

**A G E N D A**  
COOS COUNTY BOARD OF COMMISSIONERS  
Owen Building Large Conference Room  
March 27, 2018  
8:30 A.M.

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

- A. (2)(e) Real Property Transactions
- B. (2)(h) Consultation with Counsel

**PLEDGE OF ALLEGIANCE**

2. **CITIZEN COMMENTS** (agenda items or general comments) -- limited to 3 minutes per person-  
**scheduled to begin at 9:30 AM**

3. **PUBLIC HEARING**

- A. Early Redemption of Tax Accounts 6586200, 6586201 & 6584900

4. **DEPARTMENT HEADS**

- A. Request Approval of Ordinance 17-08-006L, North Bay Urban Renewal Plan Amendment- Planning
- B. Request Approval of Declaration of Real Covenant & Authorize Ginger Swan to Sign- Coos Health & Wellness (CHW)
- C. Request Approval of Contract with Susan "Jane" Hunt- CHW
- D. Request Approval of Contract with Erin McClelland- CHW
- E. Request Approval of Contact with Bay Clinic- CHW
- F. Request Approval of Contract with Synergy Health & Wellness- CHW
- G. Request Approval of Additional Expenditures for Phone System- CHW
- H. Request Approval to Declare 2 Vehicles as Surplus/Authorize Auction- CHW
- I. Request Approval to Advertise/Fill Psychiatric Mental Health Nurse Practitioner & Psychiatrist Positions- CHW
- J. Request Approval of Task Order #8.3 (South Coos River Slide Mitigation) with David Evans & Associates- Road
- K. Request Approval of Task Order #7.3 (East Beaver Hill Slide Realignment) with David Evans & Associates- Road
- L. Request Approval to Purchase 5 Pyramid Radio Boosters- Sheriff
- M. Request Approval to Purchase/Install UPS Unit- Information Technology (IT)
- N. Request Approval of Contract with Belloni Inc.- Juvenile

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

A. **Approval of Minutes**

- Worksession- Research Vessel for OIMB- February 6, 2018
- Executive Session ORS 192.660 (2)(h) Consultation with Counsel- February 13, 2018
- Worksession- Planning Budget- February 14, 2018
- Worksession- SCINT & Marijuana Tax Dollars- February 16, 2018
- Regular Meeting Minutes- February 20, 2018
- Worksession- Budget- February 26, 2018

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.

Worksession- Budget- February 27, 2018  
Worksession Budget- February 28, 2018  
Worksession- Budget- March 1, 2018

**B. Orders & Resolutions**

Order 18-03-021C, In the Matter of Appointing Maeora Mosieur to the Coos County Urban Renewal Budget Committee

Resolution 18-03-036P, In the Matter of a Longevity Increase for Dan Seals Effective March 1, 2018

Resolution 18-03-037P, In the Matter of Filling a Vacant Position Effective March 1, 2018

Resolution 18-03-038P, In the Matter of Filling a Vacant Position Effective March 1, 2018

Resolution 18-03-039P, In the Matter of Classifying and Placement of Various Employees on the Regular Coos County Payroll Effective Their Hire Date

Resolution 18-03-040P, In the Matter of a Personnel Transfer for Echo Reed Effective March 1, 2018

Resolution 18-03-041P, In the Matter of Granting Salary Merit Step Increases for Various Coos County Employees Effective March 1, 2018

Resolution 18-03-042P, In the Matter of Granting Salary Merit Step Increases for Various Coos County Employees Retroactive to February 1, 2018

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

IGA #154106 Amendment #4 with State of Oregon- CHW

Contract Amendment with Modern Floors- window covering installation- CHW

Contract with His Hands Adult Care- temporary care for 1 client- CHW

Contract with National Assoc. of County and City Health Officials- Medical Reserve Corp program- CHW

Contract with Single Tree Construction- repairs to shed- Road

Contract with Pacific Power- generator maint/load testing- Maintenance

Contract with Gold Coast Security- equipment moves in North Bend- Community Corrections

Contract with Kronsberg Construction- shelves & cabinets for new Traffic Booth- Solid Waste

Renewal of Contract with LS Networks- IT

IT Administrator Job Title Amendment- Human Resources

**6. LATE AGENDA ITEMS**

**7. COMMISSIONERS REPORTS**

BOC only:

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

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

### AGENDA ITEM COVERSHEET

**Agenda Item Title:** Executive Session Requested

**Department:** Counsel                      **Requested Agenda Date:** 3/27/18

**Contact Person:** Nathaniel Johnson                      **Phone/Ext.:** 7690

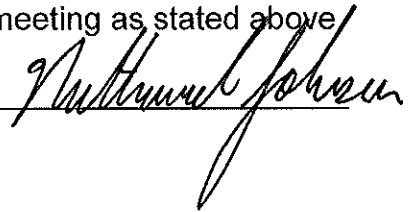
**Background and description of need or problem:** Need executive session for:

- 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

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

Date: 3/20/18

Signature of Dept. Head: \_\_\_\_\_



Departments Affected:

COUNSEL:   NS

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

**AGENDA ITEM COVERSHEET**

**Agenda Item Title:** Hearing on Early Redemption of properties

**Department:** Counsel's Office      **Requested Agenda Date:** 3/27/2018

**Contact Person:** Nathaniel Johnson      **Phone/Ext.:** 7690

**Background and description of need or problem:** On January 31, 2018 the Board directed counsel's office to initiate proceedings to accelerate the redemption period for the following properties currently in tax foreclosure pursuant to ORS 312.122:

- (1) Tax Account 6586200 – 1400 Pennsylvania Avenue, Coos Bay, OR 97420
- (2) Tax Account 6586201 – 1400 Pennsylvania Avenue, Coos Bay, OR 97420
- (3) Tax Account 6584900 – 0.12 acre vacant Lot across right of way (15<sup>th</sup> Street & Illinois Avenue) east of 1400 Pennsylvania Avenue.

Order 18-02-013L initiated the proceedings, and set a determination hearing date of March 27, 2018.

BOC to hold public hearing this date to determine whether the properties are subject to waste or abandonment and should therefore have their redemption periods reduced and any rights the owners may have in the properties to be forfeited, pursuant to ORS 312.122, and Article 11, Division Two of the Coos County Code.

**Funding Source:** N/A

**Requested Action:** Hold hearing to consider whether to reduce redemption period for the properties after expiration of a 30 day redemption period from date of this action.

Date: 2/28/2018      Signature of Dept. Head: *Nathaniel Johnson*

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:   NJ  

TREASURER: \_\_\_\_\_

3A

BOC only: Consent Agenda _____
Regular Agenda _____

**AGENDA ITEM COVERSHEET**

**Agenda Item Title:** Ordinance 17-08-006L – North Bay Urban Renewal Plan

**Department:** Planning Department      **Requested Agenda Date:** March 27, 2018

**Contact Person:** Jill Rolfe, Planning Director

**Phone/Ext.:** 7770

**Background and description of need or problem:**

The Urban Renewal Agency of Coos County is requesting that the Board of Commissioners adopt ordinance 17-08-006L which amends the Coos County Code to revise the North Bay Urban Renewal Plan.

**Funding Source:**

**Requested Action:** Adoption of ordinance 17-08-006L – North Bay Urban Renewal Plan

**Date:** March 19, 2108

**Signature of Dept. Head:** Jill Rolfe

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 NJ

Treasurer na

Human Resources na

*See Original Packet  
For Exhibit A*

*4A*

1 **BOARD OF COMMISSIONERS**

2  
3 **COOS COUNTY**

4  
5 **STATE OF OREGON**

6  
7  
8 **IN THE MATTER OF AMENDING THE**  
9 **COOS COUNTY CODE TO REVISE**  
10 **THE NORTH BAY URBAN RENEWAL**  
11 **PLAN**

**ORDINANCE 17-08-006L**

12  
13 NOW BEFORE THE Board of Commissioners (the “Board”) sitting for the transaction of  
14 County business on the 27<sup>th</sup> day of March, 2018 is the matter of amending the Coos County  
15 Code to revise the North Bay Urban Renewal Plan;

16  
17 **WHEREAS**, the Urban Renewal Agency of Coos County (the “Agency”), as the duly  
18 authorized and acting urban renewal agency of Coos County, Oregon, is proposing to undertake  
19 certain urban renewal activities in a designated area within Coos County pursuant to ORS  
20 Chapter 457; and

21  
22 **WHEREAS**, the Agency, pursuant to the requirements of ORS Chapter 457, has caused  
23 the preparation of the North Bay Urban Renewal Amendment attached hereto as Exhibit A (the  
24 “Amendment”). The Plan authorizes certain urban renewal activities within the North Bay  
25 Urban Renewal Area (the “Area”); and

26  
27 **WHEREAS**, the Agency has caused the preparation of a certain Urban Renewal Report  
28 dated August 15, 2016 attached hereto as Exhibit B (the “Report”) to accompany the  
29 Amendment as required under ORS 457.085(3); and

30  
31 **WHEREAS**, the Amendment and the Report were forwarded on July 26, 2017 to the  
32 governing body of each taxing district affected by the Amendment, and the Agency has  
33 thereafter consulted and conferred with each taxing district; and

34  
35 **WHEREAS**, the Board has not received written recommendations from the governing  
36 bodies of the affected taxing districts; and

37  
38 **WHEREAS**, the Agency forwarded the Amendment and Report to the County’s  
39 Planning Commission (the “Commission”) for review and recommendation. The Commission  
40 considered the Amendment and Report on August 3, 2017 and recommended to the Board that  
41 the Amendment conforms with the Coos County Comprehensive Plan; and

42  
43 **WHEREAS**, the City of Coos Bay approved the Amendment on August 15, 2017; and

44  
45 **WHEREAS**, the City of North Bend approved the Amendment on August 22, 2017; and

1           **WHEREAS**, on August 10<sup>th</sup> and 11<sup>th</sup>, the County Planning Department caused notice of  
2 the Board hearings, including the required ORS 457.120(3) and (4) statements, to be mailed to  
3 those addresses within the Coos Bay and North Bend School Districts; and  
4

5           **WHEREAS**, notice of the Board hearings was published in *The World* newspaper on  
6 August 23 and September 5; and  
7

8           **WHEREAS**, on August 31, 2017, September 12, 2017, October 30, 2017 the Board held  
9 public hearings to review and consider the Amendment, the Report, the recommendation of the  
10 Commission and the public testimony received on or before that date and to receive additional  
11 public testimony; and  
12

13           **WHEREAS**, on October 30, 2017 the Board continued the oral testimony portion of the  
14 hearing to December 13, 2017, but closed the written record on December 1, 2017.  
15

16           **WHEREAS**, the Board found that the Amendment conforms with all applicable legal  
17 requirements; and  
18

19           **WHEREAS**, after consideration of the record presented through time of the last hearing  
20 on December 13, 2017, the Board by this Ordinance desired to approve the Amendment and  
21 accept the report. The motion was tentative to allow staff to make any necessary alterations to  
22 the final ordinance for adoption pending the approval of the changes by the Cities of Coos Bay  
23 and North Bend;  
24

25           **WHEREAS**, the City of Coos Bay approved the revised Amendments on February 6,  
26 2018; and  
27

28           **WHEREAS**, the City of North Bend approved the revised Amendments on February 13,  
29 2018.  
30

31           **NOW THEREFORE, THE COOS COUNTY BOARD OF COMMISSIONERS**  
32 **HEREBY ORDAINS THAT:**  
33

34           **Section 1.** The Amendment complies with all applicable requirements of ORS Chapter 457 and  
35 the specific criteria of 457.095(1) through (7), in that, based on the information provided in the  
36 Report, the Coos County Planning Commission Recommendation, and the public testimony  
37 before the County Commission:  
38

39           1. The process for the adoption of the Amendment, has been conducted in accordance  
40 with the applicable provisions of Chapter 457 of the Oregon Revised Statutes, the Coos County  
41 Code, and all other applicable law;  
42

43           2. The area designated in the Amendment as the North Bay Urban Renewal Area  
44 (“Area”) is blighted, as defined by ORS 457.010(1) and is eligible for inclusion within the  
45 Amendment because of conditions described in the Report in the Section “Existing Physical,  
46 Social, and Economic Conditions and Impacts on Municipal Services”, including the existence of

1 inadequate streets and other rights of way, open spaces and utilities and underdevelopment of  
2 property within the Area, pursuant to ORS 457.010(1)(e), (f), and (g);  
3

4 3. The rehabilitation and redevelopment described in the Amendment to be undertaken  
5 by the Agency is necessary to protect the public health, safety or welfare of the County because  
6 absent the completion of urban renewal projects, the Area will fail to contribute its fair share of  
7 property tax revenues to support County services and will fail to develop and/or redevelop  
8 according the goals of the Coos County Comprehensive Plan;  
9

10 4. The Amendment conforms to the Coos County Comprehensive Plan and provides an  
11 outline for accomplishing the projects described in the Amendment, as more fully described in  
12 the Amendment and in the Commission Recommendation;  
13

14 5. The Amendment conforms to the City of Coos Bay's Comprehensive Plan as detailed  
15 in Section 6 of the Plan;  
16

17 6. The Amendment conforms to the City of North Bend's Comprehensive Plan as  
18 detailed in Section 6 of the Plan;  
19

20 7. The Amendment conforms to the County Economic Development Plan as more fully  
21 described in the Amendment;  
22

23 8. No residential displacement will occur as a result of the acquisition and disposition of  
24 land and redevelopment activities proposed in the Amendment and therefore the Amendment  
25 does not include provisions to house displaced persons;  
26

27 9. No acquisition of property is anticipated as a result of the Amendment. If property is  
28 acquired for right of way improvements, it will be added to the Plan as property to be acquired;  
29

30 10. Adopting and implementing the Amendment is economically sound and feasible in  
31 that eligible projects and activities will be funded by urban renewal tax revenues derived from a  
32 division of taxes pursuant to section 1c, Article IX of the Oregon Constitution and ORS 457.440  
33 and other available funding as more fully described in the Section "Financial Analysis of the  
34 Plan" of the Report;  
35

36 11. The Board shall assume and complete any activities prescribed it by the Amendment;  
37 and  
38

39 12. The Agency consulted and conferred with affected overlapping taxing districts prior  
40 to the Amendment being forwarded to the Board.  
41

42 **Section 2:** The Amendment is hereby approved based upon review and consideration by the  
43 Board of the Amendment and Report, the Commission's Recommendations, each of which is  
44 hereby accepted, and the public testimony in the record.  
45

46 **Section 3:** The County shall forward forthwith to the Agency a copy of this Ordinance.



1  
2 **Section 4:** The County shall thereafter cause a copy of the Ordinance, Amendment, and Report  
3 to be filed in the Records of the Coos County Clerk.  
4

5 **Section 5:** The County, in accordance with ORS 457.115, shall publish notice of the adoption of  
6 the Ordinance approving the Plan including the provisions of ORS 457.135, in *The World* no  
7 later than four days following adoption of this Ordinance.  
8

9 **Section 6:** Ordinance 91-01-002L, the ordinance which adopted the Coos County Code, and all  
10 amendments thereto, are hereby repealed to the extent they conflict with this ordinance.  
11

12 **Section 7:** The amendment of the Coos County Code shall have no effect on existing litigation  
13 and shall have no effect on any action or proceeding pending on the date of adoption of this  
14 ordinance.  
15

16 **Section 8:** If any section, subsection, provision, clause or paragraph of this Ordinance shall be  
17 adjudged or declared by any court of competent jurisdiction to be unconstitutional or invalid,  
18 such judgment shall not affect the validity of the remaining portions of this Ordinance; and it is  
19 hereby expressly declared that every other section, subsection, provision, clause or paragraph of  
20 this Ordinance enacted, irrespective of the enactment or validity of the portion thereof declared  
21 to be unconstitutional or invalid, is valid.  
22

23 Dated this 27<sup>th</sup> day of March 2018.

24 ATTEST

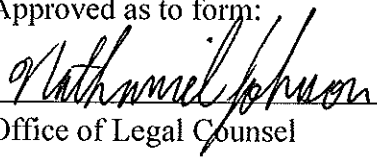
BOARD OF COMMISSIONERS

25  
26 \_\_\_\_\_  
27 Recording Secretary

\_\_\_\_\_

28  
29 Approved as to form:

\_\_\_\_\_

30   
31 \_\_\_\_\_  
32 Office of Legal Counsel

\_\_\_\_\_

33  
34  
35 1<sup>st</sup> Reading: August 31, 2017

36  
37 2<sup>nd</sup> Reading: September 12, 2017

38  
39 Effective Date of Adoption: June 25, 2018

40  
41 Attachments: Exhibit A – North Bay Urban Renewal Plan Amendment  
42 Exhibit B – Report on the North Bay Urban Renewal Plan Amendment  
43  
44

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

### AGENDA ITEM COVERSHEET

**Agenda Item Title:** Declaration of Real Covenant

**Department:** Coos Health & Wellness

**Requested Agenda Date:** 03/27/2018

**Contact Person:** Ginger Swan

**Phone/Ext.:** 541-751-2547

**Background and description of need or problem:** Coos Health & Wellness is asking for the Board to authorize Ginger Swan to sign the Declaration of Real Covenant as the authorized representative of real property at 281 LaClair St, Coos Bay, OR 97420. As part of the permitting process for the building construction project, a covenant for maintenance of the drain field must be filled.

No County General Funds will be used for this contract.

**Funding Source:**

**Requested Action:** Authorize Ginger Swan to sign the Declaration of Real Covenant as authorized representative.

Date: 03/13/2018

Signature of Dept. Head: \_\_\_\_\_

*Ginger Swan*

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: NS

Treasurer: NS

Human Resources: MA

BOC forwards signed Contract/Grant to: Please return to CHW

*See Original Packet  
for complete Maint.  
Manual*

*UB*

## DECLARATION OF REAL COVENANT

I \_\_\_\_\_, the duly authorized representative of real property in the City of Coos Bay, County of Coos, State of Oregon, described as follows: 281 LaClair St., Coos Bay, Oregon:

Re-Plat of portion of parcel # 1 of partition plat 2010-9 as recorded in Coos County Clerk as Deed Reference # 2016-6680, located in the southeast quarter of the northwest quarter of Section 21, Township 25 South, Range 13 West of the Willamette, Coos County, Oregon, more particularly described as follows:

*BEGINNING AT THE SOUTHWEST CORNER OF PARCEL 1, OF THE PARTITION PLAT 2010-9, TRUE BEGINNING AS THE BASIS OF BEARINGS: THENCE N87°56'05" E, 361.30 FEET; THENCE N0°39'50" W, 214.44 FEET; THENCE S89°47'42" W, 130.00 FEET; THENCE N0°00'00" W, 50.00 FEET; THENCE S89°47'42" W, 230.00 FEET; THENCE N1°19'55" W, 33.11 FEET; THENCE S89°40'05" W, 5.00 FEET; THENCE S1°19'55" E, 243.00 FEET; TO TRUE BEGINNING AS THE BASIS OF BEARINGS.*

And,

I \_\_\_\_\_, the duly authorized representative of real property in the City of Coos Bay, County of Coos, State of Oregon, described as follows: 289 LaClair St., Coos Bay, Oregon:

Re-Plat of portion of parcel # 1 of partition plat 2010-9 as recorded in Coos County Clerk as Deed Reference # 2015-5757, located in the southeast quarter of the northwest quarter of Section 21, Township 25 South, Range 13 West of the Willamette, Coos County, Oregon, more particularly described as follows:

*BEGINNING AT THE SOUTHEAST CORNER OF PARCEL 1, OF THE PARTITION PLAT 2010-9, TRUE BEGINNING AS THE BASIS OF BEARINGS: THENCE N1°20'15" W, 5.00 FEET; THENCE N1°20'15" W, 276.11 FEET; THENCE S89°50'13" W, 456.93 FEET; THENCE S89°48'15" W, 280.05 FEET; THENCE S89°53'18" W, 15.00 FEET; THENCE S1°19'55" E, 30.00 FEET; THENCE N89°47'42" E, 230.00 FEET; THENCE S0°00'00" W, 50.00 FEET; THENCE N89°47'42" E, 130.00 FEET; THENCE S0°39'50" E, 214.44 FEET; THENCE N87°56'11" E, 46.00 FEET; THENCE N87°54'42" E, 115.53 FEET; THENCE S87°49'13" W, 233.87 FEET; TO TRUE BEGINNING AS THE BASIS OF BEARINGS.*

and in accordance with the City of Coos Bay site development plan permit (Application # 187-S16-015), agree to employ, into perpetuity the procedures in the document titled "Private Storm System and Stormwater Facility Maintenance Manual" from Harmon Construction, prepared by R-C Group and provided to WOA Facility located on LaClair Street dated March 28, 2016. It is understood and agreed that this covenant runs with the land and shall be binding on all parties and all persons claiming under them.

The undersigned have executed this agreement on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Duly Authorized Representative

\_\_\_\_\_  
Print Name and Title

STATE OF OREGON            ) ss.  
County of \_\_\_\_\_        ) ss

Personally, appeared before me the above-named individual \_\_\_\_\_ and  
acknowledged the foregoing instrument to be a voluntary act and deed.

WITNESS my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC FOR OREGON

My Commission Expires: \_\_\_\_\_

The undersigned have executed this agreement on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Duly Authorized Representative

\_\_\_\_\_  
Print Name and Title

STATE OF OREGON            ) ss.  
County of \_\_\_\_\_        ) ss

Personally, appeared before me the above-named individual \_\_\_\_\_ and  
acknowledged the foregoing instrument to be a voluntary act and deed.

WITNESS my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC FOR OREGON

My Commission Expires: \_\_\_\_\_

Accepted on behalf of the City of Coos of Coos Bay this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by Jim  
Hossley.

\_\_\_\_\_  
Jim Hossley, Public Works Director

STATE OF OREGON            ) ss.  
County of \_\_\_\_\_        ) ss

Personally, appeared before me the above-named individual \_\_\_\_\_ and  
acknowledged the foregoing instrument to be a voluntary act and deed.

WITNESS my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC FOR OREGON

My Commission Expires: \_\_\_\_\_

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

### AGENDA ITEM COVERSHEET

**Agenda Item Title:** Contract with Susan "Jane" Hunt

**Department:** Coos Health & Wellness

**Requested Agenda Date:** 03/27/2018

**Contact Person:** Ginger Swan

**Phone/Ext.:** 541-751-2547

**Background and description of need or problem:** The attached contract provides funding of individual and group behavioral health treatment services for adults and children for OHP enrollees or other clients as referred by Coos Health & Wellness.

Contractors are screened and selected in accordance with criteria for credentialing providers.

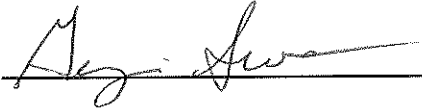
No County General Funds will be used for this contract.

**Funding Source:** 021-1302-444.36-01

**Requested Action:** Approve contract with Susan "Jane" Hunt

**Date:** 3/13/2018

**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:** NS

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

**Human Resources:** np

**BOC forwards signed Contract/Grant to:**

1 original to CHW, Carrie McKim  
1 original to Clerk's office for filing



**CONTRACT / GRANT SUMMARY FORM**

Clerk's CJ No.: \_\_\_\_\_ (complete after filed with Clerk) Contract/Agreement/Grant No.: \_\_\_\_\_  
 Name/Agency Name and Address: Susan "Jane" Hunt, 14 W 1<sup>st</sup> St #7, Coquille, OR 97423  
 Contact Person: Susan "Jane" Hunt Phone No. 541-824-0990  
 Amount of Contract/Grant Award: \$ Medicaid rates  
 Payment Terms: As billed (state lump sum or amount and time of payments)  
 Start Date: 03/27/2018 End Date: 09/30/2019  
 County Department and Employee Responsible for Performance: Coos Health & Wellness, Ginger Swan, Director  
 Description: This BH contract is for providing behavioral health services to clients as referred by CHW.

**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:                                      Type of Contract:  
 Bid                                       None                                       New (complete sections below)  
 Quote                                       Other Behavioral Health Provider                                       Renewal (no need to complete sections below)  
 Proposal                                       Modification (no need to complete sections below)

Type of Contract:  
 Goods and Services - If Not Using Bid or Proposal, Mark Exemption:  
 Under \$10,000                                       Equipment Maintenance  
 Under \$50,000 for Quotes                                       Office Supplies  
 Under \$150,000 & Approval from Board for Quotes                                       Used Vehicles  
 Sole Source                                       State Purchasing  
 Contract with Public Agency                                       Other Behavioral Health Provider  
 Public Improvement - If Not Using Bid, Mark Exemption:  
 Under \$5,000                                       Alternative Contracting Method Approved by Board  
 Under \$50,000 for Quotes                                       Other \_\_\_\_\_  
 Under \$100,000 & Not a Transportation Project for Quotes  
 Personal Services Contract - If Not Using Proposal, Mark Exemption:  
 Under \$50,000  
 Under \$150,000 & Approval from Board

Will project be reported to Bureau of Labor for Prevailing Wages under ORS 279C.800?  Yes  No  
 Certificate of insurance required?  Yes  No  
 Form of contract:  Oral  Written (attach the written contract)

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

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

**AGENDA ITEM COVERSHEET**

**Agenda Item Title:** Contract with Erin McClelland

**Department:** Coos Health & Wellness

**Requested Agenda Date:** 03/27/2018

**Contact Person:** Ginger Swan

**Phone/Ext.:** 541-751-2547

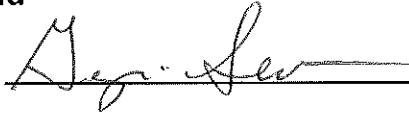
**Background and description of need or problem:** : The attached contract provides clinical supervision to Coos Health & Wellness employees that are in the process of becoming licensed providers

No County General Funds will be used for this contract.

**Funding Source:** 021-1302-444.36-01

**Requested Action:** Approve contract with Erin McClelland

**Date:** 3/13/2018

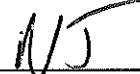
**Signature of Dept. Head:** 

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:** 

**Treasurer:** 

**Human Resources:** 

**BOC forwards signed Contract/Grant to:** 1 original to CHW, Carrie McKim  
1 original to Clerk's office for filing



CONTRACT / GRANT SUMMARY FORM

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

Contract/Agreement/Grant No.:

Name/Agency Name and Address: Erin McClelland, 2534 Sheridan Ave, North Bend, OR 97459

Contact Person: Erin McClelland Phone No. 702-336-3214

Amount of Contract/Grant Award: \$ \$20 per 15 min for individual and \$35 per person/per session for group

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

Start Date: 03/27/2018 End Date: 09/30/2019

County Department and Employee Responsible for Performance: Coos Health & Wellness, Ginger Swan, Director

Description: This contract provides clinical supervision to CHW employees who are working towards getting licensed.

FINANCIAL INFORMATION

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

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

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

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

- Checkboxes for New, Renewal, Modification, Automatic Renewal, Will unemployment cost be incurred?, Staff Requirements: New, Existing, Subcontract

PUBLIC CONTRACTING INFORMATION

Method of Selection:

- Checkboxes for Bid, Quote, Proposal, None, Other Behavioral Health Services

Type of Contract:

- Checkboxes for New, Renewal, Modification (complete sections below)

Type of Contract:

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

- Checkboxes for Under \$10,000, Under \$50,000 for Quotes, Under \$150,000 & Approval from Board for Quotes, Sole Source, Contract with Public Agency, Equipment Maintenance, Office Supplies, Used Vehicles, State Purchasing, Other Behavioral Health Services

Public Improvement - If Not Using Bid, Mark Exemption:

- Checkboxes for 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:

- Checkboxes for 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: NJ



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

### AGENDA ITEM COVERSHEET

**Agenda Item Title:** Contract with Bay Clinic

**Department:** Coos Health & Wellness

**Contact Person:** Ginger Swan

**Requested Agenda Date:** 03/27/2018

**Phone/Ext.:** 541-751-2547

**Background and description of need or problem:** The attached contract provides funding of individual and group behavioral health treatment services for adults and children for OHP enrollees or other clients as referred by Coos Health & Wellness.

Contractors are screened and selected in accordance with criteria for credentialing providers.

No County General Funds will be used for this contract.

**Funding Source:** 021-1302-444.36-01

**Requested Action:** Approve contract with Bay Clinic

**Date:** 3/13/2018

**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:**       NS      

**Treasurer:**       NS      

**Human Resources:**       NS      

BOC forwards signed Contract/Grant to: 1 original to CHW, Carrie McKim  
1 original to Clerk's office for filing

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**CONTRACT / GRANT SUMMARY FORM**

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

Name/Agency Name and Address: Bay Clinic, 1750 Thompson Rd, Coos Bay, OR 97420

Contact Person: Elana Crane Phone No. 541-269-0333

Amount of Contract/Grant Award: \$ Medicaid rates

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

Start Date: 01/01/2018 End Date: 12/31/2019

County Department and Employee Responsible for Performance: Coos Health & Wellness, Ginger Swan, Director

Description: This BH contract is for providing behavioral health services to clients as referred by CHW.

**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 CDFA 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:**                                      **Type of Contract:**  
 Bid                                       None                                       New (complete sections below)  
 Quote                                       Other Behavioral Health Provider                                       Renewal (no need to complete sections below)  
 Proposal                                       Modification (no need to complete sections below)

**Type of Contract:**  
 Goods and Services - If Not Using Bid or Proposal, Mark Exemption:  
 Under \$10,000                                       Equipment Maintenance  
 Under \$50,000 for Quotes                                       Office Supplies  
 Under \$150,000 & Approval from Board for Quotes                                       Used Vehicles  
 Sole Source                                       State Purchasing  
 Contract with Public Agency                                       Other Behavioral Health Provider  
 Public Improvement - If Not Using Bid, Mark Exemption:  
 Under \$5,000                                       Alternative Contracting Method Approved by Board  
 Under \$50,000 for Quotes                                       Other \_\_\_\_\_  
 Under \$100,000 & Not a Transportation Project for Quotes  
 Personal Services Contract - If Not Using Proposal, Mark Exemption:  
 Under \$50,000  
 Under \$150,000 & Approval from Board

Will project be reported to Bureau of Labor for Prevailing Wages under ORS 279C.800?  Yes  No  
 Certificate of insurance required?  Yes  No  
 Form of contract:  Oral  Written (attach the written contract)

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

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

**AGENDA ITEM COVERSHEET**

**Agenda Item Title:** Contract with Synergy Health & Wellness, LLC

**Department:** Coos Health & Wellness

**Requested Agenda Date:** 03/27/2018

**Contact Person:** Ginger Swan

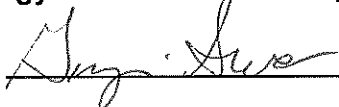
**Phone/Ext.:** 541-266-6778

**Background and description of need or problem:** Coos Health & Wellness would like to enter into a new contract with RanDee Anshutz of Synergy Health & Wellness, LLC to provide nutrition counseling to high risk clients as well as training to WIC staff.

**Funding Source:** WIC Nutrition Program

**Requested Action:** Approve and sign contract with Synergy Health & Wellness, LLC

**Date:** 03/15/2018

**Signature of Dept. Head:** 

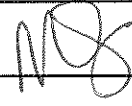
If this is a Human Resources issue, forward to the Treasurer who will forward it to Human Resources. For all other matters, forward the document to Counsel **no later than the Monday prior to the Agenda deadline.** Counsel will forward to Treasurer.

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:** 

**Treasurer:** 

**Human Resources:** 

**BOC forwards signed Contract/Grant to:** 1 original to CHW, Carrie McKim  
1 original to Clerk's office for filing

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**CONTRACT / GRANT SUMMARY FORM**

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

Name/Agency Name and Address: Synergy Health & Wellness, LLC 361 NE Franklin Ave, Bldg C, Bend, OR 97701

Contact Person: RanDee Anshutz Phone No. 541-323-3488

Amount of Contract/Grant Award: \$ 38 per hour

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

Start Date: 03/01/2018 End Date: \_\_\_\_\_

County Department and Employee Responsible for Performance: Coos Health & Wellness, Ginger Swan, Director

Description: This contract provides nutrition counseling to WIC clients and training to WIC staff

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

- Type of Contract:**
- Goods and Services - If Not Using Bid or Proposal, Mark Exemption:**
- Under \$10,000                                       Equipment Maintenance
- Under \$50,000 for Quotes                                       Office Supplies
- Under \$150,000 & Approval from Board for Quotes                                       Used Vehicles
- Sole Source                                       State Purchasing
- Contract with Public Agency                                       Other \_\_\_\_\_
- Public Improvement - If Not Using Bid, Mark Exemption:**
- Under \$5,000                                       Alternative Contracting Method Approved by Board
- Under \$50,000 for Quotes                                       Other \_\_\_\_\_
- Under \$100,000 & Not a Transportation Project for Quotes
- Personal Services Contract - If Not Using Proposal, Mark Exemption:**
- Under \$50,000
- Under \$150,000 & Approval from Board

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

Certificate of insurance required?  Yes  No

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

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

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

### AGENDA ITEM COVERSHEET

**Agenda Item Title:** Approve additional cost for phone system maintenance provided by Core

**Department:** Coos Health & Wellness

**Requested Agenda Date:** 03/27/2018

**Contact Person:** Ginger Swan

**Phone/Ext.:** 541-266-6788

**Background and description of need or problem:** In December of 2017 Coos Health & Wellness received permission from the BOC to have Core, the new phone system company, provide installation and configuration of services. The project took longer than expected and there were some additional fees. We are now asking for permission to pay Core up to an additional \$3,000.

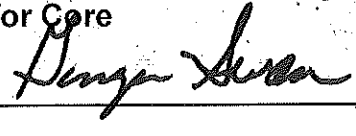
No County General Funds will be used for this contract.

**Funding Source:** 021-1300-441.60-01

**Requested Action:** Approve up to \$3,000 in additional cost for Core

Date: 03/15/2018

Signature of Dept. Head: \_\_\_\_\_



If this is a Human Resources issue, forward to the Treasurer who will forward it to Human Resources. For all other matters, forward the document to Counsel **no later than the Monday prior to the Agenda deadline.** Counsel will forward to Treasurer.

If this is a contract or grant:

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

Departments Affected:

Counsel: NT

Treasurer: NS

Human Resources: na

BOC forwards signed Contract/Grant to: n/a

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

**AGENDA ITEM COVERSHEET**

**Agenda Item Title:** Declare 2 vehicles as surplus property and approve for auction

**Department:** Coos Health & Wellness

**Requested Agenda Date:** 03/27/2018

**Contact Person:** Ginger Swan

**Phone/Ext.:** 541-751-2547

**Background and description of need or problem:** The department would like to have our 1999 Mercury Sable, license E216574 and 2003 Ford Taurus, license E265023 declared as surplus property and approved to have them auctioned.

No County General Funds will be used for this contract.

**Funding Source:** n/a

**Requested Action:** Declare vehicles as surplus property & approve for auction

**Date:** 03/13/2018

**Signature of Dept. Head:** 

If this is a Human Resources issue, forward to the Treasurer who will forward it to Human Resources. For all other matters, forward the document to Counsel no later than the Monday prior to the Agenda deadline. Counsel will forward to Treasurer.

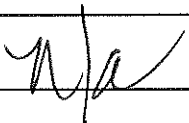
If this is a contract or grant:

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

**Departments Affected:**

**Counsel:** NT

**Treasurer:** 

**Human Resources:** 

**BOC forwards signed Contract to:** n/a



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

### AGENDA ITEM COVERSHEET

**Agenda Item Title:** Request to advertise for and fill Psychiatric Mental Health Nurse Practitioner position and Psychiatrist

**Department:** Coos Health & Wellness

**Requested Agenda Date:** 03/27/2018

**Contact Person:** Ginger Swan

**Phone/Ext.:** 541-266-6788

**Background and description of need or problem:** One of our Psychiatric Mental Health Nurse Practitioners has tendered her resignation effective March 16th. In order to meet the critical needs of the department CHW must have sufficient medical staff to provide essential medical care of clients and comply with State and Federal requirements. We have historically found it difficult to recruit medical staff and I would like to begin advertising as soon as possible. We would like to advertise concurrently for a Psychiatrist and Psychiatric Mental Health Nurse Practitioner. This would allow us to broaden our search but we would only fill one position. The vacant position is for a PMHNP so if we hire a Psychiatrist this position would need to be upgraded.

No County General Funds will be used for this

**Funding Source:** 021-1302-444.10-01

**Requested Action:** Approve request to post and advertise both a PMHNP and Psychiatrist position, although only hiring for one position.

**Date:** 03/15/2018

**Signature of Dept. Head:** \_\_\_\_\_

*Ginger Swan*

*CHW*

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:**   NJ  

**Treasurer:**   MS  

**Human Resources:**   CB  

**BOC forwards signed Contract/Grant to:** n/a

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## DESCRIPTION OF POSITION

Revision Date: 01/08/2016

1.	Classification Title: Staff Psychiatrist
2.	Working Title: Staff Psychiatrist
3.	Department: Coos Health & Wellness – Behavioral Health
4.	Pay Grade: 758 Position Is: Full Time <input checked="" type="checkbox"/> Part Time <input type="checkbox"/> Extra Help 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.	What is the purpose of this position? To provide psychiatric services to adult and/or child/adolescent clients of Coos Health & Wellness.
6.	Essential functions of position. (Reason position exists is to perform these functions.) List duties that must be performed to accomplish the purpose of the position. <ol style="list-style-type: none"> <li>1. Provide outpatient psychiatric services including evaluation, diagnosis, treatment planning, prescribing, and monitoring medications.</li> <li>2. Provide necessary psychiatric services for consumers experiencing a behavioral health emergency/crisis during scheduled business hours.</li> <li>3. As per Oregon Statutes for medical professionals, provide in settings of commitment services including holds.</li> <li>4. Maintains interdisciplinary treatment by reviewing treatment plans and progress; consulting and collaborating with primary care physicians, behavioral health therapists and other health care providers.</li> <li>5. Provide in-service training on psychiatric issues to staff and contractors.</li> <li>6. Participate in QA activities requiring psychiatric input.</li> <li>7. Review/sign-off clinical activities as required by Director.</li> <li>8. Provide consultation to CCMH Psychiatric Nurse Practitioner(s) as needed.</li> <li>9. Provide consultation with area psychiatrists and primary care providers and other professionals to facilitate coordination of care for behavioral health consumers.</li> <li>10. Maintain all applicable professional, legal and ethical standards, including confidentiality, dual relations, and informed consent.</li> <li>11. Provide clinical documentation, reports, and records to meet State, Federal, Regional and departmental standards and requirements.</li> <li>12. Represent the comprehensive behavioral health program to the community and promote the interest and education of the community in mental health.</li> <li>13. Learn/utilize computer medical record system including use of newer office technologies.</li> </ol>
7.	List the minor duties assigned to this position. Participate in department meetings as required. Order medications from local pharmacies as needed; general chart documentation.
8.	Supervision This position is supervised by the Behavioral Health Director. This position does not supervise any employees.
9.	Working conditions of position. Position is located in the Behavioral Health Department in a typical office setting with occasional office site work for community meetings, home visiting. Hours assigned during normal office hours of Monday through Friday from 8:00 am to 5:00pm. Position may require some stooping, bending, reaching, and lifting of stacks of files (up to 20 pounds.)



## DESCRIPTION OF POSITION

10.	<p>List required special skills, licenses, certificates, etc.</p> <p>Must have an Oregon License to practice medicine, MD degree from licensed University, Board Eligible to practice psychiatry, must possess prescriptive privileges for the state of Oregon. Must be able to meet all Credentialing requirements as established by the Oregon Health Authority and other Federal and State entities as necessary to receive Federal reimbursement.</p> <p>Thorough knowledge of the techniques and principles of psychological, behavioral, and social disorders and the application of psychiatric treatment to these disorders; skill in dealing with the mentally ill and their families; skill in dealing with the public in advocating for the mentally and emotionally disturbed; ability to develop cooperative relationships with families, physicians, agency personnel and executives and public officials; ability to take part in diagnostic and treatment planning conferences; ability to prepare concise and complete reports and patient records; ability to participate in social planning and to carry out recommendations and directives.</p> <p>Must have good time-management skills; ability to prioritize tasks in a fast-paced environment; good clinical writing/composition skills; and ability to learn/utilize computer record system.</p> <p>Must be able to accept supervision and adhere to County and Department policies. Must be able to establish and maintain harmonious working relationships with other employees; maintain a positive attitude and represent the County and the Department in the community in a positive manner. Regular and consistent attendance is required.</p>
11.	Is operation of motor vehicle required?      Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
12.	<p>List equipment, tools, machines used in performance of duties.</p> <p>Computer skills, dictation device, copy machine, telephone, fax machine</p>

## DESCRIPTION OF POSITION

Revision Date: 06/05/2015

1.	Classification Title: Adult/Child Psychiatric Services Coordinator
2.	Working Title: PMHNP
3.	Department: Mental Health
4.	Pay Grade 779 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.	What is the purpose of this position? To provide medication prescribing and medication supervision of CHW consumers and to effectively facilitate and coordinate medical services between CHW, the Crisis Resolution Center (CRC) and/or the local children's crisis bed facility (CCB).
6.	Essential functions of position. (Reason position exists is to perform these functions.) List duties that must be performed to accomplish the purpose of the position. <ol style="list-style-type: none"><li>1. Provides medication monitoring; prescribing, administering, monitoring of psychotropic medications including ordering laboratory tests and interpreting results for consumers of CCMHD and for Coos County residents in the Crisis Resolution Center and the CCB.</li><li>2. Participates in meetings between CCMHD, CRC and/or, CCB and staff and makes recommendations to establish procedures to ensure effective coordination of medical care for shared consumers.</li><li>3. Provides medical oversight of Coos County residents admitted to CRC and/or CCB.</li><li>4. Provides consultation with Primary Care Physicians, alcohol and drug treatment providers regarding shared clients. Facilitates effective integration of physical and mental health.</li><li>5. Assures clinical records meet Federal, State, Regional and local statutes and rules as well as departmental policies and procedures.</li><li>6. Recommends hiring, Performance Evaluations, merit increases for nursing staff, Medication Case Managers.</li><li>7. Maintains Quality Assurance and productivity standards for program as per Department, Region and State requirements.</li><li>8. Assists Director and Clinical Director in the development of medical program policies and procedures, medical program development.</li><li>9. Identifies program service needs and initiates service development and delivery to community.</li><li>10. Provides clinical consultation and training to CCMHD clinical staff and to CRC staff.</li><li>11. Completes diagnostic evaluations; psychiatric assessments, mental status exams on assigned clients.</li><li>12. Works effectively with Case Managers on discharge planning for patients who are discharging from acute care, CRC or CCB.</li><li>13. Other duties as assigned.</li></ol>
7.	List the minor duties assigned to this position. <ol style="list-style-type: none"><li>1. Monitors laboratory work, provide necessary follow-up.</li><li>2. Assists in grant writing, completes reports required by State, Region or County.</li></ol>
8.	Working conditions of position. Office setting but does require traveling between various program sites.

## DESCRIPTION OF POSITION

Revision Date: 06/05/2015

9. Supervision.

This position is supervised by the MH Adult Psychiatric Services Manager.

This position does not supervise any staff.

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

- Must be licensed by the State of Oregon as Psychiatric Mental Health Nurse Practitioner with prescriptive privileges in the State of Oregon. Must be able to meet all Credentialing requirements as established by the Oregon Health Authority and other Federal and State entities as necessary to receive Federal reimbursement.
- Must have good time-management skills; ability to prioritize tasks in a fast-paced environment; good clinical writing/composition skills; and ability to learn/utilize computer record system.
- Must be able to accept supervision and adhere to County and Department policies. Must be able to establish and maintain harmonious working relationships with other employees, maintain a positive attitude, and represent the County and the Department in the community in a positive manner.

11. Is operation of motor vehicle required? Yes

12. List equipment, tools, machines used in performance of duties.

Computer skills, dictation device, copy machine, telephone, fax machine.

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

### AGENDA ITEM COVERSHEET

**Agenda Item Title:** David Evans & Associates, Task order #8.3; Contract Amendment to Charleston Safe Bikeway and future projects for: S Coos River MP 3.3 Slide Mitigation.

**Department:** Road

**Requested Agenda Date:** 3-27-18

**Contact Person:** John Rowe

**Phone/Ext.:** 7665

**Background and description of need or problem:** This Task Order #8.3 is for additional work associated with the changed site conditions encountered during construction of the sheet pile retaining wall which extended the construction by 2 months. This Task Order 8.3 will be the final phase of Construction Engineering on the S Coos River MP 3.3 Slide, NTE \$117,805.

**Funding Source:** 003-2703-431-36-01 Contracted Services

**Requested Action:** Approve and Sign Task order #8.3 with DEA-S Coos River MP 3.3 Slide Mitigation

**Date:** 3-14-18

**Signature of Dept. Head:** John Rowe

If this is a Human Resources issue, forward to the Treasurer who will forward it to Human Resources. For all other matters, forward the document to Counsel no later than the Monday prior to the Agenda deadline. Counsel will forward to Treasurer.

If this is a contract or grant:

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

**Departments Affected:**

**COUNSEL:** NT

**TREASURER:** NS

**HUMAN RESOURCES:** NR

**BOC forwards signed Contract/Grant to:**

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

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**CONTRACT / GRANT SUMMARY FORM**

Clerk's File C&A No.: \_\_\_\_\_ (complete after filed with Clerk) Internal Contract/Agreement or Grant No.: 11-20-12CA#300

Name/Agency Name and Address: David Evans & Associates

Contact Person: Shon Heern Phone No. 503-302-8132

Amount of Contract/Grant Award: \$ NTE \$117,805

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

Start Date: Upon Execution End Date: June 2018

County Department and Employee Responsible for Performance: Road Department - John Rowe, Roadmaster

Description: Task Order #8.3 for additional Construction Engineering on S Coos River Slide project

**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 CDFA 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:

- |   |  |
|---|--|
| <input type="checkbox"/> Under \$5000                                     | <input type="checkbox"/> Equipment Maintenance |
| <input type="checkbox"/> Under \$50,000 for Quotes                        | <input type="checkbox"/> Office Supplies       |
| <input type="checkbox"/> Under \$150,000 & Approval from Board for Quotes | <input type="checkbox"/> Used Vehicles         |
| <input type="checkbox"/> Sole Source                                      | <input type="checkbox"/> State Purchasing      |
| <input type="checkbox"/> Contract with Public Agency                      | <input type="checkbox"/> Other _____           |

Public Improvement - If Not Using Bid, Mark Exemption:

- |  |   |
|--|---|
| <input type="checkbox"/> Under \$5000  | <input type="checkbox"/> Alternative Contracting Method Approved by Board |
| <input type="checkbox"/> Under \$50,000 for Quotes                                 | <input type="checkbox"/> Other _____                                      |
| <input type="checkbox"/> Under \$100,000 & Not a Transportation Project for Quotes |   |

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

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

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

Certificate of insurance required?  Yes  No

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

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

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

**AGENDA ITEM COVERSHEET**

**Agenda Item Title:** David Evans & Associates, Task order #7.3; Contract Amendment to Charleston Safe Bikeway and future projects for E. Beaver Hill Slide Re-Alignment

**Department:** Road

**Requested Agenda Date:** 3/27/18

**Contact Person:** John Rowe

**Phone/Ext.:** 7665

**Background and description of need or problem:** Task Order #7.3 with David Evans to extend the contract completion date until June 2018 for Construction Contract Administration and Construction Engineering & Inspections on E. Beaver Hill Slide Re-alignment project.

**Funding Source:** 003-2703-431-36-01 Contracted Services

**Requested Action:** Approve and Sign Task order #7.3 with DEA to extend project completion date on E Beaver Hill Slide Re-Alignment.

Date: 3-12-18

Signature of Dept. Head: John Rowe

If this is a Human Resources issue, forward to the Treasurer who will forward it to Human Resources. For all other matters, forward the document to Counsel **no later than the Monday prior to the Agenda deadline.** Counsel will forward to Treasurer.

If this is a contract or grant:

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

Departments Affected:

COUNSEL: NT

TREASURER: NS

HUMAN RESOURCES: nlc

BOC forwards signed Contract/Grant to:

Commissioners Initials to Place on Agenda ONLY: /

4K

**CONTRACT / GRANT SUMMARY FORM**

Clerk's File C&A No.: \_\_\_\_\_ (complete after filed with Clerk) Internal Contract/Agreement or Grant No.: 11-20-12CA#300

Name/Agency Name and Address: David Evans & Associates

Contact Person: Shon Heern Phone No. 503-302-8132

Amount of Contract/Grant Award: \$ 0

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

Start Date: Upon Execution End Date: JUNE 2018

County Department and Employee Responsible for Performance: Road Department - John Rowe, Roadmaster

Description: Task Order #7.3 Amendment to extend completion date to June 2018 for Consultant, Construction Contract Administration and Construction Engineering & Inspections for E. Beaver Hill Slide project

**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 CDFA 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:

- |   |  |
|---|--|
| <input type="checkbox"/> Under \$5000                                     | <input type="checkbox"/> Equipment Maintenance |
| <input type="checkbox"/> Under \$50,000 for Quotes                        | <input type="checkbox"/> Office Supplies       |
| <input type="checkbox"/> Under \$150,000 & Approval from Board for Quotes | <input type="checkbox"/> Used Vehicles         |
| <input type="checkbox"/> Sole Source                                      | <input type="checkbox"/> State Purchasing      |
| <input type="checkbox"/> Contract with Public Agency                      | <input type="checkbox"/> Other _____           |

Public Improvement - If Not Using Bid, Mark Exemption:

- |  |   |
|--|---|
| <input type="checkbox"/> Under \$5000  | <input type="checkbox"/> Alternative Contracting Method Approved by Board |
| <input type="checkbox"/> Under \$50,000 for Quotes                                 | <input type="checkbox"/> Other _____                                      |
| <input type="checkbox"/> Under \$100,000 & Not a Transportation Project for Quotes |   |

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

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

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

Certificate of insurance required?  Yes  No

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

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

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

### AGENDA ITEM COVERSHEET

**Agenda Item Title:** Purchase Pyramid Radio Boosters

**Department:** Sheriff's Office

**Requested Agenda Date:** March 27, 2018

**Contact Person:** Captain Kelley Andrews

**Phone/Ext.:** 7811

**Background and description of need or problem:**

Due to the mandated narrow banding of radio frequencies used by Law Enforcement radios and the intermittent failures of our current radio system the service area covered by the Coos County radio system has been diminished. One of the ways we have found to mitigate the problem of County employee safety is to increase the portable coverage with in-car radio boosters. These units allow the officer to use his car radio system to help boost his portable signal, so in essence his portable radio will have the same strong signal as his car radio.

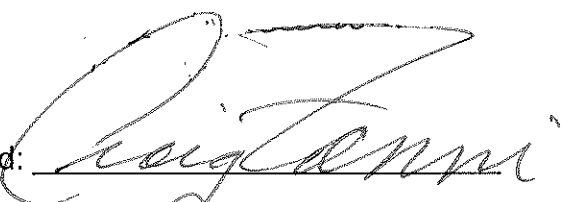
The Sheriff's Office requests permission to purchase and install five (5) Pyramid SVR-250VB Vehicular Repeaters into five current patrol vehicles which have not yet been outfitted with these aids. Day Wireless is our contracted radio service technicians and will perform the work.

The quote received for the installation of five (5) pyramid boosters is \$13,189.00.

**Funding Source:** 001-1600-421.22-27

**Requested Action:** Request Approval

**Date:**

**Signature of Dept. Head:** 

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

If this is a contract or grant:

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

County Counsel NJ

Treasurer MS

Human Resources Ma





**DAY**  
**WIRELESS SYSTEMS**  
 3669 Aviation Way  
 Medford, OR 97504  
 541-772-5602  
[clougee@daywireless.com](mailto:clougee@daywireless.com)

**Quote**

Quote # Pyramid Vehicle Repeater-  
 Date: 2/2/2018  
 Expiration Date: 5/3/2018

To: Coos County Sheriff  
 250 N. Baxter  
 Coquille, OR 97423

Kelley Andrews  
 (541) 396-7811  
[kandrews@co.coos.or.us](mailto:kandrews@co.coos.or.us)

<b>Day Wireless Contact</b>	<b>Project Name</b>	<b>Payment Terms</b>
Cameron Lougee	Repeater and Installation	Net 30

<b>Parts &amp; Materials</b>			
<b>QTY</b>	<b>Description</b>	<b>Price</b>	<b>Extended Price</b>
5	Pyramid SVR-250VB - Vehicular Repeater 150-174 MHz 15 KHz	\$1,490.00	\$7,450.00
5	Motorola APX Series High Power Dual Gender Power DB25 (Smart Cable)	\$117.65	\$588.25
5	Pre-selector, 150-174 MHz (Factory Tuned)	\$299.00	\$1,495.00
5	3' TNC Cable Kit for use with BPF/BRF Filters	\$57.65	\$288.25
5	VHF ANTENNA	\$28.50	\$142.50
<b>Equipment Total:</b>			<b>\$9,964.00</b>

<b>Labor</b>	
<b>Description of Work</b>	<b>Total</b>
REPEATER TUNING	\$3,075.00
<b>Labor Total:</b>	<b>\$3,075.00</b>

<b>Other Expenses</b>	
<b>Description</b>	<b>Total</b>
EQUIPMENT SHIPPING	\$150.00
<b>Other Total:</b>	<b>\$150.00</b>

<b>Grand Total:</b>	<b>\$13,189.00</b>
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**Notes**  
 Radio will reuse existing antenna that current Kenwood radio is interfaced to. A new antenna will be installed for the vehicle repeater. Coos County will provide AC power plug near radio installation location. One head to be installed in front and second head installed near rear. Quote does not include additional mounting hardware that may be required and is unknown at this time.

Quotation for goods and services named.  
 To Accept this quotation, sign here and return: \_\_\_\_\_ Date: \_\_\_\_\_

**Thank you for your Business**

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

**AGENDA COVERSHEET**

**Agenda Item Title:** Request Approval of Purchase and Installation of UPS Unit

**Department:** Information Technology **Requested Agenda Date:** 3/27/18

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

**Background and description of need or problem:** The existing UPS system for the County's servers has failed. This is to request authorization to purchase and install a large UPS unit for the County's servers and telephone system to allow enough time to properly shut down the servers and telephone system instead of the servers crashing hard. In looking at a UPS system, the following items were considered: length of run time, redundancy, early notification, hot swap capability and warranty. Of the 4 brands considered, I am recommending the GE unit with 45kVA from Integrated Power Systems in the amount of \$32,740.80 plus installation by an electrician (Costs for installation are not expected to exceed \$5,000) for a total cost of \$37,740.80.

**Funding Source:** 001-4002-419.60-01 Capital Outlay - Equipment

**Requested Action:** Approve purchase of UPS system from Integrated Power Systems in the amount of \$32,740.80 plus installation by an electrical contractor with costs not to exceed \$5,000.

**Date:** 3/19/18

**Signature of Dept. Head:** 

If this is a Human Resources issue, forward to the Treasurer who will forward it to Human Resources. For all other matters, forward the document to Counsel no later than the Monday prior to the Agenda deadline. Counsel will forward to Treasurer.

If this is a contract or grant:

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

Departments Affected:

COUNSEL: NT

TREASURER: MS

HUMAN RESOURCES: n/a

BOC forwards signed Contract/Grant to:

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

4M

Vendor	Brand	kVA	Format	Run-time	Server Signaling	Warranty	Price	Notes
(Mfgr) Staco -	Staco	30	Traditional	30 min	No		17,226.00	
(Reseller) CDW/g	Eaton	24 (3 x 12 (n-1)	Modular	30 min	?	1 year on-site	43,963.71	
(Reseller) Integrated Power Syst,	Gama-tronic	30 (3 x 10)	Modular	7 min	\$89 per server (additional)	1 year on-site	24,338.00	
(Reseller) Integrated Power Syst,	GE	30 (2 x 15)	Modular	10 min	\$27.56 per server (additional)	2 year on-site p&l	26,706.00	
(Reseller) Integrated Power Syst.	GE	45 (3 x 15)	Modular	46 min	\$27.56 per server	2 year on-site p&l	31,914.00	Signaling 30 x \$27.56 = \$826.80
(Reseller) Integrated Power Syst,	GE	30	Traditional	11 min	\$27.56 per server (additional)	2 year on-site p&l	22,706.00	
Modular Advantage -	Redundancy, if something goes down it would result in only a partial failure, not a complete failure and it can be serviced without taking the entire system down;							

Traditional - There is no redundancy and some failures could result; it cannot be serviced without taking the entire system down;

GE Modular - The advantage of the GE modular design is that the batteries go into the same rack as the UPS modules; all of the other systems require an additional cabinet for the additional batteries  
The 2 year warranty for parts & labor is another advantage to the GE Modular design; other vendors give only 1 year warranty;

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

### AGENDA ITEM COVERSHEET

**Agenda Item Title:** Signature of Contract with Belloni, Inc. for shelter care (Juvenile Department youth)

**Department:** Juvenile

**Requested Agenda Date:** March 20, 2018

**Contact Person:** Bryan Baird

**Phone/Ext.:** 396-7882

**Background and description of need or problem:** Renewal of annual contract with Bob Belloni Ranch, Inc. to provide shelter care for juvenile department youth. The contracted amount is \$37,500.

**Funding Source:** General Fund

**Requested Action:** Authorize and sign contract with Bob Belloni Ranch, Inc. to provide shelter care beds for use by Juvenile Department.

Date: 2/27/2018 Signature of Dept. Head: Maurita Burke

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? (2)
- 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 NS

Treasurer NS

Human Resources np

CONTRACT / GRANT SUMMARY FORM

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

Name/Agency Name and Address: Bob Belloni Ranch Inc., 320 Central Avenue, Suite 400, Coos Bay, OR 97420

Contact Person: Roger Langlie, Executive Director Phone No. (541)269-0321

Amount of Contract/Grant Award: \$ 37,500.00

Payment Terms: 1 (state lump sum or amount and time of payments)

Start Date: 7/1/2018 End Date: 6/30/2019

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

Description: Continuation of contract with Belloni to provide shelter care for Coos County Juvenile Department youth

FINANCIAL INFORMATION

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 it's own summary form.

Form with checkboxes for New, Renewal, Modification, Automatic Renewal, and Staff Requirements.

PUBLIC CONTRACTING INFORMATION

Form with checkboxes for Method of Selection and Type of Contract.

Form with checkboxes for Type of Contract and various exemption categories.

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: WJ