

**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/416353485>

December 5, 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
  
2. **9:30 AM PUBLIC PORTION OF THE MEETING, BEGINNING WITH THE PLEDGE OF ALLEGIANCE/MOMENT OF SILENCE**
  
3. **DEPARTMENT HEADS**
  - A. Request Approval of Amendment #1 to IGA #145760 with Oregon Health Authority (OHA) & Authorize Mike Rowley to Sign - Coos Health & Wellness )CHW)
  
  - B. Request Approval of Amendment #4 to IGA #180006 with OHA & Authorize Mike Rowley to Sign- CHW
  
  - C. Request Approval of Amendment #1 to Contract with The Nancy Devereux Center- - CHW
  
  - D. Request Award of Contract for Removal of Scrap Metal at Beaver Hill- Solid Waste
  
  - E. Request Approval to Purchase Vehicle- Sheriff
  
  - F. Request Approval on Agreement with CISA- IT
  
  - G. Request Approval of Paid Holiday List- Human Resources (HR)
  
  - H. Request Approval of Resolution Revising Policy in Response to Paid Leave Oregon- HR
  
  - I. Request Approval of Resolution Adopting Policy re: Extra Help Employees- HR
  
  - J. Request Approval of Resolution Revising Policy re: PERS Employees- HR
  
  - K. Discussion re: Draft Letter on Winter Lakes Marsh Expansion Project- BOC
  
4. **CONSENT CALENDAR- administrative matters not up for discussion**
  - A. **Approval of Minutes**  
Regular Meeting Minutes- November 21, 2023
  
  - B. **Orders & Resolutions**  
Order 23-11-059C, In the Matter of Reappointing Norman M. Bishop to the Garden Drive Special Road District Board of Directors  
Resolution 23-11-243P, In the Matter of Classifying and Placement of Various Employees on the Regular Coos County Payroll Effective Their Hire Date  
Resolution 23-11-244P, In the Matter of Granting Salary Merit Step Increases for Various CCSO Employees Effective December 1, 2023  
Resolution 23-11-245P, In the Matter of Granting Salary Merit Step Increases for various Employees Retroactive to November 1, 2023  
Resolution 23-11-246P, In the Matter of a Personnel Transfer for John Anderson Within the Sheriff's Department Effective December 1, 2023
  
  - C. **Post-Action Notifications Pursuant to County Rule 10.043 (5)**  
Contracts with Sean Huling- CHW- relocation & sign on bonus agreements  
Contract with BPM- CHW- cybersecurity assessment services
  
5. **LATE AGENDA ITEMS**
6. **COMMISSIONERS REPORTS**
7. **CITIZEN COMMENTS- limited to 3 minutes per person**

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.

BOC only:  
Consent Agenda \_\_\_\_\_  
Regular Agenda \_\_\_\_\_

**AGENDA ITEM COVERSHEET**

**Agenda Item Title:** First amendment to Intergovernmental Agreement #145760 with Oregon Health Authority

**Department:** Coos Health & Wellness

**Requested Agenda Date:** 12/5/2023

**Contact Person:** Mike Rowley

**Phone/Ext.:** 541-266-6700

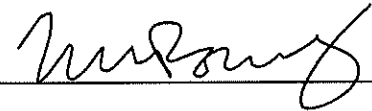
**Background and description of need or problem:** First amendment to Intergovernmental Agreement #145760 updates existing ODHS|OHA network access to Measures and Outcomes Tracking System (MOTS) to include Resilience Outcomes Analysis and Data Submission (ROADS).

**Funding Source:**

**Requested Action:** Board to approve first amendment to Intergovernmental Agreement #145760 with Oregon Health Authority and authorize department head, Mike Rowley to sign.

Date: 11/27/2023

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? Patricia Crawford

County Counsel \_\_\_\_\_

CT

Treasurer \_\_\_\_\_



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

**CONTRACT / GRANT SUMMARY FORM**

Clerk's CJ No.: \_\_\_\_\_ (complete after filing) Contract/Agreement/Grant No.: Amend 1(if applicable)

Name/Agency Name and Address: OHA Health Services Division 500 Summer Street NE, E-24Salem, Oregon 97301-1097

Contact Person: Shannon Corr Phone No: 971-240-3647 Email: : DHSOHA.infoex@odhsoha.oregon.gov

Amount of Contract/Grant Award: \$ N/A

Payment Terms: N/A (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: auto renewal (if known)

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

Description: First amendment to Intergovernmental Agreement #145760 updates existing ODHS|OHA network access to Measures and Outcomes Tracking System (MOTS) to include Resilience Outcomes Analysis and Data Submission (ROADS).

Staff Requirements: New Existing Subcontract

Will unemployment cost be incurred? Yes No

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

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

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

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

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

New

Renewal

Modification

Previous Amount: \$

Original Amount: \$

Previous Date:

Original Date:

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

Method of Selection:

- Bid       None
- Quote       Other \_\_\_\_\_
- Proposal

Type of Contract:

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

Type of Contract:

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

- Under \$10,000
- Under \$50,000 for Quotes
- Under \$150,000 & Approval from Board for Quotes
- Sole Source
- Contract with Public Agency

- Equipment Maintenance
- Office Supplies
- Used Vehicles
- State Purchasing
- Other \_\_\_\_\_

Public Improvement – If Not Using Bid, Mark Exemption:

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

- Alternative Contracting Method Approved by Board
- Other \_\_\_\_\_

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

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

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

Certificate of insurance required? Yes No

Date Approved by BOC: \_\_\_\_\_

Reviewed by Counsel: \_\_\_\_\_

BOC only:  
Consent Agenda \_\_\_\_\_  
Regular Agenda \_\_\_\_\_

**AGENDA ITEM COVERSHEET**

**Agenda Item Title:** Fourth amendment to Intergovernmental Agreement #180006 with Oregon Health Authority

**Department:** Coos Health & Wellness

**Requested Agenda Date:** 12/5/2023

**Contact Person:** Mike Rowley

**Phone/Ext.:** 541-266-6700

**Background and description of need or problem:** Fourth amendment to Intergovernmental Agreement #180006 is an increase in funds of \$463,504.63 for various public health programs.

**Funding Source:** Oregon Health Authority

**Requested Action:** Board to approve fourth amendment to Intergovernmental Agreement #180006 with Oregon Health Authority and authorize department head, Mike Rowley to sign.

Date: 11/27/2023

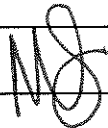
Signature of Dept. Head: 

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? Patricia Crawford

County Counsel CT

Treasurer 

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

CONTRACT / GRANT SUMMARY FORM

Clerk's CJ No.: \_\_\_\_\_ (complete after filing) Contract/Agreement/Grant No.: 180006-4(if applicable)

Name/Agency Name and Address: Oregon Health Authority, 635 Capitol St NE, STE 350, Salem, OR 97301

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

Amount of Contract/Grant Award: \$ 2,052,706.28 (Increase \$463,504.63)

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

Effective Date: 10/1/2023 Start Date: 7/1/2023 (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: Amendment four to IGA 180006 is an increase in funds of four hundred sixty-three thousand, five hundred four dollars (\$463,504.63) for various public health programs.

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

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

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

Table with 4 columns: STATE %, OTHER %, FEDERAL % (CFDA # Required), Catalog of Federal Domestic Asst. \*(CFDA) Number. The last cell contains the handwritten word 'VARIOUS'.

\*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 [x] Modification
Previous Amount: \$ Original Amount: \$ \$878,091.36
Previous Date: Original Date: 7/1/2023

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

Method of Selection:

- [ ] Bid [ ] None
[ ] Quote [ ] Other \_\_\_\_\_
[ ] Proposal

Type of Contract:

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

Type of Contract:

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

- [ ] Under \$10,000
[ ] Under \$50,000 for Quotes
[ ] Under \$150,000 & Approval from Board for Quotes
[ ] Sole Source
[ ] Contract with Public Agency

- [ ] Equipment Maintenance
[ ] Office Supplies
[ ] Used Vehicles
[ ] State Purchasing
[ ] Other \_\_\_\_\_

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

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

- [ ] Alternative Contracting Method Approved by Board
[ ] Other \_\_\_\_\_

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

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

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

Date Approved by BOC: \_\_\_\_\_ Reviewed by Counsel: \_\_\_\_\_

BOC only:  
Consent Agenda \_\_\_\_\_  
Regular Agenda \_\_\_\_\_

**AGENDA ITEM COVERSHEET**

**Agenda Item Title:** First contract amendment with The Nancy Devereux Center

**Department:** Coos Health & Wellness

**Requested Agenda Date:** 12/5/2023

**Contact Person:** Mike Rowley

**Phone/Ext.:** 541-266-6700

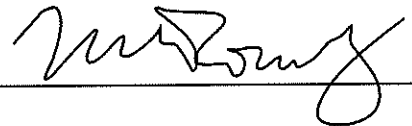
**Background and description of need or problem:** This first amendment extends the contract end date through December 31, 2024 and adds an additional unit, now allotting three (3) units at Coalbank Village for emergency housing to CHW referred clients. CHW will reimburse Devereux a total of \$67,500 use of the 3 shelter units for the year 2024, from January 1<sup>st</sup> through December 31<sup>st</sup>. CHW will pay Devereux \$50,000 upon execution of this contract and the remaining balance of \$17,500 to be invoiced for payment in March of 2024.

**Funding Source:** IGA #177671

**Requested Action:** Board to approve and sign first contract amendment with The Nancy Devereux Center.

Date: 11/27/2023

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 \_\_\_\_\_

## CONTRACT / GRANT SUMMARY FORM

Clerk's CJ No.: \_\_\_\_\_ (complete after filing) Contract/Agreement/Grant No.: Amend 1 (if applicable)

Name/Agency Name and Address: The Devereux Center 1200 Newmark Avenue, Coos Bay OR 97420

Contact Person: Tara Johnson Phone No: 541-888-3202 Email: tarajohnson@thedeveuxcenter.org

Amount of Contract/Grant Award: \$ 67,500.00

Payment Terms: \$50,000 upon execution. Remaining balance \$17,500-March 2024 (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: 12/31/2024 (if known)

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

Description: Amendment one extends the contract end date and adds an additional unit, now allotting three (3) units at Coalbank Village for emergency housing to CHW referred clients.

Staff Requirements:  New  Existing  Subcontract

Will unemployment cost be incurred?  Yes  No

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

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

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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 Sole Source  
 Proposal

Type of Contract:

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

Type of Contract:

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

- Under \$10,000  
 Under \$50,000 for Quotes  
 Under \$150,000 & Approval from Board for Quotes  
 Sole Source  
 Contract with Public Agency

- Equipment Maintenance  
 Office Supplies  
 Used Vehicles  
 State Purchasing  
 Other \_\_\_\_\_

Public Improvement - If Not Using Bid, Mark Exemption:

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

- Alternative Contracting Method Approved by Board  
 Other \_\_\_\_\_

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

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

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

Certificate of insurance required?  Yes  No

Date Approved by BOC: \_\_\_\_\_

Reviewed by Counsel: \_\_\_\_\_

BOC only  
Consent Agenda  
Regular Agenda

**AGENDA ITEM COVERSHEET**

**Agenda Item Title:** Award contract for the Removal of Scrap Metal at Beaver Hill Transfer Site.

**Department:** Solid Waste

**Requested Agenda Date:** 12/5/23

**Contact Person:** Paul Slater

**Phone/Ext.:** 7664

**Background and description of need or problem:** We recently requested quotes for the removal of scrap metal at the beaver hill transfer site. Winter Lake Recycling was the only responsible bidder for the project.

**Funding Source:** N/A

**Requested Action:** Request BOC approval to award and sign the contract with Winter Lake Recycling for the Removal of Scrap Metal at our Beaver Hill Transfer Site.

Date: 11/27/23

Signature of Dept. Head: Jessica Johnson For Paul Slater

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)? **NO**
- 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 NS

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

3D



**CONTRACT / GRANT SUMMARY FORM**

Clerk's CJ No.: \_\_\_\_\_ (complete after filed with Clerk)

Contract/Agreement/Grant No.: \_\_\_\_\_

Name/Agency Name and Address: Winter Lakes Recycling LLC, 96830 Highway 42, Coquille, OR 97423

Contact Person: Herbert Kohl Phone No. 541-260-5004

Amount of Contract/Grant Award: \$ Contractor to Pay county by the ton per current market conditions

Payment Terms: Payment to be received within 45 days of metal being removed from site. (state lump sum or amount and time of payments)

Start Date: upon signed End Date: November 30, 2025 with additional two year terms upon mutual written agreement

County Department and Employee Responsible for Performance: Paul Slater, Public Works Director

Description: Metal Collection Agreement

**FINANCIAL INFORMATION**

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

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

~~New~~

Renewal

Modification

Previous Amount: \$ \_\_\_\_\_

Original Amount: \$ \_\_\_\_\_

Previous Date: \_\_\_\_\_

Original Date: \_\_\_\_\_

Automatic Renewal?  Yes  No

Staff Requirements:  New  Existing  Subcontract

Will unemployment cost be incurred?  Yes  No

**PUBLIC CONTRACTING INFORMATION**

Method of Selection:

- Bid       None
- Quote       Other \_\_\_\_\_
- Proposal

Type of Contract:

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

Type of Contract:

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

- Under \$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: \_\_\_\_\_

BOC only:  
Consent Agenda \_\_\_\_\_  
Regular Agenda \_\_\_\_\_

### AGENDA ITEM COVERSHEET

**Agenda Item Title:** Purchase of a vehicle using donated funds for SCINT.

**Department:** CCSO

**Requested Agenda Date:** 12-5-23

**Contact Person:** Gabe Fabrizio

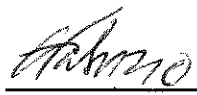
**Phone/Ext.:** 7800

**Background and description of need or problem:** \$56,000 was donated to SCINT by the Cow Creek Indian Tribe to SCINT for purchase of a new vehicle. While unable to find a state purchasing contract, we attempted to get three bids, finding one vehicle in the price range. Brad's Chevrolet had no vehicles available, Dick Hannah Chevrolet had no current year vehicles in government pricing or in the price range without upgraded options, but the Tonkin Hillsboro Chevrolet dealer was able to give us a \$3,250 rebate to bring the price for a Silverado 1500 LT to \$53,890 off the lot.

**Funding Source:** 019-1607-421.60-01 Equipment

**Requested Action:** Request board approval to purchase a Chevy Silverado 1500 for a price NTE \$56,000 from Tonkin Chevrolet.

**Date:** 11-29-23

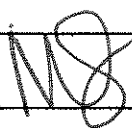
**Signature of Dept. Head:** 

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** 

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



BOC only:  
Consent Agenda \_\_\_\_\_  
Regular Agenda \_\_\_\_\_

**AGENDA COVERSHEET**

**Agenda Item Title:** Request Approval to sign agreement with CISA

**Department:** Information Technology      **Requested Agenda Date:** 12/5/2023

**Contact Person:** Daris Bouthillier      **Phone/Ext.:** 7739

**Background and description of need or problem:** We are requesting approval to sign the agreement with CISA for a free in-depth network penetration test for both Coos County and CHW networks. CISA is a division of Homeland Security and they are offering us a spot to test our network security but we have to sign the agreement to hold our spot.

**Funding Source:** Free

**Requested Action:** Approve to sign CISA agreement

Date: 12/5/2023

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.

If this is a contract or grant:

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

Departments Affected:

COUNSEL: CT

TREASURER: MS

BOC forwards signed Contract/Grant to:

Commissioners Initials to Place on Agenda ONLY: \_\_\_\_\_

3F

**CONTRACT / GRANT SUMMARY FORM**

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

Name/Agency Name and Address: Cybersecurty and Infrastruction Secuirt Agency - CISA

Contact Person: John Giguere Phone No: 202-329-6226 Email: john.giguere@cisa.dhs.gov

Amount of Contract/Grant Award: \$ 0

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

Effective Date: \_\_\_\_\_ Start Date: \_\_\_\_\_ (if different from effective date, i.e. retroactive / prospective date)

End Date: \_\_\_\_\_ (if known)

County Department and Employee Responsible for Performance: \_\_\_\_\_

Description: Free in-depth network penetration test

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

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- 11.xxx Dept. of Commerce    16.xxx USDOJ    39.xxx General Svcs. 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: \_\_\_\_\_

BOC only: Consent Agenda _____
Regular Agenda _____

**AGENDA ITEM COVERSHEET**

**Agenda Item Title:** BOC to approve the 2024 Paid Holiday List

**Department:** HR Department

**Requested Agenda Date:** 12/05/2023

**Contact Person:** Caroline Morgan

**Phone/Ext.:** 7580

**Background and description of need or problem:** Request Board approval of the attached Paid Holiday List for 2024. This list applies to all county employees, unless other described in an employee's collective bargaining unit.

**Funding Source:** N/A

**Requested Action:** BOC to approve 2024 Paid Holiday List.

**Date:** 11/05/2023

**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.

If this is a contract or grant:

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

Departments Affected:

COUNSEL: CT

TREASURER: 

HUMAN RESOURCES: \_\_\_\_\_



# COOS COUNTY HUMAN RESOURCES

Coos County Courthouse  
225 N. Adams St.  
Coquille, OR 97423  
TEL (541) 396-7580  
FAX (541) 396-1010  
TDD Relay: 1-800-735-2900  
humanresources@co.coos.or.us

**CAROLINE MORGAN**  
HR Manager  
**CHARITY TRAIN**  
Risk Manager

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**To:** All Coos County Employees

**From:** Human Resources

**Date:** November 27, 2023

**Subject:** 2024 Holidays

Listed below are the holidays, dates and days of the week which the County will be observing in 2024 ***unless otherwise described in Collective Bargaining Agreements:***

New Year's Day	January 1	Monday
Martin Luther King Day	January 15	Monday
Presidents' Day	February 19	Monday
Memorial Day	May 27	Monday
Independence Day	July 4	Thursday
Labor Day	September 2	Monday
Veterans' Day	November 11	Monday
Thanksgiving Day	November 28	Thursday
Day after Thanksgiving	November 29	Friday
<i>(Review your Collective Bargaining Agreement)</i>		
Christmas	December 25	Wednesday

BOC only:  
Consent Agenda \_\_\_\_\_  
Regular Agenda \_\_\_\_\_

### AGENDA ITEM COVERSHEET

**Agenda Item Title:** Approval of HR Policy

**Department:** Human Resources

**Requested Agenda Date:** 12/5/2023

**Contact Person:** Caroline Morgan

**Phone/Ext.:** 541-396-7580

**Background and description of need or problem:** Pursuant to an Opinion issued by BOLI regarding Paid Leave Oregon's interaction with OFLA, proposed amendments have been made to the Coos County Policy in Response to Paid Leave Oregon. Request the Board of Commissioners approve the revised version of the Policy, effective December 1, 2023. A copy of the revisions has been provided to the Unions.

**Funding Source:** N/A

**Requested Action:** BOC to approve the revised version of the Coos County Policy in Response to Paid Leave Oregon, effective December 1, 2023. *Resolution 23-11-242 P*

**Date:** 11/17/2023

**Signature of Dept. Head:** *Caroline Morgan*

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:** \_\_\_\_\_

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

3 In the Matter of Approving the ) R E S O L U T I O N  
4 Revised Coos County Policy In ) 23-11-242 P  
5 Response To Paid Leave Oregon, )  
6 Effective December 1, 2023 )

7 THIS MATTER HAVING COME BEFORE the Board of Commissioners at a regular  
8 meeting held December 5, 2023; and

9 WHEREAS, the Board of Commissioners approved the Coos County Paid Leave  
10 Oregon Policy effective September 1, 2023; and

11 WHEREAS, the Human Resources Department has revised the Policy pursuant  
12 to the changes made to the Oregon Family Leave Act;

13 THEREFORE, BE IT RESOLVED approving the Coos County Policy in Response to  
14 Paid Leave Oregon (First Revision), effective December 1, 2023.

15 DATED THIS \_\_\_\_\_ day of \_\_\_\_\_, 2023.

16 BOARD OF COMMISSIONERS

17  
18 \_\_\_\_\_  
19 Commissioner

20 \_\_\_\_\_  
21 Commissioner

22 \_\_\_\_\_  
23 Commissioner



BOC only:  
Consent Agenda \_\_\_\_\_  
Regular Agenda \_\_\_\_\_

### AGENDA ITEM COVERSHEET

**Agenda Item Title:** Approval of HR Policy - Extra Help Employees

**Department:** Human Resources

**Requested Agenda Date:** 12/5/2023

**Contact Person:** Caroline Morgan

**Phone/Ext.:** 541-396-7580

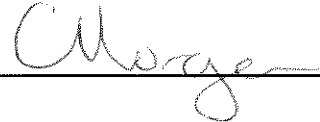
**Background and description of need or problem:** Request Board of Commissioners approve the attached Policy on Employment of Extra Help Employees. This will allow us to establish an Employment Agreement, if needed, for extra help hires, setting out terms and conditions of employment. This may also be necessary for auditing purposes.

**Funding Source:** N/A

**Requested Action:** BOC to approve the Coos County Employment of Extra Help Employees Policy, effective January 1, 2024 and sign Resolution 23-11-247L.

Date: 11/22/2023

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: MS

HUMAN RESOURCES: \_\_\_\_\_

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

3 In the Matter of Adopting the ) R E S O L U T I O N  
4 Coos County Policy Re: Employment ) 23-11-247 L  
5 Of Extra Help Employees, Effective)  
6 January 1, 2024 )

7 NOW BEFORE THE Board of Commissioners sitting for the transaction of  
8 County business on the 5th day of December, 2023 is the matter of approving the  
9 Coos County Policy on Employment of Extra Help Employees; and

10 WHEREAS, Coos County may have a requirement to hire extra help employees  
11 on a temporary or on-call basis; and the County wishing to adopt a Policy that  
12 addresses parameters of hiring of extra help employees;

13 NOW THEREFORE, IT IS HEREBY RESOLVED that the Board of Commissioners  
14 hereby adopts the attached Extra Help Policy, effective January 1, 2024.

15 DATED THIS \_\_\_\_\_ day of \_\_\_\_\_, 2023.

16 BOARD OF COMMISSIONERS

17 \_\_\_\_\_  
18 Commissioner

19 \_\_\_\_\_  
20 Commissioner

21 \_\_\_\_\_  
22 Commissioner

BOC only:  
Consent Agenda \_\_\_\_\_  
Regular Agenda \_\_\_\_\_

### AGENDA ITEM COVERSHEET

**Agenda Item Title:** Approval of Revised Policy – PERS Retirees

**Department:** Human Resources      **Requested Agenda Date:** 12/5/2023

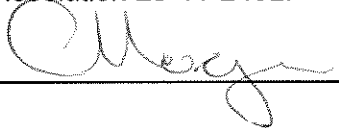
**Contact Person:** Caroline Morgan      **Phone/Ext.:** 541-396-7580

**Background and description of need or problem:** Request Board approval of revised Employment of PERS Retirees Policy effective December 1, 2023. Changes made are housekeeping changes.

**Funding Source:** N/A


**Requested Action:** BOC to approve the revised version of the Coos County Employment of Pers Retirees Policy, effective December 1, 2023 and approve and sign Resolution 23-11-248L.

Date: 11/28/2023

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: 

HUMAN RESOURCES: \_\_\_\_\_

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

3 In the Matter of Adopting the ) R E S O L U T I O N  
4 Revision of the Coos County PERS ) 23-11-248 L  
5 Retiree Policy, Effective December )  
6 1, 2023 )

7 NOW BEFORE THE Board of Commissioners sitting for the transaction of  
8 County business on the 5th day of December, 2023 is the matter of approving the  
9 Coos County Policy on Employment of PERS Retirees; and

10 WHEREAS, the Coos County Board of Commissioners having approved the Coos  
11 County PERS Retiree Policy on January 1, 2020; and

12 WHEREAS, revisions have been made to clarify accrual utilization, such as  
13 the earning and use of sick time for staff rehired under the Policy;

14 NOW THEREFORE, IT IS HEREBY RESOLVED that the Board of Commissioners  
15 hereby adopts the attached Coos County Revised Policy Re: Employment of PERS  
16 Retirees, effective December 1, 2023.

17 DATED THIS \_\_\_\_\_ day of \_\_\_\_\_, 2023.

18  
19 BOARD OF COMMISSIONERS

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23 \_\_\_\_\_  
24 Commissioner

25 \_\_\_\_\_  
26 Commissioner

27 \_\_\_\_\_  
28 Commissioner

BOC only: Consent Agenda _____ Regular Agenda _____
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**AGENDA ITEM COVERSHEET**

**Agenda Item Title:** Discussion re: Draft Letter on Marsh Expansion Project

**Department:** BOC

**Requested Agenda Date:** 12/5/23

**Contact Person:** Bob Main

**Phone/Ext.:** 7540

**Background and description of need or problem:** The Board needs to discuss the attached letter addressed to the Oregon Legislature and ODF&W regarding the proposed Winter Lake Marsh Expansion project.

**Funding Source:** n/a

**Requested Action:** Discuss the draft letter

**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.

County Counsel \_\_\_\_\_

\_\_\_\_\_

Treasurer \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

3K



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

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

**ROBERT "BOB" MAIN    JOHN SWEET    ROD TAYLOR**

Oregon Legislature and Curt Melcher, Director of ODF&W,

To Senators, Representatives and Director Melcher,

On Nov. 11, the Joint Interim Committee On Ways and Means Subcommittee On Natural Resources held a hearing – marked Item #11 – where Oregon Department of Fish and Wildlife requested permission to apply to NOAA for a grant to purchase 580 acres of farmland in the Coquille Valley of Coos County, known as Winter Lake. The purpose of this project is to re-create tidal marsh land in the valley with a hope toward helping salmon populations. I am writing to express opposition to this purchase, as it will not accomplish the stated goal. In fact, I believe it will hurt salmon populations by creating prime habitat for predators, while also creating a hazard to human health in the Coquille Valley. Testimony provided at the Subcommittee hearing indicated community support. That statement is grossly inaccurate.

ODFW already has converted some of the Winter Lake marshes by employing dikes and a muted tidal regulator (hybrid tidal gate), which has created a pond for bass – a primary invasive predator in the Coquille River system and a key factor to the dismal salmon runs in that system – as well as mosquitos – a pest and public health threat to humans. This is not a winning proposition for anyone. The muted tidal regulator lets in water when the marsh water gets low, late in the summer, or lets water out of the marsh when it gets too much winter storm runoff. This creates a static water body.

Salmon begin their lives as tiny eggs in freshwater streams and rivers. Fertilized eggs lay in redds – or gravel beds dug out along the streambed – where the flow of water provides oxygen and removes excess sediment or waste products. The eggs remain buried in the gravel until they develop enough to emerge. Salmon do not lay their eggs in the static waterbody that will be created by the tide gate. Instead, largemouth bass – an invasive species that we are trying to eliminate in the Coquille River system – spawn in the spring, when water temperatures are warmer. Any smolts washed into the newly created marsh will be easy pickings for the bass that already inhabit the ODFW-created marsh. Invasive smallmouth bass already are the top predator and reason for the salmon crisis in the Coquille River. But these projects already also already are causing serious problems for the people who live here.

Since the first conversion of farmlands to marsh in Winter Lake, the surrounding neighbors CAN NOT venture outside their homes in the summertime because of the inundation of mosquitos. This was never a problem before the marsh conversion, and we've been hearing from

numerous Coos County residents who live as far as 5 miles away from the marsh that the mosquito situation has become unbearable. Even within the city of Coquille, citizens are complaining about mosquitoes. Outdoor events such as youth baseball during the summer in Coquille have become inundated with mosquitoes.

Back in the 1800s when the Coquille estuary was converted, it created some of the best farmland in the world. Many around the state and across the country enjoy beef and dairy products – many of them certified organic – that come from the Coquille Valley. It also got rid of the reoccurring malaria epidemics, which were spread by mosquitoes. This is a very real public health threat in our community and we can't continue creating opportunities for such diseases to resurface.

In Conclusion, the explosion of mosquitoes and bass devouring the smolts are major reasons that ODFW should not create more marsh and should not have created the existing marsh from extremely productive farm land.

Sincerely,

Robert "Bob" Main, Chair

Rod Taylor, Commissioner

John W. Sweet, Commissioner