



CURRY COUNTY BOARD OF COMMISSIONERS

GENERAL MEETING

Thursday, December 17, 2015 – 1:00 P.M.
Commissioners' Hearing Room, Courthouse Annex
94235 Moore Street, Gold Beach, Oregon
www.co.curry.or.us

AGENDA

*Items may be taken out of sequence to accommodate staff availability and the public.
For public comment, a completed speaker's slip must be submitted.*

- 1. Call to Order and Pledge of Allegiance**
- 2. Agenda Amendments**
- 3. Approval of Agenda**
- 4. Presentations to the Board**
 - a. Years of Service Recognition S. Wright – Sheriff
 - b. Years of Service Recognition D. Gardiner - Sheriff
 - c. Redfish Rocks Marine Reserve and Community Team Presentation – Tyson Rasor
 - d. County Real Property Task Force Recommendations – Julie Schmelzer
 - e. Years of Service Recognition W. Lang - Juvenile
- 5. 1:30 p.m. – PUBLIC HEARING**
- 6. Public Comments**
- 7. Old Business**
 - a. Discussion about GIS – Commissioners
- 8. Proclamations/Resolutions/Legislative Actions**
- 9. Administrative Actions/Appointments**
 - a. Camp Host Contract for Lobster Creek Youth Campground – Parks
 - b. Grant Agreement with Coos Curry Health and Curry County –Juvenile
 - c. Amendment to Communications Agness Facility Sublease – Roads
 - d. Copier Lease Agreement – District Attorney
 - e. Copier Service Agreement – District Attorney
 - f. Approval of the 2015-17 Oregon Health Authority Agreement #148007; Amendment #1
 - g. Approval of the 2015-17 Oregon Health Authority Agreement #148007; Amendment #3
 - h. Appointments to Fair Board – Commissioners
 - i. Appointment to Safety Committee C. Crook – Commissioners
 - j. Appointments to Safety Committee B. Halcumb and E. Hanson – Commissioners
 - k. Appointment of Alternate to Border Coast Regional Airport Authority J.Schmelzer - Commissioners

Curry County does not discriminate against individuals with disabilities and all public meetings are held in accessible locations. Auxiliary aids will be provided upon request with 48 hours advance notification. Please call 541-247-3296 if you have questions regarding this notice.

10. Consent Calendar

11. Commissioner Updates , Liaison and Staff Reports

- a. Community Development Department November 2015 Activity Report
- b. Surveyor Department Report

12. Executive Session

- a. Executive Session ORS 192.660(2)(h) To consult with counsel concerning the legal rights and duties of a public body with regard to current litigation or litigation likely to be filed. This concerns OCA, Petitioner vs Curry County, Respondent and Elk River Property Development, LLC Intervenor-Respondent possible related litigation.
- b. Executive Session ORS 192.660(2)(h) To consult with counsel concerning the legal rights and duties of a public body with regard to current litigation or litigation likely to be filed. This concerns possible O&C related litigation.

13. Announcements

- a. Board of Commissioners Special Meeting with Executive Session on Monday 12-21-2015 at 2:00 p.m..
- b. County Offices Closed December 25 and January 1
- c. Board of Commissioners General Meeting on Wednesday 01-06-2016 at 10:00 a.m
- d. Community Development Second Public Hearing on Comprehensive Plan Change Wednesday 01-06-2016 at 2:00 p.m.
- e. Community Development First Public Hearing on Recreational Marijuana Ordinance Wednesday 01-06-2016 at 3:00 p.m.

14. Adjourn

CURRY COUNTY BOARD OF COMMISSIONERS
AGENDA ITEM ROUTING SLIP
FORM 10-001.1

PART I – SUBMITTING DEPARTMENT: RETURN TO [BOC OFFICE@CO.CURRY.OR.US](mailto:BOC_OFFICE@CO.CURRY.OR.US)

AGENDA ITEM TITLE: Years of Service Recognition for Communications Deputy, Stacy Wright

AGENDA DATE^a: 12/17/2015 **SUBMITTING DEPARTMENT:** Sheriff's Office

^aSubmit **5:00 p.m. on the Wednesday** prior to the next General meeting.

CONTACT PERSON: Sheriff Ward

PHONE/EXT: 3322

BRIEF BACKGROUND OR NOTE^b: Recognition for five years of Sheriff's Office service to the citizens of Curry County, OR by Communications Deputy Stacy Wright.

^bindicate if more than one copy to be signed

FILES ATTACHED:

SUBMISSION TYPE: Notice

(1) Copy of Certificate

(2)

(3)

(4)

Are there originals in route (paper copies with pre-existing signatures) Yes No

QUESTIONS:

1. Would this item be a departure from the Annual Budget if approved? Yes No

(If Yes, brief detail)

2. Does this agenda item impact any other County department? Yes No

(If Yes, brief detail)

3. If Land Transaction, filed with the clerk? Yes No N/A

INSTRUCTIONS ONCE SIGNED:

No Additional Activity Required

OR

File with County Clerk

Name:

Send Printed Copy to:

Address:

Email a Digital Copy to:

City/State/Zip:

Other

Phone:

Due date to send: / /

Email:

^aNote: Most signed documents are filed/recorded with the Clerk per standard process.

PART II – COUNTY CLERK REVIEW

EVALUATION CRITERIA:

CLERK ASSESSMENT: Does this agenda item meet filing/recording standards? Yes No N/A

(If No, brief detail)

PART III - FINANCE DEPARTMENT REVIEW

EVALUATION CRITERIA 1-4:

1. Confirmed Submitting Department's finance-related responses Yes No

Comment:

2. Confirmed Submitting Department's personnel-related materials Yes No N/A

Comment:

3. If job description, Salary Committee reviewed: Yes No N/A

4. If hire order requires an UA, is it approved? Yes No Pending N/A

PART IV – COUNTY COUNSEL REVIEW

AGENDA ASSIGNMENT TYPE: Other Agency Presentations

LEGAL ASSESSMENT: Does this agenda item have a legal impact? Yes No

(If Yes, brief detail)

PART V – BOARD OF COMMISSIONER REVIEW/COMMENT

LIAISON COMMISSIONER AGREES TO ADD TO AGENDA:

Commissioner Susan Brown Yes No

Commissioner Thomas Huxley Yes No

Commissioner David Brock Smith Yes No

Comment:

YEARS OF SERVICE

**Curry County hereby recognizes:
STACY WRIGHT**

For 5 years of Sheriff's Office (Communications Deputy) service to the
citizens of Curry County, Oregon

DECEMBER 2010 - DECEMBER 2015

Susan Brown, County Commissioner

John Ward, Sheriff

CURRY COUNTY BOARD OF COMMISSIONERS
AGENDA ITEM ROUTING SLIP
FORM 10-001.1

PART I – SUBMITTING DEPARTMENT: RETURN TO BOC_OFFICE@CO.CURRY.OR.US

AGENDA ITEM TITLE: Years of Service Recognition for Detective David Gardiner

AGENDA DATE^a: 12/17/2015 **SUBMITTING DEPARTMENT:** Sheriff's Office

^aSubmit **5:00 p.m. on the Wednesday** prior to the next General meeting.

CONTACT PERSON: Sheriff Ward

PHONE/EXT: 3322

BRIEF BACKGROUND OR NOTE^b: Recognition for thirty years of Sheriff's Office service to the citizens of Curry County, OR by Detective David Gardiner

^bindicate if more than one copy to be signed

FILES ATTACHED:

SUBMISSION TYPE: Notice

(1) Copy of Certificate

(2)

(3)

(4)

Are there originals in route (paper copies with pre-existing signatures) Yes No

QUESTIONS:

1. Would this item be a departure from the Annual Budget if approved? Yes No
(If Yes, brief detail)

2. Does this agenda item impact any other County department? Yes No
(If Yes, brief detail)

3. If Land Transaction, filed with the clerk? Yes No N/A

INSTRUCTIONS ONCE SIGNED:

No Additional Activity Required

OR

File with County Clerk

Name:

Send Printed Copy to:

Address:

Email a Digital Copy to:

City/State/Zip:

Other

Phone:

Due date to send: / /

Email:

***Note: Most signed documents are filed/recorded with the Clerk per standard process.**

PART II – COUNTY CLERK REVIEW

EVALUATION CRITERIA:

CLERK ASSESSMENT: Does this agenda item meet filing/recording standards? Yes No N/A

(If No, brief detail)

PART III - FINANCE DEPARTMENT REVIEW

EVALUATION CRITERIA 1-4:

1. Confirmed Submitting Department's finance-related responses Yes No
Comment:

2. Confirmed Submitting Department's personnel-related materials Yes No N/A
Comment:

3. If job description, Salary Committee reviewed: Yes No N/A

4. If hire order requires an UA, is it approved? Yes No Pending N/A

PART IV – COUNTY COUNSEL REVIEW

AGENDA ASSIGNMENT TYPE: Other Agency Presentations

LEGAL ASSESSMENT: Does this agenda item have a legal impact? Yes No

(If Yes, brief detail)

PART V – BOARD OF COMMISSIONER REVIEW/COMMENT

LIAISON COMMISSIONER AGREES TO ADD TO AGENDA:

Commissioner Susan Brown Yes No

Commissioner Thomas Huxley Yes No

Commissioner David Brock Smith Yes No

Comment:

YEARS OF SERVICE

Curry County hereby recognizes:

DAVE GARDNER

For 30 years of Sheriff's Office (Deputy Sheriff, Detective) service to the
citizens of Curry County, Oregon

DECEMBER 1985 - DECEMBER 2015

Susan Brown, County Commissioner

John Ward, Sheriff

**CURRY COUNTY BOARD OF COMMISSIONERS
AGENDA ITEM ROUTING SLIP
FORM 10-001.1**

PART I – SUBMITTING DEPARTMENT: RETURN TO [BOC OFFICE@CO.CURRY.OR.US](mailto:BOC_OFFICE@CO.CURRY.OR.US)

AGENDA ITEM TITLE: Redfish Rocks Marine Reserve and Community Team Presentation

AGENDA DATE^a: 12-17-2015

SUBMITTING DEPARTMENT:

^aSubmit **5:00 p.m. on the Wednesday** prior to the next General meeting.

CONTACT PERSON: Tyson Rasor

PHONE/EXT: 541-332-0627

BRIEF BACKGROUND OR NOTE^b:

^bindicate if more than one copy to be signed

FILES ATTACHED:

SUBMISSION TYPE: Discussion/Decision

- (1)
- (2)
- (3)
- (4)

Are there originals in route (paper copies with pre-existing signatures) Yes No

QUESTIONS:

1. Would this item be a departure from the Annual Budget if approved? Yes No
(If Yes, brief detail)
2. Does this agenda item impact any other County department? Yes No
(If Yes, brief detail)
3. If Land Transaction, filed with the clerk? Yes No N/A

INSTRUCTIONS ONCE SIGNED:

No Additional Activity Required

OR

- File with County Clerk
- Send Printed Copy to:
- Email a Digital Copy to:
- Other

Name:
Address:
City/State/Zip:

Phone:
Email:

Due date to send: / /

^cNote: Most signed documents are filed/recorded with the Clerk per standard process.

PART II – COUNTY CLERK REVIEW

EVALUATION CRITERIA:

CLERK ASSESSMENT: Does this agenda item meet filing/recording standards? Yes No N/A
(If No, brief detail)

PART III - FINANCE DEPARTMENT REVIEW

EVALUATION CRITERIA 1-4:

1. Confirmed Submitting Department's finance-related responses Yes No
Comment:
2. Confirmed Submitting Department's personnel-related materials Yes No N/A
Comment:
3. If job description, Salary Committee reviewed: Yes No N/A
4. If hire order requires an UA, is it approved? Yes No Pending N/A

PART IV – COUNTY COUNSEL REVIEW

AGENDA ASSIGNMENT TYPE: Other Agency Presentations

LEGAL ASSESSMENT: Does this agenda item have a legal impact? Yes No
(If Yes, brief detail)

PART V – BOARD OF COMMISSIONER REVIEW/COMMENT

LIAISON COMMISSIONER AGREES TO ADD TO AGENDA:

Commissioner Susan Brown Yes No
Commissioner Thomas Huxley Yes No
Commissioner David Brock Smith Yes No
Comment:

CURRY COUNTY BOARD OF COMMISSIONERS
AGENDA ITEM ROUTING SLIP
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PART I – SUBMITTING DEPARTMENT: RETURN TO [BOC OFFICE@CO.CURRY.OR.US](mailto:BOC_OFFICE@CO.CURRY.OR.US)

AGENDA ITEM TITLE: County Real Property Task Force Recommendations

AGENDA DATE^a: 12/17/15 **SUBMITTING DEPARTMENT:** Economic Development

^aSubmit 5:00 p.m. on the Wednesday prior to the next General meeting.

CONTACT PERSON: Julie Schmelzer

PHONE/EXT: 3253

BRIEF BACKGROUND OR NOTE^b: In Summer of 2015 a task force was formed to make recommendations to the BOC on what to do with their 900+ parcels. This presentation will reveal the results of the Task Force's findings.

^bindicate if more than one copy to be signed

FILES ATTACHED:

SUBMISSION TYPE: Proposal

- (1) Task Force Summary Findings
- (2)
- (3)
- (4)

Are there originals in route (paper copies with pre-existing signatures) Yes No

QUESTIONS:

1. Would this item be a departure from the Annual Budget if approved? Yes No
(If Yes, brief detail) May increase revenue, result in more paperwork, and/or additional grant funding
2. Does this agenda item impact any other County department? Yes No
(If Yes, brief detail) Roads, Parks, Assessor, Legal
3. If Land Transaction, filed with the clerk? Yes No N/A

INSTRUCTIONS ONCE SIGNED:

No Additional Activity Required

OR

File with County Clerk

Name:

Send Printed Copy to:

Address:

Email a Digital Copy to:

City/State/Zip:

Other

Phone:

Due date to send: / /

Email:

^{*}Note: Most signed documents are filed/recorded with the Clerk per standard process.

PART II – COUNTY CLERK REVIEW

EVALUATION CRITERIA:

CLERK ASSESSMENT: Does this agenda item meet filing/recording standards? Yes No N/A
(If No, brief detail)

PART III - FINANCE DEPARTMENT REVIEW

EVALUATION CRITERIA 1-4:

1. Confirmed Submitting Department's finance-related responses Yes No
 Comment:
2. Confirmed Submitting Department's personnel-related materials Yes No N/A
 Comment:
3. If job description, Salary Committee reviewed: Yes No N/A
4. If hire order requires an UA, is it approved? Yes No Pending N/A

PART IV – COUNTY COUNSEL REVIEW

AGENDA ASSIGNMENT TYPE: **Administrative Actions**

LEGAL ASSESSMENT: Does this agenda item have a legal impact? Yes No
(If Yes, brief detail) Could possibly involve land transactions

PART V – BOARD OF COMMISSIONER REVIEW/COMMENT

LIAISON COMMISSIONER AGREES TO ADD TO AGENDA:

- Commissioner Susan Brown Yes No
 - Commissioner Thomas Huxley Yes No
 - Commissioner David Brock Smith Yes No
- Comment:

Curry County Real Property Task Force Recommendations 2015

- 1. Develop a Curry County Forestry Plan/Program to bring in revenue. Retain several parcels, or swap for other public parcels, to enhance the forestry land base. Parcels should also be swapped to develop a county camp/park at the south end of the county. The Nature Conservancy has expressed interest in helping with a Forestry Plan and the public land transactions.**

Retain with Intention to Trade for other Public Land

- R24459 and Floras Lake Area Parcels (70 acres encompassing the south end of Floras Lake, and, the adjacent subdivision to the east, any transfer to have a reversion clause to make sure the land stays in public ownership or with a land trust/not to be developed)
- R23867 (34.83 acre wetland, oceanside, north of Floras Lake)
- R18951, R19144 (10 and 20 acre forested pieces for county forest, or, trade for more accessible forestland)
- R24625 (40 acre forested land for county forest, or, trade for more accessible forestland)
- R22344 (33.6 acre sand and gravel bar on east and west side of Chetco River, adjacent to Federal land)
- See R24743 ('Roads')
- See R14738 ('Retain')

- 2. Re-class/Rename from 'Curry County' to 'Curry County Juvenile and Parks Department'**

- R13227 (12.19 acre piece along the Elk River/Elk River Rd. to be retained for future waterside park/acquire adjacent land as it becomes available, south of road to remain undeveloped)
- R23870 (10 ac. Boice Cope County Park)
- R24669, R24670 (Retain 52.46 acre Lobster Creek Youth Camp, pursue solar)
- R24686 (.33 acre 'Bagnell Ferry' boat ramp, develop w/grants, add historic Rogue River/gold panning signage)
- R21699 (1.94 acre by Canfield Bar, work with Port of Gold Beach to develop as mountain bike or motocross park)
- R18607 (3.2 acre slide parcel on Chetco River between S Bank Chetco Rd and Piling Hole Rd., used as a boat access, enhance with grants as appropriate)

- 3. Re-class/Rename from 'Curry County' to 'Curry County Road Department'**

- R26834 (.02 acres along Langlois Mountain Rd. acquired for r.o.w. purposes)
- R24620 (County Shop Rd. and 4 acre stockpile site)
- R24626 (.52 acres along Misty Lane acquired for r.o.w. purposes)
- R24622 (.08 acres purchased to extend Humdinger Park Road to Sixes River; if not developed, acquire grant money to create water access and transfer to Juvenile/Parks)
- R24680 (.1 acre piece serves as a r.o.w. on Hillside Acres Rd. curve)
- R24744 (2.3 acre portion of Road Dept. off Hunter Creek Rd.)
- R24743 (that portion of the 30 acre Road Dept. west of Hunter Creek to be re-classed to Road Dept.; land east of Hunter Creek to be traded for public land)
- R26028 (7.78 acre rock source on Hunter Creek, 'Menasha Bar')
- R25643 (.02 acre r.o.w of Boat Basin Rd., used for drainage purposes)
- R24758 (29.47 acre rock source off South Bank Chetco Rd.)

4. Vacate (Note: Throughout these recommendations the term ‘vacate’ is used in a casual manner, meaning to deed to the adjoining landowners, not necessarily a true vacation process. The proper way to ‘vacate’ will depend on deed restrictions, if any, and Legal Counsel’s opinion.)

- R27502 (Between Arizona St. and Idaho St., Port Orford)
- R24856 R24855, R24855 (So. Of 19th St., Port Orford)
- R33966 (13th St., Port Orford)
- R35695 (0 acres, 8.4’ wide piece between 11 St. and 12 St. in Port Orford)
- R25093 (0 acre/20.5’ wide ‘alley’ by hardware store in Port Orford)
- R15452 (.03 acre triangle between Myrtle Lane and Oregon St./Hwy. 101, Port Orford)
- R33998 (.23 acres off Elk River Rd. used for access purposes by a private party)
- R24685 (12’ x 12’ square, Edson Creek Rd.)
- R24687 (.51 acre along Eagleview Dr.)
- R24778 (.05 acre strip near Russell St., Gold Beach)
- R12398 (0 acre strip off 2nd St. in Gold Beach)
- R27341 (.03 acre ‘nub’ in access off Hassett St., Brookings)
- R22516 (.01 acre strip off Chapman Lane, Brookings)
- R22514 (.08 acre Merrill Lane/used as a private drive, Brookings)
- R24761 (.06 acre ‘alley’ off Pioneer Rd. in Brookings)
- R22553 (.54 acre Carson Lane/private drive, Brookings)
- R35333 (.2 acre Morrison Lane/private drive, Brookings)
- R15669 (0 acre strip off Alder St., Brookings)
- R27138 (.17 acre triangle at intersection of Coho Dr. and N Bank Chetco River Rd.)
- R26015 (.03 acre culvert off Oceanview Dr.)

5. Deed to City

- R19752 (.01 acre piece, serves as a r.o.w on King St., transfer to Port Orford)
- R25137, R25138 (.20 acre to be developed into a sidewalk, boardwalk, or trail connecting 4 St. to 5 St. in Gold Beach, work with Port to extend boardwalk further)
- R24738 (0 acre to allow back access from 1 St. to Gold Beach city park)
- R16108 (.22 acre r.o.w along Marina Heights Rd. in Brookings)
- R26061 (.33 acre r.o.w along Marina Heights Rd. in Brookings)
- R11301 (0 acre, appears to be r.o.w of N Hazel St. in Brookings)

6. Gift

(Recipient to prepare and pay for paperwork)

- R24739 (.15 acre triangle, gift to adjacent Fairgrounds)
- R20239 (.05 acre access to the Museum, gift to Historical Society)
- R17600 (.01 acre triangle, gift to adjacent Community Health)
- R24927 (.01 acre triangle, gift to adjacent Gold Beach Senior Center)
- R24769 (4.8 acres of submerged land near Oceanshores in Harbor, gift to State)

7. Offer to Habitat for Humanity

- R14584 (.66 acre parcel along Silver Butte Rd., Port Orford)
- See R37062 (‘Sell’)

8. Sell to Adjacent Neighbors/List for Sale

(Market value/highest adjacent bidder)

- Boice Cope Area Parcels/Pacific City Plat (offer to neighbors first)
- R19905 (.12 Ac. lone parcel by Floras Lake, off Avenue G)
- R24630 (1.15 acres south of landfill, appears landlocked, may need deed restriction on drilling a well)

- R14709, R14653 (.13 and .15 acres, two parcels county ‘bought out’, squatter needs to be removed, may need deed restriction on drilling a well)
- R24826 (.13 acre parcel off of Nicholson Dr., offer to neighbors first)
- R15635 (.4 acres acquired by Sheriff’s Dept., sell with all proceeds going to Sheriff’s Dept. for SAR, doesn’t sell, then offer to Habitat for Humanity)
- R24678 (.71 acre on Coy Creek Rd. ODOT transferred to Roads, Roads recommends selling)
- R17273 (Purported .14 acre piece at end of Hayden Rd., most of which has eroded away, used by adjacent neighbor as private beach access) *Note: Parcels in area that have eroded away should be removed from tax rolls, if legally possible.*
- R19996 (0 acre parcel between Rush Building and Marstall Building, Gold Beach, if doesn’t sell in twelve months, gift to a non-profit for use as a bike station or other county approved public land use)
- R18108 (1.6 acre off Hunter Creek Ht./Laurel Lane, put in county’s name until sold)
- R36551 (3.35 acre off Hunter Creek Ht., with mobile home, sell ‘as is’, put in county’s name until sold)
- R12248 (1.81 acre off Henderson Road)
- R12801 (.1 acre near Harris Creek, offer to adjacent neighbors first)
- R13298 (.12 acre triangle near Harris Creek, offer to adjacent neighbors first)
- R37062 (.61 acre near Harris Beach State Park, offer to trade a portion for a ‘back access’ to the park, sell remainder, if it doesn’t sell in twelve months gift the remainder to Habitat for Humanity)
- R24760 (1.1 acre on the Chetco River, under the overpass)
- See R23305 (‘Retain’)

9. Retain

- R24628 (Parcel at north of end of Port Orford area landfill/retain with the exception of current ‘negotiations’)
- R24267, R24631, R24629 (Landfill, retain for landfill purposes, and, use for SAR and/or tsunami storage purposes)
- R23869 (64 acre triangle by Cape Blanco Airport, retain for future industrial or other use, per study, and consider leasing to neighbors, and, use for SAR and/or tsunami storage purposes)
- R25525 (.09 acre ‘Blue Building’ in Port Orford)
- R24684 (1.08 acre piece on Edson Creek Rd. occasionally used by the Road Department, propose to be developed into a SAR storage center and EOC, centrally located, out of inundation zone, close to river access/sell current storage hangars and use money to fund/apply for FEMA grant money/use existing structure for conference and office)
- R23305 (3.63 acre wetland along Nesika Rd., retain until Nature Conservancy can demonstrate in writing they have documentation the county has agreed to let them use the property, if not, sell, offering to neighbors first)
- R27161 (10 acre Nesika Beach Dump)
- R24671 (.48 acre cemetery and easement off of Oak Flat Rd.)
- R14882* (4.84 acre slide parcel on Cedar Valley Rd. from FEMA, must stay in open space, consider for forestry potential, if viable)
- R24733, R24688, R24732, R24734, R24737, R24736, R24735 (‘County Complex’, retain until a new county complex can be developed outside the inundation zone, and then sell)
- R11663 (.13 acre ‘Pocket Park’ at Moore and Ellensburg in Gold Beach, work with Gold Beach or individually on grants for a new fountain highlighting area gold panning history)
- R14738 (40 acre in Pistol River area, retain for *future* trade or sale)

10. Other

- R22897 (.2 acre Port of Gold Beach Pennies for Pooches site, remove from county listing, recently transferred to animal shelter)
- R34095 (Cell Tower site off King St. in Brookings, Transfer to City)

- R10915, R24746 (Brookings Airport; create separate task force to determine whether it should be retained, returned to the state, or sold back to the City of Brookings or Port of Brookings Harbor)

CURRY COUNTY BOARD OF COMMISSIONERS
AGENDA ITEM ROUTING SLIP
FORM 10-001.1

PART I – SUBMITTING DEPARTMENT: RETURN TO [BOC OFFICE@CO.CURRY.OR.US](mailto:BOC_OFFICE@CO.CURRY.OR.US)

AGENDA ITEM TITLE: Years of service presentation for W. Lang	
AGENDA DATE^a: December 17, 2015 SUBMITTING DEPARTMENT: Juvenile	
<small>^aSubmit 5:00 p.m. on the Wednesday prior to the next General meeting.</small>	
CONTACT PERSON: Jay Trost	PHONE/EXT: 3235
BRIEF BACKGROUND OR NOTE^b: <small>^bindicate if more than one copy to be signed</small>	
FILES ATTACHED:	SUBMISSION TYPE: Notice
(1)Lang YRS Certificate	
(2)	
(3)	
(4)	
Are there originals in route (paper copies with pre-existing signatures) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
QUESTIONS:	
1. Would this item be a departure from the Annual Budget if approved? (If Yes, brief detail)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
2. Does this agenda item impact any other County department? (If Yes, brief detail)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. If Land Transaction, filed with the clerk?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
INSTRUCTIONS ONCE SIGNED:	
<input checked="" type="checkbox"/> No Additional Activity Required ^c	Name:
<input type="checkbox"/> Send Document Hardcopy	Address:
Due date to send: / /	City/State/Zip:
	Phone:
<small>^cNote: Most signed documents are filed/recorded with the Clerk per standard process.</small>	

PART II – COUNTY CLERK REVIEW

EVALUATION CRITERIA:
CLERK ASSESSMENT: Does this agenda item meet filing/recording standards? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<small>(If No, brief detail)</small>

PART III - FINANCE DEPARTMENT REVIEW

EVALUATION CRITERIA 1-4:	
1. Confirmed Submitting Department's finance-related responses Comment:	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Confirmed Submitting Department's personnel-related materials Comment:	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
3. If job description, Salary Committee reviewed:	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
4. If hire order requires an UA, is it approved?	Yes <input type="checkbox"/> No <input type="checkbox"/> Pending <input type="checkbox"/> N/A <input type="checkbox"/>

PART IV – COUNTY COUNSEL REVIEW

AGENDA ASSIGNMENT TYPE: Other Agency Presentations	
LEGAL ASSESSMENT: Does this agenda item have a legal impact? <small>(If Yes, brief detail)</small>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

PART V – BOARD OF COMMISSIONER REVIEW/COMMENT

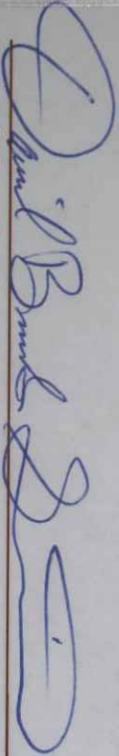
LIAISON COMMISSIONER AGREES TO ADD TO AGENDA:	
Commissioner David Brock Smith	Yes <input type="checkbox"/> No <input type="checkbox"/>
Commissioner Susan Brown	Yes <input type="checkbox"/> No <input type="checkbox"/>
Commissioner David Itzen	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comment:	

YEARS OF SERVICE

Curry County hereby recognizes:

Mendy S. Lang

For 10 years of Juvenile Department service to the
citizens and youth of Curry County, Oregon
December 2005 — December 2015



David Brock-Smith, County Commissioner



Jonathan J. Frost, Juvenile Director

CURRY COUNTY BOARD OF COMMISSIONERS
AGENDA ITEM ROUTING SLIP
FORM 10-001.1

PART I – SUBMITTING DEPARTMENT: RETURN TO BOC_Office@CO.CURRY.OR.US

AGENDA ITEM TITLE: Resolution Establishing County Fees for FY 2015-2016

AGENDA DATE^a: 2015_12_17 **SUBMITTING DEPARTMENT:** Counsel

^aSubmit **5:00 p.m. on the Wednesday** prior to the next General meeting.

CONTACT PERSON: Shala **PHONE/EXT:** 3291

BRIEF BACKGROUND OR NOTE^b: Resolution increases Fees in Certain County Departments.
The Hearing is set for 1:30P.M.

^bindicate if more than one copy to be signed

FILES ATTACHED: **SUBMISSION TYPE:** Resolution

- (1)Resolution
- (2)Exhibit "A" with attachments
- (3)
- (4)

Are there originals in route (paper copies with pre-existing signatures) Yes No

QUESTIONS:

- 1. Would this item be a departure from the Annual Budget if approved? Yes No
(If Yes, brief detail)
- 2. Does this agenda item impact any other County department? Yes No
(If Yes, brief detail)
- 3. If Land Transaction, filed with the clerk? Yes No N/A

INSTRUCTIONS ONCE SIGNED:

No Additional Activity Required

OR

Send Document Hardcopy/Electronically to:

Name:

Address:

City/State/Zip:

Phone:

Due date to send: / /

^{*}Note: Most signed documents are filed/recorded with the Clerk per standard process.

PART II – COUNTY CLERK REVIEW

EVALUATION CRITERIA:

CLERK ASSESSMENT: Does this agenda item meet filing/recording standards? Yes No N/A
(If No, brief detail)

PART III - FINANCE DEPARTMENT REVIEW

EVALUATION CRITERIA 1-4:

- 1. Confirmed Submitting Department's finance-related responses Yes No
Comment:
- 2. Confirmed Submitting Department's personnel-related materials Yes No N/A
Comment:
- 3. If job description, Salary Committee reviewed: Yes No N/A
- 4. If hire order requires an UA, is it approved? Yes No Pending N/A

PART IV – COUNTY COUNSEL REVIEW

AGENDA ASSIGNMENT TYPE: **Adminstrative Actions**

LEGAL ASSESSMENT: Does this agenda item have a legal impact? Yes No
(If Yes, brief detail) This action would adjust County fees

PART V – BOARD OF COMMISSIONER REVIEW/COMMENT

LIAISON COMMISSIONER AGREES TO ADD TO AGENDA:

Commissioner Susan Brown Yes No
Commissioner Thomas Huxley Yes No
Commissioner David Brock Smith Yes No

Comment:

EXHIBIT "A"

A-1 DA's Office

A-2 Surveyor's Office

A-1

DISTRICT ATTORNEY'S OFFICE FEE SCHEDULE FOR 2015/2016

Service	Current Fee	2015/2016
Discovery - Traffic/violation cases	\$10.00-(1)	No Change
Discovery - Misdemeanors, Misdemeanors treated as Violations, Felonies: up to 30 pages	\$10.00	No Change
Discovery - Probation Violations, Diversion Revocations, Mental Commitment cases: up to 30 pages	\$10.00	No Change
Transcripts	50% of our cost for the transcripts	No Change
Copies in excess of 30 pages	.25 per page	No Change
Mailing or faxing fee for Discovery	\$2.00	No Change
Thumbdrives	\$25.00	No Change
Video tapes, CDs, DVDs, Photograph CDs	\$25.00	No Change
Expungement filing fee	\$60.00	\$0.00
Public Records Request		Per County Policy

**CURRY COUNTY SURVEYOR
Proposed Fee Schedule
(2015-16 Fiscal Year)**

<u>FILING FEES:</u>	<u>PREVIOUSLY:</u>	<u>EFFECTIVE JAN. 1, 2016:</u>
Map of Survey (Public Land Survey)*	\$140.00	NO CHANGE
Map of Survey (Boundary Survey)*	\$140.00	\$200.00
Map of Survey (Property Line Adjustment)*	\$140.00	\$300.00
Partition Plat:	\$1,000.00	NO CHANGE
Subdivision Plat:	\$1,500.00 + \$100.00	NO CHANGE
Affidavit of Correction:	\$30.00	NO CHANGE
<u>MAP COPY FEES:</u>		
11"x17"	\$8.00	NO CHANGE
18"X24"	\$10.00	NO CHANGE
24"X36"	\$20.00	NO CHANGE
Scanned & Email:	\$40.00/per file	NO CHANGE
Mail Disc:	\$50.00/per file	NO CHANGE

*Maps of Survey are filed for different reasons. A cadastral survey of the original "Public Lands" is strongly encouraged and subsidized by the Cornerstone Preservation Fund, with little additional work required from the County Surveyor. A boundary survey map requires more time to check before filing, thus the request for increased fees. A Property Line Adjustment requires additional time to check because of new legal descriptions and map requirements.

**IN THE BOARD OF COUNTY COMMISSIONERS
IN AND FOR THE COUNTY OF CURRY, OREGON**

In the Matter of a Resolution)
Establishing County Fees)
Beginning January of 2016)

RESOLUTION NO._____

WHEREAS, the fees listed on the attached Exhibit "A" which is incorporated by reference are in need of being established or updated; and

WHEREAS, Curry County has published notice of its intent to charge fees pursuant to Article Nine Division One of the Curry County Code (Ordinance 96-7, as amended), and held a hearing on the proposal; and

WHEREAS, the Board is in agreement with the proposed new rate schedules found on the attached Exhibit "A";

**NOW, THEREFORE, THE BOARD OF CURRY COUNTY COMMISSIONERS HEREBY
RESOLVES AS FOLLOWS:**

- 1) The new or amended fees shows on Exhibit "A" are adopted effective January 1, 2016, at which time any previous schedule of fees for the same service is repealed.
- 2) All other County fees shall remain the same as they currently are until further resolution of the Board.
- 3) The department head for each department is delegated the right to waive a fee or fees (or a portion of said fee or fees) in appropriate circumstances, such as for indigent persons seeking essential public services, or for other services that are provided to a member of the public, but that also provide a direct benefit to the department.

Dated this 17th day of December, 2016.

BOARD OF CURRY COUNTY COMMISSIONERS

Susan Brown, Chair

Thomas Huxley, Vice Chair

David Brock Smith, Commissioner

**CURRY COUNTY BOARD OF COMMISSIONERS
AGENDA ITEM ROUTING SLIP**

FORM 10-001.1

PART I – SUBMITTING DEPARTMENT: RETURN TO BOC_Office@CO.CURRY.OR.US

AGENDA ITEM TITLE: GIS Discussion

AGENDA DATE^a: 12-17-2015

SUBMITTING DEPARTMENT: Commissioners

^aSubmit **5:00 p.m. on the Wednesday** prior to the next General meeting.

CONTACT PERSON: David Brock Smith

PHONE/EXT: 3260

BRIEF BACKGROUND OR NOTE^b:

^bindicate if more than one copy to be signed

FILES ATTACHED:

SUBMISSION TYPE: Discussion/Decision

- (1)
- (2)
- (3)
- (4)

Are there originals in route (paper copies with pre-existing signatures) Yes No

QUESTIONS:

1. Would this item be a departure from the Annual Budget if approved? Yes No
(If Yes, brief detail)
2. Does this agenda item impact any other County department? Yes No
(If Yes, brief detail)
3. If Land Transaction, filed with the clerk? Yes No N/A

INSTRUCTIONS ONCE SIGNED:

No Additional Activity Required

OR

- File with County Clerk
- Send Printed Copy to:
- Email a Digital Copy to:
- Other

Name:
Address:
City/State/Zip:

Phone:
Email:

Due date to send: / /

^cNote: Most signed documents are filed/recorded with the Clerk per standard process.

PART II – COUNTY CLERK REVIEW

EVALUATION CRITERIA:

CLERK ASSESSMENT: Does this agenda item meet filing/recording standards? Yes No N/A
(If No, brief detail)

PART III - FINANCE DEPARTMENT REVIEW

EVALUATION CRITERIA 1-4:

1. Confirmed Submitting Department's finance-related responses Yes No
Comment:
2. Confirmed Submitting Department's personnel-related materials Yes No N/A
Comment:
3. If job description, Salary Committee reviewed: Yes No N/A
4. If hire order requires an UA, is it approved? Yes No Pending N/A

PART IV – COUNTY COUNSEL REVIEW

AGENDA ASSIGNMENT TYPE: Administrative Actions

LEGAL ASSESSMENT: Does this agenda item have a legal impact? Yes No
(If Yes, brief detail) Possibly

PART V – BOARD OF COMMISSIONER REVIEW/COMMENT

LIAISON COMMISSIONER AGREES TO ADD TO AGENDA:

- Commissioner Susan Brown Yes No
- Commissioner Thomas Huxley Yes No
- Commissioner David Brock Smith Yes No

Not applicable to Sheriff's Department since they do not have a liaison

CURRY COUNTY BOARD OF COMMISSIONERS
AGENDA ITEM ROUTING SLIP
FORM 10-001.1

PART I – SUBMITTING DEPARTMENT: RETURN TO [BOC OFFICE@CO.CURRY.OR.US](mailto:BOC_OFFICE@CO.CURRY.OR.US)

AGENDA ITEM TITLE: Camp Host Contract for Lobster Creek Youth Campground

AGENDA DATE^a: December 17, 2015 **SUBMITTING DEPARTMENT:** Parks

^aSubmit **5:00 p.m. on the Wednesday** prior to the next General meeting.

CONTACT PERSON: Jay Trost

PHONE/EXT: 3235

BRIEF BACKGROUND OR NOTE^b: Two originals will be enroute to the BOC office for additional signatures

^bindicate if more than one copy to be signed

FILES ATTACHED:

SUBMISSION TYPE: Agreement

(1)Lobster Creek Host Agreement

(2)

(3)

(4)

Are there originals in route (paper copies with pre-existing signatures) **Yes** **No**

QUESTIONS:

1. Would this item be a departure from the Annual Budget if approved? **Yes** **No**

(If Yes, brief detail)

2. Does this agenda item impact any other County department? **Yes** **No**

(If Yes, brief detail)

3. If Land Transaction, filed with the clerk? **Yes** **No** **N/A**

INSTRUCTIONS ONCE SIGNED:

No Additional Activity Required^c

Name: Penny Hudgens

Send Document Hardcopy

Address: Juvenile Department

Due date to send: / /

City/State/Zip:

Phone: 3236

^cNote: Most signed documents are filed/recorded with the Clerk per standard process.

PART II – COUNTY CLERK REVIEW

EVALUATION CRITERIA:

CLERK ASSESSMENT: Does this agenda item meet filing/recording standards? **Yes** **No** **N/A**

(If No, brief detail)

PART III - FINANCE DEPARTMENT REVIEW

EVALUATION CRITERIA 1-4:

1. Confirmed Submitting Department's finance-related responses **Yes** **No**

Comment:

2. Confirmed Submitting Department's personnel-related materials **Yes** **No** **N/A**

Comment:

3. If job description, Salary Committee reviewed: **Yes** **No** **N/A**

4. If hire order requires an UA, is it approved? **Yes** **No** **Pending** **N/A**

PART IV – COUNTY COUNSEL REVIEW

AGENDA ASSIGNMENT TYPE: Administrative Actions

LEGAL ASSESSMENT: Does this agenda item have a legal impact? **Yes** **No**

(If Yes, brief detail) Legal agreement

PART V – BOARD OF COMMISSIONER REVIEW/COMMENT

LIAISON COMMISSIONER AGREES TO ADD TO AGENDA:

Commissioner David Brock Smith **Yes** **No**

Commissioner Susan Brown **Yes** **No**

Commissioner David Itzen **Yes** **No**

Comment:

CARETAKER/ HOST VOLUNTEER AGREEMENT

This agreement is entered into this 17th day of December, 2015, by and between Curry County, a Political Subdivision of the State of Oregon (County), and Richard Warren (Host) as follows:

RECITALS:

WHEREAS, the County has a need for volunteers to serve as host at Lobster Creek Youth Camp to watch and provide security for the property, to call for assistance when necessary, to coordinate activities with the County Parks Coordinator (Coordinator), and to perform other services as necessary; and

WHEREAS, the County has a campsite space available for the Host to use; and

WHEREAS, the County is willing to allow the use of the campsite by the Host rent and utility free, and to provide them with a small stipend, and to assist the Host in the performance of their voluntary services for the term of this agreement.

County and Host agree to the following provisions:

1. ADMINISTRATION OF THIS AGREEMENT

The Coordinator and/or his/her designee shall administer this agreement on behalf of the County.

2. DESCRIPTION OF FUNCTIONS AND SERVICES

2.1 Host shall voluntarily perform the functions and services described in Exhibit "A" that is attached to this agreement and such other services as authorized by the Coordinator. County reserves the right to modify the Host duties and service to the County as necessary for the efficient operation of Lobster Creek Youth Camp.

2.2 The Host understands that they are donating their hours of service to the County and that this is done without any promise or expectation of compensation for services rendered. The Host will not receive any compensation for services performed under this agreement.

The Host is not eligible to receive unemployment benefits, social security, health insurance, or any other benefits that are provided to paid employees of the County, with the exception of worker's compensation coverage that the County provides to volunteers. The provision of a campsite, utilities and a stipend by the County is not compensation for services rendered but rather a benefit and gratuity that the County freely chooses to provide.

3. CAMPSITE, UTILITIES AND STIPEND

3.1 As a gratuity to Host, County hereby allows Host the use of a space at Lobster Creek Youth Camp for placement of a recreational vehicle that is the residence of the Host. As a further gratuity, County shall provide water, electrical, propane, sewer and garbage utilities in reasonable amounts for the Host.

3.2 The Host shall maintain the campsite and surrounding area in a clean and sanitary condition at all times.

3.3 The Host shall vacate the campsite and remove their residence (recreational vehicle) and personal property within ten (10) days of the termination of this agreement.

3.4 The Host may not alter or improve the campsite without prior permission from the Coordinator or his/her designee.

3.5 County employees or agents may enter upon the campsite at reasonable times to inspect the premises.

3.6 Host shall be responsible for providing, at Host's own expense, insurance coverage for their personal property to include recreational vehicle or mobile trailer and personal vehicle(s).

3.7 As a final portion of the gratuity under this agreement, County shall provide Host a gratuity of \$300 per month. If the agreement should cover a portion of a month, the stipend shall be prorated.

3.8 Host will be compensated at the rate of \$0.50 cents per mile for driving their personal vehicle for park business at the direction of the Coordinator.

4. ABSENCES

One or more park host must be available all times when the park is open unless preauthorized by the Coordinator, or except in case of emergency. The park is open year round. Peak season is April 1 to September 30. Off season is October 1 to March 31.

5. COMPLIANCE WITH LAWS

5.1 This agreement shall be governed by and subject to the laws of the State of Oregon. The parties shall perform their duties in accordance with all applicable statutes, ordinances, regulations and administrative rules now or hereinafter in effect.

5.2 If any provision of this agreement is held by a court or administrative body to be invalid, such invalidity shall not affect any other provision of this agreement. This agreement shall be construed as if the invalid provision had never been included.

5.3 County may modify the terms of this agreement by written notice to Host as necessary to comply with changes in federal and state statutes, regulations, administrative rules and orders.

6. TERM AND TERMINATION

6.1 If Host fails to perform any of the services and obligations of this agreement, County upon 24 hours written notice may terminate this agreement at its sole discretion.

6.2 Either party may unilaterally terminate this agreement with or without cause upon thirty (30) days prior written notice or such lesser written notice when emergency conditions dictate.

6.3 This agreement shall be effective December 17, 2015, and unless terminated sooner pursuant to sections 6.1 or 6.2 above, it shall remain in effect until June 30, 2016. This agreement may be extended by mutual agreement of the parties.

6.4 Termination shall not prejudice any right of the parties prior to the effective date of termination.

7. MODIFICATIONS

Except as provided in subsections 2.1 and 5.3, this agreement may be changed only by written modifications that are signed by both parties.

It may not be amended or modified by oral agreements or understandings between the parties.

8. ENTIRE AGREEMENT

This agreement supersedes all prior and existing written or oral understandings between the parties. No other agreements, whether expressed or implied, shall be considered a part of this agreement, unless in writing and signed by the necessary parties hereto.

CARETAKER HOST



Richard Warren

12-17-15
Date

BOARD OF CURRY COUNTY COMMISSIONERS

Susan Brown, Chair Date

Thomas Huxley, Vice Chair Date

David Brock Smith, Commissioner Date

Approved as to Form:

Curry County Legal Counsel

Exhibit "A"

SERVICES OF A VOLUNTEER PARK HOST

The volunteer park host helps maintain and operate Lobster Creek Youth Camp. One or more park host must be available all times when the park is open unless preauthorized by the Parks Coordinator, or except in case of emergency. The park is open year round. Peak season is April 1 to September 30. Off season is October 1 to March 31. The volunteer park host is expected to perform the following services:

1. Greet visitors and make them feel welcome.
2. Disseminate park rules and information to public.
3. Insure that park users pay fees and collect fees from boxes daily.
4. Sell firewood for campers' use.
5. Provide security for park premises -- report theft, damage, criminal activity, and non-compliance of park rules to proper authorities.
6. Maintain a tidy camp site – pick up litter; empty trash cans and replace with clean liners; advise Parks Coordinator when park dumpster needs to be emptied.
7. Keep restroom facilities clean and in order – refill paper products and soap; wipe down sinks and toilets daily; clean floor and mats daily; empty trash.
8. Mow and weed-eat camping areas as needed.
9. Take quarterly water samples. Caretaker/Camp Host will not alter control panels, timer settings, or any part of septic or water systems.
10. Provide assistance in an emergency. Perform "light" repairs around the park as needed.
11. Coordinate any alterations and/or improvements to campground with Parks Coordinator.
12. Other duties as assigned.

CURRY COUNTY BOARD OF COMMISSIONERS
AGENDA ITEM ROUTING SLIP
FORM 10-001.1

PART I – SUBMITTING DEPARTMENT: RETURN TO [BOC OFFICE@CO.CURRY.OR.US](mailto:BOC_OFFICE@CO.CURRY.OR.US)

AGENDA ITEM TITLE: Grant Agreement with CCH and County (Juvenile)

AGENDA DATE^a: 2015_12_17 **SUBMITTING DEPARTMENT:** Juvenile

^aSubmit **5:00 p.m. on the Wednesday** prior to the next General meeting.

CONTACT PERSON: Jay Trost

PHONE/EXT:

BRIEF BACKGROUND OR NOTE^b: Grant between CCH and County Juvenile Dept. to support Intervention Pro Program

^bindicate if more than one copy to be signed

FILES ATTACHED:

SUBMISSION TYPE: Agreement

- (1) Grant Agreement
- (2) Grant Request
- (3)
- (4)

Are there originals in route (paper copies with pre-existing signatures) Yes No

QUESTIONS:

1. Would this item be a departure from the Annual Budget if approved? Yes No
(If Yes, brief detail)
2. Does this agenda item impact any other County department? Yes No
(If Yes, brief detail)
3. If Land Transaction, filed with the clerk? Yes No N/A

INSTRUCTIONS ONCE SIGNED:

No Additional Activity Required

OR

Send Document Hardcopy/Electronically to:

Name: Ken Dukek and Jay Trost

Address:

City/State/Zip:

Phone:

Due date to send: / /

^{*}Note: Most signed documents are filed/recorded with the Clerk per standard process.

PART II – COUNTY CLERK REVIEW

EVALUATION CRITERIA:

CLERK ASSESSMENT: Does this agenda item meet filing/recording standards? Yes No N/A
(If No, brief detail)

PART III - FINANCE DEPARTMENT REVIEW

EVALUATION CRITERIA 1-4:

1. Confirmed Submitting Department's finance-related responses Yes No
Comment:
2. Confirmed Submitting Department's personnel-related materials Yes No N/A
Comment:
3. If job description, Salary Committee reviewed: Yes No N/A
4. If hire order requires an UA, is it approved? Yes No Pending N/A

PART IV – COUNTY COUNSEL REVIEW

AGENDA ASSIGNMENT TYPE: Administrative Actions

LEGAL ASSESSMENT: Does this agenda item have a legal impact? Yes No
(If Yes, brief detail) Legal ramifications

PART V – BOARD OF COMMISSIONER REVIEW/COMMENT

LIAISON COMMISSIONER AGREES TO ADD TO AGENDA:

- Commissioner Susan Brown Yes No
Commissioner Thomas Huxley Yes No
Commissioner David Brock Smith Yes No

Not Applicable to Sheriff's Department since they do not have a liaison.

GRANT AGREEMENT

This grant agreement is entered into by and between Curry Community Health (CCH) and Curry County, a Political Subdivision of the State of Oregon, through its Juvenile Department (CCJD), as follows:

Recital: The Curry County Juvenile Department (CCJD) applied for a \$2,500.00 grant from Curry Community Health (CCH) to support the "Intervention Pro" program. Attached here and incorporated by reference is the grant request from CCJD that was approved by CCH.

I. Grantor Information

CCH is a Non-Profit 501(c) 3 corporation doing business in the State of Oregon. CCH provides Mental Health, Addictions Counseling, and Public Health for Curry County by and through an agreement with the Curry County Board of Commissioners. CCH also has medical clinics that provide services to the community at-large. Operations consist of multiple locations with a presence in each of the municipalities in Curry County with a School-Based Clinic located at Brookings-Harbor High School.

Authorized Representative: Kenneth W. Dukek, CEO
94235 Moore Street, Suite 121
Gold Beach, OR 97444
(541) 373-8012

II. Grantee Information

The CCJD is part of Curry County, a political subdivision of the State of Oregon.

Authorized Representative: Board of Commissioners
94235 Moore Street, Suite 122
Gold Beach, OR 97444
(541) 247-3296

III. Grant Period

This grant shall begin on December 1, 2015 and be used during the FY 2015-16, ending on June 30, 2016. CCH relies on Federal and State funding to support several programs, in the event that this funding is reduced or eliminated, CCH reserves the right to early termination with a written 30-day notice to CCJD. Termination will reduce the grant award by the amount of the grant that has not been paid to CCJD; funds paid to CCJD prior to termination are not refundable.

IV. Service Location

CCJD will provide services to youth in Curry County, Oregon.

V. Grant Award

CCH shall provide a total of \$2500.00 to CCJD for the purpose of supporting the attached request. Funds shall be paid as follows:

12/31/15	\$1,250.00
3/30/16	\$625.00
6/30/16	\$625.00

Prior to disbursement of grant funds, CCJD must submit an invoice with costs as described on the attached grant request, which is attached hereto, and incorporated by reference. Invoices must be submitted along with a brief activity report defining what the program achieved during the period. Invoices and activity reports are due as follows:

- 12/15/2015
- 3/22/16
- 6/20/16

VI. CCJD is an Independent Contractor

CCJD is acting and performing independently and it is expressly agreed that the CCJD is acting as an independent contractor and not as an employee of CCH in providing Services under this grant. CCJD and CCH acknowledge that this Agreement does not create a partnership or joint venture between them.

VII. Assignment

This Agreement is exclusive and is entered into by and between CCH and CCJD. CCJD shall not voluntarily or by operation of law assign or otherwise transfer its rights and obligations under this Agreement without the prior written consent of CCH.

VIII. Modification of Agreement

Any amendment or modification of this Agreement or additional obligation assumed by either party in connection with this Agreement shall only take effect if evidenced in writing and signed by each party or an authorized representative of each party.

IX. Entire Agreement

It is agreed that there is no representation, warranty, collateral agreement or condition affecting this Agreement not expressed within this document.

X. Severability

In any event that any of the provisions of this Agreement are held to be invalid or unenforceable in whole or part by a court, all other provisions will nevertheless continue to be valid and enforceable with the invalid and unenforceable parts severed from the remainder of this Agreement.

XI. Insurance

CCJD shall at its own cost and expense, obtain and maintain in force during the term of this MOU, professional liability and general liability insurance with limits of \$1,000,000 per occurrence, and \$3,000,000 annual aggregate. Such insurance shall be provided by an insurance company acceptable to CCH and licensed to conduct business in the State of Oregon. CCH may request a certificate of insurance from CCJD to verify coverage. In the event of insurance coverage modifications, CCH agrees to notify CCJD at least 30 days in advance of the cancellation, reduction, or material change in coverage.

XII. Governing Law

This Agreement and all suits and special proceedings arising under this Agreement, shall be construed in accordance with and be governed, to the exclusion of the law of any other forum, by the laws of the State of Oregon without regard to the jurisdiction in which any action or special proceeding may be instituted.

IN WITNESS WHEREOF, the parties have duly executed this Agreement this ___ day of _____, 2015:

Curry County Board of Commissioners:

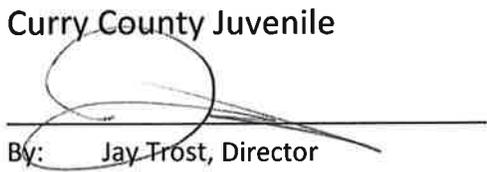
Susan Brown, Chair

Thomas Huxley, Vice Chair

David Brock Smith, Commissioner


Curry Community Health, Inc.
12/10/15

By: Kenneth Dukek, CEO
94235 Moore Street, Suite 121
Gold Beach, Oregon 97444

Curry County Juvenile


By: Jay Trost, Director
94235 Moore Street, Suite 231
Gold Beach, Oregon 97444

CURRY COUNTY BOARD OF COMMISSIONERS
AGENDA ITEM ROUTING SLIP
FORM 10-001.1

PART I – SUBMITTING DEPARTMENT: RETURN TO [BOC OFFICE@CO.CURRY.OR.US](mailto:BOC_OFFICE@CO.CURRY.OR.US)

AGENDA ITEM TITLE: Amendment to Communications Agness Facility Sublease

AGENDA DATE^a: December 17th, 2015 **SUBMITTING DEPARTMENT:** Road

^aSubmit **5:00 p.m. on the Wednesday** prior to the next General meeting.

CONTACT PERSON: Doug Robbins **PHONE/EXT:** 3393

BRIEF BACKGROUND OR NOTE^b: This is the 3rd amendment to the communication facility sublease with Cingular Wireless. The amendment is to add additional 3 microwave channels at the facility. The additional channels will significantly improve the cellular service in the Agess area. This upgrade will increase Cingular Wireless rent by an additional \$1200.00 per month.

^bindicate if more than one copy to be signed

FILES ATTACHED: **SUBMISSION TYPE:** Agreement

- (1) Amendment to Sublease Agreement
- (2)
- (3)
- (4)

Are there originals in route (paper copies with pre-existing signatures) Yes No

QUESTIONS:

- 1. Would this item be a departure from the Annual Budget if approved? Yes No
(If Yes, brief detail)
- 2. Does this agenda item impact any other County department? Yes No
(If Yes, brief detail)
- 3. If Land Transaction, filed with the clerk? Yes No N/A

INSTRUCTIONS ONCE SIGNED:

No Additional Activity Required

OR

File with County Clerk

Name: Road Department

Send Printed Copy to:

Address:

Email a Digital Copy to:

City/State/Zip:

Other

Phone:

Due date to send: / /

Email:

^aNote: Most signed documents are filed/recorded with the Clerk per standard process.

PART II – COUNTY CLERK REVIEW

EVALUATION CRITERIA:

CLERK ASSESSMENT: Does this agenda item meet filing/recording standards? Yes No N/A
(If No, brief detail)

PART III - FINANCE DEPARTMENT REVIEW

EVALUATION CRITERIA 1-4:

- 1. Confirmed Submitting Department's finance-related responses Yes No
Comment:
- 2. Confirmed Submitting Department's personnel-related materials Yes No N/A
Comment:
- 3. If job description, Salary Committee reviewed: Yes No N/A
- 4. If hire order requires an UA, is it approved? Yes No Pending N/A

PART IV – COUNTY COUNSEL REVIEW

AGENDA ASSIGNMENT TYPE: Adminstrative Actions

LEGAL ASSESSMENT: Does this agenda item have a legal impact? Yes No
(If Yes, brief detail) Legal Agreement

PART V – BOARD OF COMMISSIONER REVIEW/COMMENT

LIAISON COMMISSIONER AGREES TO ADD TO AGENDA:

- Commissioner Susan Brown Yes No
- Commissioner Thomas Huxley Yes No
- Commissioner David Brock Smith Yes No

Comment:

Market: PNW/Oregon
Site Name: Agness
Site Number: OR347
Fixed Asset Number: 10130987

**THIRD AMENDMENT TO COMMUNICATIONS FACILITY SUBLEASE
(Existing Structure and Ground Space)**

This Third Amendment to Communications Facility Sublease (“Amendment”), dated as of the latter of the signature dates below, and made a part of that certain Communications Facility Sublease dated November 12, 2008 (the “Sublease”), which was amended pursuant to the First Amendment to Communications Facility Sublease dated August 22, 2013 and last executed on August 23, 2013 and was further amended pursuant to the Second Amendment to Communications Facility Sublease dated August 12, 2014, is by and between Curry County, a political subdivision of the State of Oregon (herein called “Sublessor”) and New Cingular Wireless PCS, LLC, a Delaware limited liability company, successor in interest to Edge Wireless LLC, having a mailing address of 575 Morosgo Drive, Atlanta, GA 30324 (herein called “Sublessee”).

NOW, THEREFORE, as consideration of the mutual covenants contained herein and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties agree as follows:

1. Section 11(c) of the Sublease shall become Section 11(d).
2. Section 11(c) of the Sublease shall be replaced with, “In addition to the microwave channels from the two (2) T-1 circuits provided in Section 11(a), Sublessor shall provide three (3) additional microwave channels from Sublessor’s Courthouse communications facility to Sublessor’s Agness communications facility from T-1s presented by Frontier Communications and purchased by Sublessee. Sublessor shall provide Sublessee with three (3) compatible interface cards.
3. Effective the sooner of: December 1, 2015 or the first day of the month following the connectivity to Sublessor’s microwave system (the “Rent Increase Commencement Date”) Rent shall be increased by \$1,200.00 per month.
4. The terms of this Amendment shall have the same meaning as in the Sublease. In case of any inconsistencies between the terms and conditions contained in the Sublease and the terms and conditions contained herein, the terms and conditions herein shall control. Except as set forth below, all provisions of the Sublease remain unchanged and in full force and effect.

SIGNATURES TO APPEAR ON PAGE TWO

IN WITNESS WHEREOF, the parties hereto have caused this Amendment to be executed on this ___ day of _____, 2015.

SUBLESOR:
CURRY COUNTY, LLC,
a political subdivision of the State of Oregon

SUBLESSEE:
NEW CINGULAR WIRELESS PCS,
a Delaware limited liability company

By: Its BOARD OF COMMISSIONERS

By: AT&T Mobility Corporation
Its: Manager

By: _____

By: WJ Wooten

Name: _____

Name: WAYNE WOOTEN

Title: _____

Title: DIRECTOR

Date: _____

Date: 12-2-15

By: _____

Name: _____

Title: _____

Date: _____

By: _____

Name: _____

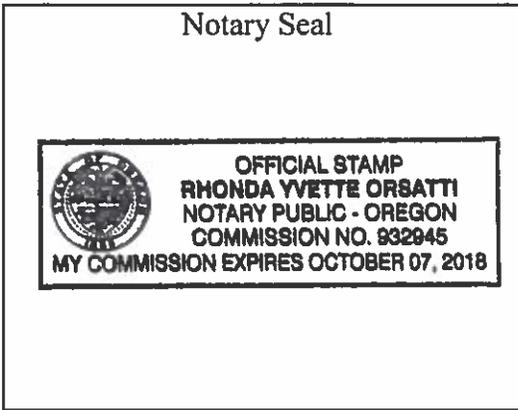
Title: _____

Date: _____

SUBLESSEE ACKNOWLEDGMENT

STATE OF: Oregon)
)
) SS.
COUNTY OF: Washington)

This instrument was acknowledged before me on December 2, 2015 by Wayne Wooten as Director of AT&T mobility corporation, a/an corporation.



Rhonda Orsatti

(Signature of Notary)
Rhonda ORSATTI

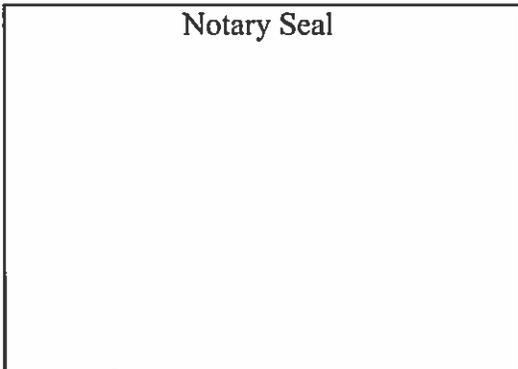
(Legibly Print or Stamp Name of Notary)
Notary Public in and for the State of
OR

My Commission expires:
10-7-18

SUBLESSOR ACKNOWLEDGMENT

STATE OF:)
)
) SS.
COUNTY OF:)

This instrument was acknowledged before me on _____, 201____ by _____, _____, and _____ who being duly sworn, state that they are the Board of Commissioners for Curry County, a political subdivision of the State of Oregon, and acknowledged the foregoing instrument to be the voluntary act and deed of the Board.



(Signature of Notary)

(Legibly Print or Stamp Name of Notary)
Notary Public in and for the State of Oregon
My Commission expires:

CURRY COUNTY BOARD OF COMMISSIONERS
AGENDA ITEM ROUTING SLIP
FORM 10-001.1

PART I – SUBMITTING DEPARTMENT: RETURN TO [BOC OFFICE@CO.CURRY.OR.US](mailto:BOC_OFFICE@CO.CURRY.OR.US)

AGENDA ITEM TITLE: Copier Lease Agreement Signature Authority to District Attorney

AGENDA DATE^a: December 17, 2015 **SUBMITTING DEPARTMENT:** District Attorney

^aSubmit **5:00 p.m. on the Wednesday** prior to the next General meeting.

CONTACT PERSON: Everett Dial

PHONE/EXT: 3214

BRIEF BACKGROUND OR NOTE^b: 2015/2016 Lease Agreement with South Coast Office Supply for copier in District Attorney's office..

^bindicate if more than one copy to be signed

FILES ATTACHED:

SUBMISSION TYPE: Lease

- (1)Lease Agreement
- (2)
- (3)
- (4)

Are there originals in route (paper copies with pre-existing signatures) Yes No

QUESTIONS:

1. Would this item be a departure from the Annual Budget if approved? Yes No
(If Yes, brief detail)
2. Does this agenda item impact any other County department? Yes No
(If Yes, brief detail)
3. If Land Transaction, filed with the clerk? Yes No N/A

INSTRUCTIONS ONCE SIGNED:

No Additional Activity Required

OR

- File with County Clerk
- Send Printed Copy to:
- Email a Digital Copy to:
- Other

Name:
Address:
City/State/Zip:

Phone:

Due date to send: / /

Email:

***Note: Most signed documents are filed/recorded with the Clerk per standard process.**

PART II – COUNTY CLERK REVIEW

EVALUATION CRITERIA:

CLERK ASSESSMENT: Does this agenda item meet filing/recording standards? Yes No N/A

(If No, brief detail)

PART III - FINANCE DEPARTMENT REVIEW

EVALUATION CRITERIA 1-4:

1. Confirmed Submitting Department's finance-related responses Yes No
Comment:
2. Confirmed Submitting Department's personnel-related materials Yes No N/A
Comment:
3. If job description, Salary Committee reviewed: Yes No N/A
4. If hire order requires an UA, is it approved? Yes No Pending N/A

PART IV – COUNTY COUNSEL REVIEW

AGENDA ASSIGNMENT TYPE: Administrative Actions

LEGAL ASSESSMENT: Does this agenda item have a legal impact? Yes No

(If Yes, brief detail) Legal Agreement

PART V – BOARD OF COMMISSIONER REVIEW/COMMENT

LIAISON COMMISSIONER AGREES TO ADD TO AGENDA:

- Commissioner Susan Brown Yes No
- Commissioner Thomas Huxley Yes No
- Commissioner David Brock Smith Yes No

Comment:

LESSEE	Full Legal Name JUDICIARY COURTS OF THE STATE OF OREGON	Phone Number 5412473298
	Billing Address CURRY COUNTY COURTHOUSE, GOLD BEACH, OR, 97444	Purchase Order Requisition Number
	Equipment Location (if not same as above)	Send Invoice to Attention of

EQUIPMENT INFORMATION	Equipment Make	Model Number	Serial Number	Quantity	Description (Attach separate Schedule A if Necessary)
		<i>Kyocera</i>	<i>TA4551ci</i>	<i>#L8DS405534</i>	<i>1</i>

PAYMENT INFORMATION	Number of Lease Payments	Lease Payment (PLUS)	Applicable Sales Tax (EQUALS)	Total Lease Payment	Term of Lease in Months	End of Lease Option	Payment Frequency
		63	<i>\$169.99</i>	<i>- 0 -</i>	<i>= \$169.99</i>	63	\$1
		+	=			End of Lease Purchase Option shall be FMV unless another option is indicated.	
		+	=		Security Deposit (PLUS)	First Period Payment (PLUS)	Other (EQUALS) Total Payment Enclosed
					<i>\$169.99</i>	<i>\$169.99</i>	<i>- 0 - = \$339.98</i>

TERMS AND CONDITIONS

1. **Lease:** You (the "Lessee") agree to lease from us (the "Lessor") the Equipment listed above and on any attached schedule (the "Lease"). You authorize us to adjust the Lease payments by up to 15% if the cost of the Equipment or taxes differs from the supplier's estimate. This lease is effective on the date that it is accepted and signed by us, and the term of this Lease begins on that date or any later date that we designate (the "Commencement Date") and continues thereafter for the number of months indicated above. Lease payments are due as invoiced by us. As you will have possession of the Equipment from the date of its delivery, if we accept and sign this Lease you will pay us interim rent for the period from the date the Equipment is delivered to you until the Commencement Date, as reasonably calculated by us based on the Lease payment, the number of days in that period, and a month of 30 days. Your Lease obligations are absolute, unconditional and are not subject to cancellation, reduction, setoff or counterclaim. You agree to pay us a fee of \$75 to reimburse our expenses for preparing financing statements, other documentation costs and all ongoing administration costs during the term of this Lease. Security deposits are non-interest-bearing and may be applied to cure a Lease default. If you are not in default, we will return the deposit to you when the Lease is terminated. If a payment is not made when due, you will pay us a late charge of 10% of the payment or \$10, whichever is greater. We will charge you a fee of \$25 for any check that is returned. ONLY WE ARE AUTHORIZED TO WAIVE OR CHANGE ANY TERM, PROVISION OR CONDITION OF THE LEASE.

2. **Title:** Unless you have a \$1.00 purchase option, we will have title to the Equipment. If you have a \$1.00 purchase option and/or the lease is deemed to be a security agreement, you grant us a security interest in the Equipment and all proceeds thereof. You authorize us to file Uniform Commercial Code ("UCC") financing statements on the equipment.

3. **Equipment Use, Maintenance and Warranties:** We are leasing the Equipment to you "AS-IS" AND MAKE NO WARRANTIES, EXPRESS OR IMPLIED, INCLUDING WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE. We transfer to you any manufacturer warranties. You are required at your cost to keep the Equipment in good working condition and to pay for all supplies and repairs. If the Lease Payment includes the cost of maintenance and/or service provided by a third party, you agree that we are not responsible to provide the maintenance or service and you will make all claims related to maintenance and service to the third party. You agree that any claims related to maintenance or service will not impact your obligation to pay all Lease Payments when due.

4. **Assignment:** You agree not to transfer, sell, sublease, assign, pledge or encumber either the Equipment or any rights under this Lease without our prior written consent. You agree that we may sell, assign, or transfer the Lease and the new owner will have the same rights and benefits we now have and will not have to perform any of our obligations and the rights of the new owner will not be subject to any claims, defenses, or setoffs that you may have against us or any supplier.

5. **Risk of Loss and Insurance:** You are responsible for all risks of loss or damage to the Equipment and if any loss occurs you are required to satisfy all of your Lease obligations. You will keep the Equipment insured against all risks of loss or damage for an amount equal to its replacement cost. You will list us as the sole loss payee for the insurance and give us written proof of the insurance. If you do not provide such insurance, you agree that we have the right, but not the obligation, to obtain such insurance, and add an insurance fee to the amount due from you, on which we may make a profit. We are not responsible for any losses or injuries caused by the Equipment and you will reimburse us and defend us against any such claims. This indemnity

will continue after the termination of this Lease. You will obtain and maintain comprehensive public liability insurance naming us as an additional insured with coverages and amounts acceptable to us.

6. **Taxes:** You agree to pay when due, either directly or as reimbursement to us, all sales, use and personal property taxes and charges in connection with ownership and use of the Equipment. We may charge you a processing fee for administering property tax filings. You will indemnify us on an after-tax basis against the loss of any tax benefits anticipated at the Commencement Date arising out of your acts or omissions.

7. **End of Lease:** You will give us at least 60 days but not more than 120 days written notice (to our address below) before the expiration of the initial Lease term (or any renewal term) of your intention to purchase or return the Equipment. With proper notice you may: a) purchase all the Equipment as indicated above under "End of Lease Option" (fair market value purchase option amounts will be determined by us based on the Equipment's in place value); or b) return all the Equipment in good working condition at your cost in a timely manner, and to a location we designate. If you fail to notify us, or if you do not (i) purchase or (ii) return the Equipment as provided herein, this Lease will automatically renew at the same payment amount for consecutive 60-day periods.

8. **Default and Remedies:** You are in default on this Lease if: a) you fail to pay a Lease Payment or any other amount when due; or b) you breach any other obligation under the Lease or any other Lease with us. If you are in default on the Lease we may: (i) declare the entire balance of unpaid Lease Payments for the full Lease term immediately due and payable to us; (ii) sue you for and receive the total amount due on the Lease plus the Equipment's anticipated end of Lease fair market value or fixed price purchase option (the "Residual") with future Lease Payments and the Residual discounted to the date of default at the lesser of (A) a per annum interest rate equivalent to that of a U.S. Treasury constant maturity obligation (as reported by the U.S. Treasury Department) that would have a repayment term equal to the remaining Lease term, all as reasonably determined by us, or (B) 6% per annum, plus reasonable collection and legal costs; (iii) charge you interest on all monies due at the rate of 18% per year or the highest rate permitted by law from the date of default; and (iv) require that you immediately return the Equipment to us or we may peaceably repossess it. Any return or repossession will not be considered a termination or cancellation of the Lease. If the Equipment is returned or repossessed we will sell or re-rent the Equipment at terms we determine, at one or more public or private sales, with or without notice to you, and apply the net proceeds (after deducting any related expenses) to your obligations. You remain liable for any deficiency with any excess being retained by us.

9. **Miscellaneous:** You agree the Lease is a Finance Lease as defined in Article 2A of the "UCC". You acknowledge we have given you the name of the Equipment supplier and that you may have rights under the contract with the supplier and may contact the supplier for a description of these rights. If requested, you will sign a separate Equipment acceptance certificate. This Lease was made in Pennsylvania ("PA"), is to be performed in PA and shall be governed and construed in accordance with the laws of PA. You consent to jurisdiction, personal or otherwise, in any state or federal court in PA and irrevocably waive a trial by jury. You agree to waive any and all rights and remedies granted to you under Sections 2A-508 through 2A-522 of the UCC. You agree that the Equipment will only be used for business purposes and not for personal, family or household use and will not be moved from the above location without our consent. You agree that a facsimile copy of the Lease with facsimile signatures may be treated as an original and will be admissible as evidence of the Lease. We may inspect the Equipment during the Lease term.

LESSEE SIGNATURE	You agree that this is a non-cancelable lease. The Equipment is: <input checked="" type="checkbox"/> NEW <input type="checkbox"/> USED	
	Lessee (Full Legal Name) JUDICIARY COURTS OF THE STATE OF OREGON	
	Signature	
	Print Name	
	Title	Date

GUARANTY	I unconditionally guaranty prompt payment of all the Lessee's obligations. The Lessor is not required to proceed against the Lessee or the Equipment or enforce other remedies before proceeding against me. I waive notice of acceptance and all other notices or demands of any kind to which I may be entitled. I consent to any extensions or modification granted to the Lessee and the Lessee and the release and/or compromise of any obligations of the Lessee or any other guarantors without releasing me from my obligations. This is a continuing guaranty and will remain in effect in the event of my death and may be enforced by or for the benefit of any assignee or successor of the Lessor. This guaranty is governed by and constituted in accordance with the Laws of the Commonwealth of Pennsylvania and I consent to non-exclusive jurisdiction in any state or federal court in Pennsylvania and waive trial by jury.	
	Signature	Date
	Print Name	

LESSOR	DE LAGE LANDEN FINANCIAL SERVICES, INC. Lease Processing Center: 1111 Old Eagle School Road, Wayne, PA 19087-8608 PHONE: (800) 735-3273 • FAX: (800) 776-2329	
	Commencement Date	Lease Number
	Accepted By	

ACCEPTANCE	The equipment has been received, put in use, is in good working order and is satisfactory and acceptable.	
	Signature	Date
	Print Name	Title

FISCAL FUNDING ADDENDUM

LESSEE	Full Legal Name <u>Curry County District Attorney</u> DBA Name (If Any) _____
	Billing Address <u>P.O. Box 746</u> Phone Number <u>541-247-3298</u>
	City <u>Gold Beach</u> County <u>Curry</u> State <u>Oregon</u> Zip Code <u>97444</u>
	Lease Number _____ Lease Date _____

Lessee warrants that it has funds available to pay all rents (the "Lease Payments") payable under the above - identified Lease until the end of Lessee's current appropriation periods. If Lessee's legislative body or other funding authority does not appropriate funds for Lease Payments for any subsequent appropriation period and Lessee does not otherwise have funds available to lawfully pay the Lease Payments (a "Non-Appropriation Event") Lessee may, subject to the conditions herein and upon prior written notice to Lessor (the "Non-Appropriation Notice"), effective sixty (60) days after the later of Lessor's receipt of same or the end of the Lessee's current appropriation period (the "Non-Appropriation Date"), terminate the Lease and be released of its obligation to make all Lease Payments due Lessor coming due after the Non-Appropriation Date. As a condition to exercising its rights under the Addendum Lessee shall (1) provide in the Non-Appropriation Notice a certification of a responsible official that a Non-Appropriation Event has occurred, (2) deliver to Lessor an opinion of Lessee's counsel (addressed to Lessor) verifying that the Non-Appropriation Event as set forth in the Non-Appropriation Notice has occurred, (3) return the equipment subject to the Lease (the "Equipment") on or before the Non-Appropriation Date to Lessor or a location designated by Lessor, in the condition required by, and in accordance with the return provisions of, the Lease and at Lessee's expense, and (4) pay Lessor all sums payable to Lessor under the Lease up to the Non-Appropriation Date.

In the event of any Non-Appropriation Event, Lessor shall retain all sums paid hereunder or under the Lease by Lessee, including the Security Deposit (if any) specified in the Lease.

Lessee further represents, warrants and covenants for the benefit of Lessor that:

- (a) Lessee is a municipal corporation and political subdivision duly organized and existing under the constitution and laws of the State.
- (b) Lessee is authorized under the constitution and laws of the State, and has been duly authorized to enter into this Lease and the transaction contemplated hereby and to perform all of its obligations hereunder.
- (c) This Lease constitutes the legal, valid and binding obligation of the Lessee enforceable in accordance with its terms, except to the extent limited by applicable bankruptcy, insolvency, reorganization or other laws affecting creditors' rights generally.
- (d) Lessee has complied with such public bidding requirements as may be applicable to this Lease.
- (e) The Equipment described in this Lease is essential to the function of the Lessee or to the service Lessee provides to its citizens. The Lessee has an immediate need for, and expects to make immediate use of, substantially all the Equipment, which need is not temporary or expected to diminish in the foreseeable future.
- (f) Lessee has never failed to appropriate or otherwise make available funds sufficient to pay rental or other payments coming due under any lease, lease purchase, installment sale or other similar agreement.

This Addendum is not intended to permit Lessee to terminate the Lease at will or for convenience.

YOU AGREE THAT A FACSIMILE COPY OF THIS DOCUMENT WITH FACSIMILE SIGNATURES MAY BE TREATED AS AN ORIGINAL AND WILL BE ADMISSIBLE AS EVIDENCE IN A COURT OF LAW.

LESSEE SIGNATURE	Signature X _____ <small>(MUST BE SIGNED BY AUTHORIZED REPRESENTATIVE OR OFFICER OF GOVERNMENT ENTITY)</small>
	Print Name _____
	Title _____ Date _____
	Name of Government Entity <u>Curry County</u>

ACCEPTED BY LESSOR	Signature X _____
	Print Name _____
	Title _____ Date _____
	Name of Corporation or Partnership _____

CURRY COUNTY BOARD OF COMMISSIONERS
AGENDA ITEM ROUTING SLIP
FORM 10-001.1

PART I – SUBMITTING DEPARTMENT: RETURN TO [BOC OFFICE@CO.CURRY.OR.US](mailto:BOC_OFFICE@CO.CURRY.OR.US)

AGENDA ITEM TITLE: Service Contract Signature Authority to District Attorney
AGENDA DATE^a: December 17, 2015 **SUBMITTING DEPARTMENT:** District Attorney
^aSubmit **5:00 p.m. on the Wednesday** prior to the next General meeting.

CONTACT PERSON: Everett Dial **PHONE/EXT:** 3214

BRIEF BACKGROUND OR NOTE^b: 2015/2016 Service Contract for copier.
^bindicate if more than one copy to be signed

FILES ATTACHED: **SUBMISSION TYPE:** Contract

- (1) Service Contract
- (2)
- (3)
- (4)

Are there originals in route (paper copies with pre-existing signatures) **Yes** **No**

QUESTIONS:

- 1. Would this item be a departure from the Annual Budget if approved? **Yes** **No**
(If Yes, brief detail)
- 2. Does this agenda item impact any other County department? **Yes** **No**
(If Yes, brief detail)
- 3. If Land Transaction, filed with the clerk? **Yes** **No** **N/A**

INSTRUCTIONS ONCE SIGNED:

No Additional Activity Required

OR

- File with County Clerk
- Send Printed Copy to:
- Email a Digital Copy to:
- Other

Name:
Address:
City/State/Zip:
Phone:
Email:

Due date to send: / /

^cNote: Most signed documents are filed/recorded with the Clerk per standard process.

PART II – COUNTY CLERK REVIEW

EVALUATION CRITERIA:

CLERK ASSESSMENT: Does this agenda item meet filing/recording standards? **Yes** **No** **N/A**
(If No, brief detail)

PART III - FINANCE DEPARTMENT REVIEW

EVALUATION CRITERIA 1-4:

- 1. Confirmed Submitting Department's finance-related responses **Yes** **No**
Comment:
- 2. Confirmed Submitting Department's personnel-related materials **Yes** **No** **N/A**
Comment:
- 3. If job description, Salary Committee reviewed: **Yes** **No** **N/A**
- 4. If hire order requires an UA, is it approved? **Yes** **No** **Pending** **N/A**

PART IV – COUNTY COUNSEL REVIEW

AGENDA ASSIGNMENT TYPE: **Administrative Actions**

LEGAL ASSESSMENT: Does this agenda item have a legal impact? **Yes** **No**
(If Yes, brief detail) Legal agreement

PART V – BOARD OF COMMISSIONER REVIEW/COMMENT

LIAISON COMMISSIONER AGREES TO ADD TO AGENDA:

- Commissioner Susan Brown **Yes** **No**
- Commissioner Thomas Huxley **Yes** **No**
- Commissioner David Brock Smith **Yes** **No**
- Comment:

SERVICE CONTRACT

11-19-15
DATE

11-18-16
RENEWAL DATE

Curry County District Attorney
CUSTOMER NAME

South Coast Office Supply

Courthouse
STREET ADDRESS

&

199 N. Broadway

Gold Beach, Oregon
CITY

Coos Bay, OR 97420

541-247-3298
PHONE

(503) 267-5114

TYPE/MODEL	SERIAL NUMBER	ANNUAL UNIT RATE	PRORATED AMT. FOR PARTIAL YEAR	NOTES
Kyocera	#L8D5405534	.0055	B/W	Includes toner
TA4551ci		.0045	Tier 1 color	+ consumable items
		.0055	Tier 2 color	
		.0065	Tier 3 color	

THIS CONTRACT IS SUBJECT TO THE CONDITIONS ON THE REVERSE SIDE OF THIS PAPER.

Customer hereby orders service on the above equipment. Customer has read this contract and agrees to be bound by its terms and further agrees that it constitutes the total contract and no representation or statement not expressed herein shall be binding on South Coast Office Supply.

CUSTOMER SIGNATURE

Frank Hanson
S.C.O.S. REPRESENTATIVE

DATE

11-19-15
DATE

CONDITIONS

GENERAL: This Contract shall be governed by laws of the State of Oregon. It constitutes the entire Contract between Customer and South Coast Office Supply, hereafter referred to as SCOS, for the repair and maintenance of the equipment.

Customer represents that he is the owner of the equipment subject to this Contract, or, if not the owner, that he has authority to enter into this Contract.

SCOS shall not be responsible for failure to render service due to strikes, flood, fire, or other causes beyond its control.

The term "this Contract" as used herein includes any future written amendments, modifications, and/or supplements made in accordance herein.

SERVICE AVAILABILITY: SCOS agrees to provide service during SCOS's normal business hours and while the equipment is located at original location or alternate location approved by SCOS.

This service includes: (a) Preventive maintenance based on the specific needs of each unit of equipment as determined by SCOS, including lubrication, necessary adjustments, and replacement of unserviceable parts; (b) on call remediable maintenance, including replacement of unserviceable parts; (c) one inspection per year to be performed, if possible, at the time of service call. If equipment is not available for service at the location noted on this Contract, or at a location indicated by the customer, or is not located upon reasonable inquiry by the service representative, no inspection fee refund will be made. The inspection fee is 1/3 of the maintenance agreement rate. Any additional inspection of any unit of equipment will be made at the customer's request at SCOS's prevailing rate for an "additional" inspection. If service is required outside SCOS's normal business hours, such service, if available, will be provided on a "per call" basis at SCOS's hourly rates and terms then in effect; (d) no inspection will be performed on partial year (prorated) contracts.

PARTS: With the exception of None, which are excluded from this Contract, parts will be furnished on an exchange basis when installed by SCOS personnel and will be new or equivalent to new in performance when used in this equipment. Replaced parts become the property of SCOS.

CHARGES: All charges specified are those currently in effect and are subject to change at renewal upon 30 days prior written notice.

Alterations, attachments, features, specification changes, or change of location may result in an adjustment of the service charges.

The customer agrees to pay all charges due hereunder, and understands that billing is in advance. Terms are net 30 days. SCOS reserves the right to charge interest on the unpaid balance thereafter.

DEFAULT: If the customer does not pay the amount due hereunder, SCOS may refuse to continue to service the equipment or may furnish service only on a "per call" basis. The customer agrees to pay expenses of collection, including any attorney's fees incurred, and to pay for any service rendered by SCOS under this Contract at the established hourly rate plus parts and expenses.

REFUND: Upon withdrawal of any unit from this Contract, a refund will be made on a pro-rata basis of time remaining on the Contract.

EXCLUSIONS: Service does not include: (a) Electrical work external to the equipment or maintenance of accessories, attachments, or other devices not included in the price of the original contract; (b) service caused by supply items that do not meet original equipment manufacturer's specifications; (c) repair of damage, or increases in service time resulting from accident, transportation, neglect, misuse, or other than ordinary use, failure of electrical power (which shall include, but not be limited to, any changes in manufacturer's design, installation or removal of original features, or any other modification, when any of the foregoing are not performed by SCOS representatives); (d) painting or refinishing the equipment or furnishing the materials therefore, making specification changes or performing services connected with relocation of equipment, or adding or removing accessories, attachments, or other devices; (f) equipment located in an unsuitable place of installation or an unsafe or hazardous environment, as determined by SCOS; (g) normal operator functions, as described in the original equipment operator's manual.

When, in SCOS's judgement, a unit of equipment cannot be maintained under this Contract, SCOS will, at its sole option, either withdraw the unit from this Contract pursuant to the terms listed above or submit a cost estimate for reconditioning the unit. Charges for reconditioning will be in addition to service charges. Customer may terminate this Contract or withdraw the unit from this Contract pursuant to the terms listed above if customer does not wish to authorize such work.

ACCESS TO EQUIPMENT: SCOS will have full and free access to the equipment to provide service thereon. If persons other than SCOS representatives shall perform maintenance or repair a unit of equipment, and as a result further repair by SCOS is required, such repairs will be made at SCOS's applicable time and material rates and terms then in effect.

LIMITATION OF LIABILITY: The customer agrees that SCOS will not be liable for any lost profits, consequential damages, or for any claim or demand against the customer by any other party, even if SCOS has been advised of the possibility of such damages.

No action, regardless of form, arising out of the services under this Contract may be brought by either party more than one year after the cause of action has accrued, except an action for non-payment under the default clause set forth above.

TERM: This Contract will remain in force from the date signed until the first day of the renewal month. Thereafter, it will be renewed for yearly periods, unless terminated as otherwise provided for in this Contract. By payment of the invoice submitted at the time of renewal, customer accepts the terms and conditions of SCOS's Service Contract then in effect for the renewal.

TERMINATION: Either party may terminate this Contract or withdraw any unit of equipment from this Contract at any time with 30 days prior written notification to the other party. SCOS reserves the right to withdraw forthwith from this Contract any unit of equipment as to which there have been or, in SCOS's opinion, may be repetitive instances of the need for additional repairs as described in EXCLUSIONS. Either party may terminate this Contract at any time for failure of the other to comply with any of its terms and/or conditions.

CURRY COUNTY BOARD OF COMMISSIONERS
AGENDA ITEM ROUTING SLIP
FORM 10-001.1

PART I – SUBMITTING DEPARTMENT: RETURN TO [BOC OFFICE@CO.CURRY.OR.US](mailto:BOC_OFFICE@CO.CURRY.OR.US)

AGENDA ITEM TITLE: Approval of the 2015-17 Oregon Health Authority Agreement #148007; Ammendement #1 (148007-1) and Ammendment #3 (148007-3) with signature authority to the BOC Chair

AGENDA DATE^a: 12/17/15 **SUBMITTING DEPARTMENT:** CCH

^aSubmit **5:00 p.m. on the Wednesday** prior to the next General meeting.

CONTACT PERSON: Ken Dukek

PHONE/EXT: 373-8012

BRIEF BACKGROUND OR NOTE^b: Two originals need to be signed so the State can return one and keep one.

^bindicate if more than one copy to be signed

FILES ATTACHED:

SUBMISSION TYPE: Agreement

(1)Ammendment #1 - 148007-1

(2)Ammendment #3 - 148007-3

(3)

(4)

Are there originals in route (paper copies with pre-existing signatures) **Yes** **No**

QUESTIONS:

1. Would this item be a departure from the Annual Budget if approved? **Yes** **No**

(If Yes, brief detail)

2. Does this agenda item impact any other County department? **Yes** **No**

(If Yes, brief detail)

3. If Land Transaction, filed with the clerk? **Yes** **No** **N/A**

INSTRUCTIONS ONCE SIGNED:

No Additional Activity Required

OR

File with County Clerk

Name:

Send Printed Copy to:

Address:

Email a Digital Copy to:

City/State/Zip:

Other Hand deliver originals to CCH, we will return them to the County after the State signs.

Phone:

Due date to send: / /

Email:

^cNote: Most signed documents are filed/recorded with the Clerk per standard process.

PART II – COUNTY CLERK REVIEW

EVALUATION CRITERIA:

CLERK ASSESSMENT: Does this agenda item meet filing/recording standards? **Yes** **No** **N/A**

(If No, brief detail)

PART III - FINANCE DEPARTMENT REVIEW

EVALUATION CRITERIA 1-4:

1. Confirmed Submitting Department's finance-related responses **Yes** **No**

Comment:

2. Confirmed Submitting Department's personnel-related materials **Yes** **No** **N/A**

Comment:

3. If job description, Salary Committee reviewed: **Yes** **No** **N/A**

4. If hire order requires an UA, is it approved? **Yes** **No** **Pending** **N/A**

PART IV – COUNTY COUNSEL REVIEW

AGENDA ASSIGNMENT TYPE: **Adminstrative Actions**

LEGAL ASSESSMENT: Does this agenda item have a legal impact? **Yes** **No**

(If Yes, brief detail) Legal ramifications

PART V – BOARD OF COMMISSIONER REVIEW/COMMENT

LIAISON COMMISSIONER AGREES TO ADD TO AGENDA:

Commissioner Susan Brown **Yes** **No**

Commissioner Thomas Huxley **Yes** **No**

Commissioner David Brock Smith **Yes** **No**

Comment:



Agreement #148007

**FIRST AMENDMENT TO OREGON HEALTH AUTHORITY
2015-2017 AGREEMENT FOR THE
FINANCING OF PUBLIC HEALTH SERVICES**

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This First Amendment to Oregon Health Authority 2015-2017 Agreement for the Financing of Public Health Services (the “Agreement”) is between the State of Oregon acting by and through its Oregon Health Authority (“OHA”), Curry County (“County”), and Curry Community Health, an Oregon non-profit public benefit corporation (“LPHA”), the entity County has contracted with, pursuant to ORS 431.375(2), to act as the local public health authority in County.

RECITALS

WHEREAS, OHA, County, and LPHA wish to modify the set of Program Element Descriptions set forth in Exhibit B of the Agreement

WHEREAS, OHA, County, and LPHA wish to modify the Financial Assistance Award set forth in Exhibit C of the Agreement.

NOW, THEREFORE, in consideration of the premises, covenants and agreements contained herein and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties hereto agree as follows

AGREEMENT

1. Exhibit A “Definitions”, Section 16 “Program Element” is amended to add Program Element titles and funding source identifiers as follows:

PE Number and Title	Fund Type	Federal Agency/ Grant Title	CFDA#	Sub-Recipient (Y/N)
PE 09 Public Health Emergency Preparedness Program (PHEP) Ebola Supplement 2	FF	DHHS / Hospital Preparedness Program and Public Health Emergency Preparedness Cooperative Agreement/PHEP Supplemental for Ebola Preparedness and Response Activities	93.074	Y

PE Number and Title	Fund Type	Federal Agency/ Grant Title	CFDA#	Sub-Recipient (Y/N)
PE 12 Public Health Emergency Preparedness Program (PHEP)	FF	DHHS / Public Health Emergency Preparedness	93.069	Y

2. Exhibit B “Program Element Descriptions” is amended to add “PE 09 Public Health Emergency Preparedness Program (PHEP) Ebola Supplement 2” and “PE 12 Public Health Emergency Preparedness Program (PHEP)” as set forth in Attachment 1 “Program Element Descriptions” to this Amendment and hereby incorporated into the Agreement by this reference.
3. Exhibit B “Program Element Descriptions” is amended to add “Attachment 1 to Program Element 13 (TPEP) Budget” as set forth in Attachment 2 “Local Budgets” to this Amendment and hereby incorporated into the Agreement by this reference
4. Section 1 of Exhibit C entitled “Financial Assistance Award” of the Agreement is hereby superseded and replaced in its entirety by Attachment 3 “Financial Assistance Award” attached hereto and incorporated herein by this reference. Attachment 3 must be read in conjunction with Section 4 of Exhibit C, entitled “Explanation of Financial Assistance Award” of the Agreement.
5. Exhibit J “Information required by CFR Subtitle B with guidance at 2 CFR Part 200” is amended to add federal award data for “PE 09 Public Health Emergency Preparedness (PHEP) Ebola Supplement 2” and “PE 12 Public Health Emergency Preparedness Program (PHEP)” as set forth in Attachment 4 “Information required by CFR Subtitle B with guidance at 2 CFR Part 200” to this Amendment and hereby incorporated into the Agreement by this reference.
6. County represents and warrants to OHA that the representations and warranties of County set forth in Section 2 of Exhibit E of the Agreement are true and correct on the date hereof with the same effect as if made on the date hereof.
7. LPHA represents and warrants to OHA that the representations and warranties of LPHA set forth in Section 2 of Exhibit E of the Agreement are true and correct on the date hereof with the same effect as if made on the date hereof.
8. Capitalized words and phrases used but not defined herein shall have the meanings ascribed thereto in the Agreement.
9. Except as amended hereby, all terms and conditions of the Agreement remain in full force and effect.
10. This Amendment may be executed in any number of counterparts, all of which when taken together shall constitute one agreement binding on all parties, notwithstanding that all parties are not signatories to the same counterpart. Each copy of this Amendment so executed shall constitute an original.
11. This Amendment becomes effective on the date of the last signature below.

IN WITNESS WHEREOF, the parties hereto have executed this Amendment as of the dates set forth below their respective signatures.

12. Signatures.

STATE OF OREGON ACTING BY AND THROUGH ITS OREGON HEALTH AUTHORITY (OHA)

By: _____
Name: Priscilla M. Lewis
Title: Deputy Public Health Director
Date: _____

CURRY COUNTY (COUNTY)

By: _____
Name: _____
Title: _____
Date: _____

CURRY COMMUNITY HEALTH (LPHA)

By: _____
Name: _____
Title: _____
Date: _____

DEPARTMENT OF JUSTICE – APPROVED FOR LEGAL SUFFICIENCY

Amendment form group-approved by D. Kevin Carlson, Senior Assistant Attorney General, by email on October 2, 2015. A copy of the emailed approval is on file at OCP.

REVIEWED:

OHA PUBLIC HEALTH ADMINISTRATION

Reviewed by: _____
Name: Carole Yann (*or designee*)
Title: Program Support Manager
Date: _____

OFFICE OF CONTRACTS & PROCUREMENT

By: _____
Name: Phillip G. McCoy, OPBC, OCAC
Title: Contract Specialist
Date: _____

Attachment 1 to Amendment 1 to Agreement #148007
PROGRAM ELEMENT DESCRIPTIONS

Program Element #09: Public Health Emergency Preparedness Program (PHEP)
Ebola Supplement 2

1. Description and Purpose.

- a. Funds provided under this Agreement to Local Public Health Authorities (LPHA) for Program Element (PE) 09 Public Health Emergency Preparedness Program (PHEP) Ebola Supplement 2 may only be used in accordance with, and subject to, the requirements and limitations set forth in this PE 09.
- b. PHEP Ebola Supplement 2 funding is targeted to address one or more of the following Public Health Preparedness Capabilities:
 - (1) Community Preparedness (Capability 1),
 - (2) Public Health Surveillance and Epidemiological Investigation (Capability 12),
 - (3) Public Health Laboratory Testing (Capability 13),
 - (4) Non-Pharmaceutical Interventions (Capability 11),
 - (5) Responder (Worker) Safety and Health (Capability 14),
 - (6) Emergency Public Information and Warning (Capability 4),
 - (7) Information Sharing (Capability 6), and
 - (8) Medical Surge (Capability 10).

2. Definitions Relevant to PHEP and Ebola Supplement 2.

- a. Budget Period: Budget Period is defined as the intervals of time into which a multi-year project period is divided for budgetary/funding purposes. For purposes of this Program Element, Budget Period is July 1, 2015 through June 30, 2016. The funding period for the PHEP Ebola Supplement is 18 months. (Fiscal Year (FY) 2015 (04/15-06/15), FY 2016 (07/15-06/16), and FY 2017 (07/16-09/16)).
- b. CDC: the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.
- c. CDC Public Health Capabilities: as described online at:
<http://www.cdc.gov/phpr/capabilities/>
- d. Health Security, Preparedness and Response (HSPR): A state level program that is a joint effort with the Conference of Local Health Officials (CLHO) and Native American tribes to develop plans and procedures to prepare Oregon to respond to, mitigate, and recover from public health emergencies.
- e. Public Health Emergency Preparedness (PHEP): local public health systems designed to better prepare Oregon to respond to, mitigate, and recover from, public health emergencies.

- 3. General Requirements.** All of LPHA’s PHEP Ebola Supplement 2 services and activities supported in whole or in part with funds provided under this Agreement and particularly as described in this Program Element Description shall be delivered or conducted in accordance with the following requirements and to the satisfaction of OHA:
- a. Non-Supplantation.** Funds provided under this Agreement for this Program Element shall not be used to supplant state, local, other non-federal, or other federal funds.
 - b. Use of Funds.** Funds awarded to LPHA under this Agreement for this Program Element may only be used for activities related to the CDC Public Health Preparedness Capabilities (Community Preparedness, Public Health Surveillance and Epidemiological Investigation, Public Health Laboratory Testing, Non-Pharmaceutical Interventions, Responder Safety and Health, Emergency Public Information and Warning/Information Sharing, and Medical Surge) in accordance with an approved Budget using the template set forth as Attachment 1 to this Program Element Description. Modifications to the budget totaling \$5,000 or more require submission of a revised budget to the HSPR liaison and receive final approval by OHA HSPR.
 - c. Conflict between Documents.** In the event of any conflict or inconsistency between the provisions of the PHEP Ebola Supplement 2 work plan or budget (as set forth in Attachments 1 and 2) and the provisions of this Agreement, this Agreement shall control.
 - d. Work Plan.** LPHA shall implement its Ebola Supplemental Fund activities in accordance with its HSPR approved work plan using the example set forth in Attachment 2 to this Program Element. Dependent upon extenuating circumstances, modifications to this work plan may only be made with HSPR agreement and approval. Proposed work plan will be due on or before August 1. Final approved work plan will be due on or before September 1
- 4. Work Plan.** PHEP work plans must be written with clear and measurable objectives with timelines and include:
- a.** At least three broad program goals that address gaps and guide work plan activities. These can be the same as those outlined in Program Element (PE) #12 “Public Health Emergency Preparedness (PHEP)” as related to Ebola.
 - b.** Any of the following:
 - i.** Planning activities in support of any of the 8 CDC PHP Capabilities listed in 1(b).
 - ii.** Training and Education in support of any of the 8 CDC PHP Capabilities listed in 1(b).
 - iii.** Exercises in support of any of the 8 CDC PHP Capabilities listed in 1(b).
 - iv.** Community Education and Outreach and Partner Collaboration in support of any of the 8 CDC PHP Capabilities listed in 1(b).
 - v.** Administrative and Fiscal activities in support of any of the 8 CDC PHP Capabilities listed in 1(b).

5. Budget and Expense Reporting.

- a.** Proposed Budget for Award Period (July 1, 2015 – June 30, 2016). Using the Proposed Budget Template set forth as Attachment 1, Part 1 to this PE 09 (also available through the HSPR liaison) and incorporated herein by this reference, LPHA shall provide to OHA **by September 1, 2015**, a budget, based on actual award amounts, detailing LPHA's expected costs to operate its PHEP Ebola Supplement 2 program during the FY 16 award period.
- b.** Actual Expense to Budget for FY 16 Award Period. Using the Actual Expense to Budget Template set forth as Attachment 1, Part 2 to this PE 09 (also available through the HSPR liaison) and incorporated herein by this reference, LPHA shall provide to OHA **by September 15, 2016** the actual expenses for operation of its PHEP Ebola Supplement 2 program during the FY 16 award period.
- c.** Formats other than the proposed budget and expense to budget templates set forth in Attachment 1 to this PE will not satisfy the reporting requirements of this Program Element Description.
- d.** All capital equipment purchases of \$5,000 or more using PHEP Ebola Supplemental 2 funds will be identified under the "Capital Equipment" line item category.

ATTACHMENT 1
TO PROGRAM ELEMENT #09 - PART 1: PROPOSED BUDGET TEMPLATE
PE 09 Preparedness Program Ebola Supplement 2 FY 2016

_____ County

July 1, 2015 - June 30, 2016

	Proposed		Actual	12 Mos Total
PERSONNEL			Subtotal	\$0.00
	Annual Salary	% FTE		
<i>(Position Title and Name)</i>	\$0	0.00%		\$0
Brief description of activities, for example, This position has primary responsibility for _____ County PHEP activities.				
	\$0	0.00%		\$0
	\$0	0.00%		\$0
Fringe Benefits @ ()% of describe rate or method				\$0
TRAVEL				\$0
Total In-State Travel: (describe travel to include meals, registration, lodging and mileage)	\$0			\$0
Out-of-State Travel: (describe travel to include location, mode of transportation with cost, meals, registration, lodging and incidentals along with number of travelers)	\$0			\$0
CAPITAL EQUIPMENT (individual items that cost \$5,000 or more)				\$0
				\$0
				\$0
SUPPLIES, MATERIALS and SERVICES (office, printing, phones, IT support, etc.)				\$0
	\$0			\$0
	\$0			\$0
CONTRACTUAL (list each Contract separately and provide a brief description)				\$0
				\$0
				\$0
OTHER				\$0
	\$0			\$0
	\$0			\$0
	\$0			\$0
TOTAL DIRECT CHARGES				\$0
TOTAL INDIRECT CHARGES @ ____% of Direct Expenses:	\$0			\$0
TOTAL BUDGET:			\$0	

Date, Name and phone number of person who prepared budget

ATTACHMENT 1
TO PROGRAM ELEMENT #09 - PART 2: ACTUAL EXPENSE TO BUDGET TEMPLATE
PE 09 Preparedness Program Ebola Supplement 2 FY 2016

_____ County

Period of the Report July 1, 2015-June 30, 2016)

	Budget	Expense to date	Variance
PERSONNEL			
Salary (Administrative & Support Staff)	\$0		\$0
Fringe Benefits	\$0		\$0
TRAVEL			
In-State Travel:	\$0		\$0
Out-of-State Travel:	\$0		\$0
CAPITAL EQUIPMENT			
-	\$0		\$0
SUPPLIES			
	\$0		\$0
CONTRACTUAL			
	\$0		\$0
OTHER			
	\$0		\$0
TOTAL DIRECT	\$0	\$0	\$0
TOTAL INDIRECT	\$0		\$0
TOTAL:			
	\$0	\$0	\$0

Date, name and phone number of person who prepared expense to budget report

Notes:

ATTACHMENT 2
TO PROGRAM ELEMENT #09

Part 1 - Work Plan Instructions
Oregon HSPR Public Health Emergency Preparedness Program

FOR GRANT CYCLE: JULY 1, 2015 – JUNE 30, 2016

DUE DATE

Proposed work plan will be due on or before August 1. Final approved work plan will be due on or before September 1.

REVIEW PROCESS

Your approved work plan will be reviewed with your PHEP liaison.

WORKPLAN CATEGORIES: Only complete those categories that you plan to address with the Ebola Supplemental Funds

GOALS: At least three broad program goals that address gaps and guide work plan activities will be developed. These can be the same as the PE12 goals in relation to Ebola.

TRAINING AND EDUCATION: List all preparedness trainings, workshops conducted or attended by preparedness staff.

DRILLS and EXERCISES: List all drills you plan to conduct in accordance with your three-year training and exercise plan. For an exercise to qualify under this requirement the exercise must a.) Be part of a progressive strategy, b.) Involve public health staff in the planning process, and c.) Involve more than one county public health staff and/or related partners as active participants. A real incident involving a coordinated public health response may qualify as an exercise.

PLANNING: List all plans, procedures, updates, and revisions that need to be conducted this year in accordance with your planning cycle. You should also review all after action reports completed during the previous grant year to identify planning activities that should be conducted this year.

OUTREACH AND PARTNER COLLABORATION: In addition to prefilled requirements, list all meetings regularly attended and/or led by public health preparedness program staff.

COMMUNITY EDUCATION: List any community outreach activities you plan conduct that that enhance community preparedness or resiliency.

COLUMN DESCRIPTION EXAMPLE:

CDC Cap. #s	Planning Objective	Planned Activity	Date Completed	Actual Outcome	Notes
12	By October 15, 2015, LPHA increases CD health capacity by increasing the Health Officer's hours in order to capture subject matter expertise and leadership around ID.	Build staffing plan and increase hours for Health Officer around CD duties and ID planning.	10/15/15	Increased by 5 hours a month, subject matter expertise around CD and ID planning efforts as well as increased ability to respond to ID and CD events.	

CDC CAPABILITY: Indicate the target capability number(s) addressed by this activity.

OBJECTIVE: Use clear and measurable objectives with identified time frames to describe what the LPHA will complete during the grant year.

PLANNED ACTIVITY: Describe the planned activity. Where activity is pre-filled you may customize, the language to describe your planned activity more clearly.

DATE COMPLETED: When updating the work plan, record date of the completed activities and/or objective.

ACTUAL OUTCOMES: To be filled in after activity is conducted. Describe what is actually achieved and/or the products created from this activity.

NOTES: For additional explanation.

INCIDENTS AND RESPONSE ACTIVITIES: Explain what incidents and response activities that occurred during the FY16 grant cycle. If an OERS Number was assigned, please include the number. Identify the outcomes from the incident and response activities, include date(s) of the incident and action taken.

UNPLANNED ACTIVITY: Explain what activities or events occurred that was not described when work plan was first approved. Please identify outcomes for the unplanned activity, include date(s) of occurrence and actions taken.

Part 2 - Work Plan Template
Oregon HSPR Public Health Emergency Preparedness Program
PE 09 Public Health Preparedness Program
Ebola Supplemental 2

Goal 1:
 Goal 2:
 Goal 3:

Ongoing and Goal Related Ebola Supplemental 2 Work

Training and Education

CDC Cap. #s	Objectives	Planned Activities	Date Completed	Actual Outcome	Notes

Drills and Exercises

CDC Cap. #s	Objectives	Planned Activities	Date Completed	Actual Outcomes	Notes

Planning

CDC Cap. #s	Objectives	Planned Activities	Date Completed	Actual Outcomes	Notes

Outreach and Partner Collaboration

CDC Cap. #s	Objectives	Planned Activities	Date Completed	Actual Outcome	Notes

Community Education

CDC Cap. #s	Objectives	Planned Activities	Date Completed	Actual Outcome	Notes

INCIDENT AND RESPONSE ACTIVITIES

CDC Cap. #s	Incident Name/OERS #	Date(s)	Outcomes	Notes

UNPLANNED ACTIVITY

CDC Cap. #s	Activity	Date(s)	Outcomes	Notes

CDC Cap. #s	FISCAL/ADMINISTRATIVE	Due Dates	Notes
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CDC Cap. #s	TRAINING and EDUCATION	Due Date	Notes
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CDC Cap. #s	DRILLS AND EXERCISES	Due Date	Notes
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CDC Cap. #s	PLANNING	Due Date	Notes
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CDC Cap. #s	OUTREACH AND PARTNER COLLABORATION	Due Date	Notes
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CDC Cap. #s	COMMUNITY EDUCATION	Due Date	Notes
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Program Element #12: Public Health Emergency Preparedness Program (PHEP)

1. **Description.** Funds provided under this Agreement to Local Public Health Authorities (LPHA) for a Public Health Emergency Preparedness Program (PHEP) may only be used in accordance with, and subject to, the requirements and limitations set forth below. The PHEP shall address mitigation, preparedness, response and recovery phases for public health emergencies through plan development and revision, exercise and response activities based on the 15 CDC identified Public Health Preparedness Capabilities.

2. **Definitions Relevant to PHEP Programs.**
 - a. **Budget Period:** Budget period is defined as the intervals of time (usually 12 months) into which a multi-year project period is divided for budgetary/ funding use. For purposes of this Program Element, budget period is July 1 through June 30.

 - b. **CDC:** U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.

 - c. **CDC Public Health Preparedness Capabilities:**
<http://www.cdc.gov/phpr/capabilities/>

 - d. **Community Hazard Risk Assessment:** A community hazard risk assessment is a process leading to a written document that presents findings used to assess and identify community-specific public health hazards and vulnerabilities so that plans may be developed to reduce or eliminate these threats.

 - e. **Deadlines:** If a due date falls on a weekend or holiday, the due date will be the next business day following.

 - f. **Health Alert Network (HAN):** A web-based, secure, redundant, electronic communication and collaboration system operated by OHA, available to all Oregon public health officials, hospitals, labs and service providers. The data it contains is maintained jointly by OHA and all LPHAs. This system provides continuous, high-speed electronic access for Oregon public health officials and service providers to public health information including the capacity for broadcasting information to Oregon public health officials and service providers in an emergency 24 hours per day, 7 days per week, 365 days per year. The secure HAN has a call down engine that can be activated by state or local Preparedness Health Alert Network administrators.

 - g. **Health Security Preparedness and Response (HSPR):** A state level program that is a joint effort with the Conference of Local Health Officials (CLHO) and Native American Tribes (Tribes) to develop plans and procedures to prepare Oregon to respond, mitigate, and recover from public health emergencies.

 - h. **Hospital Preparedness Program (HPP):** provides leadership and funding through grants and cooperative agreements to States, territories, and eligible municipalities to improve surge capacity and enhance community and hospital preparedness for public health emergencies. To date, states, territories, and large metropolitan areas have

received HPP grants totaling over \$4 billion to help Healthcare Coalitions, hospitals and other healthcare organizations strengthen medical surge and other Healthcare Preparedness Capabilities across the nation.

- i. **National Incident Management System (NIMS):** The U.S. Department of Homeland Security system for integrating effective practices in emergency preparedness and response into a comprehensive national framework for incident management. The NIMS enables emergency responders at all levels and in different disciplines to effectively manage incidents no matter what the cause, size or complexity. More information can be viewed at: <https://www.fema.gov/national-incident-management-system>.
 - j. **Public Information Officers (PIOs):** The communications coordinators (officers) or spokespersons for governmental organizations.
 - k. **Public Health Accreditation Board (PHAB):** A non-profit organization dedicated to improving and protecting the health of the public by advancing the quality and performance of Tribal, state, local and territorial public health departments. <http://www.phaboard.org/>. Accreditation standards and measurements are outlined on <http://www.phaboard.org/wp-content/uploads/SM-Version-1.5-Board-adopted-FINAL-01-24-2014.docx.pdf>
 - l. **Public Health Emergency Preparedness (PHEP):** local public health programs designed to better prepare Oregon to respond to, mitigate, and recover from public health emergencies.
 - m. **Public Health Preparedness Capability Surveys:** A series of surveys on the state of Oregon Capability Assessment Tool website for capturing information from LPHAs in order for HSPR to report to CDC.
 - n. **Volunteer Management:** The ability to coordinate the identification, recruitment, registration, credential verification, training, and engagement of volunteers to support the jurisdictional public health agency's response to incidents of public health significance.
3. **General Requirements.** All LPHAs' PHEP services and activities supported in whole or in part with funds provided under this Agreement and particularly as described in this Program Element Description shall be delivered or conducted in accordance with the following requirements and to the satisfaction of OHA:
- a. **Non-Supplantation.** Funds provided under this Agreement for this Program Element shall not be used to supplant state, local, other non-federal, or other federal funds.
 - b. **Work Plan.** LPHA shall implement its PHEP activities in accordance with its HSPR approved work plan using the example set forth in Attachment 2 to this Program Element. Dependent upon extenuating circumstances, modifications to this work plan may only be made with HSPR agreement and approval. Proposed work plan will be due on or before August 1. Final approved work plan will be due on or before September 1.

- c. **Public Health Preparedness Staffing.** LPHA shall identify a Public Health Emergency Preparedness Coordinator. The Public Health Emergency Preparedness Coordinator will be the OHA's chief point of contact related to program issues. LPHA must implement its PHEP activities in accordance with its approved work plan. The Public Health Emergency Preparedness Coordinator will ensure that all scheduled preparedness program conference calls and statewide preparedness program meetings are attended by the Coordinator or an LPHA representative.
- d. **Use of Funds.** Funds awarded to the LPHA under this Agreement for this Program Element may only be used for activities related to the CDC Public Health Preparedness Capabilities in accordance with an approved Budget using the template set forth as Attachment 1 to this Program Element. Modifications to the budget totaling \$5,000 or more require submission of a revised budget to the liaison and final receipt of approval from the HSPR fiscal officer.
- e. **Conflict between Documents.** In the event of any conflict or inconsistency between the provisions of the PHEP work plan or budget (as set forth in Attachments 1 and 2) and the provisions of this Agreement, this Agreement shall control.
- f. **PHEP Program Reviews.**
 - i. This Agreement will be integrated into the Triennial Review Process. This review will be completed in conjunction with the statewide Triennial Review schedule as determined by the Office of Community Liaison.
 - ii. The LPHA will complete work plan updates in coordination with their HSPR liaison on at least a minimum of a semi-annual basis and by August 15 and February 15.
- g. **Budget and Expense Reporting:** Using the budget template Excel file set forth in Attachment 1 and available through the liaison and incorporated herein and by this reference, LPHA shall provide to OHA by August 1, of each year, a budget using actual award amounts, through June 30 of each year. LPHA shall submit to OHA by February 15 of each year, the actual expense-to-budget report for the period of July 1, through December 31. The LPHA shall provide to the OHA by September 15 of each year, the actual expense-to-budget report for the prior fiscal period of July 1, through June 30. The budget and expense-to-budget set forth in Attachment 1 shall be the only form used to satisfy this requirement. All capital equipment purchases of \$5,000 or more that use PHEP funds will be identified in this budget report form under the Capital Equipment tab.

4. **Procedural and Operational Requirements.**

- a. **Statewide and Regional Coordination:** LPHA must attend HSPR meetings and participate as follows:
 - i. Attendance to the annual HSPR-hosted health preparedness conference.
 - ii. Participation in emergency preparedness subcommittees, work groups and projects for the sustainment of public health emergency preparedness as appropriate.

- iii. Participation in a minimum of 75% of the regional or local HPP Coalition meetings.
 - iv. Participation in Participation in a minimum of 75% of statewide HSPR-hosted PHEP monthly conference calls for LPHAs and Tribes.
 - v. Participation in activities associated with statewide emerging threats or incidents as identified by HSPR.
- b. **Public Health Preparedness Capability Survey:** LPHA shall complete all applicable Public Health Preparedness Capability Surveys on the State of Oregon Capability Assessment Tool website by August 15 each year.
 - c. **Community Hazard Risk Assessment:** The LPHA will provide public health perspective and data for their local, county and/ or hospital vulnerability assessment (HVA) in conjunction with the national format and timelines.
 - d. **Work Plan:** PHEP work plans must be written with clear and measurable objectives with timelines and include:
 - i. At least three broad program goals that address gaps and guide work plan activities.
 - ii. Development, review and local public health leadership approval of plans and procedures in support of any of the 15 CDC PHP Capabilities.
 - iii. Planning activities in support of any of the 15 CDC PHP Capabilities.
 - iv. Training and Education in support of any of the 15 CDC PHP Capabilities.
 - v. Exercises in support of any of the 15 CDC PHP Capabilities.
 - vi. Community Education and Outreach and Partner Collaboration in support of any of the 15 CDC PHP Capabilities.
 - vii. Administrative and Fiscal activities in support of any of the 15 CDC PHP Capabilities.
 - e. **Emergency Preparedness Program Work Plan Performance:** LPHA shall complete activities in their HSPR approved PHEP work plans by June 30 each year. If LPHA completes fewer than 75% of the non-fiscal and non-administrative planned activities in its local PHEP work plan for two consecutive years, not due to unforeseen public health events, it may not be eligible to receive funding under this Program Element in the next fiscal year. Work completed in response to a novel or uncommon disease outbreak or other event of significance, may be documented to replace work plan activities interrupted or delayed.
 - f. **24/7/365 Emergency Contact Capability.**
 - i. LPHA shall establish and maintain a single telephone number whereby, physicians, hospitals, other health care providers, OHA and the public can report public health emergencies within the LPHA service area.
 - ii. The contact number will be easy to find through sources in which the LPHA typically makes information available including local telephone directories, traditional websites and social media pages. It is acceptable for the publicly listed

phone number to provide after-hours contact information by means of a recorded message.

- iii. The telephone number shall be operational 24 hours a day, 7 days a week, 365 days a year and be an eleven digit telephone number available to callers from outside the local emergency dispatch. LPHA may use an answering service or their 911 system in this process, but the eleven digit telephone number of the local 911 operators shall be available for callers from outside the locality.
- iv. The LPHA telephone number described above shall be answered by a knowledgeable person or by a recording that clearly states the above mentioned 24/7/365 telephone number. LPHA shall list and maintain both the switchboard number and the 24/7/365 numbers on the HAN.
- v. Quarterly test calls to the 24/7/365 telephone line will be completed by HSPR program staff and LPHA will be required to respond within 60 minutes.

g. HAN

- i. A local HAN Administrator will be appointed for each LPHA and this person's name and contact information will be provided to the HSPR liaison and the State HAN Coordinator.
- ii. The local HAN Administrator shall:
 - (a) Agree to and sign the HAN Security Agreement
 - (b) Ensure local HAN user and county role directory is maintained (add, modify and delete users; make sure users have the correct license).
 - (c) Act as a single point of contact for all LPHA HAN issues, user groups, and training.
 - (d) Serve as the LPHA authority on all HAN related access (excluding hospitals and Tribes).
 - (e) Coordinate with the State HAN Coordinator to ensure roles are correctly distributed within each county.
 - (f) Ensure participation in Emergency Support Function 8 (Health and Medical) tactical communications exercises. Deliverable associated with this exercise will be the test of the LPHA's HAN system roles via alert confirmation for: Health Officer, CD Coordinator(s), Preparedness Coordinator, PIO and LPHA County HAN Administrator within one hour.
 - (g) Perform general administration for all local implementation of the HAN system in their respective organizations.
 - (h) Review LPHA HAN users two times annually to ensure users are updated, assigned their appropriate roles and that appropriate users are deactivated.
 - (i) Facilitate in the development of the HAN accounts for new LPHA users.

- h. Training and Exercise Plan (TEP):** LPHA shall annually submit to HSPR on or before October 31, an updated TEP. The TEP shall meet the following conditions:
- i.** The plan shall demonstrate continuous improvement and progress toward increased capability to perform critical tasks.
 - ii.** The plan shall include priorities that address lessons learned from previous exercises as described in the LPHA's existing AAR/ IP.
 - iii.** LPHA shall make an effort to work with Emergency Management and community partners to integrate exercises.
 - iv.** At a minimum, the plan shall identify at least two exercises per year and shall identify a cycle of exercises that increase in complexity from year one to year three, progressing from discussion-based exercises (e.g. seminars, workshops, tabletop exercises, games) to operation-based exercises (e.g. drills, functional exercises and full scale exercises); exercises of similar complexity are permissible within any given year of the plan. Disease outbreaks or other public health emergencies requiring an LPHA response may, upon HSPR approval, be used to satisfy exercise requirements. For an exercise or incident to qualify under this requirement the exercise or incident must:
 - (a) Have public health objectives that are described in the Exercise Plan or the Incident Action Plan.
 - (b) Involve public health staff in the planning process
 - (c) Involve more than one county public health staff and/ or related partners as active participants
 - (d) Result in an AAR/IP
 - v.** LPHA shall submit to HSPR for approval, an exercise scope including goals, objectives, activities, a list of invited participants and a list of exercise team members, for each of the exercises in advance of each exercise.
 - vi.** LPHA shall provide HSPR an AAR/IP documenting each exercise within 60 days of conducting the exercise.
 - vii.** Staff responsible for emergency planning and response roles shall be trained for their respective roles consistent with their local emergency plans and according to the Public Health Accreditation Board, the National Incident Management System and the Conference of Local Health Officials Minimum Standards. The training portion of the plan must:
 - (a) Include training on how to discharge LPHA statutory responsibility to take measures to control communicable disease in accordance with applicable law.
 - (b) Identifying and training appropriate LPHA staff to prepare for public health emergency response roles and general emergency response based on the local identified hazards.
- i. Training Records:** LPHA shall maintain training records for all local public health staff with emergency response roles.

- j. Planning:** The LPHA shall maintain and execute emergency preparedness procedures/ plans as a component of its jurisdictional Emergency Operations Plan (see attachment 3 for a recommended list). All LPHA emergency procedures shall comply with the NIMS. The emergency preparedness procedures shall address the 15 CDC PHP capabilities and/or hazards described in their Community Hazard Risk Assessment., Revisions shall be done according to the schedule included in each LPHA plan, or according to the local emergency management agency schedule, but not less than once every five years after completion as required in OAR 104-010-005. The governing body of the LPHA shall maintain and update the other components and shall be adopted as local jurisdiction rules apply.
- k. Contingent Emergency Response Funding:** Such funding is subject to restrictions imposed by CDC at the time of the emergency and would provide funding under circumstances when a delay in award would result in serious injury or other adverse impact to the public.

Since the funding is contingent upon Congressional appropriations, whether contingent emergency response funding awards can be made will depend upon the facts and circumstances that exist at the time of the emergency; the particular appropriation from which the awards would be made, including whether it contains limitations on its use; authorities for implementation; or other relevant factors. No activities are specified for this authorization at this time.

ATTACHMENT 1
TO PROGRAM ELEMENT #12
BUDGET TEMPLATE

Preparedness Program Annual Budget				
_____ County				
July 1, 201_ - June 30, 201_				
				Total
PERSONNEL			Subtotal	\$0
	List as an Annual Salary	% FTE based on 12 months	0	
<i>(Position Title and Name)</i>			0	
Brief description of activities, for example, This position has primary responsibility for _____ County PHEP activities.				
			0	
			0	
			0	
			0	
Fringe Benefits @ (__)% of describe rate or method			0	
TRAVEL			Subtotal	\$0
Total In-State Travel: (describe travel to include meals, registration, lodging and mileage)	\$0			
Out-of-State Travel: (describe travel to include location, mode of transportation with cost, meals, registration, lodging and incidentals along with number of travelers)	\$0			
CAPITAL EQUIPMENT (individual items that cost \$5,000 or more)			Subtotal	\$0
	\$0			
SUPPLIES, MATERIALS and SERVICES (office, printing, phones, IT support, etc.)			Subtotal	\$0
	\$0			
CONTRACTUAL (list each Contract separately and provide a brief description)			Subtotal	\$0
	\$0			
<i>Contract with (____) Company for \$_____, for (_____) services.</i>				
<i>Contract with (____) Company for \$_____, for (_____) services.</i>				

Contract with (____) Company for \$_____, for (_____) services.			
OTHER	\$0		\$0
TOTAL DIRECT CHARGES			\$0
TOTAL INDIRECT CHARGES @ ___% of Direct Expenses or describe method			\$0
TOTAL BUDGET:			\$0
Date, Name and Phone Number of person who prepared budget.			
NOTES:			
Salaries should be listed as a full time equivalent (FTE) of 2,080 hours per year - for example an employee working .80 with a salary of \$50,000 would be listed as \$62,500			
% of FTE should be based on a full year FTE percentage of 2080 hours per year - for example an employee listed as 50 hours per month would be $50 * 12 / 2080 = .29$ FTE			

Preparedness Program Expense to Budget			
County			
Period of the Report (July 1, 201_ -December 31, 201_)			
	Budget	Expense to date	Variance
PERSONNEL	\$0	\$0	\$0
Salary	\$0		
Fringe Benefits	\$0		
TRAVEL	\$0		\$0
In-State Travel:	\$0		
Out-of-State Travel:	\$0		
CAPITAL EQUIPMENT	\$0		\$0
-			
SUPPLIES	\$0		\$0
CONTRACTUAL	\$0		\$0
OTHER	\$0		\$0
TOTAL DIRECT	\$0	\$0	\$0
TOTAL INDIRECT	\$0	\$0	\$0
TOTAL:	\$0	\$0	\$0
Date, Name and Phone Number of person who prepared budget.			
Notes:			
The budget total should reflect the total amount in the most recent Notice of Grant Award.			
The budget in each category should reflect the total amount in that category for that line item in your submitted budget.			

Preparedness Program Expense to Budget			
_____ County			
Period of the Report (July 1, 201_ - June 30, 201_)			
	Original Budget	Expense to date	Variance
PERSONNEL	\$0	\$0	\$0
Salary			
Fringe Benefits			
TRAVEL	\$0	\$0	\$0
In-State Travel:			
Out-of-State Travel:			
EQUIPMENT	\$0		\$0
-			
SUPPLIES: communications, professional services, office supplies	\$0		\$0
CONTRACTUAL	\$0		\$0
OTHER: facilities, continued education	\$0		\$0
TOTAL DIRECT	\$0	\$0	\$0
TOTAL INDIRECT @ XX% of Direct Expenses (or describe method):	\$0		\$0
TOTAL:	\$0	\$0	\$0
DATE.			
Date, name and phone number of person who prepared expense to budget report			
Notes:			
The budget total should reflect the total amount in the most recent Notice of Grant Award.			
The budget in each category should reflect the total amount in that category for that line item in your submitted budget.			

ATTACHMENT 2
TO PROGRAM ELEMENT #12

Work Plan Instructions
Oregon HSPR Public Health Emergency Preparedness Program

FOR GRANT CYCLE: JULY 1, 2015 – JUNE 30, 2016

DUE DATE

Proposed work plan will be due on or before August 1. Final approved work plan will be due on or before September 1.

REVIEW PROCESS

Your approved work plan will be reviewed with your PHEP liaison by February 15 and August 15.

WORKPLAN CATEGORIES

GOALS: At least three broad program goals that address gaps and guide work plan activities will be developed.

TRAINING AND EDUCATION: List all preparedness trainings, workshops conducted or attended by preparedness staff.

DRILLS and EXERCISES: List all drills you plan to conduct and identify at least at least two exercises annually in accordance with your three-year training and exercise plan. For an exercise to qualify under this requirement the exercise must a.) Be part of a progressive strategy, b.) Involve public health staff in the planning process, and c.) Involve more than one county public health staff and/or related partners as active participants. A real incident involving a coordinated public health response may qualify as an exercise.

PLANNING: List all plans, procedures, updates, and revisions that need to be conducted this year in accordance with your planning cycle. You should also review all after action reports completed during the previous grant year to identify planning activities that should be conducted this year.

OUTREACH AND PARTNER COLLABORATION: In addition to prefilled requirements, list all meetings regularly attended and/or led by public health preparedness program staff.

COMMUNITY EDUCATION: List any community outreach activities you plan conduct that that enhance community preparedness or resiliency. Column Descriptions

PRE-FILLED ACTIVITIES

Activities required under the 2015-16 PE-12 are prefilled in the work plan template. Although you may not eliminate any specific requirements, you may adjust the language as necessary to fit your specific planning efforts within the scope of the PE-12.

COLUMN DESCRIPTIONS

CDC Cap. #s	DRILLS and EXERCISES Objective	Planned Activity	Date Completed	Actual Outcome	Notes
1	By December 31, 2015, 90% of all health department staff will respond to drill within 60 minutes.	Conduct local call down drill to all staff.	09/15/14	80% of health department staff responded within designated time. Contact information was updated and processes reviewed to improve future compliance.	Did not reach goal, but demonstrated improvement as only 70% of staff responded at last drill.

CDC CAPABILITY: Indicate the target capability number(s) addressed by this activity.

OBJECTIVE: Use clear and measurable objectives with identified time frames to describe what the LPHA will complete during the grant year.

PLANNED ACTIVITY: Describe the planned activity. Where activity is pre-filled you may customize, the language to describe your planned activity more clearly.

DATE COMPLETED: When updating the work plan, record date of the completed activities and/or objective.

ACTUAL OUTCOMES: To be filled in after activity is conducted. Describe what is actually achieved and/or the products created from this activity.

NOTES: For additional explanation.

INCIDENTS AND RESPONSE ACTIVITIES: Explain what incidents and response activities that occurred during the 2015-16 grant cycle. If an OERS Number was assigned, please include the number. Identify the outcomes from the incident and response activities, include date(s) of the incident and action taken.

UNPLANNED ACTIVITY: Explain what activities or events occurred that was not described when work plan was first approved. Please identify outcomes for the unplanned activity, include date(s) of occurrence and actions taken.

Public Health Preparedness Program

Goal 1: Current HHS staff will receive ICS training appropriate for identified response role and responsibilities
 Goal 2:
 Goal 3:

Ongoing and Goal Related PHEP Program Work

Training and Education

CDC Cap. #s	Objectives	Planned Activities	Date Completed	Actual Outcome	Notes
3	<p>This is an example By June 30, 2016, 75% of the identified HHS staff will complete the basic ICS training including NIMS 700 and IS-100. Goal 1.</p>	September Staff meeting, all preparedness related training requirements/expectations reviewed. Explain the identified trainings--NIMS 700, NRF 800, IS-100 and IS-200 and who is to take these courses by the established time frames.	9/15/2015	20 of 30 HHS staff identified as needing 700, 800, and 100 completed the trainings by the end of December 2015.	Identified staff completed 700 and 800 series training online prior to December class.
		December 15, 2015, first classroom training.	12/15/2015		
		March 18, 2016, second classroom training.	3/18/2016	Five management staff completed IS-200 on March 18, 2016.	
		May 12, 2016, third classroom training.	5/12/2016	Remaining 10 staff completed 700, 800, and 100 trainings on May 12, 2016.	
		PHEP coordinator will update all training records by 6-30-2016.	6/15/2016	Trainings records updated on June 15, 2016	
3, 4, 6, 7, 8, 9, 11, 12 and 13	<p>This is an example By June 30, 2016, 75% of the HHS staff will identify three individual expectations and three organizational expectations required during an emergency response. Goal 1.</p>	PHEP coordinator will work with management staff to determine staff training expectations by job classification.	9/1/2015	Met with management staff on September 1, 2015.	
		By October 31, 2015, PHEP coordinator will develop comprehensive emergency preparedness training and exercise plan (TEP) for the organization, both minimum and developmental training.	10/29/2015	Met with Emergency Management and other partners to develop TEP on 9/17/15. Sent TEP to Liaison on 10/29/15.	

		<i>PHEP Coordinator will develop a presentation for staff for orienting them to the organization's expectations, individual expectations and emergency response plans and procedures.</i>	<i>9/15/2015</i>	<i>Presentation developed and gave to staff on 9/15/15</i>	
		<i>PHEP Coordinator will present organization's expectations, individual expectations, and emergency response plans and procedures overview at All Staff meeting.</i>	<i>9/15/2015</i>		
		<i>Give a quiz to all staff by February 17, 2016 on the presentation provided in September on expectations and response plan.</i>	<i>2/17/2016</i>	<i>82% of the staff responded to quiz. 73% did demonstrated retained knowledge on the expectations for the organization and the individual.</i>	

Drills and Exercises

CDC Cap. #s	Objectives	Planned Activities	Date Completed	Actual Outcomes	Notes

Planning

CDC Cap. #s	Objectives	Planned Activities	Date Completed	Actual Outcomes	Notes

Outreach and Partner Collaboration

CDC Cap. #s	Objectives	Planned Activities	Date Completed	Actual Outcome	Notes

Community Education

CDC Cap. #s	Objectives	Planned Activities	Date Completed	Actual Outcome	Notes

INCIDENT AND RESPONSE ACTIVITIES

CDC Cap. #s	Incident Name/OERS #	Date(s)	Outcomes	Notes

UNPLANNED ACTIVITY

CDC Cap. #s	Activity	Date(s)	Outcomes	Notes

CDC Cap. #s	FISCAL/ADMINISTRATIVE	Due Dates	Notes
n/a	Participate in Triennial program review process with OHA staff. <i>PE-12.3.f.i.</i>		Dates TBD by OHA
n/a	Develop annual work plan. <i>PE-12.3.b, PE-12.4.d.i-vii.</i>	09/01/15	Proposed draft work plan due to Liaison by 8/1/15. Final work plan due 9/1/15.
n/a	Participate in mid-year work plan review with liaison. <i>PE-12.3.f.</i>	02/15/16	
n/a	Participate in year-end work plan review with liaison. <i>PE-12.3.f.</i>	08/15/16	
n/a	Submit annual proposed budget to liaison for period July 1 to June 30. <i>PE-12.3.g.</i>	08/01/15	
n/a	Submit actual expense-to-budget report to liaison for the period of July 1 through Dec. 31. <i>PE-12.3.g.</i>	02/15/16	
n/a	Submit annual actual expense-to-budget report to liaison for the period of July 1 through June 30. <i>PE-12.3.g.</i>	09/15/16	
CDC Cap. #s	TRAINING and EDUCATION	Due Date	Notes
1 3	Update three-year training and exercise plan (TEP). <i>PE-12.4.h.i-vi.</i>	10/31/15	Draft due date may be established by liaison.
1 3	Ensure staff and supervisors responsible for public health emergency planning and response roles are trained for respective roles. <i>PE-12.4.h and CLHO Minimum Standards</i> [Relevant details from your three-year training plan should be described on lines below.]		
1 3 6	Ensure that local HAN users complete training necessary for user level. <i>PE-12.4.g.ii.</i>	06/30/16	
CDC Cap. #s	DRILLS AND EXERCISES	Due Date	Notes
3 4 6	Participate in statewide ESF-8 tactical communications exercises. <i>PE-12.4.f.</i>		
	EXERCISE 1: [define] <i>PE-12.4.h.iv.(a)-(d).</i>		

n/a	Submit exercise scope to liaison for approval in advance of exercise. <i>PE-12.4.h.v.</i>		
3	Submit AAR/IP to liaison within 60 days of exercise completion. <i>PE-12.4.g.iii., PE-12.4.h.vi.</i>		
	EXERCISE 2: [define] <i>PE-12.4.h.iv.(a)-(d).</i>		
n/a	Submit exercise scope to liaison for approval in advance of exercise. <i>PE-12.4.h.v.</i>		
3	Submit AAR/IP to liaison within 60 days of exercise completion. <i>PE-12.4.g.iii., PE-12.4.h.v.</i>		
CDC Cap. #s	PLANNING	Due Date	Notes
1	Complete annual public health preparedness capabilities survey. <i>PE-12.4.b.</i>	08/15/15	
1-15	Review and update public health plans and MOUs every 5 years. <i>PE-12.4.j, OAR104-01000-005(3)</i>		
1 3	Maintain knowledge of and participate in development or revisions of county emergency operations plan. [describe specific activities on additional lines below, if applicable.] <i>CLHO Minimum Standard 2.1</i>		
1	Maintain or develop written policies and procedures that describe the role and responsibilities of LPHA staff when responding to a public health emergency including disease outbreaks and environmental emergencies. [describe specific activities on additional lines below.] <i>CLHO Minimum Standard 2.1</i>		
1 6	Maintain policies and procedures for reporting emergencies. <i>CLHO Minimum Standard 2.1</i>	ongoing	
CDC Cap. #s	OUTREACH AND PARTNER COLLABORATION	Due Date	Notes
6	Participate in monthly preparedness calls for LPHA/Tribes. <i>PE-12.4.a.iv</i>	ongoing	First Tuesday of every month, 1 to 2 p.m.
1 6	Attend annual HSPR preparedness conference. <i>PE-12.4.a.i.</i>	10/7-9/15	

1 6	Participate in regional healthcare preparedness coalition meetings. <i>PE-12.4.a.iii.</i>	ongoing	Dates established by HPP Liaison.
	HAN: Identify a HAN Administrator to facilitate all local HAN access, issues, user groups, and trainings - excluding hospitals and tribes. <i>PE-12.4.g.</i>		
1 3	HAN: (1 of 2) Review local HAN users twice annually to ensure local directory is maintained with appropriate users and roles. <i>PE-12.4.g.</i>		
1 3	HAN: (2 of 2) Review local HAN users twice annually to ensure local directory is maintained with appropriate users and roles. <i>PE-12.4.g.</i>		
3 4 13	Maintain 24/7 health department telephone contact capability. <i>PE-12.4.f.</i>	ongoing	
1 3 6	Maintain partnerships with local emergency management, medical examiner, and public safety agencies. [detail activities on additional lines] <i>CLHO Minimum Standard 2.1</i>		
CDC Cap. #s	COMMUNITY EDUCATION	Due Date	Notes
3 4	Maintain ability to inform citizens of actual and potential health threats. [detail activities on additional lines] <i>CLHO Minimum Standard 2.1</i>		

ATTACHMENT 3 TO PROGRAM ELEMENT #12

Recommended Plans for Public Health

- Emergency Support Function (ESF) #8 – Public Health and Medical Services
 - Includes but not limited to:
 - Public Health actions during response and recovery phases
 - Medical Services/EMS actions during response and recovery phases
 - Behavioral/Mental Health actions during response and recovery phases
 - Is an appendix to the County Emergency Operations Plan (EOP)
 - Coordinated in conjunction with Emergency Management and partners
 - Is not an exclusively a public health responsibility. Public health should be deeply involved in most if not all of the issues included therein, however, and will likely act as the coordinating entity for ESF-8. This is something that must be worked out locally in coordination with local emergency management and with EMS, mental health services, health care providers and chief elected officials.
- All-Hazards Base Plan
 - Functional Annexes, including Hazard Specific Annexes, includes but not limited to:
 - Medical Countermeasure Dispensing and Distribution Plan
 - Emerging Infectious Diseases
 - Chemical Incidents
 - Influenza Pandemic
 - Climate Change
 - Weather / natural disasters- floods, earthquake, wildfire
 - Support Annexes, includes but not limited to:
 - Inventory Management Operations Guide
 - Continuity of Operations Plan (COOP)
 - Information and Communication Plan
 - Volunteer Management
 - Appendices, includes but not limited to:
 - Public Health and Partner Contact Information
 - Public Health Incident Command Structure
 - Legal Authority
 - Job Action Sheets

Sustaining Public Health Emergency Preparedness Program

- Maintain Multi-year Training and Exercise Plan (MYTEP)
- Public Health agency participates or performs in two exercises per year
- Complete After Action Report/Improvement Plans (AAR/IP) sixty days after each exercise
- Apply identified improvement plan items to future exercises and work plans
- Coordinate with partners including Emergency Management, Tribal and Healthcare partners
- Attend Healthcare Preparedness Program (HPP)/Healthcare Coalition meetings
- Conduct 24/7/365 testing with Public Health personnel
- Test HAN on a regular basis
- Document meetings with partners including minutes and agendas
- Schedule a five year plan to update plans and Memorandums Of Understanding (MOUs)
- Participate in the County Threat and Hazard Identification Risk Assessment (THIRA) process
- Ensure current Access and Functional Needs populations data is current in plans

Resources

State:

- Oregon Conference of Local Health Officials Minimum Standards
http://www.oregonclho.org/uploads/8/6/1/7/8617117/draft_minimum_standards_for_local_public_health_departments.pdf
- Public Health Emergency Preparedness Triennial Review
<http://public.health.oregon.gov/ProviderPartnerResources/LocalHealthDepartmentResources/Pages/lhd-trt.aspx>
- Health Security, Preparedness and Response
<http://public.health.oregon.gov/Preparedness/Pages/index.aspx>
- Oregon ESSENCE
<http://public.health.oregon.gov/DiseasesConditions/CommunicableDisease/PreparednessSurveillanceEpidemiology/essence/Pages/index.aspx>
- Oregon Web Links
<https://public.health.oregon.gov/Preparedness/Partners/HealthAlertNetwork/Pages/weblinks.aspx>
- Secure HAN Login <https://oregonhealthnetwork.org>
- State Emergency Registry of Volunteers in Oregon (SERV-OR) <https://serv-or.org>
- Public Health Preparedness Capability Surveys
<https://orassessment.ene.com/Login.aspx?ReturnUrl=%2fdefault.aspx>
- Oregon Emergency Management (OEM) <http://www.oregon.gov/omd/oem/Pages/index.aspx>
- OEM OpsCenter <https://oregonem.com/opscenter/Login.aspx?ReturnUrl=%2fopscenter>
- OEM Emergency Support Functions
<http://www.oregon.gov/OMD/OEM/docs/ESF%20Realignment%20Issue%20Paper.pdf>

Federal:

- CDC Public Health Preparedness Capabilities: National Standards for State and Local Planning
<http://www.cdc.gov/phpr/capabilities/>
- CDC Division of Strategic National Stockpile (DSNS)
<http://www.cdc.gov/phpr/stockpile/stockpile.htm>
- CDC Office of Public Health Preparedness and Response
<http://www.cdc.gov/about/organization/ophpr.htm>
- CDC Public Health Preparedness <http://emergency.cdc.gov/>
- FEMA National Preparedness Resource Library, including Emergency Support Functions
<http://www.fema.gov/national-preparedness-resource-library>
- FEMA Core Capabilities <https://www.fema.gov/core-capabilities>
- FEMA Comprehensive Preparedness Guides <https://www.fema.gov/plan>

Other:

- Association of State and Territorial Health Officials <http://www.astho.org/Programs/Preparedness/>
- Public Health Accreditation Board (PHAB) <http://www.phaboard.org/>
- National Association of City and County Health Officials (NACCHO)
<http://www.naccho.org/topics/emergency/>
- Public Health Incident Command Structure <http://www.ualbanyphp.org/pinata/phics/>
- Public Health Preparedness <http://www.phe.gov/preparedness/Pages/default.aspx>
- Medical Reserve Corps (MRC) <https://www.medicalreservecorps.gov/HomePage>

Attachment 2 to Amendment 1 to Agreement #148007 LOCAL BUDGETS

Line Item Budget and Narrative Worksheet

Please complete the following Line Item Budget for: **OHA TPEP PE13 for FY2015 (07/01/15-06/30/16)**

Identify only funds requested under the OHA TPEP PE13 RFA.

Please call your Community Programs Liaison with questions related to this form.

	Agency:	Curry Community Health						
	Fiscal Contact:	Becky Warner, Finance Director						
	E-mail address:	warnerb@currych.org						
	Phone Number:	541-373-8060	Fax Number:	541-425-5558				
Budget Categories	Description					Total		
(1) Salary	Position #	Title of Position	Salary (annual)	% of time (FTE)	# of months requested	Total Salary		
	1	Program Manager	\$44,000	15.00%	12	6,600.00		
	2	Public Health Educator	\$37,088	100.00%	12	37,088.00		
	3					0.00		
	4					0.00		
	TOTAL SALARY						\$43,688.00	
Narrative* :							\$43,688	
(2) Fringe Benefits	Position #	Total Salary	Base If Applicable	%	=	Total Fringe		
	1	6,600.00		30.00%	=	1,980.00		
	2	37,088.00		30.00%	=	11,126.40		
	3	0.00			=	0.00		
	4	0.00			=	0.00		
TOTAL FRINGE						\$13,106.40	\$13,106	
(3) Equipment	List equipment. Include all equipment necessary for program (i.e. computer, printer).					\$0		
Narrative* :							\$0	
(4) Supplies	Do not list. These items include supplies for meetings, general office supplies ie. paper, pens, computer disks, highlighters, binders, folders, etc.					\$0	\$0	
(5) Travel	This covers in-state, out-of-state, and travel to all required trainings.							
			In state		Out Of State		Subtotal	
	Narrative* :		Per diem and hotel costs will be used for Grantee & Contractors Annual Meeting, Regional Training (Swing), Evaluation Trainings, In-Person trainings, Change Agent In-Person Policy Series.				No out of state travel planned at this time.	
	Per Diem:	350				\$350		
	Hotel:	500				\$500		
	Air fare:					\$0		
	Reg. fees:					\$0		
	Other:					\$0		
	Mileage:	Miles: 850	X	.565	per mile	\$480	\$1,330	
	(6) Other	Please list.					\$0	
						\$0		
						\$0		
						\$0		
						\$0		
						\$0	\$0	
(7) Contracts:	List all sub-contracts and all contractual costs, if applicable.					\$0		
Contracts must be pre-approved by liaison						\$0		
						\$0	\$0	
(8) Total Direct Costs	(Sum of 1 through 7)						\$58,125	
(9) Cost Allocation and Indirect Rate	Indirect @	0.00%				\$0	\$0	
(10) TOTALS	(Sum of 8 & 9). Should equal OHA TPEP PE13 Request.						\$58,125	

**Attachment 3 to Amendment 1 to Agreement #148007
FINANCIAL ASSISTANCE AWARD**

State of Oregon Oregon Health Authority Public Health Division			Page 1 of 2
1) Grantee Name: Curry Community Health Street: 94235 Moore St., Suite 121 City: Gold Beach State: OR Zip Code: 97444	2) Issue Date August 26, 2015	This Action Amendment FY2016	
		3) Award Period From July 1, 2015 Through June 30, 2016	
4) OHA Public Health Funds Approved			
Program	Previous Award	Increase/ (Decrease)	Grant Award
PE 01 State Support for Public Health	25,117	0	25,117
PE 03 TB Case Management	404	0	404
PE 09 PHEP -- EBOLA	0	9,062	9,062
PE 12 Public Health Emergency Preparedness	0	68,993	68,993
PE 13 Tobacco Prevention & Education	58,125	0	58,125
PE 40 Women, Infants and Children FAMILY HEALTH SERVICES	88,462	1,038	89,500 (b,c,f)
PE 41 Reproductive Health Program FAMILY HEALTH SERVICES	10,324	0	10,324 (d,e)
PE 42 MCH/Child & Adolescent Health -- General Fund FAMILY HEALTH SERVICES	3,740	0	3,740 (a)
PE 42 MCH-TitleV -- Child & Adolescent Health FAMILY HEALTH SERVICES	3,969	0	3,969 (a)
PE 42 MCH-TitleV -- Flexible Funds FAMILY HEALTH SERVICES	9,260	0	9,260 (a)
PE 42 MCH/Perinatal Health -- General Fund FAMILY HEALTH SERVICES	1,994	0	1,994 (a)
PE 42 Babies First FAMILY HEALTH SERVICES	6,135	0	6,135
5) FOOTNOTES:			
a) Funds will not be shifted between categories or fund types. The same program may be funded by more than one fund type, however, federal funds may not be used as match for other federal funds (such as Medicaid). b) July -September grant is \$23,154 ; and includes \$4,631 of minimum Nutrition Education: and \$1,062 for Breastfeeding Promotion. c) October-June grant is \$66,347 ; and includes \$13,269 of minimum Nutrition Education amount and \$3,187 for Breastfeeding Promotion. d) \$810 reflects the phase-out of the Title V supplement for Reproductive Health. Title V funding in support of Reproductive Health is for the period July 1, 2015 through December 31, 2015. e) \$9,514 represents Title X funding which may change due to availability of funds and funding calculation based on clients served in FY2014. f) \$ 1,038 increase is at the funding rate of \$2 per participant. This is done according to the certified caseload effective July 1st, 2015.			
6) Capital Outlay Requested in This Action:			
Prior approval is required for Capital Outlay. Capital Outlay is defined as an expenditure for equipment with a purchase price in excess of \$5,000 and a life expectancy greater than one year.			
PROGRAM	ITEM DESCRIPTION	COST	PROG. APPROV

**State of Oregon
Oregon Health Authority
Public Health Division**

1) Grantee Name: Curry Community Health Street: 94235 Moore St., Suite 121 City: Gold Beach State: OR Zip Code: 97444	2) Issue Date August 26, 2015	This Action Amendment FY2016
3) Award Period From July 1, 2015 Through June 30, 2016		

4) OHA Public Health Funds Approved			
Program	Previous Award	Increase/ (Decrease)	Grant Award
PE 42 Oregon MothersCare FAMILY HEALTH SERVICES	3,710	0	3,710
PE 43 Immunization Special Payments	9,009	0	9,009
PE 44 School Based Health Centers -- BASE FAMILY HEALTH SERVICES	60,000	0	60,000 (g)
PE 44 School Based Health Centers-Mental Health Expansion FAMILY HEALTH SERVICES	0	68,000	68,000
PE 50 Safe Drinking Water Program	22,442	0	22,442
TOTAL	302,691	147,093	449,784

5) FOOTNOTES:
 g) Passing of SB5507 included an increase to SBHC based budget to support parity. Counties with one School Based Health Center will receive \$60,000 per fiscal year. Counties with more than one School Based Health Center will receive \$55,239 per fiscal year for each School Based Health Center.

6) Capital Outlay Requested in This Action:
 Prior approval is required for Capital Outlay. Capital Outlay is defined as an expenditure for equipment with a purchase price in excess of \$5,000 and a life expectancy greater than one year.

PROGRAM	ITEM DESCRIPTION	COST	PROG. APPROV

**Attachment 4 to Amendment 1 to Agreement #148007
Information required by CFR Subtitle B with guidance at 2 CFR Part 200**

PE 09 Public Health Emergency Preparedness (PHEP) Ebola Supplement 2		
FY16 07/01/15-06/30/16		
Federal Award Identification Number(FAIN): U90TP000544		
Federal Award Date:	7/1/2015	
Performance Period:	04/01/15-09/30/16	
Federal Awarding Agency:	CDC	
CFDA Number:	93.069	
CFDA Name:	Public Health Emergency Preparedness	
Total Federal Award:	\$7,628,290	
Project Description	Public Health Emergency Preparedness (PHEP) Ebola Supp 2	
Awarding Official:	Sharon Orum, Grants Management Officer / spo2@cdc.gov	
Indirect Cost Rate:	17.45%	
Research And Development(Y/N):	N	
Agency/Contractors Name	DUNS	Award Amount
CURRY	042631270	\$9,062.00

PE 12 Public Health Emergency Preparedness Program (PHEP)		
FY16 07/01/15-06/30/16		
Federal Award Identification Number(FAIN): U90TP000544		
Federal Award Date:	7/1/2015	
Performance Period:	07/01/15-06/30/16	
Federal Awarding Agency:	CDC	
CFDA Number:	93.069	
CFDA Name:	Public Health Emergency Preparedness	
Total Federal Award:	\$7,628,290	
Project Description	Public Health Emergency Preparedness (PHEP)	
Awarding Official:	Shicann Phillips, Grants Management sphillips@cdc.gov	
Indirect Cost Rate:	17.45%	
Research And Development(Y/N):	N	
Agency/Contractors Name	DUNS	Award Amount
CURRY	042631270	\$68,993.00



Agreement #148007

**THIRD AMENDMENT TO OREGON HEALTH AUTHORITY
2015-2017 AGREEMENT FOR THE
FINANCING OF PUBLIC HEALTH SERVICES**

In compliance with the Americans with Disabilities Act, this document is available in alternate formats such as Braille, large print, audio recordings, Web-based communications and other electronic formats. To request an alternate format, please send an e-mail to dhs-oha.publicationrequest@state.or.us or call 503-378-3486 (voice) or 503-378-3523 (TTY) to arrange for the alternative format.

This Third Amendment to Oregon Health Authority 2015-2017 Agreement for the Financing of Public Health Services (the "Agreement") is between the State of Oregon acting by and through its Oregon Health Authority ("OHA"), Curry County ("County"), and Curry Community Health, an Oregon non-profit public benefit corporation ("LPHA"), the entity County has contracted with, pursuant to ORS 431.375(2), to act as the local public health authority in County.

RECITALS

WHEREAS, OHA and LPHA wish to modify the set of Program Element Descriptions set forth in Exhibit B of the Agreement.

WHEREAS, OHA, County, and LPHA wish to modify the Financial Assistance Award set forth in Exhibit C of the Agreement.

NOW, THEREFORE, in consideration of the premises, covenants and agreements contained herein and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties hereto agree as follows

AGREEMENT

1. Exhibit B "Program Element Descriptions", Program Element #12 "Public Health Emergency Preparedness (PHEP)" only is hereby superseded and replaced in its entirety by Attachment 1 "Program Element #12 Public Health Emergency Preparedness (PHEP)" attached hereto and hereby incorporated into the Agreement by this reference.
2. Section 1 of Exhibit C entitled "Financial Assistance Award" of the Agreement is hereby superseded and replaced in its entirety by Attachment 2 "Financial Assistance Award" attached hereto and incorporated herein by this reference. Attachment 2 must be read in conjunction with Section 4 of Exhibit C, entitled "Explanation of Financial Assistance Award" of the Agreement.

3. County represents and warrants to OHA that the representations and warranties of County set forth in Section 2 of Exhibit E of the Agreement are true and correct on the date hereof with the same effect as if made on the date hereof.
4. LPHA represents and warrants to OHA that the representations and warranties of LPHA set forth in Section 2 of Exhibit E of the Agreement are true and correct on the date hereof with the same effect as if made on the date hereof.
5. Capitalized words and phrases used but not defined herein shall have the meanings ascribed thereto in the Agreement.
6. Except as amended hereby, all terms and conditions of the Agreement remain in full force and effect.
7. This Amendment may be executed in any number of counterparts, all of which when taken together shall constitute one agreement binding on all parties, notwithstanding that all parties are not signatories to the same counterpart. Each copy of this Amendment so executed shall constitute an original.
8. This Amendment becomes effective on the date of the last signature below.

IN WITNESS WHEREOF, the parties hereto have executed this Amendment as of the dates set forth below their respective signatures.

9. Signatures.

STATE OF OREGON ACTING BY AND THROUGH ITS OREGON HEALTH AUTHORITY (OHA)

By: _____
Name: Priscilla M. Lewis
Title: Deputy Public Health Director
Date: _____

CURRY COUNTY (COUNTY)

By: _____
Name: _____
Title: _____
Date: _____

CURRY COMMUNITY HEALTH (LPHA)

By: _____
Name: _____
Title: _____
Date: _____

DEPARTMENT OF JUSTICE – APPROVED FOR LEGAL SUFFICIENCY

Amendment form group-approved by D. Kevin Carlson, Senior Assistant Attorney General, by email on October 2, 2015. A copy of the emailed approval is on file at OCP.

REVIEWED:

OHA PUBLIC HEALTH ADMINISTRATION

Reviewed by: _____
Name: Carole Yann (*or designee*)
Title: Program Support Manager
Date: _____

OFFICE OF CONTRACTS & PROCUREMENT

By: _____
Name: Phillip G. McCoy, OPBC, OCAC
Title: Contract Specialist
Date: _____

Attachment 1 to Amendment 3 to Agreement #148007

Program Element #12: Public Health Emergency Preparedness Program (PHEP)

1. **Description.** Funds provided under this Agreement to Local Public Health Authorities (LPHA) for a Public Health Emergency Preparedness Program (PHEP) may only be used in accordance with, and subject to, the requirements and limitations set forth below. The PHEP shall address mitigation, preparedness, response and recovery phases for public health emergencies through plan development and revision, exercise and response activities based on the 15 CDC identified Public Health Preparedness Capabilities.
2. **Definitions Relevant to PHEP Programs.**
 - a. **Budget Period:** Budget period is defined as the intervals of time (usually 12 months) into which a multi-year project period is divided for budgetary/ funding use. For purposes of this Program Element, budget period is July 1 through June 30.
 - b. **CDC:** U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.
 - c. **CDC Public Health Preparedness Capabilities:**
<http://www.cdc.gov/phpr/capabilities/>
 - d. **Community Hazard Risk Assessment:** A community hazard risk assessment is a process leading to a written document that presents findings used to assess and identify community-specific public health hazards and vulnerabilities so that plans may be developed to reduce or eliminate these threats.
 - e. **Deadlines:** If a due date falls on a weekend or holiday, the due date will be the next business day following.
 - f. **Health Alert Network (HAN):** A web-based, secure, redundant, electronic communication and collaboration system operated by OHA, available to all Oregon public health officials, hospitals, labs and service providers. The data it contains is maintained jointly by OHA and all LPHAs. This system provides continuous, high-speed electronic access for Oregon public health officials and service providers to public health information including the capacity for broadcasting information to Oregon public health officials and service providers in an emergency 24 hours per day, 7 days per week, 365 days per year. The secure HAN has a call down engine that can be activated by state or local Preparedness Health Alert Network administrators.
 - g. **Health Security Preparedness and Response (HSPR):** A state level program that is a joint effort with the Conference of Local Health Officials (CLHO) and Native American Tribes (Tribes) to develop plans and procedures to prepare Oregon to respond, mitigate, and recover from public health emergencies.
 - h. **Hospital Preparedness Program (HPP):** provides leadership and funding through grants and cooperative agreements to States, territories, and eligible municipalities to

improve surge capacity and enhance community and hospital preparedness for public health emergencies. To date, states, territories, and large metropolitan areas have received HPP grants totaling over \$4 billion to help Healthcare Coalitions, hospitals and other healthcare organizations strengthen medical surge and other Healthcare Preparedness Capabilities across the nation.

- i. **National Incident Management System (NIMS):** The U.S. Department of Homeland Security system for integrating effective practices in emergency preparedness and response into a comprehensive national framework for incident management. The NIMS enables emergency responders at all levels and in different disciplines to effectively manage incidents no matter what the cause, size or complexity. More information can be viewed at: <https://www.fema.gov/national-incident-management-system>.
 - j. **Public Information Officers (PIOs):** The communications coordinators (officers) or spokespersons for governmental organizations.
 - k. **Public Health Accreditation Board (PHAB):** A non-profit organization dedicated to improving and protecting the health of the public by advancing the quality and performance of Tribal, state, local and territorial public health departments. <http://www.phaboard.org/>. Accreditation standards and measurements are outlined on <http://www.phaboard.org/wp-content/uploads/SM-Version-1.5-Board-adopted-FINAL-01-24-2014.docx.pdf>
 - l. **Public Health Emergency Preparedness (PHEP):** local public health programs designed to better prepare Oregon to respond to, mitigate, and recover from public health emergencies.
 - m. **Public Health Preparedness Capability Surveys:** A series of surveys on the state of Oregon Capability Assessment Tool website for capturing information from LPHAs in order for HSPR to report to CDC.
 - n. **Volunteer Management:** The ability to coordinate the identification, recruitment, registration, credential verification, training, and engagement of volunteers to support the jurisdictional public health agency's response to incidents of public health significance.
3. **General Requirements.** All LPHAs' PHEP services and activities supported in whole or in part with funds provided under this Agreement and particularly as described in this Program Element Description shall be delivered or conducted in accordance with the following requirements and to the satisfaction of OHA:
- a. **Non-Supplantation.** Funds provided under this Agreement for this Program Element shall not be used to supplant state, local, other non-federal, or other federal funds.
 - b. **Work Plan.** LPHA shall implement its PHEP activities in accordance with its HSPR approved work plan using the example set forth in Attachment 2 to this Program Element. Dependent upon extenuating circumstances, modifications to this work plan may only be made with HSPR agreement and approval. Proposed work plan will be due

on or before August 1. Final approved work plan will be due on or before September 1.

- c. **Public Health Preparedness Staffing.** LPHA shall identify a Public Health Emergency Preparedness Coordinator. The Public Health Emergency Preparedness Coordinator will be the OHA's chief point of contact related to program issues. LPHA must implement its PHEP activities in accordance with its approved work plan. The Public Health Emergency Preparedness Coordinator will ensure that all scheduled preparedness program conference calls and statewide preparedness program meetings are attended by the Coordinator or an LPHA representative.
- d. **Use of Funds.** Funds awarded to the LPHA under this Agreement for this Program Element may only be used for activities related to the CDC Public Health Preparedness Capabilities in accordance with an approved Budget using the template set forth as Attachment 1 to this Program Element. Modifications to the budget totaling \$5,000 or more require submission of a revised budget to the liaison and final receipt of approval from the HSPR fiscal officer.
- e. **Conflict between Documents.** In the event of any conflict or inconsistency between the provisions of the PHEP work plan or budget (as set forth in Attachments 1 and 2) and the provisions of this Agreement, this Agreement shall control.
- f. **PHEP Program Reviews.**
 - i. This Agreement will be integrated into the Triennial Review Process. This review will be completed in conjunction with the statewide Triennial Review schedule as determined by the Office of Community Liaison.
 - ii. The LPHA will complete work plan updates in coordination with their HSPR liaison on at least a minimum of a semi-annual basis and by August 15 and February 15.
- g. **Budget and Expense Reporting:** Using the budget template Excel file set forth in Attachment 1 and available through the liaison and incorporated herein and by this reference, LPHA shall provide to OHA by August 1, of each year, a budget using actual award amounts, through June 30 of each year. LPHA shall submit to OHA by February 15 of each year, the actual expense-to-budget report for the period of July 1, through December 31. The LPHA shall provide to the OHA by September 15 of each year, the actual expense-to-budget report for the prior fiscal period of July 1, through June 30. The budget and expense-to-budget set forth in Attachment 1 shall be the only form used to satisfy this requirement. All capital equipment purchases of \$5,000 or more that use PHEP funds will be identified in this budget report form under the Capital Equipment tab.

4. **Procedural and Operational Requirements.**

- a. **Statewide and Regional Coordination:** LPHA must attend HSPR meetings and participate as follows:
 - i. Attendance to the annual HSPR-hosted health preparedness conference.

- ii. Participation in emergency preparedness subcommittees, work groups and projects for the sustainment of public health emergency preparedness as appropriate.
 - iii. Participation in a minimum of 75% of the regional or local HPP Coalition meetings.
 - iv. Participation in Participation in a minimum of 75% of statewide HSPR-hosted PHEP monthly conference calls for LPHAs and Tribes.
 - v. Participation in activities associated with statewide emerging threats or incidents as identified by HSPR.
- b. **Public Health Preparedness Capability Survey:** LPHA shall complete all applicable Public Health Preparedness Capability Surveys on the State of Oregon Capability Assessment Tool website by August 15 each year.
- c. **Community Hazard Risk Assessment:** The LPHA will provide public health perspective and data for their local, county and/ or hospital vulnerability assessment (HVA) in conjunction with the national format and timelines.
- d. **Work Plan:** PHEP work plans must be written with clear and measurable objectives with timelines and include:
- i. At least three broad program goals that address gaps and guide work plan activities.
 - ii. Development, review and local public health leadership approval of plans and procedures in support of any of the 15 CDC PHP Capabilities.
 - iii. Planning activities in support of any of the 15 CDC PHP Capabilities.
 - iv. Training and Education in support of any of the 15 CDC PHP Capabilities.
 - v. Exercises in support of any of the 15 CDC PHP Capabilities.
 - vi. Community Education and Outreach and Partner Collaboration in support of any of the 15 CDC PHP Capabilities.
 - vii. Administrative and Fiscal activities in support of any of the 15 CDC PHP Capabilities.
- e. **Emergency Preparedness Program Work Plan Performance:** LPHA shall complete activities in their HSPR approved PHEP work plans by June 30 each year. If LPHA completes fewer than 75% of the non-fiscal and non-administrative planned activities in its local PHEP work plan for two consecutive years, not due to unforeseen public health events, it may not be eligible to receive funding under this Program Element in the next fiscal year. Work completed in response to a novel or uncommon disease outbreak or other event of significance, may be documented to replace work plan activities interrupted or delayed.
- f. **24/7/365 Emergency Contact Capability.**
- i. LPHA shall establish and maintain a single telephone number whereby, physicians, hospitals, other health care providers, OHA and the public can report public health emergencies within the LPHA service area.

- ii. The contact number will be easy to find through sources in which the LPHA typically makes information available including local telephone directories, traditional websites and social media pages. It is acceptable for the publicly listed phone number to provide after-hours contact information by means of a recorded message.
- iii. The telephone number shall be operational 24 hours a day, 7 days a week, 365 days a year and be an eleven digit telephone number available to callers from outside the local emergency dispatch. LPHA may use an answering service or their 911 system in this process, but the eleven digit telephone number of the local 911 operators shall be available for callers from outside the locality.
- iv. The LPHA telephone number described above shall be answered by a knowledgeable person or by a recording that clearly states the above mentioned 24/7/365 telephone number. LPHA shall list and maintain both the switchboard number and the 24/7/365 numbers on the HAN.
- v. Quarterly test calls to the 24/7/365 telephone line will be completed by HSPR program staff and LPHA will be required to respond within 60 minutes.

g. HAN

- i. A local HAN Administrator will be appointed for each LPHA and this person's name and contact information will be provided to the HSPR liaison and the State HAN Coordinator.
- ii. The local HAN Administrator shall:
 - (a) Agree to and sign the HAN Security Agreement
 - (b) Ensure local HAN user and county role directory is maintained (add, modify and delete users; make sure users have the correct license).
 - (c) Act as a single point of contact for all LPHA HAN issues, user groups, and training.
 - (d) Serve as the LPHA authority on all HAN related access (excluding hospitals and Tribes).
 - (e) Coordinate with the State HAN Coordinator to ensure roles are correctly distributed within each county.
 - (f) Ensure participation in Emergency Support Function 8 (Health and Medical) tactical communications exercises. Deliverable associated with this exercise will be the test of the LPHA's HAN system roles via alert confirmation for: Health Officer, CD Coordinator(s), Preparedness Coordinator, PIO and LPHA County HAN Administrator within one hour.
 - (g) Perform general administration for all local implementation of the HAN system in their respective organizations.
 - (h) Review LPHA HAN users two times annually to ensure users are updated, assigned their appropriate roles and that appropriate users are deactivated.
 - (i) Facilitate in the development of the HAN accounts for new LPHA users.

- h. Training and Exercise Plan (TEP):** LPHA shall annually submit to HSPR on or before October 31, an updated TEP. The TEP shall meet the following conditions:
- i.** The plan shall demonstrate continuous improvement and progress toward increased capability to perform critical tasks.
 - ii.** The plan shall include priorities that address lessons learned from previous exercises as described in the LPHA's existing AAR/ IP.
 - iii.** LPHA shall make an effort to work with Emergency Management and community partners to integrate exercises.
 - iv.** At a minimum, the plan shall identify at least two exercises per year and shall identify a cycle of exercises that increase in complexity from year one to year three, progressing from discussion-based exercises (e.g. seminars, workshops, tabletop exercises, games) to operation-based exercises (e.g. drills, functional exercises and full scale exercises); exercises of similar complexity are permissible within any given year of the plan. Disease outbreaks or other public health emergencies requiring an LPHA response may, upon HSPR approval, be used to satisfy exercise requirements. For an exercise or incident to qualify under this requirement the exercise or incident must:
 - (a) Have public health objectives that are described in the Exercise Plan or the Incident Action Plan.
 - (b) Involve public health staff in the planning process
 - (c) Involve more than one county public health staff and/ or related partners as active participants
 - (d) Result in an AAR/IP
 - v.** LPHA shall submit to HSPR for approval, an exercise scope including goals, objectives, activities, a list of invited participants and a list of exercise team members, for each of the exercises in advance of each exercise.
 - vi.** LPHA shall provide HSPR an AAR/IP documenting each exercise within 60 days of conducting the exercise.
 - vii.** Staff responsible for emergency planning and response roles shall be trained for their respective roles consistent with their local emergency plans and according to the Public Health Accreditation Board, the National Incident Management System and the Conference of Local Health Officials Minimum Standards. The training portion of the plan must:
 - (a) Include training on how to discharge LPHA statutory responsibility to take measures to control communicable disease in accordance with applicable law.
 - (b) Identifying and training appropriate LPHA staff to prepare for public health emergency response roles and general emergency response based on the local identified hazards.
- i. Training Records:** LPHA shall maintain training records for all local public health staff with emergency response roles.

- j. Planning:** The LPHA shall maintain and execute emergency preparedness procedures/ plans as a component of its jurisdictional Emergency Operations Plan (see attachment 3 for a recommended list). All LPHA emergency procedures shall comply with the NIMS. The emergency preparedness procedures shall address the 15 CDC PHP capabilities and/or hazards described in their Community Hazard Risk Assessment., Revisions shall be done according to the schedule included in each LPHA plan, or according to the local emergency management agency schedule, but not less than once every five years after completion as required in OAR 104-010-005. The governing body of the LPHA shall maintain and update the other components and shall be adopted as local jurisdiction rules apply.
- k. Contingent Emergency Response Funding:** Such funding is subject to restrictions imposed by CDC at the time of the emergency and would provide funding under circumstances when a delay in award would result in serious injury or other adverse impact to the public.

Since the funding is contingent upon Congressional appropriations, whether contingent emergency response funding awards can be made will depend upon the facts and circumstances that exist at the time of the emergency; the particular appropriation from which the awards would be made, including whether it contains limitations on its use; authorities for implementation; or other relevant factors. No activities are specified for this authorization at this time.

ATTACHMENT 1
TO PROGRAM ELEMENT #12
BUDGET TEMPLATE

Preparedness Program Annual Budget				
_____ County				
July 1, 201_ - June 30, 201_				
				Total
PERSONNEL			Subtotal	\$0
	List as an Annual Salary	% FTE based on 12 months	0	
<i>(Position Title and Name)</i>				
Brief description of activities, for example, This position has primary responsibility for _____ County PHEP activities.				
			0	
			0	
			0	
			0	
			0	
Fringe Benefits @ (__)% of describe rate or method			0	
TRAVEL				\$0
Total In-State Travel: (describe travel to include meals, registration, lodging and mileage)			\$0	
Out-of-State Travel: (describe travel to include location, mode of transportation with cost, meals, registration, lodging and incidentals along with number of travelers)			\$0	
CAPITAL EQUIPMENT (individual items that cost \$5,000 or more)			\$0	\$0
SUPPLIES, MATERIALS and SERVICES (office, printing, phones, IT support, etc.)			\$0	\$0
CONTRACTUAL (list each Contract separately and provide a brief description)			\$0	\$0
<i>Contract with (____) Company for \$_____, for (_____) services.</i>				
<i>Contract with (____) Company for \$_____, for (_____) services.</i>				

Contract with (____) Company for \$_____, for (_____) services.			
OTHER	\$0		\$0
TOTAL DIRECT CHARGES			\$0
TOTAL INDIRECT CHARGES @ ___% of Direct Expenses or describe method			\$0
TOTAL BUDGET:			\$0
Date, Name and Phone Number of person who prepared budget.			
NOTES:			
Salaries should be listed as a full time equivalent (FTE) of 2,080 hours per year - for example an employee working .80 with a salary of \$50,000 would be listed as \$62,500			
% of FTE should be based on a full year FTE percentage of 2080 hours per year - for example an employee listed as 50 hours per month would be $50 * 12 / 2080 = .29$ FTE			

Preparedness Program Expense to Budget			
County			
Period of the Report (July 1, 201_ -December 31, 201_)			
	Budget	Expense to date	Variance
PERSONNEL	\$0	\$0	\$0
Salary	\$0		
Fringe Benefits	\$0		
TRAVEL	\$0		\$0
In-State Travel:	\$0		
Out-of-State Travel:	\$0		
CAPITAL EQUIPMENT	\$0		\$0
-			
SUPPLIES	\$0		\$0
CONTRACTUAL	\$0		\$0
OTHER	\$0		\$0
TOTAL DIRECT	\$0	\$0	\$0
TOTAL INDIRECT	\$0	\$0	\$0
TOTAL:	\$0	\$0	\$0
Date, Name and Phone Number of person who prepared budget.			
Notes:			
The budget total should reflect the total amount in the most recent Notice of Grant Award.			
The budget in each category should reflect the total amount in that category for that line item in your submitted budget.			

Preparedness Program Expense to Budget			
_____ County			
Period of the Report (July 1, 201_ - June 30, 201_)			
	Original Budget	Expense to date	Variance
PERSONNEL	\$0	\$0	\$0
Salary			
Fringe Benefits			
TRAVEL	\$0	\$0	\$0
In-State Travel:			
Out-of-State Travel:			
EQUIPMENT	\$0		\$0
-			
SUPPLIES: communications, professional services, office supplies	\$0		\$0
CONTRACTUAL	\$0		\$0
OTHER: facilities, continued education	\$0		\$0
TOTAL DIRECT	\$0	\$0	\$0
TOTAL INDIRECT @ XX% of Direct Expenses (or describe method):	\$0		\$0
TOTAL:	\$0	\$0	\$0
DATE.			
Date, name and phone number of person who prepared expense to budget report			
Notes:			
The budget total should reflect the total amount in the most recent Notice of Grant Award.			
The budget in each category should reflect the total amount in that category for that line item in your submitted budget.			

ATTACHMENT 2
TO PROGRAM ELEMENT #12

Work Plan Instructions
Oregon HSPR Public Health Emergency Preparedness Program

FOR GRANT CYCLE: JULY 1, 2015 – JUNE 30, 2016

DUE DATE

Proposed work plan will be due on or before August 1. Final approved work plan will be due on or before September 1.

REVIEW PROCESS

Your approved work plan will be reviewed with your PHEP liaison by February 15 and August 15.

WORKPLAN CATEGORIES

GOALS: At least three broad program goals that address gaps and guide work plan activities will be developed.

TRAINING AND EDUCATION: List all preparedness trainings, workshops conducted or attended by preparedness staff.

DRILLS and EXERCISES: List all drills you plan to conduct and identify at least two exercises annually in accordance with your three-year training and exercise plan. For an exercise to qualify under this requirement the exercise must a.) Be part of a progressive strategy, b.) Involve public health staff in the planning process, and c.) Involve more than one county public health staff and/or related partners as active participants. A real incident involving a coordinated public health response may qualify as an exercise.

PLANNING: List all plans, procedures, updates, and revisions that need to be conducted this year in accordance with your planning cycle. You should also review all after action reports completed during the previous grant year to identify planning activities that should be conducted this year.

OUTREACH AND PARTNER COLLABORATION: In addition to prefilled requirements, list all meetings regularly attended and/or led by public health preparedness program staff.

COMMUNITY EDUCATION: List any community outreach activities you plan conduct that that enhance community preparedness or resiliency.
Column Descriptions

PRE-FILLED ACTIVITIES

Activities required under the 2015-16 PE-12 are prefilled in the work plan template. Although you may not eliminate any specific requirements, you may adjust the language as necessary to fit your specific planning efforts within the scope of the PE-12.

COLUMN DESCRIPTIONS

CDC Cap. #s	DRILLS and EXERCISES Objective	Planned Activity	Date Completed	Actual Outcome	Notes
1	By December 31, 2015, 90% of all health department staff will respond to drill within 60 minutes.	Conduct local call down drill to all staff.	09/15/14	80% of health department staff responded within designated time. Contact information was updated and processes reviewed to improve future compliance.	Did not reach goal, but demonstrated improvement as only 70% of staff responded at last drill.

CDC CAPABILITY: Indicate the target capability number(s) addressed by this activity.

OBJECTIVE: Use clear and measurable objectives with identified time frames to describe what the LPHA will complete during the grant year.

PLANNED ACTIVITY: Describe the planned activity. Where activity is pre-filled you may customize, the language to describe your planned activity more clearly.

DATE COMPLETED: When updating the work plan, record date of the completed activities and/or objective.

ACTUAL OUTCOMES: To be filled in after activity is conducted. Describe what is actually achieved and/or the products created from this activity.

NOTES: For additional explanation.

INCIDENTS AND RESPONSE ACTIVITIES: Explain what incidents and response activities that occurred during the 2015-16 grant cycle. If an OERS Number was assigned, please include the number. Identify the outcomes from the incident and response activities, include date(s) of the incident and action taken.

UNPLANNED ACTIVITY: Explain what activities or events occurred that was not described when work plan was first approved. Please identify outcomes for the unplanned activity, include date(s) of occurrence and actions taken.

____Public Health Preparedness Program

Goal 1: Current HHS staff will receive ICS training appropriate for identified response role and responsibilities

Goal 2:

Goal 3:

Ongoing and Goal Related PHEP Program Work

Training and Education

CDC Cap. #s	Objectives	Planned Activities	Date Completed	Actual Outcome	Notes
3	<p>This is an example By June 30, 2016, 75% of the identified HHS staff will complete the basic ICS training including NIMS 700 and IS-100. Goal 1.</p>	<p>September Staff meeting, all preparedness related training requirements/expectations reviewed. Explain the identified trainings--NIMS 700, NRF 800, IS-100 and IS-200 and who is to take these courses by the established time frames.</p>	9/15/2015	<p>20 of 30 HHS staff identified as needing 700, 800, and 100 completed the trainings by the end of December 2015.</p>	<p>Identified staff completed 700 and 800 series training online prior to December class.</p>
		<p>December 15, 2015, first classroom training.</p>	12/15/2015		
		<p>March 18, 2016, second classroom training.</p>	3/18/0216	<p>Five management staff completed IS-200 on March 18, 2016.</p>	
		<p>May 12, 2016, third classroom training.</p>	5/12/2016	<p>Remaining 10 staff completed 700, 800, and 100 trainings on May 12, 2016.</p>	
		<p>PHEP coordinator will update all training records by 6-30-2016.</p>	6/15/2016	<p>Trainings records updated on June 15, 2016</p>	

3, 4, 6, 7, 8, 9, 11, 12 and 13	<i>This is an example</i> By June 30, 2016, 75% of the HHS staff will identify three individual expectations and three organizational expectations required during an emergency response. Goal 1.	<i>PHEP coordinator will work with management staff to determine staff training expectations by job classification.</i>	<i>9/1/2015</i>	<i>Met with management staff on September 1, 2015.</i>	
		<i>By October 31, 2015, PHEP coordinator will develop comprehensive emergency preparedness training and exercise plan (TEP) for the organization, both minimum and developmental training.</i>	<i>10/29/2015</i>	<i>Met with Emergency Management and other partners to develop TEP on 9/17/15. Sent TEP to Liaison on 10/29/15.</i>	
		<i>PHEP Coordinator will develop a presentation for staff for orienting them to the organization's expectations, individual expectations and emergency response plans and procedures.</i>	<i>9/15/2015</i>	<i>Presentation developed and gave to staff on 9/15/15</i>	
		<i>PHEP Coordinator will present organization's expectations, individual expectations, and emergency response plans and procedures overview at All Staff meeting.</i>	<i>9/15/2015</i>		
		<i>Give a quiz to all staff by February 17, 2016 on the presentation provided in September on expectations and response plan.</i>	<i>2/17/2016</i>	<i>82% of the staff responded to quiz. 73% did demonstrated retained knowledge on the expectations for the organization and the individual.</i>	

Drills and Exercises					
CDC Cap. #s	Objectives	Planned Activities	Date Completed	Actual Outcomes	Notes

Planning

CDC Cap. #s	Objectives	Planned Activities	Date Completed	Actual Outcomes	Notes

Outreach and Partner Collaboration

CDC Cap. #s	Objectives	Planned Activities	Date Completed	Actual Outcome	Notes

Community Education

CDC Cap. #s	Objectives	Planned Activities	Date Completed	Actual Outcome	Notes

INCIDENT AND RESPONSE ACTIVITIES

CDC Cap. #s	Incident Name/OERS #	Date(s)	Outcomes	Notes

UNPLANNED ACTIVITY				
CDC Cap. #s	Activity	Date(s)	Outcomes	Notes

CDC Cap. #s	FISCAL/ADMINISTRATIVE	Due Dates	Notes
n/a	Participate in Triennial program review process with OHA staff. <i>PE-12.3.f.i.</i>		Dates TBD by OHA
n/a	Develop annual work plan. <i>PE-12.3.b, PE-12.4.d.i-vii.</i>	09/01/15	Proposed draft work plan due to Liaison by 8/1/15. Final work plan due 9/1/15.
n/a	Participate in mid-year work plan review with liaison. <i>PE-12.3.f.</i>	02/15/16	
n/a	Participate in year-end work plan review with liaison. <i>PE-12.3.f.</i>	08/15/16	
n/a	Submit annual proposed budget to liaison for period July 1 to June 30. <i>PE-12.3.g.</i>	08/01/15	
n/a	Submit actual expense-to-budget report to liaison for the period of July 1 through Dec. 31. <i>PE-12.3.g.</i>	02/15/16	
n/a	Submit annual actual expense-to-budget report to liaison for the period of July 1 through June 30. <i>PE-12.3.g.</i>	09/15/16	
CDC Cap. #s	TRAINING and EDUCATION	Due Date	Notes
1 3	Update three-year training and exercise plan (TEP). <i>PE-12.4.h.i-vi.</i>	10/31/15	Draft due date may be established by liaison.
1 3	Ensure staff and supervisors responsible for public health emergency planning and response roles are trained for respective roles. <i>PE-12.4.h and CLHO Minimum Standards</i> [Relevant details from your three-year training plan should be described on lines below.]		

1 3 6	Ensure that local HAN users complete training necessary for user level. <i>PE-12.4.g.ii.</i>	06/30/16	
CDC Cap. #s	DRILLS AND EXERCISES	Due Date	Notes
3 4 6	Participate in statewide ESF-8 tactical communications exercises. <i>PE-12.4.f.</i>		
	EXERCISE 1: [define] <i>PE-12.4.h.iv.(a)-(d).</i>		
n/a	Submit exercise scope to liaison for approval in advance of exercise. <i>PE-12.4.h.v.</i>		
3	Submit AAR/IP to liaison within 60 days of exercise completion. <i>PE-12.4.g.iii., PE-12.4.h.vi.</i>		
	EXERCISE 2: [define] <i>PE-12.4.h.iv.(a)-(d).</i>		
n/a	Submit exercise scope to liaison for approval in advance of exercise. <i>PE-12.4.h.v.</i>		
3	Submit AAR/IP to liaison within 60 days of exercise completion. <i>PE-12.4.g.iii., PE-12.4.h.v.</i>		
CDC Cap. #s	PLANNING	Due Date	Notes
1	Complete annual public health preparedness capabilities survey. <i>PE-12.4.b.</i>	08/15/15	
1-15	Review and update public health plans and MOUs every 5 years. <i>PE-12.4.j, OAR104-01000-005(3)</i>		

1 3	Maintain knowledge of and participate in development or revisions of county emergency operations plan. [describe specific activities on additional lines below, if applicable.] <i>CLHO Minimum Standard 2.1</i>		
1	Maintain or develop written policies and procedures that describe the role and responsibilities of LPHA staff when responding to a public health emergency including disease outbreaks and environmental emergencies. [describe specific activities on additional lines below.] <i>CLHO Minimum Standard 2.1</i>		
1 6	Maintain policies and procedures for reporting emergencies. <i>CLHO Minimum Standard 2.1</i>	ongoing	
CDC Cap. #s	OUTREACH AND PARTNER COLLABORATION	Due Date	Notes
6	Participate in monthly preparedness calls for LPHA/Tribes. <i>PE-12.4.a.iv</i>	ongoing	First Tuesday of every month, 1 to 2 p.m.
1 6	Attend annual HSPR preparedness conference. <i>PE-12.4.a.i.</i>	10/7- 9/15	
1 6	Participate in regional healthcare preparedness coalition meetings. <i>PE-12.4.a.iii.</i>	ongoing	Dates established by HPP Liaison.
	HAN: Identify a HAN Administrator to facilitate all local HAN access, issues, user groups, and trainings - excluding hospitals and tribes. <i>PE-12.4.g.</i>		
1 3	HAN: (1 of 2) Review local HAN users twice annually to ensure local directory is maintained with appropriate users and roles. <i>PE-12.4.g.</i>		

1 3	HAN: (2 of 2) Review local HAN users twice annually to ensure local directory is maintained with appropriate users and roles. <i>PE-12.4.g.</i>		
3 4 13	Maintain 24/7 health department telephone contact capability. <i>PE-12.4.f.</i>	ongoing	
1 3 6	Maintain partnerships with local emergency management, medical examiner, and public safety agencies. [detail activities on additional lines] <i>CLHO Minimum Standard 2.1</i>		
CDC Cap. #s	COMMUNITY EDUCATION	Due Date	Notes
3 4	Maintain ability to inform citizens of actual and potential health threats. [detail activities on additional lines] <i>CLHO Minimum Standard 2.1</i>		

ATTACHMENT 3 TO PROGRAM ELEMENT #12

Recommended Plans for Public Health

- Emergency Support Function (ESF) #8 – Public Health and Medical Services
 - Includes but not limited to:
 - Public Health actions during response and recovery phases
 - Medical Services/EMS actions during response and recovery phases
 - Behavioral/Mental Health actions during response and recovery phases
 - Is an appendix to the County Emergency Operations Plan (EOP)
 - Coordinated in conjunction with Emergency Management and partners
 - Is not an exclusively a public health responsibility. Public health should be deeply involved in most if not all of the issues included therein, however, and will likely act as the coordinating entity for ESF-8. This is something that must be worked out locally in coordination with local emergency management and with EMS, mental health services, health care providers and chief elected officials.
- All-Hazards Base Plan
 - Functional Annexes, including Hazard Specific Annexes, includes but not limited to:
 - Medical Countermeasure Dispensing and Distribution Plan
 - Emerging Infectious Diseases
 - Chemical Incidents
 - Influenza Pandemic
 - Climate Change
 - Weather / natural disasters- floods, earthquake, wildfire
 - Support Annexes, includes but not limited to:
 - Inventory Management Operations Guide
 - Continuity of Operations Plan (COOP)
 - Information and Communication Plan
 - Volunteer Management
 - Appendices, includes but not limited to:
 - Public Health and Partner Contact Information
 - Public Health Incident Command Structure
 - Legal Authority
 - Job Action Sheets

Sustaining Public Health Emergency Preparedness Program

- Maintain Multi-year Training and Exercise Plan (MYTEP)
- Public Health agency participates or performs in two exercises per year
- Complete After Action Report/Improvement Plans (AAR/IP) sixty days after each exercise
- Apply identified improvement plan items to future exercises and work plans
- Coordinate with partners including Emergency Management, Tribal and Healthcare partners
- Attend Healthcare Preparedness Program (HPP)/Healthcare Coalition meetings
- Conduct 24/7/365 testing with Public Health personnel
- Test HAN on a regular basis
- Document meetings with partners including minutes and agendas
- Schedule a five year plan to update plans and Memorandums Of Understanding (MOUs)
- Participate in the County Threat and Hazard Identification Risk Assessment (THIRA) process
- Ensure current Access and Functional Needs populations data is current in plans

Resources

State:

- Oregon Conference of Local Health Officials Minimum Standards
http://www.oregonclho.org/uploads/8/6/1/7/8617117/draft_minimum_standards_for_local_public_health_departments.pdf
- Public Health Emergency Preparedness Triennial Review
<http://public.health.oregon.gov/ProviderPartnerResources/LocalHealthDepartmentResources/Pages/lhd-trt.aspx>
- Health Security, Preparedness and Response
<http://public.health.oregon.gov/Preparedness/Pages/index.aspx>
- Oregon ESSENCE
<http://public.health.oregon.gov/DiseasesConditions/CommunicableDisease/PreparednessSurveillanceEpidemiology/essence/Pages/index.aspx>
- Oregon Web Links
<https://public.health.oregon.gov/Preparedness/Partners/HealthAlertNetwork/Pages/weblinks.aspx>
- Secure HAN Login <https://oregonhealthnetwork.org>
- State Emergency Registry of Volunteers in Oregon (SERV-OR) <https://serv-or.org>
- Public Health Preparedness Capability Surveys
<https://orassessment.ene.com/Login.aspx?ReturnUrl=%2fdefault.aspx>
- Oregon Emergency Management (OEM) <http://www.oregon.gov/omd/oem/Pages/index.aspx>
- OEM OpsCenter <https://oregonem.com/opscenter/Login.aspx?ReturnUrl=%2fopscenter>
- OEM Emergency Support Functions
<http://www.oregon.gov/OMD/OEM/docs/ESF%20Realignment%20Issue%20Paper.pdf>

Federal:

- CDC Public Health Preparedness Capabilities: National Standards for State and Local Planning
<http://www.cdc.gov/phpr/capabilities/>
- CDC Division of Strategic National Stockpile (DSNS)
<http://www.cdc.gov/phpr/stockpile/stockpile.htm>
- CDC Office of Public Health Preparedness and Response
<http://www.cdc.gov/about/organization/ophpr.htm>
- CDC Public Health Preparedness <http://emergency.cdc.gov/>
- FEMA National Preparedness Resource Library, including Emergency Support Functions
<http://www.fema.gov/national-preparedness-resource-library>
- FEMA Core Capabilities <https://www.fema.gov/core-capabilities>
- FEMA Comprehensive Preparedness Guides <https://www.fema.gov/plan>

Other:

- Association of State and Territorial Health Officials <http://www.astho.org/Programs/Preparedness/>
- Public Health Accreditation Board (PHAB) <http://www.phaboard.org/>
- National Association of City and County Health Officials (NACCHO)
<http://www.naccho.org/topics/emergency/>
- Public Health Incident Command Structure <http://www.ualbanycphp.org/pinata/phics/>
- Public Health Preparedness <http://www.phe.gov/preparedness/Pages/default.aspx>
- Medical Reserve Corps (MRC) <https://www.medicalreservecorps.gov/HomePage>

**Attachment 2 to Amendment 3 to Agreement #148007
FINANCIAL ASSISTANCE AWARD**

State of Oregon Oregon Health Authority Public Health Division			Page 1 of 2
1) Grantee Name: Curry Community Health Street: 94235 Moore St., Suite 121 City: Gold Beach State: OR Zip Code: 97444	2) Issue Date October 16, 2015	This Action Amendment FY2016	
		3) Award Period From July 1, 2015 Through June 30, 2016	
4) OHA Public Health Funds Approved			
Program	Previous Award	Increase/ (Decrease)	Grant Award
PE 01 State Support for Public Health	25,117	0	25,117
PE 03 TB Case Management	404	0	404
PE 09 PHEP -- EBOLA	9,062	1,510	10,572
PE 12 Public Health Emergency Preparedness	68,993	0	68,993
PE 13 Tobacco Prevention & Education	58,125	0	58,125
PE 40 Women, Infants and Children FAMILY HEALTH SERVICES	89,500	0	89,500 (b,c,f)
PE 41 Reproductive Health Program FAMILY HEALTH SERVICES	10,324	0	10,324 (d,e)
PE 42 MCH/Child & Adolescent Health -- General Fund FAMILY HEALTH SERVICES	3,740	0	3,740 (a)
PE 42 MCH-TitleV -- Child & Adolescent Health FAMILY HEALTH SERVICES	3,969	0	3,969 (a)
PE 42 MCH-TitleV -- Flexible Funds FAMILY HEALTH SERVICES	9,260	0	9,260 (a)
PE 42 MCH/Perinatal Health -- General Fund FAMILY HEALTH SERVICES	1,994	0	1,994 (a)
PE 42 Babies First FAMILY HEALTH SERVICES	6,135	0	6,135
5) FOOTNOTES:			
a) Funds will not be shifted between categories or fund types. The same program may be funded by more than one fund type, however, federal funds may not be used as match for other federal funds (such as Medicaid). b) July -September grant is \$23,154 ; and includes \$4,631 of minimum Nutrition Education: and \$1,062 for Breastfeeding Promotion. c) October-June grant is \$66,347 ; and includes \$13,269 of minimum Nutrition Education amount and \$3,187 for Breastfeeding Promotion. d) \$810 reflects the phase-out of the Title V supplement for Reproductive Health. Title V funding in support of Reproductive Health is for the period July 1, 2015 through December 31, 2015. e) \$9,514 represents Title X funding which may change due to availability of funds and funding calculation based on clients served in FY2014. f) \$ 1,038 increase is at the funding rate of \$2 per participant. This is done according to the certified caseload effective July 1st, 2015.			
6) Capital Outlay Requested in This Action:			
Prior approval is required for Capital Outlay. Capital Outlay is defined as an expenditure for equipment with a purchase price in excess of \$5,000 and a life expectancy greater than one year.			
PROGRAM	ITEM DESCRIPTION	COST	PROG. APPROV

CURRY COUNTY BOARD OF COMMISSIONERS
AGENDA ITEM ROUTING SLIP
FORM 10-001.1

PART I – SUBMITTING DEPARTMENT: RETURN TO [BOC OFFICE@CO.CURRY.OR.US](mailto:BOC_OFFICE@CO.CURRY.OR.US)

AGENDA ITEM TITLE: Appointments to the Fair Board

AGENDA DATE^a: 12-17-2015

SUBMITTING DEPARTMENT: Commissioners

^aSubmit **5:00 p.m. on the Wednesday** prior to the next General meeting.

CONTACT PERSON:

PHONE/EXT: 3296

BRIEF BACKGROUND OR NOTE^b: Select four of the five applicants. Decide which two will be appointed for two years and which two will be appointed for three years.

^bindicate if more than one copy to be signed

FILES ATTACHED:

SUBMISSION TYPE: Appointment

- (1) Five Fair Board Applications
- (2) Sample Order
- (3)
- (4)

Are there originals in route (paper copies with pre-existing signatures) Yes No

QUESTIONS:

1. Would this item be a departure from the Annual Budget if approved? Yes No
(If Yes, brief detail)
2. Does this agenda item impact any other County department? Yes No
(If Yes, brief detail)
3. If Land Transaction, filed with the clerk? Yes No N/A

INSTRUCTIONS ONCE SIGNED:

No Additional Activity Required

OR

File with County Clerk

Name:

Send Printed Copy to:

Address:

Email a Digital Copy to:

City/State/Zip:

Other Make (re)appointment orders based on Board decisions, have signed and then file with clerk. Place hardcopies in Fair Board file and digital copies in appropriate Advisory Board file/Com&Con drive.

Phone:

Due date to send: 01 /01 / 2016

Email:

^cNote: Most signed documents are filed/recorded with the Clerk per standard process.

PART II – COUNTY CLERK REVIEW

EVALUATION CRITERIA:

CLERK ASSESSMENT: Does this agenda item meet filing/recording standards? Yes No N/A
(If No, brief detail)

PART III - FINANCE DEPARTMENT REVIEW

EVALUATION CRITERIA 1-4:

1. Confirmed Submitting Department's finance-related responses Yes No
Comment:
2. Confirmed Submitting Department's personnel-related materials Yes No N/A
Comment:
3. If job description, Salary Committee reviewed: Yes No N/A
4. If hire order requires an UA, is it approved? Yes No Pending N/A

PART IV – COUNTY COUNSEL REVIEW

AGENDA ASSIGNMENT TYPE: Appointments

LEGAL ASSESSMENT: Does this agenda item have a legal impact? Yes No
(If Yes, brief detail)

PART V – BOARD OF COMMISSIONER REVIEW/COMMENT

LIAISON COMMISSIONER AGREES TO ADD TO AGENDA:

Commissioner Susan Brown Yes No
Commissioner Thomas Huxley Yes No
Commissioner David Brock Smith Yes No



Application for Volunteer Boards, Commissions, Councils, Committees or Task Forces

Board of Curry County Commissioners
94235 Moore Street, Suite 122
Gold Beach, OR 97444
Phone: 541-247-3296 Fax: 541-247-2718 Email: BOC_Office@co.curry.or.us

Please complete both sides of this form. Information submitted as part of this application is available and shall be considered public information as it pertains to Oregon Public Records.

NOTE: A separate application may be required for each Board, Commission, Council, Committee or Task Force for which you are applying.

Please print or type clearly

Name: Laurie Brand Date: 12.5.15

Please indicate which Board, Commission, Council, Committee or Task Force on which you are interested in serving.

<input type="checkbox"/> Ambulance Service Area Advisory Committee	<input checked="" type="checkbox"/> Fair Board
<input type="checkbox"/> Board of Property Tax Appeals	<input type="checkbox"/> Farm Board of Review
<input type="checkbox"/> Brookings Airport Advisory Committee	<input type="checkbox"/> Local Public Safety Coordinating Council
<input type="checkbox"/> Budget Committee	<input type="checkbox"/> Planning Commission
<input type="checkbox"/> Building Codes Appeal Board	<input type="checkbox"/> Public Services Financial Advisory Committee
<input type="checkbox"/> CCD Business Development Corporation	<input type="checkbox"/> RSVP Advisory Board
<input type="checkbox"/> Citizen Involvement Committee	<input type="checkbox"/> Solid Waste Advisory Committee
<input type="checkbox"/> Compensation Board	<input type="checkbox"/> Veteran's Advisory Council
<input type="checkbox"/> Coos Curry Housing Authority	
<input type="checkbox"/> Other	

Are you currently serving on a Board, Commission, Council, Committee or Task Force for Curry County?

Yes No If Yes, list which committee(s):

What experience, training or qualifications do you have for this particular Board, Commission, Council, Committee or Task Force? WORKED FOR THE FAIR BOARD FOR 5 YEARS AND VOLUNTEER ON A REGULAR BASIS

What community topics concern you that relate to this Board, Commission, Council, Committee or Task Force? THE CONTINUATION OF THE FAIR AND EVENT CENTER

Describe your previous experience in this appointed position or a similar position: HAVE SERVED ON

CHAMBER OF COMMERCE BOARD, "CASA" BOARD AND
SEVERAL OTHER SMALLER BOARDS.

Other volunteer activities: PRESIDENT OF QUILT GUILD, VOLUNTEER AND
HELP ASSIST MAJOR EVENTS AT THE FAIRGROUNDS

Does your schedule allow you to attend daytime meetings? Yes No

Does your schedule allow you to attend evening meetings? Yes No

Does your schedule limit the days you could attend meetings? Yes No

If Yes, please explain _____

Have you ever been convicted of a crime? Yes No

If Yes, please explain _____



Signature

12.5.15

Date

My signature above indicates my desire to serve Curry County in a voluntary capacity as a member of one of its Boards, Commissions, Councils, Committees or Task Forces. I understand that there is no financial compensation for serving.

Thank you for your application.

Please return your completed application to the Curry County Commissioners' Office at the address or email listed on page one of this form or you may submit your application on the county's website at www.co.curry.or.us.



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CONFIDENTIAL (I do not want my personal information made public.)

NOTE: A separate application may be required for each Board, Commission, Council, Committee or Task Force for which you are applying.

Please print or type clearly

Name: DAVID HOENIG Date: 12/01/15

<input type="checkbox"/> Ambulance Service Area Advisory Committee	<input checked="" type="checkbox"/> Fair Board
<input type="checkbox"/> Board of Property Tax Appeals	<input type="checkbox"/> Farm Board of Review
<input type="checkbox"/> Brookings Airport Advisory Committee	<input type="checkbox"/> Local Public Safety Coordinating Council
<input type="checkbox"/> Budget Committee	<input type="checkbox"/> Planning Commission
<input type="checkbox"/> Building Codes Appeal Board	<input type="checkbox"/> Public Services Financial Advisory Committee
<input type="checkbox"/> CCD Business Development Corporation	<input type="checkbox"/> RSVP Advisory Board
<input type="checkbox"/> Citizen Involvement Committee	<input type="checkbox"/> Solid Waste Advisory Committee
<input type="checkbox"/> Compensation Board	<input type="checkbox"/> Veteran's Advisory Council
<input type="checkbox"/> Coos Curry Housing Authority	
<input type="checkbox"/> Other	

Are you currently serving on a Board, Commission, Council, Committee or Task Force for Curry County?

Yes No If Yes, list which committee(s): FAIR BOARD

Name: DAVID HOENIG Date: 12/01/15

Position you are applying for (from the front page): FAIR BOARD

What experience, training or qualifications do you have for this particular Board, Commission, Council, Committee or Task Force? FAIR BOARD 15 YEARS PLUS

78 YEARS - GOLD BEACH CHAMBER BOARD

FOUNDING MEMBER - AMERICA'S WILD RIVER COAST & BOARD

What community topics concern you that relate to this Board, Commission, Council, Committee or Task Force? _____

TOURISM -

Describe your previous experience in this appointed position or a similar position: I HAVE WORKED

ON LONG RANGE PLANNING FOR FAIRGROUNDS AND EVENT

CENTER

Other volunteer activities: _____

Does your schedule allow you to attend daytime meetings? Yes No

Does your schedule allow you to attend evening meetings? Yes No

Does your schedule limit the days you could attend meetings? Yes No

If Yes, please explain _____

Have you ever been convicted of a crime? Yes No

If Yes, please explain _____

David Hoenic

Signature

12/01/15

Date

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CONFIDENTIAL (I do not want my personal information made public.)

NOTE: A separate application may be required for each Board, Commission, Council, Committee or Task Force for which you are applying.

Please print or type clearly

Name: Joel R. Bravo Date: 12-5-15

Please indicate which Board, Commission, Council, Committee or Task Force on which you are interested in serving.

<input type="checkbox"/> Ambulance Service Area Advisory Committee	<input checked="" type="checkbox"/> Fair Board
<input type="checkbox"/> Board of Property Tax Appeals	<input checked="" type="checkbox"/> Farm Board of Review
<input type="checkbox"/> Brookings Airport Advisory Committee	<input type="checkbox"/> Local Public Safety Coordinating Council
<input type="checkbox"/> Budget Committee	<input type="checkbox"/> Planning Commission
<input type="checkbox"/> Building Codes Appeal Board	<input type="checkbox"/> Public Services Financial Advisory Committee
<input type="checkbox"/> CCD Business Development Corporation	<input type="checkbox"/> RSVP Advisory Board
<input type="checkbox"/> Citizen Involvement Committee	<input type="checkbox"/> Solid Waste Advisory Committee
<input type="checkbox"/> Compensation Board	<input type="checkbox"/> Veteran's Advisory Council
<input type="checkbox"/> Coos Curry Housing Authority	
<input type="checkbox"/> Other	

Are you currently serving on a Board, Commission, Council, Committee or Task Force for Curry County?

Yes No If Yes, list which committee(s): Fair Board

Name: Joel R. Bravo Date: 12-5-15

Position you are applying for (from the front page): Fair Board

What experience, training or qualifications do you have for this particular Board, Commission, Council, Committee or Task Force? Past SERVICE on Fair Board - Past Board Member of Southern Curry Cemetery Board - Rancher - Past 20yrs Tribal Council Member Smith River Rancheria / Tolowa Deen'e Nation

What community topics concern you that relate to this Board, Commission, Council, Committee or Task Force? The continued viability of the Curry Co Fair

Describe your previous experience in this appointed position or a similar position: 2 Terms

Other volunteer activities: Tribal committees (3)

Does your schedule allow you to attend daytime meetings? Yes No

Does your schedule allow you to attend evening meetings? Yes No

Does your schedule limit the days you could attend meetings? Yes No

If Yes, please explain _____

Have you ever been convicted of a crime? Yes No

If Yes, please explain _____

Signature Joel R. Bravo

Date 12-5-15

My signature above indicates my desire to serve Curry County in a voluntary capacity as a member of one of its Boards, Commissions, Councils, Committees or Task Forces. I understand that there is no financial compensation for serving.

Thank you for your application.

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CONFIDENTIAL (I do not want my personal information made public.)

NOTE: A separate application may be required for each Board, Commission, Council, Committee or Task Force for which you are applying.

Please print or type clearly

Name: Joan A Cooper Date: 12-1-2015

<input type="checkbox"/> Ambulance Service Area Advisory Committee	<input checked="" type="checkbox"/> Fair Board
<input type="checkbox"/> Board of Property Tax Appeals	<input type="checkbox"/> Farm Board of Review
<input type="checkbox"/> Brookings Airport Advisory Committee	<input type="checkbox"/> Local Public Safety Coordinating Council
<input type="checkbox"/> Budget Committee	<input type="checkbox"/> Planning Commission
<input type="checkbox"/> Building Codes Appeal Board	<input type="checkbox"/> Public Services Financial Advisory Committee
<input type="checkbox"/> CCD Business Development Corporation	<input type="checkbox"/> RSVP Advisory Board
<input type="checkbox"/> Citizen Involvement Committee	<input type="checkbox"/> Solid Waste Advisory Committee
<input type="checkbox"/> Compensation Board	<input type="checkbox"/> Veteran's Advisory Council
<input type="checkbox"/> Coos Curry Housing Authority	
<input type="checkbox"/> Other	

Are you currently serving on a Board, Commission, Council, Committee or Task Force for Curry County?

Yes No If Yes, list which committee(s): Fair Board

Name: Jean Cooper Date: Dec 12, 2015

Position you are applying for (from the front page): Fair Board

What experience, training or qualifications do you have for this particular Board, Commission, Council, Committee or Task Force? Fair Board. 7 years. Director on Oregon Fairs Foundation Board
Fair Supt 12 years. Curry Fair Friends. Board Member

What community topics concern you that relate to this Board, Commission, Council, Committee or Task Force? Events, Tourism.

Describe your previous experience in this appointed position or a similar position: Event planning, Fundraising (Curry Fair Friends)

Other volunteer activities: Innominate Garden Club - Oregon Fish Hatchery
Net Seining, Hatchery & Propagation

Does your schedule allow you to attend daytime meetings? Yes No

Does your schedule allow you to attend evening meetings? Yes No

Does your schedule limit the days you could attend meetings? Yes No

If Yes, please explain _____

Have you ever been convicted of a crime? Yes No

If Yes, please explain _____

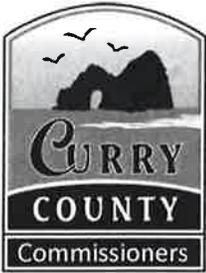
Signature Jean A. Cooper

Date 12-1-2015

My signature above indicates my desire to serve Curry County in a voluntary capacity as a member of one of its Boards, Commissions, Councils, Committees or Task Forces. I understand that there is no financial compensation for serving.

Thank you for your application.

Please return your completed application to the Curry County Commissioners' Office at the address or email listed on page one of this form or you may submit your application on the county's website at www.co.curry.or.us.



Application for Volunteer Boards, Commissions, Councils, Committees or Task Forces

Board of Curry County Commissioners
94235 Moore Street, Suite 122
Gold Beach, OR 97444
Phone: 541-247-3296 Fax: 541-247-2718 Email: BOC_Office@co.curry.or.us

Please complete both sides of this form. Information submitted as part of this application is available and shall be considered public information as it pertains to Oregon Public Records.

NOTE: A separate application may be required for each Board, Commission, Council, Committee or Task Force for which you are applying.

REAPPOINTMENT

Please print or type clearly

Name: Lucie LaBonte Date: 11/27/15

Please indicate which Board, Commission, Council, Committee or Task Force on which you are interested in serving.

<input type="checkbox"/> Ambulance Service Area Advisory Committee	<input checked="" type="checkbox"/> Fair Board
<input type="checkbox"/> Board of Property Tax Appeals	<input type="checkbox"/> Farm Board of Review
<input type="checkbox"/> Brookings Airport Advisory Committee	<input type="checkbox"/> Local Public Safety Coordinating Council
<input type="checkbox"/> Budget Committee	<input type="checkbox"/> Planning Commission
<input type="checkbox"/> Building Codes Appeal Board	<input type="checkbox"/> Public Services Financial Advisory Committee
<input type="checkbox"/> CCD Business Development Corporation	<input type="checkbox"/> RSVP Advisory Board
<input type="checkbox"/> Citizen Involvement Committee	<input type="checkbox"/> Solid Waste Advisory Committee
<input type="checkbox"/> Compensation Board	<input type="checkbox"/> Veteran's Advisory Council
<input type="checkbox"/> Coos Curry Housing Authority	
<input type="checkbox"/> Other	

Are you currently serving on a Board, Commission, Council, Committee or Task Force for Curry County?

Yes No If Yes, list which committee(s):

FAIR BOARD

What experience, training or qualifications do you have for this particular Board, Commission, Council, Committee or Task Force?

PAST COUNTY COMMISSIONER, 2 TERMS ON FAIR BOARD, PAST MARKETING DIRECTOR POBH, SERVED ON MANY BOARDS

What community topics concern you that relate to this Board, Commission, Council, Committee or Task Force?

STAYING FINANCIAL STABLE, ECONOMIC DEVELOPMENT

Describe your previous experience in this appointed position or a similar position:

SEE ABOVE - I WOULD LIKE TO CONTINUE BECAUSE EXPERIENCE IN CRS. AND FAIR FUNCTIONS IS CRITICAL AT THIS TIME.

Other volunteer activities: ROTARY, LEAGUE OF WOMEN VOTERS,
NEWSLETTER

Does your schedule allow you to attend daytime meetings? Yes No

Does your schedule allow you to attend evening meetings? Yes No

Does your schedule limit the days you could attend meetings? Yes No
If Yes, please explain _____

Have you ever been convicted of a crime? Yes No
If Yes, please explain _____


Signature

11/27/15
Date

My signature above indicates my desire to serve Curry County in a voluntary capacity as a member of one of its Boards, Commissions, Councils, Committees or Task Forces. I understand that there is no financial compensation for serving.

Thank you for your application.

Please return your completed application to the Curry County Commissioners' Office at the address or email listed on page one of this form or you may submit your application on the county's website at www.co.curry.or.us.



Application for Volunteer Boards, Commissions, Councils, Committees or Task Forces

Board of Curry County Commissioners
 94235 Moore Street, Suite 122
 Gold Beach, OR 97444
 Phone: 541-247-3296 Fax: 541-247-2718 Email: BOC_Office@co.curry.or.us

Please complete both sides of this form. Information submitted as part of this application is available and shall be considered public information as it pertains to Oregon Public Records.

NOTE: A separate application may be required for each Board, Commission, Council, Committee or Task Force for which you are applying.

Please print or type clearly

Name: Summer Matteson-Kinney

Date: November 18, 2015

Please indicate which Board, Commission, Council, Committee or Task Force on which you are interested in serving.

<input type="checkbox"/> Ambulance Service Area Advisory Committee	<input checked="" type="checkbox"/> Fair Board
<input type="checkbox"/> Board of Property Tax Appeals	<input type="checkbox"/> Farm Board of Review
<input type="checkbox"/> Brookings Airport Advisory Committee	<input type="checkbox"/> Local Public Safety Coordinating Council
<input type="checkbox"/> Budget Committee	<input type="checkbox"/> Planning Commission
<input type="checkbox"/> Building Codes Appeal Board	<input type="checkbox"/> Public Services Financial Advisory Committee
<input type="checkbox"/> CCD Business Development Corporation	<input type="checkbox"/> RSVP Advisory Board
<input type="checkbox"/> Citizen Involvement Committee	<input type="checkbox"/> Solid Waste Advisory Committee
<input type="checkbox"/> Compensation Board	<input type="checkbox"/> Veteran's Advisory Council
<input type="checkbox"/> Coos Curry Housing Authority	
<input type="checkbox"/> Other	

Are you currently serving on a Board, Commission, Council, Committee or Task Force for Curry County?

Yes No If Yes, list which committee(s):

What experience, training or qualifications do you have for this particular Board, Commission, Council, Committee or Task Force? Tourism, community and economic development.

What community topics concern you that relate to this Board, Commission, Council, Committee or Task Force? TLT. Effectively promotion and renewed revitalization of the Event Center. I believe I would bring a fresh representation of marketing and development experience.

Describe your previous experience in this appointed position or a similar position: _____

Other volunteer activities: City of Gold Beach Planning Commission, CCD Board Member, Oregon Destination Marketing Organization member, Strategic Planning Commission – CCSD, Travel Oregon DMO representative, Curry County 4-H volunteer.

Does your schedule allow you to attend daytime meetings? Yes No

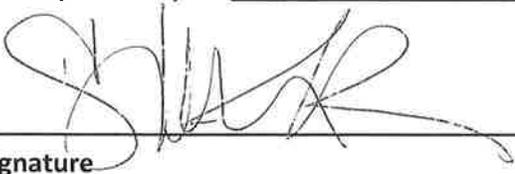
Does your schedule allow you to attend evening meetings? Yes No

Does your schedule limit the days you could attend meetings? Yes No

If Yes, please explain _____

Have you ever been convicted of a crime? Yes No

If Yes, please explain _____



Signature

11.18.15

Date

My signature above indicates my desire to serve Curry County in a voluntary capacity as a member of one of its Boards, Commissions, Councils, Committees or Task Forces. I understand that there is no financial compensation for serving.

Thank you for your application.

Please return your completed application to the Curry County Commissioners' Office at the address or email listed on page one of this form or you may submit your application on the county's website at www.co.curry.or.us.

**BEFORE THE BOARD OF COUNTY COMMISSIONERS
IN AND FOR THE COUNTY OF CURRY, OREGON**

**In the Matter of (Re-)appointments)
To the Curry County Fair Board)**

ORDER NO. _____

WHEREAS, positions on the Curry County Fair Board will become vacant on January 1, 2016 due to the expiration of terms; and

WHEREAS, _____ and _____ have applied for re-appointment to the Curry County Fair Board effective January 1, 2016;

NOW, THEREFORE, IT IS HEREBY ORDERED that _____ and _____ are (re-)appointed to the Curry County Fair Board, effective January 1, 2016, with said term to expire December 31, 2018(7).

DATED this 17th day of December, 2015.

CURRY COUNTY BOARD OF COMMISSIONERS

Susan Brown, Chair

Thomas Huxley, Vice Chair

David Brock Smith, Commissioner

CURRY COUNTY BOARD OF COMMISSIONERS
AGENDA ITEM ROUTING SLIP
FORM 10-001.1

PART I – SUBMITTING DEPARTMENT: RETURN TO [BOC OFFICE@CO.CURRY.OR.US](mailto:BOC_OFFICE@CO.CURRY.OR.US)

AGENDA ITEM TITLE: Appointment to Safety Committee

AGENDA DATE^a: 2015_12_17 **SUBMITTING DEPARTMENT:** Commissioners

^aSubmit **5:00 p.m. on the Wednesday** prior to the next General meeting.

CONTACT PERSON:

PHONE/EXT:

BRIEF BACKGROUND OR NOTE^b: Reappointment to the Safety Committee

^bindicate if more than one copy to be signed

FILES ATTACHED:

SUBMISSION TYPE: Appointment

- (1) Order
- (2) C.Crook Application
- (3)
- (4)

Are there originals in route (paper copies with pre-existing signatures) Yes No

QUESTIONS:

1. Would this item be a departure from the Annual Budget if approved? Yes No
(If Yes, brief detail)
2. Does this agenda item impact any other County department? Yes No
(If Yes, brief detail)
3. If Land Transaction, filed with the clerk? Yes No N/A

INSTRUCTIONS ONCE SIGNED:

No Additional Activity Required

OR

Send Document Hardcopy/Electronically to:

Name:

Address:

City/State/Zip:

Phone:

Due date to send: / /

^aNote: Most signed documents are filed/recorded with the Clerk per standard process.

PART II – COUNTY CLERK REVIEW

EVALUATION CRITERIA:

CLERK ASSESSMENT: Does this agenda item meet filing/recording standards? Yes No N/A
(If No, brief detail)

PART III - FINANCE DEPARTMENT REVIEW

EVALUATION CRITERIA 1-4:

1. Confirmed Submitting Department's finance-related responses Yes No
Comment:
2. Confirmed Submitting Department's personnel-related materials Yes No N/A
Comment:
3. If job description, Salary Committee reviewed: Yes No N/A
4. If hire order requires an UA, is it approved? Yes No Pending N/A

PART IV – COUNTY COUNSEL REVIEW

AGENDA ASSIGNMENT TYPE: Appointments

LEGAL ASSESSMENT: Does this agenda item have a legal impact? Yes No
(If Yes, brief detail)

PART V – BOARD OF COMMISSIONER REVIEW/COMMENT

LIAISON COMMISSIONER AGREES TO ADD TO AGENDA:

Commissioner Susan Brown Yes No
Commissioner Thomas Huxley Yes No
Commissioner David Brock Smith Yes No
Comment:



Application for Volunteer Boards, Commissions, Councils, Committees or Task Forces

Board of Curry County Commissioners
94235 Moore Street, Suite 122
Gold Beach, OR 97444
Phone: 541-247-3296 Fax: 541-247-2718 Email: BOC_Office@co.curry.or.us

Please complete both sides of this form. Information submitted as part of this application is available and shall be considered public information as it pertains to Oregon Public Records.

NOTE: A separate application may be required for each Board, Commission, Council, Committee or Task Force for which you are applying.

Please print or type clearly

Name: Cena Cook Date: 12/03/15

Please indicate which Board, Commission, Council, Committee or Task Force on which you are interested in serving.

<input type="checkbox"/> Ambulance Service Area Advisory Committee	<input type="checkbox"/> Fair Board
<input type="checkbox"/> Board of Property Tax Appeals	<input type="checkbox"/> Farm Board of Review
<input type="checkbox"/> Brookings Airport Advisory Committee	<input type="checkbox"/> Local Public Safety Coordinating Council
<input type="checkbox"/> Budget Committee	<input type="checkbox"/> Planning Commission
<input type="checkbox"/> Building Codes Appeal Board	<input type="checkbox"/> Public Services Financial Advisory Committee
<input type="checkbox"/> CCD Business Development Corporation	<input type="checkbox"/> RSVP Advisory Board
<input type="checkbox"/> Citizen Involvement Committee	<input type="checkbox"/> Solid Waste Advisory Committee
<input type="checkbox"/> Compensation Board	<input type="checkbox"/> Veteran's Advisory Council
<input type="checkbox"/> Coos Curry Housing Authority	
<input checked="" type="checkbox"/> Other <u>Safety Committee</u>	

Are you currently serving on a Board, Commission, Council, Committee or Task Force for Curry County?

Yes No If Yes, list which committee(s):
Safety Committee

What experience, training or qualifications do you have for this particular Board, Commission, Council, Committee or Task Force? Currently on the committee - 1 year

What community topics concern you that relate to this Board, Commission, Council, Committee or Task Force? Safety in the work place

Describe your previous experience in this appointed position or a similar position: 1 year Safety committee member for Curry County

Other volunteer activities: _____

Does your schedule allow you to attend daytime meetings?

Yes No

Does your schedule allow you to attend evening meetings?

Yes No

Does your schedule limit the days you could attend meetings?

Yes No

If Yes, please explain Monthly daytime meetings are okay with my work schedule

Have you ever been convicted of a crime?

Yes No

If Yes, please explain _____

Cena Crook

Signature

2/7/15

Date

My signature above indicates my desire to serve Curry County in a voluntary capacity as a member of one of its Boards, Commissions, Councils, Committees or Task Forces. I understand that there is no financial compensation for serving.

Thank you for your application.

Please return your completed application to the Curry County Commissioners' Office at the address or email listed on page one of this form or you may submit your application on the county's website at www.co.curry.or.us.

BEFORE THE BOARD OF COUNTY COMMISSIONERS
IN AND FOR THE COUNTY OF CURRY, OREGON

In the Matter of Re-Appointment)
To the Curry County Safety)
Committee)

ORDER NO. _____

WHEREAS, a vacancy will become available on January 28, 2016 for a volunteer employee representative on the Curry County Safety Committee; and

WHEREAS, Cena Crook has agreed to serve as a volunteer employee representative to the Curry County Safety Committee;

NOW, THEREFORE, THE BOARD OF CURRY COUNTY COMMISSIONERS HEREBY ORDERS AS FOLLOWS:

That Cena Crook is re- appointed as a volunteer employee representative to the Curry County Safety Committee effective January 29, 2016 with term to expire on January 29, 2018.

DATED this 17th day of December, 2015

BOARD OF CURRY COUNTY COMMISSIONERS

Susan Brown, Chair

Thomas Huxley, Vice Chair

David Brock Smith, Commissioner

CURRY COUNTY BOARD OF COMMISSIONERS
AGENDA ITEM ROUTING SLIP
FORM 10-001.1

PART I – SUBMITTING DEPARTMENT: RETURN TO [BOC OFFICE@CO.CURRY.OR.US](mailto:BOC_OFFICE@CO.CURRY.OR.US)

AGENDA ITEM TITLE: Appointments to Safety Committee
AGENDA DATE^a: 2015_12_17 **SUBMITTING DEPARTMENT:** Commissioners
^aSubmit **5:00 p.m. on the Wednesday** prior to the next General meeting.

CONTACT PERSON: _____ **PHONE/EXT:** _____

BRIEF BACKGROUND OR NOTE^b: Reappointments to the Safety Committee
^bindicate if more than one copy to be signed

FILES ATTACHED: _____ **SUBMISSION TYPE:** Appointment

- (1) Order
- (2) Halcumb Application
- (3) Hanson Application
- (4)

Are there originals in route (paper copies with pre-existing signatures) Yes No

QUESTIONS:

- 1. Would this item be a departure from the Annual Budget if approved? Yes No
(If Yes, brief detail)
- 2. Does this agenda item impact any other County department? Yes No
(If Yes, brief detail)
- 3. If Land Transaction, filed with the clerk? Yes No N/A

INSTRUCTIONS ONCE SIGNED:

No Additional Activity Required

OR

Send Document Hardcopy/Electronically to:

Name:

Address:

City/State/Zip:

Phone:

Due date to send: / /

^aNote: Most signed documents are filed/recorded with the Clerk per standard process.

PART II – COUNTY CLERK REVIEW

EVALUATION CRITERIA:

CLERK ASSESSMENT: Does this agenda item meet filing/recording standards? Yes No N/A
(If No, brief detail)

PART III - FINANCE DEPARTMENT REVIEW

EVALUATION CRITERIA 1-4:

- 1. Confirmed Submitting Department's finance-related responses Yes No
Comment:
- 2. Confirmed Submitting Department's personnel-related materials Yes No N/A
Comment:
- 3. If job description, Salary Committee reviewed: Yes No N/A
- 4. If hire order requires an UA, is it approved? Yes No Pending N/A

PART IV – COUNTY COUNSEL REVIEW

AGENDA ASSIGNMENT TYPE: Appointments

LEGAL ASSESSMENT: Does this agenda item have a legal impact? Yes No
(If Yes, brief detail)

PART V – BOARD OF COMMISSIONER REVIEW/COMMENT

LIAISON COMMISSIONER AGREES TO ADD TO AGENDA:

- Commissioner Susan Brown Yes No
- Commissioner Thomas Huxley Yes No
- Commissioner David Brock Smith Yes No
- Comment:



Application for Volunteer Boards, Commissions, Councils, Committees or Task Forces

Board of Curry County Commissioners
94235 Moore Street, Suite 122
Gold Beach, OR 97444
Phone: 541-247-3296 Fax: 541-247-2718 Email: BOC_Office@co.curry.or.us

Please complete both sides of this form. Information submitted as part of this application is available and shall be considered public information as it pertains to Oregon Public Records.

NOTE: A separate application may be required for each Board, Commission, Council, Committee or Task Force for which you are applying.

Please print or type clearly

Name: Bob Halcum Date: 7 Dec 15

Please indicate which Board, Commission, Council, Committee or Task Force on which you are interested in serving.

<input type="checkbox"/> Ambulance Service Area Advisory Committee	<input type="checkbox"/> Fair Board
<input type="checkbox"/> Board of Property Tax Appeals	<input type="checkbox"/> Farm Board of Review
<input type="checkbox"/> Brookings Airport Advisory Committee	<input type="checkbox"/> Local Public Safety Coordinating Council
<input type="checkbox"/> Budget Committee	<input type="checkbox"/> Planning Commission
<input type="checkbox"/> Building Codes Appeal Board	<input type="checkbox"/> Public Services Financial Advisory Committee
<input type="checkbox"/> CCD Business Development Corporation	<input type="checkbox"/> RSVP Advisory Board
<input type="checkbox"/> Citizen Involvement Committee	<input type="checkbox"/> Solid Waste Advisory Committee
<input type="checkbox"/> Compensation Board	<input type="checkbox"/> Veteran's Advisory Council
<input type="checkbox"/> Coos Curry Housing Authority	
<input checked="" type="checkbox"/> Other <u>County Safety Committee</u>	

Are you currently serving on a Board, Commission, Council, Committee or Task Force for Curry County?

Yes No If Yes, list which committee(s):
County Safety Committee

What experience, training or qualifications do you have for this particular Board, Commission, Council, Committee or Task Force?
Have been on the Safety Committee for several years

What community topics concern you that relate to this Board, Commission, Council, Committee or Task Force? _____

The need to have procedures in place to cover various emergency situations

Describe your previous experience in this appointed position or a similar position: _____

Other volunteer activities: _____

Does your schedule allow you to attend daytime meetings? Yes No

Does your schedule allow you to attend evening meetings? Yes No

Does your schedule limit the days you could attend meetings? Yes No

If Yes, please explain I only work Monday - Thursday

Have you ever been convicted of a crime? Yes No

If Yes, please explain _____

Bob Heilout
Signature

7 Dec 15
Date

My signature above indicates my desire to serve Curry County in a voluntary capacity as a member of one of its Boards, Commissions, Councils, Committees or Task Forces. I understand that there is no financial compensation for serving.

Thank you for your application.

Please return your completed application to the Curry County Commissioners' Office at the address or email listed on page one of this form or you may submit your application on the county's website at www.co.curry.or.us.



Application for Volunteer Boards, Commissions, Councils, Committees or Task Forces

Board of Curry County Commissioners
94235 Moore Street, Suite 122
Gold Beach, OR 97444
Phone: 541-247-3296 Fax: 541-247-2718 Email: BOC_Office@co.curry.or.us

Please complete both sides of this form. Information submitted as part of this application is available and shall be considered public information as it pertains to Oregon Public Records.

NOTE: A separate application may be required for each Board, Commission, Council, Committee or Task Force for which you are applying.

Please print or type clearly

Name: Eric Hanson Date: 11.27.15

Please indicate which Board, Commission, Council, Committee or Task Force on which you are interested in serving.

<input type="checkbox"/> Ambulance Service Area Advisory Committee	<input type="checkbox"/> Fair Board
<input type="checkbox"/> Board of Property Tax Appeals	<input type="checkbox"/> Farm Board of Review
<input type="checkbox"/> Brookings Airport Advisory Committee	<input type="checkbox"/> Local Public Safety Coordinating Council
<input type="checkbox"/> Budget Committee	<input type="checkbox"/> Planning Commission
<input type="checkbox"/> Building Codes Appeal Board	<input type="checkbox"/> Public Services Financial Advisory Committee
<input type="checkbox"/> CCD Business Development Corporation	<input type="checkbox"/> RSVP Advisory Board
<input type="checkbox"/> Citizen Involvement Committee	<input type="checkbox"/> Solid Waste Advisory Committee
<input type="checkbox"/> Compensation Board	<input type="checkbox"/> Veteran's Advisory Council
<input type="checkbox"/> Coos Curry Housing Authority	
<input checked="" type="checkbox"/> Other <u>Safety Committee</u>	

Are you currently serving on a Board, Commission, Council, Committee or Task Force for Curry County?

Yes No If Yes, list which committee(s):
PEG, Airport Advisory, Safety Committee

What experience, training or qualifications do you have for this particular Board, Commission, Council, Committee or Task Force?
6 yrs on Safety Committee 2 yrs. as Chair

What community topics concern you that relate to this Board, Commission, Council, Committee or Task Force?
Risk Management OSHA requirements accident prevention follow up

Describe your previous experience in this appointed position or a similar position: see above

Other volunteer activities: _____

Does your schedule allow you to attend daytime meetings? Yes No

Does your schedule allow you to attend evening meetings? Yes No

Does your schedule limit the days you could attend meetings? Yes No

If Yes, please explain _____

Have you ever been convicted of a crime? Yes No

If Yes, please explain _____



Signature

11-27-15

Date

My signature above indicates my desire to serve Curry County in a voluntary capacity as a member of one of its Boards, Commissions, Councils, Committees or Task Forces. I understand that there is no financial compensation for serving.

Thank you for your application.

Please return your completed application to the Curry County Commissioners' Office at the address or email listed on page one of this form or you may submit your application on the county's website at www.co.curry.or.us.

BEFORE THE BOARD OF COUNTY COMMISSIONERS
IN AND FOR THE COUNTY OF CURRY, OREGON

In the Matter of Re-Appointments)
To the Curry County Safety)
Committee)

ORDER NO. _____

WHEREAS, two vacancies have occurred on the Curry County Safety Committee because of expiration of terms, one for volunteer employer representative, and one for volunteer employee representative on the Curry County Safety Committee; and

WHEREAS, Eric Hanson has agreed to serve as volunteer employer representative and Bob Halcumb has agreed to serve as volunteer employee representative to the Curry County Safety Committee;

NOW, THEREFORE, THE BOARD OF CURRY COUNTY COMMISSIONERS HEREBY ORDERS AS FOLLOWS:

That Eric Hanson is re-appointed as volunteer employer representative and Bob Halcumb is re-appointed as volunteer employee representative to the Curry County Safety Committee effective December 5, 2015 with said term to expire on December 5, 2017.

DATED this 17th day of December, 2015.

BOARD OF CURRY COUNTY COMMISSIONERS

Susan Brown, Chair

Thomas Huxley, Vice Chair

David Brock Smith, Commissioner

CURRY COUNTY BOARD OF COMMISSIONERS
AGENDA ITEM ROUTING SLIP
FORM 10-001.1

PART I – SUBMITTING DEPARTMENT: RETURN TO [BOC OFFICE@CO.CURRY.OR.US](mailto:BOC_OFFICE@CO.CURRY.OR.US)

AGENDA ITEM TITLE: Appointment of Julie Schmelzer as an Alternate for Susan Brown to Border Coast Regional Airport Authority

AGENDA DATE^a: 12-17-2015 **SUBMITTING DEPARTMENT:** Commissioners

^aSubmit **5:00 p.m. on the Wednesday** prior to the next General meeting.

CONTACT PERSON: Susan Brown **PHONE/EXT:** 3229

BRIEF BACKGROUND OR NOTE^b: An alternate had not been officially assigned.

^bindicate if more than one copy to be signed

FILES ATTACHED: **SUBMISSION TYPE:** Appointment

- (1) Alternate Appointment Resolution/Order
- (2)
- (3)
- (4)

Are there originals in route (paper copies with pre-existing signatures) Yes No

QUESTIONS:

- 1. Would this item be a departure from the Annual Budget if approved? Yes No
(If Yes, brief detail)
- 2. Does this agenda item impact any other County department? Yes No
(If Yes, brief detail)
- 3. If Land Transaction, filed with the clerk? Yes No N/A

INSTRUCTIONS ONCE SIGNED:

No Additional Activity Required

OR

File with County Clerk

Name:

Send Printed Copy to:

Address:

Email a Digital Copy to:

City/State/Zip:

Other Signed hard and digital copies to adv.board files.

Phone:

Due date to send: 01 /01 / 2016

Email:

***Note: Most signed documents are filed/recorded with the Clerk per standard process.**

PART II – COUNTY CLERK REVIEW

EVALUATION CRITERIA:

CLERK ASSESSMENT: Does this agenda item meet filing/recording standards? Yes No N/A

(If No, brief detail)

PART III - FINANCE DEPARTMENT REVIEW

EVALUATION CRITERIA 1-4:

- 1. Confirmed Submitting Department's finance-related responses Yes No
Comment:
- 2. Confirmed Submitting Department's personnel-related materials Yes No N/A
Comment:
- 3. If job description, Salary Committee reviewed: Yes No N/A
- 4. If hire order requires an UA, is it approved? Yes No Pending N/A

PART IV – COUNTY COUNSEL REVIEW

AGENDA ASSIGNMENT TYPE: Appointments

LEGAL ASSESSMENT: Does this agenda item have a legal impact? Yes No

(If Yes, brief detail)

PART V – BOARD OF COMMISSIONER REVIEW/COMMENT

LIAISON COMMISSIONER AGREES TO ADD TO AGENDA:

Commissioner Susan Brown Yes No

Commissioner Thomas Huxley Yes No

Commissioner David Brock Smith Yes No

Comment:

BEFORE THE BOARD OF COUNTY COMMISSIONERS
IN AND FOR THE COUNTY OF CURRY, OREGON

In the Matter of the Appointment)
of a Curry County Member to the)
Board of Commissioners of the) RESOLUTION AND ORDER NO. _____
Border Coast Regional Airport)
Authority)

WHEREAS, on February 16, 2010 the Curry County Board of Commissioners entered into an agreement to become a party to the Border Coast Regional Airport Authority Second Amended Joint Powers Agreement; and

WHEREAS, Section 1.4.1 of the agreement that “Upon approval of this Second Amended Joint Powers Agreement, as amended to include Curry County, Curry County become a participant and may appoint one member to the Governing Board...”; and

WHEREAS, Commissioner Susan Brown has been appointed as the County representative on the governing body of the Border Coast Regional Airport Authority; and

WHEREAS, Section 1.5 of the agreement provides that: “The governing body of each Participant may by Resolution appoint an alternate to serve in the absence of any member of the Governing Board appointed by that Participant; and

WHEREAS, it is appropriate for Curry County to appoint an alternate Curry County Member to the Board of Commissioners of the Border Coast Regional Airport Authority;

NOW, THEREFORE, THE BOARD OF CURRY COUNTY COMMISSIONERS HEREBY RESOLVES AND ORDERS that Julie Schmelzer is appointed as an alternate Curry County Member to the Board of Commissioners of the Border Coast Regional Airport Authority, and that this Resolution and Order shall supersede any prior actions of the Board appointing an alternate member.

Dated this 02 day of November, 2015.

BOARD OF CURRY COUNTY COMMISSIONERS

Susan Brown, Chair

Approved as to Form:

Thomas Huxley, Vice Chair

M. Gerard Herbage
Curry County Legal Counsel

David Brock Smith, Commissioner

CURRY COUNTY BOARD OF COMMISSIONERS
AGENDA ITEM ROUTING SLIP
FORM 10-001.1

PART I – SUBMITTING DEPARTMENT: RETURN TO [BOC OFFICE@CO.CURRY.OR.US](mailto:BOC_OFFICE@CO.CURRY.OR.US)

AGENDA ITEM TITLE: Monthly Staff Reports

AGENDA DATE^a: 12/17/2015 **SUBMITTING DEPARTMENT:** Commissioner

^aSubmit **5:00 p.m. on the Wednesday** prior to the next General meeting.

CONTACT PERSON: Susan

PHONE/EXT: 3229

BRIEF BACKGROUND OR NOTE^b: Surveyor Department and Community Development Department

^bindicate if more than one copy to be signed

FILES ATTACHED:

SUBMISSION TYPE: Discussion/Decision

- (1) Surveyor Report
- (2) Community Development Department Report
- (3)
- (4)

Are there originals in route (paper copies with pre-existing signatures) Yes No

QUESTIONS:

- 1. Would this item be a departure from the Annual Budget if approved? Yes No
(If Yes, brief detail)
- 2. Does this agenda item impact any other County department? Yes No
(If Yes, brief detail)
- 3. If Land Transaction, filed with the clerk? Yes No N/A

INSTRUCTIONS ONCE SIGNED:

No Additional Activity Required

OR

- File with County Clerk
- Send Printed Copy to:
- Email a Digital Copy to:
- Other

Name:
Address:
City/State/Zip:

Phone:

Due date to send: / /

Email:

***Note: Most signed documents are filed/recorded with the Clerk per standard process.**

PART II – COUNTY CLERK REVIEW

EVALUATION CRITERIA:

CLERK ASSESSMENT: Does this agenda item meet filing/recording standards? Yes No N/A

(If No, brief detail)

PART III - FINANCE DEPARTMENT REVIEW

EVALUATION CRITERIA 1-4:

- 1. Confirmed Submitting Department's finance-related responses Yes No
Comment:
- 2. Confirmed Submitting Department's personnel-related materials Yes No N/A
Comment:
- 3. If job description, Salary Committee reviewed: Yes No N/A
- 4. If hire order requires an UA, is it approved? Yes No Pending N/A

PART IV – COUNTY COUNSEL REVIEW

AGENDA ASSIGNMENT TYPE: Matters from Commissioners

LEGAL ASSESSMENT: Does this agenda item have a legal impact? Yes No

(If Yes, brief detail)

PART V – BOARD OF COMMISSIONER REVIEW/COMMENT

LIAISON COMMISSIONER AGREES TO ADD TO AGENDA:

- Commissioner Susan Brown Yes No
- Commissioner Thomas Huxley Yes No
- Commissioner David Brock Smith Yes No

Comment:



Community Development Department November 2015 Activity Report

Permit Applications and Plan Review for Commercial Buildings

Commercial Plumbing

500 Fifth Street, Brookings

Commercial Structural

Commercial Alteration
736 Hwy 101, PO

New Commercial

93980 Ocean Way, GB

Permit Applications and Plan Review for Residential Buildings

Single family homes/stick built

46968 Hwy 101, Langlois
94537 Hume Rd, GB

Stick built/Residential Demolition

98617 Camellia Dr, Brookings

Residential/manufactured home Permits

New Homes

41891 Humbug Way, PO
4 at 98126 W Benham Ln, Brookings

98617 Camellia Dr Brookings

15505 Oceanview Dr #37, Brookings

Residential Mechanical Permit applications and Plan Review

Alterations to single family dwellings

15440 Morrison Ln, Brookings
29134 Ellensburg Ave 4, GB

Replacement dwelling

94171 Ninth Street, GB

New single family dwellings

94661 Elk River Rd, PO
15670 Pelican Bay Dr. Brookings

Addition

95637 Jerrys Flat Rd, GB

Residential Plumbing, new & alterations - 4

Inspections - 140

Phone and counter – 600 calls / visits

Planning Clearance – 17

Property line adjustment or vacation – 4

Comp Plan with Zone Change – 4

Residential Structural Permit applications and Plan Review

1040 Winchuck River Rd, Brookings

4135 Agness Rd, Agness

Land Use Compatibility Statements – 2

Conditional Use Permits – 1

CUP renewal - 1

October Revenue - \$38,650

Administration

Rogue Watershed Council meeting
Board of Commission meeting
Meeting with staff, Ocean Ranch proposal
Planning Commission meeting, noticing,
packet preparation, room set up, questions
from the public, interface with Commission,
follow-up, preparation of minutes.

One-on-one meetings with Planning
Commissioners
Meetings with Commissioners, County
Counsel and Building Official individually
regarding variety of topics
Management meeting
Preparation of various reports

Development Projects meet, confer, CUP preparation and issuance

Mock Conditional Use Permit for a single
family home (PO)
Review of two new Conditional Use Permit
applications with staff
Horne Conditional Use Permit for a single
family home (Harbor)

Long Range Planning

Ongoing conferral with applicant regarding
Comp Plan change/Zoning Ordinance
amendment in Harbor, from Rural
Residential/5 to Heavy Commercial/C2

CURRY COUNTY SURVEYOR
MONTHLY ACTIVITY REPORT
November 30, 2015

A comparison is made with 2011 for maps filed, because the budgets for the fiscal years 2009-2010 & 2010-2011 were 200% higher than the current 2014-2015 & 2015-2016 budgets, while economic activity was similar. (Filed map totals are not kept by the month in our log). This is our first report, so it is a little long and close to a year-end summary. Please keep in mind that the County Surveyor only works 13 hours and the Department specialist works 18 hours each week. Needless to say, we're proud of what we've been able to accomplish!

	<u>Current Month:</u>	<u>Current Year</u> <u>(to date):</u>	<u>Total</u> <u>for 2011:</u>
Maps of Survey filed:	7	64	41
Partitions/Subdivisions:	1	6	7

We did not keep track of phone calls and other inquiries from citizens that were helped. We will start doing this with the December Report. Our posted office hours are 9:00am to 2:00pm (always open at least until 3:00 pm and often until 5:00 pm on Tuesdays, Wednesdays & Thursdays.)

On a normal day, we have about 2 to 5 telephone inquiries and try to provide any information the caller requests or help with how to proceed to find an answer. We have a similar number of "walk-ins" on many days. A few email inquiries each week are also attended to. Time spent with each individual probably averages at least 20 minutes and sometimes hours. Assistance with research, general survey inquiries, printing maps and answering questions relating to County Procedures are provided.

So far this year, the Surveyor's Office is on budget.

Approximate time spent on day to day operations this month would include:

- Helping people find information they are looking for – 10%
- Checking, scanning, copying, filing of new maps & corner records – 15%
- Organizing, scanning, updating indexes, putting documents on line – 60%
- General office; i.e. time sheets, emails, meetings, reporting requirements, fulfilling requests from other County Departments, record keeping, bank deposits, developing procedures for office efficiency, working on new procedures to improve Surveyor contributions to the community; e.g., map check lists & an ordinance of map requirements, etc. – 15%

We will be requesting an increase in the filing fees for Boundary Surveys and Property Line Adjustments from \$140 to \$200 and \$300 respectively, for 2016. The time spent checking these survey maps for legal compliance and miscellaneous errors before the surveyor prepares and files the final map, justifies this request.

Please check out the Survey Department webpage. We have been working hard to provide information on line to assist the public. The most difficult part of this project has been getting IT assistance. They are so busy with network issues, they really don't have time to devote to our antique webpage and

neither of us are web page gurus. We'll persist and eventually get all of the links working and continue adding information as time goes by. At this time, people can find all filed Maps of Survey and Plats (Partitions, Subdivisions, etc.) on the webpage, except for the last few week's documents. This should save citizens a trip to Gold Beach in many cases. Todd Weeks has told us that we cannot do our own updates of the big data files – this is something he has to do. We can and will be glad to email any recent documents to anyone requesting them. We can only post one file at a time on a website link, without IT help; thus, we have been combining files into one file to put some of them on line. Other information will be added to assist the public with their property boundaries and other general survey needs as time goes by. Providing this information on line has reduced the department's map sale revenue, but really assists the public and saves their time.

Besides the day to day operations, other projects we will be working on include:

1. Indexing other old survey information maintained by previous county & private surveyors and continue putting this information on line.
2. Organizing GPS binders of information & perhaps put on line.
3. There are hundreds of old survey maps lying around the office that need to be gone through and indexed for their information. (Many of these are preliminary drawings, old temporary work maps, etc. that just need to be thrown away.
4. There are more County Road Survey Maps that need to be indexed, scanned and put on line.
5. There are thousands of old surveyor files in the back room. Surveyors have left their records here for reference when they've moved on. Most of these records are not indexed, so they need to be gone through and organized in such a way that the information can be utilized, if ever needed. The notes of how a parcel was surveyed, could very well determine who wins in a lawsuit, or hopefully a dispute could be settled before going to court.
6. There is some obsolete survey equipment in the back room that will never be used. This equipment needs to be organized and permission obtained to auction off.
7. A survey ordinance draft to provide some needed survey guidelines needs to be worked on. We will coordinate this with Community Development when they update the "Curry County Land Division Ordinance."

Somehow, I need to spend more time in the field (or come up with a contract for) doing more work for the Monument Preservation Funds. Right now, much of the work put into the website is related to Monument Preservation (records and making the information available) but a project to benefit the public will be necessary in 2016. We did find hundreds (a file drawer full) of Corner Records that had never been indexed & filed – this project was recently completed.

Suggestions on ways we can better serve the public are always appreciated.

Very truly yours,

Reily Smith
County Surveyor

CURRY COUNTY BOARD OF COMMISSIONERS
AGENDA ITEM ROUTING SLIP
FORM 10-001.1

PART I – SUBMITTING DEPARTMENT: RETURN TO [BOC OFFICE@CO.CURRY.OR.US](mailto:BOC_OFFICE@CO.CURRY.OR.US)

AGENDA ITEM TITLE: Executive Session ORS 192.660(2)(h) To consult with counsel concerning the legal rights and duties of a public body with regard to current litigation or litigation likely to be filed. This concerns OCA, Petitioner vs Curry County, Respondent and Elk River Property Development, LLC Intervenor-Respondent possible related litigation.

AGENDA DATE^a: 17 Dec 2015 **SUBMITTING DEPARTMENT:** Commissioners
^aSubmit **5:00 p.m. on the Wednesday** prior to the next General meeting.

CONTACT PERSON: Susan Brown **PHONE/EXT:** 3229

BRIEF BACKGROUND OR NOTE^b:
^bindicate if more than one copy to be signed

FILES ATTACHED: **SUBMISSION TYPE:** Discussion/Decision

- (1)
- (2)
- (3)
- (4)

Are there originals in route (paper copies with pre-existing signatures) Yes No

QUESTIONS:

1. Would this item be a departure from the Annual Budget if approved? Yes No
(If Yes, brief detail)
2. Does this agenda item impact any other County department? Yes No
(If Yes, brief detail)
3. If Land Transaction, filed with the clerk? Yes No N/A

INSTRUCTIONS ONCE SIGNED:

No Additional Activity Required

OR

Send Document Hardcopy/Electronically to:

Name:

Address:

City/State/Zip:

Phone:

Due date to send: / /

^cNote: Most signed documents are filed/recorded with the Clerk per standard process.

PART II – COUNTY CLERK REVIEW

EVALUATION CRITERIA:

CLERK ASSESSMENT: Does this agenda item meet filing/recording standards? Yes No N/A
(If No, brief detail)

PART III - FINANCE DEPARTMENT REVIEW

EVALUATION CRITERIA 1-4:

1. Confirmed Submitting Department's finance-related responses Yes No
Comment:
2. Confirmed Submitting Department's personnel-related materials Yes No N/A
Comment:
3. If job description, Salary Committee reviewed: Yes No N/A
4. If hire order requires an UA, is it approved? Yes No Pending N/A

PART IV – COUNTY COUNSEL REVIEW

AGENDA ASSIGNMENT TYPE: Executive Session

LEGAL ASSESSMENT: Does this agenda item have a legal impact? Yes No
(If Yes, brief detail) This concerns possible litigation.

PART V – BOARD OF COMMISSIONER REVIEW/COMMENT

LIAISON COMMISSIONER AGREES TO ADD TO AGENDA:

Commissioner Susan Brown Yes No
Commissioner Thomas Huxley Yes No
Commissioner David Brock Smith Yes No
Comment:

CURRY COUNTY BOARD OF COMMISSIONERS
AGENDA ITEM ROUTING SLIP
FORM 10-001.1

PART I – SUBMITTING DEPARTMENT: RETURN TO [BOC OFFICE@CO.CURRY.OR.US](mailto:BOC_OFFICE@CO.CURRY.OR.US)

AGENDA ITEM TITLE: Executive Session ORS 192.660(2)(h) To consult with counsel concerning the legal rights and duties of a public body with regard to current litigation or litigation likely to be filed. This concerns possible O&C related litigation.

AGENDA DATE^a: 17 Dec 2015 **SUBMITTING DEPARTMENT:** Commissioners

^aSubmit **5:00 p.m. on the Wednesday** prior to the next General meeting.

CONTACT PERSON: David B. Smith

PHONE/EXT: 3260

BRIEF BACKGROUND OR NOTE^b:

^bindicate if more than one copy to be signed

FILES ATTACHED:

SUBMISSION TYPE: Discussion/Decision

- (1) See Supplemental Folder
- (2)
- (3)
- (4)

Are there originals in route (paper copies with pre-existing signatures) Yes No

QUESTIONS:

1. Would this item be a departure from the Annual Budget if approved? Yes No
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