#### AGENDA

## COOS COUNTY BOARD OF COMMISSIONERS Public Meeting to be held virtually at the following link:

rubile inteeting to be field virtually at the following link.

https://attendee.gotowebinar.com/register/6052306157152922127 March 16, 2022

8:30 A.M.

## 1. <u>EXECUTIVE SESSION under the authority of ORS 192.660 (held in person in the Owen Building small conference room</u>

- A. (2)(d) Labor Negotiations
- B. (2)(e) Real Property Transactions
- C. (2)(h) Consultation with Counsel
- D. (2)(i) Performance Review of Public Officer or Employee

### PLEDGE OF ALLEGIANCE

### 2. **DEPARTMENT HEADS**

- A. Request to Approve Proclaiming March 2022 as Red Cross Month in Coos County- BOC/Red Cross
- B. Request Approval of Letter of Support for Hundred Acre Wood Trail Project- BOC/City of Coquille
- C. Request Approval of IGA 174610 & Authorize Chair to Sign- Coos Health & Wellness (CHW)
- D. Request Approval of Contract with Acting Up Academy/Adopt Sole Source Findings- CHW
- E. Request Approval of Resolution to Reclassify Merna Peterson to MHS II Senior Clinician- CHW
- F. Presentation on Mobile Response Team- CHW
- G. Request Approval to Renew MOU with Coos Watershed-Road
- H. Request Approval to Repair/Modify Lowboy Trailer- Road
- Request Approval of Revised Job Description for Administrative Service Manager Position/Approve Resolution to Reclassify Jenny Mahlum- Community Corrections
- J. Request Approval to Purchase Real Property/Approve Order Authorizing Purchase & Delegating Signing Authority- Maintenance/Counsel
- K. Request Approval to Purchase HVAC for State Courts IT Server Room-Maintenance
- L. Request Decision on Closing SAIF Retro Plans for Various Years- Human Resources
- M. Request Approval of Agreement with CCD for Grant Administration Services- Counsel

### 3. CONSENT CALENDAR- administrative matters not up for discussion

#### A. Approval of Minutes

Worksession- Building Codes Update- February 22, 2022 Regular Meeting Minutes- March 1, 2022 Worksession- Budget- March 2, 2022 Dog Board Hearing- March 3, 2022

### B. Orders & Resolutions

Order 22-03-017C, In the Matter of Reappointing Members to the CCD Business Development Corporation Board of Directors

Resolution 22-03-038P, In the Matter of Classifying and Placement of Various Employees on the Regular Coos County Payroll Effective Their Hire Date

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.

Agenda March 16, 2022 Page 2

Resolution 22-03-039P, In the Matter of a Line Item Budget Change for Joshuin Godin from the Maintenance Department to the County Fair Effective March 1, 2022

Resolution 22-03-040P, In the Matter of Granting a Salary Merit Step Increase for Laurie Reis Retroactive to December 1, 2021

Resolution 22-03-041P, In the Matter of a Reclassification for Katelyn Little to Tax/Accounting Specialist III Effective April 1, 2022

Resolution 22-03-042P, In the Matter of Granting Salary Merit Step Increases for Various Employees Effective March 1, 2022

Resolution 22-03-043P, In the Matter of a Personnel Transfer for Rodney Summer an Extra Help Employee Within the Sheriff's Department Effective March 1, 2022

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

  Contract with PBS Engineering- Public Works- Beach Loop Drive improvement project Amendment #1 to IGA 173131- CHW- revises security services matrix
- 4. LATE AGENDA ITEMS
- 5. <u>CITIZEN COMMENTS</u> (agenda items or general comments) limited to 3 minutes per person
- 6. COMMISSIONERS REPORTS

| BOC only:<br>Consent Agenda |  |
|-----------------------------|--|
| Regular Agenda              |  |

### AGENDA ITEM COVERSHEET

Agenda Item Title: Executive Session Requested

Department: Counsel

Requested Agenda Date: 3/16/2022

**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

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

Date: 3/7/2022

Signature of Dept. Head:

Departments Affected:

COUNSEL:\_

(2)(i) Performane Review

| BOC only:<br>Consent Agenda   |  |  |
|---|--|--|
| Regular Agenda  |  |  |
|   | AGENDA ITEM COVERSHEET   |  |
| Agenda Item Title:  | Proclaiming March 2022 as Red Cross Month in Coos County   |  |
| Department: BOC   | Requested Agenda Date: 3/16/22   |  |
| Contact Person:   | Phone/Ext.:  |  |
| _   | escription of need or problem: The Board will hear a presentation on anned or have taken place in Coos County. |  |
| Funding Source:   | n/a  |  |
| Requested Action:   | Approve Proclamation "American Red Cross Month March 2022"   |  |
|   |  |  |
| Date:   | Signature of Dept. Head:   |  |
| •   | d the document to Counsel <b>no later than the Monday prior to the Agenda</b><br>ill 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 Filing Coversheet attached?   Do you want this returned to you for filing? |  |  |
| County Counsel  |  |  |
| Treasurer   |  |  |
| Human Resources _   |  |  |



| 1        | BOARD OF COMMISSIONERS COUNTY OF COOS   |
|----------|---|
| 2        | STATE OF OREGON   |
| 3        |   |
| 4        | AMERICAN RED CROSS MONTH  March, 2022   |
| 5        | A Proclamation  |
| 6        | In times of crisis, people in Coos County come together to care for one another. This humanitarian spirit is part of the foundation of our county and is exemplified by American Red  |
| 7        | Cross Cascades Region volunteers and donors.  |
| 8        | In 1881, Clara Barton founded the American Red Cross, turning her steadfast dedication for helping others into a bold mission of preventing and alleviating people's suffering. Today, more   |
| 9        | than 140 years later, we honor the kindness and generosity of Red Cross volunteers here in Coos County, who continue to carry out Clara's lifesaving legacy. They join the millions of  |
| 10<br>11 | people across the United States who volunteer, give blood, donate financially or learn vital life-<br>preserving skills through the Red Cross.  |
| 12       | In the Cascades Region, serving Oregon and SW Washington, the contributions of more than  |
| 13       | <b>2,500</b> local Red Cross volunteers give hope to the most vulnerable in their darkest hours. The Red Cross does so by providing more than <b>1,600</b> emergency overnight shelter stays, along with food and comfort for families devastated by more than <b>680</b> local disasters, like home fires. |
| 14<br>15 | Through the generosity of those donating more than <b>182,000</b> units of essential blood for accident and burn victims, heart surgery and organ transplant patients, and those receiving treatment for leukemia, cancer or sickle cell disease. They support service members and                          |
| 16       | veterans an average of <b>eight times a day</b> , along with their families and caregivers through the unique challenges of military life. They help to save the lives of others with first aid, CPR and  |
| 17       | other skills, and by delivering international humanitarian aid.   |
| 18       | Their work to prevent and alleviate human suffering is vital to strengthening our community's resilience. We dedicate this month of March to all those who continue to advance the noble legacy of American Red Cross founder Clara Barton, who lived by her words, "You must never                         |
| 19<br>20 | think of anything except the need, and how to meet it." We ask others to join in this commitment to give back in our community.   |
| 21       | NOW, THEREFORE, We, the Coos County Board of Commissioners, by virtue of the authority  |
| 22       | vested in us by the laws of Coos County and Oregon, do hereby proclaim March 2022 as Red Cross Month. We encourage all citizens of Coos County to reach out and support its   |
| 23       | humanitarian mission.   |
| 24       | IN WITNESS WHEREOF, we have hereunto set our hand this 16 day of March, two thousand twenty-two, and in Coos County, Oregon.  |
| 25       |   |
| 26       |   |

Melissa Cribbins

Commissioner

Robert "Bob" Main

Commissioner

27

28

John W. Sweet

Chair

| BOC only:<br>Consent Agenda   |  |  |
|---|--|--|
| Regular Agenda  |  |  |
|   | AGENDA ITEM COVERSHEET   |  |
| Agenda Item Title: Let  | ter of Support for Hundred Acre Wood Trail Project                                     |  |
| Department: BOC   | Requested Agenda Date: 3/16/22   |  |
| Contact Person:   | Phone/Ext.:  |  |
| Background and description of need or problem: The City of Coquille has asked for a letter of support for their grant application for the Hundred Acre Wood Trail construction and design.  |  |  |
| Funding Source: n/a   |  |  |
| Requested Action: Ap  | prove signing a letter of support for the Hundred Acre Wood trail in grant application |  |
| 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 Filing Coversheet attached?   Do you want this returned to you for filing? |  |  |
| County Counsel  |  |  |
| Treasurer   |  |  |
| Human Resources   |  |  |





February 14, 2022

Coos County Board of Commissioners c/o Commissioner Cribbins 225 North Adams St. Coquille, OR 97423

### Commissioners:

The City of Coquille requests a letter of your support for the Hundred Acre Wood Trail project.

The Hundred Acre Wood Trail project is a two-phase project: Phase 1 will construct a parking lot, ADA-accessible plumbed restroom, and a little over 4 miles of hiking and biking trails; Phase 2 will construct another mile-plus of hiking trail. Benches and informational signs will be placed throughout the trail system. The attached map depicts the project area.

The Hundred Acre Wood Trail Construction and Design Report (which can be found at www.cityofcoquille.org under the "Community Services" tab) includes a complete description of the project — including how the project meets the City's needs (as described in our Comprehensive Plan and Parks Master Plan) and the recommendations of the 2019 Statewide Comprehensive Outdoor Recreation Plan (SCORP).

The Hundred Acre Wood is unique in that it is both designated in the City's Comprehensive Plan as open space area and is logged by the City, as part of our Forest Management Plan. Moreover, the trail system has been designed to avoid environmental impacts, including avoiding impacts to the creeks which run through the Wood. We're excited to improve the land, in pursuit of these compatible uses, for the benefit of our community.

As part of our fundraising effort, we're preparing an application for Oregon Parks and Recreation Local Government Grant Program funding. We've attached a sample letter of support. We request that, if your Board is in support of this project, you provide us with a letter of support by March 15, 2022, to include with our LGGP application.

Please let us know if you have any questions or would like additional information or a presentation regarding this project.

Thank you,

Mayor Sam Flaherty City of Coquille 851 N Central Coquille, OR 97423 (541) 396-2115

sflaherty@cityofcoquille.org

| BOC only:<br>Consent Agenda  |  |
|--|--|
| Regular Agenda   |  |
| AGENDA ITEM  | I COVERSHEET   |
| Agenda Item Title: IGA with Oregon Health A  | uthority   |
| Department: Coos Health & Wellness   | Requested Agenda Date: 3/15/2022   |
| Contact Person: Mike Rowley  | Phone/Ext.: 541-266-6778   |
| Background and description of need or pro<br>Wellness PH Division funding to support the re  |  |
| Funding Source: OHA  |  |
| <b>Requested Action:</b> Board to approve IGA with Chair to sign.  | n Oregon Health Authority and authorize the  |
| Date: 3/2/2022 Signature   | Mike Rowley  Distrally signed by Mike Rowley Distra-Mike Rowley, o-Coos Health 8 Wellness, ou, email-mike.rowley@chw.coos.or.us, o Date: 2022.03.02 14:45:23 -08'00' |
| For all matters, forward the document to Counsel <b>no lat</b> Counsel will forward to Treasurer.  | er than the Monday prior to the Agenda deadline.   |
| If this is a contract or grant:  ☐ Is the contract or grant an original? ☐ Is the Contract/Grant Summary Form attack ☐ Is the contract signed first by the vendor (executed) ☐ If insurance is required, is the insurance cell. ☐ Is the Clerk's Coversheet attached or do you | cept state/federal grants or contracts)?   |
| County Counsel   |  |
| Treasurer  |  |
| Human Resources  |  |



### CONTRACT / GRANT SUMMARY FORM

| Clerk's CJ No.:_                                   |  | (complete after filing              | ) Contr                         | act/Agreement/Grant No.: <u>174610-0</u> (   | if applicable)       |
|--|--|-------------------------------------|---------------------------------|--|----------------------|
| Name/Agency Na                                     | ame and Address: OH  | A, 800 NE Oregon S                  | treet, Suite 640, Port          | land, OR 97232   |                      |
| Contact Person: J                                  | ewelee Bell  | Phone No: <u>971</u>                | -208-4144                       | Email: JEWELEE,M,BELL@dhsoh  | a.state.or.us        |
| Amount of Contr                                    | act/Grant Award: \$ <u>N</u>                                   | ITE 150,000.00                      |                                 |  |                      |
| Payment Terms:                                     | as invoiced (state lum   | p sum or amount and                 | time of payments)               |  |                      |
| Effective Date: 2                                  | /1/2022 Start Date:  | (if different fro                   | om effective date, i.e          | . retroactive / prospective date)  |                      |
| End Date: 7/15/2                                   | <u>023</u> (if known)  |                                     |                                 |  |                      |
| County Departme                                    | ent and Employee Res   | ponsible for Perform                | ance: Coos Health &             | Wellness, Mike Rowley, Director.   |                      |
| Description: IGA                                   | 174610-0 provides fu   | unding for the PH Div               | vision reproductive l           | nealth outreach program, Compensati  | on of one            |
| hundred fifty tho                                  | usand dollars, (\$150,0  | 00) NTE will be paid                | l upon invoices subn            | nitted by County.  |                      |
| Staff Requiremen                                   | nts: □New ⊠Existin   | g Subcontract                       |                                 |  |                      |
| Will unemploym                                     | ent cost be incurred?  | □Yes ⊠No                            |                                 |  |                      |
|  | FINANCIAL INF  | ORMATION (Fill o                    | uit 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<br>is a partial listing of t | number in the following for<br>the two digit agency identified | ormat: xx,xxx. The first tw<br>ier: | vo digits designate the fec     | leral agency and the last three the grant descrip  | ption. The following |
| 10.xxx USDA  | 14.xxx HUD<br>ommerce 16.xxx USDOJ                             | 20.xxx USDOT                        | 66.xxx EPA<br>dmin. 83.xxx FEMA | 84.xxx Dept. of Education<br>93.xxx USDHHS   |                      |
| NO'  | ΓE: If the contract/grant i                                    | s associated with more th           | nan one CDFA number,            | each segment must have its own summary   | form.                |
| ⊠ New  |  | Renewal                             | unte C                          | ☐ Modification Original Amount: \$   |                      |
|  |  | Previous Amou<br>Previous Date:     |                                 | Original Date:   |                      |
|  | LYG CONTENT COM  |                                     | NZIPUL WALLS                    | on only if the County is spending for  |                      |
| ISUI   | BLIC CONTRACTI   | NG INDORWAYIO                       | A (Fill out this secti          | on only if the County is spending if   | anus/                |
| Method of Select                                   | ion:   |                                     | Type of                         | Contract:  |                      |
| □Bid   | None   |                                     |                                 | (complete sections below)  |                      |
| ☐ Quote<br>☐ Proposal                              | Other  |                                     | <del></del>                     | wal (no need to complete sections below) ification (no need to complete sections belo  | w)                   |
| -  |  |                                     |                                 | The second conference of the second conference | ,                    |
| Type of Contract                                   | <u>:</u><br>ervices - If Not Using                             | Bid or Proposal. Ma                 | rk Exemption:                   |  |                      |
| ☐ Under \$10                                       |  | <u> </u>                            |                                 | Equipment Maintenance  |                      |
|  | ,000 for Quotes  | D 16 0 4                            |                                 | Office Supplies<br>Used Vehicles   |                      |
| Under \$15   | 0,000 & Approval from  | Board for Quotes                    | _                               | State Purchasing   |                      |
| ·  | vith Public Agency   |                                     |                                 | Other  |                      |
| Public Impro                                       | vement – If Not Usin   | g Bid, Mark Exempti                 | on:                             |  |                      |
| Under \$5,   |  |                                     |                                 | Alternative Contracting Method Approve   | d by Board           |
|  | 0,000 for Quotes<br>350,000 and \$100,000 fo                   | r Onotes and Prevailing             |                                 | Other  |                      |
| Wage Require                                       |  | . Quotos ano 110 tatimo             | •                               |  |                      |
| Personal Ser                                       | vices Contract – If No   | t Using Proposal, Ma                | ırk Exemption:                  |  |                      |
| Under \$50   |  |                                     | -                               |  |                      |
| Under \$15   | 0,000 & Approval from  | Board                               |                                 |  |                      |
| Will project be rep                                | orted to Bureau of Labo  | r for Prevailing Wages              | under ORS 279C.800?             | ☐Yes ☐No   |                      |
|  | ance required?  Yes  |                                     |                                 |  |                      |
| Doto Amaro   | od by BOC  |                                     |                                 | Reviewed by Counsel:   |                      |
|  | ed by BOC:   |                                     | od 4/20/2020                    | Neviewed by Courise.   |                      |
| Contract and Grant                                 | Summary Form   | Revis                               | ed 1/28/2020                    |  |                      |

| BOC only:<br>Consent Agenda   |  |                       |                                |   |
|---|--|-----------------------|--------------------------------|---|
| Regular Agenda  |  |                       |                                |   |
| AGE   | ENDA ITEM COVI   | ERSHE                 | ET                             |   |
| Agenda Item Title: Contract with A  | Acting Up Academy  |                       | 4                              | f   |
| Department: Coos Health & Wellne  | ess <b>Requ</b> e  | ested A               | genda Date: 3/1                | <i>5</i> /2022  |
| Contact Person: Mike Rowley   | Phone  | e/Ext.:               | 541-266-6778                   |   |
| Background and description of relearning environment for youth, age homework help and a curriculum d  | es 5-17, after schoo   | l hours.              | Services provide               | ed include  |
| Funding Source: OHA Reproduc  | tive Health Program  | 1                     |                                |   |
| Requested Action: Board to approsource findings.  | ove the contract wit   | h Acting              | g Up Academy ar<br><b>Mike</b> | nd adopt sole  Digitally signed by Mike Rowley DN: cn=Mike Rowley, o=Coos                               |
| Date: 3/2/2022  | Signature of Dept  | . Head:               |                                | Health & Weilness, ou,<br>email=mike.rowley@chw.coos.or<br>.us, c=US<br>Date: 2022.03.02 11.53.10 88/06 |
| For all matters, forward the document to Counsel will forward to Treasurer.   | Counsel <b>no later than t</b>   | he Mond               | ay prior to the Age            | nda deadline.   |
| If this is a contract or grant:    Solution   Is the contract or grant an original state     Is the Contract/Grant Summa     Is the contract signed first by     If insurance is required, is the     Is the Clerk's Coversheet attae | ary Form attached?<br>the vendor (except state<br>insurance certificate at | tached?<br>returned t | to you for filing?             | ?   |
| Treasurer   |  |                       |                                |   |



Board of Commissioners Coos Health and Wellness Sole Source Finding Regular Board Meeting 3/16/22

Pursuant to ORS 279B.075 a public contracting agency may procure goods or services without competition upon written findings that the goods or services are available from only one source. Those findings may include, that the "the goods or services are for use in a pilot or an experimental project" or "other findings that support the conclusion that the goods or services are available from only one source".

In this matter, the Board of Commissioners makes the following findings:

1. Acting Up is sole entity in Coos County that offers not only after school care, but also teaches youth about healthy communications skills. Due to the fact that Acting Up already has curriculum and staff prepared to teach healthy communications skills as required by the contract, the County will not be required to create additional curriculum and provide additional training to Acting Up staff in order to Acting Up beginning to work on this project.

The Board of Commissioners concludes that procuring these services through Acting up Academy is a sole source procurement authorized under ORS 279B.075.

| CONTRACT | / | GRANT | SUMMA | ARY | FORM |
|----------|---|-------|-------|-----|------|
|          |   |       |       |     |      |

| Clerk's CJ No.:   | (complete after filing)                                | Contra                         | ct/Agreement/Grant No.:   | (if applicable)              |  |
|---|--|--------------------------------|---|------------------------------|--|
| Name/Agency Name and Address: Acc   | ting Up Academy 999                                    | N Front St. Coos Ba            | y, Oregon 97420   |                              |  |
| Contact Person: Desireé Glenn Gaoira  | <u>n</u> Phone   | No: <u>541-252-0679</u>        | Email:  |                              |  |
| ActingUpForKidsandTeens@gmail.co  | <u>m</u>   |                                |   |                              |  |
| Amount of Contract/Grant Award: \$ 1  | 7,000.00   |                                |   |                              |  |
| Payment Terms: \$1,000 monthly - dur  | ation 17 months (state                                 | lump sum or amoun              | t and time of payments)   |                              |  |
| Effective Date: 2/1/2022 Start Date:  | (if different from                                     | m effective date, i.e.         | retroactive / prospective date)   | )                            |  |
| End Date: 6/30/2023 (if known)  |  |                                |   |                              |  |
| County Department and Employee Res  | sponsible for Performa                                 | nnce: Coos Health &            | Wellness, Mike Rowley, Dire   | ector.                       |  |
| Description: Acting Up Academy will   | provide after school s                                 | ervices, including he          | althy communication skills ec   | lucation to Coos County      |  |
| youth. Monthly compensation of one t  | housand dollars (\$1,00                                | 00.00), 17 months du           | ration, upon receipt of invoice   | e from contractor.           |  |
| Staff Requirements: New Existin   | g ⊠Subcontract   |                                |   |                              |  |
| Will unemployment cost be incurred?   |  |                                |   |                              |  |
| TIMANGLAL IN  | PODMATYON (F91 a                                       |                                | if the County is receiving fu   |                              |  |
|   |  | at this section only           |   |                              |  |
| STATE %   | OTHER %  | FEDERAL %<br>(CFDA # Required) | Catalog of Federal Domestic A<br>*(CFDA) Number   | asst.                        |  |
|   |  |                                |   |                              |  |
| *CFDA is a five digit number in the following f is a partial listing of the two digit agency identif                                |  | o digits designate the fede    | ral agency and the last three the gran  | t description. The following |  |
| 10.xxx USDA 14.xxx HUD 11.xxx Dept. of Commerce 16.xxx USDO   | 20.xxx USDOT   |                                | 84.xxx Dept. of Education<br>93.xxx USDHHS  |                              |  |
| NOTE: If the contract/grant   | is associated with more th                             | an one CDFA number, e          | ach segment must have its own sun   | nmary form.                  |  |
| ☐ New   | Renewal  |                                | ☐ Modification  |                              |  |
|   | Previous Amou<br>Previous Date:                        | nt: \$                         | Original Amount: \$ Original Date:  |                              |  |
|   |  |                                |   |                              |  |
| PUBLIC CONTRACTI  | NG INFORMATION   | (Hill out this sectio          | n <u>only</u> if the County is spend  | aing tunas)                  |  |
| Method of Selection:  |  | Type of (                      | Contract:   |                              |  |
| ☐ Bid ☐ None  |  |                                | complete sections below)  |                              |  |
| Quote Other   |  |                                | Renewal (no need to complete sections below)  Modification (no need to complete sections below) |                              |  |
| ⊠ Proposal  |  |                                | neation (no need to complete section  | ns below)                    |  |
| Type of Contract:   | Did as Descript Mass                                   | le Exponention.                |   |                              |  |
| ☐ Under \$10,000  | Bid of Proposal, Mar                                   | =                              | quipment Maintenance  |                              |  |
| Under \$50,000 for Quotes   |  |                                | ffice Supplies  |                              |  |
| Under \$150,000 & Approval from   | Board for Quotes                                       |                                | sed Vehicles  |                              |  |
| <ul><li>Sole Source</li><li>☐ Contract with Public Agency</li></ul>   |  |                                | tate Purchasing ther  |                              |  |
|   |  | _                              | (HICI   |                              |  |
| Public Improvement – If Not Usin Under \$5,000  | g Bid, Mark Exemption                                  |                                | Iternative Contracting Method A   | nproved by Board             |  |
| Under \$50,000 for Quotes   |  |                                | _   | pproted by Bound             |  |
| Between \$50,000 and \$100,000 for Quotes and Prevailing  |  |                                |   |                              |  |
|   | or Quotes and Prevailing                               |                                | ther  |                              |  |
| Wage Requirements   | or Quotes and Prevailing                               |                                | ther  |                              |  |
| Personal Services Contract – If No  |  |                                | ther  |                              |  |
| Personal Services Contract – If No  | ot Using Proposal, Man                                 |                                | ther  |                              |  |
| Personal Services Contract – If No Under \$50,000 Under \$150,000 & Approval from   | ot Using Proposal, Man                                 | k Exemption:                   |   |                              |  |
| ☐ Personal Services Contract — If No ☐ Under \$50,000 ☐ Under \$150,000 & Approval from Will project be reported to Bureau of Labor | ot Using Proposal, Man Board or for Prevailing Wages u | k Exemption:                   |   |                              |  |
| Personal Services Contract – If No Under \$50,000 Under \$150,000 & Approval from   | ot Using Proposal, Man Board or for Prevailing Wages u | k Exemption:                   |   |                              |  |

| BOC only:<br>Consent Agenda  |  |  |  |  |
|--|--|--|--|--|
| Regular Agenda   |  |  |  |  |
| AGENDA   | A ITEM COVERSHEET  |  |  |  |
| <b>Agenda Item Title</b> : Reclassification of Med 454   | rna Peterson to MHS II - Senior Clinician under paygrade   |  |  |  |
| Department: CHW  | Requested Agenda Date: 3/16/2022   |  |  |  |
| Contact Person: Mike Rowley  | Phone/Ext.: 541-266-6700   |  |  |  |
| Background and description of need or problem: The Board previously approved a newly created job description for Mental Health Specialist II – Senior Clinician and approved placing the position under paygrade 454, which is the same paygrade as the Mental Health Specialist II – Lead position. Approval of the newly created job description permits management to reclassify an employee from the Mental Health Specialist II job description (paygrade 447) to paygrade 454 if they qualify under Section 5 of the Senior Clinician job description. |  |  |  |  |
| Requesting Board approval to reclassify Merna Peterson to Mental Health Specialist II-Senior Clinician as she qualifies under Section 5 of the Senior Clinician job description.   |  |  |  |  |
| Funding Source: 021-1302-444.10-01   |  |  |  |  |
| Requested Action: BOC to approve recla<br>Senior Clinician effective March 1, 2022, ar   | ssification of Merna Peterson to Mental Health Specialist II –<br>nd sign Resolution 22-03-036 P.  |  |  |  |
| Date: 3/16/2022 S  | Signature of Dept. Head: Mike Rowley Objectly signed by Make Rowley Objectly signed by Make Rowley of Commission Resolution and Commission Resolution and Commission Resolution and Commission Resolution Resolution and Commission Resolution Res |  |  |  |
| 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:   |  |  |  |  |

BOC forwards signed document to Counsel's office.

HUMAN RESOURCES:



# BOARD OF COMMISSIONERS COUNTY OF COOS/STATE OF OREGON

| 1  | COUNTY OF COOS/STATE OF OREGON   |
|----|--|
| 3  | In the Matter of a Reclassification ) RESOLUTION To MH Specialist II Senior Clinician ) 22-03-036 P For Merna Peterson ) Effective March 1, 2022 ) |
| 5  | THIS MATTER HAVING COME BEFORE the Board of Commissioners at a regular   |
| 6  | meeting held March 16, 2021; and   |
| 7  | WHEREAS, the Board of Commissioners having previously approved a job   |
|    | description and paygrade 454 for a Mental Health Specialist II Senior Clinician  |
| 8  | Position; and  |
| 9  | WHEREAS, Merna Peterson, with a salary in effect, is a Mental Health   |
| 10 | Specialist II under paygrade 447 Step 5, with a monthly salary in the amount of  |
| 11 | five thousand, four hundred and forty-two dollars (\$5,442); and   |
| 12 | WHEREAS, the Board of Commissioners having approved a reclassification   |
|    | for Merna Peterson to Mental Health Specialist II - Senior Clinician;  |
| 13 | THEREFORE BE IT RESOLVED that Merna Peterson be reclassified to pay grade  |
| 14 | 454, under the AFSCME Union position of Mental Health Specialist II - Senior   |
| 15 | Clinician, with a salary adjustment as follows, effective March 1, 2022:   |
| 16 | EMPLOYEE CLASSIFICATION GRADE RGE. STEP AMOUNT   |
| 17 | HEALTH & WELLNESS - BEHAVIORAL HEALTH - 021-1302-444.10-01   |
| 18 | Peterson, Merna MH Specialist II-Senior Clinician 454 4 \$5,632  |
| 19 | BE IT FURTHER RESOLVED that Merna Peterson's anniversary date shall  |
| 20 | remain March 1 each year.  |
| 21 | DATED THISday of, 2022.  |
| 22 | BOARD OF COMMISSIONERS   |
| 23 |  |
| 24 |  |
| 25 |  |
| 26 | Commissioner Commissioner Commissioner   |
| 27 |  |

28 Resolution 22-03-036 P

| Consent Agenda  |  |
|---|--|
| Regular Agenda  |  |
| AGE   | NDA ITEM COVERSHEET  |
| Agenda Item Title: Mobile Response  | e Team – Coos Heaith & Wellness  |
| Department: CHW   | Requested Agenda Date: 03/15/2022  |
| Contact Person: Mike Rowley   | Phone/Ext.: 541-266-6700   |
|   | d or problem: Megan Ridle, Brief Therapy Crisis Program will give a presentation to the Board of Commissioners on the ogram.   |
| Funding Source: N/A   |  |
| Requested Action: Presentation on   | MRT Program by Megan Ridle, Program Manager.   |
| Date: 3/2/2022  | Signature of Dept. Head: Mike Rowley Digitally signed by Mike Rowley of Control Health & Welfness, Call Control Health & Welfn |
| For all matters, forward the document to C Counsel will forward to Treasurer. | ounsel no later than the Monday prior to the Agenda deadline.  |
| If insurance is required, is the  | y Form attached?<br>he vendor (except state/federal grants or contracts)?  |
| County Counsel  |  |
| Treasurer   |  |
| Human Resources   |  |



| BOC only:<br>Consent Agenda  |  |  |  |
|--|--|--|--|
| Regular Agenda   |  |  |  |
| AGENDA   | ITEM COVERSHEET                                  |  |  |
| structures.  | OU Renewal/update –Palouse tide gate and related |  |  |
| Department: Road Dept.   | Requested Agenda Date: 3/1/22                    |  |  |
| Contact Person: John Rowe  | Phone/Ext.: 7665                                 |  |  |
| <b>Background and description of need or problem</b> : Coos County signed a MOU with Coos Watershed on February 5, 2020 for the planning, design, and permitting for the replacement of Palouse tide gate and related structures. This is just a renewal/update of the Original MOU and renewed MOU executed on April 20, 2021.                                  |  |  |  |
| Funding Source: N/A  |  |  |  |
| Requested Action: Approve and sign the Coos Watershed MOU Renewal/Update for North Way Palouse tide gate and related structures.   |  |  |  |
| Date: 2-23-22 Signa  | ature of Dept. Head: Jhn Mau                     |  |  |
| 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 /// J   |  |  |  |
| Treasurer  |  |  |  |

Human Resources \_\_\_\_\_

### CONTRACT / GRANT SUMMARY FORM

| Clerk's CJ No.:_  |  | (complete  | e after filed with Clerk)      | Contract/Agreement/Gra                              | ant No.:   |
|---|--|--|--------------------------------|---|------------|
| Name/Agency N   | Name and Address:  | Coos Watershed As  | ssociation, 300 Cen            | tral Ave, Coos Bay, OR 97420                        |            |
| Contact Person  | : <u>Alison Tarbox</u>   | Phone No. <u>54</u>  | <u>1-888-5922</u>              |   |            |
| Amount of Cont  | ract/Grant Award: \$   | 8 <u>N/A</u>   |                                |   |            |
| Payment Terms   | : <u>Upon invoice</u> (state   | lump sum or amount an  | d time of payments)            |   |            |
| Start Date: upor  | n excution End Date  | : <u>3/31/23</u>   |                                |   |            |
| County Departm  | nent and Employee  | Responsible for Per  | formance: <u>COOS C</u>        | OUNTY PUBLIC WORKS- PAUL                            | SLATER     |
| Description: RE   | NEWAL OF ORIGIN  | NAL MOU FOR PAL  | OUSE TIDEGATE                  | AND RELATED STRUCTURES                              |            |
|   |  | FINANC   | IAL INFORMATION                | N. Green  |            |
|   | STATE %  | OTHER %  | FEDERAL %<br>(CFDA # Required) | Catalog of Federal Domestic Asst.<br>*(CFDA) Number |            |
|   |  |  |                                |   |            |
| The following is a pa<br>10.xxx USDA<br>11.xxx Dept. of C   | artial listing of the two dig<br>14.xxx HUE<br>Commerce 16.xxx USE       | it agency identifier:<br>D 20.xxx USDOT<br>DOJ 39.xxx General St | 66.xxx EPA                     |   |            |
| ☐ New   | _  | Renewal<br>evious Amount: \$                                     |                                | Modification  |            |
|   |  | evious Amount. a<br>evious Date:                                 |                                | Original Amount: \$<br>Original Date:               |            |
|   | wal?   | l? ∐Yes ⊠No  | Staff Requiremen               | ts: New Existing Subcontr                           | act        |
|   |  | PUBLIC CONT  | RACTING INFORM                 | IATION  |            |
| Method of Select ☐ Bid  | <u>≿tion:</u><br>□ None  |  | Type of C                      | ontract:<br>omplete sections below)                 |            |
|   | ☑ Other MOU  |  | -                              | /al (no need to complete sections below)            |            |
| ☐ Proposal  |  |  | ☐ Modifie                      | cation (no need to complete sections belo           | ow)        |
| 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 Sole Source Contract with Public Agency  Goods and Services - If Not Using Bid or Proposal, Mark Exemption:  Goods and Services - If Not Using Bid or Proposal, Mark Exemption:  Goods and Services - If Not Using Bid or Proposal, Mark Exemption:  Guite Supplies Used Vehicles State Purchasing Other |  |  |                                |   |            |
| ☐ Under \$5,<br>☐ Under \$50  | ovement – If Not Usi<br>000<br>0,000 for Quotes<br>00,000 & Not a Transp | •  | ☐ Alt                          | ernative Contracting Method Approvedner             | d by Board |
| Under \$50  | rvices Contract – If<br>0,000<br>50,000 & Approval fror                  |  | , Mark Exemption:              |   |            |
| Certificate of ins  | eported to Bureau o<br>urance required? ∑<br>t: ☐ Oral ⊠ Writte          | ⊠Yes ⊟No   |                                | S 279C.800?   |            |
| Date Approve  | d by BOC:  |  |                                | Reviewed by Counsel:                                |            |

| <i>F</i>  |  |  |
|---|--|--|
| BOC only: Consent Agenda Regular Agenda   |  |  |
| AGENDA ITE  | M COVERSHEET   |  |
| Agenda Item Title: Request BOC approval to  | repair/modify our current Lowboy Trailer.                              |  |
| Department: Road  | Requested Agenda Date: 3/16/22   |  |
| Contact Person: John  | Phone/Ext.: 7665   |  |
| Background and description of need or problem: Our current lowboy trailer is in need of a few repairs and modifications. There are a few cracks in the trailer that need repaired and once those are repaired it needs some fresh paint, new decking and lights. The trailer is also too long to easily maneuver on our county roads, so we would like to shorten the deck of the trailer from 25' to 18', which would allow for better use on our county roads when hauling equipment. Currently we are unable to get the lowboy trailer to several job sites safely which requires us to road our equipment farther than needed. We would like to use Kye's Custom Fabrication, Inc. for this specialized project which will cost around \$40,970.26. |  |  |
| Funding Source: 003-2702-431.20-01 Shop   | Supplies   |  |
| Requested Action: Request BOC approval to repair/modify our current Lowboy Trailer for \$40,970.26.   |  |  |
| Date: 3/8/22 Signa  | ature of Dept. Head: John Man  |  |
| 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 Filing Coversheet attached?   Do you want this returned to you for filing?   |  |  |
| County Counsel NJ - 3 businesses  | Contacted for quotes - only  |  |
| one business identified a   | Contacted for quotes - only able to complete project (CR 10,122(1)(b)) |  |
| Tuonalisas  |  |  |

Human Resources

24

# Board of Commissioners Meeting 3.16.2022 Repairs of Lowboy Trailer Authorized Under County Rule 10.122

Pursuant to County Rule 10.122, the County may let Contracts for equipment, maintenance, repair or overhaul without Competitive Process, subject to the following conditions:

- a) Service and/or parts required are unknown and the cost cannot be determined without extensive preliminary dismantling or testing; or
- (b) <u>Service and/or parts required are for sophisticated equipment for which specially trained personnel are required and such personnel are available from only one source.</u>

In this situation, the County's lowboy trailer needed repairs and modifications that must be completed by personnel with specialized experience or training. After a diligent search, the County was only able to locate one company within our area qualified and prepared to complete the necessary repairs and modifications. The County first contacted Gold Coast Truck Repair and Whit-Log Trailers, but were referred to Kye's Custom Fab in Roseburg as the company in the area that could complete the work as required. Therefore, the County may procure the needed repairs and modifications from Kye's Custom Fab under County Rule 10.122(1)(b). It is also worth noting that three separate shops were contacted in the effort to find a shop able to carry out the modifications and repairs.

Nathaniel Johnson County Counsel

| BOC only:     |   |  |
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| DUC ONLY.     |   |  |
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| Consent Agend | a |  |
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| Pegulor Agend |   |  |
| Regular Agend | 6 |  |
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| Regular Agenda  |  |  |  |
|---|--|--|--|
| AGENDA ITEM COVERSHEET  |  |  |  |
| Agenda Item Title: Approval of Administrative Services Manager position description and reclassification of an Employee to Administrative Services Manager for Community Corrections.   |  |  |  |
| Department: Community Corrections Requested Agenda Date: 03/15/2022   |  |  |  |
| Contact Person: Mike Crim, Director Phone/Ext.: 396-7703  |  |  |  |
| Background and description of need or problem: Following an employee retirement in 2020, Jenny Mahlum has taken on more and more responsibility within the office and we feel she is now performing at the level of responsibility and performing the duties of the Administrative Services Manager position that has been vacant since the 2020 retirement. Therefore, we believe it is appropriate to reclassify Jenny Mahlum to the Administrative Services Manager position effective April 1, 2022, which coincides with her performance evaluation date. This also ties in with our on-going succession planning for the office. This position will work closely with the Director and Business Operations Manager. |  |  |  |
| Jenny Mahlum would move from an Administrative Aide II to Administrative Services Manager, Pay Grade (789), Step 3, \$3,940 per month effective April 1, 2022. This reflects an increase of \$203 per month.  |  |  |  |
| Also request Board approve updated job description for the Administrative Services Manager position.  |  |  |  |
| Funding Source: State of Oregon/DOC/ Grant in Aid   |  |  |  |
| Requested Action: Approval of Administrative Services Manager position description for Community Corrections and reclassification of Jenny Mahlum to the Administrative Services Manager position effective 04/01/2022.   |  |  |  |
| Date: 2/25/2022 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 <u>S</u>.

Revised 5/18/15

### **DESCRIPTION OF POSITION**

Approved by BOC 3/15/2022

| , wppior | 34 b 5 5 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7   |
|----------|--|
| 1.       | Classification Title: Community Corrections Administrative Services Manager  |
| 2.       | Working Title: Community Corrections Administrative Services Manager   |
| 3.       | Department: Coos County Community Corrections  |
| 4.       | Pay Grade & Range: Pay Grade (789)   |
|          | Position Is: Full Time Part Time Extra Help  |
|          | Seasonal Other   |
|          | Excluded from Bargaining Unit? Yes 🛛 No 🗌  |
|          | Eligible for Overtime? Yes 🗵 No 🗌  |
| 5.       | What is the purpose of this position?  |
|          | Serves as the confidential Executive Secretary to the Director and Business Operations Manager in the daily operations of Community Corrections. Oversees and maintains the office legal standards in preparing and maintaining complex legal and related record files. Works with considerable independence in performing legal secretarial work of a complex nature and ensures quality control for Community Corrections.   |
| 6.       | 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.   |
|          | A. Maintenance of Offender Files: Open, Close and Transfers Offender Files. Review legal documents such as court orders to process offender files, review for needed corrections and enter to DOC400. Requires special knowledge and judgment in selecting appropriate codes, names, conditions, personal information, etc. Adds, deletes, or changes information in manual or computerized system to maintain accurate, complete and current information. Schedules for file destruction as necessary. Completes yearly warrant checks on offender files. Maintains and directs compact file work. This position is the Department representative to the Department of Corrections Statewide Office Operations Network group. |
|          | B. <b>Typing Legal Reports/Word Processing:</b> Reports, narratives, statistics, memorandums, investigations and correspondence from draft or general instructions as per policy. Also, writes and reviews letters, reports, grants, grievances, articles, orders, minutes, legal options, performance evaluations, and other materials of an important or confidential nature.  |
|          | C. Fee Collection: Receives payments, issues receipt, prepares deposits of clients' supervision<br>fees – in the absence of Front Desk Receptionist. Turns over client accounts to Department of<br>Revenue. In the absence of Corrections Secretary II, reconciles DOR reports and payments<br>and keeps Department Manager updated on monthly collections of supervision fees.   |
|          | D. Record Development/Maintenance: Maintains assignment logs, vacation/sick leave<br>program, office manuals, directories, filing, copying and distribution as required. Takes and<br>transcribes meeting minutes and maintains file of minutes.   |
|          | E. Department of Corrections Liaison: works closely with Department of Corrections in<br>reviewing reports generated for Coos County. These reports include but are not limited to:<br>Unsupervised/Inactive Monthly Reviews, Earned Discharge Monthly Reviews, UA log errors,<br>Sanction with and without movements, Local Control Data Entry, etc.  |
|          | F. <b>Provides Training</b> : Provides user training in computer, printer, DOC400, and software use to staff members. Provides training for front desk position. Ensures that First Aid/CPR training is current on all employees and schedules classes as needed. Tracks in-house training records and updates training records for DPSST.   |

- G. Inventory/Building Control: Requisitions supplies, maintains required inventories, receives orders and distributes as necessary. Maintains property inventory, transfers property in and out of department, conducts yearly county inventory control. Responsible for building maintenance to include janitorial, landlord, and maintenance repairs.
- H. Staff Equipment: Responsible for assignment, logging, and collection of: office keys, badges, safety equipment, vehicles, handcuffs, gas cards and cell phones. Ensures repair or replacement if needed. Maintains vehicle records.
- Personnel (for Management): Types, files, distributes confidential personnel-related documents, i.e., performance evaluations, audits, grievances, investigations, etc. Maintains departmental personnel records. Occasionally acts as resource for staff in directing who to contact regarding payroll, attendance records, personnel, etc.
- J. Special Projects: Works with supervisors on special projects when needed such as employee grievances, grants and required reports, jail bed statistics, financial statistics, collection of supervision fees, etc. Searches out and researches information for Director on various projects.
- K. Credit Cards: Oversees credit card usage, expenditures, and accounts for the security of the credit cards yearly. Also serves as the back-up for paying bills and credit card payments.
- L. **Travel Arrangements:** Makes travel arrangements and conference registrations for the Director and Department employees.
- M. **Minutes**: Provide support to Local Public Safety Coordinating Council (LPSCC), i.e. announcement of meetings, notice to media, prepare room for meeting, take minutes, type & distribute minutes.
- N. Back up for Front Desk Corrections Secretary I: Provides reception (telephone and walk-in); mail processing: (opens, dates stamps, routes incoming mail, and prepares outgoing mail in the absence of front desk secretary); copies, reports for Court/DA; collection of fees, preparation of deposits; prepares hearing packets & e-files, tracks works crew, vacation/sick leave and other duties as assigned to this position.
- O. Other Duties as Required:
  - May act as liaison between department and other county departments.
  - Assist with preparation or processing of department contracts or contract modifications.
  - Coordinate and develop work procedures or policies with appropriate input from supervisor and management team. Maintain documentation.
  - Regular and consistent attendance is required.
  - Completes Notary Service and background checks as needed.
- 7. Working conditions of position.

Typical office setting, normally 8:00am - 5:00pm, Mon-Fri. Travel within the county and state may be required for training or meetings. Requires ability to push, pull, lift, and/or carry up to 50 pounds. Other physical demands may be required: bending, keyboarding, pulling, pushing and walking.

- 8. List required special skills, licenses, certificates, etc.
  - Thorough knowledge of current and previous versions of Windows operating systems/programs and Microsoft.
  - Must be able to read and accurately interpret and implement documents such as technical
    manuals, safety rules, operating and maintenance instructions, and procedure manuals. Must
    be able to apply common sense understanding to accurately carry out instruction furnished in
    written, oral, or diagram form. Must have demonstrated experience to deal with problems
    involving several concrete variables and determining solutions for standardized situations.

|     | <ul> <li>Must have the ability to speak effectively before groups of customers or Department staff. Must be able to communicate effectively orally and in writing. Must be able to complete accurate reports and correspondence within short timelines. Must have ability to effectively train other employees.</li> </ul>   |  |
|-----|--|--|
|     | <ul> <li>Requires ability to work quickly and accurately under pressure and with short timelines. Must<br/>have ability to use initiative and judgment in carrying out tasks and responsibilities with limited<br/>instruction and/or guidance. Must have excellent time-management skills and be able to work<br/>independently with minimal supervision. Must be able to maintain professional, positive<br/>interaction, tact, and judgment in dealing with Department and county staff and other<br/>professional contacts.</li> </ul>           |  |
|     | <ul> <li>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 and maintain effective interpersonal relationships with co-workers, county staff, other agencies and outside entities. Must maintain a positive attitude and represent the County and the Department in the community in a positive manner.</li> </ul> |  |
|     | Regular and consistent attendance is required.   |  |
|     | <ul> <li>Must have working knowledge of computers, DOC400 and OJIN. Must pass a comprehensive<br/>criminal, civil, and personal background check and possess a valid Oregon Driver's license<br/>and be LEDS Certified.</li> </ul>   |  |
|     | <ul> <li>Must have five years of experience in office and secretarial work, graduation from a high<br/>school/GED including or supplemented by secretarial training courses and typing; or any<br/>satisfactory equivalent combination of experience or training. Have a minimum of 2-year<br/>experience in computer, troubleshooting and understanding of printer/computer generated<br/>reports, spreadsheets, word processing, database and webpage update/design.</li> </ul>  |  |
| 10. | Is operation of motor vehicle required?  |  |
| 11. | List equipment, tools, machines used in performance of duties.  Desktop/laptop computers and server(s), copy machine, fax machine, phone systems and standard office equipment in addition to the above listed requirements.   |  |

| 1  | BOARD OF COMMISSIONERS   |  |  |
|----|--|--|--|
| 2  | COUNTY OF COOS/STATE OF OREGON   |  |  |
| 3  | In the Matter of a Reclassification to ) RESOLUTION Administrative Services Manager for ) 22-03-035 P Jenny Mahlum Effective April 1, 2022 ) |  |  |
| 5  | THIS MATTER HAVING COME BEFORE the Board of Commissioners at a regular   |  |  |
| 6  | meeting held March 16, 2022; and   |  |  |
| 7  | WHEREAS, Jenny Mahlum is currently classified as an Administrative Aide  |  |  |
| 8  | II in the Community Corrections Office, Pay Grade 775, Step 6 with a salary of   |  |  |
| 9  | \$3,737 a month; and   |  |  |
| 10 | WHEREAS The Board of Commissioners having made a determination this date   |  |  |
| 11 | that a reclassification is appropriate given the duties she performs for the   |  |  |
| 12 | Community Corrections Office;  |  |  |
| 13 |  |  |  |
| 14 | THEREFORE BE IT RESOLVED reclassifying Jenny Mahlum to a Administrative  |  |  |
| 15 |  |  |  |
| 16 | 1, 2022:   |  |  |
| 17 | EMPLOYEE CLASSIFICATION GRADE RGE. STEP AMOUNT   |  |  |
| 18 | COMMUNITY CORRECTIONS - 011-2400-423.10-01   |  |  |
| 19 | Mahlum, Jenny Administrative Services Manager 789 3 \$3,940  |  |  |
| 20 | BE IT FURTHER RESOLVED that the above employee's anniversary date shall  |  |  |
| 21 | be be amended to April 1 each year.  |  |  |
| 22 |  |  |  |
| 23 | DATED THIS day of, 2022.   |  |  |
| 24 | BOARD OF COMMISSIONERS   |  |  |
| 25 |  |  |  |
| 26 |  |  |  |
| 27 | Commissioner Commissioner Commissioner   |  |  |

Resolution 22-03-035 P

| IBOC only: Content Agenda  |   |  |
|--|---|--|
| AGENDA ITE   | M COVERSHEET                              |  |
| Agenda Item Title: Approval of Purchase o<br>Authority to County Maintenance Director  | f Real Property and Delegation of Signing |  |
| Department: Maintenance/Counsel  | Requested Agenda Date: 3/15/2022          |  |
| Contact Person: Nathaniel Johnson/Mike Ha  | agen Phone/Ext.: 7693                     |  |
| Background and description of need or problem: The County wishes to purchase the real property located at 142 N. Adams Street, Coquille, Oregon and identified as Coos County Tax Account Number 3288800 for use by the Coos County Maintenance Department. The purchase price is \$150,000. Purchase of the property would allow the Maintenance Department to vacate their current portion of the Owen Building, and provide the Department with needed storage and work space. Moving the Maintenance Department from the Owen Building may also allow for renovation and the creation of more office space in the Owen Building if needed.  Funding Source: American Rescue Plan Funds |   |  |
| Requested Action: Approve Order 22-03-0181, authorizing the purchase of real property and delegating signing authority.  |   |  |
| Date: Signature  | of Dept. Head: MM                         |  |
| 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 Filing Coversheet attached?   Do you want this returned to you for filing?   County Counsel   |   |  |
| n 10.  |   |  |
| Treasurer  |   |  |

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Human Resources

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### **BOARD OF COMMISSIONERS**

### COUNTY OF COOS

### STATE OF OREGON

| In the Matter of Authorizing the Purchase of Real Property | ) ORDER      |
|--|--------------|
| and Delegating Signing Authority to Coos County            | ) 22-03-018L |
| Maintenance Director                                       | ) 22-03-0181 |

NOW BEFORE THE BOARD of Commissioners ("Board") sitting for the transaction of County business on March 15, 2022 is the matter of authorizing the purchase of real property located at 142 N. Adams Street, Coquille, Oregon, more particularly identified as Coos County Property Tax Account Number 3288800 (the "Property"), and delegating signing authority to the Coos County Maintenance Director.

WHEREAS, the property is needed for use by the County for a public purpose; and WHEREAS, it appears to the Board that it is in the best interest of the County to purchase the Property for the price of \$150,000;

NOW, THEREFORE, IT IS HEREBY ORDERED that the Board of Commissioners authorizes the purchase of the Property as follows:

- 1. The Board authorizes the purchase of the Property for \$150,000.
- 2. The Coos County Maintenance Director, Mike Hagen, Commissioner Robert "Bob" Main, Commissioner Melissa Cribbins, and Commissioner John Sweet, in consultation with County Counsel, are authorized to sign any transactional documents to aid in, effectuate, and complete the purchase of the Property. Any one of these named individuals may sign the transactional documents, depending on availability. Furthermore, the Board ratifies any and all transactional documents that have been signed by the County Maintenance Director to this date.

| 2<br>3<br>4<br>5 | complete the sale of the Propagreement. | perty, as specified in any applicable purchase and sale |
|------------------|---|---|
| 4                | agreement.                              |   |
|                  |   |   |
| 5                |   |   |
|                  |   |   |
| 6                |   | BOARD OF COMMISSIONERS                                  |
| 7                | Approved as to form:                    |   |
| 8                | That the                                | Chair   |
| 9                | Office of Legal Counsel                 | Commissioner  |
| 10               |   | Commissioner  |
| 11               |   | Commissioner  |
| 12               |   |   |
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| BOC only:<br>Consent Agenda  |   |  |
|--|---|--|
| Regular Agenda   |   |  |
| AGENDA IT  | TEM COVERSHEET  |  |
| Agenda Item Title: Request Approval to g<br>State Courts IT Server room  | get funding to purchase a HVAC Air conditioner for  |  |
| Department: Maintenance  | Requested Agenda Date: 3/16/2022  |  |
| Contact Person: Mike Hagen   | Phone/Ext.: 7734  |  |
| Background and description of need or problem: We are requesting ARP funding to purchase a new HVAC air conditioner for the State Courts IT Server room. The current HVAC system that is in place it not designed for the server room and on days that we have freezing weather the system is failing and the server room is reaching temperatures that can damage their equipment. We have received a quote from Addcox Heating Center for a system that can handle the server room heat and a system that won't freeze up during freezing weather. The quote is for \$7,335.19, we are requesting to move forward with the quote from Addcox Heating Center. |   |  |
| Funding Source: ARP funding  Requested Action: Approve the funding for the HVAC Air conditioner for State Courts   |   |  |
| IT Server room in the amount of \$7,335.1  | •   |  |
| Date: 3/p/ Signatur  | are of Dept. Head. May  |  |
| For all matters, forward the document to Couns deadline. Counsel will forward to Treasurer.  | $^{arphi}$ el no later than the Monday prior to the Agenda  |  |
| If this is a Contract or Grant:  Is the contract or grant an original Is the Contract/Grant Summary For Is the Contract signed first by the If Insurance is required, Is the Insurance Is the Clerk's Filing Coversheet and Do you want this returned to you   | Form attached? e vendor (except state/federal grants or contracts)? surance Certificate attached? attached? |  |
| County Counsel   |   |  |

Revised 2/28/2022

Treasurer \_\_\_\_\_

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Addcox Heating Center 831 N.W Highland Street Roseburg OR 97470 Phone: (541) 672-6473 Fax: (541) 672-0095

Info@addcox.com

#### **BILL TO**

Coos County Courthouse 250 North Baxter Street Coquille, OR 97423 USA

ESTIMATE 51501761

ESTIMATE DATE Mar 02, 2022

**JOB ADDRESS** 

Coos County Courthouse 250 North Baxter Street Coquille, OR 97423 USA Job: 51499732

TASK DESCRIPTION

QTY PRICE TOTAL

RRRK36

Install Air Conditioner RKS36LVJU wall mounted unit

1.00 \$7,335.19 \$7,335.19

Install New Outdoor FTXS Series Air Conditioner Model #FTXS36LVJU

Capacity: 36,000 BTU/Hr. Cooling

Efficiency: 17.9 SEER

Indoor Unit Dimensions (H x W x D): 13 3/8" x 47 1/4" x 9 7/16"

Includes 3/8" x 5/8" refrigerant lineset

Remove and set aside existing 2-ton single zone ductless system.

Install communication wire from indoor to outdoor unit.

Heat pump will be installed on pressure treated lumber for curbing on

roof.

Install refrigerant lines from indoor to outdoor units. Any roof sealing is excluded from this proposal

excluded from this proposal.

Install condensation drain line from indoor unit to outside of structure.

Includes washable filters for indoor unit.

Includes mechanical permit required for installation.

High Voltage modifications are excluded from this proposal and can be estimated by a licensed electrician upon request. The electrical specifications of the new unit appear to be within the existing circuit to the existing ductless unit. A 110-volt plug may need to be installed exterior on the roof and can be done by an electrician for approximately \$300 to \$500 upon request.

WARRANTY:

1 Year Labor

5 Years Parts and Compressor

POTENTIAL SAVINGS

\$0.00

| BOC only:<br>Consent Agenda  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
| Regular Agenda   |  |  |  |  |  |  |
| AGENDA ITEM COVERSHEET   |  |  |  |  |  |  |
| <b>Agenda Item Title</b> : SAIF Retro Rating Eval  | luation Plans for 2017-2018, 2018-2019, 2019-                    |  |  |  |  |  |
| Department: Human Resources  | Requested Agenda Date: March 16, 2022                            |  |  |  |  |  |
| Contact Person: Charity Train  | Phone/Ext.: (541) 396-7582                                       |  |  |  |  |  |
| Background and description of need or problem: The County has the option of closing the policy years listed above. By closing out a policy year, this means that if a claim is reopened, the County will not be responsible for the cost if a claim is reopened. The cost to close out the policy year is listed in the attached packet. If the County chooses to close the attached policy year, then the amount will be credited or owed to SAIF by March 25, 2022. The Board of Commissioner's need to decide if they would like to close the Rating Evaluation plans for the years stated above. Wendy at Abel Insurance recommends only closing year 2017-2018 at this time. No money would be owed or credited at this time. |  |  |  |  |  |  |
| Funding Source: All  |  |  |  |  |  |  |
| for closure and sign those documents.  | ective Rating Plan Evaluation years to approve re of Dept. Head: |  |  |  |  |  |
| For all matters, forward the document to Counsel <b>no</b> I Counsel will forward to Treasurer.  | later than the Monday prior to the Agenda deadline.              |  |  |  |  |  |
| If this is a contract or grant:  |  |  |  |  |  |  |

☐ Is the contract signed first by the vendor (except state/federal grants or contracts)?

Is the Clerk's Coversheet attached or do you want it returned to you for filing?

Human Resources

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County Counsel

☐ Is the contract or grant an original?

☐ Is the Contract/Grant Summary Form attached?

If insurance is required, is the insurance certificate attached?

## saifcorporation

### **Retrospective Rating Plan Evaluation**

Policy Name: Coos County Valuation Date: 12/31/2021

Policy Number: 752481 Term/Type: One Year / Regular

Plan Period: 07/01/2017 - 07/01/2018 Evaluation No: 4th Evaluation / 100004967

Detail for Coos County: 752481, 07/01/2017 - 07/01/2018

Standard Premium [SP] \$616,041.82

Minimum Premium\$139,225.45Basic Premium Factor [BPF]0.2260Maximum Premium\$862,458.55Maximum Premium Factor1.4000Incurred Losses [IL]\$88,777.46Loss Conversion Factor [LCF]1.2000

Tax Multiplier [TM] 1.0000

**Retrospective Rating Plan Premium Summary** 

Standard Premium\$616,041.82Incurred Losses\$88,777.46Non-disabling Reimbursement\$15,668.82

**Retrospective Rating Plan Premium Calculation** 

 Basic Premium [BP] = (SP X BPF)
 \$139,225.45

 Converted Losses [CL] = (IL x LCF)
 +

 Tax
 +

 Indicated Retro Premium [IRP] = (BP + EL + CL) x TM
 \$245,758.40

**Retrospective Rating Plan Premium and DCBS Assessment** 

Assessable Premium excludes Part Two, Federal Premium, and Non-Disabling Reimbursement Indicated Retro Premium

 DCBS Assessment @ 6.80% on \$110,652.41
 +
 \$7,524.36

 DCBS Assessment @ 7.40% on \$116,151.58
 +
 \$8,595.22

 Retrospective Premium including DCBS Assessment
 \$261,877.98

Retrospective Rating Plan Premium Adjustment

Retrospective Premium including DCBS Assessment \$261,877.98

Non-disabling Reimbursement - \$15,668.82

Premium Previously Billed - \$230,089.58

DCBS Assessment Previously Billed - \$16,119.58

Retrospective Rating Plan Premium Due \$0.00

\$245,758.40

### AGENDA ITEM COVERSHEET

Agenda Item Title: Agreement with CCD Business Development Corporation to Assist Coos County with Grant Compliance and Administration for a Community Development Block Grant

Department: Counsel Requested Agenda Date: 3/15/2022

Contact Person: Nathaniel Johnson Phone/Ext.: 7693

**Background and description of need or problem**: On January 25, 2022, the County was awarded a Community Development Block Grant (CDBG) for emergency business and microenterprise grant assistance in the amount of \$500,000. The grant funds a program that will provide eligible small businesses of up to \$2,500 per qualifying job created or retained, or \$10,000 per qualifying microenterprise. The grant agreement requires the County to enter an agreement with CCD Business Development Corporation to administer the grant program in accordance with grant requirements.

Funding Source: Community Development Block Grant Funds

Requested Action: Approve agreement with CCD Business Development Corporation to administer the CDBG for emergency small business and microenterprise assistance.

Signature of Dept. Head:

| For all matters, forward the document to Counsel no later than the Monday prior | ,<br>to the Agenda |
|---|--------------------|
| deadline. Counsel will forward to Treasurer.                                    |                    |

| deadline. | Counsel will forward to Treasurer.   |
|-----------|--|
|           | 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 Filing Coversheet attached?  Do you want this returned to you for filing? |
| County C  | ounsel   |
| Treasure  | · MS   |

aM

Date: 3/8/2022

| Clark's CI No :  |  | CONTRACT / G. (complete after filing)   |                        | RY FORM<br>ct/Agreement/Grant No.:   | (if applicable)                |  |  |  |
|--|--|---|------------------------|--|--------------------------------|--|--|--|
| ·  | Clerk's CJ No.:(complete after filing) Contract/Agreement/Grant No.:(if applicable)  Name/Agency Name and Address: CCD Business Development Corp. P.O. Box 1938 Roseburg, OR |   |                        |  |                                |  |  |  |
| Contact Person: Brandi Medeiros Phone No: 541-672-6728 Ext.304 Email: b.medeiros@ccdbusiness.com   |  |   |                        |  |                                |  |  |  |
| _  |  | 125/hr NTE \$35,000   |                        |  |                                |  |  |  |
|  |  | mp sum or amount and  | d time of payments)    |  |                                |  |  |  |
| Effective Date: u  |  |   |                        | late, i.e. retroactive / prospec   | etive date)                    |  |  |  |
|  |  |   |                        |  | ŕ                              |  |  |  |
| End Date: <u>Eighteen (18) months after execution</u> (if known)  County Department and Employee Responsible for Performance: <u>Megan Simms, Finance Director/Treasurer</u>   |  |   |                        |  |                                |  |  |  |
| Description: Consulting contract to assist County with Grant Compliance and Administration for the Community Development Block   |  |   |                        |  |                                |  |  |  |
| •  | _  | Small Business and Mi   |                        |  |                                |  |  |  |
|  | ts: New Existin  |   | •                      | -  |                                |  |  |  |
|  | ent cost be incurred?  |   |                        |  |                                |  |  |  |
|  | FINANCIALINE   | ORMATION (Fill o  | ut this section only i | the County is receiving fu   | nds)                           |  |  |  |
|  |  | Section County in provincial in a consistency to a section of the | FEDERAL %              | Catalog of Federal Domestic /  |                                |  |  |  |
|  | STATE %  | OTHER %   | (CFDA # Required)      | *(CFDA) Number   | 1551.                          |  |  |  |
|  |  |   |                        |  | A Januari di an The Sellovaine |  |  |  |
| *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 Amou<br>Previous Date:   | nt: \$                 | Original Amount: \$ Original Date:   |                                |  |  |  |
|  |  |   | in the                 |  |                                |  |  |  |
| PUH  | LIC CONTRACTI  | NG INFORMATION  | (Fill out this section | only if the County is spen   | ding funds)                    |  |  |  |
| Method of Select   | ion:   |   | Type of C              | ontract:   |                                |  |  |  |
| ☐ Bid  | None   |   | _ ,                    | omplete sections below)  |                                |  |  |  |
| Quote  |  | y Section 2 of CDBG   |                        | al (no need to complete sections be<br>cation (no need to complete section | •                              |  |  |  |
| Grant filed at CJ Proposal   | 2022-0108.   |   |                        | cation (no need to complete section  | ons ociow)                     |  |  |  |
| -  |  |   |                        |  |                                |  |  |  |
| Type of Contract   |  | Bid or Proposal, Mar  | k Exemption:           |  |                                |  |  |  |
| Under \$10   |  |   | ☐ Of                   | fice Supplies  |                                |  |  |  |
|  | ,000 for Quotes  | D 16 0 14-  |                        | sed Vehicles   |                                |  |  |  |
| Under \$15   | 0,000 & Approval from  | Board for Quotes  |                        | ate Purchasing<br>her <u>Required by Section 2 of C</u>                    | DBG Grant filed at CI          |  |  |  |
|  | vith Public Agency   |   | 2022-0108              |  |                                |  |  |  |
| ☐ Equipmen   | t Maintenance  |   |                        |  |                                |  |  |  |
| Public Improvement – If Not Using Bid, Mark Exemption:   |  |   |                        |  |                                |  |  |  |
| Under \$5,0  | 000<br>,000 for Quotes   |   |                        | ternative Contracting Method A her   | Approved by Board              |  |  |  |
| -  |  | r Quotes and Prevailing   |                        | <del></del>  |                                |  |  |  |
| Wage Require   | ements   |   |                        |  |                                |  |  |  |
| Personal Services Contract – If Not Using Proposal, Mark Exemption:  |  |   |                        |  |                                |  |  |  |
| ☐ Under \$50,000 ☐ Under \$150,000 & Approval from Board   |  |   |                        |  |                                |  |  |  |
| onder \$13   | o,000 & Approvar irom  | Doard   |                        |  |                                |  |  |  |
| Will project be reported to Bureau of Labor for Prevailing Wages under ORS 279C.800? ☐Yes ☒No  |  |   |                        |  |                                |  |  |  |

Revised 1/28/2020

Contract and Grant Summary Form