

**REVISED AGENDA**  
**COOS COUNTY BOARD OF COMMISSIONERS**  
Owen Building Large Conference Room  
October 15, 2013  
8:30 A.M.

**1. EXECUTIVE SESSION**

- A. (2)(e) Real Property Transactions

**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 Acceptance of Grant from Oregon Health Authority & Authorize Chairman to Sign- Health & Human Services (HHS)
- B. Request Approval to Move Mental Health Specialist III Position #5 to Step 4- HHS
- C. Request Acceptance of Unitary Assessment Grant & Authorize Chairman to Sign- Crime Victims Assistance (CVA)
- D. Request Approval of Grant Amendment #1 & Authorize Chairman to Sign- Sheriff/Emergency Management (SO/EM)
- E. Request Acceptance of Healthcare Preparedness Program Grant, Authorize Chairman to Sign & Approve Resolution for Additional Appropriations- SO/EM
- F. Request Approval to Hire Deputy at Step 2- SO
- G. Request Approval to Purchase Vehicle- Juvenile
- H. Request Approval of Job Description for Building Operations & Maintenance Director, Post & Fill Position- Maintenance
- I. Request Approval to Increase Salaries of Elected Officials- Human Resources (HR)
- J. Request Approval to Deposit Standard Insurance Refund- HR
- K. Request Acceptance of Technical Assistance Grant & Authorize Chairman to Sign- Planning

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

**A. Approval of Minutes**

- Regular Meeting Minutes- August 6, 2013  
Worksession with Fair Board- August 27, 2013  
Executive Session ORS 192.660 (2)(e) Real Property Negotiations- August 29, 2013  
Worksession- Award of Contract for Mosquito Abatement- September 6, 2013  
Worksession- Internal Administrative Matters- September 11, 2013  
Worksession- Owen Building Usage- September 18, 2013  
Worksession- Facilities Director Job Description- September 18, 2013  
Worksession- Relocating EOC- September 24, 2013  
Regular Meeting Minutes- October 1, 2013  
Worksession- Lone Rock Timber Road Improvements- October 3, 2013

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.

- B. Ratification of All Routine Expenditures, Tax Overpayments and Adjustments and Transfer of Funds Within the Budget**  
PBS Engineering Invoices (3)- Pipeline- total \$5,295.93  
Transfer of Appropriations within a Department- Human Resources- temporary help  
Transfer of Appropriations within a Department- Human Resources- training & travel
  
- C. Orders & Resolutions**  
Ratification of Order 13-10-078C, In the Matter of Making Appointments to the Regional Housing Authority Board  
Order 13-10-079C, In the Matter of Appointing Jon Barton to the CCD Business Development Corporation Board of Directors  
Resolution 13-10-116P, In the Matter of Granting Salary Merit Step Increase for Coos County Employees Retroactive to September 1, 2013  
Resolution 13-10-117P, In the Matter of a Longevity Increase for Karin Kenney effective October 1, 2013  
Resolution 13-10-118P, In the Matter of Reclassification for Richard Standiford Effective October 1, 2013  
Resolution 13-10-119P, In the Matter of a Promotion for Terry Huffman Effective Retroactive September 1, 2013  
Resolution 13-10-120P, In the Matter of a Promotion for Lisa Mast Effective Retroactive September 1, 2013  
Resolution 13-10-121P, In the Matter of Granting Salary Merit Step Increases for Various Coos County Employees Effective October 1, 2013  
Resolution 13-10-122P, In the Matter of Classifying and Placement of Various Employees on the Regular Coos County Payroll Effective Their Hire Date  
Resolution 13-10-123P, In the Matter of a Longevity Increase for Kristine Karcher Effective October 1, 2013
  
- D. Items Previously Approved (authorize Chairman to Sign where necessary)**  
Amendment #3 to State IGA- Mental Health  
Purchase of UPS Unit for North Bend- IT
  
- E. Software Licenses/Maintenance Agreements (authorize Chairman to Sign where necessary)**  
Ironport Maintenance Agreement- IT- \$3,411.93  
West Clear Services Renewal Agreement- Sheriff- \$2,244

**5. LATE AGENDA ITEMS**

- A. Request Approval of Contract with KAIROS- HHS
- B. Request Acceptance of Final Distribution of JBH Net Reserve Balance- HHS/Counsel
- C. Request Approval to Advertise & Fill Parole & Probation Officer I Position- Community Corrections
- D. Request Approval of RFP for Third Party Credit Card Processing- Treasurer
- E. Request Approval of Caretakers Agreement for Powers Park- Parks
- F. Request Acceptance of Grant Agreement for Tioga Sports Park- Parks

**6. COMMISSIONERS REPORTS**

BOC only:  
Consent Agenda \_\_\_\_\_  
Regular Agenda \_\_\_\_\_

**LATE AGENDA ITEM COVERSHEET**

**Agenda Item Title:** Mental Health Services Contract with KAIROS

**Department:** Health & Human Services

**Requested Agenda Date:** <sup>10/15/2013</sup> ~~10/01/2013~~

**Contact Person:** Ginger Swan

**Phone/Ext.:** 541-751-2547

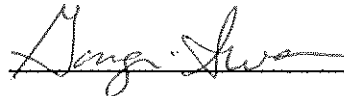
**Background and description of need or problem:** The attached contract provides funding for mental health treatment services for adults and children for WOAH enrollees or other clients as referred by the Coos County Mental Health Department.

**Funding Source:** 021-1302-444.36-01

**Requested Action:** Approve mental health services contract with KAIROS

**Date:** 09/19/2013

**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:** OK-IS

**TREASURER:** OK, B

**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.: 1302-OHP13-27

Name/Agency Name and Address: KAيروس, 715 Ramsey Ave, Grants Pass, OR 97527

Contact Person: Robert Lieberman Phone No. 541-956-4943

Amount of Contract/Grant Award: \$ Medicaid and negotiated rates

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

Start Date: 07/01/2013 End Date: 06/30/2014

County Department and Employee Responsible for Performance: Mental Health, David Geels, Director

Description: This contract provides Mental Health services to children.

**FINANCIAL INFORMATION**

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

\*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
- Quote
- Proposal
- None
- Other Mental Health services

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: \_\_\_\_\_

BOC only:  
Consent Agenda \_\_\_\_\_  
Regular Agenda \_\_\_\_\_

**LATE AGENDA ITEM COVERSHEET**

**Agenda Item Title:** Acceptance of Final Distribution of Jefferson Behavioral Health Net Reserve Balance

**Department:** Counsel **Requested Agenda Date:** 10/15/13

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

**Background and description of need or problem:** As part of the dissolution of Jefferson Behavioral Health (JBH), each of the member counties will be issued checks for their share of the JBH Net Reserve Balance (NRB). Before those checks will be issued, each County must sign a release accepting the amounts stated therein as full satisfaction of the amounts owed.

**Funding Source:** N/A

**Requested Action:** Accept final distribution of JBH NRB and authorize Chair to sign release.

Date: 10/11/13 Signature of Dept. Head: Josh Soper

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: OK-JS

TREASURER: OK, B

HUMAN RESOURCES: N/A

Forward Signed Contract/Grant to: Counsel

*JB*

**Release**

The undersigned, as duly authorized representative of Coos County, a political subdivision of the State of Oregon, accepts check #14275 in the amount of \$990,547.59 and check #14278 in the amount of \$108,776.16 as its full and final distribution of the Net Reserve Balance (NRB) of Jefferson Behavioral Health, an intergovernmental agreement. The undersigned acknowledges full opportunity to review all material information of JBH prior to signing below and, therefore, upon execution of this release and delivery of the above-referenced amounts, Coos County acknowledges that JBH has fully satisfied its obligation with respect to distribution of the NRB, and the parties' rights and obligations shall hereafter be determined by JBH Resolution 2013-8-1 and such agreements and obligations referenced therein.

DATED for reference this 9<sup>th</sup> day of October, 2013

COOS COUNTY

By: \_\_\_\_\_

Title: \_\_\_\_\_

Printed Name: \_\_\_\_\_

BOC only: Consent Agenda _____
Regular Agenda _____

**AGENDA ITEM COVERSHEET  
LATE AGENDA ITEM**

**Agenda Item Title: Approval to advertise and fill Parole & Probation Officer I position for Community Corrections.**

**Department:** Community Corrections      **Requested Agenda Date:** 10/15/2013

**Contact Person:** Kelly Church, Business Op. Mgr. **Phone/Ext.:** 396-3173, ext 232

**Background and description of need or problem:** The person in the current position has accepted a position in Douglas County. This position will supervise a caseload of approximately 70 offenders on parole & probation. We had advertised in August but were not successful in filling the position.

**Funding Source:** Department of Corrections Grant in Aid dollars

**Requested Action:** Approval to advertise and fill Parole & Probation Officer I position for Community Corrections.

**Date:** 10-14-13

**Signature of Dept. Head:**           *af for MC via phone*          

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:

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

**Departments Affected:**

**COUNSEL:** Josh Soper           *JS*          

**TREASURER:** Mary Barton \_\_\_\_\_

**HUMAN RESOURCES:** Shari Jackson           *af*          

**BOC forwards signed Contract/Grant to:**

**Commissioners Initials to Place on Agenda ONLY:** \_\_\_\_\_

*50*

**PAROLE & PROBATION OFFICER I  
POSITION DESCRIPTION**

**GENERAL STATEMENT OF DUTIES:**

Performs duties of Parole and Probation Officer as defined in Oregon Revised Statutes. Provide supervisory and investigative services to the Court and Parole Board for individuals placed under formal supervision. Perform probation and parole counseling with adult offenders, conduct needs assessments and develop case plans; monitor probation and parole compliance and maintain caseload records.

**SUPERVISION RECEIVED:**

Works under the supervision of the Community Corrections Director. May also receive direction from the Business Operations Manager, and Parole & Probation Officers II and III.

**SUPERVISION EXERCISED:**

This position will not normally provide supervision to other staff.

**EXAMPLES OF PRINCIPAL DUTIES:**

An employee in this classification will perform any or all of the following duties. However, these examples do not include all of the specific tasks which an employee may be expected to perform:

1. Interview adult offenders on Probation, Parole, or Post Prison Supervision to assess clients using validated risk assessments, including but not limited to LS/CMIS, PSC, TCU; assess social, emotional, economics status, determine treatment goals, using a case plan and following evidenced-based practices in community corrections, refer clients to community agencies if needed; counsel clients on probation/parole/pps procedures, issues, and personal problems, counsels clients in establishing personal goals and plans, and confer with clients' family, support group and community.
2. Maintain regular contact with clients and monitor activities; offer continuing assessment and counseling according to clients' needs and progress; monitor progress of meeting probation/parole/pps conditions such as fines, restitution, participation in drug/alcohol treatment, employment or cognitive programs; contract service agencies, employers clients' family, support group, or community.
3. Write reports for and confer with courts, or supervisory authority, on client probation/parole/pps compliance; report problems and progress.
4. Prepare pre-sentence reports for courts; investigate offender's legal case and personal background; make recommendations on sentencing requirements.
5. Attend court hearings; document, testify and make recommendations at probation/parole/pps compliance hearings, testify at pre-sentence hearings.
6. Maintain records of client casework, including interviews, assessments, services provided, and probation/parole/pps progress.
7. Participate in service resource development for client treatment and in service evaluation.



8. May carry firearm for self-defense while performing duties as described in ORS and according to department policy.
9. Conduct arrest and search procedures in the office and field. Conduct home and office visits.
10. Attend staff meetings, professional conferences, and training programs which may include Department of Public Safety and Standards Certification, Law Enforcement Data Systems, etc.. Will network professionally with criminal justice agencies and treatment providers as required by the County and work collaboratively with community partners and outside agencies.
11. Perform other related duties as assigned.

**REQUIREMENTS, KNOWLEDGE, SKILLS AND ABILITIES:**

Ability to deal with convicted offenders in a correctional setting; apply rules, policies, and procedures, and statutes to the decision making process as it applies to offenders within the criminal justice system. Must be able to counsel with the criminal offenders in a manner which furthers their opportunity to live a law abiding lifestyle and successfully complete their supervision.

**SPECIAL REQUIREMENTS:**

A criminal and driving check will be made and evidences of adverse conduct may be grounds for disqualification. Employee must respond to emergencies on non-duty hours when available. Must successfully pass a DPSST physical examination and four week academy, then obtain Basic certification, and maintain that level of certification. A background investigation and personal employment survey will be completed prior to appointment and must be free of adverse information. In additional, a drug test must be taken and successfully passed, prior to obtaining the position.

The normal work schedule is 8 hours per day, 5 days per week; all schedules are assigned and approved by County Administration. Probation officers are required to serve on-call at all hours for client and public safety interventions as needed.

**OCCUPATIONAL CERTIFICATES/LICENSES:**

1. Maintain valid Oregon driver's license
2. Acquire within 1 year, and maintain, Parole and Probation basic Certification from DPSST.
3. Acquire, and maintain LEDS Certification
4. Acquire and maintain CPR and First Aid Certification

**EXPERIENCE AND TRAINING:**

1. Bachelor's degree in criminal justice, psychology, sociology or related field recognized by DPSST; and at least one year of responsible experience working in adult corrections, law enforcement or social work; or
2. An Associate's degree in criminal justice, psychology, sociology or related field recognized by DPSST; and at least three years of responsible experience working in adult corrections, law enforcement or social work.

**LOCATION, PAY, AND DURATION:**

Pay range is \$2,852 - \$4,426 per month plus longevity increases. Salary is based upon certification levels received from DPSST. The position will work out of the Parole & Probation Office in both Coquille and North Bend, and will cover the entire County for supervision. This position is an exempt position and is part of the bargaining unit FOPPO.

BOC only:  
Consent Agenda \_\_\_\_\_  
Regular Agenda \_\_\_\_\_

### AGENDA ITEM COVERSHEET

**Agenda Item Title:** Request the Board of Commissioners approve the RFP for third party credit card processing.

**Department:** Treasurer/Tax

**Requested Agenda Date:** <sup>10/15/2013</sup> ~~10/17/2013~~

**Contact Person:** Mary Barton

**Phone/Ext.:** 7730

**Background and description of need or problem:** Various Coos County departments are interested in accepting credit cards for the payment of fees. Requesting that the Board of Commissioners approve the RFP so we can proceed with this program.

**Funding Source :** n/a

**Requested Action:** Approve the RFP for third party credit card processing.

**Date:** 09/24/2013

**Signature of Dept. Head:** 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?  ON FILE
- Is the Clerk's Coversheet attached or do you want it returned to you for filing?

**Departments Affected:** Counsel

**COUNSEL:** CS

**TREASURER:** /

**HUMAN RESOURCES:** \_\_\_\_\_

BOC forwards signed Contract/Grant to: Treasurer

*See Original packet for complete RFP*

*SD*

BOC only:

Consent Agenda \_\_\_\_\_

Regular Agenda \_\_\_\_\_

## AGENDA ITEM COVERSHEET

**Agenda Item Title:** Powers Park Caretakers

**Department:** Parks

**Requested Agenda Date:** 10/15/2013

**Contact Person:** Larry Robison

**Phone/Ext.:** 7756

**Background and description of need or problem:** Caretakers Ryan and Thalia Pace have resigned their positions as Powers Park Caretakers effective 10/6/2013. The caretaker positions are non-paid however we do provide a residence and utilities. With the lack of full time staff these positions are vital for the operation of our parks. We have a couple, Bill Gillespie and Mel Snyder who have been our park hosts at Powers that have applied for the caretakers position and are familiar with the responsibilities required. There will be no training required and they can move in immediately.

**Funding Source:** N/A

**Requested Action:** The BOC sign Caretakers agreement with Bill Gillespie and Mel Snyder for the Powers Park Caretakers Position.

**Date:** 10/8/2013

**Signature of Dept. Head:** \_\_\_\_\_

*Larry Robison*

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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:** \_\_\_\_\_

*BOC forwards signed Agreement to: Parks Dept.*

*SE*

**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: William Gillespie and Mary Ellen Snyder PO Box 88 Powers OR 97466

Contact Person: William Gellespie or Mel Snyder Phone No. 520-975-9487

Amount of Contract/Grant Award: \$ n/a

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

Start Date: upon signed agreement End Date: termination of agreement

County Department and Employee Responsible for Performance: Parks Department, Larry Robison

Description: Powers Park Caretaker Agreement.

**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 Caretakers
- Proposal      (non-paid)

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 Caretakers Agreement

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:** Local Government Grant Agreement Tioga Sports Park

**Department:** Parks

**Requested Agenda Date:** 10/15/13

**Contact Person:** Larry Robison

**Phone/Ext.:** 7756

**Background and description of need or problem:** Coos County Parks on behalf of the Tioga Sports Park applied for a grant to fund restrooms at the Tioga Sports Park Shooting Range. Coos County has been awarded a Local Government Grant in the amount of \$26,835 with a match of \$26,835 from The Tioga Sports Park Association for a total project of \$53,670. The parks dept will act as the sponsor of the grant and will do the administration for the project.

**Funding Source:** Oregon Parks & Recreation Dept Local Government Grant # LG13-034

**Requested Action:** The BOC sign the agreement with OPRD for the Local Government Grant # LG13-034

Date: 9/30/13

Signature of Dept. Head: Larry Robison

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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?
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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: CS

TREASURER: Not including the lease, is there any other agreement between Coos Cty + the non-profit association? Will non-profit association deposit the cash match with Coos Cty? Not in Parks budget for 2013-14 B

HUMAN RESOURCES: \_\_\_\_\_

*See Original packet for complete Grant* *SF*

CONTRACT / GRANT SUMMARY FORM

2613-034

Clerk's File C&A No.: \_\_\_\_\_ (complete after filed with Clerk) Internal Contract/Agreement or Grant No.: \_\_\_\_\_

Name/Agency Name and Address: OPRD, 725 SUMMER ST NE, STE C, SALEM, OR 97301

Contact Person: MARK COWAN Phone No. 503-986-0707

Amount of Contract/Grant Award: \$ 26,835.00

Payment Terms: 50 % first payment, remaining balance upon completions (state lump sum or amount and time of payments)

Start Date: upon notice to proceed End Date: Oct 31, 2015

County Department and Employee Responsible for Performance: Coos County Parks, Larry Robison

Description: Tioga Sports Park Restroom grant

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:

- 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: \_\_\_\_\_