

**REVISED AGENDA**  
COOS COUNTY BOARD OF COMMISSIONERS  
Owen Building Large Conference Room, 201 N. Adams, Coquille  
or Virtually at <https://meet.goto.com/124639189>  
March 5, 2024

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)(d) Labor Negotiations
  - B. (2)(e) Real Property Transactions
  - 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. Amending Article Four, Division Seven of the Coos County Code- Legalization of Roads
  
4. **DEPARTMENT HEADS**
  - A. Request Approval of Resolution to Transfer Expenditure Appropriations- Coos Health & Wellness (CHW)
  
  - B. Request Approval to Hire Jenny Lascheck at Step 3- CHW
  
  - C. Request Approval of Lease Amendment with Darren Waldien- Land Agent
  
  - D. Request Acceptance of OPRD Equipment Grant & Authorize Chair to Sign- Sheriff
  
  - E. Request Approval to Purchase 2 ATV/Upfitting- Sheriff
  
  - F. Request Approval of Resolution Making Additional Appropriations- Sheriff/Animal Control
  
  - G. Request Approval of Resolution Promoting Jessica Sewell- Community Development
  
  - H. Request Approval of Contract for Mediation Services with Mark Kramer- Counsel/State Courts
  
  - I. Request Acceptance of ATV Grant for Winchester Trails & Authorize Chair to Sign- BOC/Forestry
  
  - J. Request Approval to Pay AOC Dues- BOC
  
5. **CONSENT CALENDAR- administrative matters not up for discussion**
  - A. **Approval of Minutes**  
Worksession- Purchase of Water Truck for Fair- February 14, 2024  
Regular Meeting Minutes- February 20, 2024
  
  - B. **Orders & Resolutions**  
Amended Resolution 24-01-009P, In the Matter of Granting a Salary Adjustment Due to Accreditation as a Service Organization Representative for Chad Wilkinson Effective February 1, 2024 (amending anniversary date change)  
Resolution 24-02-027P, In the Matter of Filling a Vacant Position for Crystal Schott Effective March 1, 2024  
Resolution 24-02-028P, In the Matter of Granting a Longevity Increases for Kimberlie DeMain Effective March 1, 2024  
Resolution 24-02-029P, In the Matter of Granting a Longevity Increase for Paul Ross Effective March 1, 2024  
Resolution 24-02-030P, in the Matter of Filling a Vacant Position and Transfer for Sara Simpkins Effective March 1, 2024

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.

Resolution 24-02-031P, In the Matter of a Merit Step Salary Increase for Byron Heaton  
Retroactive to January 1, 2024  
Resolution 24-02-032P, In the Matter of Granting Salary Merit Step Increases for Various  
Employees Retroactive to February 1, 2024  
Resolution 24-02-033P, In the Matter of Granting Salary Merit Step Increases for Various  
Employees Effective March 1, 2024  
Resolution 24-02-034P, In the Matter of Granting a Salary Merit Step Increase for Debra Brainard  
Retroactive to November 1, 2023

**C. Post-Action Notifications Pursuant to County Rule 10.043 (5)**

Contract with Crystal Schott- CHW- sign on bonus  
Contract with Zachary Richard- CHW- sign on bonus  
Contract with Timothy Lynch- CHW- relocation agreement  
Contract with Chard Mowing Service- Forestry- brush clearing  
Contract with Godfrey & Yeager Construction- Road- maintenance/repairs on various roads  
Contract with TNT Construction- Road- maintenance/repairs on various county roads

**6. LATE AGENDA ITEMS**

- A. Request Approval of Tri-Party Services Agreement with LMG Security & Authorize Mike Rowley to Sign- CHW
- B. Request Decision on Closing Retrospective Rating Plan Evaluation Years/Authorize Chair to Sign/Approve Paying Invoice from SAIF- Human Resources
- C. Request Acceptance of Grant from Coos Bay/North Bend Rotary- Sheriff

**7. COMMISSIONERS REPORTS**

**8. CITIZEN COMMENTS- limited to 3 minutes per person**

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

**LATE AGENDA ITEM COVERSHEET**

**Agenda Item Title:** Tri-Party Services Agreement with Coos County, Constangy, Brooks, Smith & Prophete, LLP and LMG Security.

**Department:** Coos Health & Wellness

**Requested Agenda Date:** 3/5/2024

**Contact Person:** Mike Rowley

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

**Background and description of need or problem:** LMG Security will perform cybersecurity risk assessment on Coos Health & Wellness systems. LMG will gather information, identify and examine potential threats and vulnerabilities to sensitive information, assess existing security controls, and evaluate the impact and likelihood of a threat agent exploiting a vulnerability to determine the level of risk. Based on these determinations, a detailed report with findings and recommendations for security controls will be provided. Quotes were sought and LMG scored the highest, cost for services is \$17,700.

**Funding Source:**

**Requested Action:** Board to approve Tri-Party Services Agreement with LMG Security and authorize department head, Mike Rowley to DocuSign.

**Date:** 2/28/2024

**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: 2024.02.28 12:33:02 -08'00'

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

If this is a Contract or Grant:

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

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

Treasurer MS \_\_\_\_\_

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

6A

## SUMMARY OF QUOTES COOS COUNTY

County Department: Coos Health & Wellness

Goods and/or Services Specifications:

1. Risk Assessment
- 2.

How Solicited:        X   Written             Oral

The Department requested quotes from the following firms:

Date	Firm	Contact Person	Quoted Price
2/20/24	Fidus Cyber Security Solutions, Inc.	Doug Heim	12,000
2/20/24	Kivu Consulting	Shawn Fleury	45,040
2/26/24	LMG Security	Cole Lema	17,700

If evaluation factors other than price:

Firm	HIPAA Compliance Experience 20	EHR & Telehealth Experience 20	Scope of Assessment 30	Completion Time Frame 30	Total Score 100
<u>Fidus</u>	5	20	20	30	75
<u>Kivu</u>	20	20	30	05	75
<u>LMG Security</u>	15	20	25	25	85

Solicitor: Mike Rowley

Department's Recommendation:

To go with LMG Security's quote at 17,700. Fidus scored lower even though their proposal was less costly. This is due to the lack of experience at Fidus and lack of detail of their proposal which indicates that their risk analysis may not satisfy the Office of Civil Right standards.

BOC only:

Consent Agenda \_\_\_\_\_

Regular Agenda \_\_\_\_\_

## AGENDA ITEM COVERSHEET

**Agenda Item Title:** SAIF Retro Rating Evaluation Plans for 2020-2021, 2021-2022 & 2022-2023.

**Department:** Human Resources

**Requested Agenda Date:** March 5, 2024

**Contact Person:** Charity Train

**Phone/Ext.:** (541) 396-7582

**Background and description of need or problem:** The County has the option of closing the policy years 2020-2021 & 2021-2023. A decision by the Board to close out a policy year, means that if a claim is reopened during that timeframe, the County will not be responsible for the cost of the claim. The close-out costs are listed in the attached packet. If the Board decides to close the attached policy year, then the amount listed will be credited to the County or owed to SAIF by March 25, 2024.

Request the Board of Commissioner's to decide whether to close or continue the Rating Evaluation plans for years 2020-2021 & 2021-2022.

For the 2020-2021 year, SAIF would charge \$4,626.79 to close out this year. If the County leaves this year open, then the County could get more back with not having the plan closure charge.

For the 2021-2022 policy year, there is one claim with a large outstanding reserve. If this year is closed, the County does not owe any more but if this year continues and SAIF does not pay out all of the reserves, then the County has the potential for getting some money back.

The 2022-2023 year does show an additional amount of \$14,153.35 that will be owed. SAIF will be sending a bill for this on March 1<sup>st</sup> with a due date of March 25<sup>th</sup>.

**Funding Source:** General Fund

**Requested Action:** Decide which Retrospective Rating Plan Evaluation years to close or continue and sign those documents. Approval to pay the 2022-2023 invoice from the General Fund.

Date: March 4, 2024

Signature of Dept. Head:

*Coltan 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 or do you want it returned to you for filing?

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

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

Treasurer \_\_\_\_\_

\_\_\_\_\_

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

**Retrospective rating plan evaluation**

Policy name: Coos County  
SAIF policy: 752481  
Plan period: 07/01/2020 - 07/01/2021

Valuation date: 12/31/2023  
Evaluation: 3  
Term/type: One Year /Regular

**Policy name: Coos County**  
**SAIF policy: 752481**  
**Term: 07/01/2020 – 07/01/2021**

**Policy detail**

Standard premium [SP]	\$299,679.28
Incurred losses [IL]	\$44,641.97
Non-disabling reimbursements	\$10,458.58
State ELCB premium	\$1,193.94

**Retrospective rating plan premium**

Basic premium		\$92,900.58
Converted losses	+	\$53,570.36
Tax	+	\$0.00

**Indicated retro premium**

**\$146,470.94**

DCBS assessment	+	\$11,800.87
-----------------	---	-------------

**Retrospective premium including DCBS**

**\$158,271.81**

Non-disabling reimbursement	-	\$10,458.58
Premium previously billed	-	\$143,012.38
DCBS assessment previously billed	-	\$12,409.88

**Retrospective rating plan premium adjustment**

**-\$7,609.03**

**Policy closure detail**

Please refer to the Plan Summary for the total plan closure costs.

**Retrospective rating plan closure charges**

Closure charge		\$4,256.48
DCBS assessment	+	\$370.31
Retrospective rating plan premium adjustment	+	-\$7,609.03

**Total retrospective rating plan premium and closure charges due**

**-\$2,982.24**

### Retrospective rating plan evaluation

Policy name: Coos County  
SAIF policy: 752481  
Plan period: 07/01/2020 - 07/01/2021

Valuation date: 12/31/2023  
Evaluation: 3  
Term/type: One Year /Regular

#### Election to close

#### Election to close

Coos County hereby requests that all entities covered by this Retrospective Rating Plan be closed following the 3rd evaluation calculation.

Coos County understands that a plan closure charge will be included in the retrospective rated premium, and that in order to elect closure, this form must be signed by the Insured and returned to SAIF Corporation by April 01, 2024.

Coos County agrees to remit with the next invoice, any unpaid retrospective premium, DCBS assessments, and interest, including the following amounts for plan closure charge.

Plan closure charge		\$4,256.48
DCBS assessment for plan closure charge	+	<u>\$370.31</u>
<b>Total plan closure cost</b>		<b>\$4,626.79</b>
Retrospective rating plan premium		-\$7,609.03
Total plan closure cost	+	<u>\$4,626.79</u>
<b>Total retrospective rating plan premium and closure cost due</b>		<b>-\$2,982.24</b>

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Coos County

Signature \_\_\_\_\_

Title \_\_\_\_\_

#### Election to continue

Coos County hereby requests that all entities covered by this Retrospective Rating Plan remain open for at least one additional calculation.

Coos County understands that liability will continue up to the maximum on the plan.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Coos County

Signature \_\_\_\_\_

Title \_\_\_\_\_



### Retrospective rating plan evaluation

Policy name: Coos County  
SAIF policy: 752481  
Plan period: 07/01/2021 - 07/01/2022

Valuation date: 12/31/2023  
Evaluation: 2  
Term/type: One Year /Regular

#### Plan summary

Standard premium [SP]	\$273,520.43	Basic premium factor [BPF]	0.326
Maximum premium [MP]	\$437,632.69	Maximum premium factor [MPF]	1.6
Incurred losses [IL]	\$365,167.12	Loss conversion factor [LCF]	1.2
Non-disabling reimbursements	\$16,019.57	State tax multiplier [STM]	1.0
State ELCB premium	\$1,089.72		

#### Plan evaluation

##### Retrospective rating plan premium

Basic premium		\$89,167.66
Converted losses	+	\$438,200.54
Tax	+	\$0.00

##### Indicated retro premium

**\$527,368.20**

##### Maximum premium

**\$437,632.69**

DCBS assessment	+	\$39,603.92
-----------------	---	-------------

##### Retrospective premium including DCBS

**\$477,236.61**

Non-disabling reimbursement	-	\$16,019.57
-----------------------------	---	-------------

Premium previously billed	-	\$421,613.12
---------------------------	---	--------------

DCBS assessment previously billed	-	\$39,603.92
-----------------------------------	---	-------------

##### Retrospective rating plan premium adjustment

**\$0.00**

Basic Premium [BP] = (SP x BPF)

Converted Losses [CL] = (IL x LCF)

Indicated Retro Premium [IRP] = ((BP + CL) x STM) - limited to plan maximum premium

Maximum Premium [MP] = (SP x MPF)

DCBS Assessable Premium excludes federal premium, Part II increased limits premium, and non-disabling reimbursement

#### Plan closure

If you elect to close, the following charges will apply. Please complete and sign the Election to Close form.

##### Retrospective rating plan closure charges

Closure charge		\$0.00
----------------	--	--------

DCBS assessment	+	\$0.00
-----------------	---	--------

Retrospective rating plan premium adjustment	+	\$0.00
--	---	--------

##### Total retrospective rating plan premium and closure charges due

**\$0.00**

Refer to Retrospective Premium Plan Closure Endorsement for Closure Charge formulas

### Retrospective rating plan evaluation

Policy name: Coos County  
SAIF policy: 752481  
Plan period: 07/01/2021 - 07/01/2022

Valuation date: 12/31/2023  
Evaluation: 2  
Term/type: One Year /Regular

**Policy name: Coos County**  
**SAIF policy: 752481**  
**Term: 07/01/2021 - 07/01/2022**

#### Policy detail

Standard premium [SP]	\$273,520.43
Incurred losses [IL]	\$365,167.12
Non-disabling reimbursements	\$16,019.57
State ELCB premium	\$1,089.72

#### **Retrospective rating plan premium**

Basic premium		\$89,167.66
Converted losses	+	\$438,200.54
Tax	+	\$0.00

#### **Indicated retro premium**

**\$527,368.20**

#### **Maximum premium**

**\$437,632.69**

DCBS assessment	+	\$39,603.92
-----------------	---	-------------

#### **Retrospective premium including DCBS**

**\$477,236.61**

Non-disabling reimbursement	-	\$16,019.57
-----------------------------	---	-------------

Premium previously billed	-	\$421,613.12
---------------------------	---	--------------

DCBS assessment previously billed	-	\$39,603.92
-----------------------------------	---	-------------

#### **Retrospective rating plan premium adjustment**

**\$0.00**

#### Policy closure detail

Please refer to the Plan Summary for the total plan closure costs.

#### **Retrospective rating plan closure charges**

Closure charge		\$0.00
----------------	--	--------

DCBS assessment	+	\$0.00
-----------------	---	--------

Retrospective rating plan premium adjustment	+	\$0.00
--	---	--------

#### **Total retrospective rating plan premium and closure charges due**

**\$0.00**

### Retrospective rating plan evaluation

Policy name: Coos County  
SAIF policy: 752481  
Plan period: 07/01/2021 - 07/01/2022

Valuation date: 12/31/2023  
Evaluation: 2  
Term/type: One Year /Regular

#### Election to close

---

##### Election to close

Coos County hereby requests that all entities covered by this Retrospective Rating Plan be closed following the 2nd evaluation calculation.

Coos County understands that a plan closure charge will be included in the retrospective rated premium, and that in order to elect closure, this form must be signed by the Insured and returned to SAIF Corporation by April 01, 2024.

Coos County agrees to remit with the next invoice, any unpaid retrospective premium, DCBS assessments, and interest, including the following amounts for plan closure charge.

Plan closure charge		\$0.00
DCBS assessment for plan closure charge	+	\$0.00
<b>Total plan closure cost</b>		<b>\$0.00</b>
Retrospective rating plan premium		\$0.00
Total plan closure cost	+	\$0.00
<b>Total retrospective rating plan premium and closure cost due</b>		<b>\$0.00</b>

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Coos County

Signature \_\_\_\_\_

Title \_\_\_\_\_

---

##### Election to continue

Coos County hereby requests that all entities covered by this Retrospective Rating Plan remain open for at least one additional calculation.

Coos County understands that liability will continue up to the maximum on the plan.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Coos County

Signature \_\_\_\_\_

Title \_\_\_\_\_

**Retrospective rating plan evaluation**

Policy name: Coos County  
SAIF policy: 752481  
Plan period: 07/01/2022 - 07/01/2023

Valuation date: 12/31/2023  
Evaluation: 1  
Term/type: One Year /Regular

**Plan summary**

Standard premium [SP]	\$242,914.91	Basic premium factor [BPF]	0.36
Maximum premium [MP]	\$388,663.86	Maximum premium factor [MPF]	1.6
Incurred losses [IL]	\$150,756.91	Loss conversion factor [LCF]	1.2
Non-disabling reimbursements	\$12,607.91	State tax multiplier [STM]	1.0
State ELCB premium	\$967.79		

**Plan evaluation**

<b>Retrospective rating plan premium</b>		\$87,449.37
Basic premium		\$180,908.29
Converted losses	+	\$0.00
Tax	+	<b>\$268,357.66</b>
<b>Indicated retro premium</b>		\$25,029.33
DCBS assessment	+	<b>\$293,386.99</b>
<b>Retrospective premium including DCBS</b>		\$12,607.91
Non-disabling reimbursement	-	\$242,914.91
Premium previously billed	-	\$23,710.82
DCBS assessment previously billed	-	<b>\$14,153.35</b>
<b>Retrospective rating plan premium adjustment</b>		

Basic Premium [BP] = (SP x BPF)  
 Converted Losses [CL] = (IL x LCF)  
 Indicated Retro Premium [IRP] = ((BP + CL) x STM) - limited to plan maximum premium  
 Maximum Premium [MP] = (SP x MPF)  
 DCBS Assessable Premium excludes federal premium, Part II increased limits premium, and non-disabling reimbursement

**Retrospective rating plan evaluation**

Policy name: Coos County  
SAIF policy: 752481  
Plan period: 07/01/2022 - 07/01/2023

Valuation date: 12/31/2023  
Evaluation: 1  
Term/type: One Year /Regular

**Policy name: Coos County**  
**SAIF policy: 752481**  
**Term: 07/01/2022 - 07/01/2023**

**Policy detail**

Standard premium [SP]	\$242,914.91
Incurred losses [IL]	\$150,756.91
Non-disabling reimbursements	\$12,607.91
State ELCB premium	\$967.79

**Retrospective rating plan premium**

Basic premium		\$87,449.37
Converted losses	+	\$180,908.29
Tax	+	\$0.00

**Indicated retro premium**

DCBS assessment	+	\$25,029.33
-----------------	---	-------------

**Retrospective premium including DCBS**

Non-disabling reimbursement	-	\$12,607.91
Premium previously billed	-	\$242,914.91
DCBS assessment previously billed	-	\$23,710.82

**Retrospective rating plan premium adjustment**

**\$268,357.66**  
**\$293,386.99**  
**\$14,153.35**

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

**AGENDA ITEM COVERSHEET**

**Agenda Item Title:** Acceptance of rotary grant for jail safety equipment.

**Department:** CCSO

**Requested Agenda Date:** 3-5-24

**Contact Person:** Sheriff Fabrizio

**Phone/Ext.:** 7800

**Background and description of need or problem:** The jail has been awarded a grant from the Coos Bay / North Bend rotary for safety equipment in the amount of \$9,960.00. Equipment purchased will help with control of combative Adults In Custody (AIC) in a more safe and effective manner.

**Funding Source:** NA

**Requested Action:** Accept grant \$9,960.00 from the Coos Bay / North Bend rotary for jail safety equipment.

**Date:** 3-4-24

**Signature of Sheriff:** *[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 Coversheet attached or do you want it returned to you for filing?

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

**Treasurer** *MS* \_\_\_\_\_

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

*60*

# ROTARY COOS FOUNDATION, INC.

P.O. Box 1375  
Coos Bay, Oregon 97420

## Grant Application and Guidelines For Grants Larger than \$2,000

The Rotary Coos Foundation considers grants up to but not exceeding \$10,000 for purposes that promote civic, educational and charitable activities that assist, encourage and advance the well being and betterment of Coos County, Oregon. Grants may be made to individuals, 501c(3) non profit and other organizations and governmental entities. Activities considered for funding include special projects, capital acquisition and construction. Funds will not be granted to support general operating expenses, or religious, political or legislative initiatives or activities.

Applications for funding are considered monthly at meetings of the Rotary Coos Foundation Board of Directors. All prospective applicants must complete this application to be considered for funding. Upon completion of projects, a final written report is required of all grant recipients.

Name of Organization:

Coos County Sheriff's Office - Corrections Division

Mailing Address, City, State, Zip Code: 200 East 2nd St. Coquille OR. 97420

Telephone Number: 541-396-7850

Email Address:

Jlay@co.coos.or.us

Contact Person at Organization:

Deputy Jimmy Lay

Amount Requested:  
\$9,959.94

Number of People Served:

64,999

Date funds are needed:

As soon as possible.


Please ~~Answer~~ the Following:

YES NO

- Yes      The organization is a governmental entity or non-profit organization.  
Yes      The organization is a tax-exempt  
No      The organization is a United Way Agency  
Yes      Coos Foundation funds, if approved, will benefit Coos County residents  
No      This request is for recurring operating expenses

Please provide a brief abstract of the proposed project in the space below:  
The Coos County Jail is requesting funding to aid in equipping the Corrections Emergency Response Team. This funding will aid in both the effectiveness, and the readiness of our team Ultimately providing a safer environment for Adults in Custody and the Deputies who serve the people of this county.

I certify that the information provided to Rotary Coos Foundation is true and accurate:

  
\_\_\_\_\_  
Signature

02-11-2024  
Date

Jimmy Lay  
Print Name

Deputy Sheriff  
Title

Please attach narrative responses to the following questions. Limit your narrative to not more than five pages; supplemental material may be attached as appendices.

1. Describe the problem or need that funding this proposal will help correct or help fulfill. Be specific. Quantify the problem if possible. Identify contributing factors if possible.
2. Describe the solution or approach proposed here. Are there other options? Why was this strategy chosen instead of alternatives?
3. List specific measurable objectives (process or outcome) associated with the proposed action. Include activities to achieve objectives, show timelines, list resources required and persons responsible for outcomes.
4. Identify project personnel and summarize the qualifications of all persons responsible for carrying out activities that will achieve objectives.
5. Describe the evaluation plan that will be used to measure the effectiveness of the proposed project or action. How will the organization know whether it has solved the identified problem or met the identified need?
6. What other funding sources have been identified? List those that have already committed to the project. Identify pending funding requests.
7. Present a budget for the project. Provide narrative descriptions to justify expenditures. Group expenses in the following categories: personnel, fringe benefits, materials and supplies, equipment, construction, travel, other.