

A G E N D A
COOS COUNTY BOARD OF COMMISSIONERS
Coos Bay Public Library
May 9, 2012
6:00 PM

PLEDGE OF ALLEGIANCE

1. **BOARD OF HEALTH**
 - A. Presentation of County Health Rankings- Public Health

2. **DEPARTMENT HEADS**
 - A. Information on Local Public Health Accreditation Process- Public Health

 - B. Request Approval to Reimburse Bay Cities Ambulance for Medical Kits- Public Health

 - C. Request Approval to Purchase 3 Desktop Computers- Public Health

3. **CITIZEN COMMENTS (agenda items or general comments) – limited to 3 minutes per person**

4. **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.

BOC only:
Consent Agenda _____
Regular Agenda _____

**AGENDA ITEM COVERSHEET
Coos County Board of Health**

Agenda Item Title: Presentation of County Health Rankings

Department: Public Health

Requested Agenda Date: 5/9/12

Contact Person: Frances Smith

Phone/Ext.: 545

Background and description of need or problem: For the third year, the University of Wisconsin and the Robert Wood Johnson Foundation have worked together to develop health rankings for each state's counties. As noted in the project description, "The *County Health Rankings* show us that where we live matters to our health. The health of a community depends on many different factors...helps community leaders see that where we live, learn, work, and play influences how healthy we are and how long we live."

Public Health Administrator, Frances Smith, will present and discuss the findings for Coos County.

Funding Source: NA

Requested Action: None – informational report

Date: 3/22/12 **Signature of Dept. Head:** Frances Smith

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.

Departments Affected:

COUNSEL: NA

TREASURER: NA

BOC forwards signed Contract/Grant to: Sherrill Lorenzo, Public Health

Commissioners Initials to Place on Agenda ONLY: _____

1A

BOC only:
Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Information on Local Public Health Accreditation process

Department: Public Health

Requested Agenda Date: 5/9/12

Contact Person: Frances Smith

Phone/Ext.: 545

Background and description of need or problem: The State of Oregon has a priority goal of making Oregon's public health system a national model of excellence. The Public Health Administrator, Frances Smith, will provide the Board with a brief overview and discussion of the local public health accreditation process, and an opportunity for grant funding to assist with the process.

Funding Source: NA

Requested Action: None – Information Only

Date: 4/22/12

Signature of Dept. Head: Frances Smith

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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: NA

TREASURER: NA

BOC forwards signed Contract/Grant to:

2A

BOC only:
Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Reimburse Bay Cities Ambulance for Medical Kits

Department: Public Health

Requested Agenda Date: 5/9/12

Contact Person: Frances Smith

Phone/Ext.: 545

Background and description of need or problem: The Department has dedicated grant funds to purchase supplies to assemble trauma field medical kits, which will be placed with emergency responders, including members of the County's Medical Reserve Corps (MRC). Bay Cities Ambulance has agreed to research, purchase supplies, and assemble the kits. This will help facilitate the process and ensure individuals with proper knowledge are involved in developing the kits. The Department will reimburse Bay Cities Ambulance for the supplies, upon submission of all purchase receipts, up to \$8,368.

Funding Source: OHA Grant, filed at 2011CA321

Requested Action: Approve reimbursement, up to \$8,368, to Bay Cities Ambulance for trauma field medical kits.

Date: 5/11/12

Signature of Dept. Head: Frances Smith

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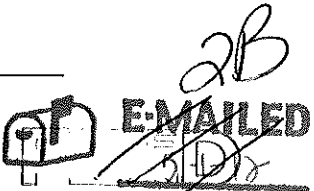
Departments Affected:

COUNSEL: _____

TREASURER: NC, B

BOC forwards signed Contract/Grant to: Sherrill Lorenzo, Public Health

Commissioners Initials to Place on Agenda ONLY: _____



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: Bay Cities Ambulance, 3505 Ocean Blvd SE, Coos Bay, OR 97420

Contact Person: Tim Novotny Phone No. 541-266-4355 email:

Amount of Contract/Grant Award: Up to \$8,368

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

Start Date: April 17, 2012 End Date: June 30, 2012

County Department and Employee Responsible for Performance: Frances Smith, Public Health

Description: Reimburse, upon submission of all purchase receipts, for supplies to assemble trauma field medical kits, not to exceed \$8,368.

FINANCIAL INFORMATION

STATE %	OTHER %	FEDERAL % (CFDA # Required)	Catalog of Federal Domestic Asst. *(CFDA) Number
		100%	93.889

*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 Member of HERT - reimbursement

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: _____

BOC only: Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Purchase of Desktop Computers

Department: Public Health

Requested Agenda Date: 5/9/12

Contact Person: Frances Smith

Phone/Ext.: 545

Background and description of need or problem: Three of the Department's high-use desktop computers (two in clinic intake and one in administration) are old and need to be replaced. There are dedicated funds/fees to cover the purchase. The IT Department provided consultation on the specs and obtained a quote from Dell, through the state bid (see attached).

The cost is \$1,730.88 per computer, for a total of \$5192.64.

Funding Source: Preparedness Grant Funds and Medicaid Admin Claiming (MAC) Fees

Requested Action: Approve the purchase of 3 desktop computers from Dell for \$5,192.64.

Date: 5/11/12

Signature of Dept. Head: Frances Smith

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Departments Affected:

COUNSEL: _____

TREASURER: _____

BOC forwards signed Contract/Grant to:

Commissioners Initials to Place on Agenda ONLY: _____