

**BEFORE THE LOCAL BOARD OF HEALTH
PACIFIC COUNTY, WASHINGTON
1216 W. Robert Bush Drive
South Bend, Washington**

**Tuesday, February 10, 2015
9:00AM or shortly thereafter as possible**

AGENDA

All matters listed within the Consent Agenda have been distributed to each County Commissioner for review and are considered routine. Consent Agenda items will be approved by one motion of the Board of County Commissioners with no separate discussion. If separate discussion is desired on a certain item, that item may be removed from the Consent Agenda at the request of a Commissioner, for action later.

Call to Order

PLEDGE OF ALLEGIANCE FOR PACIFIC COUNTY BOARD OF HEALTH & BOARD OF COUNTY COMMISSIONERS MEETINGS

Public Comment for items not on the agenda *(limited to three minutes per person)*

CONSENT AGENDA (Item A-B)

- A) Approve regular meeting minutes of January 27, 2015
- B) Approve Rainbow Valley Landfill Vouchers:
 - Broadband Environmental Services - \$1,500
 - City of Raymond - \$3,655
 - PUD #2 - \$86.56
 - Royal Heights Transfer Station, Inc. - \$6,225.66
 - Dragon Analytical Laboratory - \$4,281

CLOSE MEETING

The Board may add and take action on other items not listed on this agenda and order of action is subject to change

The hearing facility is "barrier free" and accessible by those with physical disabilities. Aids will be provided upon request for those with language/speaking or hearing impediments, but requests need to be received at least five (5) business days prior to this hearing. Such requests may be filed in person at the Commissioners' Office at the address noted above or at 360/875-9337.

PACIFIC COUNTY, WASHINGTON
LOCAL BOARD OF HEALTH
JOURNAL #33

A

PROCEEDINGS

9:00 AM
Tuesday, January 13, 2015

1216 W. Robert Bush Drive
South Bend, Washington

CALL TO ORDER – 9:00 AM

Steve Rogers, Chair
Frank Wolfe, Commissioner
Lisa Ayers, Commissioner

Marie Guernsey, Clerk of the Board
Kathy Spoor, County Administrative Officer
Paul Plakinger, Management & Fiscal Analyst
Mike Collins, Public Works Director/County Engineer
Joyce Kidd, Auditor
Denise Rowlett, Chief Civil Deputy
Mark McClain, Prosecuting Attorney

GENERAL PUBLIC IN ATTENDANCE

Mike Williams, Chinook Observer (recorded meeting)
Pat Meyers-Willapa Harbor Herald (recorded meeting)

**PLEDGE OF ALLEGIANCE FOR PACIFIC COUNTY BOARD OF HEALTH &
BOARD OF COUNTY COMMISSIONERS MEETINGS**

PUBLIC COMMENT - None

CONSENT AGENDA (Item A)

It was moved by Wolfe, seconded by Ayers and carried by a vote of 3-0

Approve regular meeting minutes of January 13, 2015

MEETING CLOSED – 9:01AM

PACIFIC COUNTY
LOCAL BOARD OF HEALTH

Steve Rogers, Chairman

ATTEST:

Frank Wolfe, Commissioner

Marie Guernsey
Clerk of the Board

Lisa Ayers, Commissioner

(Please refer to recording of the meeting for a more detailed discussion)

2015-04

Claims Voucher
Rainbow Valley Landfill Trust Fund: Post-Closure Account

B

BROADBAND ENVIRONMENTAL SERVICES

1125 N. 13TH ST. APT. D-13

SHELTON, WA 98584

Vendor #	Date
Reference No. 2	Purchase Order Number

Instructions:

1. Attach invoices, sign voucher and submit to the following address: Administrator, Pacific County Department of Community Development, P O Box 26, South Bend, WA 98586.
2. Completed vouchers should be received one week prior to the scheduled Board of Health meeting. Approved vouchers will be paid by the Trustee within 10 days of notification.
3. Payment for incomplete or inadequate vouchers may be delayed.

Invoice #	Date	Description	Fund	Ops	Base Sub	Sub Elem	Obj	Amount
0914	10/22/14	3 rd QRT WATER QUALITY SAMPLING	660	000	537	10	41	\$ 750.00
1214	1/26/15	" " " 4 th QRT	"	"	"	"	"	\$ 750.00

I, the undersigned do hereby certify under penalty of perjury, that the materials have been furnished, the services rendered or the labor performed as described herein, and that the claim is a just, due and unpaid obligation against Pacific County, and that I am authorized to authenticate and certify to said claim.

Lamy Bale
 Signature

PREB.
 Title

2/2/15
 Date

Reviewed by:

[Signature]
 Faith Taylor, Director

Department of Community Development

Date

02/02/15

NOTIFICATION TO TRUSTEE FOR PAYMENT OR REIMBURSEMENT: The Board of Health has determined that these expenditures as represented and documented are in accordance with the "Plan" or otherwise justified and approves such expense according to the Revised Trust Agreement.

 Chairman, Pacific County Board of Health

 Date

INVOICE

Broadband Environmental Service

INVOICE #1214
JANURARY 26,2014

301 Wallace Kneeland Blvd.
Ste. 224-186
Shelton, WA 98584
Phone 360 581 7873

George@broadbandenvironmental.com

TO Rainbow Valley Landfill
Attn: Larry Bale
114 Airport Road
Raymond, WA 98577

FIELD PERSON	JOB	PAYMENT TERMS	DUE DATE
George Campbell	4th Quarter 2014 sampling	Due on receipt	

QTY	DESCRIPTION	UNIT PRICE	LINE TOTAL
5 hours	Sampling	75.00	375.00
3 hours	Travel Time	75.00	225.00
2 hours	Report Writing	75.00	150.00
SUBTOTAL			750.00
SALES TAX			0.0
TOTAL			750.00

Make all checks payable to Broadband Environmental Services
THANK YOU FOR YOUR BUSINESS!

INVOICE

Broadband Environmental Service

INVOICE #0914
OCTOBER 22, 2014

301 Wallace Kneeland Blvd.
Ste. 224-186
Shelton, WA 98584
Phone 360 581 7873

George@broadbandenvironmental.com

TO Rainbow Valley Landfill
Attn: Larry Bale
114 Airport Road
Raymond, WA 98577

FIELD PERSON	JOB	PAYMENT TERMS	DUE DATE
George Campbell	3rd Quarter 2014 sampling	Due on receipt	

QTY	DESCRIPTION	UNIT PRICE	LINE TOTAL
5 hours	Sampling	75.00	375.00
3 hours	Travel Time	75.00	225.00
2 hours	Report Writing	75.00	150.00
SUBTOTAL			750.00
SALES TAX			0.0
TOTAL			750.00

Make all checks payable to Broadband Environmental Services
THANK YOU FOR YOUR BUSINESS!

2015-05

Claims Voucher
Rainbow Valley Landfill Trust Fund: Post-Closure Account

CITY OF RAYMOND

230 2ND STREET

RAYMOND, WA 98577

Vendor #	Date
Reference No. 2	Purchase Order Number

Instructions:

1. Attach invoices, sign voucher and submit to the following address: Administrator, Pacific County Department of Community Development, P O Box 26, South Bend, WA 98586.
2. Completed vouchers should be received one week prior to the scheduled Board of Health meeting. Approved vouchers will be paid by the Trustee within 10 days of notification.
3. Payment for incomplete or inadequate vouchers may be delayed.

Invoice #	Date	Description	Fund	Ops	Base Sub	Sub Elem	Obj	Amount
	1/9/15	LEACHATE TREATMENT Dec. 2014	660	000	537	10	41	\$ 3655.00

I, the undersigned do hereby certify under penalty of perjury, that the materials have been furnished, the services rendered or the labor performed as described herein, and that the claim is a just, due and unpaid obligation against Pacific County, and that I am authorized to authenticate and certify to said claim.

Lamy Beale
 Signature

PRES.
 Title

2/2/15
 Date

Reviewed by:

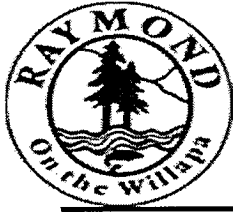
[Signature]
 Faith Taylor, Director
 Department of Community Development

02/02/2015
 Date

NOTIFICATION TO TRUSTEE FOR PAYMENT OR REIMBURSEMENT: The Board of Health has determined that these expenditures as represented and documented are in accordance with the "Plan" or otherwise justified and approves such expense according to the Revised Trust Agreement.

 Chairman, Pacific County Board of Health

 Date



CITY OF RAYMOND

230 2ND STREET
RAYMOND, WA. 98577
360-942-4100 fax 360-942-4137

Invoice No.

103

INVOICE

Customer

Name RAINBOW VALLEY LANDFILL, INC.
Address 114 AIRPORT ROAD
City RAYMOND State WA. ZIP 98577
Phone _____

Date _____
Order No. _____
Rep _____
FOB _____

1/9/2014 1/9/15

Qty	Description	Unit Price	TOTAL
1	LEACHATE DISPOSAL DECEMBER 2014	\$3,645.00	\$3,645.00
1	ROAD MAINTENANCE	\$10.00	\$10.00
SubTotal			\$3,655.00
Shipping & Handling			
Taxes State			\$0.00
TOTAL			\$3,655.00

Payment Details

- ☐ Cash
☒ Check
☐ Credit Card

Name _____
CC # _____
Expires _____

Office Use Only

THANK YOU FOR YOUR BUSINESS!

2015-06

Claims Voucher
Rainbow Valley Landfill Trust Fund: Post-Closure Account

PUD NO. 2

P.O. BOX 472

RAYMOND, WA 98577

Vendor #	Date
Reference No. 2	Purchase Order Number

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2. Completed vouchers should be received one week prior to the scheduled Board of Health meeting. Approved vouchers will be paid by the Trustee within 10 days of notification.
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Invoice #	Date	Description	Fund	Ops	Base Sub	Sub Elem	Obj	Amount
	1/26/15	UTILITIES	660	000	537	10	41	\$ 86.56

I, the undersigned do hereby certify under penalty of perjury, that the materials have been furnished, the services rendered or the labor performed as described herein, and that the claim is a just, due and unpaid obligation against Pacific County, and that I am authorized to authenticate and certify to said claim.

Tammy Bale
Signature

PRES.
Title

2/2/15
Date

Reviewed by:

[Signature]
Faith Taylor, Director
Department of Community Development

02/02/2015
Date

NOTIFICATION TO TRUSTEE FOR PAYMENT OR REIMBURSEMENT: The Board of Health has determined that these expenditures as represented and documented are in accordance with the "Plan" or otherwise justified and approves such expense according to the Revised Trust Agreement.

Chairman, Pacific County Board of Health

Date


PUBLIC UTILITY DISTRICT NO. 2
of PACIFIC COUNTY

Account Number 19983

Page 1 of 1

Statement Date 01/26/2015

PO Box 472
 Raymond WA 98577
 raycustserv@pacificpud.org
 (360)942-2411
 (360)484-7454 (Naselle)

Billing Summary

Previous Balance	78.28
Payment Received 01/20/15	<u>78.28 CR</u>
Balance Forward	0.00
Current Charges Due By 02/20/15	86.56
Total Due	86.56

*****AUTO**SCH 5-DIGIT 98531
 C-1 P-1
 LARRY BALE
 DBA RAINBOW VALLEY LANDFILL
 114 AIRPORT RD
 RAYMOND WA 98577-9233



Meter #: A34390 LOC: 14090804-1 Addr: RAINBOW VALLEY LANDFILL Rate Class: 020

Meter Reading Details

Current KWH Reading	01/19/15	81707
Previous KWH Reading	12/16/14	<u>80813</u>
Total KWH Usage		894
Days Served	34	

Detail of Charges

894 kWh x 0.071200	63.65
Power Cost Adj @ 3%	1.91
Elec Basic Charge	<u>21.00</u>
Total This Service	86.56

MO	Jan 14	Feb 14	Mar 14	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15
Usage	847	528	772	820	788	579	731	277	277	282	798	781	894
Avg/Day	25	17	29	25	27	19	24	9	9	10	28	27	26

Return This Portion With Your Payment

PLEASE INDICATE CHANGE OF ADDRESS HERE:

MAILING ADDRESS		
CITY	STATE	ZIP
LOCATION PHONE NUMBER		OTHER PHONE NUMBER
SIGNATURE (REQUIRED TO CHANGE ADDRESS)		

Account Number	19983
Due Date	02/20/2015
Amount Due	86.56
Warm Heart Donation	
Amount Paid	ONLY IF DIFFERENT THAN AMOUNT DUE

LARRY BALE
 DBA RAINBOW VALLEY LANDFILL
 114 AIRPORT RD
 RAYMOND WA 98577-9233

Public Utility No. 2 of Pacific County
 P.O. Box 472
 Raymond, WA 98577-0472

07



201507

Claims Voucher
Rainbow Valley Landfill Trust Fund: Post-Closure Account

ROYAL HEIGHTS TRANSFER STATION, INC

114 AIRPORT RD.

RAYMOND, WA 98577

Vendor #	Date
Reference No. 2	Purchase Order Number

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Invoice #	Date	Description	Fund	Ops	Base Sub	Sub Elem	Obj	Amount
4821	2/2/15	LEACHATE TRANSPORTATION	660	000	537	10	41	\$6225.66

I, the undersigned do hereby certify under penalty of perjury, that the materials have been furnished, the services rendered or the labor performed as described herein, and that the claim is a just, due and unpaid obligation against Pacific County, and that I am authorized to authenticate and certify to said claim.

Larry Bale
Signature

PRES.
Title

2/2/15
Date

Reviewed by:

Faith Taylor, Director
Department of Community Development

02/02/2018
Date

NOTIFICATION TO TRUSTEE FOR PAYMENT OR REIMBURSEMENT: The Board of Health has determined that these expenditures as represented and documented are in accordance with the "Plan" or otherwise justified and approves such expense according to the Revised Trust Agreement.

Chairman, Pacific County Board of Health

Date

LEACHATE RECORD

Date			
	<u>loads</u>		
1/1/2015	4		
2	3		
3	1		
4	3		
5	2		
6	2		
7	2		
8	2		
9	2		
10	2		
11	4		
12	4		
13	3		
14	3		
15	4		
16	3		
17	1		
18	3		
19	3		
20	3		
21	3		
22	3		
23	3		
24	2		
25	2		
26	3		
27	2		
28	2		
29	3		
30	3		
31	1		
	81		
	total gallons		486000
			\$6,225.66

2015-08

Claims Voucher
Rainbow Valley Landfill Trust Fund: Post-Closure Account

DRAGON ANALYTICAL LABORATORY

2818 MADRONA BEACH RD. NW

OLYMPIA, WA 98502

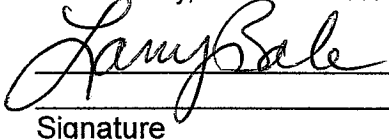
Vendor #	Date
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Invoice #	Date	Description	Fund	Ops	Base Sub	Sub Elem	Obj	Amount
140910-17	10/4/14	WATER QUALITY TESTING 3 rd QRT	660	000	537	10	41	\$1768.00
141230-08	1/14/15	" " " 4 th QRT	"	"	"	"	"	\$2513.00

I, the undersigned do hereby certify under penalty of perjury, that the materials have been furnished, the services rendered or the labor performed as described herein, and that the claim is a just, due and unpaid obligation against Pacific County, and that I am authorized to authenticate and certify to said claim.



Signature


PRES.

Title

Date

2/2/15

Reviewed by:



Faith Taylor, Director

Department of Community Development

Date

02/02/15

NOTIFICATION TO TRUSTEE FOR PAYMENT OR REIMBURSEMENT: The Board of Health has determined that these expenditures as represented and documented are in accordance with the "Plan" or otherwise justified and approves such expense according to the Revised Trust Agreement.

Chairman, Pacific County Board of Health

Date

**BEFORE THE BOARD OF COMMISSIONERS
PACIFIC COUNTY, WASHINGTON
1216 W. Robert Bush Drive
South Bend, Washington**

**February 10, 2015
9:00AM or shortly thereafter**

The Board of County Commissioners meeting will be called
to order following the business of the Local Board of Health

AGENDA

All matters listed within the Consent Agenda have been distributed to each County Commissioner for review and are considered routine. Consent Agenda items will be approved by one motion of the Board of County Commissioners with no separate discussion. If separate discussion is desired on a certain item, that item may be removed from the Consent Agenda at the request of a Commissioner, for action later.

WORKSHOPS/MEETINGS *(held in the Commissioners Conference Room unless otherwise noted)*

- 12:00 PM Elected Officials Meeting (Elections Room)
- 2:00 PM Workshop w/ Prosecutor
- 6:00 PM Community Forum (Commissioners Meeting Room)

Call to Order

Public Comment for items not listed on the agenda *(limited to three minutes per person)*

CONSENT AGENDA (Items 1-8)

Department of Community Development

- 1) FYI – Memorandum from Dr. Edstam regarding Delegation of Authority assigned

Health & Human Services Department

- 2) Approve Amendment #13 to County Program Agreement #1163-27318 with DSHS-Department of Behavioral Health & Recovery; authorize Chair to sign

Assessor's Office

- 3) Approve disposal of non-functioning Samsung camera

General Administration

- 4) Approve inventory items being transferred, disposed of, and removed from inventory for the Clerk's Office, Risk Management, Community Development WSU Extension, South District Court, and General Administration

The Board may add and take action on other items not listed on this agenda and order of action is subject to change.

The hearing facility is "barrier free" and accessible by those with physical disabilities. Aids will be provided upon request for those with language/speaking or hearing impediments, but requests need to be received at least five (5) business days prior to this hearing. Such requests may be filed in person at the Commissioners' Office at the address noted above or at 360/875-9337.

Boards & Commissions

- 5) Approve the reappointments of members to Planning Commission, Pacific Mountain Workforce Development Council and Solid Waste Advisory Committee

General Business

- 6) Vendor Claims:
Warrants Numbered 125767 thru 125874 - \$141,476.02
- 7) Approve January, 2015 payroll; total employees: 174;
total payroll: \$724,477.28
- 8) Approve regular meeting minutes of January 27, 2015

ITEMS REGARDING DEPARTMENT OF PUBLIC WORKS

- 9) Consider approval of request to purchase capital expenditures items for the ER&R Fund 502/Communications Division
- 10) Consider approval of request to “piggyback” on Clark County contract with Albina Asphalt for CRS-2P oil

ITEMS REGARDING DEPARTMENT OF COMMUNITY DEVELOPMENT

- 11) Consider approval of request to appoint Phil Martin and Ken Wiegardt and remove Leslie Brophy, Cheri Diehl, Scott Turnbull, and Larry Warnberg from the Shoreline Planning Committee
- 12) Consider approval of request to issue Request for Proposal of update of the Critical Area and Resource Lands Ordinance No. 147, 147A, and 147B

ITEMS REGARDING HEALTH & HUMAN SERVICES DEPARTMENT

- 13) Consider approval of Health Care Authority Contract #K1413 for Medicaid Administrative Match program and reimbursement; authorize Chair to sign

ITEMS REGARDING WSU EXTENSION

- 14) Acknowledge receipt of notice of transfer of Administrative Asst. II Jeannie Briscoe, effective February 17, 2015 and authorize posting of vacant position

ITEMS REGARDING AUDITOR’S OFFICE

- 15) Consider approval of request to appoint Jeannie Briscoe to fill vacant Administrative Asst. II position, effective February 17, 2015

ITEMS REGARDING SUPERIOR COURT

- 16) Consider approval of request to purchase software for phone system

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ITEMS REGARDING SHERIFF'S OFFICE

- 17) Consider approval of request to include 2002 Ford F150 in ER&R
- 18) Consider approval of request to install phone in DPW/IT office for use by Jared Capps, IT
- 19) Consider approval of request to hire Clerk/Secretary, Corrections Officer and three entry level deputies
- 20) Consider approval of request to remodel South County Administration Facility for evidence storage

ITEMS REGARDING PROSECUTOR'S OFFICE

- 21) Consider approval of STOP Grant submittal and authorize Prosecutor to sign

ITEMS REGARDING GENERAL BUSINESS

- 22) Consider approval of Intergovernmental Contract for Services with Health & Human Services Department to assist with the implementation of the County's 10-Year Plan to Reduce Homelessness
- 23) Consider approval of Contract for Services with Pacific County EDC to provide technical advice and assistance to promote economic growth and development
- 24) Consider approval of Interlocal Agreement with the City of South Bend for a short term loan from Cumulative Reserve Fund #197 for repayment for purchase of dispatch radio equipment upgrade/replacement

EXECUTIVE SESSION

- 25) To discuss anticipated litigation, pending litigation or any matter suitable for Executive Session under RCW 42.30.110

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Board of Pacific County Commissioners
P O Box 187 * 1216 W Robert Bush Dr * South Bend, WA 98586
Phone 360/875.9337 / Fax 360/875.9335

BOH/BOCC meet 2nd and
4th Tuesday of each month,
beginning at 9 a.m.

REQUESTED MEETING DATE:

2/10/15

AGENDA REQUEST FORM

[TO BE COMPLETED BY THE CLERK/DEP. CLERK OF THE BOARD]

Agenda Item #: 1

BOCC ACTION: ☐ APPROVED ☐ DENIED

Initial: _____ Date: _____

☐ SUBJECT TO ADEQUATE BUDGET APPROPRIATIONS

☐ NO ACTION TAKEN/WITHDRAWN

☐ DEFERRED TO: _____

Review: ☐ Clerk of the Board

☐ CONTINUED TO DATE: _____ TIME: _____

☐ Risk Management

☐ Legal

☐ OTHER: _____

DISTRIBUTION LIST:

☐ RF

☐ Assessor

☐ DPW

☐ PACCOM

☐ Superior Court

☐ CF

☐ Auditor

☐ EMA

☐ PC Fair

☐ Treasurer

☐ SEA

☐ Clerk

☐ Health

☐ Prosecutor

☐ Vegetation Mgmt

☐ Civil Service

☐ Juvenile

☐ SDC

☐ WSU Coop. Ext.

☐ DCD

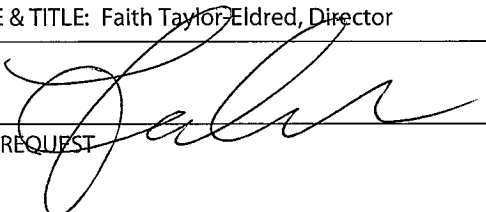
☐ NDC

☐ Sheriff

☐ Other

AGENDA ITEM REQUEST

Please fill out in full or the request may be returned for more information. Also, please attach all pertinent documentation.

DEPARTMENT/OFFICE: Community Development	DIVISION (if applicable): Admin
OFFICIAL NAME & TITLE: Faith Taylor Eldred, Director	PHONE / EXT: 360.875.9356
SIGNATURE: 	DATE: 02/03/2015
NARRATIVE OF REQUEST	
FYI The Department has updated the "Delegation of Authority" form that gives the DCD employees the enforcement authority to write citations. This authority is granted to the staff by the Pacific County Health Officer, Dr. Edstam through the Board of Health Ordinances.	
RECOMMENDED MOTION (To Be Completed by the Clerk/Deputy Clerk of the Board)	



Pacific County **GENERAL ADMINISTRATION**

Kathy Spoor, County Administrative Officer

MEMORANDUM

DATE: January 13, 2015
TO: Faith Taylor-Eldred, Community Development Director
FROM: James Edstam MD MPH, Health Officer
RE: Delegation of Authority

James Edstam MD MPH
2/3/15

As the Pacific County Health Officer appointed as per RCW 70.05.070 (local health officer powers and duties), I hereby delegate the following enforcement authority for Environmental Health/Code Enforcement in DCD as follows:

Tammy Engel & Will Hamlin, Code Enforcement Officer(s):

- BOH Ordinance No. 1, include any amendments thereto
- BOH Ordinance No. 2, include any amendments thereto
- BOH Ordinance No. 4, include any amendments thereto

Shawn Humphrey's, Senior Environmental Health Specialist:

- BOH Ordinance No. 1, include any amendments thereto
- BOH Ordinance No. 2, include any amendments thereto
- BOH Ordinance No. 3, include any amendments thereto
- BOH Ordinance No. 4, include any amendments thereto
- BOH Ordinance No. 5, include any amendments thereto
- BOH Ordinance No. 6, include any amendments thereto
- BOH Ordinance No. 7, include any amendments thereto
- BOH Ordinance No. 8, include any amendments thereto

Kristina Sieff, Environmental Health Specialist:

- BOH Ordinance No. 1, include any amendments thereto
- BOH Ordinance No. 2, include any amendments thereto
- BOH Ordinance No. 3, include any amendments thereto
- BOH Ordinance No. 4, include any amendments thereto
- BOH Ordinance No. 5, include any amendments thereto
- BOH Ordinance No. 6, include any amendments thereto
- BOH Ordinance No. 7, include any amendments thereto
- BOH Ordinance No. 4, include any amendments thereto

Faith Taylor-Eldred, DCD Director & Tim Crose, DCD Assistant Director
BOH Ordinance No. 1-8, including any amendments thereto



Board of Pacific County Commissioners
P O Box 187 * 1216 W Robert Bush Dr * South Bend, WA 98586
Phone 360/875.9337 / Fax 360/875.9335

BOH/BOCC meet 2nd and
4th Tuesday of each month,
beginning at 9 a.m.

REQUESTED MEETING DATE:

AGENDA REQUEST FORM

[TO BE COMPLETED BY THE CLERK/DEP. CLERK OF THE BOARD]

Agenda Item #: 2

BOCC ACTION: ☐ APPROVED ☐ DENIED

Initial: _____

Date: _____

☐ SUBJECT TO ADEQUATE BUDGET APPROPRIATIONS

☐ NO ACTION TAKEN/WITHDRAWN

☐ DEFERRED TO: _____

Review: ☐ Clerk of the Board

☐ Risk Management

☐ Legal

☐ CONTINUED TO DATE: _____

TIME: _____

☐ OTHER: _____

DISTRIBUTION LIST:

☐ RF

☐ Assessor

☐ DPW

☐ PACCOM

☐ Superior Court

☐ CF

☐ Auditor

☐ EMA

☐ PC Fair

☐ Treasurer

☐ SEA

☐ Clerk

☐ Health

☐ Prosecutor

☐ Vegetation Mgmt

☐ Civil Service

☐ Juvenile

☐ SDC

☐ WSU Coop. Ext.

☐ DCD

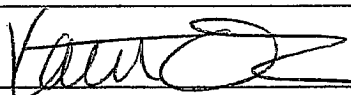
☐ NDC

☐ Sheriff

☐ Other

AGENDA ITEM REQUEST

Please fill out in full or the request may be returned for more information. Also, please attach all pertinent documentation.

DEPARTMENT/OFFICE: Health & Human Services	DIVISION (if applicable):
OFFICIAL NAME & TITLE: Katie Lindstrom	PHONE / EXT: 2648
SIGNATURE: 	DATE: 2-2-2015
NARRATIVE OF REQUEST	
Requesting approval and signature of amendment #13 to county program agreement #1163-27318 with DSHS- Department of Behavioral Health & Recovery (DBHR). This amendment moves a small amount of funding (\$212) from fiscal year 15 to FY14. All other terms are in tact. Please contact me at extension 2648 with any questions. Thank you!	
RECOMMENDED MOTION (To Be Completed by the Clerk/Deputy Clerk of the Board)	



COUNTY PROGRAM AGREEMENT AMENDMENT

DSHS Agreement Number

1163-27318

Amendment No.

13

This Program Agreement Amendment is by and between the State of Washington Department of Social and Health Services (DSHS) and the County identified below.

Administration or Division
Agreement Number

County Agreement Number

DSHS ADMINISTRATION
Behavioral Health and Service
Integration

DSHS DIVISION
Division of Behavioral
Health and Recovery

DSHS INDEX NUMBER
1231

CCS CONTRACT CODE
1231

DSHS CONTACT NAME AND TITLE
Jason Bean-Mortinson

DSHS CONTACT ADDRESS
4500 10th Ave SE
Lacey, WA 985045330

DSHS CONTACT TELEPHONE
(360)725-3808

DSHS CONTACT FAX

DSHS CONTACT E-MAIL
beanmjc@dshs.wa.gov

COUNTY NAME
Pacific County

COUNTY ADDRESS
1216 West Robert Bush Drive
Post Office Box 26
South Bend, WA 98586-

COUNTY FEDERAL EMPLOYER IDENTIFICATION
NUMBER

COUNTY CONTACT NAME
Katie Oien-Lindstrom

COUNTY CONTACT TELEPHONE
(360) 875-9343

COUNTY CONTACT FAX
(360) 875-9323

COUNTY CONTACT E-MAIL
koien@co.pacific.wa.us

IS THE COUNTY A SUBRECIPIENT FOR PURPOSES OF THIS PROGRAM
AGREEMENT?
No

CFDA NUMBERS
93.959

AMENDMENT START DATE
02/15/2015

PROGRAM AGREEMENT END DATE
06/30/2015

PRIOR MAXIMUM PROGRAM AGREEMENT
AMOUNT
\$1,388,816.00

AMOUNT OF INCREASE OR DECREASE
\$0.00

TOTAL MAXIMUM PROGRAM AGREEMENT
AMOUNT
\$1,388,816.00

REASON FOR AMENDMENT;
CHANGE OR CORRECT OTHER: SEE PAGE TWO

EXHIBITS. When the box below is marked with a check (4) or an X, the following Exhibits are attached and are incorporated into this Program Agreement Amendment by reference:

☒ Exhibits (specify): B - Exhibit B

This Program Agreement Amendment, including all Exhibits and other documents incorporated by reference, contains all of the terms and conditions agreed upon by the parties as changes to the original Program Agreement. No other understandings or representations, oral or otherwise, regarding the subject matter of this Program Agreement Amendment shall be deemed to exist or bind the parties. All other terms and conditions of the original Program Agreement remain in full force and effect. The parties signing below warrant that they have read and understand this Program Agreement Amendment, and have authority to enter into this Program Agreement Amendment.

COUNTY SIGNATURE(S)

PRINTED NAME(S) AND TITLE(S)

DATE(S) SIGNED

Board of Pacific County Commissioners
Steve Rogers, Chairman

DSHS SIGNATURE

PRINTED NAME AND TITLE

DATE SIGNED

BHSIA Contracts

This Program Agreement between the State of Washington Department of Social and Health Services (DSHS) and the County is hereby amended as follows:

The Maximum Amount Payable remains the same. The Awards and Revenues (A&R) for the July 1, 2013 through June 30, 2015 time period is attached as Exhibit B.

SAPT Prevention funding: Effective July 1, 2014, \$212 from FY 2015 is moved to FY 2014 and is reflected on the attached A&R.

All other terms and conditions of this Contract remain in full force and effect.

AWARD AND REVENUES 2013-2015 Biennium

COUNTY Pacific

PROGRAM AGREEMENT NUMBER 1163-27318

The above named County(ies), is hereby awarded the following amounts for the purposes listed.

REVENUE

SOURCE

CODE:

TYPE OF SERVICE

AWARD AMOUNTS

		SFY 14	SFY 15	Biennial Funds	Total 13-15 Biennium
333.99.59	SAPT Grant-in-Aid	\$43,672	\$63,284		\$106,956
	SAPT Treatment	\$12,748	\$31,168		\$43,916
	**SAPT Treatment-Resource Development	\$0	\$5,960		\$5,960
	SAPT Prevention	\$30,924	\$32,116		\$63,040
334.04.6X	State Grant-in-Aid	\$121,938	\$150,589		\$272,527
	State GIA Administration	\$13,388	\$15,805		\$29,193
334.04.6X	Criminal Justice Treatment Account (Biennial)			\$119,162	\$119,162
334.04.6X	Drug Court - State Funds	\$0	\$0		\$0
334.04.6X	Repeat Driving Under the Influence-RDUI State Funds		\$4,708		\$4,708
	<u>STATE - SPECIAL PROJECTS</u>	\$6,563	\$6,563		\$13,126
334.04.6X	TANF Treatment Services	\$6,563	\$6,563		\$13,126
334.04.6X	CA Parents in Reunification	\$0	\$0		\$0
	<u>FEDERAL GRANTS</u>	\$19,275	\$0	\$0	\$19,275
333.97.78	*TXIX -Fed Waiver for DL and ADATSA clients ONLY	\$19,275	\$0		\$19,275
Total Federal Funds		\$62,947	\$63,284	\$0	\$126,231
Total State Funds		\$128,501	\$161,860	\$119,162	\$409,523

TOTAL ALL AWARDS	\$191,448	\$225,144	\$119,162	\$535,754
-------------------------	------------------	------------------	------------------	------------------

Federal CFDA:

SAPT Grant-in-Aid -CFDA 93.959 Substance Abuse and Mental Health Services Administration (SAMHSA)

*Title XIX - CFDA 93.778 - DL and ADATSA is for July-December, 2013 services only

**SAPT Treatment-Resource Development is for services starting January, 2014

Criminal Justice Treatment Account

Criminal Justice Treatment Account (CJTA) funds are awarded to counties on a biennial basis.

No more than 10% of the CJTA and no more than 10% of the Drug Court award may be spent on BARS 566.11 for County Only Administration.

No more than 10% of the CJTA and no more than 10% of the Drug Court award may be spent on BARS 566.11 for Drug Court Administration.

County participation match programs include State Grant-in-Aid, Federal SAPT Grant-in-Aid, and CJTA.



Board of Pacific County Commissioners
P O Box 187 * 1216 W Robert Bush Dr * South Bend, WA 98586
Phone 360/875.9337 / Fax 360/875.9335

BOH/BOCC meet 2nd and
4th Tuesday of each month,
beginning at 9 a.m.

REQUESTED MEETING DATE:

2/10/15

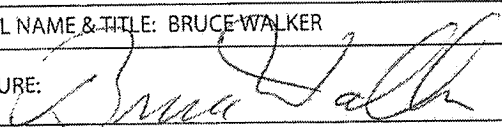
AGENDA REQUEST FORM

[TO BE COMPLETED BY THE CLERK/DEP. CLERK OF THE BOARD]

BOCC ACTION:		<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	Agenda Item #:	3
				Initial:	Date:
<input type="checkbox"/> SUBJECT TO ADEQUATE BUDGET APPROPRIATIONS					Review: <input type="checkbox"/> Clerk of the Board
<input type="checkbox"/> NO ACTION TAKEN/WITHDRAWN	<input type="checkbox"/> DEFERRED TO:				<input type="checkbox"/> Risk Management
<input type="checkbox"/> CONTINUED TO DATE:	TIME:				<input type="checkbox"/> Legal
<input type="checkbox"/> OTHER:					
DISTRIBUTION LIST:					
<input type="checkbox"/> RF	<input type="checkbox"/> Assessor	<input type="checkbox"/> DPW	<input type="checkbox"/> PACCOM	<input type="checkbox"/> Superior Court	
<input type="checkbox"/> CF	<input type="checkbox"/> Auditor	<input type="checkbox"/> EMA	<input type="checkbox"/> PC Fair	<input type="checkbox"/> Treasurer	
<input type="checkbox"/> SEA	<input type="checkbox"/> Clerk	<input type="checkbox"/> Health	<input type="checkbox"/> Prosecutor	<input type="checkbox"/> Vegetation Mgmt	
	<input type="checkbox"/> Civil Service	<input type="checkbox"/> Juvenile	<input type="checkbox"/> SDC	<input type="checkbox"/> WSU Coop. Ext.	
	<input type="checkbox"/> DCD	<input type="checkbox"/> NDC	<input type="checkbox"/> Sheriff	<input type="checkbox"/> Other	

AGENDA ITEM REQUEST

Please fill out in full or the request may be returned for more information. Also, please attach all pertinent documentation.

DEPARTMENT/OFFICE: ASSESSOR	DIVISION (if applicable):
OFFICIAL NAME & TITLE: BRUCE WALKER	PHONE / EXT: 2208
SIGNATURE: 	DATE: 1-23-15
NARRATIVE OF REQUEST	
REQUEST TO DISPOSE OF CAMERA THAN NO LONGER FUNCTIONS	
RECOMMENDED MOTION (To Be Completed by the Clerk/Deputy Clerk of the Board)	

PACIFIC COUNTY - INVENTORY DISPOSAL/TRANSFER FORM

ATTACHMENT #4

FIXED ASSET ID NUMBER:	3001	DEPT/OFFICE:	ASSESSOR
EQUIPMENT DESCRIPTION:	CAMERA, DIGITAL SAMSUNG SL102	LOCATION:	SOUTH BEND, COURTHOUSE
MODEL NUMBER:	SAMSUNG SL102	SERIAL NUMBER:	A1QMC90800368L

IS THIS EQUIPMENT STILL FUNCTIONING?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
HAS THE EQUIPMENT BEEN OFFERED TO OTHER COUNTY DEPARTMENTS/OFFICES?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO

DISPOSAL

DISPOSAL DATE:	UPON APPROVAL	HOW DISPOSED:	GARBAGE
REASON FOR DISPOSAL:	NO LONGER WORKS, WILL COST MORE TO FIX THAN REPLACE		
IF SOLD, AMOUNT RECEIVED:	NAME OF PURCHASER:		

TRANSFER

TRANSFER DATE:			
TRANSFERRED FROM (DEPT/OFFICE):		TO (DEPT/OFFICE):	

To assist you in completing this form, the following is a breakdown of the information required in each section:

Fixed Asset #:	Record the number from the Pacific County property sticker. (Please return property sticker with this form if equipment will no longer be considered property of the County.)
Equipment:	Describe the equipment as it is listed on your current inventory.
Department:	Name of your office/department.
Location:	List the building, office, etc, where this equipment is located.
Model #:	Complete this section for equipment having model numbers.
Serial #:	Complete this section for equipment having serial numbers.
Functional:	Is this equipment functioning well enough to be used?
Other Dept:	Is this equipment usable enough to be placed on the quarterly printout of surplus property for possible use by another department?
Date Disposed:	The date the BOCC approved disposal of this equipment
How Disposed:	Surplused, discarded, traded-in, transferred to another department, etc
Amount Rec'd:	Leave this section black. If disposal of equipment generates revenue, report to Administration the amount received once the process is completed.
Purchaser:	If equipment is sold, list the name of the person and/or organization that purchased the equipment.
Why Disposed:	Outdated, nonfunctional, replaced, etc.

Your request to <input type="checkbox"/> dispose <input type="checkbox"/> transfer the above referenced inventory item was <input type="checkbox"/> approved <input type="checkbox"/> denied by the Board of Pacific County Commissioners at its meeting held on _____, 20____ in accordance with Pacific County Personal Property Inventory Procedures.	
Clerk of the Board	

THIS FORM MUST ACCOMPANY ALL REQUESTS TO THE BOARD FOR DISPOSAL/TRANSFER OF EQUIPMENT.

revised 1/2012



Board of Pacific County Commissioners
P O Box 187 * 1216 W Robert Bush Dr * South Bend, WA 98586
Phone 360/875.9337 / Fax 360/875.9335

**BOH/BOCC meet 2nd and
4th Tuesday of each month,
beginning at 9 a.m.**

REQUESTED MEETING DATE:

2/10/15

AGENDA REQUEST FORM

[TO BE COMPLETED BY THE CLERK/DEP. CLERK OF THE BOARD]

Agenda Item #: 4

BOCC ACTION: ☐ APPROVED ☐ DENIED

Initial: _____ Date: _____

☐ SUBJECT TO ADEQUATE BUDGET APPROPRIATIONS

Review: ☐ Clerk of the Board

☐ NO ACTION TAKEN/WITHDRAWN

☐ DEFERRED TO: _____

☐ Risk Management

☐ CONTINUED TO DATE: _____ TIME: _____

☐ Legal


☐ OTHER: _____

DISTRIBUTION LIST:

- | | | | | |
|------------------------------|--|-----------------------------------|-------------------------------------|--|
| <input type="checkbox"/> RF | <input type="checkbox"/> Assessor | <input type="checkbox"/> DPW | <input type="checkbox"/> PACCOM | <input type="checkbox"/> Superior Court |
| <input type="checkbox"/> CF | <input type="checkbox"/> Auditor | <input type="checkbox"/> EMA | <input type="checkbox"/> PC Fair | <input type="checkbox"/> Treasurer |
| <input type="checkbox"/> SEA | <input type="checkbox"/> Clerk | <input type="checkbox"/> Health | <input type="checkbox"/> Prosecutor | <input type="checkbox"/> Vegetation Mgmt |
| | <input type="checkbox"/> Civil Service | <input type="checkbox"/> Juvenile | <input type="checkbox"/> SDC | <input type="checkbox"/> WSU Coop. Ext. |
| | <input type="checkbox"/> DCD | <input type="checkbox"/> NDC | <input type="checkbox"/> Sheriff | <input type="checkbox"/> Other |

AGENDA ITEM REQUEST

Please fill out in full or the request may be returned for more information. Also, please attach all pertinent documentation.

DEPARTMENT/OFFICE: General Administration for Clerk's Office	DIVISION (if applicable):
OFFICIAL NAME & TITLE: Kelli D. Buchanan, Administrative Assistant	PHONE / EXT: Ext. 3339
SIGNATURE: 	DATE: 2/2/15
NARRATIVE OF REQUEST Confirm attached inventory disposals and transfers for Clerk's Office, as follows: Disposals - Fixed assets #2213 & #2820 Transfers - Fixed assets #2947 & #3020	
RECOMMENDED MOTION (To Be Completed by the Clerk/Deputy Clerk of the Board)	

PACIFIC COUNTY - INVENTORY DISPOSAL FORM

✓ KB
2/2/15

FIXED ASSET ID NUMBER: <u>2213</u>	EQUIPMENT DESCRIPTION: <u>Printer</u>
------------------------------------	---------------------------------------

DEPARTMENT: <u>Clerk</u>	LOCATION: <u>Courthouse</u>
--------------------------	-----------------------------

MODEL NUMBER: _____	SERIAL NUMBER: _____
---------------------	----------------------

DATE DISPOSED: <u>1-29-15</u>	HOW DISPOSED: <u>garbage</u>	
AMOUNT REC'D: <u>Ø</u>	NAME OF PURCHASER: <u>n/a</u>	
WHY DISPOSED: <u>not functioning</u>		

IS THIS EQUIPMENT STILL FUNCTIONING _____	YES	<input checked="" type="checkbox"/>	NO
COULD OTHER DEPARTMENTS UTILIZE THIS EQUIPMENT? _____	YES	<input checked="" type="checkbox"/>	NO

THIS FORM MUST ACCOMPANY ALL REQUESTS TO THE BOARD FOR DISPOSAL OF EQUIPMENT.
 To assist you in completing this form, following is a breakdown of the information required in each section.

- Fixed Asset #: *Record the number from the Pacific County property sticker. (Please return the property sticker with this form if equipment will no longer be considered property of the County.)*
- Equipment: *Describe the equipment as it is listed on your current inventory.*
- Department: *Name of your department/office*
- Location: *List the building where this equipment is located..*
- Model #: *Complete this section for equipment having model numbers.*
- Serial #: *Complete this section for equipment having serial numbers.*
- Date disposed: *The date the BOCC approved disposal of this equipment.*
- How Disposed: *Surplused, discarded, traded-in, transferred to another department, etc.*
- Amount Rec'd: *Initially, leave this section blank. (If the disposal of this equipment generates revenue, i.e. equipment is, traded-in, auctioned off, etc., you will need to report to Administration the amount received once the process is completed.)*
- Purchaser: *If equipment is sold, list the name of the person and/or organization who purchased the equipment.*
- Why Disposed: *Outdated, nonfunctional, replaced, etc.*
- Functional: *Is this equipment functioning well enough to used?*
- Other Dept: *Is this equipment useable enough to be placed on the quarterly print out of surplused property for possible use by another department?*

RECEIVED
PACIFIC COUNTY

JAN 30 2015

Your department's request to dispose of the above-referenced equipment was <input type="checkbox"/> approved/ <input type="checkbox"/> denied by the Board of Commissioners at its meeting held on the _____ day of _____, 19____. Items must be disposed of in accordance with the Personal Property Inventory Procedures.	
<u>2014 Inventory</u>	_____ Kathy Noren, Clerk of the Board

PACIFIC COUNTY - INVENTORY DISPOSAL FORM

✓ KB
2/2/15

FIXED ASSET ID NUMBER: <u>2820</u>	EQUIPMENT DESCRIPTION: <u>Printer</u>
------------------------------------	---------------------------------------

DEPARTMENT: <u>Clerk</u>	LOCATION: <u>Courthouse</u>
--------------------------	-----------------------------

MODEL NUMBER: _____	SERIAL NUMBER: _____
---------------------	----------------------

DATE DISPOSED: <u>1-29-15</u>	HOW DISPOSED: <u>garbage</u>	
AMOUNT REC'D: <u>0</u>	NAME OF PURCHASER: <u>n/a</u>	
WHY DISPOSED: <u>not functioning</u>		

IS THIS EQUIPMENT STILL FUNCTIONING	YES	<input checked="" type="checkbox"/>	NO	
COULD OTHER DEPARTMENTS UTILIZE THIS EQUIPMENT?	YES	<input checked="" type="checkbox"/>	NO	

THIS FORM MUST ACCOMPANY ALL REQUESTS TO THE BOARD FOR DISPOSAL OF EQUIPMENT.
 To assist you in completing this form, following is a breakdown of the information required in each section.

- | | |
|---|---|
| <p>Fixed Asset #: Record the number from the Pacific County property sticker. (Please return the property sticker with this form if equipment will no longer be considered property of the County.)</p> <p>Equipment: Describe the equipment as it is listed on your current inventory.</p> <p>Department: Name of your department/office</p> <p>Location: List the building where this equipment is located..</p> <p>Model #: Complete this section for equipment having model numbers.</p> <p>Serial #: Complete this section for equipment having serial numbers.</p> <p>Date disposed: The date the BOCC approved disposal of this equipment.</p> <p>How Disposed: Surplused, discarded, traded-in, transferred to another department, etc.</p> <p>Amount Rec'd: Initially, leave this section blank. (If the disposal of this equipment generates revenue, i.e. equipment is, traded-in, auctioned off, etc., you will need to report to Administration the amount received once the process is completed.)</p> <p>Purchaser: If equipment is sold, list the name of the person and/or organization who purchased the equipment.</p> <p>Why Disposed: Outdated, nonfunctional, replaced, etc.</p> <p>Functional: Is this equipment functioning well enough to used?</p> <p>Other Dept: Is this equipment useable enough to be placed on the quarterly print out of surplused property for possible use by another department?</p> | <p>RECEIVED
PACIFIC COUNTY</p> <p>JAN 30 2015</p> <p>GENERAL ADMINISTRATION
BOARD OF COMMISSIONERS</p> |
|---|---|

Your department's request to dispose of the above-referenced equipment was ☐ approved/ ☐ denied by the Board of Commissioners at its meeting held on the _____ day of _____, 19____. Items must be disposed of in accordance with the Personal Property Inventory Procedures.

2014 Inventory _____
 Kathy Noren, Clerk of the Board

✓ KB
2/2/15

Transfer

PACIFIC COUNTY - INVENTORY DISPOSAL FORM

FIXED ASSET ID NUMBER: 2947 EQUIPMENT DESCRIPTION: computer

DEPARTMENT: Clerk LOCATION: Courthouse

MODEL NUMBER: _____ SERIAL NUMBER: _____

DATE DISPOSED: 12/30/13 HOW DISPOSED: computer Services - DFW
AMOUNT REC'D: 0 NAME OF PURCHASER: _____
WHY DISPOSED: replaced

IS THIS EQUIPMENT STILL FUNCTIONING _____ YES _____ NO unknown
COULD OTHER DEPARTMENTS UTILIZE THIS EQUIPMENT? _____ YES _____ NO

THIS FORM MUST ACCOMPANY ALL REQUESTS TO THE BOARD FOR DISPOSAL OF EQUIPMENT.
To assist you in completing this form, following is a breakdown of the information required in each section.

<p>Fixed Asset #: Record the number from the Pacific County property sticker. (Please return the property sticker with this form if equipment will no longer be considered property of the County.)</p> <p>Equipment: Describe the equipment as it is listed on your current inventory.</p> <p>Department: Name of your department/office</p> <p>Location: List the building where this equipment is located..</p> <p>Model #: Complete this section for equipment having model numbers.</p> <p>Serial #: Complete this section for equipment having serial numbers.</p> <p>Date disposed: The date the BOCC approved disposal of this equipment.</p> <p>How Disposed: Surplused, discarded, traded-in, transferred to another department, etc.</p> <p>Amount Rec'd: Initially, leave this section blank. (If the disposal of this equipment generates revenue, i.e. equipment is, traded-in, auctioned off, etc., you will need to report to Administration the amount received once the process is completed.)</p> <p>Purchaser: If equipment is sold, list the name of the person and/or organization who purchased the equipment.</p> <p>Why Disposed: Outdated, nonfunctional, replaced, etc.</p> <p>Functional: Is this equipment functioning well enough to used?</p> <p>Other Dept: Is this equipment useable enough to be placed on the quarterly print out of surplused property for possible use by another department?</p>	<p>RECEIVED PACIFIC COUNTY</p> <p>JAN 30 2015</p> <p>GENERAL ADMINISTRATION BOARD OF COMMISSIONERS</p>
---	---

Your department's request to dispose of the above-referenced equipment was ☐ approved/ ☐ denied by the Board of Commissioners at its meeting held on the _____ day of _____, 19____. Items must be disposed of in accordance with the Personal Property Inventory Procedures.

2014 Inventory

Kathy Noren, Clerk of the Board

✓ KB
2/2/15

Transfer

PACIFIC COUNTY - INVENTORY DISPOSAL FORM

FIXED ASSET ID NUMBER: 3020 EQUIPMENT DESCRIPTION: Computer

DEPARTMENT: Clerk LOCATION: Courthouse

MODEL NUMBER: _____ SERIAL NUMBER: _____

DATE DISPOSED: 12/30/13 HOW DISPOSED: Computer Services - DPW
AMOUNT REC'D: 0 NAME OF PURCHASER: _____
WHY DISPOSED: replaced

IS THIS EQUIPMENT STILL FUNCTIONING _____ YES _____ NO unknown
COULD OTHER DEPARTMENTS UTILIZE THIS EQUIPMENT? _____ YES _____ NO

THIS FORM MUST ACCOMPANY ALL REQUESTS TO THE BOARD FOR DISPOSAL OF EQUIPMENT.
To assist you in completing this form, following is a breakdown of the information required in each section.

- Fixed Asset #: Record the number from the Pacific County property sticker. (Please return the property sticker with this form if equipment will no longer be considered property of the County.)
- Equipment: Describe the equipment as it is listed on your current inventory.
- Department: Name of your department/office
- Location: List the building where this equipment is located..
- Model #: Complete this section for equipment having model numbers.
- Serial #: Complete this section for equipment having serial numbers.
- Date disposed: The date the BOCC approved disposal of this equipment.
- How Disposed: Surplused, discarded, traded-in, transferred to another department, etc.
- Amount Rec'd: Initially, leave this section blank. (If the disposal of this equipment generates revenue, i.e. equipment is, traded-in, auctioned off, etc., you will need to report to Administration the amount received once the process is completed.)
- Purchaser: If equipment is sold, list the name of the person and/or organization who purchased the equipment.
- Why Disposed: Outdated, nonfunctional, replaced, etc.
- Functional: Is this equipment functioning well enough to used?
- Other Dept: Is this equipment useable enough to be placed on the quarterly print out of surplused property for possible use by another department?

RECEIVED
PACIFIC COUNTY

JAN 30 2015

GENERAL ADMINISTRATION
BOARD OF COMMISSIONERS

Your department's request to dispose of the above-referenced equipment was ☐ approved/ ☐ denied by the Board of Commissioners at its meeting held on the _____ day of _____, 19____. Items must be disposed of in accordance with the Personal Property Inventory Procedures.

2014 Inventory

Kathy Noren, Clerk of the Board



REQUESTED MEETING DATE:

2/10/15

AGENDA REQUEST FORM

[TO BE COMPLETED BY THE CLERK/DEP. CLERK OF THE BOARD]

BOCC ACTION: ☐ APPROVED ☐ DENIED

Agenda Item #: _____

Initial: _____

Date: _____

☐ SUBJECT TO ADEQUATE BUDGET APPROPRIATIONS

☐ NO ACTION TAKEN/WITHDRAWN

☐ DEFERRED TO: _____

☐ CONTINUED TO DATE: _____

TIME: _____

Review: ☐ Clerk of the Board

☐ Risk Management

☐ Legal

☐ OTHER: _____

DISTRIBUTION LIST:

☐ RF

☐ Assessor

☐ DPW

☐ PACCOM

☐ Superior Court

☐ CF

☐ Auditor

☐ EMA

☐ PC Fair

☐ Treasurer

☐ SEA

☐ Clerk

☐ Health

☐ Prosecutor

☐ Vegetation Mgmt

☐ Civil Service

☐ Juvenile

☐ SDC

☐ WSU Coop. Ext.

☐ DCD

☐ NDC

☐ Sheriff

☐ Other

AGENDA ITEM REQUEST

Please fill out in full or the request may be returned for more information. Also, please attach all pertinent documentation.

DEPARTMENT/OFFICE: General Administration for Risk Management

DIVISION (if applicable):

OFFICIAL NAME & TITLE: Kelli D. Buchanan, Administrative Assistant

PHONE / EXT:

Ext. 3339

SIGNATURE:

Kelli D. Buchanan

DATE:

1/29/15

NARRATIVE OF REQUEST

Please confirm the attached inventory transfer of fixed asset item #3108.

(2014 Inventory)

RECOMMENDED MOTION (To Be Completed by the Clerk/Deputy Clerk of the Board)

PACIFIC COUNTY - INVENTORY DISPOSAL/TRANSFER FORM

ATTACHMENT #4

3294
✓

FIXED ASSET ID NUMBER: 3108	DEPT/OFFICE: Risk Management - Kathy
EQUIPMENT DESCRIPTION: Computer Workstation	LOCATION: Courthouse Annex
MODEL NUMBER: Dell OptiPlex 990	SERIAL NUMBER: 8S8FVR1

IS THIS EQUIPMENT STILL FUNCTIONING?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
HAS THE EQUIPMENT BEEN OFFERED TO OTHER COUNTY DEPARTMENTS/OFFICES?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

DISPOSAL

DISPOSAL DATE:	HOW DISPOSED:
REASON FOR DISPOSAL:	
IF SOLD, AMOUNT RECEIVED:	NAME OF PURCHASER:

TRANSFER

TRANSFER DATE: 1/2/14	
TRANSFERRED FROM (DEPT/OFFICE): Risk Management	TO (DEPT/OFFICE): General Administration - Kelli

To assist you in completing this form, the following is a breakdown of the information required in each section:

Fixed Asset #:	Record the number from the Pacific County property sticker. (Please return property sticker with this form if equipment will no longer be considered property of the County.)
Equipment:	Describe the equipment as it is listed on your current inventory.
Department:	Name of your office/department.
Location:	List the building, office, etc, where this equipment is located.
Model #:	Complete this section for equipment having model numbers.
Serial #:	Complete this section for equipment having serial numbers.
Functional:	Is this equipment functioning well enough to be used?
Other Dept:	Is this equipment usable enough to be placed on the quarterly printout of surplus property for possible use by another department?
Date Disposed:	The date the BOCC approved disposal of this equipment
How Disposed:	Surplused, discarded, traded-in, transferred to another department, etc
Amount Rec'd:	Leave this section black. If disposal of equipment generates revenue, report to Administration the amount received once the process is completed.
Purchaser:	If equipment is sold, list the name of the person and/or organization that purchased the equipment.
Why Disposed:	Outdated, nonfunctional, replaced, etc.

Your request to ☐ dispose ☐ transfer the above referenced inventory item was ☐ approved ☐ denied by the Board of Pacific County Commissioners at its meeting held on _____, 20____ in accordance with Pacific County Personal Property Inventory Procedures.

2014 Inventory

Clerk of the Board

THIS FORM MUST ACCOMPANY ALL REQUESTS TO THE BOARD FOR DISPOSAL/TRANSFER OF EQUIPMENT.

revised 1/2012



Board of Pacific County Commissioners
P O Box 187 * 1216 W Robert Bush Dr * South Bend, WA 98586
Phone 360/875.9337 / Fax 360/875.9335

**BOH/BOCC meet 2nd and
4th Tuesday of each month,
beginning at 9 a.m.**

REQUESTED MEETING DATE:

2/10/15

AGENDA REQUEST FORM

[TO BE COMPLETED BY THE CLERK/DEP. CLERK OF THE BOARD]

Agenda Item #: _____

BOCC ACTION: ☐ APPROVED ☐ DENIED

Initial: _____ Date: _____

☐ SUBJECT TO ADEQUATE BUDGET APPROPRIATIONS

Review: ☐ Clerk of the Board

☐ NO ACTION TAKEN/WITHDRAWN

☐ DEFERRED TO: _____

☐ Risk Management

☐ CONTINUED TO DATE: _____

TIME: _____

☐ Legal

☐ OTHER: _____

DISTRIBUTION LIST:

☐ RF

☐ Assessor

☐ DPW

☐ PACCOM

☐ Superior Court

☐ CF

☐ Auditor

☐ EMA

☐ PC Fair

☐ Treasurer

☐ SEA

☐ Clerk

☐ Health

☐ Prosecutor

☐ Vegetation Mgmt

☐ Civil Service

☐ Juvenile

☐ SDC

☐ WSU Coop. Ext.

☐ DCD

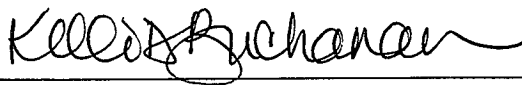
☐ NDC

☐ Sheriff

☐ Other

AGENDA ITEM REQUEST

Please fill out in full or the request may be returned for more information. Also, please attach all pertinent documentation.

DEPARTMENT/OFFICE: General Administration for DCD	DIVISION (if applicable):
OFFICIAL NAME & TITLE: Kelli D. Buchanan, Administrative Assistant	PHONE / EXT: Ext. 3339
SIGNATURE: 	DATE: 1/27/15
NARRATIVE OF REQUEST Confirm attached inventory disposals for Fixed Assets #2087, 2743, 3196 & 3249 (2014 inventory).	
RECOMMENDED MOTION (To Be Completed by the Clerk/Deputy Clerk of the Board)	

PACIFIC COUNTY - INVENTORY DISPOSAL/TRANSFER FORM

ATTACHMENT #4

FIXED ASSET ID NUMBER: 2087	DEPT/OFFICE: DCD
EQUIPMENT DESCRIPTION: GPS	LOCATION: DPW
MODEL NUMBER: Pathfinder Pro XR	SERIAL NUMBER: 29756-80-ENG

IS THIS EQUIPMENT STILL FUNCTIONING?	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAS THE EQUIPMENT BEEN OFFERED TO OTHER COUNTY DEPARTMENTS/OFFICES?	<input type="checkbox"/> YES <input type="checkbox"/> NO

DISPOSAL

DISPOSAL DATE: 2013	HOW DISPOSED: TRADE IN
REASON FOR DISPOSAL:	
IF SOLD, AMOUNT RECEIVED:	NAME OF PURCHASER:

TRANSFER

TRANSFER DATE:	
TRANSFERRED FROM (DEPT/OFFICE):	TO (DEPT/OFFICE):

To assist you in completing this form, the following is a breakdown of the information required in each section:

Fixed Asset #:	Record the number from the Pacific County property sticker. (Please return property sticker with this form if equipment will no longer be considered property of the County.)
Equipment:	Describe the equipment as it is listed on your current inventory.
Department:	Name of your office/department.
Location:	List the building, office, etc, where this equipment is located.
Model #:	Complete this section for equipment having model numbers.
Serial #:	Complete this section for equipment having serial numbers.
Functional:	Is this equipment functioning well enough to be used?
Other Dept:	Is this equipment usable enough to be placed on the quarterly printout of surplus property for possible use by another department?
Date Disposed:	The date the BOCC approved disposal of this equipment
How Disposed:	Surplused, discarded, traded-in, transferred to another department, etc
Amount Rec'd:	Leave this section blank. If disposal of equipment generates revenue, report to Administration the amount received once the process is completed.
Purchaser:	If equipment is sold, list the name of the person and/or organization that purchased the equipment.
Why Disposed:	Outdated, nonfunctional, replaced, etc.

Your request to ☐ dispose ☐ transfer the above referenced inventory item was ☐ approved ☐ denied by the Board of Pacific County Commissioners at its meeting held on _____, 20____ in accordance with Pacific County Personal Property Inventory Procedures.

(2014 Inventory)

Clerk of the Board

THIS FORM MUST ACCOMPANY ALL REQUESTS TO THE BOARD FOR DISPOSAL/TRANSFER OF EQUIPMENT.

revised 1/2012

PACIFIC COUNTY - INVENTORY DISPOSAL / TRANSFER FORM
ATTACHMENT #4

FIXED ASSET ID NUMBER: 2743	DEPT/OFFICE: DCD
EQUIPMENT DESCRIPTION: Desktop Computer	LOCATION: LB PUBLIC
MODEL NUMBER:	SERIAL NUMBER:

IS THIS EQUIPMENT STILL FUNCTIONING? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAS THE EQUIPMENT BEEN OFFERED TO OTHER COUNTY DEPARTMENTS/OFFICES? <input type="checkbox"/> YES <input type="checkbox"/> NO	

DISPOSAL

DISPOSAL DATE:	HOW DISPOSED:
REASON FOR DISPOSAL: REPLACED BY #2796	
IF SOLD, AMOUNT RECEIVED:	NAME OF PURCHASER:

TRANSFER

TRANSFER DATE:	
TRANSFERRED FROM (DEPT/OFFICE):	TO (DEPT/OFFICE):

To assist you in completing this form, the following is a breakdown of the information required in each section:

Fixed Asset #:	Record the number from the Pacific County property sticker. (Please return property sticker with this form if equipment will no longer be considered property of the County.)
Equipment:	Describe the equipment as it is listed on your current inventory.
Department:	Name of your office/department.
Location:	List the building, office, etc, where this equipment is located.
Model #:	Complete this section for equipment having model numbers.
Serial #:	Complete this section for equipment having serial numbers.
Functional:	Is this equipment functioning well enough to be used?
Other Dept:	Is this equipment usable enough to be placed on the quarterly printout of surplus property for possible use by another department?
Date Disposed:	The date the BOCC approved disposal of this equipment
How Disposed:	Surplus, discarded, traded-in, transferred to another department, etc
Amount Rec'd:	Leave this section black. If disposal of equipment generates revenue, report to Administration the amount received once the process is completed.
Purchaser:	If equipment is sold, list the name of the person and/or organization that purchased the equipment.
Why Disposed:	Outdated, nonfunctional, replaced, etc.

Your request to ☐ dispose ☐ transfer the above referenced inventory item was ☐ approved ☐ denied by the Board of Pacific County Commissioners at its meeting held on _____, 20__ in accordance with Pacific County Personal Property Inventory Procedures.

(2014 Inventory)

Clerk of the Board

THIS FORM MUST ACCOMPANY ALL REQUESTS TO THE BOARD FOR DISPOSAL/TRANSFER OF EQUIPMENT.

revised 1/2012

PACIFIC COUNTY - INVENTORY DISPOSAL/TRANSFER FORM

ATTACHMENT #4

FIXED ASSET ID NUMBER: 3196

DEPT/OFFICE: DCD

EQUIPMENT DESCRIPTION: Game Camera

LOCATION:

MODEL NUMBER:

SERIAL NUMBER:

IS THIS EQUIPMENT STILL FUNCTIONING? ☐ YES ☐ NO

HAS THE EQUIPMENT BEEN OFFERED TO OTHER COUNTY DEPARTMENTS/OFFICES? ☐ YES ☐ NO

DISPOSAL

DISPOSAL DATE: 12/31/2014

HOW DISPOSED:

REASON FOR DISPOSAL: UNABLE TO LOCATE

IF SOLD, AMOUNT RECEIVED:

NAME OF PURCHASER:

TRANSFER

TRANSFER DATE:

TRANSFERRED FROM (DEPT/OFFICE):

TO (DEPT/OFFICE):

To assist you in completing this form, the following is a breakdown of the information required in each section:

Fixed Asset #: Record the number from the Pacific County property sticker. (Please return property sticker with this form if equipment will no longer be considered property of the County.)

Equipment: Describe the equipment as it is listed on your current inventory.

Department: Name of your office/department.

Location: List the building, office, etc, where this equipment is located.

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Serial #: Complete this section for equipment having serial numbers.

Functional: Is this equipment functioning well enough to be used?

Other Dept: Is this equipment usable enough to be placed on the quarterly printout of surplus property for possible use by another department?

Date Disposed: The date the BOCC approved disposal of this equipment

How Disposed: Surplus, discarded, traded-in, transferred to another department, etc

Amount Rec'd: Leave this section blank. If disposal of equipment generates revenue, report to Administration the amount received once the process is completed.

Purchaser: If equipment is sold, list the name of the person and/or organization that purchased the equipment.

Why Disposed: Outdated, nonfunctional, replaced, etc.

Your request to ☐ dispose ☐ transfer the above referenced inventory item was ☐ approved ☐ denied by the Board of Pacific County Commissioners at its meeting held on _____, 20____ in accordance with Pacific County Personal Property Inventory Procedures.

(2014 Inventory)

Clerk of the Board

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revised 1/2012

PACIFIC COUNTY - INVENTORY DISPOSAL/TRANSFER FORM

ATTACHMENT #4

FIXED ASSET ID NUMBER: 3249

DEPT/OFFICE: DCD - SB

EQUIPMENT DESCRIPTION: HP LASERJET PRINTER

LOCATION: FRONT OFFICE

MODEL NUMBER: 4050TN

SERIAL NUMBER:

IS THIS EQUIPMENT STILL FUNCTIONING? ☐ YES ☒ NO

HAS THE EQUIPMENT BEEN OFFERED TO OTHER COUNTY DEPARTMENTS/OFFICES? ☐ YES ☒ NO

DISPOSAL

DISPOSAL DATE: 1/20/2015

HOW DISPOSED: GARBAGE

REASON FOR DISPOSAL: NOT FUNCTIONING

IF SOLD, AMOUNT RECEIVED:

NAME OF PURCHASER:

TRANSFER

TRANSFER DATE:

TRANSFERRED FROM (DEPT/OFFICE):

TO (DEPT/OFFICE):

To assist you in completing this form, the following is a breakdown of the information required in each section:

Fixed Asset #: Record the number from the Pacific County property sticker. (Please return property sticker with this form if equipment will no longer be considered property of the County.)
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Date Disposed: The date the BOCC approved disposal of this equipment
How Disposed: Surplus, discarded, traded-in, transferred to another department, etc
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Purchaser: If equipment is sold, list the name of the person and/or organization that purchased the equipment.
Why Disposed: Outdated, nonfunctional, replaced, etc.

Your request to ☐ dispose ☐ transfer the above referenced inventory item was ☐ approved ☐ denied by the Board of Pacific County Commissioners at its meeting held on _____, 20____ in accordance with Pacific County Personal Property Inventory Procedures.

(2014 Inventory)

Clerk of the Board

THIS FORM MUST ACCOMPANY ALL REQUESTS TO THE BOARD FOR DISPOSAL/TRANSFER OF EQUIPMENT.

revised 1/2012



Board of Pacific County Commissioners
P O Box 187 * 1216 W Robert Bush Dr * South Bend, WA 98586
Phone 360/875.9337 / Fax 360/875.9335

**BOH/BOCC meet 2nd and
4th Tuesday of each month,
beginning at 9 a.m.**

REQUESTED MEETING DATE:

2/10/15

AGENDA REQUEST FORM

[TO BE COMPLETED BY THE CLERK/DEP. CLERK OF THE BOARD]

Agenda Item #: _____

BOCC ACTION: ☐ APPROVED ☐ DENIED

Initial: _____

Date: _____

☐ SUBJECT TO ADEQUATE BUDGET APPROPRIATIONS

☐ NO ACTION TAKEN/WITHDRAWN

☐ DEFERRED TO: _____

Review: ☐ Clerk of the Board

☐ Risk Management

☐ CONTINUED TO DATE: _____

TIME: _____

☐ Legal

☐ OTHER: _____

DISTRIBUTION LIST:

☐ RF

☐ Assessor

☐ DPW

☐ PACCOM

☐ Superior Court

☐ CF

☐ Auditor

☐ EMA

☐ PC Fair

☐ Treasurer

☐ SEA

☐ Clerk

☐ Health

☐ Prosecutor

☐ Vegetation Mgmt

☐ Civil Service

☐ Juvenile

☐ SDC

☐ WSU Coop. Ext.

☐ DCD

☐ NDC

☐ Sheriff

☐ Other

AGENDA ITEM REQUEST

Please fill out in full or the request may be returned for more information. Also, please attach all pertinent documentation.

DEPARTMENT/OFFICE: General Administration for WSU Extension

DIVISION (if applicable):

OFFICIAL NAME & TITLE: Kelli D. Buchanan, Administrative Assistant

PHONE / EXT: Ext. 3339

SIGNATURE: *Kelli D. Buchanan*

DATE: 1/27/15

NARRATIVE OF REQUEST

Confirm attached transfer for Fixed Asset #2706 and disposals for Fixed Assets #3083 & 3204 regarding 2014 inventory.

RECOMMENDED MOTION (To Be Completed by the Clerk/Deputy Clerk of the Board)

PACIFIC COUNTY - INVENTORY DISPOSAL/TRANSFER FORM

ATTACHMENT #4

Sheriff to

FIXED ASSET ID NUMBER: 2706	DEPT/OFFICE: WSU EXTENSION
EQUIPMENT DESCRIPTION: DELL INSPIRON	LOCATION: COURTHOUSE ANNEX
MODEL NUMBER: 9400	SERIAL NUMBER: GMG11C1

IS THIS EQUIPMENT STILL FUNCTIONING?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
HAS THE EQUIPMENT BEEN OFFERED TO OTHER COUNTY DEPARTMENTS/OFFICES?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

DISPOSAL

DISPOSAL DATE:	HOW DISPOSED:
REASON FOR DISPOSAL:	
IF SOLD, AMOUNT RECEIVED:	NAME OF PURCHASER:

TRANSFER

TRANSFER DATE: NOVEMBER 5, 2014
TRANSFERRED FROM (DEPT/OFFICE): SHERIFF DEPT. TO (DEPT/OFFICE): WSU EXTENSION

To assist you in completing this form, the following is a breakdown of the information required in each section:

Fixed Asset #: Record the number from the Pacific County property sticker. (Please return property sticker with this form if equipment will no longer be considered property of the County.)

Equipment: Describe the equipment as it is listed on your current inventory.

Department: Name of your office/department.

Location: List the building, office, etc, where this equipment is located.

Model #: Complete this section for equipment having model numbers.

Serial #: Complete this section for equipment having serial numbers.

Functional: Is this equipment functioning well enough to be used?

Other Dept: Is this equipment usable enough to be placed on the quarterly printout of surplused property for possible use by another department?

Date Disposed: The date the BOCC approved disposal of this equipment

How Disposed: Surplused, discarded, traded-in, transferred to another department, etc

Amount Rec'd: Leave this section black. If disposal of equipment generates revenue, report to Administration the amount received once the process is completed.

Purchaser: If equipment is sold, list the name of the person and/or organization that purchased the equipment.

Why Disposed: Outdated, nonfunctional, replaced, etc.

Your request to ☐ dispose ☒ transfer the above referenced inventory item was ☐ approved ☐ denied by the Board of Pacific County Commissioners at its meeting held on _____, 20____ in accordance with Pacific County Personal Property Inventory Procedures.

2014 Inventory

Clerk of the Board

THIS FORM MUST ACCOMPANY ALL REQUESTS TO THE BOARD FOR DISPOSAL/TRANSFER OF EQUIPMENT.

PACIFIC COUNTY - INVENTORY DISPOSAL/TRANSFER FORM

ATTACHMENT #4

FIXED ASSET ID NUMBER: 3083

DEPT/OFFICE: WSU EXTENSION

EQUIPMENT DESCRIPTION: DELL OPTIPLEX

LOCATION: COURTHOUSE ANNEX

MODEL NUMBER: 745

SERIAL NUMBER:

IS THIS EQUIPMENT STILL FUNCTIONING? ☐ YES ☒ NO

HAS THE EQUIPMENT BEEN OFFERED TO OTHER COUNTY DEPARTMENTS/OFFICES? ☐ YES ☒ NO

DISPOSAL

DISPOSAL DATE:

HOW DISPOSED: DISCARDED

REASON FOR DISPOSAL: REPLACED

IF SOLD, AMOUNT RECEIVED:

NAME OF PURCHASER:

TRANSFER

TRANSFER DATE:

TRANSFERRED FROM (DEPT/OFFICE):

TO (DEPT/OFFICE):

To assist you in completing this form, the following is a breakdown of the information required in each section:

Fixed Asset #: Record the number from the Pacific County property sticker. (Please return property sticker with this form if equipment will no longer be considered property of the County.)

Equipment: Describe the equipment as it is listed on your current inventory.

Department: Name of your office/department.

Location: List the building, office, etc, where this equipment is located.

Model #: Complete this section for equipment having model numbers.

Serial #: Complete this section for equipment having serial numbers.

Functional: Is this equipment functioning well enough to be used?

Other Dept: Is this equipment usable enough to be placed on the quarterly printout of surplused property for possible use by another department?

Date Disposed: The date the BOCC approved disposal of this equipment

How Disposed: Surplused, discarded, traded-in, transferred to another department, etc

Amount Rec'd: Leave this section black. If disposal of equipment generates revenue, report to Administration the amount received once the process is completed.

Purchaser: If equipment is sold, list the name of the person and/or organization that purchased the equipment.

Why Disposed: Outdated, nonfunctional, replaced, etc.

Your request to ☒ dispose ☐ transfer the above referenced inventory item was ☐ approved ☐ denied by the Board of Pacific County Commissioners at its meeting held on _____, 20____ in accordance with Pacific County Personal Property Inventory Procedures.

2014 Inventory

Clerk of the Board

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revised 1/2012

PACIFIC COUNTY - INVENTORY DISPOSAL/TRANSFER FORM

ATTACHMENT #4

FIXED ASSET ID NUMBER: <u>3204</u>	DEPT/OFFICE: <u>WSU EXTENSION</u>
EQUIPMENT DESCRIPTION: <u>TRAILER - Youth Adventure</u>	LOCATION: <u>CAMP MOREHEAD/NAHCOTTA</u>
MODEL NUMBER: _____	SERIAL NUMBER: _____

IS THIS EQUIPMENT STILL FUNCTIONING? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
HAS THE EQUIPMENT BEEN OFFERED TO OTHER COUNTY DEPARTMENTS/OFFICES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

DISPOSAL

DISPOSAL DATE: <u>January 14, 2014</u>	HOW DISPOSED: <u>Surplused</u>
REASON FOR DISPOSAL: <u>No longer needed</u>	
IF SOLD, AMOUNT RECEIVED: <u>Gifted</u>	NAME OF PURCHASER: <u>Boy Scouts of America</u>

TRANSFER

TRANSFER DATE: _____	
TRANSFERRED FROM (DEPT/OFFICE): _____	TO (DEPT/OFFICE): _____

To assist you in completing this form, the following is a breakdown of the information required in each section:

Fixed Asset #:	Record the number from the Pacific County property sticker. (Please return property sticker with this form if equipment will no longer be considered property of the County.)
Equipment:	Describe the equipment as it is listed on your current inventory.
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Location:	List the building, office, etc, where this equipment is located.
Model #:	Complete this section for equipment having model numbers.
Serial #:	Complete this section for equipment having serial numbers.
Functional:	Is this equipment functioning well enough to be used?
Other Dept:	Is this equipment usable enough to be placed on the quarterly printout of surplused property for possible use by another department?
Date Disposed:	The date the BOCC approved disposal of this equipment
How Disposed:	Surplused, discarded, traded-in, transferred to another department, etc
Amount Rec'd:	Leave this section black. If disposal of equipment generates revenue, report to Administration the amount received once the process is completed.
Purchaser:	If equipment is sold, list the name of the person and/or organization that purchased the equipment.
Why Disposed:	Outdated, nonfunctional, replaced, etc.

Your request to ☐ dispose ☐ transfer the above referenced inventory item was ☐ approved ☐ denied by the Board of Pacific County Commissioners at its meeting held on _____, 20__ in accordance with Pacific County Personal Property Inventory Procedures.

2014 Inventory

Clerk of the Board

THIS FORM MUST ACCOMPANY ALL REQUESTS TO THE BOARD FOR DISPOSAL/TRANSFER OF EQUIPMENT.

revised 1/2012



Board of Pacific County Commissioners
P O Box 187 * 1216 W Robert Bush Dr * South Bend, WA 98586
Phone 360/875.9337 / Fax 360/875.9335

**BOH/BOCC meet 2nd and
4th Tuesday of each month,
beginning at 9 a.m.**

REQUESTED MEETING DATE:

2/10/15

AGENDA REQUEST FORM

[TO BE COMPLETED BY THE CLERK/DEP. CLERK OF THE BOARD]

Agenda Item #: _____

BOCC ACTION: ☐ APPROVED ☐ DENIED

Initial: _____ Date: _____

☐ SUBJECT TO ADEQUATE BUDGET APPROPRIATIONS

☐ NO ACTION TAKEN/WITHDRAWN

☐ DEFERRED TO: _____

Review: ☐ Clerk of the Board

☐ CONTINUED TO DATE: _____ TIME: _____

☐ Risk Management

☐ Legal

☐ OTHER: _____

DISTRIBUTION LIST:

- | | | | | |
|------------------------------|--|-----------------------------------|-------------------------------------|--|
| <input type="checkbox"/> RF | <input type="checkbox"/> Assessor | <input type="checkbox"/> DPW | <input type="checkbox"/> PACCOM | <input type="checkbox"/> Superior Court |
| <input type="checkbox"/> CF | <input type="checkbox"/> Auditor | <input type="checkbox"/> EMA | <input type="checkbox"/> PC Fair | <input type="checkbox"/> Treasurer |
| <input type="checkbox"/> SEA | <input type="checkbox"/> Clerk | <input type="checkbox"/> Health | <input type="checkbox"/> Prosecutor | <input type="checkbox"/> Vegetation Mgmt |
| | <input type="checkbox"/> Civil Service | <input type="checkbox"/> Juvenile | <input type="checkbox"/> SDC | <input type="checkbox"/> WSU Coop. Ext. |
| | <input type="checkbox"/> DCD | <input type="checkbox"/> NDC | <input type="checkbox"/> Sheriff | <input type="checkbox"/> Other |

AGENDA ITEM REQUEST

Please fill out in full or the request may be returned for more information. Also, please attach all pertinent documentation.

DEPARTMENT/OFFICE: General Administration for SDC	DIVISION (if applicable):
OFFICIAL NAME & TITLE: Kelli D. Buchanan, Administrative Assistant	PHONE / EXT: Ext. 3339
SIGNATURE: <i>Kelli D. Buchanan</i>	DATE: 1/27/15
NARRATIVE OF REQUEST	
Approve attached memos from Kim Hamilton, South District Court Administrator, regarding 2014 inventory, as follows: 1. Remove non-attractive items from inventory 2. Dispose Fixed Assets #1402, 2110, 2111, 2300 & 2927	
RECOMMENDED MOTION (To Be Completed by the Clerk/Deputy Clerk of the Board)	

PACIFIC COUNTY SOUTH DISTRICT COURT

7013 Sandridge Road • Long Beach, WA 98631

(360) 642-9417

Fax (360) 642-9416

Judge
Douglas E. Goelz

Court Administrator
Kim R. Hamilton


Deputy Clerk
Linda Normandin

Deputy Clerk
Angela Simonson

***** MEMORANDUM *****

DATE: January 23, 2015

TO: Pacific County Commissioners

FROM: 
Kim Hamilton, Court Administrator

RE: Removing non attractive items from our inventory (2014 Inventory)

Please remove the following non attractive items from our inventory list.

Bookcases (3) Fixed asset numbers: 1359, 1360 and 1362.

File Cabinets (8) Fixed asset numbers: 1366, 1363, 1365, 2103, 2104, 2105, 2106 and 2107.

Vertical File Cabinet (1) Fixed asset number: 2124.

Hon Chair (1) Fixed asset number: 1371.

State Flag (1) Fixed asset number: 1392.

Rubbermaid Foot Rest (3) Fixed asset number: 1393.

Steel Storage Shelves (1) Fixed asset number: 1404.

If you have any questions, please feel free to contact me at any time.

CC: file

PACIFIC COUNTY SOUTH DISTRICT COURT

7013 Sandridge Road • Long Beach, WA 98631

(360) 642-9417

Fax (360) 642-9416

Judge
Douglas E. Goelz

Court Administrator
Kim R. Hamilton

Deputy Clerk
Linda Normandin

Deputy Clerk
Angela Simonson

* * * * * MEMORANDUM * * * * *

DATE: January 23, 2015

TO: Pacific County Commissioners

FROM: Kim Hamilton, Court Administrator

RE: Inventory Disposal (2014 Inventory)

Please allow the disposal of the attached items.

If you have any questions, please feel free to contact me at any time.

CC: file

PACIFIC COUNTY - INVENTORY DISPOSAL/TRANSFER FORM

ATTACHMENT #4

FIXED ASSET ID NUMBER: 1402	DEPT/OFFICE: South District Court
EQUIPMENT DESCRIPTION: LANIER Court Recorder	LOCATION: Long Beach, Washington
MODEL NUMBER:	SERIAL NUMBER:

IS THIS EQUIPMENT STILL FUNCTIONING?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
HAS THE EQUIPMENT BEEN OFFERED TO OTHER COUNTY DEPARTMENTS/OFFICES?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

DISPOSAL

DISPOSAL DATE: 1/23/2015	HOW DISPOSED: Recycled
REASON FOR DISPOSAL: Courts no longer use tape to record hearings	
IF SOLD, AMOUNT RECEIVED:	NAME OF PURCHASER:

TRANSFER

TRANSFER DATE:	
TRANSFERRED FROM (DEPT/OFFICE):	TO (DEPT/OFFICE):

To assist you in completing this form, the following is a breakdown of the information required in each section:

Fixed Asset #:	Record the number from the Pacific County property sticker. (Please return property sticker with this form if equipment will no longer be considered property of the County.)
Equipment:	Describe the equipment as it is listed on your current inventory.
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Other Dept:	Is this equipment usable enough to be placed on the quarterly printout of surplus property for possible use by another department?
Date Disposed:	The date the BOCC approved disposal of this equipment
How Disposed:	Surplus, discarded, traded-in, transferred to another department, etc
Amount Rec'd:	Leave this section blank. If disposal of equipment generates revenue, report to Administration the amount received once the process is completed.
Purchaser:	If equipment is sold, list the name of the person and/or organization that purchased the equipment.
Why Disposed:	Outdated, nonfunctional, replaced, etc.

Your request to ☐ dispose ☐ transfer the above referenced inventory item was ☐ approved ☐ denied by the Board of Pacific County Commissioners at its meeting held on _____, 20____ in accordance with Pacific County Personal Property Inventory Procedures.

2014 Inventory

Clerk of the Board

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revised 1/2012

PACIFIC COUNTY - INVENTORY DISPOSAL/TRANSFER FORM

ATTACHMENT #4

FIXED ASSET ID NUMBER: 2110	DEPT/OFFICE: South District Court
EQUIPMENT DESCRIPTION: Toshiba 20' TV	LOCATION: Long Beach, Washington
MODEL NUMBER:	SERIAL NUMBER:

IS THIS EQUIPMENT STILL FUNCTIONING?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
HAS THE EQUIPMENT BEEN OFFERED TO OTHER COUNTY DEPARTMENTS/OFFICES?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

DISPOSAL

DISPOSAL DATE: 1/23/2015	HOW DISPOSED: Recycled
REASON FOR DISPOSAL: Wont turn on.	
IF SOLD, AMOUNT RECEIVED:	NAME OF PURCHASER:

TRANSFER

TRANSFER DATE:	
TRANSFERRED FROM (DEPT/OFFICE):	TO (DEPT/OFFICE):

To assist you in completing this form, the following is a breakdown of the information required in each section:

Fixed Asset #:	Record the number from the Pacific County property sticker. (Please return property sticker with this form if equipment will no longer be considered property of the County.)
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Amount Rec'd:	Leave this section blank. If disposal of equipment generates revenue, report to Administration the amount received once the process is completed.
Purchaser:	If equipment is sold, list the name of the person and/or organization that purchased the equipment.
Why Disposed:	Outdated, nonfunctional, replaced, etc.

Your request to ☐ dispose ☐ transfer the above referenced inventory item was ☐ approved ☐ denied by the Board of Pacific County Commissioners at its meeting held on _____, 20____ in accordance with Pacific County Personal Property Inventory Procedures.

2014 Inventory

Clerk of the Board

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revised 1/2012

PACIFIC COUNTY - INVENTORY DISPOSAL/TRANSFER FORM

ATTACHMENT #4

FIXED ASSET ID NUMBER: 2111	DEPT/OFFICE: South District Court
EQUIPMENT DESCRIPTION: Toshiba Compact VCR	LOCATION: Long Beach, Washington
MODEL NUMBER:	SERIAL NUMBER:

IS THIS EQUIPMENT STILL FUNCTIONING?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
HAS THE EQUIPMENT BEEN OFFERED TO OTHER COUNTY DEPARTMENTS/OFFICES?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

DISPOSAL

DISPOSAL DATE: 1/23/2015	HOW DISPOSED: Recycled
REASON FOR DISPOSAL: We have no VCR tapes to play on it anymore. We use CD's instead.	
IF SOLD, AMOUNT RECEIVED:	NAME OF PURCHASER:

TRANSFER

TRANSFER DATE:	
TRANSFERRED FROM (DEPT/OFFICE):	TO (DEPT/OFFICE):

To assist you in completing this form, the following is a breakdown of the information required in each section:

Fixed Asset #:	Record the number from the Pacific County property sticker. (Please return property sticker with this form if equipment will no longer be considered property of the County.)
Equipment:	Describe the equipment as it is listed on your current inventory.
Department:	Name of your office/department.
Location:	List the building, office, etc, where this equipment is located.
Model #:	Complete this section for equipment having model numbers.
Serial #:	Complete this section for equipment having serial numbers.
Functional:	Is this equipment functioning well enough to be used?
Other Dept:	Is this equipment usable enough to be placed on the quarterly printout of surplus property for possible use by another department?
Date Disposed:	The date the BOCC approved disposal of this equipment
How Disposed:	Surplused, discarded, traded-in, transferred to another department, etc
Amount Rec'd:	Leave this section black. If disposal of equipment generates revenue, report to Administration the amount received once the process is completed.
Purchaser:	If equipment is sold, list the name of the person and/or organization that purchased the equipment.
Why Disposed:	Outdated, nonfunctional, replaced, etc.

Your request to <input type="checkbox"/> dispose <input type="checkbox"/> transfer the above referenced inventory item was <input type="checkbox"/> approved <input type="checkbox"/> denied by the Board of Pacific County Commissioners at its meeting held on _____, 20____ in accordance with Pacific County Personal Property Inventory Procedures.	
2014 Inventory	Clerk of the Board

THIS FORM MUST ACCOMPANY ALL REQUESTS TO THE BOARD FOR DISPOSAL/TRANSFER OF EQUIPMENT.

revised 1/2012

PACIFIC COUNTY - INVENTORY DISPOSAL/TRANSFER FORM

ATTACHMENT #4

FIXED ASSET ID NUMBER: 2300	DEPT/OFFICE: South District Court
EQUIPMENT DESCRIPTION: Sony Court Recorder	LOCATION: Long Beach, Washington
MODEL NUMBER:	SERIAL NUMBER:

IS THIS EQUIPMENT STILL FUNCTIONING?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
HAS THE EQUIPMENT BEEN OFFERED TO OTHER COUNTY DEPARTMENTS/OFFICES?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

DISPOSAL

DISPOSAL DATE: 1/23/2015	HOW DISPOSED: Recycled
REASON FOR DISPOSAL: Courts no longer use tape to record hearings	
IF SOLD, AMOUNT RECEIVED:	NAME OF PURCHASER:

TRANSFER

TRANSFER DATE:	
TRANSFERRED FROM (DEPT/OFFICE):	TO (DEPT/OFFICE):

To assist you in completing this form, the following is a breakdown of the information required in each section:

Fixed Asset #:	Record the number from the Pacific County property sticker. (Please return property sticker with this form if equipment will no longer be considered property of the County.)
Equipment:	Describe the equipment as it is listed on your current inventory.
Department:	Name of your office/department.
Location:	List the building, office, etc, where this equipment is located.
Model #:	Complete this section for equipment having model numbers.
Serial #:	Complete this section for equipment having serial numbers.
Functional:	Is this equipment functioning well enough to be used?
Other Dept:	Is this equipment usable enough to be placed on the quarterly printout of surplus property for possible use by another department?
Date Disposed:	The date the BOCC approved disposal of this equipment
How Disposed:	Surplused, discarded, traded-in, transferred to another department, etc
Amount Rec'd:	Leave this section blank. If disposal of equipment generates revenue, report to Administration the amount received once the process is completed.
Purchaser:	If equipment is sold, list the name of the person and/or organization that purchased the equipment.
Why Disposed:	Outdated, nonfunctional, replaced, etc.

Your request to ☐ dispose ☐ transfer the above referenced inventory item was ☐ approved ☐ denied by the Board of Pacific County Commissioners at its meeting held on _____, 20____ in accordance with Pacific County Personal Property Inventory Procedures.

2014 Inventory

Clerk of the Board

THIS FORM MUST ACCOMPANY ALL REQUESTS TO THE BOARD FOR DISPOSAL/TRANSFER OF EQUIPMENT.

revised 1/2012

PACIFIC COUNTY - INVENTORY DISPOSAL/TRANSFER FORM

ATTACHMENT #4

FIXED ASSET ID NUMBER: 2927	DEPT/OFFICE: South District Court
EQUIPMENT DESCRIPTION: Cannon Scanner	LOCATION: Long Beach, Washington
MODEL NUMBER:	SERIAL NUMBER:

IS THIS EQUIPMENT STILL FUNCTIONING?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
HAS THE EQUIPMENT BEEN OFFERED TO OTHER COUNTY DEPARTMENTS/OFFICES?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO

DISPOSAL

DISPOSAL DATE: 1/23/2015	HOW DISPOSED: Recycled
REASON FOR DISPOSAL: We now use our copier to scan and send documents	
IF SOLD, AMOUNT RECEIVED:	NAME OF PURCHASER:

TRANSFER

TRANSFER DATE:	
TRANSFERRED FROM (DEPT/OFFICE):	TO (DEPT/OFFICE):

To assist you in completing this form, the following is a breakdown of the information required in each section:

Fixed Asset #:	Record the number from the Pacific County property sticker. (Please return property sticker with this form if equipment will no longer be considered property of the County.)
Equipment:	Describe the equipment as it is listed on your current inventory.
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Location:	List the building, office, etc, where this equipment is located.
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Functional:	Is this equipment functioning well enough to be used?
Other Dept:	Is this equipment usable enough to be placed on the quarterly printout of surplus property for possible use by another department?
Date Disposed:	The date the BOCC approved disposal of this equipment
How Disposed:	Surplus, discarded, traded-in, transferred to another department, etc
Amount Rec'd:	Leave this section blank. If disposal of equipment generates revenue, report to Administration the amount received once the process is completed.
Purchaser:	If equipment is sold, list the name of the person and/or organization that purchased the equipment.
Why Disposed:	Outdated, nonfunctional, replaced, etc.

Your request to ☐ dispose ☐ transfer the above referenced inventory item was ☐ approved ☐ denied by the Board of Pacific County Commissioners at its meeting held on _____, 20__ in accordance with Pacific County Personal Property Inventory Procedures.

2014 Inventory

Clerk of the Board

THIS FORM MUST ACCOMPANY ALL REQUESTS TO THE BOARD FOR DISPOSAL/TRANSFER OF EQUIPMENT.

revised 1/2012



REQUESTED MEETING DATE:

2/10/15

AGENDA REQUEST FORM

[TO BE COMPLETED BY THE CLERK/DEP. CLERK OF THE BOARD]

Agenda Item #: _____

BOCC ACTION:

☐ APPROVED

☐ DENIED

Initial: _____

Date: _____

☐ SUBJECT TO ADEQUATE BUDGET APPROPRIATIONS

☐ NO ACTION TAKEN/WITHDRAWN

☐ DEFERRED TO: _____

Review: ☐ Clerk of the Board

☐ CONTINUED TO DATE: _____

TIME: _____

☐ Risk Management

☐ Legal

☐ OTHER: _____

DISTRIBUTION LIST:

☐ RF

☐ Assessor

☐ DPW

☐ PACCOM

☐ Superior Court

☐ CF

☐ Auditor

☐ EMA

☐ PC Fair

☐ Treasurer

☐ SEA

☐ Clerk

☐ Health

☐ Prosecutor

☐ Vegetation Mgmt

☐ Civil Service

☐ Juvenile

☐ SDC

☐ WSU Coop. Ext.

☐ DCD

☐ NDC

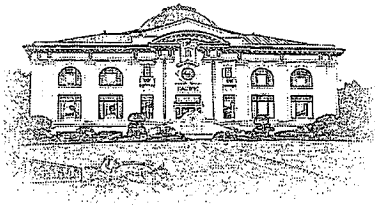
☐ Sheriff

☐ Other

AGENDA ITEM REQUEST

Please fill out in full or the request may be returned for more information. Also, please attach all pertinent documentation.

DEPARTMENT/OFFICE: General Administration	DIVISION (if applicable):
OFFICIAL NAME & TITLE: Kelli D. Buchanan, Administrative Assistant	PHONE / EXT: Ext. 3339
SIGNATURE: <i>Kelli D. Buchanan</i>	DATE: 1/29/15
NARRATIVE OF REQUEST	
<p>Please confirm the attached inventory disposals regarding fixed asset items #3031 & #3032. These headsets do not need to be listed on inventory, and may be utilized by another department/office.</p> <p>Also, please confirm the attached inventory transfers of fixed asset items #2866 & #3079. <i>(2014 inventory)</i></p>	
RECOMMENDED MOTION (To Be Completed by the Clerk/Deputy Clerk of the Board)	



Pacific County **GENERAL ADMINISTRATION**

Kathy Spoor, County Administrative Officer

MEMORANDUM

TO: Board of County Commissioners

FROM: Kelli D. Buchanan, Administrative Assistant

DATE: January 29, 2015

RE: General Administration's Inventory – Disposals (2014 Inventory)

I would like to dispose of the following items that don't need to be listed on inventory. These headsets aren't being used by our office, so we may offer them to another office/department if they are compatible with our new phone system. Thank you for your consideration.

<u>Asset #</u>	<u>Equipment Description</u>
3031	Headset, Avaya Wireless
3032	Headset, Avaya Wireless

PACIFIC COUNTY - INVENTORY DISPOSAL/TRANSFER FORM

ATTACHMENT #4

FIXED ASSET ID NUMBER: 2866	DEPT/OFFICE: General Administration
EQUIPMENT DESCRIPTION: Computer Workstation	LOCATION: Courthouse Annex
MODEL NUMBER: Dell OptiPlex 755	SERIAL NUMBER: 7J9FGH1

IS THIS EQUIPMENT STILL FUNCTIONING?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
HAS THE EQUIPMENT BEEN OFFERED TO OTHER COUNTY DEPARTMENTS/OFFICES?	<input type="checkbox"/> YES <input type="checkbox"/> NO

DISPOSAL

DISPOSAL DATE:	HOW DISPOSED:
REASON FOR DISPOSAL:	
IF SOLD, AMOUNT RECEIVED:	NAME OF PURCHASER:

TRANSFER

TRANSFER DATE: 1/2/14	
TRANSFERRED FROM (DEPT/OFFICE): General Administration	TO (DEPT/OFFICE): DPW Computer Services

To assist you in completing this form, the following is a breakdown of the information required in each section:

Fixed Asset #:	Record the number from the Pacific County property sticker. (Please return property sticker with this form if equipment will no longer be considered property of the County.)
Equipment:	Describe the equipment as it is listed on your current inventory.
Department:	Name of your office/department.
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Model #:	Complete this section for equipment having model numbers.
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Functional:	Is this equipment functioning well enough to be used?
Other Dept:	Is this equipment usable enough to be placed on the quarterly printout of surplus property for possible use by another department?
Date Disposed:	The date the BOCC approved disposal of this equipment
How Disposed:	Surplus, discarded, traded-in, transferred to another department, etc
Amount Rec'd:	Leave this section blank. If disposal of equipment generates revenue, report to Administration the amount received once the process is completed.
Purchaser:	If equipment is sold, list the name of the person and/or organization that purchased the equipment.
Why Disposed:	Outdated, nonfunctional, replaced, etc.

Your request to ☐ dispose ☐ transfer the above referenced inventory item was ☐ approved ☐ denied by the Board of Pacific County Commissioners at its meeting held on _____, 20____ in accordance with Pacific County Personal Property Inventory Procedures.

2014 Inventory

Clerk of the Board

THIS FORM MUST ACCOMPANY ALL REQUESTS TO THE BOARD FOR DISPOSAL/TRANSFER OF EQUIPMENT.

revised 1/2012

PACIFIC COUNTY - INVENTORY DISPOSAL/TRANSFER FORM

ATTACHMENT #4

3295
✓

FIXED ASSET ID NUMBER: 3079

DEPT/OFFICE: General Administration

EQUIPMENT DESCRIPTION: Computer Laptop

LOCATION: Courthouse Annex

MODEL NUMBER: Dell Latitude D830

SERIAL NUMBER: 4C7JPD1

IS THIS EQUIPMENT STILL FUNCTIONING? ☒ YES ☐ NO

HAS THE EQUIPMENT BEEN OFFERED TO OTHER COUNTY DEPARTMENTS/OFFICES? ☒ YES ☐ NO

DISPOSAL

DISPOSAL DATE: _____

HOW DISPOSED: _____

REASON FOR DISPOSAL: _____

IF SOLD, AMOUNT RECEIVED: _____

NAME OF PURCHASER: _____

TRANSFER

TRANSFER DATE: 1/2/14

TRANSFERRED FROM (DEPT/OFFICE): General Administration

TO (DEPT/OFFICE): BOCC - Frank

To assist you in completing this form, the following is a breakdown of the information required in each section:

Fixed Asset #: Record the number from the Pacific County property sticker. (Please return property sticker with this form if equipment will no longer be considered property of the County.)

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Functional: Is this equipment functioning well enough to be used?

Other Dept: Is this equipment usable enough to be placed on the quarterly printout of surplus property for possible use by another department?

Date Disposed: The date the BOCC approved disposal of this equipment

How Disposed: Surplus, discarded, traded-in, transferred to another department, etc

Amount Rec'd: Leave this section black. If disposal of equipment generates revenue, report to Administration the amount received once the process is completed.

Purchaser: If equipment is sold, list the name of the person and/or organization that purchased the equipment.

Why Disposed: Outdated, nonfunctional, replaced, etc.

Your request to ☐ dispose ☐ transfer the above referenced inventory item was ☐ approved ☐ denied by the Board of Pacific County Commissioners at its meeting held on _____, 20____ in accordance with Pacific County Personal Property Inventory Procedures.

2014 Inventory

Clerk of the Board

THIS FORM MUST ACCOMPANY ALL REQUESTS TO THE BOARD FOR DISPOSAL/TRANSFER OF EQUIPMENT.



Board of Pacific County Commissioners
P O Box 187 * 1216 W Robert Bush Dr * South Bend, WA 98586
Phone 360/875.9337 / Fax 360/875.9335

**BOH/BOCC meet 2nd and
4th Tuesday of each month,
beginning at 9 a.m.**

REQUESTED MEETING DATE:

2/10/15

AGENDA REQUEST FORM

[TO BE COMPLETED BY THE CLERK/DEP. CLERK OF THE BOARD]

Agenda Item #: 5

BOCC ACTION: ☐ APPROVED ☐ DENIED

Initial: _____ Date: _____

☐ SUBJECT TO ADEQUATE BUDGET APPROPRIATIONS

☐ NO ACTION TAKEN/WITHDRAWN

☐ DEFERRED TO: _____

Review: ☐ Clerk of the Board

☐ CONTINUED TO DATE: _____ TIME: _____

☐ Risk Management

☐ OTHER: _____

☐ Legal

DISTRIBUTION LIST:

☐ RF

☐ Assessor

☐ DPW

☐ PACCOM

☐ Superior Court

☐ CF

☐ Auditor

☐ EMA

☐ PC Fair

☐ Treasurer

☐ SEA

☐ Clerk

☐ Health

☐ Prosecutor

☐ Vegetation Mgmt

☐ Civil Service

☐ Juvenile

☐ SDC

☐ WSU Coop. Ext.

☐ DCD

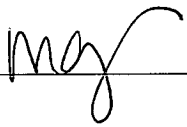
☐ NDC

☐ Sheriff

☐ Other

AGENDA ITEM REQUEST

Please fill out in full or the request may be returned for more information. Also, please attach all pertinent documentation.

DEPARTMENT/OFFICE: Commissioners Office	DIVISION (if applicable): Boards/Commissions
OFFICIAL NAME & TITLE: Marie Guernsey, Clerk of the Board	PHONE / EXT:
SIGNATURE: 	DATE: 1/26/2015
NARRATIVE OF REQUEST	
RECOMMENDED MOTION (To Be Completed by the Clerk/Deputy Clerk of the Board)	
Approve reappointments of Eric de Montigny and Scott Turnbull to the Planning Commission	



Board of Pacific County Commissioners
P O Box 187 * 1216 W Robert Bush Dr * South Bend, WA 98586
Phone 360/875.9337 / Fax 360/875.9335

**BOH/BOCC meet 2nd and
4th Tuesday of each month,
beginning at 9 a.m.**

REQUESTED MEETING DATE:

2/10/15

AGENDA REQUEST FORM

[TO BE COMPLETED BY THE CLERK/DEP. CLERK OF THE BOARD]

Agenda Item #: _____

BOCC ACTION: ☐ APPROVED ☐ DENIED

Initial: _____

Date: _____

☐ SUBJECT TO ADEQUATE BUDGET APPROPRIATIONS

☐ NO ACTION TAKEN/WITHDRAWN

☐ DEFERRED TO: _____

Review: ☐ Clerk of the Board

☐ Risk Management

☐ CONTINUED TO DATE: _____

TIME: _____

☐ Legal

☐ OTHER: _____

DISTRIBUTION LIST:

☐ RF

☐ Assessor

☐ DPW

☐ PACCOM

☐ Superior Court

☐ CF

☐ Auditor

☐ EMA

☐ PC Fair

☐ Treasurer

☐ SEA

☐ Clerk

☐ Health

☐ Prosecutor

☐ Vegetation Mgmt

☐ Civil Service

☐ Juvenile

☐ SDC

☐ WSU Coop. Ext.

☐ DCD

☐ NDC

☐ Sheriff

☐ Other

AGENDA ITEM REQUEST

Please fill out in full or the request may be returned for more information. Also, please attach all pertinent documentation.

DEPARTMENT/OFFICE: Commissioners Office

DIVISION (if applicable): Boards/Commissions

OFFICIAL NAME & TITLE: Marie Guernsey, Clerk of the Board

PHONE / EXT: _____

SIGNATURE: 

DATE: _____

1/26/2015

NARRATIVE OF REQUEST

RECOMMENDED MOTION (To Be Completed by the Clerk/Deputy Clerk of the Board)

Approve the reappointments to the Pacific Mountain Workforce Development Council



Board of Pacific County Commissioners
P O Box 187 * 1216 W Robert Bush Dr * South Bend, WA 98586
Phone 360/875.9337 / Fax 360/875.9335

**BOH/BOCC meet 2nd and
4th Tuesday of each month,
beginning at 9 a.m.**

REQUESTED MEETING DATE:

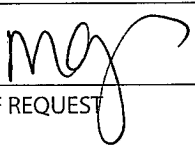
AGENDA REQUEST FORM

[TO BE COMPLETED BY THE CLERK/DEP. CLERK OF THE BOARD]

BOCCA ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED		Agenda Item #: _____		
		Initial: _____	Date: _____	
<input type="checkbox"/> SUBJECT TO ADEQUATE BUDGET APPROPRIATIONS				
<input type="checkbox"/> NO ACTION TAKEN/WITHDRAWN	<input type="checkbox"/> DEFERRED TO: _____		Review: <input type="checkbox"/> Clerk of the Board	
<input type="checkbox"/> CONTINUED TO DATE: _____	TIME: _____		<input type="checkbox"/> Risk Management	
<input type="checkbox"/> OTHER: _____			<input type="checkbox"/> Legal	
DISTRIBUTION LIST:				
<input type="checkbox"/> RF	<input type="checkbox"/> Assessor	<input type="checkbox"/> DPW	<input type="checkbox"/> PACCOM	<input type="checkbox"/> Superior Court
<input type="checkbox"/> CF	<input type="checkbox"/> Auditor	<input type="checkbox"/> EMA	<input type="checkbox"/> PC Fair	<input type="checkbox"/> Treasurer
<input type="checkbox"/> SEA	<input type="checkbox"/> Clerk	<input type="checkbox"/> Health	<input type="checkbox"/> Prosecutor	<input type="checkbox"/> Vegetation Mgmt
	<input type="checkbox"/> Civil Service	<input type="checkbox"/> Juvenile	<input type="checkbox"/> SDC	<input type="checkbox"/> WSU Coop. Ext.
	<input type="checkbox"/> DCD	<input type="checkbox"/> NDC	<input type="checkbox"/> Sheriff	<input type="checkbox"/> Other

AGENDA ITEM REQUEST

Please fill out in full or the request may be returned for more information. Also, please attach all pertinent documentation.

DEPARTMENT/OFFICE: Commissioners Office	DIVISION (if applicable): Boards/Commissions
OFFICIAL NAME & TITLE: Marie Guernsey, Clerk of the Board	PHONE / EXT:
SIGNATURE: 	DATE: 1/26/2015
NARRATIVE OF REQUEST	
RECOMMENDED MOTION (To Be Completed by the Clerk/Deputy Clerk of the Board)	
Approve reappointments of Michael Spencer and Anne Steele to the Solid Waste Advisory Committee	

**COUNTY OF PACIFIC
VOUCHER APPROVAL TRANSMITTAL
VENDOR CLAIMS**

The vouchers, hereinafter listed, have been audited and certified by the auditing officer as required by RCW 42.24.080 and those expenses/reimbursement claims have been certified as required by RCW 42.24.090 and have been recorded on the attached listing, which has been made available to the Board.

As of this date, February 10, 2015, the Board, by a unanimous/majority vote, does approve for payment, subject to adequate budget appropriations, those vouchers included in the attached list and further described as follows:

Vendors Claim Fund No. 692

125767 thru 125874 \$ 141,476.02

Warrants Dated: January 30, 2015

BOARD OF COUNTY COMMISSIONERS
PACIFIC COUNTY, WASHINGTON

AUDITED:



Auditor/Deputy Auditor

Chairman

ATTEST:

Commissioner

Clerk of the Board

Commissioner

RECEIVED
PACIFIC COUNTY

FEB - 2 2015

GENERAL ADMINISTRATION
BOARD OF COMMISSIONERS

COUNTY OF PACIFIC - STATE OF WASHINGTON

BOARD OF COUNTY COMMISSIONERS

SUMMARY OF APPROVAL OF MONTHLY PAYROLL

WHEREAS, the Elected Officials and Department Heads have submitted certified requests for payroll payments for officers and employees to the County Auditor for disbursement as shown by the attached department listings; and,

WHEREAS, the Board of County Commissioners have reviewed the listing as attached; now, therefore,

IT IS HEREBY ORDERED by the Board of County Commissioners that salaries, wages, overtime and other pay are allowed as follows:

MONTH OF: JANUARY, YEAR OF 2015

TOTAL EMPLOYEES: 174

TOTAL PAYROLL: \$724,477.28

Approve payroll subject to adequate budget appropriations.

BOARD OF PACIFIC COUNTY COMMISSIONERS

Dated this ___10th___day of February 2015

Chairperson

Commissioner

Commissioner

Attest:

Clerk of the Board

RECEIVED
PACIFIC COUNTY

JAN 28 2015

GENERAL ADMINISTRATION
BOARD OF COMMISSIONERS

PACIFIC COUNTY, WASHINGTON
BOARD OF COMMISSIONERS
JOURNAL #51

8

PROCEEDINGS

9:00 AM
Tuesday, January 27, 2015

1216 W Robert Bush Drive
South Bend, Washington

CALLED TO ORDER – 9:00AM

Steve Rogers, Chair
Frank Wolfe, Commissioner
Lisa Ayers, Commissioner

Marie Guernsey, Clerk of the Board
Kathy Spoor, County Administrative Officer
Paul Plakinger, Management & Fiscal Analyst
Mike Collins, Public Works Director/County Engineer
Joyce Kidd, Auditor
Denise Rowlett, Chief Civil Deputy
Mark McClain, Prosecuting Attorney

GENERAL PUBLIC IN ATTENDANCE

Mike Williams, Chinook Observer (recorded meeting)
Pat Meyers-Willapa Harbor Herald (recorded meeting)

PUBLIC COMMENT – None

CONSENT AGENDA (Items 1-10)

It was moved by Wolfe, seconded by Ayers and carried by a vote of 3-0
Subject to adequate budget appropriations and in accordance with all applicable
county policies

Department of Public Works

**Approve return of Performance Bond and Retainage Bond to Public Works
from Lakeside Industries pertaining to the Sandridge Road Resurface
Project to hold for the warranty period**

**Approve continuation bonds with Weyerhaeuser Columbia Timberlands
regarding Road Haul Permit #2015-3, Weyerhaeuser regarding Road Haul
Agreement #2015-5 (Pe Ell Operations) and #2015-6 (Coastal Operations),
Port Blakely Tree Farms regarding Road Haul Agreement #2015-4,
Campbell Global regarding Road Haul Permit #2015-2, Hampton Affiliates
regarding Road Haul Permit #2015-9**

**Approve release of Performance Bond to Scarsella Bros. regarding Road
Haul Permit #2012-14**

**PACIFIC COUNTY, WASHINGTON
BOARD OF COMMISSIONERS
JOURNAL #51**

Health & Human Services Department

Approve Amendment #6 to Contract #DFC 2011-13 BBBS with Big Brothers Big Sisters of SW Washington

County Fair

Approve Amendment #1 to Maintenance Manager Employment Agreement with Steve Stigar

Sheriff's Office

Confirm Sheriff's signature on Professional Services Agreement with Willapa Behavioral Health for the provision of school and community-based environmental drug and alcohol prevention strategies and consultation

Confirm Sheriff's signature on Interagency Agreement #IA 315-193 with WA State Parks and Recreation Commission for providing assistance to State Parks and carry out specific recreational boating safety program tasks in the county and the water within its jurisdiction including the Pacific Ocean up to three miles from shore

Boards & Commissions

Approve the reappointment of Human Services Advisory Council Members; Sherry McDonald, Judy Jones, Jerry Porter and Joey Sturgil

General Business

Vendor Claims, Warrants Numbered 125494 thru 125695 - \$370,626.16

Approve regular meeting minutes of January 13, 2015

YEARS OF SERVICES

15 Years: Jim Simpson (DPW)

ITEMS REGARDING DEPARTMENT OF PUBLIC WORKS

It was moved by Ayers, seconded by Wolfe and carried by a vote of 3-0

Approve Digital Submittal Certification to the County Road Administration Board for the 2015 Road Levy Certification and authorize Chair to sign

Approve request to advertise two budgeted RMT II positions and one Traffic Control/Maintenance position in accordance Local 367 Collective Bargaining Agreement and return with request to hire

**PACIFIC COUNTY, WASHINGTON
BOARD OF COMMISSIONERS
JOURNAL #51**

Approval request to issue Call for Bids for the 2015 Chip Seal Program

Adopt Resolution 2015-002 for temporary road closure for North Beach Water District watermain installation and rescind Resolution 2014-050

Adopt Resolution 2015-003 initiating County Road Project No. 1639, Resolution 2015-004 initiating County Road Project No. 1640, and Resolution 2015-005 initiating County Road Project No. 1641

ITEMS REGARDING AUDITOR'S OFFICE

It was moved by Ayers, seconded by Wolfe and carried by a vote of 3-0

Approve appointment of Alex Gerow to the vacant Accountant position, Grade 12 Step 1, 0.80 FTE, effective January 20, 2015, subject to adequate budget appropriations

Approve request to post vacant Administrative Assistant position in accordance with Local 367C Collective Bargaining Agreement and return with request to hire

ITEMS REGARDING SUPERIOR COURT

Consider approval of Interpreter Services Contract with Pete Hinton
DEFERRED

ITEMS REGARDING SHERIFF'S OFFICE

It was moved by Ayers, seconded by Wolfe and carried by a vote of 3-0

Approve special assignment premium for Telecommunicator Jared Capps in the amount of 12% only when working in the capacity as Information Technology (IT), hours approved for specialty pay shall not exceed 0.5 FTE annually, subject to Memorandum of Understanding approval with the County and Teamsters Union Local 252NC, effective January 1, 2105, subject to adequate budget appropriations

Approve request to surplus vehicles #932, #P112, and #S159 by the Sheriff's Office instead of Public Works, and proceeds to be applied as appropriate

PACIFIC COUNTY, WASHINGTON
BOARD OF COMMISSIONERS
JOURNAL #51

ITEMS REGARDING BOARDS AND COMMISSIONS

It was moved by Ayers, seconded by Wolfe and carried by a vote of 3-0

Adopt Resolution 2015-006 creating the Pacific County Veterans Advisory Board and approve the appointment of members; Position #1 Don Corcoran, Position #2 Teresa Bryan, Position #2 Alternate John Bageant, Position #3 Ron Black, Position #4 Charles Benedict, Position #4 Alternate Robert “Bob” Coty, and Position #5 Ron Willis

ITEMS REGARDING GENERAL BUSINESS

It was moved by Wolfe, seconded by Ayers and carried by a vote of 3-0

Accept Request for Proposal for Collection Agency Services from McDonald Credit Services and approve Collection Agency Services Agreement, effective February 1, 2015

Approve Contract for Services in the amount of \$170,000 with Joint Pacific County Housing Authority to assist with the implementation of the County’s 10-Year Plan to Reduce Homelessness, subject to adequate budget appropriations

Approve Contract for Services in the amount of \$73,346 with Crisis Support Network to assist with the implementation of the County’s 10-Year Plan to Reduce Homelessness, subject to adequate budget appropriations

Approve Contract for Services in the amount of \$19,000 with Peninsula Poverty Response Team to assist with the implementation of the County’s 10-Year Plan to Reduce Homelessness, subject to adequate budget appropriations

Approve Amendment #1 to Deputy Director’s Employment Agreement with Katie Lindstrom

Vendor Claims, Warrants Numbered 125696 thru 125766 - \$61,321.60, subject to adequate budget appropriations

PUBLIC COMMENT

Jimmy O’Hagan spoke regarding Washaway Beach gathering and litigation issues. The Commissioners addressed his issues

PACIFIC COUNTY, WASHINGTON
BOARD OF COMMISSIONERS
JOURNAL #51

EXECUTIVE SESSION

9:25AM for 25 minutes

No decision will be made

RCW 42.30.110 (g) To evaluate the qualifications of an applicant for public employment or to review the performance of a public employee; and (i) To discuss with legal counsel representing the agency matters relating to agency enforcement actions, or to discuss with legal counsel representing the agency litigation or potential litigation to which the agency, the governing body, or a member acting in an official capacity is, or is likely to become, a party, when public knowledge regarding the discussion is likely to result in an adverse legal or financial consequence to the agency.

CLOSED

PACIFIC COUNTY
BOARD OF COUNTY COMMISSIONERS

Steve Rogers, Chairman

Frank Wolfe, Commissioner

ATTEST:

Marie Guernsey
Clerk of the Board

Lisa Ayers, Commissioner

(Please refer to recording of the meeting for a more detailed discussion)



Board of Pacific County Commissioners
P O Box 187 * 1216 W Robert Bush Dr * South Bend, WA 98586
Phone 360/875.9337 / Fax 360/875.9335

BOH/BOCC meet 2nd and
4th Tuesday of each month,
beginning at 9 a.m.

REQUESTED MEETING DATE:

Feb 10, 2015

AGENDA REQUEST FORM

[TO BE COMPLETED BY THE CLERK/DEP. CLERK OF THE BOARD]

Agenda Item #: 9

BOCC ACTION: ☐ APPROVED ☐ DENIED

Initial: _____ Date: _____

☐ SUBJECT TO ADEQUATE BUDGET APPROPRIATIONS

Review: ☐ Clerk of the Board

☐ NO ACTION TAKEN/WITHDRAWN

☐ DEFERRED TO: _____

☐ Risk Management

☐ CONTINUED TO DATE: _____ TIME: _____

☐ Legal


☐ OTHER: _____

DISTRIBUTION LIST:

<input type="checkbox"/> RF	<input type="checkbox"/> Assessor	<input type="checkbox"/> DPW	<input type="checkbox"/> PACCOM	<input type="checkbox"/> Superior Court
<input type="checkbox"/> CF	<input type="checkbox"/> Auditor	<input type="checkbox"/> EMA	<input type="checkbox"/> PC Fair	<input type="checkbox"/> Treasurer
<input type="checkbox"/> SEA	<input type="checkbox"/> Clerk	<input type="checkbox"/> Health	<input type="checkbox"/> Prosecutor	<input type="checkbox"/> Vegetation Mgmt
	<input type="checkbox"/> Civil Service	<input type="checkbox"/> Juvenile	<input type="checkbox"/> SDC	<input type="checkbox"/> WSU Coop. Ext.
	<input type="checkbox"/> DCD	<input type="checkbox"/> NDC	<input type="checkbox"/> Sheriff	<input type="checkbox"/> Other

AGENDA ITEM REQUEST

Please fill out in full or the request may be returned for more information. Also, please attach all pertinent documentation.

DEPARTMENT/OFFICE: Department of Public Works	DIVISION (if applicable): Telecommunications																								
OFFICIAL NAME & TITLE: Joe Camenzind, Telecom. Engineer	PHONE / EXT: 3443																								
SIGNATURE: 	DATE: 1/27/2015																								
NARRATIVE OF REQUEST I am requesting authorization to purchase the following Capital Expenditure Items for the E.R.&R. Fund, Communications Division as approved in the 2015 FY Final Budget, either from State or other Local Government Bid or in accordance with the DPW Small Vendor List. Items that exceed \$5,000 shall be purchased in accordance with RCW 36.32.245, which specifies requirements related to advertising and obtaining competitive bids. There is \$61,000 budgeted for Capital Expenditures in the E.R.&R. Fund 502 - Communications for FY 2015.																									
<table border="1"><thead><tr><th>DIVISION</th><th>OBJECT</th><th>ITEM</th><th>BUDGET</th></tr></thead><tbody><tr><td>Comm.</td><td>Capital Exp.</td><td>Replace 48 VDC battery set at Naselle</td><td>\$12,000</td></tr><tr><td>Comm.</td><td>Capital Exp.</td><td>Replace 48 VDC battery set at PSB</td><td>\$20,000</td></tr><tr><td>Comm.</td><td>Capital Exp.</td><td>Call Accounting software</td><td>\$ 5,000</td></tr><tr><td>Comm.</td><td>Capital Exp.</td><td>Replace DPW radio at Holy Cross</td><td>\$12,000</td></tr><tr><td>Comm.</td><td>Capital Exp.</td><td>Replace DPW radio at Megler</td><td>\$12,000</td></tr></tbody></table>		DIVISION	OBJECT	ITEM	BUDGET	Comm.	Capital Exp.	Replace 48 VDC battery set at Naselle	\$12,000	Comm.	Capital Exp.	Replace 48 VDC battery set at PSB	\$20,000	Comm.	Capital Exp.	Call Accounting software	\$ 5,000	Comm.	Capital Exp.	Replace DPW radio at Holy Cross	\$12,000	Comm.	Capital Exp.	Replace DPW radio at Megler	\$12,000
DIVISION	OBJECT	ITEM	BUDGET																						
Comm.	Capital Exp.	Replace 48 VDC battery set at Naselle	\$12,000																						
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Comm.	Capital Exp.	Replace DPW radio at Holy Cross	\$12,000																						
Comm.	Capital Exp.	Replace DPW radio at Megler	\$12,000																						
RECOMMENDED MOTION (To Be Completed by the Clerk/Deputy Clerk of the Board)																									



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beginning at 9 a.m.**

REQUESTED MEETING DATE:

February 10, 2015

AGENDA REQUEST FORM

[TO BE COMPLETED BY THE CLERK/DEP. CLERK OF THE BOARD]

Agenda Item #: 10

BOCC ACTION: ☐ APPROVED ☐ DENIED

Initial: _____ Date: _____

☐ SUBJECT TO ADEQUATE BUDGET APPROPRIATIONS

☐ NO ACTION TAKEN/WITHDRAWN

☐ DEFERRED TO: _____

Review: ☐ Clerk of the Board

☐ CONTINUED TO DATE: _____ TIME: _____

☐ Risk Management

☐ Legal

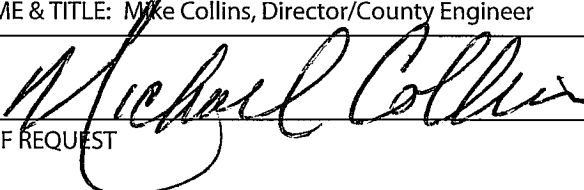
☐ OTHER: _____

DISTRIBUTION LIST:

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| <input type="checkbox"/> RF | <input type="checkbox"/> Assessor | <input type="checkbox"/> DPW | <input type="checkbox"/> PACCOM | <input type="checkbox"/> Superior Court |
| <input type="checkbox"/> CF | <input type="checkbox"/> Auditor | <input type="checkbox"/> EMA | <input type="checkbox"/> PC Fair | <input type="checkbox"/> Treasurer |
| <input type="checkbox"/> SEA | <input type="checkbox"/> Clerk | <input type="checkbox"/> Health | <input type="checkbox"/> Prosecutor | <input type="checkbox"/> Vegetation Mgmt |
| | <input type="checkbox"/> Civil Service | <input type="checkbox"/> Juvenile | <input type="checkbox"/> SDC | <input type="checkbox"/> WSU Coop. Ext. |
| | <input type="checkbox"/> DCD | <input type="checkbox"/> NDC | <input type="checkbox"/> Sheriff | <input type="checkbox"/> Other |

AGENDA ITEM REQUEST

Please fill out in full or the request may be returned for more information. Also, please attach all pertinent documentation.

DEPARTMENT/OFFICE: DPW	DIVISION (if applicable): Roads
OFFICIAL NAME & TITLE: Mike Collins, Director/County Engineer	PHONE / EXT: 3368
SIGNATURE: 	DATE: 2-02-15
NARRATIVE OF REQUEST	
<p>This office requests authorization to "piggyback" the continued bid for Emulsified Oil as received from the 2012 solicitation from Clark County. Bid No. 2574 was awarded to Albina Asphalt. The CRS-2P price per ton offered by Albina is \$569 per ton. In 2012 Clark County provided all documents pertaining to the advertisement/award. Attached are copies of the Invitation to Bid, Specifications, Affidavit of Publishing, Bid Tabulation Sheet, Recommendation to Clark County BOCC, and the Notice of Award. The specifications allowed 3 years of renewal of this bid, this will be the last year. I have attached a letter from Albina confirming their intention to allow Pacific County to piggyback along with the Intergovernmental Agreement with Clark County.</p>	
RECOMMENDED MOTION (To Be Completed by the Clerk/Deputy Clerk of the Board)	



TEL: 360-816-8540
TOLL FREE: 800-888-5048
FAX: 360-816-8541
asphalt@albina.com
www.albina.com

801 MAIN STREET • VANCOUVER, WA 98660

February 1, 2015

Karen Bannish
Pacific County

Re: Clark County Bid # 2574

Dear Karen:

The offer to purchase products off of the Clark County Emulsified Oil Bid #2574 is acceptable to Albina. We do not anticipate a problem supplying the CRS-2P for the 2015 season.

We look forward to doing business with Pacific County for the 2015 season. If you have any other questions please give me a call at 360-816-8072

Sincerely
Ken VanDaam
Albina Asphalt



proud past, promising future

CLARK COUNTY
WASHINGTON

GENERAL SERVICES

Office of Purchasing

January 23, 2015

Albina Asphalt
801 Main Street
Vancouver, WA 98660

Dear Mr. Van Daam:

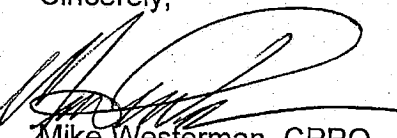
It is the intention of Clark County to extend the existing contract with Albina Asphalt to provide Annual Emulsified Oil as provided in the specifications of Bid #2574.

All terms and conditions will remain the same unless a change request is submitted. If requesting a change, please sign the letter and reply within 14 days and include justification. A letter of acceptance will be returned once Clark County accepts your justification.

We have been pleased with your service and are looking forward to working with you for another year.

Your signature indicates acceptance of this extension. You should consider this letter a formal extension for one year.

Sincerely,


Mike Westerman, CPPO
Purchasing Manager

MW/bb

cc: Carl Oman
File


Approval Signature

1-27-15
Date

☐ **Change request included**
By checking the change request, this extension will not be executed until the changes are accepted by Clark County.

RECEIVED
JAN 30 2015
PURCHASING



Board of Pacific County Commissioners
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Phone 360/875.9337 / Fax 360/875.9335

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beginning at 9 a.m.**

REQUESTED MEETING DATE:
02.10.2015

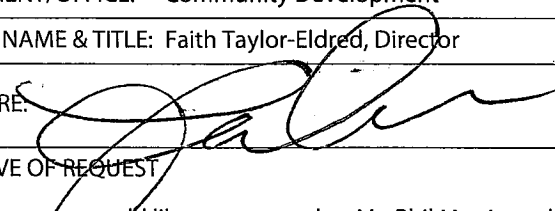
AGENDA REQUEST FORM

[TO BE COMPLETED BY THE CLERK/DEP. CLERK OF THE BOARD]

Agenda Item #: <u>11</u>	
BOCC ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	Initial: _____ Date: _____
<input type="checkbox"/> SUBJECT TO ADEQUATE BUDGET APPROPRIATIONS	Review: <input type="checkbox"/> Clerk of the Board
<input type="checkbox"/> NO ACTION TAKEN/WITHDRAWN <input type="checkbox"/> DEFERRED TO: _____	<input type="checkbox"/> Risk Management
<input type="checkbox"/> CONTINUED TO DATE: _____ TIME: _____	<input type="checkbox"/> Legal
<input type="checkbox"/> OTHER: _____	
DISTRIBUTION LIST:	
<input type="checkbox"/> RF <input type="checkbox"/> Assessor <input type="checkbox"/> DPW <input type="checkbox"/> PACCOM <input type="checkbox"/> Superior Court	
<input type="checkbox"/> CF <input type="checkbox"/> Auditor <input type="checkbox"/> EMA <input type="checkbox"/> PC Fair <input type="checkbox"/> Treasurer	
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<input type="checkbox"/> Civil Service <input type="checkbox"/> Juvenile <input type="checkbox"/> SDC <input type="checkbox"/> WSU Coop. Ext.	
<input type="checkbox"/> DCD <input type="checkbox"/> NDC <input type="checkbox"/> Sheriff <input type="checkbox"/> Other	

AGENDA ITEM REQUEST

Please fill out in full or the request may be returned for more information. Also, please attach all pertinent documentation.

DEPARTMENT/OFFICE: Community Development	DIVISION (if applicable): Admin
OFFICIAL NAME & TITLE: Faith Taylor-Eldred, Director	PHONE / EXT: 360.875.9356
SIGNATURE: 	DATE: 01.26.2015
NARRATIVE OF REQUEST	
<p>The Department would like to request that Mr. Phil Martin and Mr. Ken Wiegardt be approved to the Shoreline Planning Committee (SPC).</p> <p>The following individuals have been asked to be removed from the SPC:</p> <ul style="list-style-type: none">- Ms. Leslie Brophy- Ms. Cheri Diehl- Mr. Scott Turnbull- Mr. Larry Warnberg <p>It has also come to our attention that the Department spelled Mr. Al Loughheed's name incorrectly for the record. It was originally spelled "Lohi" and it should be "Loughheed".</p>	
RECOMMENDED MOTION (To Be Completed by the Clerk/Deputy Clerk of the Board)	



REQUESTED MEETING DATE:

2/10/2015

AGENDA REQUEST FORM

[TO BE COMPLETED BY THE CLERK/DEP. CLERK OF THE BOARD]

Agenda Item #: 12

BOCC ACTION: ☐ APPROVED ☐ DENIED

Initial: _____ Date: _____

☐ SUBJECT TO ADEQUATE BUDGET APPROPRIATIONS

☐ NO ACTION TAKEN/WITHDRAWN

☐ DEFERRED TO: _____

Review: ☐ Clerk of the Board

☐ CONTINUED TO DATE: _____ TIME: _____

☐ Risk Management

☐ OTHER: _____

☐ Legal

DISTRIBUTION LIST:

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| | <input type="checkbox"/> Civil Service | <input type="checkbox"/> Juvenile | <input type="checkbox"/> SDC | <input type="checkbox"/> WSU Coop. Ext. |
| | <input type="checkbox"/> DCD | <input type="checkbox"/> NDC | <input type="checkbox"/> Sheriff | <input type="checkbox"/> Other |

AGENDA ITEM REQUEST

Please fill out in full or the request may be returned for more information. Also, please attach all pertinent documentation.

DEPARTMENT/OFFICE: Community Development	DIVISION (if applicable): Planning
OFFICIAL NAME & TITLE: Megan McNelly, Executive Assistant	PHONE / EXT: 360.875.9356
SIGNATURE: 	DATE: 2/4/2015
NARRATIVE OF REQUEST	
<p>The Department of Community Development would like to move forward with requesting proposals for the update of the Critical Areas and Resource Lands Ordinance. The contractor will facilitate the public meetings with the Department's assistance and draft the Ordinance update.</p> <p>The RFP is due February 27, 2015, at 4 p.m.</p>	
RECOMMENDED MOTION (To Be Completed by the Clerk/Deputy Clerk of the Board)	



REQUESTED MEETING DATE:

February 10, 2015

AGENDA REQUEST FORM

[TO BE COMPLETED BY THE CLERK/DEP. CLERK OF THE BOARD]

Agenda Item #: 13

BOCC ACTION: ☐ APPROVED ☐ DENIED

Initial: _____ Date: _____

☐ SUBJECT TO ADEQUATE BUDGET APPROPRIATIONS

☐ NO ACTION TAKEN/WITHDRAWN

☐ DEFERRED TO: _____

Review: ☐ Clerk of the Board

☐ CONTINUED TO DATE: _____ TIME: _____

☐ Risk Management

☐ Legal

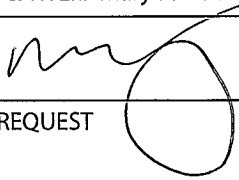
☐ OTHER: _____

DISTRIBUTION LIST:

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| <input type="checkbox"/> CF | <input type="checkbox"/> Auditor | <input type="checkbox"/> EMA | <input type="checkbox"/> PC Fair | <input type="checkbox"/> Treasurer |
| <input type="checkbox"/> SEA | <input type="checkbox"/> Clerk | <input type="checkbox"/> Health | <input type="checkbox"/> Prosecutor | <input type="checkbox"/> Vegetation Mgmt |
| | <input type="checkbox"/> Civil Service | <input type="checkbox"/> Juvenile | <input type="checkbox"/> SDC | <input type="checkbox"/> WSU Coop. Ext. |
| | <input type="checkbox"/> DCD | <input type="checkbox"/> NDC | <input type="checkbox"/> Sheriff | <input type="checkbox"/> Other |

AGENDA ITEM REQUEST

Please fill out in full or the request may be returned for more information. Also, please attach all pertinent documentation.

DEPARTMENT/OFFICE: Health	DIVISION (if applicable):
OFFICIAL NAME & TITLE: Mary P. Goelz, Director	PHONE / EXT: 2644
SIGNATURE: 	DATE: 2/3/15
NARRATIVE OF REQUEST	
Request the Board approve and sign the Health Care Authority Contract #K1413. This contract covers the Medicaid Administrative Match program and reimbursement. This funding is included in our approved 2015 budget and no supplemental will be required.	
RECOMMENDED MOTION (To Be Completed by the Clerk/Deputy Clerk of the Board)	

CONTRACT

HCA Contract Number: K1413

THIS AGREEMENT made by and between Washington State Health Care Authority, hereinafter referred to as "HCA," and the party whose name appears below, hereinafter referred to as the "Contractor."

CONTRACTOR NAME		CONTRACTOR doing business as (DBA)	
Pacific County Health & Human Services			
CONTRACTOR ADDRESS		WASHINGTON UNIFORM BUSINESS IDENTIFIER (UBI)	
PO Box 26 South Bend, WA 98586			
CONTRACTOR CONTACT	CONTRACTOR TELEPHONE	CONTRACTOR E-MAIL ADDRESS	
Mary Goelz	360-875-9343	mgoelz@co.pacific.wa.us	
HCA PROGRAM		HCA DIVISION/SECTION	
Medicaid Administrative Claiming (MAC)		HCS	
HCA CONTACT NAME AND TITLE		HCA CONTACT ADDRESS	
Jennifer Inman		PO Box 45506 Olympia, WA 98504	
HCA CONTACT TELEPHONE		HCA CONTACT E-MAIL ADDRESS	
(360) 725-1738		Jennifer.inman@hca.wa.gov	
IS THE CONTRACTOR A SUBRECIPIENT FOR PURPOSES OF THIS CONTRACT?		CFDA NUMBER(S)	FFATA Form Required
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		93.778	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
CONTRACT START DATE	CONTRACT END DATE	TOTAL MAXIMUM CONTRACT AMOUNT	
April 1, 2015	March 31, 2017	No max	
PURPOSE OF CONTRACT:			
The purpose of this Contract is to support Medicaid related outreach and linkage activities performed by Local Health Jurisdictions (LHJ) to Washington State residents who live within its jurisdiction.			
ATTACHMENTS/EXHIBITS. When the box below is marked with an X, the following Exhibits/Attachments are attached and are incorporated into this Contract Amendment by reference:			
<input type="checkbox"/> Exhibit(s) (specify):			
<input checked="" type="checkbox"/> Attachment(s) (specify): Attachment 1 – Federal Compliance, Certification and Assurances Attachment 2 – MAC Coordinator Manual (Incorporated by reference)			
<input checked="" type="checkbox"/> Schedule(s) (specify): Schedule A – Statement of Work			
<input type="checkbox"/> No Exhibits/Attachment			
The terms and conditions of this Contract are an integration and representation of the final, entire and exclusive understanding between the parties superseding and merging all previous agreements, writings, and communications, oral or otherwise, regarding the subject matter of this Contract. The parties signing below warrant that they have read and understand this Contract, and have authority to execute this Contract. This Contract shall be binding on HCA only upon signature by HCA.			
CONTRACTOR SIGNATURE	PRINTED NAME AND TITLE		DATE SIGNED
HCA SIGNATURE	PRINTED NAME AND TITLE		DATE SIGNED



Board of Pacific County Commissioners
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REQUESTED MEETING DATE:

2/10/2015

AGENDA REQUEST FORM

[TO BE COMPLETED BY THE CLERK/DEP. CLERK OF THE BOARD]

Agenda Item #: 14

BOCC ACTION: ☐ APPROVED ☐ DENIED

Initial: _____ Date: _____

☐ SUBJECT TO ADEQUATE BUDGET APPROPRIATIONS

Review: ☐ Clerk of the Board

☐ NO ACTION TAKEN/WITHDRAWN

☐ DEFERRED TO: _____

☐ Risk Management

☐ CONTINUED TO DATE: _____ TIME: _____

☐ Legal

☐ OTHER: _____

DISTRIBUTION LIST:

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|------------------------------|--|-----------------------------------|-------------------------------------|--|
| <input type="checkbox"/> RF | <input type="checkbox"/> Assessor | <input type="checkbox"/> DPW | <input type="checkbox"/> PACCOM | <input type="checkbox"/> Superior Court |
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| <input type="checkbox"/> SEA | <input type="checkbox"/> Clerk | <input type="checkbox"/> Health | <input type="checkbox"/> Prosecutor | <input type="checkbox"/> Vegetation Mgmt |
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| | <input type="checkbox"/> DCD | <input type="checkbox"/> NDC | <input type="checkbox"/> Sheriff | <input type="checkbox"/> Other |

AGENDA ITEM REQUEST

Please fill out in full or the request may be returned for more information. Also, please attach all pertinent documentation.

DEPARTMENT/OFFICE: WSU Extension	DIVISION (if applicable):
OFFICIAL NAME & TITLE: Kim Patten, Interim-Director	PHONE / EXT:
SIGNATURE:	DATE: 2/4/2015
NARRATIVE OF REQUEST	
RECOMMENDED MOTION (To Be Completed by the Clerk/Deputy Clerk of the Board)	
Acknowledge receipt of notice of transfer of Jeannie Briscoe to the Auditor's Office, effective February 17, 2015 and authorize posting of vacant Administrative Asst. II in accordance with Local 367C Collective Bargaining Agreement and return with request to hire	



Board of Pacific County Commissioners
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REQUESTED MEETING DATE:

2/10/2015

AGENDA REQUEST FORM

[TO BE COMPLETED BY THE CLERK/DEP. CLERK OF THE BOARD]

Agenda Item #: 15

BOCC ACTION: ☐ APPROVED ☐ DENIED

Initial: _____ Date: _____

☐ SUBJECT TO ADEQUATE BUDGET APPROPRIATIONS

Review: ☐ Clerk of the Board

☐ NO ACTION TAKEN/WITHDRAWN

☐ DEFERRED TO: _____

☐ Risk Management

☐ CONTINUED TO DATE: _____ TIME: _____

☐ Legal

☐ OTHER: _____

DISTRIBUTION LIST:

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| <input type="checkbox"/> RF | <input type="checkbox"/> Assessor | <input type="checkbox"/> DPW | <input type="checkbox"/> PACCOM | <input type="checkbox"/> Superior Court |
| <input type="checkbox"/> CF | <input type="checkbox"/> Auditor | <input type="checkbox"/> EMA | <input type="checkbox"/> PC Fair | <input type="checkbox"/> Treasurer |
| <input type="checkbox"/> SEA | <input type="checkbox"/> Clerk | <input type="checkbox"/> Health | <input type="checkbox"/> Prosecutor | <input type="checkbox"/> Vegetation Mgmt |
| | <input type="checkbox"/> Civil Service | <input type="checkbox"/> Juvenile | <input type="checkbox"/> SDC | <input type="checkbox"/> WSU Coop. Ext. |
| | <input type="checkbox"/> DCD | <input type="checkbox"/> NDC | <input type="checkbox"/> Sheriff | <input type="checkbox"/> Other |

AGENDA ITEM REQUEST

Please fill out in full or the request may be returned for more information. Also, please attach all pertinent documentation.

DEPARTMENT/OFFICE: Auditor's Office	DIVISION (if applicable):
OFFICIAL NAME & TITLE: Joyce Kidd, Auditor	PHONE / EXT:
SIGNATURE:	DATE: 2/4/2015
NARRATIVE OF REQUEST	
RECOMMENDED MOTION (To Be Completed by the Clerk/Deputy Clerk of the Board)	
Approve appointment of Jeannie Briscoe to fill vacant Administrative Asst. II, Grade 9 Step 4, 0.75 FTE, effective February 17, 2015, subject to adequate budget appropriations	



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REQUESTED MEETING DATE:
February 10, 2015

AGENDA REQUEST FORM

[TO BE COMPLETED BY THE CLERK/DEP. CLERK OF THE BOARD]

Agenda Item #: 16

BOCC ACTION: ☐ APPROVED ☐ DENIED

Initial: _____ Date: _____

☐ SUBJECT TO ADEQUATE BUDGET APPROPRIATIONS

☐ NO ACTION TAKEN/WITHDRAWN

☐ DEFERRED TO: _____

Review: ☐ Clerk of the Board

☐ Risk Management

☐ CONTINUED TO DATE: _____ TIME: _____

☐ Legal

☐ OTHER: _____

DISTRIBUTION LIST:

<input type="checkbox"/> RF	<input type="checkbox"/> Assessor	<input type="checkbox"/> DPW	<input type="checkbox"/> PACCOM	<input type="checkbox"/> Superior Court
<input type="checkbox"/> CF	<input type="checkbox"/> Auditor	<input type="checkbox"/> EMA	<input type="checkbox"/> PC Fair	<input type="checkbox"/> Treasurer
<input type="checkbox"/> SEA	<input type="checkbox"/> Clerk	<input type="checkbox"/> Health	<input type="checkbox"/> Prosecutor	<input type="checkbox"/> Vegetation Mgmt
	<input type="checkbox"/> Civil Service	<input type="checkbox"/> Juvenile	<input type="checkbox"/> SDC	<input type="checkbox"/> WSU Coop. Ext.
	<input type="checkbox"/> DCD	<input type="checkbox"/> NDC	<input type="checkbox"/> Sheriff	<input type="checkbox"/> Other

AGENDA ITEM REQUEST

Please fill out in full or the request may be returned for more information. Also, please attach all pertinent documentation.

DEPARTMENT/OFFICE: Superior Court	DIVISION (if applicable):
OFFICIAL NAME & TITLE: Micheal J. Sullivan	PHONE / EXT: 2300
SIGNATURE: <i>Michael J. Sullivan</i>	DATE: February 4, 2015
NARRATIVE OF REQUEST Requesting the BOCC approve the purchase of software for phone system. To allow the phone system in the jail to record all calls into and out of the jail. Please see attached letter.	
RECOMMENDED MOTION (To Be Completed by the Clerk/Deputy Clerk of the Board)	



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REQUESTED MEETING DATE:

02/10/2015

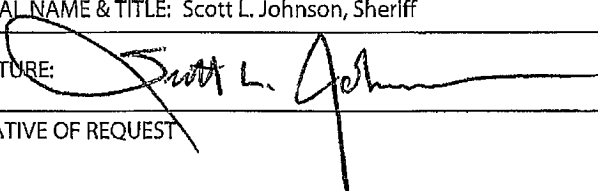
AGENDA REQUEST FORM

[TO BE COMPLETED BY THE CLERK/DEP. CLERK OF THE BOARD]

BOCC ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED		Agenda Item #: 17
<input type="checkbox"/> SUBJECT TO ADEQUATE BUDGET APPROPRIATIONS		Initial: _____ Date: _____
<input type="checkbox"/> NO ACTION TAKEN/WITHDRAWN	<input type="checkbox"/> DEFERRED TO: _____	Review: <input type="checkbox"/> Clerk of the Board
<input type="checkbox"/> CONTINUED TO DATE: _____	TIME: _____	<input type="checkbox"/> Risk Management
<input type="checkbox"/> OTHER: _____		<input type="checkbox"/> Legal
DISTRIBUTION LIST:		
<input type="checkbox"/> RF	<input type="checkbox"/> Assessor	<input type="checkbox"/> DPW
<input type="checkbox"/> CF	<input type="checkbox"/> Auditor	<input type="checkbox"/> EMA
<input type="checkbox"/> SEA	<input type="checkbox"/> Clerk	<input type="checkbox"/> Health
	<input type="checkbox"/> Civil Service	<input type="checkbox"/> Juvenile
	<input type="checkbox"/> DCD	<input type="checkbox"/> NDC
	<input type="checkbox"/> PACCOM	<input type="checkbox"/> Superior Court
	<input type="checkbox"/> PC Fair	<input type="checkbox"/> Treasurer
	<input type="checkbox"/> Prosecutor	<input type="checkbox"/> Vegetation Mgmt
	<input type="checkbox"/> SDC	<input type="checkbox"/> WSU Coop. Ext.
	<input type="checkbox"/> Sheriff	<input type="checkbox"/> Other

AGENDA ITEM REQUEST

Please fill out in full or the request may be returned for more information. Also, please attach all pertinent documentation.

DEPARTMENT/OFFICE: Sheriff	DIVISION (if applicable):
OFFICIAL NAME & TITLE: Scott L. Johnson, Sheriff	PHONE / EXT: 3395
SIGNATURE: 	DATE: 02/04/2015
NARRATIVE OF REQUEST	
Request approval to put a 2002 Ford F150 with 122,456 miles into ER&R. This has been discussed with DPW and they approve. The monthly ER&R rate will be absorbed within the 2015 budget allocation.	
RECOMMENDED MOTION (To Be Completed by the Clerk/Deputy Clerk of the Board)	



REQUESTED MEETING DATE:

February 10, 2015

AGENDA REQUEST FORM

[TO BE COMPLETED BY THE CLERK/DEP. CLERK OF THE BOARD]

Agenda Item #: 18

BOCC ACTION: ☐ APPROVED ☐ DENIED

Initial: _____

Date: _____

☐ SUBJECT TO ADEQUATE BUDGET APPROPRIATIONS

☐ NO ACTION TAKEN/WITHDRAWN

☐ DEFERRED TO: _____

Review: ☐ Clerk of the Board

☐ Risk Management

☐ CONTINUED TO DATE: _____

TIME: _____

☐ Legal

☐ OTHER: _____

DISTRIBUTION LIST:

☐ RF

☐ Assessor

☐ DPW

☐ PACCOM

☐ Superior Court

☐ CF

☐ Auditor

☐ EMA

☐ PC Fair

☐ Treasurer

☐ SEA

☐ Clerk

☐ Health

☐ Prosecutor

☐ Vegetation Mgmt

☐ Civil Service

☐ Juvenile

☐ SDC

☐ WSU Coop. Ext.

☐ DCD

☐ NDC

☐ Sheriff

☐ Other

AGENDA ITEM REQUEST

Please fill out in full or the request may be returned for more information. Also, please attach all pertinent documentation.

DEPARTMENT/OFFICE: Pacific County Sheriff's Office

DIVISION (if applicable): Communications

OFFICIAL NAME & TITLE: Stephanie Fritts, Chief Deputy

PHONE / EXT: 3340

SIGNATURE: 

DATE: February 2, 2015

NARRATIVE OF REQUEST

DPW Telecommunications states that BOCC approval is required for the installation of a telephone.

Requesting the installation of a telephone in the area of DPW IT Office to support the work of PCSO IT Special Assignment to Jared Capps. Since Capps works only two days per week on IT related duties in that office, request that the telephone be associated with an existing extension and be shared in order to reduce cost. (The Chief Deputy is willing to share an extension if DPW IT staff prefers not.)

RECOMMENDED MOTION (To Be Completed by the Clerk/Deputy Clerk of the Board)



Board of Pacific County Commissioners
P O Box 187 * 1216 W Robert Bush Dr * South Bend, WA 98586
Phone 360/875.9337 / Fax 360/875.9335

BOH/BOCC meet 2nd and
4th Tuesday of each month,
beginning at 9 a.m.

REQUESTED MEETING DATE:

02/10/2015

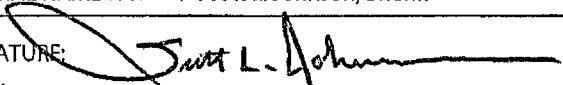
AGENDA REQUEST FORM

[TO BE COMPLETED BY THE CLERK/DEP. CLERK OF THE BOARD]

BOCC ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED		Agenda Item #: <u>19</u>
<input type="checkbox"/> SUBJECT TO ADEQUATE BUDGET APPROPRIATIONS		Initial: _____ Date: _____
<input type="checkbox"/> NO ACTION TAKEN/WITHDRAWN	<input type="checkbox"/> DEFERRED TO: _____	Review: <input type="checkbox"/> Clerk of the Board
<input type="checkbox"/> CONTINUED TO DATE: _____	TIME: _____	<input type="checkbox"/> Risk Management
<input type="checkbox"/> OTHER: _____		<input type="checkbox"/> Legal
DISTRIBUTION LIST:		
<input type="checkbox"/> RF	<input type="checkbox"/> Assessor	<input type="checkbox"/> DPW
<input type="checkbox"/> CF	<input type="checkbox"/> Auditor	<input type="checkbox"/> EMA
<input type="checkbox"/> SEA	<input type="checkbox"/> Clerk	<input type="checkbox"/> Health
	<input type="checkbox"/> Civil Service	<input type="checkbox"/> Juvenile
	<input type="checkbox"/> DCD	<input type="checkbox"/> NDC
	<input type="checkbox"/> PACCOM	<input type="checkbox"/> Superior Court
	<input type="checkbox"/> PC Fair	<input type="checkbox"/> Treasurer
	<input type="checkbox"/> Prosecutor	<input type="checkbox"/> Vegetation Mgmt
	<input type="checkbox"/> SDC	<input type="checkbox"/> WSU Coop. Ext.
	<input type="checkbox"/> Sheriff	<input type="checkbox"/> Other

AGENDA ITEM REQUEST

Please fill out in full or the request may be returned for more information. Also, please attach all pertinent documentation.

DEPARTMENT/OFFICE: Sheriff	DIVISION (if applicable):
OFFICIAL NAME & TITLE: Scott L. Johnson, Sheriff	PHONE / EXT: 3395
SIGNATURE: 	DATE: 02/04/2015
NARRATIVE OF REQUEST Request funding for additional personnel in the amount of \$252,748 (includes 9 months salary + benefits, uniforms, and academy) and authorization to hire one clerk/secretary, one corrections officer, and three entry level deputies. (1) Clerk/Secretary - \$37,625 (1) Corrections Officer - \$44,874 (3) Entry Level Deputy - \$170,249 Funding for these positions was not included in the 2015 approved budget and a supplement will be required.	
RECOMMENDED MOTION (To Be Completed by the Clerk/Deputy Clerk of the Board)	



Board of Pacific County Commissioners
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REQUESTED MEETING DATE:

02/10/2015

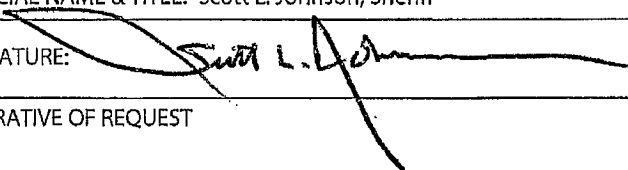
AGENDA REQUEST FORM

[TO BE COMPLETED BY THE CLERK/DEP. CLERK OF THE BOARD]

BOCC ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED		Agenda Item #: 20
<input type="checkbox"/> SUBJECT TO ADEQUATE BUDGET APPROPRIATIONS		Initial: _____ Date: _____
<input type="checkbox"/> NO ACTION TAKEN/WITHDRAWN	<input type="checkbox"/> DEFERRED TO: _____	Review: <input type="checkbox"/> Clerk of the Board
<input type="checkbox"/> CONTINUED TO DATE: _____	TIME: _____	<input type="checkbox"/> Risk Management
<input type="checkbox"/> OTHER: _____		<input type="checkbox"/> Legal
DISTRIBUTION LIST:		
<input type="checkbox"/> RF	<input type="checkbox"/> Assessor	<input type="checkbox"/> DPW
<input type="checkbox"/> CF	<input type="checkbox"/> Auditor	<input type="checkbox"/> EMA
<input type="checkbox"/> SEA	<input type="checkbox"/> Clerk	<input type="checkbox"/> Health
	<input type="checkbox"/> Civil Service	<input type="checkbox"/> Juvenile
	<input type="checkbox"/> DCD	<input type="checkbox"/> NDC
	<input type="checkbox"/> PACCOM	<input type="checkbox"/> Superior Court
	<input type="checkbox"/> PC Fair	<input type="checkbox"/> Treasurer
	<input type="checkbox"/> Prosecutor	<input type="checkbox"/> Vegetation Mgmt
	<input type="checkbox"/> SDC	<input type="checkbox"/> WSU Coop. Ext.
	<input type="checkbox"/> Sheriff	<input type="checkbox"/> Other

AGENDA ITEM REQUEST

Please fill out in full or the request may be returned for more information. Also, please attach all pertinent documentation.

DEPARTMENT/OFFICE: Sheriff	DIVISION (if applicable):
OFFICIAL NAME & TITLE: Scott L. Johnson, Sheriff	PHONE / EXT: 3395
SIGNATURE: 	DATE: 02/04/2015
NARRATIVE OF REQUEST	
<p>Request authorization and funding to prepare a room for additional evidence storage in the Sheriff's Office in south county. DPW provided a quote in the amount of \$8,251 (+ tax) to remove existing marijuana testing room, framing, and install door/door knob/core.</p> <p>This was not included in the 2015 budget and a supplement will be required.</p>	
RECOMMENDED MOTION (To Be Completed by the Clerk/Deputy Clerk of the Board)	



Board of Pacific County Commissioners
P O Box 187 * 1216 W Robert Bush Dr * South Bend, WA 98586
Phone 360/875.9337 / Fax 360/875.9335

BOH/BOCC meet 2nd and
4th Tuesday of each month,
beginning at 9 a.m.

REQUESTED MEETING DATE:
2/10/2015

AGENDA REQUEST FORM

[TO BE COMPLETED BY THE CLERK/DEP. CLERK OF THE BOARD]

21

Agenda Item #:

BOCC ACTION:

☐ APPROVED

☐ DENIED

Initial:

Date:

☐ SUBJECT TO ADEQUATE BUDGET APPROPRIATIONS

☐ NO ACTION TAKEN/WITHDRAWN

☐ DEFERRED TO

☐ CONTINUED TO DATE

TIME

☐ OTHER

Review: ☐ Clerk of the Board

☐ Risk Management

☐ Legal

DISTRIBUTION LIST:

☐ RF

☐ Assessor

☐ DPW

☐ PACCOM

☐ Superior Court

☐ CF

☐ Auditor

☐ EMA

☐ PC Fair

☐ Treasurer

☐ SEA

☐ Clerk

☐ Health

☐ Prosecutor

☐ Vegetation Mgmt

☐ Civil Service

☐ Juvenile

☐ SDC

☐ WSU Coop. Ext

☐ DGD

☐ NDC

☐ Sheriff

☐ Other

AGENDA ITEM REQUEST

Please fill out in full or the request may be returned for more information. Also, please attach all pertinent documentation.

DEPARTMENT/OFFICE: Prosecutor's Office

DIVISION (if applicable):

OFFICIAL NAME & TITLE: Mark McClain

PHONE / EXT: 8759361

SIGNATURE:

DATE:

2-4-15

NARRATIVE OF REQUEST

In an effort to restore the loss of the .1 FTE and out of class pay for Josh Sedy, I have sought other funding sources. The STOP grant will provide \$15220.00 to the Prosecutor's Office annually. Based on the Prosecutor's salary and benefits this grant will require approximately 14 hours per month spent of Sexual Assault cases for victims over 11 years of age. The 14 hours can also include time spent with MDT's (which are coordinated responses between CSN, DSHS, Law Enforcement, and Prosecution), and other like work. Please see the budget detail in the grant application for further information. This grant requires a County match of \$5073.00. This match can be in-kind to include office space, utilities and supplies. According to the grant administrator, the use of the existing infrastructure will satisfy the in-kind contribution. The grant is billed monthly.

The Prosecutor's Office has previously received this grant, but has not applied for this grant for several years. The Prosecutor's Office is seeking Board authorization of the Prosecutor's signature to apply for and utilize this grant as proposed above.

RECOMMENDED MOTION (To Be Completed by the Clerk/Deputy Clerk of the Board)

Name of Contractor: _____	
Name of contract/agreement/grant/amendment (if amendment, provide copy of original document(s)): STOP	
Contract/Agreement/Grant/Amendment #:	
Indicate type: <input checked="" type="checkbox"/> Intergovernmental/Interagency <input type="checkbox"/> Employment/Special Services Agreement <input type="checkbox"/> Federal Contract <input type="checkbox"/> Memorandum of Understanding/Agreement <input type="checkbox"/> Interoffice/Interdepartmental <input checked="" type="checkbox"/> State Contract	
Contractor Type (check all that apply): <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> For-Profit <input type="checkbox"/> Non-Profit <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal </div> <div> <input type="checkbox"/> Private Organization/Individual <input type="checkbox"/> Public Organization/Jurisdiction <input type="checkbox"/> Sub Recipient <input type="checkbox"/> Other </div> </div>	
Please indicate appropriate Tax Identification Number, Uniform Business Identification Number, or Social Security Number on Page 3 of this form.	
TYPE OF REQUEST (Mark all that apply and provide breakdown of bid proposals along with all pertinent documents.):	
Public Works Project (RCW 39.04): <input type="checkbox"/> Limited PW Process (<\$35,000) <input type="checkbox"/> Limited PW Process (<\$40,000) <input type="checkbox"/> Small PW Process (<\$300,000) <input type="checkbox"/> PW Project (>\$300,000)	
Equipment, Materials, & Supplies (RCW 36.32): <input type="checkbox"/> < \$5,000 (attach 3 bids) <input type="checkbox"/> \$5,000-\$25,000 (use small works roster) <input type="checkbox"/> >\$25,000 (competitive bids)	
Services / Leases: <input type="checkbox"/> Architectural & Engineering <input type="checkbox"/> Personal Services <input type="checkbox"/> Lease (Personal Property i.e. copier, printer) <input type="checkbox"/> Lease (Real Property) <input type="checkbox"/> Telecomm & Data Processing <input type="checkbox"/> Other Services (Please Describe): _____	
To be located at: _____	
Exceptions to Bidding (Please provide appropriate documentation): <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Insurance/Bonds <input type="checkbox"/> Single (Sole) Source Purchase* <small>*Resolution Required</small> </div> <div> <input type="checkbox"/> Emergency Event (Purchases/Public Works) <input type="checkbox"/> Special Facilities/Market Conditions </div> </div>	
<input type="checkbox"/> PURCHASE UNDER ANOTHER AGENCY'S CONTRACT ("Piggybacking") Please attach the following: - Copy of Intergovernmental Agreement with other agency - Confirmation that vendor agrees to participation - Documentation that contract was awarded in compliance with bidding law - Documentation that Agency posted bid/solicitation notice on its website or provided access link to the notice	
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Franchise <input type="checkbox"/> Annexation <input type="checkbox"/> Ordinance <input type="checkbox"/> Resolution <input type="checkbox"/> Appeal <input type="checkbox"/> Inventory Acquisition/Disposal <input type="checkbox"/> Tort Claim <input type="checkbox"/> Call for Bids <input type="checkbox"/> Open Space/Timber Classification <input type="checkbox"/> Post, Advertise and/or Fill Position (attach New Employee Form) </div> <div style="width: 50%;"> <input type="checkbox"/> Other (please describe): _____ </div> </div>	
BACKGROUND/SUMMARY (include date of prior workshop and/or action, if applicable): 	
TOTAL COST/AMOUNT (include sales & use tax):	TOTAL TAX:
TOTAL SHIPPING/HANDLING:	EXPENDITURE FUND #: _____ .XXX.XXX.XX.XX
EXPENDITURE BUDGETED? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will supplemental be required? <input type="checkbox"/> Yes <input type="checkbox"/> No
IN-KIND MATCH REQUIRED? <input type="checkbox"/> Yes <input type="checkbox"/> No	DESCRIBE MATCH:
MATCHING FUNDS REQUIRED? <input type="checkbox"/> Yes <input type="checkbox"/> No	AMOUNT OF MATCHING FUNDS:

BOCC / RISK MANAGEMENT / LEGAL REVIEW

[TO BE COMPLETED BY THE CLERK/DEP. CLERK OF THE BOARD]

Legal Contracting Authority/Entity

☐ OK Comments/Changes

Business License/Professional License/Debarment

☐ OK Comments/Changes

(Please indicate appropriate ID#)

TIN#:

UBI#:

SS#:

Background Check(s)

☐ OK Comments/Changes

Risk Transfer - Indemnity and Insurance

☐ OK Comments/Changes

Fund/Budget Authorization

☐ OK Comments/Changes

EEOC/WMBE Requirements and/or Wage Determination

ADA

☐ OK Comments/Changes

POSTED ON WEB

NOTES/COMMENTS

Submit Application
by Email

Print Application

STOP Formula Grant

Washington State STOP Formula Grant Program Application for FFY 2014 Funds

Grant Period: January 1, 2015 - December 31, 2015

Incomplete applications may cause a delay in receiving a grant.

Application Due:

on or before

October 13, 2014

Please refer to the Instructions document on how to apply for these funds. In the Instructions, you will also find the Distribution Chart for your budget allocations and match, if applicable.



Washington State STOP Formula Grant Program administered by the Office of Crime Victims Advocacy, Washington State Department of Commerce.

This project was supported by an award from the Office on Violence Against Women, U.S. Department of Justice. The opinions, findings, conclusions, and recommendations expressed in this publication are those of the author(s) and do not necessarily reflect the views of the Department of Justice, Office on Violence Against Women.

APPLICANT AGENCY INFORMATION

Agency Name
(Applicant/Organization)

Pacific County Prosecutor's Office

Authorizing Official's
Name (required)

Mark McClain

Authorizing Official's
Title (required)

Prosecuting Attorney

Authorizing Official's
Email (required)

mmclain@co.pacific.wa.us

Program Contact

Mark McClain

Title

Pacific County Prosecutor

Phone

360-875-9361

Fax

360-875-9362

Email

mmclain@co.pacific.wa.us

Fiscal Contact

Paul Plakinger

Title

Fiscal Analyst

Phone

360-875-9334

Fax

360-875-9335

Email

pplakinger@co.pacific.wa.us

Subgrantee Agency Information (if applicable)

Agency Name

Program Contact

Title

Phone

Fax

Email

Fiscal Contact

Title

Phone

Fax

Email

Agency Name

Program Contact

Title

Phone

Fax

Email

Fiscal Contact

Title

Phone

Fax

Email

Agency Name

Program Contact

Title

Phone

Fax

Email

Fiscal Contact

Title

Phone

Fax

Email

BUDGET DETAIL WORKSHEETS

Salaries - Benefits - Activities

SALARIES - List each non-administrative position in your organization to be paid by STOP Grant funds by title and name of employee, if available. Show the annual salary rate and full-time equivalent (FTE) of position to be funded with this STOP Grant. Please do not provide staff hours.

Name/Position: Non-Admin Staff	Computation	Cost
Mark McClain	salary and benefits (160,761.00-- 77.29 per hour) . 167 hours per year (14 hours a month)	\$12,937.00
TOTAL SALARIES		\$12,937.00

BENEFITS - Must be for the personnel named in salaries. Benefits should be based on actual known costs or an established formula.

Description of Benefit for Name/Position	Computation	Cost
TOTAL BENEFITS		

Please list activities to be provided by the above positions.

Example: SA advocate will provide crisis intervention, medical advocacy, information and referrals. DV advocate will provide advocacy, assistance with protection orders, and court support.

Example: System-based advocate will provide assistance with obtaining protection orders other court documents and restitution, and notification of hearings and other relevant events.

Example: Officer overtime for investigations or backfill while officers attend trainings.

Mark McClain will will work with LE and CSN on coordinated response and MDT and assist with supervision and prosecution of SA cases. The MDT and coordinated response is a new effort locally. This has required LE, CSN and the Prosecutor's Office to reconnect to repair the fractured relationship between CSN and each of the local law enforcement agencies which has hindered these types of efforts. However, there has been a change in leadership at CSN and LE and Prosecution have begun a new era together for our community. This includes having met, as a team, for the first time in several years, which resulted in LE's suggesting modification to the SA and DV protocols and interest in collaborative training efforts. While this is only a beginning, this new effort will take significant time and dedication from all involved.

BUDGET DETAIL WORKSHEETS
Contracted Services - Subgrantees - Activities

List all Subgrantees and Other Contracted Services

CONTRACTED SERVICES - Consultant Fees and/or Subgrantees - List consultants needed to provide services under this project. Consultant/Trainer compensation cannot exceed \$650.00 per day (excluding travel and per diem) for an eight hour day or cannot exceed \$81.25 per hour for less than an eight hour day. Contracts must be kept on file and available for OCVA review. Subgrantees are also required to complete the MOA at the back of this application.

Consultant and/or Subgrantee	Computation	Cost
(SAMPLE) YWCA of Pierce County-Salaries	(SAMPLE) \$20,000 x .25 FTE	(SAMPLE) \$5,000.00
(SAMPLE) YWCA of Pierce County-Goods and Services	(SAMPLE) Rent, Trainings, Communications	(SAMPLE) \$2,500.00
(SAMPLE) Lakewood Prosecutor-Goods and Services	(SAMPLE) Trainings	(SAMPLE) \$900.00
TOTAL CONTRACTED SERVICES/SUBGRANTEES		

Please list activities to be provided.

Example: Contractor will provide advanced training to attorneys.

Example: Subgrantee will provide officer overtime for investigations or backfill while officers attend trainings.

BUDGET DETAIL WORKSHEETS

Goods and Services and Administrative Costs

GOODS AND SERVICES - Goods and services must be related to the STOP activities funded by this grant and may include:

Item Description	Computation	Cost
Rent - (must be calculated by square foot of space utilized by staff listed in salaries and multiplied by FTE percentage paid by this grant)		
Utilities - (water, sewer, garbage, electric)		
Communications - (phone, cell phone, answering service)		
Internet - OCVA approval required (VS see below)		
Office Supplies, Copies, Printing		
Trainings - (registrations, per diem, travel)		
Travel - (mileage for grant-funded staff for project activities)		
Equipment - (itemized and prorated)		
Client Supplies		
Professional Liability Insurance (for grant-funded staff)		
Other (please specify below)		
TOTAL GOODS AND SERVICES		

REMINDERS: (1) No grant funds may be used to **maintain or establish a computer network** unless such network blocks the viewing, downloading, and exchanging of pornography. However, this does not apply to law enforcement agencies or any other entity carrying out criminal investigations, prosecution, or adjudication activities; and (2) STOP Grant funding shall not be used to purchase **food and/or beverages** for any meeting, conference, training, or other event.

ADMINISTRATIVE COSTS - Administrative costs must be related to STOP Program activities and may not exceed 15% of your organization's STOP Grant funding. In cases where one entity administers the grant and subgrants to another organization within the same function area, each entity, within reason, may allocate up to 15% of their STOP Grant budget for administrative costs. NOTE - Administrative costs such as supervisors and financial staff must be listed below; not in salaries and benefits.

Item Description	Computation	Cost
Administrative Costs (reports and vouchers)	15% of 15220.00	\$2,283.00
TOTAL ADMINISTRATIVE COSTS		\$2,283.00

BUDGET DETAIL WORKSHEETS

Budget Summary and Match

Budget Categories	Totals
SALARIES	\$12,937.00
BENEFITS	
CONTRACTED SERVICES/SUBGRANTEES	
GOODS AND SERVICES	
ADMINISTRATIVE COSTS	\$2,283.00
TOTAL GRANT AMOUNT	\$15,220.00
MATCH - See Instructions for Required Match (Optional for non-profit, non-governmental agencies and tribes)	\$5,073.00

NON-FEDERAL BUDGET MATCH

MATCH - There is a 25% match requirement imposed on grant funds under this program. Victim service providers (must have IRS 501(c)(3) status) and Tribal governmental organizations are not required to provide match. However, these organizations are encouraged to maximize the impact of federal dollars by contributing a match, if possible. Funds or in-kind resources used as match must be eligible and directly related to the project goals and objectives. Grantees or subgrantees must maintain records which clearly show the source, the amount, and the timing of all matching contributions.

The agency or agencies providing a match must complete this section.
Please list below a brief description of the match and an estimated calculation.

Match Description	Computation	Cost
Office space, utilities, supplies	15220 divided by .75 x .25	\$5,073.00
TOTAL MATCH		\$5,073.00

Consultation with Victim Services

(criminal justice agencies only)

State applications to the Office on Violence Against Women are required to show documentation that criminal justice agencies receiving STOP Grant funds have consulted with their local non-profit community-based victim service programs during the course of developing applications. This requirement is to ensure that proposed activities by criminal justice agencies are designed to promote the safety, confidentiality, and economic independence of victims of domestic violence, sexual assault, stalking, and dating violence.

New with this application: As verification that applicant has consulted with the *Community Sexual Assault Program (CSAP)* and the *Department of Social and Health Services Shelter Funded Domestic Violence Agency* during the development of this application, this form must be **signed** by the Executive Director of the appropriate victim service provider(s).

The criminal justice agency must provide the signed form(s) to Pearl Gipson-Collier at OCVA via fax (360.586.7176) **or** scanned and emailed to Pearl at Pearl.Gipson@commerce.wa.gov before the application can be reviewed by OCVA. In counties where the CSAP is separate from the DSHS shelter funded domestic violence agency, applicant must print two copies of this form to enable both Executive Directors to respond and sign.

APPLICATION FOR LAW ENFORCEMENT AND/OR PROSECUTOR (as applicable):

Pacific County Prosecutor's Office

Name of Criminal Justice Applicant

Victim Service Provider: Please answer the following questions, sign this form and return it to the applicant. Every effort should be made to resolve concerns prior to the applicant submitting to OCVA.

Did you participate in the development of this application?

☒ Yes ☐ No

Do you agree the proposed criminal justice activities promote the safety, confidentiality, and economic independence of victims?

☒ Yes ☐ No

If you do not agree the proposed activities are in the best interest of victims, have you been given the opportunity to provide feedback to the applicant?

☒ Yes ☐ No

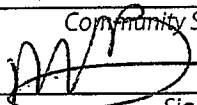
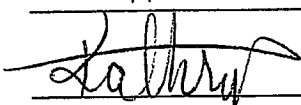
If you provided feedback, are you satisfied that the application addresses issues you may have asked to be included?

☒ Yes ☐ No

If you answered "no" to any of the above, please provide details regarding the process and steps taken to address concerns with the application.

Crisis Support Network- Kathryn Burr (360) 934-5652

Community Sexual Assault Program (CSAP) Name



Signature of Executive Director

Department of Social and Health Services Shelter Funded Domestic Violence Agency Name

Signature of Executive Director

Acknowledgement of Notice of Statutory Requirement to Comply with the Confidentiality and Privacy Provisions of the Violence Against Women Act, as Amended

Under section 40002(b)(2) of the Violence Against Women Act, as amended (42 U.S.C. 13925(b)(2)), grantees and subgrantees with funding from the Office on Violence Against Women are required to meet the following terms with regard to nondisclosure of confidential or private information and to document their compliance. By signature on this form, applicant for the STOP Grant acknowledges that they have notice that, if awarded funds, they will be required to comply with this provision, and will mandate that subgrantees, if any, comply with this provision, and will create and maintain documentation of compliance, such as policies and procedures for release of victim information, and will mandate that subgrantees, if any, will do so as well.

(A) In general

In order to ensure the safety of adult, youth, and child victims of domestic violence, dating violence, sexual assault, or stalking, and their families, grantees and subgrantees under this subchapter shall protect the confidentiality and privacy of persons receiving services.

(B) Nondisclosure

Subject to subparagraphs (C) and (D), grantees and subgrantees shall not --

(i) disclose, reveal, or release any personally identifying information or individual information collected in connection with services requested, utilized, or denied through grantees' and subgrantees' programs, regardless of whether the information has been encoded, encrypted, hashed, or otherwise protected; or

(ii) disclose, reveal, or release individual client information without the informed, written, reasonably time-limited consent of the person (or in the case of an unemancipated minor, the minor and the parent or guardian or in the case of legal incapacity, a court-appointed guardian) about whom information is sought, whether for this program or any other Federal, State, or Tribal grant program, except that consent for release may not be given by the abuser of the minor, incapacitated person, or the abuser of the other parent of the minor.

If a minor or a person with a legally appointed guardian is permitted by law to receive services without the parent's or guardian's consent, the minor or person with a guardian may release information without additional consent.

(C) Release

If release of information described in subparagraph (B) is compelled by statutory or court mandate --

- (i) grantees and subgrantees shall make reasonable attempts to provide notice to victims affected by the disclosure of information; and
- (ii) grantees and subgrantees shall take steps necessary to protect the privacy and safety of the persons affected by the release of the information.

(D) Information sharing

(i) Grantees and subgrantees may share --

(I) nonpersonally identifying data in the aggregate regarding services to their clients and nonpersonally identifying demographic information in order to comply with Federal, State, or Tribal reporting, evaluation, or data collection requirements;

(II) court-generated information and law enforcement-generated information contained in secure, governmental registries for protection order enforcement purposes; and

(III) law enforcement-generated and prosecution-generated information necessary for law enforcement and prosecution purposes.

(ii) In no circumstances may --

(I) an adult, youth, or child victim of domestic violence, dating violence, sexual assault, or stalking be required to provide a consent to release his or her personally identifying information as a condition of eligibility for the services provided by the grantee or subgrantee;

(II) any personally identifying information be shared in order to comply with Federal, Tribal, or State reporting, evaluation, or data collection requirements, whether for this program or any other Federal, Tribal, or State grant program.

(E) Statutorily mandated reports of abuse or neglect

Nothing in this section prohibits a grantee or subgrantee from reporting suspected abuse or neglect, as those terms are defined and specifically mandated by the State or Tribe involved.

(F) Oversight

Nothing in this paragraph shall prevent the Attorney General from disclosing grant activities authorized in this Act to the chairman and ranking members of the Committee on the Judiciary of the House of Representatives and the Committee on the Judiciary of the Senate exercising Congressional oversight authority. All disclosures shall protect confidentiality and omit personally identifying information, including location information about individuals.

(G) Confidentiality assessment and assurances

All applicants must document their compliance with the confidentiality and privacy provisions required under this section by checking the "Acceptance of these Conditions" box below. As the duly authorized representative of the applicant, I hereby acknowledge that the applicant has received notice that if awarded funding they will comply with the above statutory requirements. This acknowledgement shall be treated as a material representation of fact upon which the Department of Commerce, Office of Crime Victims Advocacy will rely if a grant is issued.

Pacific County Prosecutor's Office

Applicant Agency Name

Mark McClain, Pacific County Prosecutor

Name and Title of Authorized Representative

2-2-15

Date



**Acceptance of
these Conditions**

Assurances

The Applicant hereby assures and certifies compliance with all applicable Federal statutes, regulations, policies, guidelines, requirements, and any conditions of the recipient's grant. If a grant is made, the grantee and subgrantees, if any, will be subject to statutory prohibitions on discrimination.

Federal Non-Discrimination Requirements

Applicant will comply with any applicable federal non-discrimination requirements, which may include:

- * the Omnibus Crime Control Act and Safe Streets Act of 1968 (42 U.S.C. § 3789d).
- * the Victims of Crime Act (42 U.S.C. § 10604(e)).
- * the Juvenile Justice and Delinquency Prevention Act of 2002 (42 U.S.C. § 5672(b)).
- * the Civil Rights Act of 1964 (42 U.S.C. § 2000(d)).
- * the Rehabilitation Act of 1973 (29 U.S.C. § 794).
- * the Americans with Disabilities Act of 1990 (42 U.S.C. §§ 12131-34).
- * the Education Amendments of 1972 (20 U.S.C. §§ 1681,1683,1685-86).
- * the Age Discrimination Act of 1975 (42 U.S.C. §§ 6101-07).
- * 28 C.F.R. Part 42 (U.S. Department of Justice Regulations - Nondiscrimination, Equal Employment Opportunity Policies and Procedures).
- * Executive Order 13279 (equal protection of the law for faith-based and community organizations); and 28 C.F.R. Part 37 ((U.S. Department of Justice Regulations - Equal Treatment for Faith-Based Organizations).

Discrimination on the Basis of National Origin - Limited English Proficient (LEP) Individuals

It will ensure compliance with the Omnibus Crime Control and Safe Streets Act of 1968 and Title VI of the Civil Rights Act of 1964 and take reasonable steps to ensure that persons with Limited English proficiency have meaningful access to programs and activities. Title VI's prohibition of discrimination on the basis of national origin has been interpreted by courts to include discrimination on the basis of English proficiency. Under Title VI (and the Safe Streets Act), recipients are required to provide LEP individuals with meaningful access to their programs and services. Providing "meaningful access" will generally involve some combination of oral interpretation services and written translation of vital documents. Additional assistance regarding LEP obligations and information may be found at www.lep.gov.

Applicant will ensure compliance with federal law prohibiting grant recipients from retaliating against individuals taking action or participating in action to secure rights protected by federal law. Information about federal civil rights obligations of grantees can be found at <http://www.ojp.usdoj.gov/ocr/>.

New Civil Rights Provision

The Violence Against Women Reauthorization Act of 2013 added a new civil rights provision that applies to all FFY 2014 OVW grants. This provision prohibits grantees and subgrantees from excluding, denying benefits to, or discriminating against any person on the basis of actual or perceived race, color, religion, national origin, sex, gender identity, sexual orientation, or disability in any program or activity funded in whole or in part by the Office on Violence Against Women.

Activities that Compromise Victim Safety and Recovery

Because of the overall purpose of the program to enhance victim safety and offender accountability, as a recipient of these funds, applicant may not engage in activities that compromise victim safety and recovery. Such activities include, but are not limited to: requiring victims to participate in criminal proceedings; supporting policies or engaging in practices that impose restrictive conditions (e.g., attend counseling, seek an order of protection) on the victim in order to receive services or when requesting an order of protection be rescinded or modified; seeking a material witness warrant for a victim without consultation with the victim and exploring alternative actions; or arbitrarily refusing to sign U visa Certifications when a STOP Grant qualifying crime has occurred and the victim was, is being, or is likely to be helpful in the investigation or prosecution of the qualifying crime. Additional information can be found in the [U Visa Law Enforcement Certification Resource Guide](#).

By checking the "Acceptance of these Conditions" box below, applicant certifies that the jurisdiction is qualified to receive the funds. As the duly authorized representative of the applicant, I hereby acknowledge that the applicant will comply with the above requirements. This acknowledgement shall be treated as a material representation of fact upon which the Department of Commerce, Office of Crime Victims Advocacy will rely if a grant is issued.

Pacific County Prosecutor's Office
<i>Applicant Agency Name</i>
Mark McClain, Pacific County Prosecutor
<i>Name and Title of Authorized Representative</i>

2-5-15
<i>Date</i>
<input checked="checked" type="checkbox"/> Acceptance of these Conditions

STOP Certification Requirements for Law Enforcement and Prosecutors

(Non-Profits must check the exempt button below)

Note: To be eligible for STOP Grant funds, States must certify to the Office on Violence Against Women that they are in compliance with the statutory eligibility requirements of the STOP Grant Program. Therefore, criminal justice applicants must certify their jurisdiction is in compliance with the following statutes. Please note, some of the certifications have changed due to the Violence Against Women Reauthorization Act of 2013 (VAWA 2013). Changes are highlighted in **bold**.

1. With respect to the VAWA requirement concerning **costs for criminal charges and protection orders**, a jurisdiction must certify:
 - a. that its laws, policies, and practices do not require, in connection with the prosecution of any misdemeanor or felony domestic violence, **dating violence, sexual assault, or stalking** offense, or in connection with the filing, issuance, registration, **modification, enforcement, dismissal, withdrawal**, or service of a protection order, or a petition for a protection order, to protect a victim of domestic violence, **dating violence, stalking**, or sexual assault, that the victim bear the costs associated with the filing of criminal charges against the offender, or the costs associated with the filing, issuance, registration, **modification, dismissal, withdrawal**, or service of a warrant, protection order, petition for a protection order, or witness subpoena, whether issued inside or outside the state, tribal, or local jurisdiction
2. With respect to the VAWA requirement concerning **forensic medical examination** payment for victims of sexual assault, jurisdictions must certify that:
 - a. the state or territory or another governmental entity incurs the full out-of-pocket cost of forensic medical exams for victims of sexual assault;
 - b. it will not require a victim of sexual assault to participate in the criminal justice system or cooperate with law enforcement in order to be provided with a forensic medical exam, reimbursement for charges incurred on account of such an exam, or both.
3. With respect to the VAWA requirement concerning **judicial notification**, jurisdictions must certify:
 - a. that its judicial administrative policies and practices include notification to domestic violence offenders of the requirements delineated in section 922(g)(8) and (g)(9) of Title 18 of the United States Code, and any applicable related Federal, State, or local laws.
4. With respect to the VAWA requirement **prohibiting polygraph testing**, jurisdictions must certify that:
 - a. their laws, policies, or practices will ensure that no law enforcement officer, prosecuting officer or other government official shall ask or require an adult or youth victim of an alleged sex offense as defined under Federal, tribal, State, territorial, or local law to submit to a polygraph examination or other truth telling device as a condition for proceeding with the investigation of such an offense; and
 - b. Under 42 U.S.C. 3796gg-8(b), the refusal of a victim to submit to a polygraph or other truth telling examination shall not prevent the investigation, charging, or prosecution of an alleged sex offense by a state or unit of local government.

By checking the "Jurisdiction is in Compliance" box below, applicant certifies that the jurisdiction is qualified to receive the funds. As the duly authorized representative of the applicant, I hereby acknowledge that the applicant will comply with the above requirements. This acknowledgement shall be treated as a material representation of fact upon which the Department of Commerce, Office of Crime Victims Advocacy will rely if a grant is issued.

Pacific County Prosecutor's Office

Applicant Agency Name

2-2-15

Date

Mark McClain, Pacific County Prosecutor

Name and Title of Authorized Representative

<input type="checkbox"/> Jurisdiction is in Compliance	<input checked="" type="checkbox"/> Exempt (non-profits)
--	--

EEOP and SAM

Equal Employment Opportunity Plan Certification

All grantees will be required to complete and submit with their STOP Grant to OCVA an EEOP **Certification form**, which will be included with your grant documents. The Certification form is not the Equal Employment Opportunity Plan. The Office of Crime Victims Advocacy, Department of Commerce, is required to provide the completed Certifications to the Office for Civil Rights, Office of Justice Programs. More information on the Certification and the Plan can be found on page 8 in the Instructions for this 2014 STOP Formula Application.

For this application, applicants must verify the appropriate person in their organization has been consulted regarding the requirement to have an Equal Employment Opportunity Plan **or** your organization is exempt from developing a Plan. If recipient is required to develop an EEOP (see page 8 of Instructions), please provide in the space below the date it was last updated.

Grantee EEOP Date (if applicable)	
---	--

System for Award Management

Applicants must be current with the System for Award Management (SAM) prior to submitting an application. Failure to keep current in SAM may result in a delay of receiving funding. All applicants must register with SAM and renew their registration annually. Applicants can access SAM at <https://www.sam.gov>. There is no fee associated with the registration process.

Applicant's SAM Expiration Date (must be equal to or greater than today's date)

Coordinated Community Response Team Participation

Reducing Domestic Violence Related Homicides

County

Pacific

Date 2-2-15

A condition of receiving these STOP Grant funds is mandatory attendance at CCR meetings and **meaningful** participation as a member of the county Coordinated Community Response team, which must meet at least quarterly during the grant period. Coordinated Community Response teams should regularly review and revise local policies and procedures to reflect current realities and needs.

The federal STOP Grant application includes a requirement to demonstrate efforts taken to reduce domestic violence related homicides. CCR teams will be required to show how their activities will address this issue.

Identify at least one action your CCR team will take to support reducing or reducing the risk of domestic violence related homicides in your jurisdiction during the grant period January 1, 2015 through December 31, 2015.

- ☐ utilize lethality risk assessment as a screening tool within law enforcement
- ☐ utilize lethality risk assessment as a screening tool within criminal/family court systems
- ☐ identify and/or address language barriers experienced by victims when accessing community and system-based services
- ☐ establish procedures and protocols regarding firearm seizure and/or storage
- ☐ partner with faith, medical, and others in our communities in providing awareness and intervention to reducing risks of domestic violence related homicides

Other steps to
reduce domestic
violence related
homicides:

CCR has yet to identify its objectives given the fractured relationship from the prior CSN director. We will reengage with the CCR team to identify local needs and goals to drive this decision.

Only one completed form is required per county. Applicants must discuss this form at the planning meeting and decide which agency will respond on behalf of all STOP Grant applicants in your county. The designated agency must submit with their application this completed CCR form, along with the planning meeting agenda, the date of the meeting, and list of participants.

OCVA program staff may attend one of your quarterly CCR meetings to discuss your progress.

Memorandum of Agreement

page 1 of 1

An application that includes more than one agency receiving funds requires this attachment to be completed.

If an application is approved with subgrants, the grantee will be responsible for oversight of subgrantees, which may include, but is not limited to: providing subgrantees with a copy of this application, copy of fully signed grant, monitoring spending and scope of activities, and providing subgrantees with accurate and current information pertaining to the STOP Grant.

Subgrantees will be responsible managing subgrantee's relevant budget and scope of activities, accurate and timely submittal of documents and reports to the granting agency, and active participation in the quarterly Coordinated Community Response team meetings.

Grantee and subgrantees are bound by statute, federal and state regulations, the provisions of this application, the OVW Financial Guide and any updates, and any conditions of the grantee's award.

As the duly authorized representative of the agency listed below, I hereby acknowledge that my agency will comply with the above requirements.

Pacific County Prosecutor's Office

Applicant Agency Name

Mark McClain, Pacific County Prosecutor

Name and Title of Authorized Representative

Subgrantee Agency Name

Name and Title of Authorized Representative

Subgrantee Agency Name

Name and Title of Authorized Representative

Subgrantee Agency Name

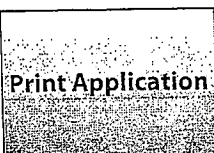
Name and Title of Authorized Representative

Application Documents Checklist

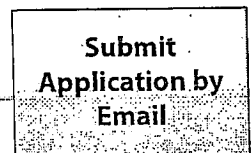
Please use this checklist to ensure your application is complete. Please note that any materials submitted as part of an application may be released pursuant to a request under the Freedom of Information Act.

- ☒ **Coordinated Community Response Team - Reducing Domestic Violence Related Homicides**
Only one completed form is required per county. Applicants must discuss this form at the planning meeting and decide which agency will respond on behalf of all STOP Grant applicants in your county. The designated agency must submit with their application the completed CCR form, the planning meeting agenda, the date of the meeting, and list of participants.
- ☒ **Consultation with Victim Services (criminal justice agencies only)**
This form must be signed by the Executive Director of the appropriate victim service provider. The criminal justice agency must fax (360.586.7176) or email as an attachment to Pearl at pearl.gipson@commerce.wa.gov.
- ☒ **Budget Detail Worksheets**
Budget is complete and accurate, including match, if required.
- ☒ **Notice of Statutory Requirement to Comply with the Confidentiality and Privacy Provisions of the Violence Against Women Act, as Amended, Acknowledged and Accepted**
- ☒ **Assurances Acknowledged and Accepted**
- ☒ **STOP Certification Requirements - Law Enforcement and Prosecutors Acknowledged and Accepted**
- ☒ **Equal Employment Opportunity Plan Date (if applicable); and System Award Management Registration and Expiration Date (all applicants)**
- ☒ **Copy of Internal Revenue Service (IRS) 501(c)(3) determination letter**
As a result of VAWA 2013, any entity that is eligible for funding based on its status as a nonprofit organization must be an organization that is described in section 501(c)(3) of the Internal Revenue Code of 1986 and is exempt from taxation under section 501(a) of that Code. See 42 U.S.C. § 13925(b)(16)(B). The nonprofit organization must fax (360.586.7176) or email as an attachment the IRS determination letter to Pearl at pearl.gipson@commerce.wa.gov before the application can be approved.
- ☒ **Memorandum of Agreement (if applicable)**

Remember to Save Application Prior to Submitting by Email



Email your completed application to OCVA
not later than Monday, October 13, 2014





Board of Pacific County Commissioners
P O Box 187 * 1216 W Robert Bush Dr * South Bend, WA 98586
Phone 360/875.9337 / Fax 360/875.9335

**BOH/BOCC meet 2nd and
4th Tuesday of each month,
beginning at 9 a.m.**

REQUESTED MEETING DATE:

2-10-15

AGENDA REQUEST FORM

[TO BE COMPLETED BY THE CLERK/DEP. CLERK OF THE BOARD]

Agenda Item #: 22

BOCC ACTION: ☐ APPROVED ☐ DENIED

Initial: _____ Date: _____

☐ SUBJECT TO ADEQUATE BUDGET APPROPRIATIONS

Review: ☐ Clerk of the Board

☐ NO ACTION TAKEN/WITHDRAWN

☐ DEFERRED TO: _____

☐ Risk Management

☐ CONTINUED TO DATE: _____ TIME: _____

☐ Legal

☐ OTHER: _____

DISTRIBUTION LIST:

<input type="checkbox"/> RF	<input type="checkbox"/> Assessor	<input type="checkbox"/> DPW	<input type="checkbox"/> PACCOM	<input type="checkbox"/> Superior Court
<input type="checkbox"/> CF	<input type="checkbox"/> Auditor	<input type="checkbox"/> EMA	<input type="checkbox"/> PC Fair	<input type="checkbox"/> Treasurer
<input type="checkbox"/> SEA	<input type="checkbox"/> Clerk	<input type="checkbox"/> Health	<input type="checkbox"/> Prosecutor	<input type="checkbox"/> Vegetation Mgmt
	<input type="checkbox"/> Civil Service	<input type="checkbox"/> Juvenile	<input type="checkbox"/> SDC	<input type="checkbox"/> WSU Coop. Ext.
	<input type="checkbox"/> DCD	<input type="checkbox"/> NDC	<input type="checkbox"/> Sheriff	<input type="checkbox"/> Other

AGENDA ITEM REQUEST

Please fill out in full or the request may be returned for more information. Also, please attach all pertinent documentation.

DEPARTMENT/OFFICE: General Administration

DIVISION (if applicable): Housing

OFFICIAL NAME & TITLE: Kathy Spoor, CAO

PHONE / EXT:

SIGNATURE: *Kathy Spoor*

DATE: 2-4-15

NARRATIVE OF REQUEST

Attached for your consideration is a Contract with the Health Dept to provide coordination for the County's newly organized Housing Advisory Committee. This agreement provides funding for Katie Lindstrom to serve as facilitator of the committee and assist with planning for implementation of the County's Ten Year Plan to End Homelessness. This contract was considered in the 2015 budget request and is covered by recording fees.

RECOMMENDED MOTION (To Be Completed by the Clerk/Deputy Clerk of the Board)

Move to approve Intergovernmental Contract for Services with the Health Dept in the amount of \$10,000 subject to adequate budget appropriations.

INTERGOVERNMENTAL CONTRACT FOR SERVICES

Between
PACIFIC COUNTY GENERAL ADMINISTRATION
And
PACIFIC COUNTY PUBLIC HEALTH AND HUMAN SERVICES DEPARTMENT

THIS CONTRACT is made between Pacific County General Administration (COUNTY) and Pacific County Public Health and Human Services Department (PHHS).

WHEREAS, RCWs 36.22.178, 36.22.179, and 36.22.1791 establish fees on documents recorded in the Pacific County Auditor's Office, and direct said fees to be used to implement low and moderate income housing programs and to implement the Pacific County Ten-Year Plan to Reduce Homelessness; and

WHEREAS, Pacific County established the Low Income Assistance Account, Fund No. 127, to deposit these low and moderate income and homeless recording fees; and

WHEREAS, Pacific County Ordinance 154 passed in 2003, established the Joint Pacific County Housing Authority; and

WHEREAS, as per RCWs 36.22.178, 36.22.179, and 36.22.1791, Pacific County entered into an inter-agency agreement with the cities of Ilwaco, Long Beach, Raymond and South Bend in April 2008 to direct the expenditure of these recording fees; and

WHEREAS, the inter-agency agreement specifies that expenditure of recording fee funds from Fund No. 127 shall, following budget adoption by the Board of Pacific County Commissioners, be directed by the Joint Pacific County Housing Authority Board; and

WHEREAS, the Joint Pacific County Housing Authority Board has requested that Pacific County provide funding in the County's 2015 Fund No. 127 budget to support a variety of low and moderate income housing programs; and

WHEREAS, the Joint Pacific County Housing Authority Board has requested the transfer of recording fees from Pacific County Fund No. 127 to the PHHS to provide services to assist with the implementation of the Pacific County's Ten Year Plan to Reduce Homelessness; and

WHEREAS, transfer of recording fees from Pacific County Fund 127 requires entering into a contract for services; and

NOW, THEREFORE, in consideration of covenants, conditions, performances and promises hereinafter contained, the parties hereto agree as follows:

1. FUNDING

A total of Ten Thousand Dollars (\$10,000), has been pledged within Pacific County Low Income Assistance Fund No. 127 to provide the PHHS with funds to assist with implementation of the County's Ten Year Plan to Reduce Homelessness. Said amount shall constitute the maximum reimbursement the PHHS is eligible to receive from the COUNTY under this CONTRACT. These funds are to be dispersed to the PHHS on a monthly basis in eleven (11) equal monthly payments of \$833.33 and one (1) monthly payment of \$833.37 for a total of Ten Thousand Dollars (\$10,000).

2. **USE OF FUNDS and SCOPE OF WORK**

The PHHS shall use these COUNTY funds solely to assist with implementation of County's Ten Year Plan to Reduce Homelessness in keeping with the requirements of RCWs 36.22.178, 36.22.179, and 36.22.1791. Specifically, these funds shall support the following activities:

TABLE 1

ACTIVITY	ALLOCATION	PAYABLE	REPORTING REQUIREMENTS	Recording Fee Revenue Source
Coordination of the County's Housing Task Force	\$10,000	11 equal monthly payments of \$833.33 and one payment in December of \$833.37	Quarterly "Activities and Narrative Report" – (Attachment A) to be completed within 30 days of the close of each quarter (4/30/15, 7/31/15, 11/30/15, 1/31/15)	Homeless
TOTAL	\$10,000			

3. **PAYMENT PROVISIONS**

The COUNTY from the Pacific County Low Income Assistance Fund (No. 127), has pledged Ten Thousand (\$10,000), to assist the PHHS with implementation of the activities identified in Section 2, Table 1, of this CONTRACT. These funds shall be disbursed to the PHHS as per the terms listed within Sections 1 and 2.

In the event the PHHS fails or refuses to comply with any of the above mentioned requirements, this CONTRACT may be rescinded, canceled, or terminated in whole or in part, and the PHHS may be declared by the COUNTY ineligible for further County Low Income Housing Assistance Funds.

The PHHS must have accounting procedures and controls in place to assure and certify that work to be performed and payment requested under this CONTRACT does not duplicate any work to be charged against any other grant, subgrant, or other source.

4. **EVALUATION AND MONITORING**

- A. The PHHS shall maintain books, records, documents and other evidence and accounting procedures and practices that sufficiently and properly reflect the performance of this CONTRACT. The PHHS will retain all books, records, documents and other material relevant to this CONTRACT for six (6) years after expiration of the CONTRACT, or from the date final payment hereunder is made, whichever is later.
- B. The COUNTY or the State Auditor and any of their representatives shall have full access to and the right to examine during normal business hours and as often as the COUNTY or the State Auditor may deem necessary, those books, records, documents and other evidence retained by the PHHS with respect to all matters covered in this CONTRACT. Such representatives shall be permitted to audit, examine, and make

excerpts or transcripts from such records and to make audits of all contracts, invoices, materials, payrolls, and records of matters covered by this CONTRACT. These rights shall last for six (6) years after expiration of the CONTRACT, or from the date final payment hereunder is made, whichever is later.

- C. The COUNTY will use reasonable security procedures and protections to assure that related records and documents provided by the PHHS are not erroneously disclosed to third parties. To the extent chapter 42.56 RCW permits, pertinent records and other documents in any medium furnished by the PHHS will remain its property unless otherwise agreed.
- D. The PHHS shall cooperate with and freely participate in any other monitoring or evaluation activities pertinent to this CONTRACT that the COUNTY needs to have conducted.

5. **RECAPTURE PROVISION**

- A. In the event the PHHS fails to expend these funds in accordance with state law and/or the provisions of this CONTRACT, the COUNTY reserves the right to recapture funds in an amount equivalent to the extent of noncompliance.
- B. Such right of recapture shall exist for six (6) years after expiration of this CONTRACT or final payment hereunder, whichever occurs later. Repayment by the PHHS of funds under this recapture provision shall occur within twenty (20) days of demand. In the event the COUNTY is required to institute legal proceedings to enforce this recapture provision, the COUNTY shall be entitled to its costs thereof, including reasonable attorney's fees.

6. **NONDISCRIMINATION**

The PHHS shall comply with all federal and state nondiscrimination laws, including, but not limited to chapter 49.60 RCW – Washington's Law Against Discrimination, and 42 U.S.C. 12101 et seq. – the Americans with Disabilities Act (ADA).

7. **NONCOMPLIANCE WITH NONDISCRIMINATION LAWS**

In the event the PHHS fails or refuses to comply with any nondiscrimination law, regulation, or policy, this CONTRACT may be rescinded, canceled, or terminated in whole or in part, and the PHHS may be declared by the COUNTY ineligible for further Low Income Housing Assistance Funds. The PHHS shall be given a reasonable time in which to cure any such noncompliance. Any dispute may be resolved in accordance with the "Disputes" procedure set forth herein.

8. **ENTIRE CONTRACT**

This CONTRACT represents all the terms and conditions agreed to by the parties. No other understandings, oral or otherwise, regarding the subject matter of this CONTRACT shall be deemed to exist or to bind any parties hereto.

9. **CONTRACT MODIFICATIONS**

The COUNTY and the PHHS may, from time to time, request changes in services being performed with these funds. Any such changes that are mutually agreed upon shall be incor-

porated herein by written amendment to this CONTRACT. It is mutually agreed and understood that no alteration or variation of the terms of this CONTRACT shall be valid unless made in writing and signed by the parties hereto, and that any oral understanding or agreements not incorporated herein shall not be binding. For example and without limitation, an amendment to this CONTRACT must be approved in writing by the COUNTY prior to the PHHS expending funds for the items covered within that amendment. Costs incurred by the PHHS in contravention of this Paragraph are the sole responsibility of the PHHS.

10. **CONTRACT PERIOD**

The terms of this CONTRACT and the performance of the parties hereto shall be deemed to have commenced the 1st day of January 2015. It will continue in effect through the 31st day of December, 2015, unless sooner terminated or extended as provided herein.

11. **TERMINATION OF CONTRACT**

- A. If, through any cause, the PHHS shall fail to fulfill in a timely and proper manner its obligations under this CONTRACT, or if the PHHS shall violate any of its covenants, agreements or stipulations, the COUNTY shall thereupon have the right to terminate this CONTRACT and withhold the remaining allocation if such default or violation is not corrected within twenty (20) days after submitting written notice to the PHHS describing such default or violation.
- B. Notwithstanding any provisions of this CONTRACT, either party may terminate this CONTRACT by providing written notice of such termination, specifying the effective date thereof, at least twenty (20) days prior to such date. Payment for Project-related expenses incurred by the PHHS and not otherwise paid for by the COUNTY prior to the effective date of such termination shall be as the COUNTY reasonably determines.
- C. The COUNTY may unilaterally terminate all or part of this CONTRACT, or reduce the Scope of Work, if the COUNTY loses the authority to collect low and moderate income housing and/or homeless recording fees, or if the amount of recording fees collected is reduced below the level necessary to provide the amount identified in Section 1 of this CONTRACT.

12. **ADMINISTRATION**

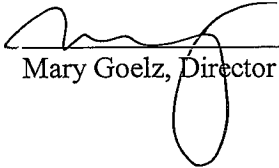
The following individuals are designated to co-administer this CONTRACT. They shall also serve as their respective party's contact person for any and all communications relative to this CONTRACT.

For the COUNTY: Kathy Spoor, County Administrative Officer

For the PHHS: Katie Lindstrom, Deputy Director

IN WITNESS WHEREOF, representatives of both the PHHS and the COUNTY executed this CONTRACT on the _____ day of January 2015.

PHHS

 _____ 2-3-15
Mary Goelz, Director

**BOARD OF COUNTY COMMISSIONERS
PACIFIC COUNTY, WASHINGTON**

Steve Rogers, Commissioner

Lisa Ayers, Commissioner

Frank Wolfe, Commissioner

APPROVED AS TO FORM:

Mark McClain, Prosecuting Attorney

ATTEST:

Marie Guernsey, Clerk of the Board

Attachment A

Consolidated Homeless Program
Quarterly Activities and Narrative Report



Board of Pacific County Commissioners
P O Box 187 * 1216 W Robert Bush Dr * South Bend, WA 98586
Phone 360/875.9337 / Fax 360/875.9335

**BOH/BOCC meet 2nd and
4th Tuesday of each month,
beginning at 9 a.m.**

REQUESTED MEETING DATE:

2/10/15

AGENDA REQUEST FORM

[TO BE COMPLETED BY THE CLERK/DEP. CLERK OF THE BOARD]

Agenda Item #: 23

BOCC ACTION: ☐ APPROVED ☐ DENIED

Initial: _____ Date: _____

☐ SUBJECT TO ADEQUATE BUDGET APPROPRIATIONS

Review: ☐ Clerk of the Board

☐ NO ACTION TAKEN/WITHDRAWN

☐ DEFERRED TO: _____

☐ Risk Management

☐ CONTINUED TO DATE: _____ TIME: _____

☐ Legal


☐ OTHER: _____

DISTRIBUTION LIST:

- | | | | | |
|------------------------------|--|-----------------------------------|-------------------------------------|--|
| <input type="checkbox"/> RF | <input type="checkbox"/> Assessor | <input type="checkbox"/> DPW | <input type="checkbox"/> PACCOM | <input type="checkbox"/> Superior Court |
| <input type="checkbox"/> CF | <input type="checkbox"/> Auditor | <input type="checkbox"/> EMA | <input type="checkbox"/> PC Fair | <input type="checkbox"/> Treasurer |
| <input type="checkbox"/> SEA | <input type="checkbox"/> Clerk | <input type="checkbox"/> Health | <input type="checkbox"/> Prosecutor | <input type="checkbox"/> Vegetation Mgmt |
| | <input type="checkbox"/> Civil Service | <input type="checkbox"/> Juvenile | <input type="checkbox"/> SDC | <input type="checkbox"/> WSU Coop. Ext. |
| | <input type="checkbox"/> DCD | <input type="checkbox"/> NDC | <input type="checkbox"/> Sheriff | <input type="checkbox"/> Other |

AGENDA ITEM REQUEST

Please fill out in full or the request may be returned for more information. Also, please attach all pertinent documentation.

DEPARTMENT/OFFICE: Commissioners Office	DIVISION (if applicable): Boards/Commissions
OFFICIAL NAME & TITLE: Marie Guernsey, Clerk of the Board	PHONE / EXT:
SIGNATURE: 	DATE: 1/26/2015
NARRATIVE OF REQUEST	
RECOMMENDED MOTION (To Be Completed by the Clerk/Deputy Clerk of the Board)	
Approve Contract for Services with Pacific County Economic Development Council, effective January 1, 2015 through December 31, 2015	

CONTRACT FOR TECHNICAL SERVICES

**Between
Pacific County
and the
Pacific County Economic Development Council**

THIS AGREEMENT is entered into this _____ day of _____, 2014, by the County of Pacific, hereinafter referred to as the "COUNTY", and the Pacific County Economic Development Council, hereinafter referred to as the "EDC".

WITNESSETH:

WHEREAS, the EDC is actively pursuing and facilitating the location and expansion of business and industry in Pacific County through the development of a marketing strategy aimed at attracting new business and industry, the implementation of business assistance programs, the promotion of tourism and retirement living, and the establishment of liaison with local, county and state governments as well as the private business sector to coordinate and promote economic growth and development while preserving the quality of life in Pacific County; and

WHEREAS, the COUNTY is undertaking certain activities necessary to promote economic growth and development; and

WHEREAS, the COUNTY desires to engage the EDC to render certain technical advice and assistance in connection with such undertakings by the COUNTY;

NOW, THEREFORE, the parties do mutually agree as follows:

1. Scope of Service. The EDC will: (a) receive from the COUNTY inquiries from businesses and industries indicating an interest in locating in the vicinity of the COUNTY and responding to such inquiries with information and materials including, but not limited to, wage rates, employment figures, personal income statistics, site availability and such other data as may be requested; (b) furnish current research data to assist the COUNTY in the area of economic growth and development. Such data shall include, but shall not be limited to, surveys of industrial growth within Pacific County, employment, population and general statistical information and other information of similar nature; (c) provide, free of additional charge, published materials prepared by the EDC to such persons as the COUNTY may direct plus other reports and studies as the EDC may prepare. Such materials may include, but are not limited to, wage rates, employment figures, personal income statistics and other special reports; and (d) serve as a general research reference service and assist in preparing replies to inquiries about facilities and resources required by new industries which may consider the COUNTY's service area for location or expansion.

2. Time of Performance. The services of the EDC are to commence on the January 1, 2015, and terminate on the December 31, 2015. The duration of the contract may be extended upon mutual agreement between the parties hereto and pursuant to the terms and conditions of the contract, or terminated by 30 days notice to the other party.
3. Compensation and Method of Payment. The COUNTY shall reimburse the EDC for the services as follows:
 - a. The total contract price for the period specified in paragraph 2 shall be \$5,000.00
 - b. \$5,000 to be paid in two installments, \$2,500 due March 31, 2015, and \$2,500 due September 30, 2015.
 - c. The EDC shall submit such properly executed vouchers, invoices, or expenditure reports to the COUNTY as are requested.
4. Changes. Either party may request changes in scope of services, performing or reporting standards or compensation amount or method. Proposed changes which are mutually agreed upon shall be incorporated by written amendments to this Agreement.
5. Notices. Written notices to each party shall be sent to the following addresses: Pacific County Economic Development Council, 211 Commercial Street, Raymond, WA 98577 and the County of Pacific, P.O. Box 187, South Bend, WA 98586.
6. Nondiscrimination. The EDC certifies that it is an equal opportunity employer and that it does not discriminate in its hiring or employment practices or in the provision of any of its services on the basis of membership in any group protected by state or federal law.
7. Liability. In accepting this Agreement, the EDC, including its successors and assigns, does hereby covenant and agree to indemnify and protect and save harmless the COUNTY and its officers and employees from all claims, actions, or damages of every kind and description which may accrue to or be suffered by any person, partnership, corporation, or other entity of any kind that arise in whole or in part from intentional tort(s), or negligent act(s) or omission(s), or strict liability of the EDC or its employees, agents, successors, or assigns. If the above sentence applies and any suit or action is brought against the COUNTY, its officers, its employees, or any combination thereof, the EDC, including its successors or assigns, shall defend the suit or action at his or her or their sole cost and expense and shall fully satisfy any judgment that is rendered against the COUNTY, its officers, its employees, or any combination thereof.
8. Debarment Certification. The Contractor hereby declares that it is not suspended or debarred from securing federal and/or state funds and shall remain so during the term of this Agreement/Contract. Suspension and/or debarment of the Contractor from securing federal or state funds shall be cause for immediate termination of this Agreement/Contract by the COUNTY.

9. Subcontracting. The contract is personal to each of the parties thereto and neither party may assign or delegate any of its rights or obligations hereunder except as set forth in this contract.
10. Integrated Document. This contract embodies the contract, terms and conditions between the County and the Pacific County EDC. No verbal agreements or conversations any representatives of either party shall modify or affect the terms and obligations of this contract.

IN WITNESS WHEREOF, the parties here have caused this contract to be executed the date and year first written above.

PACIFIC COUNTY
BOARD OF COUNTY COMMISSIONERS

PACIFIC COUNTY ECONOMIC
DEVELOPMENT COUNCIL

Steve Rogers, Chairman

President

Frank Wolfe, Commissioner

Treasurer

Lisa Ayers, Commissioner

ATTEST:

Marie Guernsey Date
Clerk of the Board



Board of Pacific County Commissioners
P O Box 187 * 1216 W Robert Bush Dr * South Bend, WA 98586
Phone 360/875.9337 / Fax 360/875.9335

**BOH/BOCC meet 2nd and
4th Tuesday of each month,
beginning at 9 a.m.**

REQUESTED MEETING DATE:

2-10-14

AGENDA REQUEST FORM

[TO BE COMPLETED BY THE CLERK/DEP. CLERK OF THE BOARD]

Agenda Item #: 24

BOCC ACTION: ☐ APPROVED ☐ DENIED

Initial: _____ Date: _____

☐ SUBJECT TO ADEQUATE BUDGET APPROPRIATIONS

☐ NO ACTION TAKEN/WITHDRAWN

☐ DEFERRED TO: _____

Review: ☐ Clerk of the Board

☐ Risk Management

☐ CONTINUED TO DATE: _____ TIME: _____

☐ Legal

☐ OTHER: _____

DISTRIBUTION LIST:

- | | | | | |
|------------------------------|--|-----------------------------------|-------------------------------------|--|
| <input type="checkbox"/> RF | <input type="checkbox"/> Assessor | <input type="checkbox"/> DPW | <input type="checkbox"/> PACCOM | <input type="checkbox"/> Superior Court |
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| | <input type="checkbox"/> DCD | <input type="checkbox"/> NDC | <input type="checkbox"/> Sheriff | <input type="checkbox"/> Other |

AGENDA ITEM REQUEST

Please fill out in full or the request may be returned for more information. Also, please attach all pertinent documentation.

DEPARTMENT/OFFICE: General Administration	DIVISION (if applicable): PACCOM
OFFICIAL NAME & TITLE: Kathy Spoor	PHONE / EXT:
SIGNATURE: <i>Kathy Spoor</i>	DATE: 1-30-15
NARRATIVE OF REQUEST Attached for your consideration is a Agreement with the City of South Bend for payment for dispatch radio equipment purchased in 2014 per Resolution 2014-065. Payments received will be deposited to Fund 197.	
RECOMMENDED MOTION (To Be Completed by the Clerk/Deputy Clerk of the Board) Move to approve the Interlocal Agreement with the City of South Bend for repayment of dispatch radio equipment purchased in 2014 per Resolution 2014-065.	

Interlocal Agreement
Repayment for Purchase of Dispatch Radio Equipment

Between

PACIFIC COUNTY, WASHINGTON

And

CITY OF SOUTH BEND

This Interlocal Agreement, (AGREEMENT) is made between Pacific County ("COUNTY"), and the City of South Bend, ("MEMBER AGENCY").

WHEREAS; PACCOM is governed by an Interlocal agreement made by and among municipal corporations, and political subdivisions held to be municipal corporations within the laws and Constitution of the State of Washington, located either in whole or in part within Pacific County which are collectively referred to as Member Agencies; and

WHEREAS; as part of the 2014 budget process it was approved by the PACCOM MEMBER AGENCIES to purchase/upgrade radio equipment to assure interoperability and compliance with state and federal regulations, and

WHEREAS; as part of the 2014 budget process it was agreed that there were insufficient funds available within the PACCOM fund (Fund #160) to make this purchase;

WHEREAS; as a MEMBER AGENCY the City of South Bend has agreed to reimburse the COUNTY for the portion of the cost of the dispatch radio equipment calculated using the approved funding formula either in one lump sum payment, or over the course of three years; and

WHEREAS; the COUNTY has passed Resolution No. 2014-065 which authorized a short term loan for MEMBER AGENCIES from its cumulative reserve fund (FUND 197) which includes 3% annual interest rate;

NOW THEREFORE IT IS HEREBY RESOLVED that the COUNTY authorizes a short term loan from the COUNTY's Cumulative Reserve Fund (FUND #197) in the amount of \$33,450 with the City of South Bend (LAW ENFORCEMENT-\$32,740, FIRE-\$710) for repayment for purchase of dispatch radio equipment upgrade/replacement in 2014 subject to the following conditions:

- ♦ The term of loan will be 3 years. The terms of this AGREEMENT and the performance of the parties hereto shall be deemed to have commenced the 1st day of January 2015. It will continue in effect through the 31st day of December 2017 unless terms of loan are satisfied sooner.
- ♦ MEMBER AGENCY may elect to pay their portion of the loan repayment in one lump sum, or annually over the three year period.

- ♦ Terms of the Amortization Schedule (Attachment A) to this AGREEMENT for MEMBER AGENCIES electing to make annual payments over a 3 year period.
- ♦ Interest will be applied at a rate of 3% per annum.
- ♦ Accumulated principal and interest to be paid annually by December 31st, beginning in 2015.
- ♦ The full faith, credit and resources of the MEMBER AGENCY are pledged irrevocably for the annual payment of this short term loan (principal and interest) until such time that the loan amount is paid in full.

BE IT FURTHER RESOLVED that the Treasurer will provide an annual invoice to Member Agencies each year, and will receive these loan payments and deposit to Fund 197 (Cumulative Reserve).

IN WITNESS WHEREOF, representatives of both the MEMBER AGENCY and the COUNTY executed this CONTRACT the date(s) so noted below.

MEMBER AGENCY

BOARD OF COUNTY COMMISSIONERS

PACIFIC COUNTY, WASHINGTON

John K. Strick 1-30-15

(Name)

Date

Mayor

(Title)

Steve Rogers, Commissioner

Frank Wolfe, Commissioner

Lisa Ayers, Commissioner

APPROVED AS TO FORM:

ATTEST:

Mark McClain

Pacific County Prosecuting Attorney

Marie Guernsey

Clerk of the Board

RCW 42.30.110
Executive sessions.

(1) Nothing contained in this chapter may be construed to prevent a governing body from holding an executive session during a regular or special meeting:

- (a) To consider matters affecting national security;
- (b) To consider the selection of a site or the acquisition of real estate by lease or purchase when public knowledge regarding such consideration would cause a likelihood of increased price;
- (c) To consider the minimum price at which real estate will be offered for sale or lease when public knowledge regarding such consideration would cause a likelihood of decreased price. However, final action selling or leasing public property shall be taken in a meeting open to the public;
- (d) To review negotiations on the performance of publicly bid contracts when public knowledge regarding such consideration would cause a likelihood of increased costs;
- (e) To consider, in the case of an export trading company, financial and commercial information supplied by private persons to the export trading company;
- (f) To receive and evaluate complaints or charges brought against a public officer or employee. However, upon the request of such officer or employee, a public hearing or a meeting open to the public shall be conducted upon such complaint or charge;
- (g) To evaluate the qualifications of an applicant for public employment or to review the performance of a public employee. However, subject to RCW [42.30.140\(4\)](#), discussion by a governing body of salaries, wages, and other conditions of employment to be generally applied within the agency shall occur in a meeting open to the public, and when a governing body elects to take final action hiring, setting the salary of an individual employee or class of employees, or discharging or disciplining an employee, that action shall be taken in a meeting open to the public;
- (h) To evaluate the qualifications of a candidate for appointment to elective office. However, any interview of such candidate and final action appointing a candidate to elective office shall be in a meeting open to the public;
- (i) To discuss with legal counsel representing the agency matters relating to agency enforcement actions, or to discuss with legal counsel representing the agency litigation or potential litigation to which the agency, the governing body, or a member acting in an official capacity is, or is likely to become, a party, when public knowledge regarding the discussion is likely to result in an adverse legal or financial consequence to the agency.

This subsection (1)(i) does not permit a governing body to hold an executive session solely because an attorney representing the agency is present. For purposes of this subsection (1)(i), "potential litigation" means matters protected by RPC 1.6 or RCW [5.60.060\(2\)\(a\)](#) concerning:

- (i) Litigation that has been specifically threatened to which the agency, the governing body, or a member acting in an official capacity is, or is likely to become, a party;

(ii) Litigation that the agency reasonably believes may be commenced by or against the agency, the governing body, or a member acting in an official capacity; or

(iii) Litigation or legal risks of a proposed action or current practice that the agency has identified when public discussion of the litigation or legal risks is likely to result in an adverse legal or financial consequence to the agency;

(j) To consider, in the case of the state library commission or its advisory bodies, western library network prices, products, equipment, and services, when such discussion would be likely to adversely affect the network's ability to conduct business in a competitive economic climate. However, final action on these matters shall be taken in a meeting open to the public;

(k) To consider, in the case of the state investment board, financial and commercial information when the information relates to the investment of public trust or retirement funds and when public knowledge regarding the discussion would result in loss to such funds or in private loss to the providers of this information;

(l) To consider proprietary or confidential nonpublished information related to the development, acquisition, or implementation of state purchased health care services as provided in RCW [41.05.026](#);

(m) To consider in the case of the life sciences discovery fund authority, the substance of grant applications and grant awards when public knowledge regarding the discussion would reasonably be expected to result in private loss to the providers of this information;

(n) To consider in the case of a health sciences and services authority, the substance of grant applications and grant awards when public knowledge regarding the discussion would reasonably be expected to result in private loss to the providers of this information;

(o) To consider in the case of innovate Washington, the substance of grant or loan applications and grant or loan awards if public knowledge regarding the discussion would reasonably be expected to result in private loss to the providers of this information.

(2) Before convening in executive session, the presiding officer of a governing body shall publicly announce the purpose for excluding the public from the meeting place, and the time when the executive session will be concluded. The executive session may be extended to a stated later time by announcement of the presiding officer.