 End Date: September 2014

County Department and Employee Responsible for Performance: County Counsel

Description: Advertising Contract

FINANCIAL INFORMATION

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

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- 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 Exemption per 10.120 CC

Public Contracting Rules

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 Advertising Contract

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: SS

BOC only:
Consent Agenda _____
Regular Agenda _____

LATE AGENDA ITEM COVERSHEET

Agenda Item Title: Resolution to Add Workers Compensation Coverage for Fair Board

Department: Counsel

Requested Agenda Date: 9/17/13

Contact Person: Josh Soper

Phone/Ext.: 7690

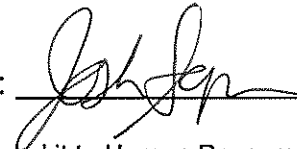
Background and description of need or problem: In order to add workers compensation coverage for Fair Board members, SAIF requires that the Board of Commissioners adopt a resolution approving the addition.

Funding Source: TBD

Requested Action: Approve Resolution 13-09-113L

Date: 9/13/13

Signature of Dept. Head: _____



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Departments Affected:

COUNSEL: JS _____

TREASURER: N/A _____

HUMAN RESOURCES: N/A _____

Forward Signed Contract/Grant to: N/A



BOC only
Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Discussion re: Insect Abatement Board

Department: BOC

Requested Agenda Date: 9/17/13

Contact Person: Bob Main

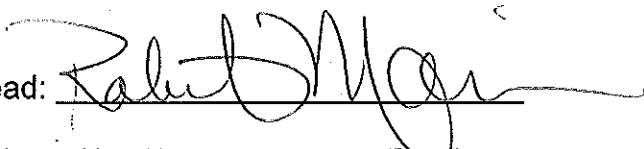
Phone/Ext.: 7540

Background and description of need or problem: Coos County does not have a vector control officer or a vector control district

Funding Source: ??

Requested Action: Discuss the possible formation of a board/committee

Date:

Signature of Dept. Head: 

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County Counsel _____

Treasurer _____

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