

A G E N D A
COOS COUNTY BOARD OF COMMISSIONERS
Owen Building Large Conference Room
August 17, 2021
8:30 A.M.

1. **EXECUTIVE SESSION under the authority of ORS 192.660**

- A. (2)(d) Labor Negotiations
- B. (2)(e) Real Property Transactions
- C. (2)(f) Information or Records Exempt by Law from Public Inspection
- D. (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. Request Approval of IGA with Oregon Health Authority & Authorize Chair to Sign- Coos Health & Wellness (CHW)
- B. Request Approval of Contract with Bay Area First Step for Facilitating Center- CHW
- C. Request Approval of Contract with Bay Area First Step for Peer Delivered Services- CHW
- D. Request Approval of Resolution for Working Out of Class Pay- CHW
- E. Request Approval to Hire MHA II/Adult Team at Step 3- CHW
- F. Request Approval to Hire Secretary III at Step 3- CHW
- G. Request Approval of Resolution to Add Appropriations- Road
- H. Request Approval of ODOT Agreement for Sandy Creek Emergency Relief Project- Road
- I. Request Approval of TOPS Agreement with Coquille Indian Tribe- Sheriff
- J. Request Approval of Modification to BLM Contract to Deobligate Funds & Authorize Chair to Sign- Sheriff
- K. Request Approval of IGA with Dept. of Education & Authorize Chair to Sign- Juvenile
- L. Request Approval of 2021-23 Justice Reinvestment Grant Application- Community Corrections
- M. Request Approval of Amendment #2 to IGA With City of Reedsport & Authorize Chair to Sign- Community Corrections
- N. Request Approval of Amendment #4 to LOA with Bay Area First Step- Community Corrections
- O. Request Approval of Amendment to Contract with ADAPT- Community Corrections
- P. Request Acceptance of Transfer/Ownership of K9 Katie from Coos Bay Police- Community Corrections
- Q. Request Approval of Revised Job Description/Approve Posting & Filling Position- IT/Maint
- R. Request Approval of Reclass for Fair Office Manager Position/Approve Posting & Filling Position- HR

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.

- S. Request Approval of Order Appointing Hearings Officer for Impounded Dog Hearing- Counsel
- T. Request Approval of CBA with Teamsters Local 206 Solid Waste- Counsel
- U. Request Approval of Letter of No Objection for Coquille Tribe & Authorize Chair to Sign- BOC

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

A. Approval of Minutes

- Regular Meeting Minutes- August 3, 2021
- Worksession- Predatory Animal Control District- August 3, 2021
- Worksession- Emergency Management Consolidation- August 5, 2021

B. Orders & Resolutions

- Resolution 21-08-151P, In the Matter of a Longevity Increase for Jessica Johnson Effective August 1, 2021
- Resolution 21-08-152P, In the Matter of a Longevity Increase for Eric Zanni Effective August 1, 2021
- Resolution 21-08-153P, In the Matter of a Salary Adjustment Due to Certification for Kristy Harvey Effective August 1, 2021
- Resolution 21-08-154P, In the Matter of Classifying and Placement of Various Employees on the Regular Coos County Payroll Effective Their Hire Date
- Resolution 21-08-055P, In the Matter of Granting Salary Merit Step Increases for Various Employees Effective August 1, 2021
- Resolution 21-08-156P, In the Matter of Granting Salary Merit Step Increases for Various Employees Effective August 1, 2021
- Resolution 21-08-157P, In the Matter of Granting Salary Merit Step Increases for Various Employees Retroactive to July 1, 2021
- Resolution 21-08-159P, In the Matter of Granting a Salary Merit Step Increase for Matthew Hays Retroactive to July 1, 2021
- Resolution 21-08-162P, In the Matter of Granting a Salary Merit Step Increase for Virginia Harris Effective August 1, 2021
- Resolution 21-08-163P, In the Matter of Granting Salary Merit Step Increases for Various Employees Effective September 1 2021

C. Items Previously Approved (authorize Chair to sign where necessary)

- Rental Agreement with Coos History Museum- BOC- AOC District 4 meeting
- Contract with Omlid & Swinney- CHW- fire alarm testing
- MOU with Confederated Tribes- Community Corrections- in conjunction with JRI program
- MOU with The Safe Project- Community Corrections- referral for domestic violence victims
- MOU with City of Reedsport- Community Corrections- jail bed contract extension
- MOU with Advanced Health- Community Corrections- services to underserved clients

D. Maintenance Agreements/Licensing (authorize Chair to sign where necessary)

- Renewal of Mimecast Email Security Software- IT

5. **LATE AGENDA ITEMS**

6. **COMMISSIONERS REPORTS**

BOC only:
Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Executive Session Requested

Department: Counsel **Requested Agenda Date:** 08/17/2021

Contact Person: Nathaniel Johnson **Phone/Ext.:** 7693

- Background and description of need or problem:** Need executive session for:
- ORS 192.660(2)(e) – to negotiate real property transactions
 - ORS 192.660(2)(h) – consulting with regard to current litigation and litigation likely to be filed
 - ORS 192.660(2)(d) – to conduct deliberations with persons designated by the governing body to carry on labor negotiations
 - ORS 192.660(2)(f) – To consider information or records that are exempt by law from public inspection.

Requested Action: Go into Executive Session during Board meeting as stated above.

Date: 08/10/2021

Signature of Dept. Head: Nathaniel Johnson

Departments Affected:

COUNSEL: NJ

BOC only:
Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Contract with Oregon Health Authority

Department: Coos Health & Wellness

Requested Agenda Date: 8/17/2021

Contact Person: Mike Rowley

Phone/Ext.: 541-266-6778

Background and description of need or problem: IGA 170660 delegates responsibility to CHW for the following programs: Tourist Facility program, Pool/Spa program, the restaurant, B&B, commissary, mobile unit, and warehouse licensing programs.

Funding Source:

Requested Action: Board to approve IGA 170660 and authorize the Chair to sign.

Date: 8/9/2021

Signature of Dept. Head: Mike Rowley

Digitally signed by Mike Rowley
DN: cn=Mike Rowley, o=Coos Health & Wellness, ou,
email=mike.rowley@chw.coos.or.us, c=US
Date: 2021.08.09 07:04:39 -0700

For all 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? Patricia Crawford

County Counsel MS

Treasurer MS

Human Resources _____

3A

CONTRACT / GRANT SUMMARY FORM

Clerk's CJ No.: _____ (complete after filing) Contract/Agreement/Grant No.: 170660-0(if applicable)

Name/Agency Name and Address: State of Oregon, OHA, 800 NE Oregon St, Ste 550, Portland, OR 97232

Contact Person: Danielle Pompe Phone No: 503-947-5142 Email: Danielle.A.Pompe@dhsosha.state.or.us

Amount of Contract/Grant Award: \$ 0

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

Effective Date: 6/30/2021 Start Date: _____ (if different from effective date, i.e. retroactive / prospective date)

End Date: 6/30/2023 (if known)

County Department and Employee Responsible for Performance: Coos Health & Wellness, Mike Rowley, Director.

Description: IGA delegates responsibility for the following programs: Tourist Facility program, fifteen percent (15%) of state or county licensing fee, whichever is less. Pool/Spa program- \$45.00 for each license issued. The restaurant, B&B, commissary, mobile unit, and warehouse licensing programs- predetermined percentage of licensing revenue projected at 12.81% for biennium 2021-2023.

Staff Requirements: New Existing Subcontract

Will unemployment cost be incurred? Yes No

FINANCIAL INFORMATION (Fill out this section only if the County is receiving funds)

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 its own summary form.

New

Renewal

Modification

Previous Amount: \$

Original Amount: \$

Previous Date:

Original Date:

PUBLIC CONTRACTING INFORMATION (Fill out this section only if the County is spending funds)

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 \$10,000
 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 \$5,000
 Under \$50,000 for Quotes
 Between \$50,000 and \$100,000 for Quotes and Prevailing Wage Requirements

- Alternative Contracting Method Approved by Board
 Other _____

Personal Services Contract – If Not Using Proposal, Mark Exemption:

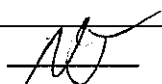
- Under \$50,000
 Under \$150,000 & Approval from Board

Will project be reported to Bureau of Labor for Prevailing Wages under ORS 279C.800? Yes No

Certificate of insurance required? Yes No

Date Approved by BOC: _____

Reviewed by Counsel: _____



BOC only:
Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Contract with Bay Area First Step

Department: Coos Health & Wellness

Requested Agenda Date: 8/17/2021

Contact Person: Mike Rowley

Phone/Ext.: 541-266-6778

Background and description of need or problem: Bay Area First Step will provide deliverables as specified in OHA Grant #171442 (FY2021-23) supporting the operations of a Substance Use Disorder Peer Delivered Services (SUD PDS) Facilitating Center in Coos County.

Funding Source:

Requested Action: Board to approve and sign contract with Bay Area First Step.

Date: 8/9/2021

Signature of Dept. Head: _____

Mike Rowley

Digitally signed by Mike Rowley
DN: cn=Mike Rowley, o=Coos Health &
Wellness, ou,
email=mike.rowley@chw.coos.or.us, c=US
Date: 2021.08.09 06:55:07 -0700

For all 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?

County Counsel _____

Treasurer _____

Human Resources _____

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CONTRACT / GRANT SUMMARY FORM

Clerk's CJ No.: _____ (complete after filing) Contract/Agreement/Grant No.: (if applicable)

Name/Agency Name and Address: Bay Area First Step, 1942 Sheridan Ave., North Bend, OR 97459

Contact Person: Steve Sanden Phone No: 541-756-3777 Email: ssanden@bayareafirststep.org

Amount of Contract/Grant Award: \$ 443,340.00 (estimated)

Payment Terms: \$18,472.50 (minus 1.5% admin fee of \$277.09) (state lump sum or amount and time of payments)

Effective Date: 7/1/2021 Start Date: _____ (if different from effective date, i.e. retroactive / prospective date)

End Date: 6/30/2023 (if known)

County Department and Employee Responsible for Performance: Coos Health & Wellness, Mike Rowley, Director.

Description: BAFS operation of SUD/PDS Facilitating Center in Coos County per scope of work in IGA171442. Funding for current 2021-23 contract period is \$443,340.00. Monthly invoice of \$18,472.50 submitted by BAFS to CHW, 1.5% admin. fee will be subtracted and retained by CHW as admin. fee (\$277.09 per month) resulting in BAFS monthly payment of \$18,194.41.

Staff Requirements: [] New [] Existing [x] Subcontract

Will unemployment cost be incurred? [] Yes [x] No

FINANCIAL INFORMATION (Fill out this section only if the County is receiving funds)

Table with 4 columns: 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 its own summary form.

- [] New [] Renewal [] Modification
Previous Amount: \$ Original Amount: \$
Previous Date: Original Date:

PUBLIC CONTRACTING INFORMATION (Fill out this section only if the County is spending funds)

Method of Selection:

- [] Bid [] None
[] Quote [x] Other IGA #171442; behavioral health
[] Proposal

Type of Contract:

- [x] 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 \$10,000
[] 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
[x] Other Behavioral Health

[] Public Improvement - If Not Using Bid, Mark Exemption:

- [] Under \$5,000
[] Under \$50,000 for Quotes
[] Between \$50,000 and \$100,000 for Quotes and Prevailing Wage Requirements

- [] 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 [x] No

Certificate of insurance required? [x] Yes [] No

Date Approved by BOC: _____

Reviewed by Counsel: [Signature]

BOC only:
 Consent Agenda _____
 Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Contract with Bay Area First Step

Department: Coos Health & Wellness

Requested Agenda Date: 8/17/2021

Contact Person: Mike Rowley

Phone/Ext.: 541-266-6778

Background and description of need or problem: Bay Area First Step will provide Peer Delivered Services to individuals with Substance Use Disorders contained in the current IGA contract between OHA and Coos County.

Funding Source:

Requested Action: Board to approve and sign contract with Bay Area First Step.

Date: 8/9/2021


Signature of Dept. Head: Mike Rowley

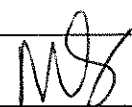
Digitally signed by Mike Rowley
 DN: cn=Mike Rowley, o=Coos Health & Wellness, ou,
 email=mike.rowley@chw.coos.or.us,
 c=US
 Date: 2021.08.09 06:56:48 -07'00'

For all 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?

County Counsel 

Treasurer 

Human Resources _____



CONTRACT / GRANT SUMMARY FORM

Clerk's CJ No.: _____ (complete after filing) Contract/Agreement/Grant No.: (if applicable)

Name/Agency Name and Address: Bay Area First Step, 1942 Sheridan Ave., North Bend, OR 97459

Contact Person: Steve Sanden Phone No: 541-756-3777 Email: ssanden@bayareafirststep.org

Amount of Contract/Grant Award: \$ 84,521.92 (estimated)

Payment Terms: \$3521.75 (estimated) pro-rated monthly (state lump sum or amount and time of payments)

Effective Date: 7/1/2021 Start Date: _____ (if different from effective date, i.e. retroactive / prospective date)

End Date: 6/30/2023 (if known)

County Department and Employee Responsible for Performance: Coos Health & Wellness, Mike Rowley, Director.

Description: BAFS will be paid based on allotment for IGA A&D63 funding for current contract period, subtracting 3% admin. fee retained by CHW. Current funds of \$43,568.00/year (minus 3% admin. fee) is \$42,260.96/year resulting in monthly payment of \$3,521.75.

Staff Requirements: New Existing Subcontract

Will unemployment cost be incurred? Yes No

FINANCIAL INFORMATION (Fill out this section only if the County is receiving funds)

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 CDFA number, each segment must have its own summary form.

New

Renewal

Modification

Previous Amount: \$

Original Amount: \$

Previous Date:

Original Date:

PUBLIC CONTRACTING INFORMATION (Fill out this section only if the County is spending funds)

Method of Selection:

- Bid None
 Quote Other Behavioral Health
 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 \$10,000
 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 Behavioral Health

Public Improvement – If Not Using Bid, Mark Exemption:

- Under \$5,000
 Under \$50,000 for Quotes
 Between \$50,000 and \$100,000 for Quotes and Prevailing Wage Requirements

- 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

Date Approved by BOC: _____

Reviewed by Counsel: AW

BOC only: Consent/Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Board to approve Resolution 21-08-160P.

Department: CHW

Requested Agenda Date: 8/17/2021

Contact Person: Mike Rowley

Phone/Ext.: 541-266-6700

Background and description of need or problem: Due to Covid-19 pandemic resurgence, Request Board approve the attached working out of class resolution for Public Health Nurse Kelsey Orr, effective August 2, 2021.

Funding Source: 005-1100-441.10-01

Requested Action: BOC to approve and sign Resolution 21-08-160P.

Date: 8/17/2021

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.

Departments Affected:

COUNSEL: _____

TREASURER: NR _____

HUMAN RESOURCES: CB _____

BOC forwards signed document to Counsel's office. _____

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BOARD OF COMMISSIONERS

COUNTY OF COOS/STATE OF OREGON

In the Matter of Working Out)	R E S O L U T I O N
Of Class Pay for Kelsey Orr)	21-08-160 P
Effective August 2, 2021)	

THIS MATTER HAVING COME BEFORE the Board of Commissioners at a regular meeting held August 17, 2021; and

WHEREAS, the Board of Commissioners at this regular meeting having approved working out of classification pay for Kelsey Orr, a Coos Health & Wellness employee; and

WHEREAS, Kelsey Orr having taken on responsibilities related to the COVID-19 response team;

THEREFORE, BE IT RESOLVED that Kelsey Orr shall receive working out of classification pay under the paygrade 606, and her salary be adjusted effective to August 2, 2021 as follows:

<u>EMPLOYEE</u>	<u>CLASSIFICATION</u>	<u>GRADE</u>	<u>RGE.</u>	<u>STEP</u>	<u>AMOUNT</u>
<u>HEALTH - 005-1100-441.10-01</u>					
Orr, Kelsey	Public Health Nurse	606	--	5	\$6,336

IT IS FURTHER RESOLVED that Kelsey Orr's monthly salary shall return to the paygrade of 600, step 5 upon conclusion of the working out of classification duties.

DATED THIS _____ day of _____, 2021.

BOARD OF COMMISSIONERS

_____	_____	_____
Commissioner	Commissioner	Commissioner

BOC only:
Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET REQUEST TO START NEW HIRE ABOVE STEP 2

Department: Coos Health & Wellness

Requested Agenda Date: 8/17/2021

Contact Person: Mike Rowley

Phone/Ext.: 541-266-6700

Name of New Hire: Sholana Shoberg

Hire Date: 8/18/2021

Proposed Paygrade: 450

Proposed Step: 3

Starting Salary: \$3,993 per month

Please explain in detail reason to hire above Step 2: Request Board approval to hire Sholana Shoberg at step 3 for the position of Mental Health Associate II on the Adult team. Sholana has eight years of relevant experience and has completed numerous trainings that will be beneficial for this position. She is actively credentialed with MHACBO. With her previous position, Sholana carried a caseload of 16 high-need clients. This experience will enable her to have a caseload at CHW equivalent to a seasoned MHA II. Sholana also knows the local resources due to her current position with Kairos and is also using our electronic health record and will need little training in either area. For these reasons, we believe hiring at Step 3 is appropriate.

Funding Source: 021-1302-444.10-01

Mike Rowley

Digitally signed by Mike Rowley
DN: cn=Mike Rowley, o=Coos Health &
Wellness, ou,
email=mike.rowley@chw.coos.or.us, c=US
Date: 2021.08.03 14:23:39 -07'00'

Date: 7/30/2021

Signature of Dept. Head: _____

Requested Action: Board to approve the hiring of Rebecca Haylett at Step 3 of paygrade 411.

The Board of Commissioners will make a determination based on the following bona-fide factors:

- Education (substantive knowledge acquired through relevant coursework, as well as any completed certificate or degree)
- Training (on the job training acquired in current or past positions or through formal training program);
- Experience (must be relevant experience)
- Travel (if travel is necessary and regular for the employee)
- Workplace location (if different from regular workplace location)
- Any combination of the above

Departments Affected: _____

COUNSEL: _____

TREASURER: _____

HUMAN RESOURCES: _____

3E

BOC only:
Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET REQUEST TO START NEW HIRE ABOVE STEP 2

Department: Coos Health & Wellness

Requested Agenda Date: 8/17/2021

Contact Person: Mike Rowley

Phone/Ext.: 541-266-6700

Name of New Hire: Hannah LeMargee

Hire Date: TBD

Proposed Paygrade: 409

Proposed Step: 3

Starting Salary: \$2,910 per month

Please explain in detail reason to hire above Step 2: Request Board approval to hire Hannah LeMargee at step 3 for the position of Secretary III in support of the CHW Behavioral Health Team. Hannah is an exceptional candidate with a skill set above that of individuals normally hired into this position. Hannah has a B.S. in Business Administration with an emphasis on Management. She has 10 years of administrative experience including work related to complex medical tasks, coordination with medical providers and legal counsels. Understands confidentiality/HIPAA considerations. Excellent customer service background as confirmed by employment references. Experience working in highly technical settings- proficient with multiple software systems both Office based and others and ability to adapt and learn new systems quickly. Experience working in fast paced, team based environment similar to this position.

For these reasons, we believe hiring at Step 3 is appropriate.

Funding Source: 021-1302-444.10-01

Date: 7/30/2021

Signature of Dept. Head: _____

Mike Rowley

Digitally signed by Mike Rowley
DN: cn=Mike Rowley, o=Coos Health &
Wellness, ou,
email=mike.rowley@chw.coos.or.us, c=US
Date: 2021.08.03 16:06:50 -0700

Requested Action: Board to approve the hiring of Rebecca Haylett at Step 3 of paygrade 411.

The Board of Commissioners will make a determination based on the following bona-fide factors:

- Education (substantive knowledge acquired through relevant coursework, as well as any completed certificate or degree)
- Training (on the job training acquired in current or past positions or through formal training program);
- Experience (must be relevant experience)
- Travel (if travel is necessary and regular for the employee)
- Workplace location (if different from regular workplace location)
- Any combination of the above

Departments Affected:

COUNSEL: NR

TREASURER: NS

HUMAN RESOURCES: CB . APPROPRIATE .

3F

BOC only:
Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Coos County Riley Ranch Loop D Restroom #COG21-003 - Resolution 21-08-158B

Department: Parks

Requested Agenda Date: 8/17/2021

Contact Person: John Rowe

Phone/Ext.: 7765

Background and description of need or problem: Coos County has been awarded an OPRD County opportunity Grant in the amount of \$160,234.00 for the purchase and install of a bathroom/shower building with a septic drain field in the D loop of Riley Ranch This was not anticipated to begin in FY22 budget and was not included. .

Funding Source: OPRD County Opportunity Grant Program 160,234.00,
010-1800-452.60-14 Construction and Acquisition 160,234.00,

Requested Action: Approve and sign Resolution 21-08-158B

Date: 8/17/2021

Signature of Dept. Head: John Rowe

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: MS

TREASURER: MS - Authorization for JR to sign agreement given on R 21-03-037C from 3/14/2021.

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BOARD OF COMMISSIONERS
COUNTY OF COOS
STATE OF OREGON

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In the Matter of Making an Additional) RESOLUTION
Appropriation in the Amount of \$160,234) 21-08-158B
Within the County Parks Fund)

THIS MATTER HAVING COME BEFORE the Board of Commissioners at a meeting held August 17, 2021, and whereas the County Parks Fund has been awarded a grant from the Oregon Parks and Recreation Department in the amount of One Hundred Sixty Thousand Two Hundred Thirty-four Dollars (\$160,234); and

WHEREAS, the above stated amount to be used for a bathroom/shower building with a septic drain field in the D Loop of Riley Ranch was not anticipated and was not included in the budget; and

WHEREAS, the above stated amount should be appropriated according to O.R.S. 294.338(2);

NOW, THEREFORE, BE IT RESOLVED that an additional amount of One Hundred Sixty Thousand Two Hundred Thirty-four Dollars (\$160,234) be appropriated as follows:

010 COUNTY PARKS FUND	
Resources	
334.07-23 OSPR-Riley Ranch	<u>\$160,234</u>
Expenditures	
1800 – Park’s Department	
Capital Outlay	
452.60-14 Construction & Acquisition	<u>\$160,234</u>

DATED THIS _____ day of August 2021.

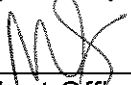
BOARD OF COMMISSIONERS

Commissioner

Commissioner

Commissioner

Prepared by:



Budget Office

BOC only: Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Request BOC Approval and Sign the Local Agency Agreement # 7300-00002963 for the ODOT Delivered Federal Project – Sandy Creek Emergency Relief (ER) Project.

Department: Road Dept.

Requested Agenda Date: 8/3/21

Contact Person: John Rowe

Phone/Ext.: 7665

Background and description of need or problem: This agreement will allow ODOT or its consultant to conduct preliminary engineering and design work for our culvert failure repair on Sandy Creek. ODOT will advertise, bid and award the construction contract to construct repairs to the Sandy Creek ER project. The project will be conducted and financed as part of the Emergency Relief Program (ERP). The project will be financed with ERP funds at the maximum allowable federal participation amount, which is 89.73 percent, with Coos County providing the 10.27 percent match for eligible costs. The engineer's estimate is \$2,116,200. Federal funds for this project shall be \$1,889,866.26

Funding Source: 003-2703-431.36-01 Contracted Services

Requested Action: Approve and sign the Local Agency Agreement with ODOT for the Emergency Relief Program on the Sandy Creek ER Culvert Repair.

Date: 7/28/21

Signature of Dept. Head: John Rowe

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: MS

TREASURER: MS

HUMAN RESOURCES: _____

BOC forwards signed Contract/Grant to: Road Department

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CONTRACT / GRANT SUMMARY FORM

Clerk's CJ No.: _____ (complete after filed with Clerk) Contract/Agreement/Grant No.: 7300-00002963

Name/Agency Name and Address: Oregon Dept. of Transportation, 3500 NW STWEART PARKWAY, ROSEBURG, OR 97470

Contact Person: Josh Lonie Phone No. 541-440-3496

Amount of Contract/Grant Award: \$ 2,116,200

Payment Terms: 10.27% (state lump sum or amount and time of payments)

Start Date: Upon signing End Date: 2021-2024 STIP Project

County Department and Employee Responsible for Performance: ROAD DEPT. JOHN ROWE, ROADMASTER

Description: Local Agency Agreement, Emergency Relief Program, 10.27% match - Sandy Creek ER Project

FINANCIAL INFORMATION

Table with 4 columns: STATE %, OTHER %, FEDERAL % (CFDA # Required), Catalog of Federal Domestic Asst. *(CFDA) Number. Row 1: 20.205

*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.

- [X] New [] Renewal [] Modification
Previous Amount: \$ Original Amount: \$
Previous Date: Original Date:
Automatic Renewal? [] Yes [X] No Staff Requirements: [] New [] Existing [] Subcontract
Will unemployment cost be incurred? [] Yes [] No

PUBLIC CONTRACTING INFORMATION

- Method of Selection: [] Bid [] None [X] Other Sole source [] Quote [] 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: [X] Goods and Services - If Not Using Bid or Proposal, Mark Exemption:
[] Under \$10,000 [] Equipment Maintenance
[] Under \$50,000 for Quotes [] Office Supplies
[] Under \$150,000 & Approval from Board for Quotes [] Used Vehicles
[] Sole Source [] State Purchasing
[X] Contract with Public Agency [] Other
[] Public Improvement - If Not Using Bid, Mark Exemption:
[] Under \$5,000 [] 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 [X] No
Certificate of insurance required? [X] Yes [] No
Form of contract: [] Oral [X] Written (attach the written contract)

Date Approved by BOC: _____ Reviewed by Counsel: [Signature]

BOC only:
Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Timber and Operation Patrol Services (TOPS) Program

Department: Sheriff's Office

Requested Agenda Date: 8/17/21

Contact Person: Captain. Dan Looney **Phone/Ext.:** 7808

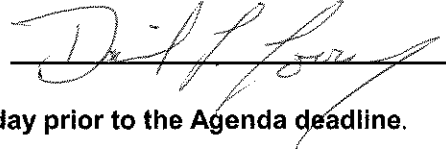
Background and description of need or problem: The Sheriff's Office has a program for timber patrol services on public and private timberlands in Coos County. Fifty percent (50%) of the cost for a full-time patrol deputy is split by the amount of acres owned by each of the following subscribers of the services. Coquille Indian Tribe

Funding Source: 342.01-01

Requested Action: Board review, approve and sign the attached Contracts and Agreements

Date: 8/2/21

Signature of Dept. Head: _____

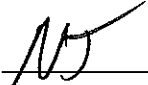


For all matters, forward the document to Counsel **no later than the Monday prior to the Agenda deadline.**
Counsel will forward to Treasurer.

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?

County Counsel _____



Treasurer _____



Human Resources _____

CONTRACT / GRANT SUMMARY FORM

Clerk's CJ No.: _____ (complete after filed with Clerk) Contract/Agreement/Grant No.:

Name/Agency Name and Address: Coquille Indian Tribe, 3050 Tremont Ave., North Bend OR 97459

Contact Person: Helena Linnell Phone No. 541-756-0904

Amount of Contract/Grant Award: \$ 1,301.02

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

Start Date: 7/1/2021 End Date: 6/30/2022

County Department and Employee Responsible for Performance: Coos County Sheriff's Office - 250 N. Baxter Str., Coquille, OR 97423 - (541) 396-7805

Description: Cooperative Agreement for Patrol on Timberlands

FINANCIAL INFORMATION

Table with 4 columns: STATE %, OTHER %, FEDERAL % (CFDA # Required), Catalog of Federal Domestic Asst. *(CFDA) Number. Row 1: STATE %, OTHER %, FEDERAL %, Catalog of Federal Domestic Asst. *(CFDA) Number. Row 2: 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 CDFA number, each segment must have it's own summary form.

- [X] New [] Renewal [] Modification
Previous Amount: \$ Original Amount: \$
Previous Date: Original Date:
Automatic Renewal? [] Yes [X] No Staff Requirements: [] New [X] Existing [] Subcontract
Will unemployment cost be incurred? [] Yes [X] 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 \$10,000 [] 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 \$5,000 [] 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: BLM-OR modification to DE obligate unused funds in the amount of \$20,693.01-Contract 140L5019C0001

Department: Sheriff's Office

Requested Agenda Date: 8/17/21

Contact Person: Captain Dan Looney

Phone/Ext.: 7808

Background and description of need or problem: BLM-OR Modification P00004 decrease to Coos County Law Enforcement a Timber Patrol performance contract. Base FY19 performance contract will decreased by \$15,206.59 from \$129,433.00 to \$114,226.41 and for FY20 performance contract will decreased by \$5,486.42 from \$135,231.00 to \$129,744.58. Total modification value of the order is reduced by \$20,683.01 from \$553,703.00 to \$533,009.99.

Funding Source: 331.02-04 BLM Timber Patrol

Requested Action: Board review and authorize Chair to sign.

Date: 9/9/21

Department Head: *Craig Tanni*

For all 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?

County Counsel *MS*

Treasurer *MS*

Human Resources _____

CONTRACT / GRANT SUMMARY FORM

Clerk's CJ No.: _____ (complete after filed with Clerk) Contract/Agreement/Grant No.: 140L5019C0001

Name/Agency Name and Address: USDOI-Bureau of Land Mgmt, 1220 SW 3rd Ave. 12th Floor, Portland, OR 97204

Contact Person: Gail Mance, Contracting Officer Phone No. 503-808-6490

Amount of Contract/Grant Award: \$ 708,157.00 Five Years - Base Year 129,433.00 - Year One \$135,231.00 - Year Two \$141,319.00 - Year Three \$147,720.00-De-Obligate Unused Funds Base year \$15,206.69 and De-Obligate Unused Funds Year One \$5,486.4.

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

Start Date: 10/1/21 End Date: 09/30/2023

County Department and Employee Responsible for Performance: Sheriff - Criminal, Captain Dan Looney

Description: Timber Patrol - Five Year Performance contract totaling \$708,157.00 - Base Year \$129,433.00 and a decrease of (\$15,206.59) Year One \$135,231.00 and a decrease of (\$5,486.42), increased by Year Two 141,319.00, increase by Year Three \$147,720.00 totaling \$533,009.99.

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: \$ 129,433.00
 Previous Date: Original Date: 11/20/2018
 Automatic Renewal? Yes No Staff Requirements: New Existing Subcontract
 Will unemployment cost be incurred? Yes No

PUBLIC CONTRACTING INFORMATION

- Method of Selection:** **Type of Contract:**
 Bid None New (complete sections below)
 Quote Other _____ Renewal (no need to complete sections below)
 Proposal Modification (no need to complete sections below)

- Type of Contract:**
 Goods and Services - If Not Using Bid or Proposal, Mark Exemption:
 Under \$10,000 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 \$5,000 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: Request approval of IGA with Department of Education for Juvenile Crime Plan Funding # 15665 and authorize Chair to sign

Department: Juvenile

Requested Agenda Date: 08/17/2021

Contact Person: Bryan Baird

Phone/Ext.: 396-7883

Background and description of need or problem:

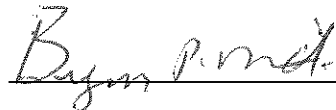
Juvenile Crime Plan (JCP) IGA provides partial funding for juvenile court counselor positions. The contract amount for 2021-2023 will be \$84,630.00.

Funding Source: Oregon Department of Education

Requested Action: Approval of IGA with Department of Education for Juvenile Crime Plan Funding # 15665 and authorize Chair to sign

Date:

Signature of Dept. Head:

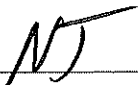


For all matters, forward the document to Counsel no later than the Monday prior to the Agenda deadline. Counsel will forward to Treasurer.

If this is a contract or grant:

- X Is the contract or grant an original?
- X 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?
- X Is the Clerk's Coversheet attached or do you want it returned to you for filing?

County Counsel



Treasurer



Human Resources



CONTRACT / GRANT SUMMARY FORM

Clerk's CJ No.: _____ (complete after filing) Contract/Agreement/Grant No.: 15665(if applicable)

Name/Agency Name and Address: Department of Education, 255 Capitol St., NE, Salem, OR 97301

Contact Person: Anya Sekino, Contract Administrator Phone No: 503-378-5115

Email: anya.sekino@ode.state.or.us

Amount of Contract/Grant Award: \$ 84,630.00

Payment Terms: 8 quarterly payments (state lump sum or amount and time of payments)

Effective Date: July 1, 2021 Start Date: _____ (if different from effective date, i.e. retroactive / prospective date)

End Date: June 30, 2023 (if known)

County Department and Employee Responsible for Performance: Bryan P. Baird, Director

Description: Juvenile Crime Prevention

Staff Requirements: New Existing Subcontract

Will unemployment cost be incurred? Yes No

FINANCIAL INFORMATION (Fill out this section only if the County is receiving funds)

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 CDFA number, each segment must have its own summary form.

New

Renewal

Modification

Previous Amount: \$ 76,702.00

Original Amount: \$

Previous Date: 2019-2021

Original Date:

PUBLIC CONTRACTING INFORMATION (Fill out this section only if the County is spending funds)

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 \$10,000
- 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 \$5,000
- Under \$50,000 for Quotes
- Between \$50,000 and \$100,000 for Quotes and Prevailing Wage Requirements

- 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

Date Approved by BOC: _____

Reviewed by Counsel: AS

BOC only:
Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Approval of the 2021-2023 Justice Reinvestment Grant Application between Coos County Community Corrections and Criminal Justice Commission.

Department: Community Corrections **Requested Agenda Date:** 08/17/2021

Contact Person: Mike Crim, Director/Kelly Church Bus Mgr. **Phone/Ext.:** 396-7703

Background and description of need or problem: Approval of the 2021-2023 Justice Reinvestment Grant Application between Coos County Community Corrections and the Criminal Justice Commission that was approved on 08/10/2021 by LPSCC.

Please see attached the LPSCC Approval Letter.

Funding Source: State of Oregon/Criminal Justice Commission

Requested Action: Approval of the 2021-2023 Justice Reinvestment Grant Application between Coos County Community Corrections and the Criminal Justice Commission.

Date: 8/2/21 Signature of Dept. Head: Kelly Church

For all 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?

County Counsel _____

Treasurer _____

Human Resources _____

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BOARD OF COMMISSIONERS
225 N. Adams Street, Coquille, Oregon 97423

(541) 396-7535
FAX (541) 396-1010 / TDD (800) 735-2900
E-mail: bbrooks@co.coos.or.us

ROBERT "BOB" MAIN JOHN SWEET MELISSA CRIBBINS

August 17, 2021

Oregon Criminal Justice Commission
885 Summer Street NE
Salem, OR 97301

The Coos County Board of Commissioners has reviewed and approved the Coos County Criminal Justice Reinvestment Grant Application for 2021-23.

We believe the grant proposal for 2021-23 utilizes the strengths of our community and continues to promote coordination among local criminal justice and social service agencies.

Sincerely,

Robert "Bob" Main
Chair

John W. Sweet
Commissioner

Melissa Cribbins
Commissioner

BOC only: _____
Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Approval of IGA Second Amendment to rent (5) Jail Beds at the Reedsport Jail thru the City of Reedsport for Community Corrections.

Department: Community Corrections **Requested Agenda Date:** 08/17/2021

Contact Person: Mike Crim, Director/Kelly Church, Bus Mgr. **Phone/Ext.:** 541-396-7703

Background and description of need or problem: Second Amendment IGA between Coos County Community Corrections and the City of Reedsport to rent (5) Jail Beds thru the Reedsport Jail for Community Corrections Offenders.

Total Cost: \$134,383. Contract start date 08/01/2021 to 06/30/2022.

Funding Source: State of Oregon/DOC

Requested Action: Approve Amendment #2; Authorize Chair to Sign

Date: 8/2/21

Signature of Dept. Head: Kelly Church for me

For all 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?

County Counsel MS

Treasurer MS

Human Resources _____

3M

CONTRACT / GRANT SUMMARY FORM

Clerk's CJ No.: _____ (complete after filing) Contract/Agreement/Grant No.: _____ (if applicable)

Name/Agency Name and Address: City of Reedsport , 451 Winchester Ave., Reedsport, OR 97467

Contact Person: Deanna Schafer, City Manager Phone No: 541-271-3603 Email: dschafer@cityofreedsport.org

Amount of Contract/Grant Award: \$ 134,383

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

Effective Date: 08/01/2021 Start Date: 08/01/2021 (if different from effective date, i.e. retroactive / prospective date)

End Date: 06/30/2022 (if known)

County Department and Employee Responsible for Performance: Mike Crim, Director & Kelly Church, Bus. Mgr

Description: Second Amendment IGA Agreement between Coos County Community Corrections & City of Reedsport/Jail for (5) Jail beds to house Community Corrections offenders in.

Staff Requirements: New Existing Subcontract

Will unemployment cost be incurred? Yes No

FINANCIAL INFORMATION (Fill out this section only if the County is receiving funds)

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

*CFDA is a five digit number in the following format: xx.xxxx. 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 its own summary form.

- New Renewal Modification
- Previous Amount: \$ \$ Original Amount: \$
- Previous Date: Original Date:

PUBLIC CONTRACTING INFORMATION (Fill out this section only if the County is spending funds)

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 \$10,000 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 \$5,000 Alternative Contracting Method Approved by Board
- Under \$50,000 for Quotes Other _____
- Between \$50,000 and \$100,000 for Quotes and Prevailing Wage Requirements

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

BOC only: Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Approval of Fourth Amendment to Letter of Agreement between Bay Area First Step and Coos County Community Corrections.

Department: Community Corrections **Requested Agenda Date:** 08/17/2021

Contact Person: Mike Crim, Director/Kelly Church, Bus. Mgr. **Phone/Ext.** 396-7703

Background and description of need or problem: Fourth amendment to letter of agreement provides (13) Beds @ \$660 per bed. (8) of the beds are at the Sheridan facility and (5) Beds are at the KBAY facility; (2) beds are paid by M-57; (1) Bed is paid by JRI; (10) beds are paid out of Grant in Aid.

Budgeted amount \$102,960 from 07/01/2021 to 06/30/2021.

Funding Source: State of Oregon/ DOC

Requested Action: Approval of Fourth Amendment to letter of Agreement between Bay Area First Step and Coos County Community Corrections.

Date: 8/2/21 **Signature of Dept. Head:** *Kelly Church*

For all 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?

County Counsel _____

Treasurer *MS* _____

Human Resources _____

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CONTRACT / GRANT SUMMARY FORM

Clerk's CJ No.: _____ (complete after filing) Contract/Agreement/Grant No.: _____ (if applicable)

Name/Agency Name and Address: Bay Area First Step, 1942 Sheridan, North Bend, OR 97459

Contact Person: Steve Sanden, Director Phone No: 541-756-3111 Email: ssanden@bayareafirststep.org

Amount of Contract/Grant Award: \$ 102,960

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

Effective Date: 07/01/2021 Start Date: 07/01/2021 (if different from effective date, i.e. retroactive / prospective date)

End Date: 06/30/2022 (if known)

County Department and Employee Responsible for Performance: Mike Crim, Director/Kelly Church

Description: Fourth Amenment of Letter of Agreement provides 13 Beds @ \$660 per bed. (8) of the beds are at the Sheridan facility and 5 beds are at the KBAY facility, 2 beds are paid by M-57 and 1 bed paid by JRI Grant; 10 beds are paid out of Grant in Aid.

Staff Requirements: [] New [] Existing [] Subcontract

Will unemployment cost be incurred? [] Yes [x] No

FINANCIAL INFORMATION (Fill out this section only if the County is receiving funds)

Table with 4 columns: STATE %, OTHER %, FEDERAL % (CFDA # Required), Catalog of Federal Domestic Asst. *(CFDA) Number. Row 1: 100, blank, blank, blank.

*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 its own summary form.

- [] New [x] Renewal [] Modification
Previous Amount: \$ Original Amount: \$
Previous Date: Original Date:

PUBLIC CONTRACTING INFORMATION (Fill out this section only if the County is spending funds)

Method of Selection:

- [] Bid [] None
[] Quote [] Other _____
[] Proposal

Type of Contract:

- [] New (complete sections below)
[x] 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 \$10,000
[] 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 \$5,000
[] Under \$50,000 for Quotes
[] Between \$50,000 and \$100,000 for Quotes and Prevailing Wage Requirements

- [] 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

Date Approved by BOC: _____ Reviewed by Counsel: [Signature]

BOC only: _____
Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Approval of Amendment for Treatment Services between Coos County and ADAPT.

Department: Community Corrections **Requested Agenda Date:** 08/17/2021

Contact Person: Mike Crim, Director **Phone/Ext.:** 541-396-7703

Background and description of need or problem: Amendment start date is from 7/01/2021 to 06/30/2022. This pays for Out patient Alcohol & Drug Treatment and Jail Treatment for Community Corrections clients.

Cost of Outpatient treatment: \$90,000 and Jail Treatment \$25,000. TOTAL: \$115,000.

Funding Source: State of Oregon/DOC

Requested Action: Approval of Amendment for Treatment Services between Coos County and ADAPT from 07/01/2021 to 06/30/2022 in the amount of \$115,000.

Date: 8/09/21 **Signature of Dept. Head:** Kelly Churn

For all 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?

County Counsel MS

Treasurer MS

Human Resources _____

CONTRACT / GRANT SUMMARY FORM

Clerk's CJ No.: _____ (complete after filing) Contract/Agreement/Grant No.: _____ (if applicable)

Name/Agency Name and Address: ADAPT, 621 West Madrone, Roseburg, OR 97470

Contact Person: Gregory Brigham, PhD. Phone No: 541-672-2691 Email: _____

Amount of Contract/Grant Award: \$ \$115,000

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

Effective Date: 07/01/2021 Start Date: 07/01/2021 (if different from effective date, i.e. retroactive / prospective date)

End Date: 06/30/2021 (if known)

County Department and Employee Responsible for Performance: Mike Crim, Director/Kelly Church, Bus Mgr

Description: Amendment for Treatment services between Coos County Community Corrections and ADAPT for outpatient treatment for Community Corrections clients.

Staff Requirements: New Existing Subcontract

Will unemployment cost be incurred? Yes No

FINANCIAL INFORMATION (Fill out this section only if the County is receiving funds)

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 its own summary form.

New

Renewal
Previous Amount: \$
Previous Date:

Modification
Original Amount: \$
Original Date:

PUBLIC CONTRACTING INFORMATION (Fill out this section only if the County is spending funds)

Method of Selection:

- Bid None
- Quote Other Behavioral Health Services
- 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 \$10,000
- 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 \$5,000
- Under \$50,000 for Quotes
- Between \$50,000 and \$100,000 for Quotes and Prevailing Wage Requirements

- 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

Date Approved by BOC: _____

Reviewed by Counsel: [Signature]

BOC only: _____
Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Approval to accept transfer and ownership of Police K-9 "Katie" from City of Coos Bay/Coos Bay Police Department to Coos County Community Corrections.

Department: Community Corrections **Requested Agenda Date:** 09/07/2021

Contact Person: Mike Crim, Director **Phone/Ext.:** 541-396-7704

Background and description of need or problem: The K-9 Program will be used to conduct searches for Parole & Probation and to insure illegal narcotics are not present in contracted clean and sober housing. The dog will also be utilized with the schools for assemblies, and community partners.

Effective Date of Transfer to Community Corrections: 09/10/2021

Funding Source: State of Oregon/ Dept of Corrections

Requested Action: Approval to accept transfer and ownership of Police K-9 "Katie" from City of Coos Bay/Coos Bay Police Department to Coos County Community Corrections on 09/10/2021.

Date: 8/10/21 **Signature of Dept. Head:** Keey Crim

For all 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?

County Counsel NT

Treasurer MS FYI - It is required that all Police K-9 visit the Finance Dept. at least once. ☺ And we

Human Resources need another Katie!

3P



City of Coos Bay

Police Department

500 Central Avenue, Coos Bay, Oregon 97420-8914
Phone (541) 269- 8911 Fax (541) 269-5788
cchapanar@coosbay.org

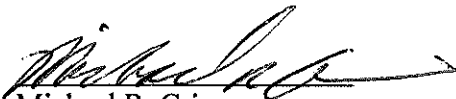
July 27, 2021

Effective on Friday (9/10/21), The City of Coos Bay and the Coos Bay Police Department transfers the following Police K-9 to Coos County Parole and Probation:


Name: Katie
Breed: Springer Spaniel
Age: Approximately 6 years old
Color: Brown/White

Coos County Parole and Probation accepts ownership of the above listed K-9 with the following agreement and understanding:

1. No fee/charges are involved to either party.
2. As of Friday (9/10/21), Coos County Parole and Probation accepts full responsibility for the above listed K-9.
3. Coos County Parole and Probation will provide for the above listed K-9's health, welfare, and care.
4. Coos County Parole and Probation will not hold the City of Coos Bay and/or the Coos Bay Police Department responsible for injuries or damages caused by the above listed K-9 Katie after Friday (9/10/21).


Michael R. Crim
Director of Parole and Probation

8/10/21
Date


Chris Chapanar
Chief of Police

8-10-2021
Date

BOC only:
Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Approval of Revised Job Description

Department: IT/Maintenance

Requested Agenda Date: 8/17/2021

Contact Person: Daris Bouthillier/Mike Hagen

Phone/Ext.: 541-396-7739

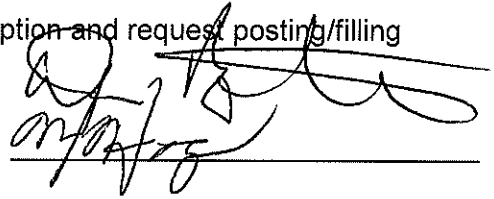
Background and description of need or problem: Due to pending retirement, request Board approve updated job description for the position of Business Operations Manager – for the IT Department and Maintenance Department. Also request Board approval to post/fill position.

Funding Source: 50% 001-4002-419.10-01 / 50% 001-1400-419.10-01

Requested Action: Request Board approval of revised job description and request posting/filling position.

Date: 8/2/2021

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.

Departments Affected:

COUNSEL: MS

TREASURER: MS

HUMAN RESOURCES: CB -

~~BOC forwards signed document to Counsel's office.~~

DESCRIPTION OF POSITION

Revision Date: 8/17/2021

1.	Classification Title: Business Operations Manager
2.	Working Title: Business Operations Manager - Maintenance/IT
3.	Department: Maintenance /Information Technology
4.	<p>Pay Grade & Range: Pay Grade 780</p> <p>Position Is: Full Time <input checked="" type="checkbox"/> Part Time <input type="checkbox"/> Extra Help <input type="checkbox"/></p> <p>Seasonal <input type="checkbox"/> Other _____</p> <p>Excluded from Bargaining Unit? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Eligible for Overtime? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
5.	<p>What is the purpose of this position?</p> <p>The purpose of this position is to assist in the fiscal, administrative, and business operations of the IT and Maintenance Departments.</p>
6.	<p>Essential functions of position. (Reason position exists is to perform these functions.) List duties that must be performed to accomplish the purpose of the position.</p> <p>For Both Departments:</p> <ul style="list-style-type: none"> • Integrates financial operations; establishes and maintains cost accounting systems for grants and contracts. • Insures Department Administrative/Financial operations are in compliance with county, state and federal requirements, and General Accounting Principles. • Prepares required financial reports within required timelines; prepares summaries and forecasts of income, expense, and earnings based on past, present and expected operations. • Assists with the establishment of economic strategies, objectives, and policies. • Assists in the creation, renewal, and modification of Department contracts. • Assists in the preparation of the Department's budget, reviews budget proposals, and prepares necessary supporting documentation and justification. Reviews expenditures to insure conformance with budget requirements and prepares budget reports, statistical reports and graphs as necessary. Prepare projected wages for different grants and contracts. • Oversees accounts payable vouchers and pays bills. • Oversees credit cards usage, expenditures, purchasing, and accounting for the security of the credit cards. <p>For the Maintenance Department:</p> <ul style="list-style-type: none"> • Assists Building Maintenance Director with the following: recruitment of hires and supervision of Building Maintenance Staff, as needed. • Responsible for the operation of the mail machine and delivery of mail to post office. • May be required to attend Coos County Board meetings when directed. • Completes other duties as assigned by the IT Director and/or Building Maintenance Director.
7.	<p>Working conditions of position.</p> <p>Typical office setting, normally 8:00am - 5:00pm, Mon-Fri. Travel within the county and state may be required for trainings or meetings. Requires ability to push, pull, or lift, and/or carry up to 50 pounds. Other physical demands may be required bending, keyboarding, and walking.</p>
8.	<p>Supervision</p> <p>Assists with the supervision of Building Maintenance Workers.</p> <p>This position is supervised by the Building Maintenance Director and the IT Director.</p>
9.	<p>List required special skills, licenses, certificates, etc.</p> <ul style="list-style-type: none"> • High school diploma or equivalent required with minimum three (3) years of office work experience of a highly responsible nature. • Must have ability to work quickly and accurately under pressure. Must be able to prioritize tasks and accurately handle multiple tasks simultaneously. Must be proficient in Windows and Microsoft

DESCRIPTION OF POSITION

applications, and Excel. Must have good 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.

- Must have ability to use tact and judgment in dealing with co-workers, Department Heads and the general public.
- Must be able to accept supervision and adhere to County and Department policies. Must comply with professional ethics, rules of conduct and confidentiality privacy laws. Must be able to establish and maintain effective and harmonious working relationships with other employees, county staff, and outside entities. Must maintain a positive attitude and represent the Department and the County in a positive manner in the community.

10. Is operation of motor vehicle required? Yes No

11. List equipment, tools, machines used in performance of duties.
Computer, use of software programs, copy machine, fax machine, multi-line telephone, scanner and other general office equipment.

BOC only:
Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Approval of paygrade for position

Department: Human Resources/Fair Liaison **Requested Agenda Date:** 8/17/2021

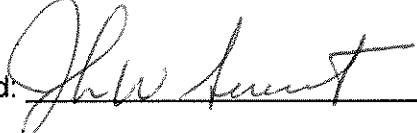
Contact Person: Caroline Barr / Commissioner Sweet **Phone/Ext.:** 541-396-7500

Background and description of need or problem: Request Board approval to reclassify the Fair Office Manager position from paygrade 760 to paygrade 700 effective September 1, 2021. Also request permission to post/fill position.

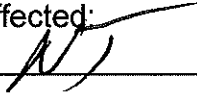
Funding Source: 301-4004-451.10-01


Requested Action: BOC to approve reclassification of Fair Office Manager position to paygrade 700 effective September 1, 2021 and Board to approve posting/filling of position.

Paygrade 700: Step 1 - \$3,550; Step 2 - \$3,704; step 3 - \$3,881; step 4 - \$4,064; step 5 - \$4,246; step 6 - \$4,452.

Date: 8/9/2021 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.

Departments Affected:
COUNSEL: 

TREASURER: 

HUMAN RESOURCES: 

~~BOC forwards signed document to Counsel's office.~~



JOB DESCRIPTION

Revision Date: 8/17/2021

1.	Classification Title: Fair Office Manager
2.	Working Title: Fair Office Manager
3.	Department: Coos County Fair
4.	Paygrade 700 Position Is: Full Time <input checked="" type="checkbox"/> Part Time <input checked="" type="checkbox"/> Extra Help <input type="checkbox"/> Seasonal <input type="checkbox"/> Other _____ Excluded from Bargaining Unit? Yes <input checked="" type="checkbox"/> No <input 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, administrative, and fiscal functions of a complex nature in direct support to the Coos County Fair Board.
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: <ul style="list-style-type: none">• Works closely with Coos County Counsel in the preparation, renewal and modification of fair contracts for goods and services, entertainment, rodeo events for fair and interim events.• Maintains calendar for all events scheduled at fairgrounds. Ensures caretaker of fair grounds is informed of all events scheduled.• Sends out use permits for all events.• Sends out all commercial and food concession contracts, and assigns spaces for fair week.• Completes mail processing; opens, date stamps, sorts and distributes incoming mail. Runs postage machine and handles all outgoing mail.• Attends Fair Board Meetings. Takes minutes during Fair Board meetings and forwards notes to all interested parties. Prepares and distributes meeting agenda and required attachments such as financials.• Completes a variety of typical office assignments which could include copying, filing, compiling, scanning, etc.• Keeps Fair Board and Commissioners informed of department activities and operations.• Supervises clerical personnel during peak season, solves clerical problems, provides in-services during clerical meetings, , interviews applicants and makes final recommendation for hire of temporary employees during peak season; liaison between clerical staff and other department employees• Discusses with Department Head or Fair Chairperson regarding administrative decisions.• Types all confidential material for the department.• Supervises maintenance of departmental accounts; completes expenditure reports; types vouchers; maintains vacation, sick and compensatory records for department employees.• Orders fair ribbons.• Contacts Judges for static departments.• Prepares sponsor and food vendor packets and materials.• Handles pre-sale tickets.• Assists with budget and/or grant preparation/reporting.

DESCRIPTION OF POSITION

- Assigns all trailer spaces, stock trailer parking and horse stalls.
- Responds to public enquiries on all aspects of the fair.
- Other duties as assigned.
- Regular and consistent attendance is required.

7. List the minor duties assigned to this position.

- Attends staff meetings and trainings as required.
- Maintains records for department copier, scanner & fax machine.
- Checks office supplies and equipment
- Orders supplies and repairs as needed with Fair Chairperson approval.

8. Supervision.

- This position is supervised by the Board of Commissioners, and works under the direction of the Coos County Fair Board.
- The Fair Board will provide the Board of Commissioners recommendations with regard to evaluations for the position.
- This position assists with providing direction and supervision of assigned staff and volunteers, and may be asked to exercise supervisory actions over temporary employees.

9. Working conditions of position.

- Position is located at the Fairgrounds, located in Myrtle Point, Oregon. Part time hours are flexible.
- This position is full time for 8 months of the year, and part time (50%) for 4 months of the year, with peak season July 1 – September 1.
 1. Off Season (Part time) – requires a minimum of 20 hours a week.
 2. Peak Season (Full time) – requires a minimum of 40 hours a week. Must have the ability to work additional hours during peak season (i.e. late evenings, weekends, etc.).
- Attend Fair Board evening meetings held monthly.
- May require physical exertion, including stooping, bending, reaching, and lifting objects (up to 40 pounds.)

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

Ability to make decisions independently in accordance with established policies and to use initiative and judgment in carrying out responsibilities with minimal instructions and guidance;

Ability to train and supervise temporary personnel and to work harmoniously with other employees;

Ability to use tact and judgment in dealing with the public and officials from other agencies;

Requires thorough knowledge of accounting, bookkeeping, budget principles, and basic management practice; considerable knowledge of reporting and data gathering techniques and organization, working knowledge of modern practices and methods of office management and supervision;

Ability to type and use office machines; ability to compose letters and reports in effective style and proper business form.

Must have ability to work quickly and accurately under pressure. Must be able to prioritize tasks and accurately handle multiple tasks simultaneously. Must be proficient in Windows and Microsoft applications. Must have good 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.

Must have ability to use tact and judgment in dealing with the public.

DESCRIPTION OF POSITION

Must maintain a positive attitude and represent the Fair Board and the County in a positive manner in the community.

11. Is operation of motor vehicle required? Yes No

12. List equipment, tools, machines used in performance of duties.
Computer, use of software programs, copy machine, fax machine, multi-line telephone, scanner, Walkie Talkies, and other general office equipment. Able to operate a Side-by-Side Recreational vehicle.

BOC only:
Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Appointing a Hearings Officer to Conduct ORS 609.158 Hearing

Department: Counsel's Office

Requested Agenda Date: 8/17/21

Contact Person: Nathaniel Johnson

Phone/Ext.: 7693

Background and description of need or problem: The County has impounded a dog upon receipt of a complaint that the dog engaged in the killing, wounding, injuring, or chasing of livestock. The dog owner has requested a hearing under ORS 609.158 to determine whether the dog has engaged in the alleged conduct. ORS 609.158(1) allows for the appointment of a hearings officer to conduct the County's hearing on the matter. Due to scheduling issues and availability, the appointment of a county hearings officer will allow the hearing to be held in a timely manner.

Funding Source: N/A

Requested Action: Approve Order 21-08-047L appointing County Counsel as the hearings officer empowered to conduct a hearing under ORS 609.158.

Date: 8/10/21

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: NT

TREASURER: MS

1 BOARD OF COMMISSIONERS

2 COUNTY OF COOS

3 STATE OF OREGON

4
5 In the Matter of Appointing a Hearings Officer to Conduct an) ORDER
6 ORS 609.158 Hearing to Determine Whether a Dog Has) 21-08-047L
Killed, Injured, Chased, or Wounded Livestock)

7 NOW BEFORE THE BOARD of Commissioners (“Board”) sitting for the transaction of
8 County business on August 17, 2021 is the matter of appointing a hearings officer to conduct a
9 hearing to determine whether a dog has killed, wounded, injured or chased livestock.

10 WHEREAS, the County has impounded a dog named Rico in the Coos County Animal
11 Shelter upon receipt of a complaint that the dog engaged in the killing, wounding, injuring, or
12 chasing of livestock; and

13
14 WHEREAS, the owner of the dog has requested a hearing on the matter pursuant to ORS
15 609.158; and

16 WHEREAS, ORS 609.158(1) allows for a hearing to be conducted by a county hearings
17 officer; and

18 WHEREAS, the Board find that the appointment of a hearings officer to conduct the ORS
19 609.158 hearing will allow for the hearing to be held in a fair and expeditious manner;

20
21 NOW, THEREFORE, IT IS HEREBY ORDERED that:

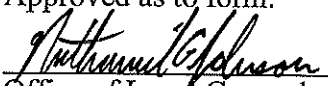
- 22 1. County Counsel, Nathaniel Greenhalgh-Johnson, is hereby appointed as county hearings
23 officer for the purpose of conducting a hearing to determine whether the dog Rico has
24 engaged in the killing, wounding, injuring, or chasing of livestock pursuant to ORS
25 609.158.

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2. The hearings officer shall conduct the hearing in accordance with all applicable provisions in ORS Chapter 609, and shall follow the guidelines set forth in ORS 609.162 if remedial measures, civil penalties, or other sanctions are imposed.
3. The hearings officer's final written decision shall be the final decision of the County unless the Board accepts a request for reexamination under ORS 609.158(5).

BOARD OF COMMISSIONERS

Approved as to form:


Office of Legal Counsel

Chair

Commissioner

Commissioner

BOC only: Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Approval of 2021-2024 Collective Bargaining Agreement with the Teamsters Local 206 (Solid Waste Department Employees).

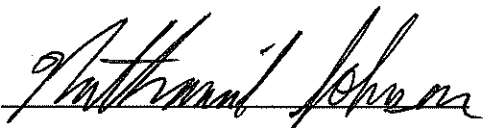
Department: Counsel **Requested Agenda Date:** 8/17/2021

Contact Person: Nathaniel Johnson **Phone/Ext.:** 541-396-7691

Background and description of need or problem: The current Collective Bargaining Agreement with Teamsters Local #206 (Solid Waste Department Employees) expired on June 30, 2021. We are requesting that the Board approve the successor Collective Bargaining Agreement with Teamsters Local #223 retroactive to July 1, 2021 through June 30, 2024, and sign Resolution 21-07-147P.

Funding Source: N/A

Requested Action: Board to approve and sign the Collective Bargaining Agreement with Teamsters Local #206 for July 1, 2021 through June 30, 2024, and sign Resolution 21-07-147P.

Date: 7/22/2021 **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: AJ

TREASURER: _____

HUMAN RESOURCES: OB

BOC forwards signed document to Counsel's office.

BT

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BOARD OF COMMISSIONERS

COUNTY OF COOS/STATE OF OREGON

In the Matter of a Contract) R E S O L U T I O N
Salary Adjustment for Teamsters) 21-07-147 P
Local #206 Solid Waste Department)
Employees on the Coos County)
Payroll, Effective July 1, 2021)

THIS MATTER HAVING COME BEFORE the Board of Commissioners at a regular meeting held August 3, 2021, and whereas pursuant to Article 11: Wages, Section 1 of the Collective Bargaining Agreement between the Teamsters Local #206 Solid Waste Department and Coos County; wages for all classifications shall be increased by nine percent (9%) on July 1, 2021;

BE IT THEREFORE RESOLVED that the Human Resources Department of Coos County, Oregon is hereby authorized to implement the Contract Salary Agreement increase of for all Teamsters Local #206 Solid Waste Department Employees' salaries, effective retroactive to July 1, 2021.

DATED THIS _____ day of _____, 2021.

BOARD OF COMMISSIONERS

Commissioner Commissioner Commissioner

BOC only:
Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Letter of No Objection for Coquille Indian Fee-to-Trust Application

Department: BOC

Requested Agenda Date: 8/17/21

Contact Person: Melissa Cribbins

Phone/Ext.: 7539

Background and description of need or problem: letter of no objection for the Coquille Tribe to place lot 4 of the Ko-Kwel Warf into trust

Funding Source: n/a

Requested Action: approve letter of no objection & authorize Chair to sign

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

For all 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:

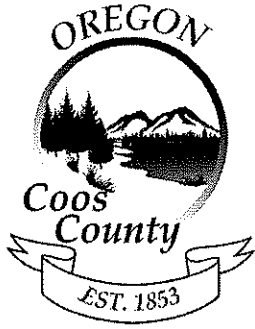
- Is the contract or grant an original?
- Is the Contract/Grant Summary Form attached?
- Is the contract signed first by the vendor (except state/federal grants or contracts)?
- If insurance is required, is the insurance certificate attached?
- Is the Clerk's Coversheet attached or do you want it returned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

County Counsel _____

Treasurer _____

Human Resources _____

3U



BOARD OF COMMISSIONERS
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ROBERT "BOB" MAIN JOHN SWEET MELISSA CRIBBINS

August 17, 2021

United States Department of the Interior
Bureau of Indian Affairs Northwest Regional Office
Attn: Bryan Mercier, Northwest Regional Director
911 Northeast 11th Avenue
Portland, Oregon 97232

Re: Coquille Indian Fee-to-Trust Application; Ko-Kwel Wharf Lot 4

Dear Mr. Mercier,

The Coquille Indian Tribe has informed the Coos County Commissioners that they intend to file a fee-to-trust application for Lot 4 of the Ko-Kwel Wharf property located in North Bend, Oregon. The Coos County Commissioners do not object to this application.

Sincerely,

Robert "Bob" Main, Chair
Coos County Board of Commissioners