

REVISED AGENDA
COOS COUNTY BOARD OF COMMISSIONERS
Owen Building Large Conference Room
February 18, 2014
8:30 A.M.

1. **EXECUTIVE SESSION**

- A. (2)(e) Real Property Transactions
- B. (2)(f) Records or Information Exempt from Public Inspection
- C. (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. **DEPARTMENT HEADS**

- A. Coos Bay Downtown Association Update- BOC
- B. Request Approval of Contract with Trillium Family Services- Health & Human Services (HHS)
- C. Request Approval of Contract with Waterfall Clinic- HHS
- D. Request Approval of Inmate Work Program Agreement with Shutter's Creek & Authorize Chair to Sign- Solid Waste
- E. Request Award of Bid for Gaylord Road Bridge Repair Project- Road
- F. Drought Information Update/Possible Declaration of Emergency- Sheriff/Emergency Management
- G. Request Approval of Regional Automated Property Information Database (RAPID) User Agreements & Authorized Sheriff's Staff to Sign- Sheriff
- H. Request Acceptance of ODVA Grant- Veterans
- I. Request Approval of Agreement for Management Skills Training Series- Human Resources
- J. Request Award of Contract for Interior Window Security Upgrades- State Courts/County Counsel
- K. Request Approval of Certificate of Approval of Conveyance Form & Authorize Chair to Sign- County Counsel/BOC
- L. Request Approval of DOT Federal Certifications & Assurances for CCAT & Authorize Chair to Sign- Treasurer

4. **CCAT GOVERNING BODY**

- A. Ratification of Transit Manager's Signature on DOT Federal Certifications & Assurances

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

- A. **Approval of Minutes**
Road Advisory Committee Meeting- December 10, 2013
Regular Meeting Minutes- January 7, 2014
Regular Meeting Minutes- January 21, 2014
- B. **Ratification of All Routine Expenditures, Tax Overpayments and Adjustments and Transfer of Funds Within the Budget**
Transfer of Appropriations Within a Department- Sheriff- Jordan Cove training & expenses
Training & Travel Expenses to Atlanta, GA- Public Health- estimated \$1856.12

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.

C. Orders & Resolutions

- Resolution 14-02-009P, In the Matter of a Longevity Increase for Various Employees Effective February 1, 2014
- Resolution 14-02-010P, In the Matter of a Longevity Increase for Various Employees Effective February 1, 2014
- Resolution 14-02-011P, In the Matter of Granting Salary Merit Step Increases for Various Coos County Employees Effective February 1, 2014
- Resolution 14-02-012P, In the Matter of Reclassification for Stephen Reeves Effective Retroactive January 17, 2014

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

- Ratify Director's Signature on Amendment #5 to IGA #141406- Mental Health
- Amendment #1 to State BRS IGA #144370- HHS
- Digital Copier Contract with Bay Area Copier- Veterans
- Emergency Contract for Water Pipe Repair & Ratify Director's Signature- Maintenance
- Grievance Resolution Agreement- County Counsel

6. LATE AGENDA ITEMS

- A. Request Approval of Agreement with SWOCC- HHS
- B. Request Approval of Creating & Filling Secretary III Position- HHS
- C. Request Approval of Additional Evidence & Vehicle Funds- District Attorney
- D. Request Approval of Resolution Allowing Lease Application with BLM- Parks
- E. Request Ratification of Approval of Satellite Service Agreement for Laverne Park- Parks
- F. Request Approval of Resolution Amending Vector Assessment & Control Committee- BOC/Counsel

7. COMMISSIONERS REPORTS

BOC only:
Consent Agenda _____
Regular Agenda _____

LATE AGENDA ITEM COVERSHEET

Agenda Item Title: Agreement with Southwestern Oregon Community Collage
Department: Health & Human Services **Requested Agenda Date:** 02/18/2014
Contact Person: Ginger Swan **Phone/Ext.:** 541-751-2547

Background and description of need or problem: This agreement allows the Public Health Program to become an approved site location for the 2014 Nursing Interns to gain Clinical Learning Experiences.

Funding Source: n/a

Requested Action: Authorize Public Health Administrator to sign the agreement

Date: 02/11/2014 **Signature of Dept. Head:** *Ginger Swan*

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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: *✓ CG*

Treasurer: _____

Human Resources: _____

BOC forwards signed Contract/Grant to: Clerk's Office for filing

GA

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: Southwestern Oregon Community Collage, 1988 Newmark, Coos Bay, OR 97420

Contact Person: Susan Walker Phone No. 541-888-7298

Amount of Contract/Grant Award: \$ 0

Payment Terms: none (state lump sum or amount and time of payments)

Start Date: 12/10/2013 End Date: _____

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

Description: This agreement allows the Public Health Program to become an approved site location for the 2014 Nursing Interns to gain clinical learning experiences.

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: CS

BOC only:
Consent Agenda _____
Regular Agenda _____

LATE AGENDA ITEM COVERSHEET

Agenda Item Title: Create additional Secretary III position and post & advertise until filled
Department: Health & Human Services **Requested Agenda Date:** 02/18/2014
Contact Person: Ginger Swan **Phone/Ext.:** 541-751-2547

Background and description of need or problem: The Mental Health Program needs to create an additional Secretary III position. Several new job duties have been added to the front desk receptionist and one employee cannot handle the increased work load. This position is in the budget for the 14-15 fiscal year and we have the funds available now to hire someone.

No County General Funds will be used for this contract.

Funding Source: 021-1300-441.10-01

Requested Action: Approve additional Secretary III position and post & advertise until filled.

Date: 02/11/2014 **Signature of Dept. Head:** Ginger Swan

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Departments Affected:

Counsel: CS

Treasurer: _____

Human Resources: JS

BOC forwards signed Contract/Grant to: n/a

6B

DESCRIPTION OF POSITION

Revision Date: 6/19/08

1.	Classification Title: Secretary III
2.	Working Title: Administrative Secretary III
3.	Department: Mental Health
4.	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? Works with considerable independence and decision-making responsibility to provide a variety of secretarial and administrative functions of a complex nature in direct support to medical, clinical, and management staff. Assists mental health consumers in accessing services. Position requires extensive knowledge of departmental policies, procedures, and applicable state and federal laws.
6.	Essential functions of position. (Reason position exists is to perform these functions.) Duties that must be performed to accomplish the purpose of the position include but are not limited to: 1. Completing front desk responsibilities which may include: <ul style="list-style-type: none">▪ Providing lobby and multiple line phone reception for more than 30 medical and clinical staff, frequently handling 150-200 calls per day. Responding to consumers or persons who may be confused, angry, and/or verbally abusive. Maintaining professional, positive interaction with clients and the public on the phone and in the lobby, within appropriate boundaries.▪ Making prudent "layperson" determination if consumers need crisis or non-crisis responses and following through appropriately. Making responsible determinations to provide consumers with information, refer them to other staff, provide intervention with messages and/or other procedures, or to direct persons/inquiries to other community resources.▪ Performing extensive work in complex computer software programs for entry and retrieval of staff and client billing, schedules and demographic information. Scheduling an average 400-500 appointments/meetings per month, making (400-500) corresponding administrative notations in client billing files and completing courtesy appointment reminder calls for medical appointments; performing data entry/corrections into scheduling and client billing systems while covering reception desk and phones.▪ Responsible for tracking, maintaining in secure storage and distributing prepared medication packages, documents and various items to consumers, as directed by clinical staff, and accurately documenting distribution.▪ Assisting consumers in completing complex forms and applications to comply with state requirements for mental health services and state and federal privacy laws. 2. Completing mail processing; open, date stamp, sort and distribute department incoming mail. Run postage machine and handle all outgoing mail. 3. Creating/maintaining tracking system for department vehicle maintenance and records. Scheduling vehicle maintenance and repairs. Tracking mileage and insuring vehicle is stocked with required department/county forms. Tracking/scheduling staff use of vehicles and department fuel credit cards. 4. Completing correspondence, reports, and other documents of a confidential nature for clinical and management staff, as directed. Completing correspondence for consumers as directed or as routinely assigned. Researching and providing information in response to management or clinical staff inquiries. Creating/maintaining department files and records as assigned.

DESCRIPTION OF POSITION

5. Creating/maintaining tracking records/processing and tasks for variety of client services such as referral referrals for services or client sample medications. Making administrative notations in client electronic and paper charts as appropriate.
6. Maintaining/tracking inventory, generating orders for office supplies and other purchases.
7. Coordinating and developing work procedures with input from supervisor and program managers. Maintaining documentation.
8. Insuring work processes adhere to department procedures and state/federal privacy laws.

7. List the minor duties assigned to this position.
1. Attends staff meetings and training as required.
 2. Completes miscellaneous copy and filing tasks.
 3. Completes or coordinates maintenance of checkout board and reporting of absences, scheduling conference rooms, and maintaining interview room calendars.
 4. Takes minutes at department staff meetings; types and distributes minutes.
 5. Other duties appropriate to classification as assigned by Supervisor or Director.

8. Working conditions of position.

Position is located in the Mental Health Department in a typical office setting. Occasional travel may be required for training. May require physical exertion including bending, stooping, reaching, and lifting of boxes, office items, or stacks of files (up to 20 pounds.)

9. List required special skills, licenses, certificates, etc.

Position requires high school diploma or equivalent and a minimum of 3 years of office work of a progressively responsible nature.

Must have thorough knowledge of standard office practices and a working knowledge of modern practices and methods of office management and supervision. Must have ability to compose letters and reports in effective style and proper business form. Must be proficient in Windows and Microsoft applications. Must have excellent general office and telephone skills. Must have ability to make decisions independently in accordance with established policies and to use initiative and judgment in carrying out tasks and responsibilities with only general instructions and guidance. Must have ability to use tact and judgment in dealing with staff, the public, and with executives and officials from other entities.

Position requires ability to work quickly and accurately under pressure. Must be able to establish and maintain harmonious working relationships with other employees, other agencies and the public and represent the county in a positive manner in the community. Must be able to accept supervision and adhere to County and Department policies.

Prefer knowledge of medical, pharmaceutical and laboratory terms; education or training in a medical related field; and/or experience in a health care setting with similar responsibilities.

10. Is operation of motor vehicle required? Yes No

11. List equipment, tools, machines used in performance of duties.

Computer, copy machine, fax machine, multi-line telephone

AGENDA ITEM COVERSHEET

Agenda Item Title: Request Additional Funds for Evidence and Vehicle Expense Line Items

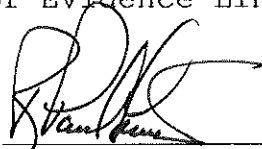
Department: District Attorney Requested Agenda Date: 02/18/2014

Contact Person: Paul Frasier Phone/Ext.: 7555

Background and description of need or problem: See Attached

Funding Source: Settlements

Requested Action: Approve additional \$7500 for Evidence Line Item and \$750 for Vehicle Expense Line Item

Date: 02/10/2014 Signature of Dept. Head:  _____

If item has impact on legal, budget, personnel or other departments, the original must be submitted to the appropriate department head for review and comment. Input from departments must be presented to the Commissioners' office by the agenda deadline (Monday noon) to be included in the agenda packet. If more than one department is affected, please forward the original to the next department. The last department to sign off is to forward the original to the Commissioners' office.

Departments Affected:

Dept. Comments: Will require appro transfer resolution B _____
Initials: _____

Dept. Comments: _____
Initials: _____

Dept. Comments: _____
Initials: _____

60

**R. PAUL FRASIER
DISTRICT ATTORNEY
COOS COUNTY OREGON**

Chief Deputy District Attorney

Erika Soublet

Deputy District Attorneys

Karen R. McClintock

Ryan Hughes

Stephen Pettey

Sarah Lundstedt

Michael Chartrey



Office of the District Attorney

Coos County Courthouse

250 North Baxter

Coquille, Oregon 97423

(541) 396-7550

FAX (541) 396-1015

TDD 1-800-735-2900

February 10, 2014

Coos County Board of Commissioners
Coos County Courthouse
Coquille, Oregon 97423

Re: Request for additional funds

Greetings:

As you may recall, last July I met individually with each of you to tell you that due to the unexpected number of homicides and other death investigations that I was afraid our evidence line item of \$25,000 would not be enough to get us through the fiscal year. The evidence line item is used to pay for our trial and investigative expenses incurred through the year. This includes paying witness fees, trial expenses, expert witnesses, laboratory tests not done by the Oregon State Police Forensic Laboratories, etc.

As I feared, the evidence line item does not contain enough money at this time to get us through the end of this fiscal year. Currently we are at \$5,800. Looking at present trials being set and making the best estimate I can, I believe I will need an additional \$7,500 to finish the year.

I also have a problem with the vehicle expense line item. Since I have been the District Attorney, we have always returned money to the county out of this line at the end of the fiscal year. Unfortunately, this year the county car I was driving broke down a couple of times resulting in expenses we normally do not have to deal with. Eventually the car was deemed not worth repairing and has since been substituted for another vehicle. (Instead of driving a car with 180,000 miles on it I am now driving one that has only 103,000 miles.) The vehicle expense line item is now at \$375. I estimate I will need an additional \$750 to get through the end of the year.

I am hesitant to ask for additional funds, but at this point I have no other alternative. Thank you for your time and attention.

Sincerely,

R. Paul Frasier

BOC only:
Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Approve Resolution 14-15-003L – Approving to File a Lease Application with BLM

Department: Parks / Counsel

Requested Agenda Date: 2/18/14

Contact Person: Josh Soper

Phone/Ext.: 7690

Background and description of need or problem: Coos County Parks Department wants to file an application to enter into a lease agreement with BLM for property located in Bastendorff. The leased property will be used for recreation and public use. A signed resolution must accompany the application.

Funding Source: NA

Requested Action: Approve and Sign Resolution 14-15-003L

Date: 2/13/2014

Signature of Dept. Head:  _____

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- 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: _____



1 BOARD OF COMMISSIONERS

2 COUNTY OF COOS

3 STATE OF OREGON

4
5 In the Matter of Approving to File a Lease Application with) RESOLUTION
the Bureau of Land Management) 14-15-003L
6)
7)

8 NOW BEFORE THE Board of Commissioners sitting for the transaction of County
9 business on the 4th day of February, 2014 is the matter of approving to file an application to
10 enter into an agreement with the Bureau of Land Management (hereinafter referred to as "BLM")
11 for the purpose of leasing the property as depicted in Exhibit A;

12 WHEREAS, it appears to the Board that pursuant to Chapter 203 of the Oregon Revised
13 Statutes, Coos County has the authority to hold or acquire land;

14 WHEREAS, the Coos County Parks Department desires to increase recreation and public
15 use (hereinafter referred to as "planned project") on the property;

16 WHEREAS, it appears to the Board that the Coos County Parks Department has an
17 approved budget that is sufficient to support the planned project;

18 NOW, THEREFORE, IT IS HEREBY RESOLVED that Coos County shall file the
19 aforementioned application;

20 IT IS FURTHER RESOLVED that Larry Robison, Director of the Coos County Parks
21 Department, shall have signing authority to execute the application.
22

23
24 ///

25 ///

26 ///

27 ///

BOC only: _____
Consent Agenda _____
Regular Agenda _____

CONSENT AGENDA ITEM COVERSHEET

Agenda Item Title: Ratify Approval of Satellite Service for LaVerne Park

Department: Parks Dept.

Requested Agenda Date: 2/18/14
3/4/14

Contact Person: Larry Robison

Phone/Ext.: 7756

Background and description of need or problem: This is to request ratification of Liaison Commissioner's approval to install satellite internet service at LaVerne Park from Southern Sky Communications in the amount of \$59.99 plus taxes for 10GB a month for 2 years. This connection is to allow connectivity of the computers at LaVerne Park with the Parks Dept. on-line reservation system.

Funding Source: 010-1800-452.29-02 - Utilities

Requested Action: Ratify liaison's approval of satellite internet service from Southern Sky Communications in the amount of \$59.99 plus taxes for LaVerne Park.

Date: 2/12/14

Signature of Dept. Head: 

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If this is a contract or grant:

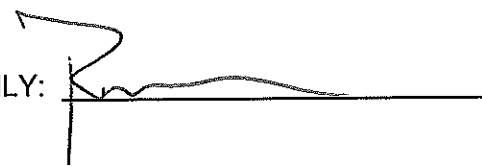
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Departments Affected:

COUNSEL:  _____

TREASURER: _____

BOC forwards signed Contract/Grant to:

Commissioners Initials to Place on Agenda ONLY: 



Virginia Harris

From: Larry Robison
Sent: Wednesday, February 05, 2014 7:04 AM
To: Virginia Harris
Subject: RE: Satellite Service - LaVerne Park

Virginia, go ahead and get it on the agenda. It beats frontier. Let me know if you need me to do anything. Larry

From: Virginia Harris
Sent: Tuesday, February 04, 2014 3:05 PM
To: Larry Robison; Sandi Arbuckle
Subject: Satellite Service - LaVerne Park

Ok. I spoke with Wayne this morning. Here's what Wayne said.

Base price for 10GB is \$49.99 per month on a 2 year contract and then an additional \$10 per month for the lease of the modem. So the **total monthly** would be **\$59.99** per month **plus** taxes, etc. Activation and Installation are free. The speed is 12 MB download – 3 MB upload. You would get 10GB for the month from 5 AM to Midnight. Anything from Midnight to 5AM is free. If for some reason you go over 10GB per month, you can buy 1 extra GB for \$10. When I asked what happened if you went over and didn't purchase the extra GB he said that you are slowed down, they won't let you download anything, but you could still access the internet and look around. If you consistently go over the 10GB you may want to go to the next package up which is an additional \$30 per month I believe. Wane said that once they get the order and everything it can be installed within a couple of days. He said there is not a 1 year contract.

I told him I'd let you know.

~~~~~  
~~~~~

Virginia D. Harris
Administrative Aide II
Maintenance-Purchasing / Information Technology
vharris@co.coos.or.us
541-396-7742 - Phone
541-396-1012 - Fax

BOC only: Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Approve Resolution 14-02-13L – Amending the Vector Assessment and Control Advisory Committee

Department: BOC / Counsel

Requested Agenda Date: 2/18/14

Contact Person: Josh Soper

Phone/Ext.: 7690

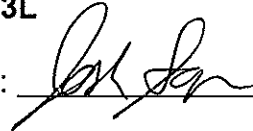
Background and description of need or problem: The Board of Commissioners created the Vector Assessment and Control Advisory Committee in December, 2013. The Committee was formed in accordance with the provisions as set forth in Exhibit A. Board now wants to amend Exhibit A, modifying the entities represented on the Committee. The Board can only amend Exhibit A by resolution.

Funding Source: NA

Requested Action: Approve and Sign Resolution 14-02-13L

Date: 2/13/2014

Signature of Dept. Head: _____



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Departments Affected:

COUNSEL: _____



TREASURER: _____

N/A



1 BOARD OF COMMISSIONERS

2 COUNTY OF COOS

3 STATE OF OREGON

4
5 In the Matter of Amending the Vector Assessment and) RESOLUTION
6 Control Advisory Committee) 14-02-13L
7)

8 NOW BEFORE THE Board of Commissioners sitting for the transaction of County
9 business on the 18th of February, 2014 is the matter of amending the Vector Assessment and
10 Control Advisory Committee (hereinafter referred to as "Committee");

11 WHEREAS, the Committee was created on December 18, 2003 by adoption of
12 Resolution 13-12-144L (CJ2014-000032);

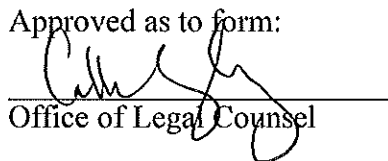
13 WHEREAS, the Committee was formed in accordance with the provisions as set forth in
14 Exhibit A;

15 WHEREAS, the Board of Commissioners now desire to amend Exhibit A;

16 NOW, THEREFORE, IT IS HEREBY RESOLVED that the Exhibit A is hereby
17 amended to Revised Exhibit A.
18

19
20 Dated this _____ day of _____, 2014.

21
22 BOARD OF COMMISSIONERS

23 Approved as to form:
24 
25 Office of Legal Counsel

26 _____
27 Chair

Commissioner

Commissioner

REVISED EXHIBIT A

VECTOR ASSESSMENT & CONTROL ADVISORY COMMITTEE

Purpose:

1. To advise and suggest options to the Coos County Commissioners concerning the vector problems in Coos County.
2. To advise, assist, develop and recommend an integrated pest management plan, if required by Coos County Commissioners.

Scope:

To advise the Coos County Board of Commissioners in matters regarding:

1. Protecting the public health, safety, and quality of life;
2. Controlling the possible spread of disease;
3. Taking the necessary and proper steps and measures for the prevention, control, or (if necessary) eradication of public health vectors using integrated pest management methods;
4. Identifying vector habitats;
5. Protecting agricultural products and commercial businesses;
6. Monitoring vector density levels; and
7. Investigating state and federal funding opportunities for vector assessment and control.

Committee:

1. The Committee will consist of ten (10) citizens of Coos County, and shall represent each of the following entities:
 - a. Coos County Livestock Association – one representative
 - b. Coos County Health Department – one representative
 - c. Oregon Department of Fish and Wildlife – one representative
 - d. Hospitality & Tourism Industry – one representative
 - e. Six (6) Interested Citizens that reside in Coos County – preference given to Bee Keepers, Cranberry Growers, and the Organic Produce Community
2. The Committee members will elect a Chairman, Vice-Chairman and Secretary annually.
3. All terms of office shall be for three years, except the initial terms will be staggered, with four (4) members appointed for three years, three (3) members appointed for two years, and three (3) members appointed for one year. Thereafter, all Committee members shall be appointed to three year terms.