

A G E N D A
COOS COUNTY BOARD OF COMMISSIONERS
OWEN BUILDING LARGE CONFERENCE ROOM
February 7, 2012
8:30 A.M.

1. **EXECUTIVE SESSION under the authority of ORS 192.660**
PLEDGE OF ALLEGIANCE
2. **DEPARTMENT HEADS - scheduled to begin at 9:30 AM**
 - A. Request Approval to Purchase Replacement Computer- Assessor
 - B. Request Approval of Amendment #1 to Medicaid Agreement- CCF
 - C. Request Approval of Management for Community Wildfire Protection Plan- Sheriff/EM
 - D. Request Acceptance of Homeland Security Grant & Authorize Chairman to Sign- Sheriff/EM
 - E. Request Approval of Cooperative Law Enforcement Agreement & Annual Operating Plan- Sheriff
 - F. Discussion re: Budget Worksession Scheduling- BOC
 - G. Presentation of Structure Committee Report- BOC
3. **CONSENT CALENDAR- administrative matters not up for discussion**
 - A. **Approval of Minutes**
Regular Meeting Minutes- January 12, 2012
 - B. **Ratification of All Routine Expenditures, Tax Overpayments and Adjustments and Transfers of Funds Within the Budget**
Transfer of Appropriations Within a Department- IT- extra help
Transfer of Appropriations Within a Department- IT- equipment purchases
Travel Expenses to Federal Court Hearing- County Counsel- \$55.25
ID Card Group Invoice #847046- Sheriff- \$593.51
 - D. **Separation Agreement with Grant- exempt public record**
 - E. **Ratification of Approvals Previously Obtained**
Amendment to Fund Exchange Agreement with ODOT- Road
Liquor License Applications: Bachelor's Inn, Pepsi-Cola Bottling
4. **LATE AGENDA ITEMS**
5. **CITIZEN COMMENTS** – this is the time for citizens to comment on county government business items that are not already on the agenda
6. **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

Agenda Item Title: Request Approval to Purchase Replacement Computer

Department: Assessor

Requested Agenda Date: 2/07/2012

Contact Person: Steve Jansen

Phone/Ext.: 275

Background and description of need or problem: This request is to approve purchase of a replacement computer for our Cartography Department. Due to the nature of the CAD software used, Cartography workstations require much higher graphics and raw processor power than a standard desktop computer. The computer being replaced is not only a standard, low-power desk unit with a Pentium-4 processor, but is also over six years old.

Funding Source: 23-4001-465.33-04 GIS Grant

Requested Action: Approve purchase of 1 Dell Precision T7500 workstation for the amount of \$3529.41 pursuant to the State Purchasing contract.

Date:

Signature of Dept. Head:

Steve Jansen

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:

TREASURER: OK, S

HUMAN RESOURCES: _____

COUNTY COUNSEL: OK 10.112 -JS

IT: _____

Commissioners Initials to Place on Agenda ONLY: _____

JA

BOC only:
Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Medicaid Intergovernmental Agreement Amendment 1 with State Commission

Department: CCF **Requested Agenda Date:** February 7, 2012

Contact Person: Barbara Bassett **Phone/Ext.:** 393

Background and description of need or problem: This amendment to the Medicaid IGA reflecting revisions to the Activity Codes (Attachment A) and an increase to the DMAP Administration Fee (from 1% to 1.5%).

Funding Source: NA

Requested Action: Approve IGA Amendment 1

Date: 01/12/12 **Signature of Dept. Head:** Barbara Bassett CB

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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: OK - JS

TREASURER: OK, B

HUMAN RESOURCES: _____

BOC forwards signed Contract/Grant to:

Commissioners Initials to Place on Agenda ONLY: _____

AB

CONTRACT / GRANT SUMMARY FORM

Clerk's File C&A No.: _____ (complete after filed with Clerk) Internal Contract/Agreement or Grant No.: COOS1113-MAC

Name/Agency Name and Address: Oregon Commission on Children & Families, 530 Center St. NE, Ste 100, Salem, OR 97301

Contact Person: Irish Bell Phone No. 503-378-6250

Amount of Contract/Grant Award: \$ 15,000.00

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

Start Date: July 1, 2011 End Date: June 30, 2013

County Department and Employee Responsible for Performance: Commission on Children & Families, Barbara Bassett

Description: amendment 1 to C&A 300 filed on 10/14/11

FINANCIAL INFORMATION

STATE %	OTHER %	FEDERAL % (CFDA # Required)	Catalog of Federal Domestic Asst. *(CFDA) Number
		100	93.778

*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.

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: JS

BOC only:
Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Coos County Community Wildfire Protection Plan

Department: Sheriff's Office/ Emerg. Mgnt **Requested Agenda Date:** 02/07/2012

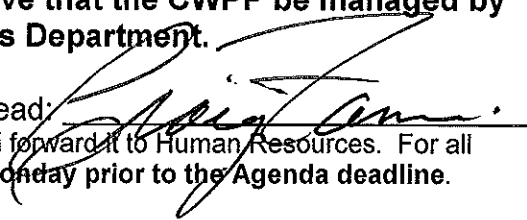
Contact Person: Glenda Hales **Phone/Ext.:** 398

Background and description of need or problem: Board requested Emergency Management to locate an agency/department where the Community Wildfire Protection Plan would be managed. Coos County Emergency Management has agreed to be that department.

Funding Source: None

Requested Action: Board of Commissioners to approve that the CWPP be managed by the Emergency Management Office under the Sheriff's Department.

Date: 01/10, 2012

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.

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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: _____

TREASURER: _____

HUMAN RESOURCES: _____

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: Homeland Security Grant #11-226 – EOC readiness – Iron keys


Department: Sheriff's Office/ Emerg. Mgnt **Requested Agenda Date:** 02/07/2012

Contact Person: Glenda Hales **Phone/Ext.:** 398

Background and description of need or problem: BOC approval of grant #11-226 Homeland Security for 13 software flash drives called Iron Keys for EOC response readiness.

Funding Source: Homeland Security Grant #11-226 *Chair of the*
Requested Action: Approval and signature by the Coos County Board of Commissioners on 2 original grant forms.

Date: 01/18/2012

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?
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Departments Affected:

COUNSEL: OK. Also requires signature by Treasurer so please route to that office after Board approval. -JS

TREASURER: OK, B

HUMAN RESOURCES: _____

BOC forwards signed Contract/Grant to:

Commissioners Initials to Place on Agenda ONLY: _____

2D

CONTRACT / GRANT SUMMARY FORM

Date Approved: _____ (completed by BOC Office) C&A No.: _____ (completed after filed with Clerk) Grant No.: 11-226

Name/Agency Name and Address: Or Military Dept Office of Emergency Management PO Box 14370, Salem, OR 97309-5062

Contact Person: John Lewis, Plans & Trng, Contract Specialist Phone No. (503) 378-2911

Amount of Contract/Grant Award: \$19,520.00 Payment Terms: Quarterly Request for reimbursement (reimbursement grant lump sum (lump sum or amount and time of payments)

Start Date: 01/01/12 End Date: 12/31/12

County Department and Employee Responsible for Performance: Emergency Management, Glenda Hales, Prog Mgr

Description: Homeland Security Grant Program \$19,520 to purchase 13 software flash drives for EOC response and readiness. To allow Coos County Emergency Management and 7 Cities, 2, Tribes to draft IAP – incident action plans, situation status, etc. during exercises and real events for expedited management and share of information during and of the event/exercise.

FINANCIAL INFORMATION

Table with 4 columns: STATE %, OTHER %, FEDERAL % (CFDA # Required), Catalog of Federal Domestic Asst. *(CFDA) Number. Values: 100%, 97.073

*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 [X] Renewal [] Modification []
Previous Amount: \$ Original Amount: \$

Previous Date: Original Date:

Automatic Renewal: [] Yes [X] No Staff Requirements: [] New [X] Existing [] Subcontract

How will the program be terminated if funds are terminated? OEM has secured grant funds. Will unemployment cost be incurred? [] Yes [X] No

PUBLIC CONTRACTING INFORMATION

A. Type of Contract:

- [] New (complete sections below)
[] Renewal (no need to complete sections below)
[] Modification (no need to complete sections below)

B. Type of Contract and Method of Section (complete one of the sections):

- 1. [] Goods and Services --Method of Selection: [] Bid or [] Proposal, or [] Exemption:
[] Under \$5000 [] Equipment Maintenance
[] Under \$50,000 for Quotes [] Office Supplies
[] Under \$150,000 & Approval from Board for Quotes [] Used Vehicles
[] Sole Source [] State Purchasing
[] Contract with Public Agency [] Other _____

[] Public Improvement -- [] Bid or [] Exemption:

- [] Under \$5000 [] Alternative Contracting Method Approved by Board
[] Under \$50,000 for Quotes [] Other _____
[] Under \$100,000 & Not a Transportation Project for Quotes

[] Personal Services Contract -- [] Proposal or [] 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)

BOC only:
Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Cooperative Law Enforcement Agreement and Annual Operating Plan for Recreation Patrol - #12-LE-11061000-007.

Department: Sheriff's Office

Requested Agenda Date: ^{2/7} 1/31/12

Contact Person: Det Sgt Dan Looney; Deputy Stone **Phone/Ext.:** 378

Background and description of need or problem: 2012 – 2017 Cooperative Law Enforcement Agreement and Annual Operative Plan for Patrol on Forest Service lands. This is year 1 of a 5 year Cooperative Law Enforcement Agreement which expires 9/30/17. The Annual Operating Plan is made and agreed to as of the last date signed and is effective through September 30, 2012.

Funding Source: 001-1600-331.02-02

Requested Action: Board review, approval and signature.

Date:

Signature of Dept. Head: 

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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:  _____

TREASURER:  _____

HUMAN RESOURCES: _____

BOC forwards signed Contract/Grant to: Jackie McDaniel, CCSO



CONTRACT / GRANT SUMMARY FORM

Clerk's File C&A No.: _____ (complete after filed with Clerk) Internal Contract/Agreement or Grant No.: 12-LE-11061000-007;

Name/Agency Name and Address: U.S. Dept. of Agriculture, Forest Service, 3040 Biddle Road, Medford, OR 97501

Contact Person: Javier Masiel, Patrol Captain Phone No. (541) 618-2152

Amount of Contract/Grant Award: \$ 9,500.00

Payment Terms: Monthly Payments after invoiced for services (state lump sum or amount and time of payments)

Start Date: When fully executed End Date: 9-30-2012

County Department and Employee Responsible for Performance: Det. Sgt. Looney and Deputy Stone

Description: Cooperative Law Enforcement Agreement 12-LE-11061000-007 and Annual Operating Plan. This is year 1 of a 5 Yr Agreement. Cooperative Law Enforcement Agreement Expires 9/30/2017.

FOREST PATROL

FINANCIAL INFORMATION

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

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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 Equipment Maintenance
 Under \$50,000 for Quotes Office Supplies
 Under \$150,000 & Approval from Board for Quotes Used Vehicles
 Sole Source State Purchasing
 Contract with Public Agency Other _____
- Public Improvement - If Not Using Bid, Mark Exemption:**
 Under \$5000 Alternative Contracting Method Approved by Board
 Under \$50,000 for Quotes Other _____
 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: _____

BOC only: Consent Agenda _____ Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Budget Worksession Scheduling

Department: BOC

Requested Agenda Date: 2/7/12

Contact Person: Fred Messerle

Phone/Ext.: x247

Background and description of need or problem: The Board needs to set worksession dates so that work on the 2012/13 budget can move forward.

Funding Source:

Requested Action:

Date: _____ **Signature of Dept. Head:** _____

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Commissioners Initials to Place on Agenda ONLY: _____

BOC only: Consent Agenda
Regular Agenda

AGENDA ITEM COVERSHEET

Agenda Item Title: Structure/Organization Committee Majority Report

Department: BOC

Requested Agenda Date: February 7, 2012

Contact Person: Fred Messerle

Phone/Ext.:

Background and description of need or problem: Power point presentation by co-chairman, Alan Pettit, of Structure/Organization Committee report delivered to BOC on January 17, 2012.

Funding Source: N/A

Requested Action: Presentation only

Date: _____ **Signature of Dept. Head:** _____

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Commissioners Initials to Place on Agenda ONLY: _____

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