

A G E N D A
COOS COUNTY BOARD OF COMMISSIONERS
Owen Building Large Conference Room, 201 N. Adams, Coquille
or Virtually at <https://meet.goto.com/675740381>
November 7, 2023

1. **8:30 AM- EXECUTIVE SESSION under the authority of ORS 192.660, - in the small conference room. The public is excluded from this portion of the meeting**
 - A. (2)(e) Real Property Transactions
 - B. (2)(f) To Consider Information or Records Exempt by Law from Public Inspection
 - C. (2)(h) Consultation with Counsel

2. **9:30 AM PUBLIC PORTION OF THE MEETING, BEGINNING WITH THE PLEDGE OF ALLEGIANCE/MOMENT OF SILENCE**

3. **PUBLIC HEARING**
 - A. Community Development Block Grant for Emergency Childcare Assistance

4. **DEPARTMENT HEADS**
 - A. Presentation of Lifesaving Commendation to Deputy Robert Baker- Sheriff
 - B. Update on Mosquito Problem- Coos Health & Wellness (CHW)
 - C. Request Approval of Workforce Retention Payments- CHW
 - D. Request Approval of Release Agreement with Kathy Cooley & Authorize Chair to Sign- CHW
 - E. Request Approval of Revised Job Description for Secretary III Admin/Finance Services Position- CHW
 - F. Request Approval to Pay Invoice for Pickup Purchase- Forestry
 - G. Request Approval of IGA #15033 with OYA & Ratify Director's Signature- Juvenile
 - H. Request Approval of IGA #15070 with OYA & Ratify Director's Signature- Juvenile
 - I. Request Approval of Resolution Making Additional Appropriations in SCINT Fund- SCINT
 - J. Request Approval of Resolution Making Additional Appropriations in Admin Grant Fund- Finance
 - K. Request Approval of Revised Job Description for IT Administrator Position- IT
 - L. Request Approval of Contract Amendment with Cardinal Services- County Counsel

5. **CONSENT CALENDAR- administrative matters not up for discussion**
 - A. **Approval of Minutes**
 - Regular Meeting Minutes- October 24, 2023
 - Worksession- Oaks Pavilion Repairs/Night Watchman for Belloni Ranch- October 27, 2023

 - B. **Orders & Resolutions**
 - Resolution 23-10-232P, In the Matter of Granting Salary Merit Step Increases for Various Employees Retroactive to October 1, 2023
 - Resolution 23-10-233P, In the Matter of Granting Salary Merit Step Increases for Various Employees Effective November 1, 2023
 - Resolution 23-10-234P, In the Matter of a Salary Adjustment Due to Certification for Miranda Vierck Retroactive to October 1, 2023
 - Resolution 23-10-235P, In the Matter of Granting Salary Merit Step Increases for Various CCSO Employees Effective November 1, 2023

This agenda does not limit the ability of the Commissioners to consider additional subjects. The Board reserves the right to place a time limit on public testimony on any matter. The meeting place is handicapped accessible; if special accommodation is needed, please contact the office at least 24 prior to the meeting.

- C. **Post-Action Notifications Pursuant to County Rule 10.043 (5)**
Contract with Dawn Williamson- CHW- clinical supervision
Contract Amendment with Davis Grants LLC- Sheriff- adding services to SO

- 6. **LATE AGENDA ITEMS**
- 7. **COMMISSIONERS REPORTS**
- 8. **CITIZEN COMMENTS- limited to 3 minutes per person**

BOC only:

Consent Agenda _____

Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Executive Session Requested

Department: Counsel

Requested Agenda Date: 11/07/2023

Contact Person: Colton Totland

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)(f)** – to consider information or records that are exempt by law from public inspection

Funding Source: N/A

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

Date: 10/31/2023

Signature of Dept. Head: _____

Colton Totland

Departments Affected:

COUNSEL: _____

CT

BOC only:
Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: 2nd Public Hearing: CDBG Coos County Emergency Childcare Assistance Grant Program IA2209.

Department: Counsel

Requested Agenda Date: 11/7/2023

Contact Person: Colton Totland

Phone/Ext.: 7690

Background and description of need or problem: Coos County Board of Commissioners is completing a final report for a project funded with the Community Development Block Grant funds from the Oregon Business Development Department. It is estimated that the project has benefited at least 8 persons of whom 100% are low or moderate income. A second hearing must be held as part of the grant close-out process.

Funding Source: CDBG

Requested Action: Seek comments or questions from interested citizens.

Date:

Signature of Dept. Head: Colton Totland

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?
- Do you want it returned to you for filing?

County Counsel JANET TIDRICK OF CCD WILL PRESENT.

Treasurer MS

Human Resources _____

BOC only:
Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Lifesaving Award Deputy Robert Baker

Department: Coos County Sheriff's Office **Requested Agenda Date:** November 7, 2023

Contact Person: Captain Sean Sanborn **Phone/Ext.:** 541-396-7874

Background and description of need or problem:

Resolution to commend Deputy Robert Baker for saving a life during a marine incident which occurred on July 14, 2023 on Tenmile Lakes. Award to be presented by the Oregon State Marine Board.

Funding Source: Not Applicable

Requested Action: Board to approve resolution of lifesaving commendation for Deputy Robert Baker.

Date: September 27, 2023

Signature of Captain:



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 CT _____

Treasurer MS _____

Human Resources _____

BOC only: _____
Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Update on Mosquito Problem

Department: Coos Health & Wellness

Requested Agenda Date: 11/07/2023

Contact Person: Mike Rowley

Phone/Ext.: 541-266-6700

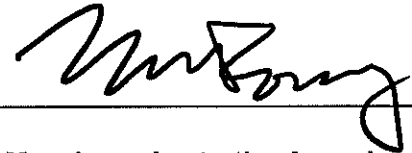
Background and description of need or problem: Update the board on the current mosquito problem in Coquille.

Funding Source: n/a

Requested Action: n/a

Date: 10/30/2023

Signature of Dept. Head: _____



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- Is the Contract/Grant Summary Form attached?
- Is the Contract signed first by the vendor (except state/federal grants or contracts)?
- If Insurance is required, Is the Insurance Certificate attached?
- Is the Clerk's Filing Coversheet attached?
- Do you want this returned to you for filing?

County Counsel _____

Treasurer _____

Human Resources _____

BOC only: _____
Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Use of funds for workforce retention payments through Intergovernmental Agreement's #179697 and #180006.

Department: Coos Health & Wellness

Requested Agenda Date: 11/7/2023

Contact Person: Mike Rowley

Phone/Ext.: 541-266-6700

Background and description of need or problem: Maintaining an adequate workforce remains one of the highest priorities for CHW and has continued to have significant impact on ongoing operations and our ability to meet a variety of contractual requirements. The Oregon Health Authority has recognized the need to incentivize the Retention of our workforce statewide in both years 2021 and 2022 and has continued with this support in 2023 through IGA 179697 and 180006. Retention payments will be either \$750 or \$1500 per employee, based on length, of service to 89 employees.

Funding Source: State Funds

Requested Action: Board to approve use of state funds for workforce retention, not to exceed \$180,000, through Intergovernmental Agreement's #179697 and #180006.

Date: 10/30/2023

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 CT

Treasurer MS

Human Resources MSOME CONTACTED BY HR.

4C

CONTRACT / GRANT SUMMARY FORM

Clerk's CJ No.: _____ (complete after filing) Contract/Agreement/Grant No.: 179697-0 (if applicable)

Name/Agency Name and Address: OHA Health Systems 500 Summer St. N.E. Salem, OR 97301

Contact Person: Karissa Montano Phone No: 503-400-0145 Email: karissa.montano@odhsoha.oregon.gov

Amount of Contract/Grant Award: \$ 456,757.00 NTE

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

Effective Date: upon execution Start Date: _____ (if different from effective date, i.e. retroactive / prospective date)

End Date: 6/30/2024 (if known)

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

Description: The Behavioral Health Workforce Initiative (BHWI) funds supervised clinical experience for CHW employees to obtain licensure and/or provide incentives to increase the recruitment and retention of providers in the behavioral health care workforce.

Award amount, NTE, Four hundred fifty-six thousand, seven hundred fifty-seven dollars (\$456,757.00).

Staff Requirements: New Existing Subcontract

Will unemployment cost be incurred? Yes No

FINANCIAL INFORMATION (Fill in the following 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 in the following only if the County is awarding 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.8007? Yes No

Certificate of insurance required? Yes No

Date Approved by BOC: 6/20/23 Reviewed by Counsel: [Signature]

CONTRACT / GRANT SUMMARY FORM

Clerk's CJ No.: _____ (complete after filing) Contract/Agreement/Grant No.: 180006-0(if applicable)

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

Contact Person: Tammy L. Hurst Phone No: 971-208-4108 Email: tammy.hurst@odhsoha.oregon.gov

Amount of Contract/Grant Award: \$ \$878,091.36

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

Effective Date: 7/1/2023 Start Date: _____ (if different from effective date, i.e. retroactive / prospective date)

End Date: 6/30/2025 (if known)

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

Description: 2023-2025 grant funds for public health services of eight hundred seventy-eight thousand, ninety-one dollars and thirty-six cents (\$878,091.36).

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: 6/20/23 Reviewed by Counsel: [Signature]

BOC only: _____
Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Release Agreement

Department: Coos Health & Wellness **Requested Agenda Date:** 11/7/2023

Contact Person: Mike Rowley **Phone/Ext.:** 541-266-6700

Background and description of need or problem: Request Board Approval of Release Agreement with Katherine Cooley for compensation payment of longevity arrears, and request Commissioner Chair sign the Agreement.

Funding Source: 005-1100-441.10-01

Requested Action: BOC to approve Release Agreement with Katherine Cooley and Chair to sign Agreement.

Date: 10/27/2023

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: 2023.10.27 15:17:56 -07'00'

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: CT

TREASURER: MS

HUMAN RESOURCES: CU

CONTRACT / GRANT SUMMARY FORM

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

Name/Agency Name and Address: Coos Health & Wellness, 281 LaClair, Coos Bay, Oregon

Contact Person: Katherine Cooley Phone No: 541-266-6700 Email: Kathy.Cooley@chw.coos.or.us

Amount of Contract/Grant Award: \$ \$29,591.03 + \$3,000

Payment Terms: Two Installments on \$29,591.03 amount. 50% on November 2023 pay and 50% on January 2024 pay. \$3,000 to be on November 2023 pay. (state lump sum or amount and time of payments)

Effective Date: 11/7/2023 Start Date: N/A (if different from effective date, i.e. retroactive / prospective date)

End Date: February 01, 2024 (if known)

County Department and Employee Responsible for Performance: Colton Totland/Mike Rowley

Description: Release Agreement for Payment for Longevity Arrears

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 Compensation Release Agreement

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: Approval of Revised Job Description

Department: Coos Health & Wellness

Requested Agenda Date: 11/7/2023

Contact Person: Mike Rowley

Phone/Ext.: 541-266-6700

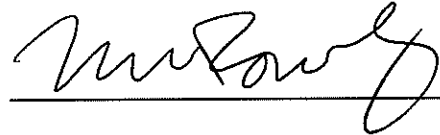
Background and description of need or problem: Request Board approve updated job description for the Secretary III Admin/Finance Services position at Coos Health & Wellness. AFSCME Union has been provided with a copy showing the changes, which were minor and just reflected some updating of the duties and language changes.

Funding Source: N/A

Requested Action: BOC to approve revised job description for Secretary III – Admin/Finance Services.

Date: 10/31/2023

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: CT

TREASURER: MB

HUMAN RESOURCES: CM

DESCRIPTION OF POSITION

BOC Approval Date: 11/7/2023

1.	Classification Title: Secretary III
2.	Working Title: Secretary III – Admin/Finance Services
3.	Department: Coos Health & Wellness
4.	<p>Paygrade 413</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 type="checkbox"/> No <input checked="" type="checkbox"/> AFSCME</p> <p>Eligible for Overtime? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>
5.	<p>What is the purpose of this position?</p> <p>Works with considerable independence and judgment in performing a variety of complex critical secretarial/clerical duties in direct support of Admin services and Finance Department.</p> <p>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:</p> <ul style="list-style-type: none"> • Completing mail processing; open, date stamp, sort and distribute department incoming mail. Run postage machine and handle all outgoing mail. This includes routing documents to the appropriate remote staff using inter-office courier, scanning, emailing and/or using shared secure computer folder. • Maintain office inventory, generating orders for office supplies, breakroom supplies and purchases for other departments or teams. . Place orders, track, receive and distribute purchased orders to various departments. Work with Finance Department to insure forms are complete and properly turned in. • Updating internal records when new staff are hired or when office move is scheduled. (Org charts, phone lists etc) • Assist with County inventory process. Annual accounting for all CHW inventoried equipment and reporting to Treasurer's office with completed reports. Tracking new purchases that require asset tags for inventory purposes. Completion of acquisition forms for these purchases. • Assist with scheduling of outside agencies for shredding service, garbage, janitorial etc. for repairs and quotes. Create any necessary purchase orders. • Organize and inventory all storage spaces for optimum use. • Maintaining Material Safety Data Sheets (MSDS) for CHW. Monthly copier reports. • Maintaining HR information, job postings and mandatory Federal/State workplace safety posters in CHW breakroom • General support of the Finance team including but not limited to: data collection, spreadsheets, reconciliations, filing, credit card receipt collection, data entry and scanning. • Other duties as assigned <p>Regular and consistent attendance is required.</p>
7.	<p>List the minor duties assigned to this position.</p> <ul style="list-style-type: none"> • Attends staff meeting and trainings as required. • Assists with regular normal office duties. • Orders/stocks supplies as needed.
8.	<p>Supervision.</p> <ul style="list-style-type: none"> • This position is supervised by the Accounting Supervisor. • This position does not supervise any employees.
9.	<p>Working conditions of position.</p> <p>Position is located in the Administrative Department of Coos Health & Wellness, in a typical office setting. Hours are Monday through Friday from 8:00 am to 5:00 p.m. Occasional travel may be</p>

DESCRIPTION OF POSITION

required for training, or other work related tasks. Position does require some stooping, bending, reaching, and lifting of files (up to 40 pounds.)

10. List required special skills, licenses, certificates, etc.
- High school diploma or equivalent required with minimum three (3) years of office work of a similarly 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 applications with attention to detail and accuracy. Must have good general office, telephone and organizational 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 staff, the public, doctors and other medical providers, executives and officials from other entities. Must maintain positive interaction with clients on the phone and in person, maintaining appropriate boundaries.
 - 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.

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 and other general office equipment.

BOC only:
Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Payment of Invoice for pickup purchase

Department: Forestry

Requested Agenda Date: 11/07/2023

Contact Person: Lance Morgan

Phone/Ext.: 7751

Background and description of need or problem: Amend previously approved amount for purchase of 1 ton pickup for forestry which was granted on 8/29/2023. Requesting approval to pay the invoice in the amount of \$56,016.99 which includes the original approved amount of pickup \$55,235 plus fees and taxes.

Funding Source: 103-9000-461.60-01 Equipment

Requested Action: Approve payment of Kendall Ford invoice in the amount of \$56,016.99.

Date: 10/30/2023

Signature of Dept. Head: Lance Morgan-LK

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 CT

Treasurer MS

Human Resources _____

4F

BOC only:
Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Request approval of IGA with Oregon Youth Authority (OYA) for Individualized Services (Agreement #15033)

Department: Juvenile

Requested Agenda Date: 11/7/2023

Contact Person: Bryan Baird, Director

Phone/Ext.: 7883

Background and description of need or problem: Agreement with OYA allows for reimbursement of services that are made for the youth in an attempt to keep them safely in the community and avoid commitment to OYA. Appropriate services/purchases could include clothing, counseling services, gas money, bus tickets, etc. This contract amount for 2023-2025 is \$9,932.00. The County must pay for the expenses and request reimbursement from OYA.

Funding Source: State of Oregon/Oregon Youth Authority

Requested Action: Board to approve IGA #15033 (formally IGA#14722) with Oregon Youth Authority for Individualized Services and ratify Juvenile Director signature on IGA and Document Return Statement.

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?
- Do you want it returned to you for filing?

County Counsel CT _____

Treasurer NS _____

Human Resources _____

CONTRACT / GRANT SUMMARY FORM

33

Clerk's CJ No.: _____ (complete after filing)

Contract/Agreement/Grant No.: #15070 (if applicable)

Name/Agency Name and Address: Oregon Youth Authority, 530 Center St., NE, Suite 500, Salem, OR 97301

Contact Person: Laura Ward

Phone No: 971-301-1138

Email: laura.ward@oya.oregon.gov

Amount of Contract/Grant Award: \$ 9,932.00

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

Effective Date: 07/01/2023 Start Date: _____ (if different from effective date, i.e. retroactive / prospective date)

End Date: 06/30/2025 (if known)

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

Description: IGA Individualized Services, previously #114722

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)

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 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 _____
 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: CT

BOC only:
Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Request approval of IGA with Oregon Youth Authority for Diversion and Basic Funding (Agreement #15070)

Department: Juvenile

Requested Agenda Date: 11/7/2023

Contact Person: Bryan Baird, Director

Phone/Ext.: 7883

Background and description of need or problem: These funds are used to offset costs for two juvenile court counselors. The Juvenile Crime Prevention Basic Funding is \$147,739.00 and Diversion funding is \$125,391.00 for a total of \$273,130.00.

Funding Source: State of Oregon/Oregon Youth Authority

Requested Action: Board to approve IGA #15070 (formally IGA#14700) with Oregon Youth Authority for Basic and Diversion funding and ratify Juvenile Director signature on IGA and Document Return Statement.

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?
- Do you want it returned to you for filing?

County Counsel CT _____

Treasurer MS _____

Human Resources _____

4H

CONTRACT / GRANT SUMMARY FORM

Clerk's CJ No.: _____ (complete after filing) Contract/Agreement/Grant No.: #15070 (if applicable)

Name/Agency Name and Address: Oregon Youth Authority, 530 Center St., NE, Suite 500, Salem, OR 97301

Contact Person: Laura Ward Phone No: 971-301-1138 Email: laura.ward@oya.oregon.gov

Amount of Contract/Grant Award: \$ 273,130.00

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

Effective Date: 07/01/2023 Start Date: _____ (if different from effective date, i.e. retroactive / prospective date)

End Date: 06/30/2025 (if known)

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

Description: IGA Basic & Diversion, previously #14700

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 PEMA 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 _____
- 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: CT

BOC only: _____
Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Additional Spending Authority needed for Grant Approval. *Resolution 23-10-231B*
Department: SCINT **Requested Agenda Date:** 11/7/23
Contact Person: Detective Whittenburg **Phone/Ext.:** 7839

Background and description of need or problem: SCINT has requested and obtained a grant in the amount of \$6,313 for the purchase of (3) K9 GPS Trackers and Micro GPS Tracker, two radios, an antenna and a portable audio surveillance equipment through the Ford Family Foundation.

Funding Source: The Ford Foundation Grant

Requested Action: ~~BOC to increase Spending Authority in SCINT <\$5,000 Equipment line item by \$6,313.~~ *Approve and sign Resolution 23-10-231B*

Date: 10/23/23 **Signature of Dept. Head:** *[Signature]*

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 CT

Treasurer NS

Human Resources _____

1 BOARD OF COMMISSIONERS
2 COUNTY OF COOS
3 STATE OF OREGON

4 In the Matter of Making an Additional) RESOLUTION
5 Appropriation in the Amount of \$6,313) 23-10-231B
6 Within the SCINT Fund)

7 THIS MATTER HAVING COME BEFORE the Board of Commissioners at a meeting
8 held November 7, 2023, and whereas SCINT has received a grant from the Ford Family
9 Foundation in the amount of Six Thousand Three Hundred Thirteen Dollars (\$6,313); and

10 WHEREAS, the above stated amount to be used to purchase communication and
11 surveillance equipment which was not anticipated and were not included in the budget; and

12 WHEREAS, the above stated amount should be appropriated according to O.R.S.
13 294.338(2);

14 NOW, THEREFORE, BE IT RESOLVED that an additional amount of Six Thousand
15 Three Hundred Thirteen Dollars (\$6,313) be appropriated as follows:


16 019 SCINT FUND
17 Resources
18 337.00-00 Local Government Grants \$6,313

19 Expenditures
20 1607 SCINT Division
21 Materials & Services
22 421.22-27 <\$5000 Equipment \$6,313

23 DATED THIS _____ day of November 2023.

24 BOARD OF COMMISSIONERS

25 _____
26 Commissioner Commissioner Commissioner

27 Prepared by:
28 
Budget Office

BOC only: _____
Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Resolution 23-10-230B Additional Appropriations in the Administrative Grant Fund

Department: Finance

Requested Agenda Date: November 7, 2023

Contact Person: Megan Simms

Phone/Ext.: 7730

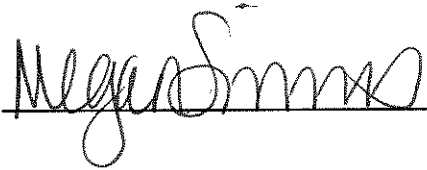
Background and description of need or problem: On September 19, 2023 the Board Approved a grant from the Oregon Criminal Justice Commission in partnership with State Courts for Coos County Family Treatment Court. This resolution adds the appropriations to the budget so the funds can be spent.

Funding Sources: Oregon Criminal Justice Commission

Requested Action: Approve and Sign Resolution 23-10-230B

Date: 10/26/2023

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 CT _____

Treasurer MS _____

Human Resources _____

1 BOARD OF COMMISSIONERS
2 COUNTY OF COOS
3 STATE OF OREGON

4 In the Matter of Making an Additional) RESOLUTION
5 Appropriation in the Amount of \$10,876) 23-10-230B
6 Within the Administrative Grant Fund)

7 THIS MATTER HAVING COME BEFORE the Board of Commissioners at a meeting
8 held November 7, 2023, and whereas the County has received a grant from the Oregon
9 Criminal Justice Commission in the amount of Ten Thousand Eight Hundred Seventy-six
10 Dollars (\$10,876); and

11 WHEREAS, the above stated amount to be used to support the operations of the Coos
12 County Family Treatment Court which was not anticipated and were not included in the
13 budget; and

14 WHEREAS, the above stated amount should be appropriated according to O.R.S.
15 294.338(2);

16 NOW, THEREFORE, BE IT RESOLVED that an additional amount of Ten Thousand
17 Eight Hundred Seventy-six Dollars (\$10,876) be appropriated as follows:

18 105 ADMINISTRATIVE GRANT FUND	
19 Resources	
20 334.01-11 CJC-Specialty Court Imp	\$ <u>10,876</u>
21 Expenditures	
22 9906 Administrative Grant Division	
23 Materials & Services	
24 480.33-69 Specialty Court	\$ <u>10,876</u>

25 DATED THIS _____ day of November 2023.

26 BOARD OF COMMISSIONERS

27 _____
28 Commissioner

Commissioner

Commissioner

Prepared by:



Budget Office

BOC only:
Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Approval of Revised Job Description

Department: IT Dept.

Requested Agenda Date: 11/7/2023

Contact Person: Daris Bouthillier

Phone/Ext.: 541-396-7580

Background and description of need or problem: Request Board approve /updated job description for the IT Administrator position to reflect changes to software technology and other minor changes.

Funding Source: N/A

Requested Action: BOC to approve revised job description for IT Administrator.

Date: 10/30/2023

Signature of Dept. Head: *C. Morgan for D. Bouthillier*

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: *CT*

TREASURER: *MS*

HUMAN RESOURCES: *CM*

1.	Current Classification Title: System Administrator	Coos County IT Department
2.	Working Title: System Administrator	250 N. Baxter Street
3.	Department: Information Technology	Coquille, OR 97423
4.	Pay Grade & Range: 780	
	Position Is: Full Time <input checked="" type="checkbox"/> Part Time <input type="checkbox"/> Extra Help <input type="checkbox"/>	
	Seasonal <input type="checkbox"/> Other	
	Excluded from Bargaining Unit? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
	Eligible for Overtime? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
5.	<p>What is the purpose of this position?</p> <p>This position is responsible for keeping Coos County's network infrastructure operational. This includes the installation, configuration and maintenance of system and application hardware and software including servers, network equipment, and county staff desktop PCs. This position assists the department staff Helpdesk Managers.</p>	
6.	<p>Essential functions of position.</p> <ol style="list-style-type: none"> 1. Install, configure and maintain server software and applications including but not limited to Microsoft Windows Server 2012 or higher, Microsoft Hyper-V 2012 or higher, Microsoft Exchange Server 2016 or higher and Microsoft SQL Server 2012 or higher. 2. Install, configure and maintain network software on servers, routers, switches, and security devices for instructional and administrative use. 3. Create and manage user accounts and manage user permissions. 4. Perform and maintain backups of servers, data and network device configuration. 5. Provide emergency network and server repair and configuration service. 6. Monitor and document network traffic levels and provide routine reports to the Director of Information Technologies. 7. Monitor and document server performance and disk capacity levels and provide routine reports to the Director of Information Technologies. 8. Monitor and document system security and provide routine reports to the Director of Information Technologies. 9. Maintain a database of server and network equipment and software applications at the county. 10. Assist Information Technology department Desktop Support technicians supporting county staff PC acquisitions, installations, configurations and maintenance. 11. Develop operational procedures for routine disk file maintenance and backups of Windows servers as needed. Perform these operational procedures directly or assign them to the technical staff. 12. Demonstrate excellent people skills by maintaining friendly relationships with clients. 13. Demonstrate excellent team skills by consistently being open to supporting coworkers when given the opportunity. 14. Assist the Director of Information Technology with the implementation, management and maintenance of the law enforcement CAD/RMS/JMS systems and services. 15. Perform other Information Technology related tasks and duties as assigned. 	
7.	<p>Supervision.</p> <ul style="list-style-type: none"> • Works under the close supervision and guidance of the Information Technology Director of higher grade who assigns and reviews work. • Supervision exercised: None 	
8.	<p>Working conditions of position.</p> <p>Typical office setting, 8:00am - 5:00pm, Mon-Fri., with some occasional work after hours and on weekends. Occasional travel required.</p>	
9.	<p>List required special skills, licenses, certificates, etc.</p> <ol style="list-style-type: none"> 1. Education: Associate's degree in a technical or computer related field or equivalent experience. 2. Experience: Three years of directly related work experience, or ability to demonstrate thorough current knowledge of network systems, protocols, and software. 	
10.	Is operation of motor vehicle required?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Updated 3/7/2023
11.	<p>List equipment, tools, machines used in performance of duties.</p> <ul style="list-style-type: none"> • Intel/AMD base servers • Backup systems • Storage systems • Network and telephone diagnostics tools 	

- 12. List physical requirements.
Occasional lifting, not to exceed 50 lbs.

Revision Date: 11/7/2023

BOC only: Consent Agenda _____
Regular Agenda _____

AGENDA ITEM COVERSHEET

Agenda Item Title: Approval of Contract Amendment

Department: County Counsel

Requested Agenda Date: 11/7/2023

Contact Person: Colton Totland

Phone/Ext.: 541-396-7690

Background and description of need or problem: County has a contract in place with Cardinal Services, Inc. to provide temporary staffing services on an as-needed basis. Request Board approve and sign the attached Contract Amendment which includes the 2024 Rate Schedule marked as Exhibit 1, with changes to take effect January 1, 2024.

Funding Source: As billed

Requested Action: Approve and Sign Contract Amendment with Cardinal Services, Inc., effective January 1, 2024.

Date: 10/27/2023

Signature of Dept. Head: Colton Totland

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: CT

TREASURER: MS

HUMAN RESOURCES: _____

CONTRACT / GRANT SUMMARY FORM

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

Name/Agency Name and Address: Cardinal Serivces, Inc. 110 Ackerman Ave, Coos Bay, OR 97420

Contact Person: Sheila Myers Phone No. 1-800-342-4742 Ext 2119 or 541-888-9799

Amount of Contract/Grant Award: \$ as billed

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

Start Date: January 1, 2024 End Date: Auto Renewal

County Department and Employee Responsible for Performance: Colton Totland, County Counsel

Description: Contract Amendment (3rd) to adjust the rates effective January 1, 2024

FINANCIAL INFORMATION

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

*CFDA is a five digit number in the following format: xx.xxx. The first two digits designate the federal agency and the last three the grant description. The following is a partial listing of the two digit agency identifier:

- 10.xxx USDA 14.xxx HUD 20.xxx USDOT 66.xxx EPA 84.xxx Dept. of Education
- 11.xxx Dept. of Commerce 16.xxx USDOJ 39.xxx General Svs. Admin. 83.xxx FEMA 93.xxx USDHHS

NOTE: If the contract/grant is associated with more than one CFDA number, each segment must have it's own summary form.

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

PUBLIC CONTRACTING INFORMATION

Method of Selection:

- Bid None
 Quote Other _____
 Proposal

Type of Contract:

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

Type of Contract:

Goods and Services - If Not Using Bid or Proposal, Mark Exemption:

- Under \$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
- Under \$100,000 & Not a Transportation Project for Quotes

- Alternative Contracting Method Approved by Board
- Other _____

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

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

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

Certificate of insurance required? Yes No

Form of contract: Oral Written (attach the written contract)

Date Approved by BOC: _____

Reviewed by Counsel: _____