

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

**Tuesday, June 23, 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)*

### **NO BUSINESS FOR THE BOARD OF HEALTH**

### **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.*

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

**June 23, 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.

**PUBLIC HEARINGS** *(held in the Commissioners Meeting Room unless otherwise noted)*

10:00 AM Beach Barons/Rod Run to the End of the World Assembly Permit  
Application

10:00 AM Budget supplemental

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

12:00 PM fy2015 budget update

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**Call to Order**

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

**CONSENT AGENDA (Items 1-12)**

**Department of Public Works**

- 1) Approve Amendment #1 to Communications Facility use Agreement with McDaniel Cellular, effective July 1, 2015
- 2) Approve hire of temporary Engineering Aides, Cameron McAllister, Darol Ratsavongsy, Trevor Ritzman, Emma Lorton, Kyler Oblad, Dylan Barrett, Michael McFadden, Dominic DeLong and Aiysha Garcia and Grant Camenzind

**Department of Community Development**

- 3) Approve Amendment #6 to Memorandum of Understanding with Cities of Raymond and South Bend, and Royal Heights Transfer Station; authorize Chair to sign
- 4) FYI-Notification provided by WA State Department of Ecology regarding suspension of funding due to state budget not being adopted

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

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**Health and Human Services**

- 5) Acknowledge resignation of Human Services Program Specialist, Melissa Sexton, effective July 8, 2015; authorize posting, advertising and hiring of vacant position
- 6) Approve Amendment #1 to WA State Health Care Contract #K768; authorize Chair to sign

**Auditor's Office**

- 7) Acknowledge transfer of Jeannie Briscoe to Superior Court and authorize posting, advertising, and hiring of vacant position

**Sheriff's Office**

- 8) Confirm hire of Shane March, Corrections Officer Step 1, effective June 22, 2015

**Superior Court**

- 9) Confirm transfer of Jeannie Briscoe, Asst. Court Administrator/Court Recorder

**General Business**

- 10) Vendor Claims:
  - Warrants Numbered 127460 through 127548 - \$211,450.54
  - Warrants Numbered 127549 through 127643 - \$230,767.28
- 11) Approve Amendment #1 to Contract for Services with Peninsula Poverty Response Team
- 12) Confirm letter of support for the Columbia Land Trust

**ITEMS REGARDING DEPARTMENT OF PUBLIC WORKS**

- 13) Consider approval of Communications Facility Use Agreement with WatchTV, Inc. for use of the Megler Site
- 14) Consider approval of Special Use Agreement with Marcus and Michaelle Sorlie for use of Morehead County Park

**ITEMS REGARDING DEPARTMENT OF COMMUNITY DEVELOPMENT**

- 15) Consider approval of request to post, advertise, and hire Planning Technician position and Administrative Asst. II position
- 16) Consider approval of request to post, advertise, and hire Planner position

**ITEMS REGARDING SHERIFF'S OFFICE**

- 17) Consider approval Memorandum of Understanding with WA Service Corps for an Individual Placement Service Member; authorize Chair to sign

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

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**ITEMS REGARDING RISK MANAGEMENT**

- 18) Consider approval of the WA Counties Risk Pool Risk Exposure Assessment; authorize Chair to sign

**ITEMS REGARDING BOARDS & COMMISSION**

- 19) Acknowledge resignation of Andi Day, Fair Board member

**ITEMS REGARDING GENERAL BUSINESS**

- 20) Consider adoption of Resolution 2015-\_\_\_\_ amending Internet, Email, Telephone, and Media Use Policy
- 21) Consider adoption of Resolution 2015-\_\_\_\_ establishing the Tobacco-Free/Smoke-Free Policy
- 22) Consider approval of Memorandum of Understanding with Local 367C

**EXECUTIVE SESSION**

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

**PUBLIC HEARINGS – 10:00AM**

- 24) Beach Barons/Rod Run to the End of the World Assembly Permit Application
- 25) Budget Supplemental

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

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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

Meetings are held the 2nd  
and 4th Tuesday of each  
month, beginning at 9 a.m.

REQUESTED MEETING DATE:

06/23/15

## AGENDA REQUEST FORM

### TO BE COMPLETED BY CLERK OF THE BOARD / DEPUTY CLERK OF THE BOARD

|  |   |                                   |                                     |  |                            |
|--|---|-----------------------------------|-------------------------------------|--|----------------------------|
| BOCC ACTION:   |   | <input type="checkbox"/> APPROVED | <input type="checkbox"/> DENIED     | Agenda Item #: <u>1</u>                            | 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 Mgmt                 |                            |
| <input type="checkbox"/> CONTINUED TO DATE: _____                  | TIME: _____                                 |                                   |                                     | <input type="checkbox"/> Legal Required            |                            |
| <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"/> PCEMA    | <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"/> Veg Mgmt                  |                            |
|  | <input type="checkbox"/> Civil Service      | <input type="checkbox"/> Juvenile | <input type="checkbox"/> SDC        | <input type="checkbox"/> WSU 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: Nick Milton, Asst. Telecommunications Engineer  | PHONE / EXT: _____                           |
| SIGNATURE: _____   | DATE: 6/16/2015                              |
| NARRATIVE OF REQUEST<br>On April 28, 2015 you approved amended Exhibit A to the Communications Facility Use Agreement with McDaniel Cellular. McDaniel has now indicated they wish to amend their Use Agreement to address the amended Exhibit A with the agreement. |  |
| RECOMMENDED MOTION (To Be Completed by the Clerk/Deputy Clerk of the Board)<br>Approve Amendment #1 to the Communications Facility Use Agreement with McDaniel Cellular, effective July 1, 2015 and authorize Chair to sign  |  |

**AMENDMENT NUMBER ONE**  
**to The "PACIFIC COUNTY" COMMUNICATIONS FACILITY USE**  
**AGREEMENT dated May 17, 2012**

THIS AMENDMENT, made the \_\_\_\_ day of \_\_\_\_\_, 2015, modifies that certain Communications Facility Use Agreement ("Lease") dated 17<sup>th</sup> day of May, 2012, by and between Board of County Commissioners, Pacific County, Washington, having an address PO Box 187, South Bend, Washington 98586, hereinafter referred to as "County," and McDaniel Cellular Telephone Company, a Delaware company, having an address at Attention: Real Estate, 8410 West Bryn Mawr Avenue, Suite 700, Chicago, Illinois 60631, hereinafter referred to as "McDaniel."

WHEREAS, Landlord and Tenant entered into this Lease to allow Tenant to locate a telecommunications base station located in 46° 27' 40" North Latitude, 123° 33' 3" West Longitude, ref: NAD83 (KO Mtn. Site), and;

WHEREAS, McDaniel desires to install three additional equipment on Lessor's tower ("Modifications"), and

NOW THEREFORE, in consideration of these presents, the parties hereby agree that the Lease is now modified as follows:

- I. Effective July 1, 2015, Lease Exhibit A is hereby deleted and replaced with the following attached Amendment Exhibit A-1.
- II. In all other respects the Lease is hereby ratified and affirmed without change.

[END OF AMENDMENT - SIGNATURE PAGE FOLLOWS]

**Signature Page**

IN WITNESS WHEREOF, the parties hereto bind themselves to this Amendment as of the date of full execution.

BOARD OF COUNTY COMMISSIONERS,  
PACIFIC COUNTY, WASHINGTON  
PO BOX 187  
SOUTH BEND WA 98586

MCDANIEL CELLULAR TELEPHONE  
COMPANY  
Tax Identification # 93-0996859

By: \_\_\_\_\_

By: \_\_\_\_\_

Printed: \_\_\_\_\_

Printed: \_\_\_\_\_

Title: \_\_\_\_\_

Title: Vice President

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

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

STATE OF \_\_\_\_\_ )  
 )  
COUNTY OF \_\_\_\_\_ )

I, the undersigned, a notary public in and for the State and County aforesaid, do hereby certify that \_\_\_\_\_, known to me to be the same person whose name is subscribed to the foregoing Amendment Number \_\_\_\_\_ to \_\_\_\_\_ Lease, appeared before me this day in person and acknowledged that he signed the said Amendment as his free and voluntary act for the uses and purposes therein stated.

Given under my hand and seal this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_

STATE OF ILLINOIS                    )  
  )  
COUNTY OF COOK                    )

I, the undersigned, a notary public in and for the State and County aforesaid, do hereby certify that \_\_\_\_\_, Vice President, known to me to be the same person whose name is subscribed to the foregoing Amendment Number \_\_\_\_\_ to \_\_\_\_\_ Lease, appeared before me this day in person and acknowledged that, pursuant to his authority, he signed the said Lease as his free and voluntary act on behalf of the named Tenant corporation, for the uses and purposes therein stated.

Given under my hand and seal this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_

Site Name: KO Mtn

**EXHIBIT A**  
**PACIFIC COUNTY, WASHINGTON**

| Item No. | Quant. | Equipment List                       | Annual Rate |             |
|----------|--------|--------------------------------------|-------------|-------------|
|          |        |                                      | Each        | Total       |
| 1        | 1      | Andrew PAR8-59W (8' dish) @ 60' C/L  | \$ 2,525.00 | \$ 2,525.00 |
| 2        | 1      | Andrew P6-105B (6' dish) @ 30' C/L   | \$1,640.00  | \$ 1,640.00 |
| 3        | 1      | Andrew PAR6-59W (6' dish) @ 60' C/L  | \$ 1,819.48 | \$ 1,819.48 |
| 4        | 1      | Andrew PAR8-59W (8' dish) @ 70' C/L  | \$ 2,525.00 | \$ 2,525.00 |
| 5        | 4      | Microwave Radio, MHSB TX/RX          | \$ 1,550.50 | \$ 6,202.00 |
| 6        | 1      | Miscellaneous Channel Equipment Rack | \$ 372.00   | \$ 372.00   |
| 7        | 4      | Cellular Radio Equipment Rack        | \$ 743.33   | \$ 2,973.00 |
| 8        | 1      | Battery Set                          | \$ 1,162.00 | \$ 1,162.00 |
| 9        | 1      | Power Pack                           | \$ 372.00   | \$ 372.00   |
| 10       | 9      | Panel Antenna @ 15' C/L Pole Mounted | \$ 540.28   | \$ 4,862.00 |

TOTAL ANNUAL RATE (KO)

\$24,452.48

Note: McDaniel Cellular's current facility use agreement dated 5/17/2012 will remain in effect. This Exhibit A supersedes the Exhibit A of 2012 and becomes the new annual rate basis for this agreement.

EXHIBIT A AGREED TO:

LESSOR INITIALS NRK DATE 5-18-15

LESSEE INITIALS \_\_\_\_\_ DATE \_\_\_\_\_



Board of Pacific County Commissioners  
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month, beginning at 9 a.m.

REQUESTED MEETING DATE:

06/23/15

## AGENDA REQUEST FORM

### TO BE COMPLETED BY CLERK OF THE BOARD / DEPUTY CLERK OF THE BOARD

Agenda Item #: 2

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 Mgmt

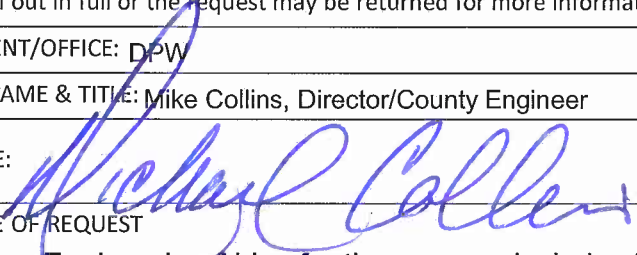
☐ Legal Required

#### 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"/> PCEMA    | <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"/> Veg Mgmt       |
|                              | <input type="checkbox"/> Civil Service | <input type="checkbox"/> Juvenile | <input type="checkbox"/> SDC        | <input type="checkbox"/> WSU 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: <u>DPW</u>  | DIVISION (if applicable): <u>Roads</u> |
| OFFICIAL NAME & TITLE: <u>Mike Collins, Director/County Engineer</u>   | PHONE / EXT: <u>3368</u>               |
| SIGNATURE:    | DATE: <u>6-16-15</u>                   |
| NARRATIVE OF REQUEST<br>Temporary Engineering Aides for the summer include; 1st year employees - Cameron McAllister, Darol Ratsavongsy, Trevor Ritzman, Emma Lorton, Kyler Oblad, Dylan Barrett, Michael McFadden, Dominic DeLong, and Aiysha Garcia. 2nd year returning is Grant Camenzind. |  |
| RECOMMENDED MOTION (To Be Completed by the Clerk/Deputy Clerk of the Board)<br>Grant Camenzind at a rate of \$10.50/hour; the rest at \$10/hour<br>Effective June 15, 2015 with the exception of Dominic DeLong (effective 6/16/2015)  |  |



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06/23/15

## AGENDA REQUEST FORM

### TO BE COMPLETED BY CLERK OF THE BOARD / DEPUTY CLERK OF THE BOARD

Agenda Item #: 3

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 Mgmt

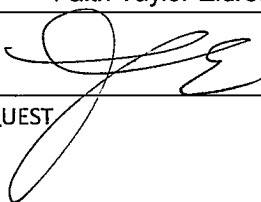
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#### DISTRIBUTION LIST:

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| <input type="checkbox"/> CF  | <input type="checkbox"/> Auditor       | <input type="checkbox"/> PCEMA    | <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"/> Veg Mgmt       |
|                              | <input type="checkbox"/> Civil Service | <input type="checkbox"/> Juvenile | <input type="checkbox"/> SDC        | <input type="checkbox"/> WSU 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): Solid Waste |
| OFFICIAL NAME & TITLE: Faith Taylor-Eldred  | PHONE / EXT: x2651                    |
| SIGNATURE:   | DATE: 06-15-15                        |
| NARRATIVE OF REQUEST  |                                       |
| <p>The Department requests that Amendment #6 for the Memorandum of Understanding between Pacific County, City of South Bend, City of Raymond, and Royal Heights Transfer Station be approved. The Amendment addresses the disposal rate adjustment based on the CPI rate.</p> <p>The rate will be effective August 1, 2015.</p> |                                       |
| RECOMMENDED MOTION (To Be Completed by the Clerk/Deputy Clerk of the Board)   |                                       |
| <p>Approve Amendment #6 to the Memorandum of Understanding with the Cities of Raymond and South Bend and Royal Heights Transfer Station for disposal rate adjustment based on the CPI rate</p>  |                                       |

# MEMORANDUM OF UNDERSTANDING

Amendment #6

Between

Pacific County,

City of Raymond, City of South Bend,  
and Royal Heights Transfer Station

This Memorandum of Understanding amends the August 1, 2011 – July 31, 2012 adjusted rate per the Transfer Station and Disposal Agreement between Pacific County, the Cities of South Bend, and Raymond, and Royal Heights Transfer Station dated January 1, 2010.

The parties mutually agree to the following modifications to the adjusted rate:

|                        | <b>Current</b>  | <b>CPI</b> | <b>New</b>      |
|------------------------|-----------------|------------|-----------------|
| Transportation         | \$38.37         | 50%        | \$38.49         |
| Disposal               | \$21.56         | 85%        | \$21.68         |
| Royal Heights TS       | \$33.51         | 85%        | \$33.69         |
| Admin Royal Heights TS | \$0.10          | frozen     | \$0.10          |
| Pacific County Fees:   |                 |            |                 |
| Solid Waste Mgmt       | \$4.35          | 85%        | \$4.37          |
| Post-Closure           | \$4.05          | frozen     | \$4.05          |
| Moderate Risk Waste    | <u>\$2.30</u>   | frozen     | <u>\$2.30</u>   |
| <b>Contract Rate</b>   | <b>\$103.25</b> |            | <b>\$104.68</b> |

The adjusted rate for the Special Handling Fee for self haulers continues to be:

|                      | <b>Current</b>   | <b>CPI</b> | <b>New</b>      |
|----------------------|------------------|------------|-----------------|
| Special Handling Fee | <u>\$23.75</u>   | frozen     | <u>\$23.75</u>  |
|                      | <b>\$127.099</b> |            | <b>\$128.44</b> |

This rate does not include the monthly fuel surcharge adjustments.

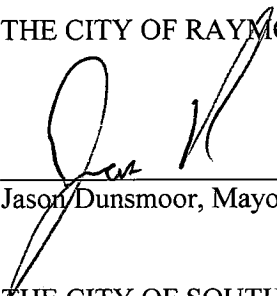
This agreement shall become effective the 1<sup>st</sup> of August, 2015. All other terms, agreements and conditions of the original agreement remain in effect.

Signature block on next page.



Entered into and agreed upon by the following signatories to this Memorandum of Agreement on  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

THE CITY OF RAYMOND, WASHINGTON

  
\_\_\_\_\_  
Jason Dunsmoor, Mayor

BOARD COMMISSIONERS  
PACIFIC COUNTY, WASHINGTON

\_\_\_\_\_  
Steve Rogers, Chair

THE CITY OF SOUTH BEND, WASHINGTON

\_\_\_\_\_  
Julie Struck, Mayor

ROYAL HEIGHTS TRANSFER STATION, INC.

\_\_\_\_\_  
Laurence G. Bale, President

ATTEST:

\_\_\_\_\_  
Marie Guernsey, Clerk of the Board



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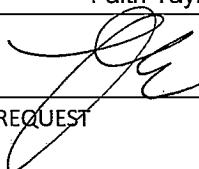
## AGENDA REQUEST FORM

### TO BE COMPLETED BY CLERK OF THE BOARD / DEPUTY CLERK OF THE BOARD

|  |   |  |
|--|---|--|
| BOCC ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED |   | Agenda Item#: <u>4</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 Mgmt                 |
| <input type="checkbox"/> OTHER: _____  |   | <input type="checkbox"/> Legal Required            |
| 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"/> PCEMA                     |
| <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"/> PC Fair            | <input type="checkbox"/> Prosecutor                |
| <input type="checkbox"/> Superior Court  | <input type="checkbox"/> SDC                | <input type="checkbox"/> Sheriff                   |
| <input type="checkbox"/> Treasurer   | <input type="checkbox"/> Veg Mgmt           | <input type="checkbox"/> WSU Ext.                  |
| <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   | PHONE / EXT: x2651              |
| SIGNATURE:    | DATE: 06.15.15                  |
| NARRATIVE OF REQUEST   |                                 |
| <p>FYI</p> <p>The Department of Ecology has sent notification that the County's agreements with Ecology will be suspended as of midnight on June 30, 2015, if a state budget is not approved. Once a state budget is approved, the agreement will be active and all terms will remain in full force and effect. This primarily affects the Shoreline Master Program grant.</p> |                                 |
| RECOMMENDED MOTION (To Be Completed by the Clerk/Deputy Clerk of the Board)  |                                 |



STATE OF WASHINGTON  
DEPARTMENT OF ECOLOGY

PO Box 47600 • Olympia, WA 98504-7600 • 360-407-6000

711 for Washington Relay Service • Persons with a speech disability can call 877-833-6341

May 29, 2015

PACIFIC COUNTY COMMUNITY DEVELOP  
PO BOX 68  
SOUTH BEND WA 98586

**Agreement Funding Notice:**

**Please Forward This to Your Organization's Contacts for Ecology Agreements on page 2.**

This letter is being sent to provide notice of a possible impact to your contract, grant, loan, or interlocal agreement ("agreement") with the Department of Ecology.

As of the date of this letter, the Washington State Legislature has not yet enacted a state budget to appropriate funds to state agencies for the upcoming biennium. The appropriations set forth in the state's current budget expire at the end of the day on June 30, 2015.

As a general rule, the Washington State Constitution (Article 8, Section 4) and state law (RCW 43.88.130 and RCW 43.88.290) prohibit expenditures or commitments of state funds in the absence of appropriations of such funds by the Legislature. Without a budget appropriation, agencies can neither expend funds nor incur liabilities after June 30, 2015.

With this letter, Ecology asks that you permit us to suspend your agreement, in the event the budget is not enacted into law by the deadline of midnight on June 30, 2015. Once the Legislature subsequently passes the budget and it is signed into law, your agreement would automatically be active and all of the terms within would remain in full force and effect.

- If your agreement contains a suspension clause, then this notice will suspend your agreement pursuant to that clause effective at the end of the day on June 30, 2015.
- If your agreement does not contain a suspension clause:
  - and you do agree to a suspension, please send your written approval of suspension, referencing agreement number(s), by email to [amendments@ecy.wa.gov](mailto:amendments@ecy.wa.gov). Then your agreement(s) will be suspended effective at the end of the day on June 30, 2015.
  - and you do NOT agree to a suspension, please send your written disapproval of suspension, referencing agreement number(s), by email to [amendments@ecy.wa.gov](mailto:amendments@ecy.wa.gov). Then your agreement(s) will be terminated effective at the end of the day on June 30, 2015.
  - and you do NOT reply to this notice in writing to agree to a suspension, then your agreement will be terminated effective at the end of the day on June 30, 2015.

However, if a state budget is enacted by the end of the day on June 30, 2015 or appropriations are otherwise authorized at that time, then Ecology will not exercise these options and your agreement shall continue without any effect.

Pursuant to this contingent suspension or termination, if a state budget is not enacted by July 1, 2015, then Ecology directs you to cease or refrain from any activities that incur expense to the state under your agreement. This financial restriction applies to all subcontractors to which you have awarded work under your agreement. We expect you to notify your subcontractors of this situation and instruct them to prepare to cease or refrain from any activities effective July 1, 2015. Costs incurred prior to July 1, 2015 are covered under the current budget and will not be impacted by this suspension.

Once the legislature enacts a budget and provides appropriation to the agency for the upcoming biennium, we will send a written notice canceling the suspension. We understand that this uncertainty is concerning to our partners and we appreciate your patience as we all await enactment of a state budget or other appropriations.

Please direct all questions to the program contacts in the list below, who will act as your points of contact for this issue.

Thank you,



Erik Fairchild  
Chief Financial Officer

For Agreement Numbers:

|          |                              |                   |
|----------|------------------------------|-------------------|
| G1400525 | Jessica Moore (360) 407-6994 | Shorelands        |
| G1400076 | Dawn Drake (360) 407-6112    | Waste 2 Resources |
| G1300057 | Garret Ward (360) 407-7544   | Water Quality     |
| G1400181 | Dawn Drake (360) 407-6112    | Waste 2 Resources |



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

Meetings are held the 2nd  
and 4th Tuesday of each  
month, beginning at 9 a.m.

REQUESTED MEETING DATE:  
6/23/2015

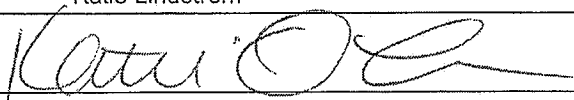
## AGENDA REQUEST FORM

### TO BE COMPLETED BY CLERK OF THE BOARD / DEPUTY CLERK OF THE BOARD

|  |   |  |
|--|---|--|
| BOCC ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED |   | Agenda Item #: <u>5</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 Mgmt                 |
| <input type="checkbox"/> OTHER: _____  |   | <input type="checkbox"/> Legal Required            |
| 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"/> PCMA                      |
| <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"/> PC Fair            | <input type="checkbox"/> Prosecutor                |
| <input type="checkbox"/> Superior Court  | <input type="checkbox"/> SDC                | <input type="checkbox"/> Sheriff                   |
| <input type="checkbox"/> Treasurer   | <input type="checkbox"/> Veg Mgmt           | <input type="checkbox"/> WSU Ext.                  |
| <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 & Human Services   | DIVISION (if applicable): |
| OFFICIAL NAME & TITLE: Katie Lindstrom   | PHONE / EXT: ex 2648      |
| SIGNATURE:    | DATE: 6-18-2015           |
| NARRATIVE OF REQUEST<br>FYI, and request to accept resignation from Melissa Sexton. Melissa has been with the health department for almost 10 years working as a Human Services Program Specialist. During her time, she has implemented drug and alcohol prevention programs, taught nutrition classes, developed the DD transition program, coordinated Adventure Day, and much more. She will be missed. Melissa's last day will be July 8th. I would also like authorization to begin to begin recruitment for her replacement by advertising in the Chinook Observer (after required one week notice to the union members as required by CBA). Please let me know if you have any questions. Thank you! |                           |
| RECOMMENDED MOTION (To Be Completed by the Clerk/Deputy Clerk of the Board)<br>Acknowledge resignation of Melissa Sexton, Human Services Program Specialist, effective July 8, 2015 and authorize posting, advertising, and hiring of vacant position at Grade 13 Step 1, at 0.75 FTE  |                           |



Board of Pacific County Commissioners  
P O Box 187 \* 1216 W Robert Bush Dr \* South Bend, WA  
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month, beginning at 9 a.m.

REQUESTED MEETING DATE:

06/23/15

## AGENDA REQUEST FORM

### TO BE COMPLETED BY CLERK OF THE BOARD / DEPUTY CLERK OF THE BOARD

Agenda Item #: 6

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 Mgmt

☐ OTHER: \_\_\_\_\_

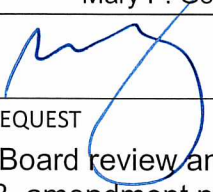
☐ Legal Required

#### 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"/> PCEMA    | <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"/> Veg Mgmt       |
|                              | <input type="checkbox"/> Civil Service | <input type="checkbox"/> Juvenile | <input type="checkbox"/> SDC        | <input type="checkbox"/> WSU 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: <u>Health</u>   | DIVISION (if applicable): |
| OFFICIAL NAME & TITLE: <u>Mary P. Goelz, Director</u>  | PHONE / EXT: <u>2644</u>  |
| SIGNATURE:    | DATE: <u>6/17/15</u>      |
| NARRATIVE OF REQUEST<br>Request the Board <u>review</u> and approve the Health Care Authority Contract Amendment for HCA Contract number K768, amendment number 1 to provide outreach for the Access to Baby Child Dental program. This is a program we have provided for a number of years and the funds are included in our approved 2015 Budget and will be a part of our 2016 proposed budget. |                           |
| RECOMMENDED MOTION (To Be Completed by the Clerk/Deputy Clerk of the Board)<br>Approve Amendment #1 to the Health Care Authority Contract #K768 and authorize Chair to sign  |                           |

Name of Contractor: Washington State Health Care Authority

Name of Contract/Agreement/Grant/Amendment #: (if amendment, provide copy of those pages being amended):

Contract number K768, Amendment Number 1

Indicate type:

- ☐ Intergovernmental/Interagency ☐ Employment/Special Services Agreement ☐ Federal Contract  
☐ Memorandum of Understanding/Agreement ☐ Interoffice/Interdepartmental ☒ State Contract

Contractor Type (check all that apply):

- ☐ For-Profit ☐ Private Organization/Individual  
☐ Non-Profit ☐ Public Organization/Jurisdiction  
☒ State ☐ Sub-Recipient  
☐ Federal ☐ Other

Please indicate appropriate Tax Id #, Uniform Business Identification #, or Social Security # on Page 3 of this form.

TYPE OF REQUEST (Mark all that apply and provide breakdown of bid proposals along with all pertinent documentation):

- Public Works Project (RCW 39.04): ☐ Limited PW Process (<\$35,000) ☐ Limited PW Process (<\$40,000)  
☐ Small PW Process (<\$300,000) ☐ PW Project (>\$300,000)
- Equipment, Materials, & Supplies (RCW 36.32): ☐ < \$5,000 (attach 3 bids) ☐ \$5,000-\$25,000 (use small works roster) ☐ >\$25,000 (competitive bids)
- Services / Leases: ☐ Architectural & Engineering ☐ Personal Services  
☐ Lease (Personal Property i.e. copier, printer) ☐ Lease (Real  
☐ Telecomm & Data Processing ☐ Other (Describe) :

To be located at: \_\_\_\_\_

Exceptions to Bidding (Please provide appropriate documentation):

- ☐ Insurance/Bonds ☐ Emergency Event (Purchases/Public Works)  
☐ Single (Sole) Source Purchase\* ☐ Special Facilities/Market Conditions

\*Resolution Required

☐ 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

- ☐ RFP ☐ RFQ ☐ Franchise ☐ Annexation ☐ Ordinance ☐ Resolution  
☐ Appeal ☐ Inventory Acquisition/Disposal ☐ Tort Claim ☐ Call for Bids  
☐ Open Space/Timber Classification ☐ Post, Advertise, Fill Position (New Employee Form Required)  
☐ Other (please describe): \_\_\_\_\_

BACKGROUND/SUMMARY (include date of prior workshop and/or action, if applicable):

The ABCD program is for children on Medicaid who are under the age of 6. It provides enhanced rates for dental and medical providers providing oral health care and education. The health dept provides outreach activities to increase families and providers knowledge of the program and importance of early dental care.

TOTAL COST/AMOUNT (include sales & use tax):

TOTAL TAX:

TOTAL SHIPPING/HANDLING:

EXPENDITURE FUND #: \_\_\_\_\_ .XXX.XXX.XX.XX

EXPENDITURE BUDGETED? ☒ Yes ☐ No

Will supplemental be required? ☐ Yes ☐ No

IN-KIND MATCH REQUIRED?


☐ Yes ☒ No

DESCRIBE MATCH:

MATCHING FUNDS REQUIRED?

☐ Yes ☒ No

AMOUNT OF MATCHING FUNDS:

|   |  |  |   |   |  |
|---|--|--|---|---|--|
|    |  | <b>CONTRACT<br/>AMENDMENT</b>  |   | HCA Contract Number: K768<br>Amendment No.: 01  |  |
| <b>THIS AMENDMENT</b> is between the Washington State Health Care Authority, hereinafter referred to as "HCA," and the party whose name appears below, hereinafter referred to as the "Contractor."   |  |  |   |   |  |
| <b>CONTRACTOR NAME</b><br>Pacific County  |  |  | <b>CONTRACTOR</b> doing business as (DBA)                   |   |  |
| <b>CONTRACTOR ADDRESS</b><br>PO Box 26, 1216 W Robert Bush Drive<br>South Bend, WA 98586  |  |  | <b>WASHINGTON UNIFORM BUSINESS IDENTIFIER (UBI)</b>         |   |  |
| <b>CONTRACTOR CONTACT</b><br>Mary Goelz, Director   |  | <b>CONTRACTOR TELEPHONE</b><br>(360) 642-9349                        |   | <b>CONTRACTOR E-MAIL ADDRESS</b><br>mgoelz@co.pacific.wa.us                                       |  |
| <b>HCA PROGRAM TITLE</b><br>ABCD Local Activities   |  | <b>HCA DIVISION/SECTION</b><br>HBUM/HCS                              |   |   |  |
| <b>HCA CONTACT NAME AND TITLE</b><br>Dianne Baum, Dental Program Manager  |  | <b>HCA CONTACT ADDRESS</b><br>PO Box 45506<br>Olympia, WA 98504-5506 |   |   |  |
| <b>HCA CONTACT TELEPHONE</b><br>360-725-1560  |  |  | <b>HCA CONTACT E-MAIL ADDRESS</b><br>Dianne.baum@hca.wa.gov |   |  |
| <b>IS THE CONTRACTOR A SUBRECIPIENT FOR PURPOSES OF THIS CONTRACT?</b><br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO   |  | <b>CFDA NUMBER(S)</b><br>93.778                                      |   | <b>FFATA Form Required</b><br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |  |
| <b>AMENDMENT START DATE</b><br>07/01/2015   |  | <b>AMENDMENT END DATE</b><br>06/30/2017                              |   | <b>CONTRACT END DATE</b><br>06/30/2017  |  |
| <b>PRIOR MAXIMUM CONTRACT AMOUNT</b><br>\$19,600.00   |  | <b>AMOUNT OF INCREASE OR DECREASE</b><br>\$19,000.00                 |   | <b>TOTAL MAXIMUM CONTRACT AMOUNT</b><br>\$38,600.00   |  |
| <b>REASON FOR AMENDMENT:</b><br>The purpose of this amendment is to extend the period of performance, increase the total maximum, update Exhibits A and E, and update the Contractor Contract information.  |  |  |   |   |  |
| <b>ATTACHMENTS/EXHIBITS.</b> When the box below is marked with an X, the following Exhibits/Attachments are attached and are incorporated into this Contract Amendment by reference:<br><input checked="" type="checkbox"/> Exhibit(s) (specify): Exhibit A-1 – ABCD Quarterly Outreach & Case Management Report<br>Exhibit B-1 – Community Outreach and Coordination of Care Report<br>Exhibit C-1 – List of ABCD Dental Providers<br>Exhibit D-1 – Budget Tool<br>Exhibit E-1 - End of Year Summary Report<br><input type="checkbox"/> Attachment(s) (specify):   |  |  |   |   |  |
| This Contract 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 Contract. No other understandings or representations, oral or otherwise, regarding the subject matter of this Contract Amendment shall be deemed to exist or bind the parties. All other terms and conditions of the original Contract remain in full force and effect. The parties signing below warrant that they have read and understand this Contract Amendment, and have authority to enter into this Contract Amendment. |  |  |   |   |  |
| <b>CONTRACTOR SIGNATURE</b>   |  | <b>PRINTED NAME AND TITLE</b>  |   | <b>DATE SIGNED</b>  |  |
| <b>HCA SIGNATURE</b>  |  | <b>PRINTED NAME AND TITLE</b>  |   | <b>DATE SIGNED</b>  |  |





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

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and 4th Tuesday of each  
month, beginning at 9 a.m.

REQUESTED MEETING DATE:  
06/23/15

## AGENDA REQUEST FORM

### TO BE COMPLETED BY CLERK OF THE BOARD / DEPUTY CLERK OF THE BOARD

Agenda Item #: 7

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 Mgmt  
☐ Legal Required

#### 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"/> PCEMA    | <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"/> Veg Mgmt       |
|                              | <input type="checkbox"/> Civil Service | <input type="checkbox"/> Juvenile | <input type="checkbox"/> SDC        | <input type="checkbox"/> WSU 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

DIVISION (if applicable):

OFFICIAL NAME & TITLE: Rachel Patrick, Chief Accountant

PHONE / EXT: 360-875-9311

SIGNATURE

*Rachel Patrick*

DATE: 06/09/2015

#### NARRATIVE OF REQUEST

Jean Briscoe is moving to a new position in the County, I would like to post for the vacant and budgeted position at a .75 FTE grade 9, step 1 and hire.

RECEIVED  
PACIFIC COUNTY

JUN 12 2015

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

GENERAL ADMINISTRATION  
BOARD OF COMMISSIONERS

Acknowledge transfer of Jeannie Briscoe, effective June 19, 2015

Authorize posting, advertising, and hiring at Grade 9 Step 1 at 0.75FTE, subject to adequate budget appropriations



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REQUESTED MEETING DATE:

06/23/15

## AGENDA REQUEST FORM

### TO BE COMPLETED BY CLERK OF THE BOARD / DEPUTY CLERK OF THE BOARD

Agenda Item #: 8

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 Mgmt

☐ OTHER: \_\_\_\_\_

☐ Legal Required

#### 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"/> PCEMA    | <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"/> Veg Mgmt       |
|                              | <input type="checkbox"/> Civil Service | <input type="checkbox"/> Juvenile | <input type="checkbox"/> SDC        | <input type="checkbox"/> WSU 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: Sheriff's Office

DIVISION (if applicable): Jail

OFFICIAL NAME & TITLE: Scott Johnson, Sheriff

PHONE / EXT: ext 3395

SIGNATURE: 

DATE: 6/17/2015

#### NARRATIVE OF REQUEST

Request the BOCC confirm the hire of Shane March as a corrections officer effective June 22, 2015.

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

Confirm hire of Shane March, Corrections Officer Step 1, effective June 22, 2015, subject to adequate budget appropriations



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REQUESTED MEETING DATE:

06/23/15

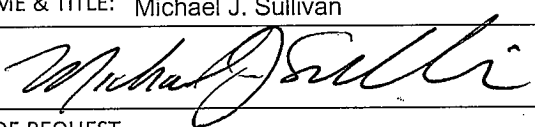
## AGENDA REQUEST FORM

TO BE COMPLETED BY CLERK OF THE BOARD / DEPUTY CLERK OF THE BOARD

|  |   |  |
|--|---|--|
| BOCC ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED |   | Agenda Item #: 9                                   |
| <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 Mgmt                 |
| <input type="checkbox"/> OTHER: _____  |   | <input type="checkbox"/> Legal Required            |
| 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"/> PC Fair                   |
| <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"/> PC Fair            | <input type="checkbox"/> Prosecutor                |
| <input type="checkbox"/> Superior Court  | <input type="checkbox"/> SDC                | <input type="checkbox"/> Sheriff                   |
| <input type="checkbox"/> Treasurer   | <input type="checkbox"/> Veg Mgmt           | <input type="checkbox"/> WSU Ext.                  |
| <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 - Court Administration  | DIVISION (if applicable): |
| OFFICIAL NAME & TITLE: Michael J. Sullivan  | PHONE / EXT: 2300         |
| SIGNATURE:   | DATE: June 16, 2015       |
| NARRATIVE OF REQUEST<br>Approve Jeannie Briscoe transferring to Superior Court to the full-time position of Assistant Court Administrator / Court Recorder at a Grade 9, Step 4 effective June 22, 2015.  |                           |
| RECOMMENDED MOTION (To Be Completed by the Clerk/Deputy Clerk of the Board)<br>Approve transfer of Jeannie Briscoe, Asst. Court Administrator/Court Recorder, Grade 9, Step 4, effective June 22, 2015, subject to adequate budget appropriations |                           |

**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, June 9, 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:

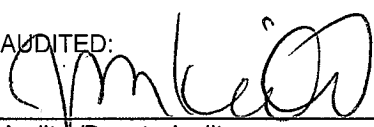
Vendors Claim Fund No. 692

127460                      thru                      127548                      \$ 211,450.54

Warrants Dated: June 5, 2015

BOARD OF COUNTY COMMISSIONERS  
PACIFIC COUNTY, WASHINGTON

AUDITED:

  
\_\_\_\_\_  
Auditor/Deputy Auditor

ATTEST:

\_\_\_\_\_  
Clerk of the Board

\_\_\_\_\_  
Chairman

\_\_\_\_\_  
Commissioner

\_\_\_\_\_  
Commissioner

RECEIVED  
PACIFIC COUNTY

**JUN - 8 2015**

GENERAL ADMINISTRATION  
BOARD OF COMMISSIONERS

**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, June 23, 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

127549                      thru                      127643                      \$ 230,767.28

Warrants Dated:                      June 11, 2015

BOARD OF COUNTY COMMISSIONERS  
PACIFIC COUNTY, WASHINGTON

AUDITED:

  
\_\_\_\_\_  
Auditor/Deputy Auditor

ATTEST:

\_\_\_\_\_  
Clerk of the Board

\_\_\_\_\_  
Chairman

\_\_\_\_\_  
Commissioner

\_\_\_\_\_  
Commissioner



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

Meetings are held the 2nd  
and 4th Tuesday of each  
month, beginning at 9 a.m.

REQUESTED MEETING DATE:

06/23/15

## AGENDA REQUEST FORM

### TO BE COMPLETED BY CLERK OF THE BOARD / DEPUTY CLERK OF THE BOARD

Agenda Item #: 11

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 Mgmt

☐ OTHER: \_\_\_\_\_

☐ Legal Required

#### DISTRIBUTION LIST:

☐ RF

☐ Assessor

☐ DPW

☐ PACCOM

☐ Superior Court

☐ CF

☐ Auditor

☐ PCEMA

☐ PC Fair

☐ Treasurer

☐ SEA

☐ Clerk

☐ Health

☐ Prosecutor

☐ Veg Mgmt

☐ Civil Service

☐ Juvenile

☐ SDC

☐ WSU 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): Housing

OFFICIAL NAME & TITLE: Kathy Spoor, CAO

PHONE / EXT: \_\_\_\_\_

SIGNATURE: *Kathy Spoor*

DATE: 6/11/15

#### NARRATIVE OF REQUEST

Attached for your signature is Amendment #1 to our contract with the Peninsula Poverty Response Team contract. The amendment adds funding to provide for training and TA for the housing advisory committee and the community coalition. This funding associated with this amendment were included in the 2015 approved budget. Strengthening community coalitions is a strategy included in our Ten Year Plan to Reduce Homelessness.

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

Move to approve Amendment #1 to the PPR contract in the amount of \$8000 to provide for training and TA for the housing advisory committee and community coalition.

|  |  |
|--|--|
| Name of Contractor: <u>The Peninsula Poverty Response Team</u>   |  |
| Name of Contract/Agreement/Grant/Amendment #: (if amendment, provide copy of those pages being amended):<br>Contract for Services between Pacific County and the Peninsula Poverty Response Team, Amendment #1   |  |
| 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 type="checkbox"/> State Contract           |
| Contractor Type (check all that apply):  |  |
| <input type="checkbox"/> For-Profit  | <input type="checkbox"/> Private Organization/Individual   |
| <input checked="" type="checkbox"/> Non-Profit   | <input type="checkbox"/> Public Organization/Jurisdiction  |
| <input type="checkbox"/> State   | <input type="checkbox"/> Sub-Recipient   |
| <input type="checkbox"/> Federal   | <input type="checkbox"/> Other   |
| <b>Please indicate appropriate Tax Id #, Uniform Business Identification #, or Social Security # on Page 3 of this form.</b>   |  |
| <b>TYPE OF REQUEST (Mark all that apply and provide breakdown of bid proposals along with all pertinent documentation):</b>  |  |
| 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   |
| <input type="checkbox"/> Telecomm & Data Processing  | <input checked="" type="checkbox"/> Other (Describe) :   |
| To be located at: _____ <u>Homeless prevention services</u>  |  |
| <b>Exceptions to Bidding (Please provide appropriate documentation):</b>   |  |
| <input type="checkbox"/> Insurance/Bonds   | <input type="checkbox"/> Emergency Event (Purchases/Public Works)  |
| <input type="checkbox"/> Single (Sole) Source Purchase*  | <input type="checkbox"/> Special Facilities/Market Conditions  |
| *Resolution Required   |  |
| <input type="checkbox"/> PURCHASE UNDER ANOTHER AGENCY'S CONTRACT ("Piggybacking")   |  |
| Please attach the following:   |  |
| <ul style="list-style-type: none"> <li>- Copy of Intergovernmental Agreement with other agency</li> <li>- Confirmation that vendor agrees to participation</li> <li>- Documentation that contract was awarded in compliance with bidding law</li> <li>- Documentation that Agency posted bid/solicitation notice on its website or provided access link to the notice</li> </ul> |  |
| <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, Fill Position (New Employee Form Required)                     |
| <input checked="" type="checkbox"/> Other (please describe): <u>Contract Amendment</u>   |  |
| BACKGROUND/SUMMARY (include date of prior workshop and/or action, if applicable):  |  |
|  |  |
| TOTAL COST/AMOUNT (include sales & use tax): <b>\$8,000</b>  | TOTAL TAX:   |
| TOTAL SHIPPING/HANDLING:   | EXPENDITURE FUND #: <u>127</u> .XXX.XXX.XX.XX  |
| EXPENDITURE BUDGETED? <input checked="" 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 checked="" type="checkbox"/> No  | DESCRIBE MATCH:  |
| MATCHING FUNDS REQUIRED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   | AMOUNT OF MATCHING FUNDS:  |

CONTRACT FOR SERVICES  
Between  
PACIFIC COUNTY, WASHINGTON  
And  
THE PENINSULA POVERTY RESPONSE TEAM

AMENDMENT #1

**WHEREAS**, the Contract for Services between Pacific County and the Peninsula Poverty Response Team, entered into the 1st of January, 2015, allows for contract modifications; AND

**WHEREAS**, there is a need to amend sections of the contract to reflect adjustments in the funding available; AND

**WHEREAS**, there is a need to amend the amount of funding available by \$8,000 for strengthening community coalitions to provide for training and technical assistance; AND

**WHEREAS**, the monthly invoice needs to be amended to reflect these changes;

**NOW, THEREFORE**, Section 1, "FUNDING", Section 2, Table 1, "USE OF FUNDS AND SCOPE OF WORK", TABLE 1, columns "ALLOCATION", and Attachment (B), "INVOICE FOR PAYMENT", are hereby amended as follows:

1. **FUNDING**

Twenty Seven Thousand Dollars (\$27,000) has been pledged within Pacific County Low Income Assistance Fund No. 127 to assist the RECIPIENT with low and moderate income housing program services, and to implement the Pacific County Ten Year Plan to End Homelessness. Said amount shall constitute the maximum reimbursement the RECIPIENT is eligible to receive from the COUNTY under this CONTRACT. These funds are to be dispersed to the RECIPIENT on a cost reimbursement basis up to the maximum contract amount. Monthly billings will be submitted using the Monthly Billing Form (Attachment A) with back up documentation for expenses, and any required reporting.

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

**Table 1**

| ACTIVITY                     | ALLOCATION | Recording Fee<br>Revenue Source | Reporting<br>Requirements   |
|------------------------------|------------|---------------------------------|---|
| Project Homeless<br>Connects | \$5,500    | Homelessness                    | Narrative Report<br>including number<br>of attendees and<br># and type of<br>supplies<br>distributed<br><br>Invoice<br>(Attachment A) |



|  |  |              |  |
|--|--|--------------|--|
|  |  |              | with attached backup documentation   |
| Matching Funds and support for VISTA Volunteer | \$10,000   | Homelessness | <p>Quarterly reports of planning and coordination efforts</p> <p>Invoice (Attachment A) with attached backup documentation</p> <p>Quarterly "Activities and Narrative Report" – (Attachment B) to be completed within 30 days of the close of each quarter (4/30/15, 7/31/15, 11/30/15, 1/31/15)ts</p>                         |
| Strengthen Community Coalitions                | \$11,500<br>\$8,000 to be used for training and TA | Homelessness | <p>Invoice (Attachment A) with attached backup documentation</p> <p>Quarterly reports of coalition strengthening activities and coordination efforts</p> <p>Quarterly "Activities and Narrative Report" – (Attachment B) to be completed within 30 days of the close of each quarter (4/30/15, 7/31/15, 11/30/15, 1/31/15)</p> |

|       |          |  |  |
|-------|----------|--|--|
|       |          |  |  |
| TOTAL | \$27,000 |  |  |

ATTACHMENT B: See Attached

All other terms and conditions within the Agreement shall remain the same.

IN WITNESS WHEREOF the parties hereto have caused this Agreement to be executed this \_\_\_\_\_ day of \_\_\_\_\_ 2015.

Peninsula Poverty Response Team

BOARD OF COUNTY COMMISSIONERS  
PACIFIC COUNTY, WASHINGTON

\_\_\_\_\_  
Chairperson

\_\_\_\_\_  
Steve Rogers, Chair

\_\_\_\_\_  
Treasurer

\_\_\_\_\_  
Frank Wolfe, Member

\_\_\_\_\_  
Lisa Ayers, Member

ATTEST:

\_\_\_\_\_  
Marie Guernsey  
Clerk of the Board

**Peninsula Poverty Response Team**

**29306 O Street  
Ocean Park, WA 98640  
Amendment #1**

**Invoice Date**  
**Services Provided through**

|  |
|--|
|  |
|  |

Pacific County General Administration  
PO Box 6  
South Bend WA 98586  
360-875-9334

Contract for Services for Implementation of the 10 Year Plan to End Homelessness  
2015 Budget - \$27,000

| Line Item                       | Approved Budget  | Previously Reported | Current Request Amount* | Total Requested | Remaining Balance |
|---------------------------------|------------------|---------------------|-------------------------|-----------------|-------------------|
| Project Homeless Connects       | 5,500.00         |                     |                         | -               | 5,500.00          |
| VISTA Volunteer                 | 10,000.00        |                     |                         | -               | 10,000.00         |
| Strengthen Community Coalitions | 11,500.00        |                     |                         | -               | 11,500.00         |
| <b>Totals</b>                   | <b>27,000.00</b> | -                   |                         | -               | <b>27,000.00</b>  |
| <b>Total this Request</b>       |                  |                     | <b>\$ -</b>             |                 |                   |

I, the undersigned, do hereby certify under penalty of perjury under the laws of the State of Washington, that the foregoing is true and correct to the best of my knowledge. *\*See attached documentation for services provided.*

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



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

Meetings are held the 2nd  
and 4th Tuesday of each  
month, beginning at 9 a.m.

REQUESTED MEETING DATE:

06/23/15

## AGENDA REQUEST FORM

### TO BE COMPLETED BY CLERK OF THE BOARD / DEPUTY 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 Mgmt

☐ Legal Required

☐ 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"/> PCEMA    | <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"/> Veg Mgmt       |
|                              | <input type="checkbox"/> Civil Service | <input type="checkbox"/> Juvenile | <input type="checkbox"/> SDC        | <input type="checkbox"/> WSU 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):

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

PHONE / EXT:

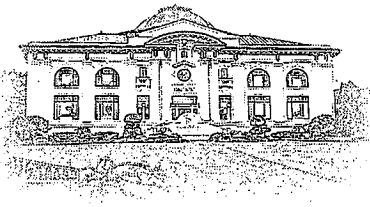
SIGNATURE: 

DATE: 6/15/2015

NARRATIVE OF REQUEST

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

Confirm letter of support for the Columbia Land Trust grant application for Salmon Recovery Funding to conserve 250 acres of fish habitat on the Chinook River; with the following conditions: (1) existing road access across that land is not impeded, (2) river access for the Chinook Hatchery is not impacted, and (3) access for local scientific work and birding should be maintained.



# Pacific County COMMISSIONERS

---

Steve Rogers, District #1

Frank Wolfe, District #2

Lisa Ayers, District #3

June 15, 2015

Nadia Gardner  
Columbia Land Trust  
750 Commercial Street, Suite 208  
Astoria, OR 97103

RE: Grant application to acquire Chinook River property

The Board of Pacific County Commissioners supports the Columbia Land Trust grant application for Salmon Recovery Funding to conserve 250 acres of fish habitat on the Chinook River. Our support is with the following conditions: (1) existing road access across that land is not impeded, (2) river access for the Chinook Hatchery is not impacted, and (3) access for local scientific work and birding should be maintained.

With the exception of these conditions, the Board of Pacific County Commissioners does not object to this project.

Thank you for allowing us to comment on this project.

Sincerely,

PACIFIC COUNTY  
BOARD OF COUNTY COMMISSIONERS

  
\_\_\_\_\_  
Steve Rogers, Chairman

  
\_\_\_\_\_  
Frank Wolfe, Commissioner

  
\_\_\_\_\_  
Lisa Ayers, Commissioner



MAIN OFFICE  
1351 Officers' Row  
Vancouver, WA 98661  
(360) 696-0131  
(503) 224-0631  
Fax (360) 696-1847  
[www.columbialandtrust.org](http://www.columbialandtrust.org)

PORTLAND OFFICE  
1001 SE Water Ave., Ste. 455  
Portland, OR 97214  
(503) 841-5918

ASTORIA OFFICE  
750 Commercial St., #208  
Astoria, OR 97103  
(503) 338-5263

HOOD RIVER OFFICE  
(360) 921-1073

PRESIDENT  
Carolyn Vogt  
VICE PRESIDENT  
Betsy Henning

SECRETARY  
Jim Thayer

TREASURER  
Steve Shields

BOARD OF DIRECTORS  
Jerry Boehm  
Debbie Craig  
Greg Dardis  
Paul King  
Paul Lumley  
Marc Smiley  
Al Sotheim

EXECUTIVE DIRECTOR  
Glenn Lamb



Pacific County  
Board of Commissioners  
PO Box 187  
South Bend, WA 98586

June 2, 2015

Re Grant application to acquire Chinook River property

Commissioners:

As required by the Lower Columbia Fish Recovery Board, we are writing to inform you of Columbia Land Trust's application for grant funding. We ask that the Commission send a "letter of no objection" for the project by June 18.

Columbia Land Trust is a private non-profit organization (501(c)3) dedicated to conserving and caring for vital lands, waters, and wildlife of the Columbia River region. Since 1990, we have worked in the 14 counties lining the lower Columbia River, from The Dalles to the Pacific Ocean, in both Oregon and Washington. In Pacific County, we have worked with local partners to conserve key wildlife habitat and recreation lands on the Columbia, around the Chinook and Wallicut Rivers, Willapa Bay, Loomis and Island Lakes, and in the Leadbetter Point area.

We are applying to the Lower Columbia Fish Recovery Board for a Salmon Recovery Funding Board grant. A map is attached. The project description:

The Columbia Estuary - Chinook River Conservation Project will conserve 250 acres of fish habitat on the Chinook River just off the Columbia River Estuary outside of Chinook in Pacific County, Washington. The property contains one mile of Chinook River, three fish-bearing tributaries, and 240 acres of associated wetland habitats. The acquisition will permanently protect habitat function and enable habitat restoration. The project will support local and out of basin salmonids, including the 13 listed Columbia River salmon and steelhead evolutionarily significant units (ESUs) as well as listed eulachon. It is adjacent to the 600-acre Fort Columbia State Park and 1,000-acre WDFW Chinook River Wildlife Area, providing strong habitat connectivity.

An example letter is also attached. Please contact me with any questions.  
Thank you.

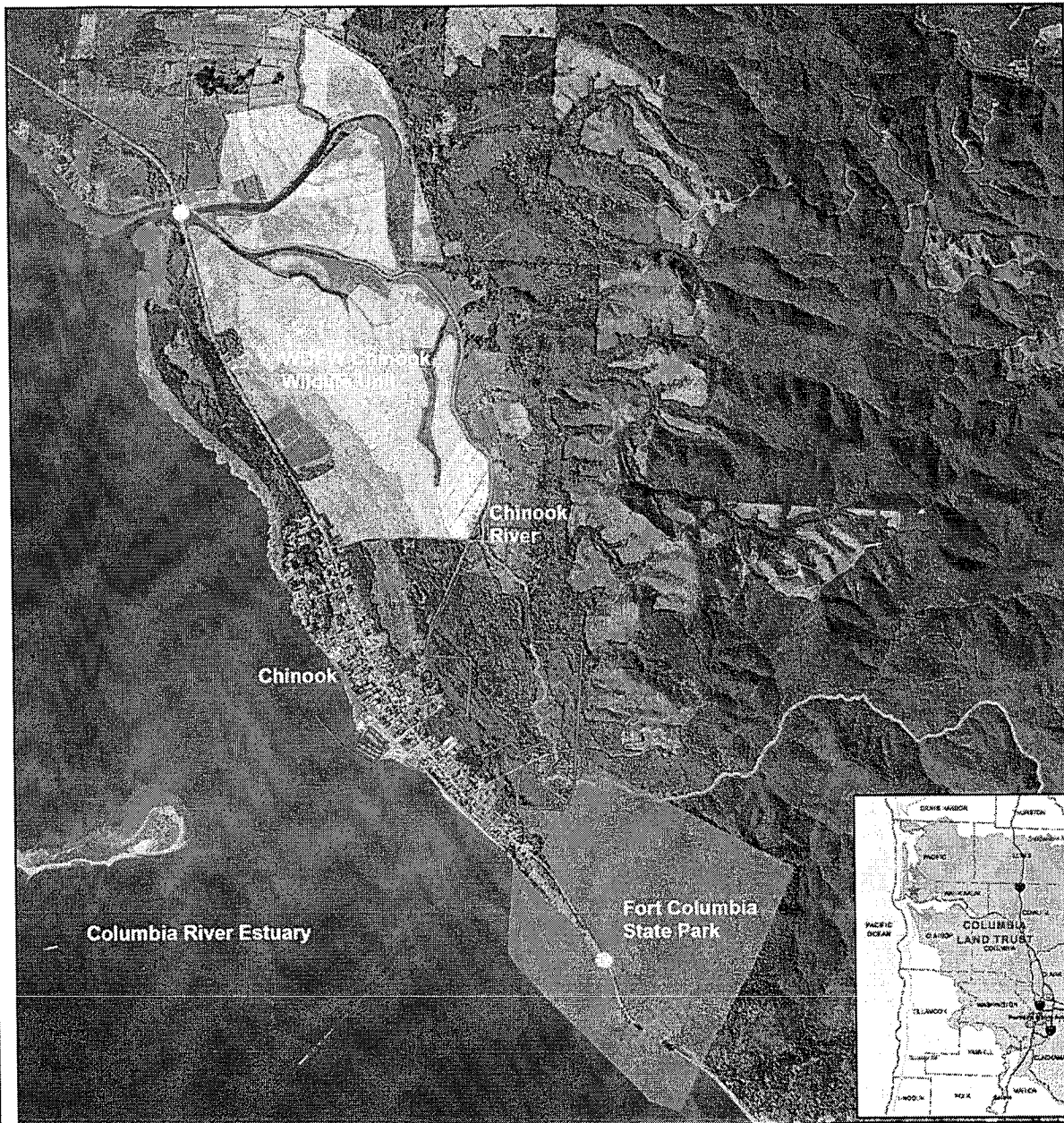
Sincerely,

Nadia Gardner  
Ph: 503-338-5263  
Email: [ngardner@columbialandtrust.org](mailto:ngardner@columbialandtrust.org)









# Columbia River Estuary- Chinook

Pacific County, SW Washington



## SRFB Funded Projects

-  Potential Acquisition
-  WA Dept of Fish & Wildlife
-  WA St Parks

-  WFDW Chinook River Mouth Tidegates (3)
-  CREST Diversion Dam Reconnection
-  CREST Fort Columbia Culvert

This map is not a survey and must not be considered as one. This product is for informational purposes and may not have been prepared for, or be suitable for legal, engineering, or surveying purposes. Users of this information should review or consult the primary data and information sources to ascertain the usability of the information.



0 0.25 0.5  
Miles



**REQUESTED MEETING DATE:**

6/23/2015

## AGENDA REQUEST FORM

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

BOCC ACTION: ☐ APPROVED ☐ DENIED

Agenda Item #: 13

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.

☐ 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: Department of Public Works DIVISION (if applicable): Telecommunications

OFFICIAL NAME & TITLE: Nick Milton/Assistant Telecomm Engineer PHONE / EXT: 9444

SIGNATURE: *Nick Milton* DATE: 6/10/2015

**NARRATIVE OF REQUEST**

For the Board's consideration is communication facility use agreement for WatchTV, Inc. Upon review of WatchTV's request, we have determined this would benefit the county and has no significant impact on our tower. The proposed equipment in Exhibit A represents an annual amount of \$5,759.

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

Approve Communications Facility Use Agreement with WatchTV Inc. for use of the Megler Communications Site



|  |  |
|--|--|
| Name of Contractor: WatchTV Inc.   |  |
| Name of contract/agreement/grant/amendment (if amendment, provide copy of original document(s)):<br>Communication Facility Use Agreement for WatchTV, Inc  |  |
| Contract/Agreement/Grant/Amendment #:  |  |
| Indicate type: <input type="checkbox"/> Intergovernmental/Interagency <input type="checkbox"/> Employment/Special Services Agreement <input type="checkbox"/> Federal Contract<br><input checked="" type="checkbox"/> Memorandum of Understanding/Agreement <input type="checkbox"/> Interoffice/Interdepartmental <input type="checkbox"/> State Contract   |  |
| Contractor Type (check all that apply): <input type="checkbox"/> For-Profit <input type="checkbox"/> Private Organization/Individual<br><input type="checkbox"/> Non-Profit <input type="checkbox"/> Public Organization/Jurisdiction<br><input type="checkbox"/> State <input type="checkbox"/> Sub Recipient<br><input type="checkbox"/> Federal <input type="checkbox"/> Other  |  |
| 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)<br><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<br><input type="checkbox"/> Lease (Personal Property i.e. copier, printer) <input type="checkbox"/> Lease (Real Property)<br><input type="checkbox"/> Telecomm & Data Processing <input type="checkbox"/> Other Services (Please Describe):   |  |
| To be located at:  |  |
| Exceptions to Bidding (Please provide appropriate documentation):<br><input type="checkbox"/> Insurance/Bonds <input type="checkbox"/> Emergency Event (Purchases/Public Works)<br><input type="checkbox"/> Single (Sole) Source Purchase* <input type="checkbox"/> Special Facilities/Market Conditions<br>*Resolution Required   |  |
| <input type="checkbox"/> PURCHASE UNDER ANOTHER AGENCY'S CONTRACT ("Piggybacking")<br>Please attach the following:<br>- Copy of Intergovernmental Agreement with other agency<br>- Confirmation that vendor agrees to participation<br>- Documentation that contract was awarded in compliance with bidding law<br>- Documentation that Agency posted bid/solicitation notice on its website or provided access link to the notice   |  |
| <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Franchise <input type="checkbox"/> Annexation <input type="checkbox"/> Ordinance <input type="checkbox"/> Resolution<br><input type="checkbox"/> Appeal <input type="checkbox"/> Inventory Acquisition/Disposal <input type="checkbox"/> Tort Claim <input type="checkbox"/> Call for Bids<br><input type="checkbox"/> Open Space/Timber Classification <input type="checkbox"/> Post, Advertise and/or Fill Position (attach New Employee Form)<br><input type="checkbox"/> Other (please describe): |  |
| 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:  |  |

**PACIFIC COUNTY  
COMMUNICATIONS FACILITY USE AGREEMENT**

**WHEREAS**, Pacific County owns, operates, and maintains certain communications facilities throughout the COUNTY for the usage by municipal, local, and county government, and;

**WHEREAS**, such facilities are capable of supporting certain other communications systems without degrading or encumbering the COUNTY's systems, the COUNTY hereby enters into this Site Use Agreement with **WatchTV, Inc.**, (hereinafter called WatchTV), this 1<sup>st</sup> day of July, 2015.

**WITNESSETH:** The parties hereto, for consideration hereinafter mentioned, covenant and agree as follows:

1. **TERM:** Unless Section Two (2) applies, the term of this Use Agreement shall run for a period of five (5) years from date of this Agreement and is renewable for another 5-year term, upon agreement by both parties, at the end of this term.
2. **TERMINATION:**
  - 2.1 Either party may unilaterally terminate this agreement by giving the other party sixty (60) days prior written notice of termination.
  - 2.2 **WatchTV** shall have the right to terminate this lease upon thirty (30) days' written notice to the COUNTY upon the happening of any of the following events:
    - a. If the approval of any agency, board, court or other governmental authority necessary for construction and/or operation of **WatchTV's** equipment cannot be obtained, or if **WatchTV** determines in its reasonable judgment that the cost of obtaining such approval is prohibitive.
    - b. If **WatchTV** determines at any time that the premises are not appropriate for **WatchTV's** equipment for technological reasons, including, but not limited to, signal interference.
    - c. If **WatchTV's** license to operate the equipment/services that pertain to this use agreement is revoked, removed or suspended.

3. **EVENTS OF DEFAULT, NOTICE AND OPPORTUNITY TO CURE:** If either party fails to comply with a covenant made by such party in this Use Agreement, or fails to abide by a condition binding on such party contained in this Use Agreement, or if **WatchTV** fails to make a payment hereunder when due, (each individually, an “Event of Default”), then the other party shall deliver notice of such Event of Default to the defaulting party, who shall be permitted to cure the same within fifteen (15) days of delivery of such notice. If such Event of Default cannot reasonably be cured within such fifteen day period, then the defaulting party shall be deemed to have cured the same if it takes all reasonable steps to do so within such fifteen day period and thereafter diligently proceeds to effect such cure; provided, that, such cure is actually and fully effected within ninety (90) days of delivery of the notice delivered pursuant hereto.
4. **PAYMENT:** **WatchTV** shall pay the COUNTY annually the amount as determined by Exhibit A of this Use Agreement. Such annual amount shall be paid in advance by January 31 for the term January 1<sup>st</sup> to December 31<sup>st</sup>.
5. **RATES:** At the end of the first five years of this Use Agreement, COUNTY shall review the rates and make adjustments as are appropriate. The adjusted rates shall consider the consumer price index, the Department of Natural Resources (DNR) rates for comparable sites, and rates charged by the private sector, however, in no case shall the adjustment exceed twenty-five (25%) percent.
6. **INDEMNIFICATION:** In accepting this Agreement, **WatchTV**, 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 **WatchTV** 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, **WatchTV**, 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.

7. **INSURANCE:** **WatchTV** shall maintain and provide proof of occurrence based general business professional liability insurance in the amount of \$1,000,000 or greater per occurrence and \$2,000,000 aggregate for the term of this CONTRACT. **WatchTV** must name the COUNTY as an additional insured. **WatchTV** shall provide the COUNTY a copy of the additional insured endorsements prior to the start of this contract. **WatchTV** agrees that its liability insurance shall be primary and non-contributory to the COUNTY's and that **WatchTV's** liability insurance policy shall so state. **WatchTV** shall be responsible at its own expense to provide any and all employment insurance coverage, including but not limited to, unemployment insurance, worker's compensation insurance, etc. for any and all of its employees as might apply.
8. **PREMISES:** The COUNTY shall provide **WatchTV** tower and shelter space in addition to fenced security and access to the facility. **WatchTV** shall install communications equipment as described in Exhibit A of this Use Agreement. Facilities covered by this Use Agreement, and reserved for **WatchTVs** exclusive use, are located on the following described land: Pacific County Property located at 46° 17' 10" North Latitude, 123° 53' 50" West Longitude (Megler Site).
9. **EQUIPMENT:** **WatchTV** shall install and maintain equipment using good communication practices, and in accordance with all applicable codes. **WatchTV** shall also adhere to the Pacific County Facility Use Standards described in Exhibit B and made a part of this Agreement. Antenna feeds shall be ½" or larger jacketed solid sheathed transmission line.
  - Cable shall be clamped to cable trays in accordance with existing methods.

- Equipment shall be bonded to existing ground grid in accordance with applicable codes.

10. **INTERFERENCE:** **WatchTV** shall provide all necessary equipment to eliminate any interference to existing site users\* from the installation of its communications system. Such equipment shall include, but not be limited to, filters, cavities, isolators, combiners, amplifiers, and splitters. Should subsequent site users find it necessary to install interference mitigating devices on **WatchTV's** equipment, **WatchTV** shall cooperate; however, **WatchTV** shall not be required to bear the financial cost. If equipment installed at the site interferes with equipment previously installed at the site by another user, then the equipment formerly installed shall have priority over the equipment subsequently installed. If technical conflicts between items of equipment cannot be resolved, then the equipment first installed shall remain operational and the other equipment causing the interference shall be modified or removed. COUNTY shall retain final authority regarding what equipment can be installed and what interference mitigating methods must be employed. COUNTY has approved placement of the equipment described in Exhibit A attached hereto.

\*(Defined as pre-existing site users whose installation of equipment at the Megler Site predates the installation of WatchTV's equipment at the Megler Site).

11. **SECURITY AND MAINTENANCE:** The COUNTY shall provide security for the premises (equal to the security provided to the County's own equipment) throughout the term of the Use Agreement at no additional charge to **WatchTV**. COUNTY, at its expense, shall maintain the tower, building, security fences, and all related facilities in good order and condition and in accordance with all applicable laws and regulations throughout the term of the Use Agreement. **WatchTV** shall be responsible for maintenance of its facilities and equipment. In the event that the COUNTY fails to maintain the tower with respect to any FCC/FAA regulations, **WatchTV** shall notify the COUNTY of such default and request cure within ten (10) days.

12. **IMPROVEMENTS:** All construction, improvements and/or alterations of the facility at any time whatsoever shall be subject to COUNTY's prior approval, which shall not be unreasonably withheld.
13. **CASUALTIES:** If a tower or building is damaged or destroyed that contains equipment of **WatchTV** and the COUNTY fails to commence rebuilding within thirty (30) days of the occurrence of the damage or thereafter fails to prosecute completion of such repairs in a diligent manner, then **WatchTV** shall be entitled to terminate the Use Agreement according to Paragraph 2. In the event of damage by fire or other casualty loss to the tower or building that renders the property unusable by **WatchTV**, there shall be an equitable reduction of rent until the damage has been repaired.
14. **TAXES:** **WatchTV** agrees to pay the COUNTY all applicable leasehold taxes pursuant to the provisions of Chapter 82.29A RCW, and any State and Local regulations issued thereto.
15. **OWNERSHIP OF EQUIPMENT:** All transmitting and receiving equipment, shelters, and support facilities listed under Exhibit A, installed at the site by **WatchTV** shall be and remain the property of **WatchTV** and may be removed or replaced by **WatchTV** at any time from time to time, provided that **WatchTV** repairs any damage caused in conjunction with such removal and replacement.
16. **ASSIGNMENTS AND SUBLETTING:** It is agreed that this Use Agreement may be assigned by either party with the prior approval of the other party, which consent shall not be unreasonably withheld. Notwithstanding the foregoing, **WatchTV** may assign this Use Agreement upon prior written notice to, but not without the consent of COUNTY to (i) any affiliate of **WatchTV**, or (ii) any entity which buys all or substantially all of the assets of **WatchTV** used in connection with the operation of **WatchTV**. The assignee or transferee shall have the right to assume this Use Agreement with all its terms and conditions for the remaining lease term.

17. **DISPUTES, VENUE AND ATTORNEY'S FEES:** Should any litigation be commenced by a party concerning this Use Agreement, then the party prevailing in any such action or proceeding or appeal thereon shall be entitled to recover its court costs and reasonable attorneys' fees from the other party. Any action taken to enforce a provision of this agreement shall be subject to Washington State Law and shall be filed in Pacific County Superior Court. The parties agree that prior to filing any action in Superior Court that they will attempt to meet and resolve any potential disputes.
18. **AUTHORITY:** Each party warrants to the other that it has authority to enter into and perform this Use Agreement and it has taken all action required to authorize execution of this Use Agreement.
19. **ALL WRITINGS CONTAINED HEREIN:** This agreement contains all the terms and conditions agreed upon by the parties. No other understandings, oral or otherwise, regarding the subject matter of this agreement shall be deemed to exist or to bind the parties hereto. This Agreement and all public records associated with this Agreement shall be available from the COUNTY for inspection and copying by the public. Please see Exhibit C for more details.
20. **WAIVER OF SUBROGATION:** COUNTY and **WatchTV** hereby waive any and all rights of recovery against the other party, and its employees and officers for loss or damage to the party or its property where such loss is or could be insured against under any fire and extended coverage policy available in the State of Washington. Each party shall cause all insurance policies obtained by it to contain a waiver of subrogation consistent with the foregoing.
21. **NOTICES:** All notices, requests, demands and other communications given under this Use Agreement shall be in writing and shall be deemed given if personally delivered or mailed, certified mail, return receipt requested, addressed as follows:

If to COUNTY:

Pacific County Board of County Commissioners  
PO Box 187  
South Bend, WA 98586  
Attn: Communications Engineer

If to WatchTV:

WatchTV, Inc.  
1628 NW Everett St.  
Portland, OR 97209

IN WITNESS THEREOF, THE PARTIES HAVE HEREUNTO SET THEIR HANDS THIS  
\_\_\_\_\_ day of \_\_\_\_\_, 2015.

WatchTV Inc.

BOARD OF COUNTY COMMISSIONERS  
PACIFIC COUNTY, WASHINGTON  
PO BOX 187  
SOUTH BEND, WA 98586

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Chairperson

\_\_\_\_\_  
Commissioner

\_\_\_\_\_  
Commissioner

APPROVED AS TO FORM:

ATTEST:

\_\_\_\_\_

\_\_\_\_\_  
Clerk of the Board



**EXHIBIT A**  
**PACIFIC COUNTY, WASHINGTON**  
**(Megler)**

| <u>Item No.</u>   | <u>Quant.</u> | <u>Equipment List</u>       | <u>Annual Rate</u> |
|-------------------|---------------|-----------------------------|--------------------|
| 1                 | 1             | Satellite Receiving Antenna | \$642.00           |
| 2                 | 1             | Transmit Antenna            | \$816.00           |
| 3                 | 1             | Transmitter 1 KW            | \$4,301.00         |
| TOTAL ANNUAL RATE |               |                             | \$5,759.00         |

EXHIBIT A AGREED TO:

LESSOR INITIALS \_\_\_\_\_ DATE \_\_\_\_\_

LESSEE INITIALS \_\_\_\_\_ DATE \_\_\_\_\_

## **EXHIBIT B**

### **PACIFIC COUNTY FACILITY USE STANDARDS**

The following minimum standards have been adopted for Pacific County's Communications sites. The purpose is to assure the mechanical and electrical integrity of the facility and the safety of personnel working at the facility.

#### **GENERAL**

1. Pacific County Communications Facilities are access restricted to County personnel, and authorized personnel of agencies under agreement with Pacific County for the use of the facilities. All other personnel are denied access to the facilities.
2. Where applicable, personnel entering a facility building shall use the security access device before entering.
3. All personnel while working at the facilities shall observe and follow Radio Frequency Exposure safety rules.
4. Personnel engaged in tower work shall be experienced and trained in tower climbing and shall be equipped with the proper personal safety and fall restraint equipment.

#### **TOWERS**

1. All hardware, brackets, antenna mounts and other fixtures shall be constructed of hot dipped galvanized steel, stainless steel or aluminum of a grade suitable for the coastal atmosphere.
2. Tower structural members shall not be drilled or punched.
3. Appropriate clamping devices manufactured for the specific purposes shall be used for attachment to tower structural members.
4. Cable clamps designed to be fastened to tower structural members or cable ladders when available shall support transmission lines, cables and waveguides. Tie wrapping to the tower legs is not allowed.
5. Each user shall be responsible for supporting their transmission lines, cables or waveguides. Tie wrapping is not allowed.
6. Transmission lines, cables and waveguides shall enter the building through the building entrance panels. Each user shall be responsible for using the appropriate sealing hardware.
7. Transmission lines one-half inch or larger shall be the solid sheathed, jacketed type.

## EQUIPMENT BUILDING

1. Transmission lines, cables and waveguides shall follow building and equipment rack lines and be supported by cable trays when available.
2. With the exception of waveguide, solid sheathed transmission lines shall transition to superflex type transmission line upon entering the building at the protective grounding point.
3. All transmission lines and waveguides shall be grounded upon entering the building, preferably at the outside entrance and shall be tagged and identified.
4. Lighting arrestors are recommended at the building entrance.
5. Equipment wiring shall be installed in a neat workmanlike manner. Cables shall be of the necessary length and shall not have excess stored in racks or cable trays. Equipment and racks shall be grounded to the building ground system.
6. Excess equipment not in use shall not be stored at the site. Spares should be packaged and identified for ownership.
7. Each user shall be responsible for cleanliness around their equipment and work areas. The buildings have multiple vacuum system outlets for convenient cleaning. Packing materials and debris shall be removed from the premises.
8. Emergency power system and HVAC system controls shall not be tampered with, changed or turned off. Site alarms are generated and County personnel may be dispatched unnecessarily.

### EXHIBIT B AGREED TO:

LESSOR INITIALS \_\_\_\_\_ DATE \_\_\_\_\_

LESSEE INITIALS \_\_\_\_\_ DATE \_\_\_\_\_

**EXHIBIT C**  
**PACIFIC COUNTY**  
**PUBLIC RECORDS ACT**

This Agreement and all public records associated with this Agreement shall be available from the COUNTY for inspection and copying by the public where required by the Public Records Act, Chapter 42.56 RCW (the “Act”). To the extent that public records then in the custody of the CONTRACTOR are needed for the COUNTY to respond to a request under the Act, as determined by the COUNTY, the CONTRACTOR agrees to make them promptly available to the COUNTY. If the CONTRACTOR considers any portion of any record provided to the COUNTY under this Agreement, whether in electronic or hard copy form, to be protected from disclosure under law, the CONTRACTOR shall clearly identify any specific information that it claims to be confidential or proprietary. If the COUNTY receives a request under the Act to inspect or copy the information so identified by the CONTRACTOR and the COUNTY determines that release of the information is required by the Act or otherwise appropriate, the COUNTY’s sole obligations shall be to notify the CONTRACTOR (a) of the request and (b) of the date that such information will be released to the requester unless the CONTRACTOR obtains a court order to enjoin that disclosure pursuant to RCW 42.56.540. If the CONTRACTOR fails to timely obtain a court order enjoining disclosure, the COUNTY will release the requested information on the date specified.

The COUNTY has, and by this section assumes, no obligation on behalf of the CONTRACTOR to claim any exemption from disclosure under the Act. The COUNTY shall not be liable to the CONTRACTOR for releasing records not clearly identified by the CONTRACTOR as confidential or proprietary. The COUNTY shall not be liable to the CONTRACTOR for any records that the COUNTY releases in compliance with this section or in compliance with an order of a court of competent jurisdiction.



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

Meetings are held the 2nd  
and 4th Tuesday of each  
month, beginning at 9 a.m.

REQUESTED MEETING DATE:

6/23/2015

## AGENDA REQUEST FORM

### TO BE COMPLETED BY CLERK OF THE BOARD / DEPUTY 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 Mgmt

☐ CONTINUED TO DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

☐ Legal Required

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

RECEIVED  
PACIFIC COUNTY

JUN 11 2015

### 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): Parks

OFFICIAL NAME & TITLE: Dotsi Graves, Parks Manager

PHONE / EXT: Ext 2288

SIGNATURE: 

DATE: June 11, 2015

#### NARRATIVE OF REQUEST

Request Board to approve and sign the Special Use Agreement with Marcus and Michaelle Sorlie, hosts of the Happy Destiny Campout, for use of Morehead Park for the dates July 24-26, 2015.

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

Approve Special Use Agreement with marcus and Michaelle Sorlie for use of Morehead County Park on July 24-26, 2015, authorize Chair to sign

**SPECIAL EVENT USE AGREEMENT  
PACIFIC COUNTY, WASHINGTON**

THIS AGREEMENT is made and entered into this 11<sup>th</sup> day of June, 2015,  
by and between the Pacific County, hereinafter referred to as the "COUNTY", and  
Marcus & Michaelle Sorlie hereinafter referred to as "PERMITTEE".  
Happy Destiny Campout  
The COUNTY, in consideration of the sum of \$ 250.00 and the other considerations  
hereinafter set forth, leases to the PERMITTEE the following space, to-wit:

County Facility: Morehead Park

Event Date(s): July 24 - 26, 2015

**THE COUNTY AGREES TO:**

1. Permit the PERMITTEE to occupy the above-referenced facility for the period of time listed above as long as the rules and conditions of this Agreement and attached Special Event Application are abided by.
2. Provide access to the premises during the days of use.
3. Use reasonable safeguards against fire, theft and accidents. The COUNTY does not assume any liability for damages to goods or property of the PERMITTEE arising from fire, theft, water or storm, or any liability for accidents to persons or property caused under or by virtue of the operations of PERMITTEE under this agreement.

**THE PERMITTEE AGREES TO:**

1. Pay the total use fee upon approval of the Agreement.
2. Not sublet any privilege or space without the written consent of the COUNTY.
3. Remove all temporary structures and materials from this facility by the midnight on the last day of agreement, unless an extension is granted.
4. Conduct and operate the event as indicated on the attached Special Event Application (**Attachment A**).
5. Maintain the premise in a clean, orderly fashion, and return the premises to the condition prior to occupancy. If premise is not returned in a satisfactory condition, the cost of cleanup and repair will be billed to the PERMITTEE.
6. **INSURANCE:** PERMITTEE shall provide evidence of insurance for general, auto/fleet, and workers compensation. PERMITTEE shall provide in advance of facility use a certificate of insurance from a reputable company authorized to do business in the State of Washington. The PERMITTEE must name the COUNTY as additional insured. The PERMITTEE shall provide the COUNTY a copy of the additional insured endorsements prior to the facility use. The PERMITTEE agrees that its liability insurance shall be primary and non-contributory to the COUNTY'S and the PERMITTEE's liability shall so state. Insurance limits shall be a minimum of \$500,000 per incident with a \$1,000,000 annual aggregate with a deductible no greater than ten percent (10%) of the coverage limits.

The PERMITTEE has the ability to request a waiver of the insurance requirements. Each request for waiver will be considered by the COUNTY on a case by case basis.

☐ I hereby request a waiver of the insurance requirements due to the nature of my event.

Request for waiver of the insurance requirements is hereby:

☐ Approved

☐ Denied

7. **ALCOHOL:** PERMITTEE has indicated on the attached Special Event Application (**Attachment A**) that alcohol will/will not be served. If applicable, agrees to and has signed the Alcohol Use Policy attached to this Agreement (**Attachment B**). The PERMITTEE also must have liquor liability insurance in the amount of \$1,000,000 per incident with a \$2,000,000 annual aggregate with a deductible no greater than ten percent (10%) of the coverage limits. The PERMITTEE must take all reasonable measures to insure minors are not consuming alcoholic beverages and that no other problems occur as a result of alcoholic beverages being served.
8. PERMITTEE agrees to not serve the public alcohol and must take reasonable care to not serve alcohol to individuals exhibiting signs of inebriation.
9. **INDEMNIFICATION/HOLD HARMLESS:** In accepting this Agreement, the PERMITTEE, 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 PERMITTEE 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 PERMITTEE, 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.

IN WITNESS WHEREOF, the above parties have hereunto, on duplicate copies of a like tenor and effect, set their hands the day and year first above stated.

PERMITTEE

Marcus Sorlie  
Signature

Committee Chair 6-4-15  
Title Date

PACIFIC COUNTY

Board of County Commissioners

\_\_\_\_\_  
Chair

ATTEST:

APPROVED AS TO FORM:

\_\_\_\_\_  
Clerk of the Board

\_\_\_\_\_  
Date

\_\_\_\_\_  
David Burke, Prosecuting Attorney

## Special Event Application

Thank you for your interest in holding a special event in Pacific County.

Please complete and return the Special Event Application to the Board of Pacific County Commissioners Office at least **120 days** prior to the first day of the scheduled event.

Please include **four (4)** copies of your plan containing a narrative and a diagram of the event grounds showing all health, sanitary, safety and police/security requirements.

Any misrepresentation in this application or deviation from the final agreed upon route and/or method of operation described herein, may result in the immediate revocation of the permit.

### PLEASE TYPE OR PRINT CLEARLY IN INK.

1. Name of event: Happy Destiny Campout
2. Description of event: Clean + Sober with families and children
3. Location of event: Camp Morehead
4. Dates of event: July 24<sup>th</sup> - 26<sup>th</sup> Hours of operation: MOON to NOON  
JULY 2012 JULY 2014
5. Has the event been held previously? Yes Dates: AUG 2013
6. Estimated attendance: 30 - 60
7. Name and address of Event Representative: Marcus and Michaele Sorlie Ethel, Wa. 98542  
360 219 8498
- Cell Phone Number: 360 219 5889 Office Number: \_\_\_\_\_
8. Emergency contact name and phone number: Patricia McNeal  
360 - 262 - 3233



| Please check Yes, No or n/a for the following questions  | Yes | No           | n/a | NOTE: All required documentation must be attached  |
|--|-----|--------------|-----|--|
| Will there be alcohol served at the event?   |     | X            |     | If yes, attach required permit from the WA State Liquor Control Board & sign Alcohol Use Policy  |
| Will County staffing be requested at the event? <i>May be required by the County.</i>                              |     | X            |     | If yes, attach a list of those services and outline specific duties.   |
| Will you have security on site?  | X   |              |     | If yes, who will be providing the security?<br><i>Committee members</i>  |
| Will you have Emergency Medical Services (EMS) on site during the event?   |     | X            |     | If yes, attach written verification.   |
| Will there be music, sound amplification or any other noise impacts?   |     | X            |     | If yes, the County has a noise ordinance in effect (see County Code for details)   |
| Will the event obstruct, interfere or require the closure and free use of any public road, street or Right-of-Way? |     | X            |     | If yes, attach adequate traffic and detour plans.  |
| Will you have traffic control?   |     | X            |     | If yes, indicate how the traffic control will be addressed.  |
| Will off-site parking be needed?   |     | X            |     | If yes, attach parking plan.   |
| Will there be shuttle buses provided for attendees?  |     | X            |     | If yes, attach a map of their route.   |
| Will there be tickets sold to attend the event?  | X   | <del>X</del> |     | If yes, please note the cost of the event.<br><i>Donation only, in need will be free.</i>  |
| Do you have an informational flyer advertising the event?  | X   |              |     | If yes, please attach a copy.  |
| Will there be food served?   | X   | X            |     | If yes, attach copy of food service permit.<br><i>FOODLIES (but main courses will be cooked by attendees)</i>  |
| Will additional bathroom facilities be used?   |     | X            |     | If yes, please provide specific information related to the # of sani-cans provided. Please include the location on the event diagram.  |
| Do you have a plan for garbage and recycling?  | X   |              |     | If yes, attach your plan, and indicate if you will need assistance from County Solid Waste.<br><i>Minimal garbage - 20 bags</i>  |
| Will a temporary structure be erected for this event?  |     | X            |     | If yes, attach a drawing including the dimensions. The structure may require inspection prior to the event.  |
| Have you obtained a Certificate of Insurance specifically naming Pacific County?                                   |     | X            |     | A copy of the Certificate of Insurance must be attached or the application will not be considered. <i>Have a copy sent 300,000 per person in my name covered per discussion w/my insurance</i> |

## WRITTEN PERMISSION TO ENTER EVENT SITE PRIOR TO EVENT FOR INSPECTION

I hereby permit law enforcement and/or Pacific County officials to enter the site before, during and after the Special Event for which the Special Event Use Agreement has been granted, for the purpose of inspection and enforcement of County Code and other applicable law, and pursuant to my agreement and representations made in connection with this Application.

## SWORN STATEMENT OF COMPLIANCE

I hereby acknowledge that I have familiarized myself with Pacific County Special Event requirements, and have provided a Certificate of Insurance for this event, specifically naming Pacific County as insured. I agree that either my designated agent or I shall be on site at all times and shall be responsible for the operation of the event and for compliance with all legal requirements in connection with this event. I understand that failure to comply with the rules, regulations and conditions set forth by Pacific County may be deemed a gross misdemeanor and that drug or narcotics violations are crimes under RCW.

Marius Sorlie      5-4-15  
Signature of Applicant/Representative      Date

Authorized/designated agent(s) who will be in charge at the event (please print):

Name: Marius Sorlie      Contact #: 360-219-5889

Name: Michelle Sorlie      Contact #: 360-219-8498

Name: \_\_\_\_\_      Contact #: \_\_\_\_\_

Name: \_\_\_\_\_      Contact #: \_\_\_\_\_

**PACIFIC COUNTY**  
**ALCOHOL USE POLICY FOR FACILITY RENTALS**

No alcohol is allowed in any building or on the grounds of the Pacific County owned property, including the parking areas, without the expressed consent of Pacific County. For those functions where consent has been given, the following rules must be followed:

- Any event where alcohol is available, the LESSEE must provide, at their expense, a licensed server and any legally required special event license. A copy of the license must be provided at least two weeks prior to the event.
- **Alcohol is allowed on County owned grounds only during licensed events or private, invitation only events.** Private, invitation only, events may serve alcohol in strictly controlled areas. Guests are not allowed to take drinks into the restrooms or outside the parameters of the licensed site. All beverages must be served in cans or disposable cups only. Absolutely no glass bottles will be allowed.
- The LESSEE will also, at their expense, provide adequate licensed certified security to cover the event. A copy of the license and security certification must also be provided to prior to the event. The LESSEE can submit an "alternative" to a licensed certified security company, but the "alternative" security will generally entail having a certified police officer on site (off-duty officer is okay). The name and contact information for security personnel must be submitted and approved by the County prior to the event. Under no circumstances will security personnel be allowed to consume alcoholic beverages while on duty.
- Keys for the event will not be issued until this information is received and confirmed.

The LESSEE is solely and wholly responsible to ensure that all rules and regulations are followed.

- ☐ Yes, we will have alcohol at the contracted event and will abide by the Pacific County Alcohol Policy for Facility Rentals.

BOARD OF COUNTY COMMISSIONERS  
PACIFIC COUNTY, WASHINGTON

Happy Destiny Camp out  
Organization

Marcus Sorlie  
Printed Name

Marcus Sorlie 6-4-15  
Signature Date

Chairman

ATTEST:

Clerk of the Board

Date



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

Meetings are held the 2nd  
and 4th Tuesday of each  
month, beginning at 9 a.m.

REQUESTED MEETING DATE:

06/23/15


## AGENDA REQUEST FORM

### TO BE COMPLETED BY CLERK OF THE BOARD / DEPUTY CLERK OF THE BOARD

|  |   |  |
|--|---|--|
| BOCC ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED |   | Agenda Item #: <u>15</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 Mgmt                 |
| <input type="checkbox"/> OTHER: _____  |   | <input type="checkbox"/> Legal Required            |
| 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"/> PC Fair                   |
| <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"/> Treasurer                 |
| <input type="checkbox"/> PC Fair   | <input type="checkbox"/> Prosecutor         | <input type="checkbox"/> Veg Mgmt                  |
| <input type="checkbox"/> SDC   | <input type="checkbox"/> WSU Ext.           | <input type="checkbox"/> Other                     |
| <input type="checkbox"/> Sheriff   |   |  |

### 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: <u>Community Development</u>   | DIVISION (if applicable): <u>Planning</u> |
| OFFICIAL NAME & TITLE: <u>Faith Taylor-Eldred</u>   | PHONE / EXT: <u>x2651</u>                 |
| SIGNATURE:   | DATE: <u>06.15.15</u>                     |
| NARRATIVE OF REQUEST  |   |
| <p>The Department request approval to advertise and interview for a 0.70 FTE Planning Tech position. This position would assist in facilitating and organizing public meetings, hearings, SMP and Critical Areas Ordinance meetings, as well as assisting with permits.</p> <p>The Department also requests approval to advertise and interview for a 0.80 FTE Admin Assistant II position for the Long Beach office. This position would assist in permitting and allow for both offices to be open 4 days a week.</p> |   |
| RECOMMENDED MOTION (To Be Completed by the Clerk/Deputy Clerk of the Board)   |   |
| Approve to post, advertise, and hire Planning Tech position, Grade 10 Step 10, at 0.70 FTE and Administrative Asst. II position for the Long Beach Office, Grade 9 Step 1 at 0.80 FTE, subject to adequate budget appropriations  |   |



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

Meetings are held the 2nd  
and 4th Tuesday of each  
month, beginning at 9 a.m.

REQUESTED MEETING DATE:

06/23/15

## AGENDA REQUEST FORM

### TO BE COMPLETED BY CLERK OF THE BOARD / DEPUTY 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

☐ CONTINUED TO DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

☐ Risk Mgmt

☐ OTHER: \_\_\_\_\_

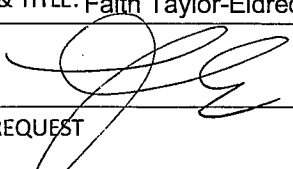
☐ Legal Required

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| <input type="checkbox"/> SEA | <input type="checkbox"/> Clerk         | <input type="checkbox"/> Health   | <input type="checkbox"/> Prosecutor | <input type="checkbox"/> Veg Mgmt       |
|                              | <input type="checkbox"/> Civil Service | <input type="checkbox"/> Juvenile | <input type="checkbox"/> SDC        | <input type="checkbox"/> WSU 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: Faith Taylor-Eldred  | PHONE / EXT: x2651                 |
| SIGNATURE:   | DATE: 06.15.15                     |
| NARRATIVE OF REQUEST<br><br>The Department requests approval to advertise, interview, and hire for the vacant Planner position. The position is budgeted as of July 1, 2015.  |                                    |
| RECOMMENDED MOTION (To Be Completed by the Clerk/Deputy Clerk of the Board)<br><br>Approve to post, advertise, and hire budgeted Planner position, Grade 13 Step 1, at 1.0 FTE, subject to adequate budget appropriations |                                    |



REQUESTED MEETING DATE:

06/23/15

## AGENDA REQUEST FORM

### TO BE COMPLETED BY CLERK OF THE BOARD / DEPUTY CLERK OF THE BOARD

Agenda Item #: 17

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 Mgmt


☐ Legal Required

#### DISTRIBUTION LIST:

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| <input type="checkbox"/> CF  | <input type="checkbox"/> Auditor       | <input type="checkbox"/> PCEMA    | <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"/> Veg Mgmt       |
|                              | <input type="checkbox"/> Civil Service | <input type="checkbox"/> Juvenile | <input type="checkbox"/> SDC        | <input type="checkbox"/> WSU 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: Pacific County Sheriff's Office   | DIVISION (if applicable): PCEMA |
| OFFICIAL NAME & TITLE: Scott McDougall, Deputy Director  | PHONE / EXT: 360-875-9338       |
| SIGNATURE:    | DATE: 06/16/2015                |
| NARRATIVE OF REQUEST<br>Request approval of Memorandum of Understanding between Pacific County and Washington Service Corps for an Individual Placement Service Member for the term of 9/1/2015-7/15/2016. This is a budgeted match/position and the application for this match/position was approved by the Board of County Commissioners at the 3/10/2015 meeting. Also request that the chair sign the MOU. |                                 |
| RECOMMENDED MOTION (To Be Completed by the Clerk/Deputy Clerk of the Board)<br>Approve Memorandum of Understanding with WA Service Corps for an Individual Placement Service Member for the term of 9/1/2015 thru 7/15/2016, subject to adequate budget appropriations   |                                 |



**INSTRUCTIONS FOR COMPLETING  
MEMORANDUM OF UNDERSTANDING (MOU)  
Program Year 2015-16**

**Action Steps when completing this document:**

1. The information requested on the front page must be completely filled out and typewritten (no handwriting, please). The attached PDF version of the MOU will allow you to type in the boxes using your computer.
2. Incomplete or incorrect MOUs will not be accepted and will be returned to the organization.
3. The MOU must include an original signature (page 10 of 12) from your organization's **Legal Applicant (this person may be the Director or other staff that has signatory authority for your organization)**.

**• Your original signed MOU must be returned to the Washington Service Corps no later than July 15, 2015.**

WSC ONLY:

Contract #: \_\_\_\_\_  
(As assigned by ESD)

**Individual Placement and Team-Based Projects**  
**CFDA 94.006**  
**Program Year September 1, 2015 – August 31, 2016**

**MEMORANDUM OF UNDERSTANDING**

The purpose of this Memorandum of Understanding (MOU) is to establish the compliance expectations of the Washington Service Corps (WSC) Individual Placement, Team-Based and Special Programs. These expectations are designed to establish effective coordination between sponsoring organizations and the WSC, to ensure that the objectives of the WSC, Serve Washington, and the Corporation for National and Community Service are met, to ensure grant outcomes for services to beneficiaries are met and to ensure a positive service experience for the AmeriCorps member(s).

**Mail completed original to Washington Service Corps**  
**P.O. Box 9046, Olympia, WA 98507**

**Sponsoring Organization Information:**

|   |
|---|
| <b>Sponsoring Organization:</b> Pacific County  |
| <b>Organization Website URL:</b> www.co.pacific.wa.us                                       |
| <b>Project Title(s):</b> Disaster Preparedness Public Education                             |
| <b>Federal Employer Identification Number (EIN#):</b> 91-6001356                            |
| <b>Legal Applicant Name:</b><br>(director or organization signature authority) Steve Rogers |
| <b>Legal Applicant Title:</b> Chair, Board of County Commissioners                          |
| <b>Mailing Address:</b> PO Box 27, South Bend, WA 98586                                     |
| <b>Telephone Number:</b> (360) 875-9338   |
| <b>Email Address:</b> smcdougall@co.pacific.wa.us   |
|   |
|   |
| <b>Number of AmeriCorps positions awarded:</b> 1  |
| <b>Member Placement Fee Total (\$6,400 x number of positions awarded) = \$ 6,400</b>        |



## Funding Contingency

In the event funding for the WSC is reduced or eliminated, or if federal program requirements change, prior to or after the date of this MOU, the WSC may terminate or modify this MOU with 30 days written notification to the sponsoring organization.

## Responsibilities of the Sponsoring Organization

### **Section I – Financial Responsibility**

1. Submit \$6,400 member placement fee per member on or before September 30, 2015. An invoice with payment instructions will be sent by WSC to sponsoring organizations on or about September 1, 2015. This money will be used towards the WSC fixed amount grant operations portion as part of the federally-funded award to WSC. This funding will only be expended towards the WSC project. Any unexpended funds could be carried forward for use by WSC.
2. Member placement fee will only be pro-rated for any member who terminates prior to serving 15% of their term. Organizations will not receive a pro-rated refund if members serve more than 15% of their term. For a member who serves less than 15% of his/her full-time service term, the pro-rated calculation is based on the following calculation: total member placement fee divided by 15% of total hours required in Member Service Agreement = the pro-rated amount per hour. Multiply the pro-rated amount per hour by the number of hours served to get the pro-rated member service fee. NOTE: 15% of 1,700 hours is 255 service/training/fundraising hours combined. If a full-time member serves at least 255 hours, then there would be no refund of the member placement fee. Example: if total member placement fee was \$6,400 and the member served 80 hours of their 1,700 hour term, then the pro-rated amount would be calculated as follows: \$6,400 divided by 255 hours = 25.098039, then multiply that by 80 hours served = \$2,007.84 (the pro-rated member placement fee). Failure to pay the member placement fee requirement per member may result in removal of the member(s) from site and termination of this contract by WSC.
3. Submit to WSC proof of current valid Commercial General Liability Insurance with minimum of \$1,000,000 per occurrence with Washington Service Corps endorsed to the policy with limit of no less than \$1,000,000 per accident for bodily injury or disease. If coverage expires prior to end of member's service term, submit new proof of coverage to WSC. If sponsoring organization is a federal or state agency, provide documentation showing that status. If sponsoring organization is a school district, local government, or other agency participating in a "risk pool" or self-insured program, provide documentation of that status and coverage. The WSC AmeriCorps member(s) will be covered, as certified in Exhibit A 2015 Terms and Conditions for AmeriCorps State and National Grants.
4. Provide transportation or mileage reimbursement and if service requires an overnight(s) stay then lodging and meals are expected be provided to AmeriCorps member(s) to conduct service away from their established service site during service hours.
5. **Individual Placement Projects Only:** Provide transportation or mileage reimbursement according to State rates to AmeriCorps member(s) as they attend the required SERVES Institute scheduled for October 19-21, 2015 in Yakima. The WSC covers the cost of provided meals and lodging expenses for the members at this event. **Team-Based Projects Only:** will ensure WSC core competency training and development is provided with qualified facilitation. See WSC website for request for availability of limited training support funds for team based programs.
5. Pay for any member costs associated with Washington State WATCH criminal history checks.
6. FBI checks are temporarily completed through a certification process until January 1, 2016. If the requirements change and the FBI checks must be completed, the WSC will reimburse the cost of the FBI check up to \$50 per member enrolled, once throughout the program year. If additional charges are incurred beyond \$50 per member enrolled with a new process, those fees will be paid by the sponsoring organization.

6. Pay all costs for required National Service Criminal History Checks of covered individuals, including project supervisors, primary service site supervisors, and backup supervisors.
7. Member costs that are deemed disallowed through monitoring or audit review(s) will be the responsibility of the sponsoring organization.
8. Sponsoring organizations are only permitted to subcontract member placement with permission of WSC and must submit a copy of their contractual agreement to WSC.

## **Section II - Risk Management and Compliance**

1. Comply with the Assurances and Certifications (Exhibit C), Grant Program Civil Rights and Non-Harassment Policy (Exhibit B), AmeriCorps Member Service Agreement and the RFA Expectations & Agreements.
2. Comply with all WSC Policies and Procedures, including the current policies and procedures listed below, and other policies or procedures that may be developed and implemented throughout the program year:
  - POL-110 – Completing National Service Criminal History Checks on Members
  - POL-111 – Completing National Service Criminal History Checks on Supervisors
  - POL-120 – Managing Member Hours
  - POL-121 – Ensuring Service Activities are Allowable
  - POL-122 – Managing Alternative Service
  - POL-123 – Managing Member Leave
  - POL-124 – Participation in SERVES Institute or WRC Institute
  - POL-130 – Managing Member Conduct
  - POL-131 – Managing Member Appearance and Use of Service Gear
  - POL-132 – Managing Member Grievance
  - POL-150 – Managing Member Transfers
  - POL-160 – Managing Member Deployment for Disaster Response
3. Establish safety guidelines and rules that ensure the well-being of the AmeriCorps member(s) and participants.
4. Ensure your organization has current Drug-Free Work Place and Non-Discrimination Policies.
5. If applicable, any sponsor organization that places members in sub-site service locations must ensure that it has a signed Memorandum of Understanding with all member sub-placement service sites; MOUs for sub-site placements must reflect the components of the sponsoring organization's MOU with WSC to include Exhibits A, B and C. Copies of the MOU(s) must be provided to WSC prior to September 1, 2015. MOU(s) must reference the dollar amount the sponsoring organization charges for its member placement fee.
6. Ensure that AmeriCorps member(s) provides direct service in accordance with the position description. Ensure any changes to duties are updated on the member position description form and immediately sent to WSC. In the event administrative duties are necessary to reach the member's service goals, such duties will be allowed. However, administrative duties that support general organizational goals are not allowed.
7. Ensure that service activities do not duplicate routine functions of, or displace (supplant) paid employees. Service activities and project must expand or enhance the organization's impact, not simply sustain a service or work of the organization.
8. Ensure accuracy of member's service. Accurate records should include hours served as service hours, training hours, and fundraising hours. No hours can be granted for service out of state (disaster deployment may be only consideration). Member training out-of-state can only occur with prior WSC approval.
9. Ensure that members do not participate in out-of-country trainings or other activities which are not allowable under CNCS regulations.
10. Monitor AmeriCorps member(s) service hours to ensure that the member is serving an average of at least 40 hours a week for 10.5 months and is on track to complete the required 1,700 service hours. Monitor timesheets to ensure members do not exceed the percentage of time allowed in training (20%) and fundraising (10%). Communicate to

members that they must be available to serve the hours needed by the project including weekend and evening service activities.

11. Member's supervisor will approve all member electronic timesheets through the WSC vendor no later than 3-5 business days after the end of each semi-monthly payroll period.
12. Ensure AmeriCorps member(s) wear AmeriCorps gear **daily** and other possible identifiers while serving.
13. Ensure service site has the WSC and AmeriCorps\*State logos visibly posted as follows:
  - In a prominent location visible to staff and customers where member serves: sign with WSC logo, AmeriCorps logo, and "AmeriCorps Member Serves Here".
  - At the entrances to the building where member serves: sign with WSC logo, AmeriCorps logo, and (optional) service site name.
14. When communicating with customers, stakeholders, Legislative Representatives, or media about the program a WSC AmeriCorps member is serving in, the sponsoring organization and any member service placement site will identify the roles of both the Washington Service Corps and AmeriCorps in the project. For example: "(organization name) as part of the Washington Service Corps, the AmeriCorps members.....".
15. Require and retain member's proof of valid driver's license and current proof of vehicle insurance, if the member is reimbursed for use of a personal vehicle in the performance of their service duties.
16. Participate in the following types of monitoring/audits from state WSC program partners:
  - a. Desk review of program documents by WSC Program Coordinator or an authorized representative.
  - b. On-site monitoring/audit process by WSC Program Coordinator or an authorized representative. This includes allowing access to member or program files, documents and materials.
  - c. Scheduled programmatic visits as requested by WSC state program/funding partners such as Serve Washington or CNCS or ESD).
17. Host scheduled programmatic visits as requested by WSC Program Coordinator.
18. In the event of any change to the information regarding the Legal Applicant, notify the WSC Program Coordinator within ten (10) working days.
19. Ensure that member eligibility verification is met.
20. Ensure that AmeriCorps members do not accept or solicit monetary from your organization or other service site compensation above or in addition to their WSC stipend or living allowance while serving as a member of the WSC.

### **Section III - Prohibited AmeriCorps Member Activities**

There are certain activities, including lobbying, political, religious or advocacy activities that AmeriCorps members may not perform in the course of their duties while charging time to the AmeriCorps program, or at the request of sponsoring organization staff. Furthermore, members and staff may not engage in conduct in a manner that would associate the national service program or the Corporation for National and Community Service (CNCS) with the prohibited activities. Programs must become familiar with specific provisions described in the Corporation's formal regulation (45 C.F.R. 2520.65) and the grant provisions. The list of prohibited activities includes:

#### CNCS prohibited activities:

1. Attempting to influence legislation;
2. Organizing or engaging in protests, petitions, boycotts, or strikes;
3. Assisting, promoting, or deterring union organizing;
4. Impairing existing contracts for services or collective bargaining agreements;
5. Engaging in partisan political activities, or other activities designed to influence the outcome of an election to any public office;

6. Participating in, or endorsing, events or activities that are likely to include advocacy for or against political parties, political platforms, political candidates, proposed legislation, or elected officials;
7. Engaging in religious instruction, conducting worship services, providing instruction as part of a program that includes mandatory religious instruction or worship, constructing or operating facilities devoted to religious instruction or worship, maintaining facilities primarily or inherently devoted to religious instruction or worship, or engaging in any form of religious proselytization;
8. Providing a direct benefit to—
  - (i) A business organized for profit;
  - (ii) A labor union;
  - (iii) A partisan political organization;
  - (iv) A nonprofit organization that fails to comply with the restrictions contained in section 501(c)(3) of the Internal Revenue Code of 1986 except that nothing in this section shall be construed to prevent participants from engaging in advocacy activities undertaken at their own initiative; and
  - (v) An organization engaged in the religious activities described in paragraph (7) of this section, unless Corporation assistance is not used to support those religious activities;
9. Conducting a voter registration drive or using Corporation funds to conduct a voter registration drive;
10. Providing abortion services or referrals for receipt of such services;
11. Such other activities as the Corporation may prohibit.

WSC prohibited activities:

1. Organizing a letter-writing campaign to Congress;
2. Participating in activities that pose a significant safety risk to participants;
3. Preparing any part of a grant proposal or performing other fundraising functions to help the program achieve its match/member placement fee requirements, or to pay the program's general operating expenses. Additionally members cannot write or support preparation of a grant from CNCS or any other federal agency ; and
4. Fundraising, unless under the following circumstances: if it provides direct support to a specific service activity, falls within the program's approved objectives, is not the primary activity of the program, and does not exceed 10% of the total hours served for any member.

AmeriCorps members, like other private citizens, may participate in the above listed activities on their own time, at their own expense, and on their own initiative. However, the AmeriCorps/WSC logo must not be worn while doing so.

Federal funding for AmeriCorps members is approved with the understanding that member service is directly supporting AmeriCorps objectives. Contrary circumstances could lead to removal of AmeriCorps member(s) from the site.

**Section IV - Recruitment and Enrollment of AmeriCorps Member(s)**

1. Conduct AmeriCorps member(s) recruitment, interviews, and selection.
2. Comply with WSC criminal history check requirements as identified in guidance including, but not limited to, WSC Supervisor's Guide to National Service Criminal History Checks, and WSC policies POL-110 & POL-111. AmeriCorps members must pass National Service Criminal History Checks prior to their start date and cannot be listed on the National Sex Offender Registry. Comply with other criminal history check requirements that may be developed and required throughout the program year to maintain CNCS compliance.
3. Submit completed AmeriCorps member enrollment packet, to include all completed items on the checklist, to WSC at least two weeks prior to the member's start date, per dates established by WSC.

## **Section V - Support and Supervision of AmeriCorps Member(s)**

1. Identify a staff person from the organization to be the key contact (project supervisor) with WSC.
2. Identify staff persons from the organization to be the Primary Service Site Supervisor and Backup Supervisor for the WSC AmeriCorps member(s) on site. If the member service location is off site the Primary Service Site Supervisor must be located with the member.
3. **Teams of 12 or more members must** identify a full-time primary supervisor for members. All **small teams and individual placement** sites must demonstrate that a supervisor's time is allocated for adequate supervision.
4. All supervisors are identified as "covered individuals" and are required to complete the same National Service Criminal History Checks as members.
5. Comply with other criminal history check requirements that may be developed and required throughout the program year and provide original documents to the WSC to maintain.
6. In the event of a change in supervisor, ensure the individual's National Service Criminal History Checks have been completed and cleared by WSC **PRIOR** to working as a supervisor. Notify WSC Program Coordinator and submit a signed Change of Supervisor form for the member within two (2) business days of the change.
7. Update WSC AmeriCorps member position descriptions as necessary and submit signed originals to the WSC for approval. Changes in WSC AmeriCorps member, member's service site, schedule, or duties require an amended position description proposing the changes, and sent in to WSC for approval. If the WSC becomes aware of any change without prior approval, it may result in the removal of the member from the sponsoring organization to fulfill the service at another service site.
8. Ensure AmeriCorps member's site supervisor or project supervisor attend one of the WSC orientations scheduled in the summer of 2015 and that they participate in webinars and other trainings as offered by WSC throughout the program year. Advance information will be provided.
9. Orient AmeriCorps member(s) to AmeriCorps; WSC; the sponsoring organization; the service site; the community demographics and client base; and the service they will provide. Ensure members are made aware of and understand the prohibited activities; as well as WSC policies and sponsor organization and service site policies and procedures.
10. Ensure member(s) are aware of safety measures and procedures of the service site and sponsoring organization.
11. Provide member access to project documents, to include but not limited to Member Service Agreement, Request for Application, Memorandum of Understanding and Exhibits, etc.
12. Inform AmeriCorps member(s) about your organization's rules of conduct and appropriate behavior, including procedures for communicating service hours and absences. Provide member(s) with policy manuals and/or handbooks, and include your organizational chart.
13. Introduce AmeriCorps member(s) to other organization staff and include member(s) in appropriate organization functions.
14. Provide appropriate tools and equipment for the AmeriCorps member(s) to perform service and to communicate with WSC. Tools and equipment will include, but are not limited to work space, computer with internet and agency e-mail, and phone access.
15. Recognize and support distinct roles and responsibilities of the AmeriCorps member(s) as outlined in the member's position description.
16. Provide oversight on the AmeriCorps member's progress and skill development, including member's participation in required site and WSC training.
17. Ensure AmeriCorps member(s) participation in days of national service including, but not limited to, Martin Luther King Jr. Day of Service, AmeriCorps Week, and other days that may be designated by WSC as national days of service or special initiatives.
18. Communicate immediately with WSC Program Coordinator regarding AmeriCorps member(s) performance issues or other program concerns.

19. Document AmeriCorps member performance/personnel issues in writing, including actions taken toward resolution. Be prepared to forward documentation to WSC as requested and to ensure proper documentation for member file.
20. Follow AmeriCorps member discipline procedures as outlined in the Member Service Agreement and WSC policy POL-130. Work with the WSC Program Coordinator if there are any service site policy conflicts or different approaches. These are to be coordinated for clear and consistent messages to members should disciplinary issues emerge. Please also refer to Section XI: Order of Precedence as contained within this MOU.
21. Consult with WSC Program Coordinator prior to taking action to remove or transfer an AmeriCorps member. Any removal or transfer of a member without prior approval may result in removal of the member from the sponsoring organization to fulfill the service at another service site.
22. Use retention strategies to ensure member(s) successfully completes his/her full term of service both total hours and full 10.5 month term.
23. If a sponsoring organization or one of its sub-grantees or member service sites hires a WSC member before the completion of that member's agreed-upon term of service, the WSC may elect not to place another member with that organization or the sponsoring organization in the future.
24. If a member indicates the intent to leave his or her service early, contact the Program Coordinator immediately, to ensure the completion **all WSC-required exit documentation**, per checklist on WSC website, prior to member leaving service.

#### **Section VI - Performance Measures and Reporting**

1. Collaborate with WSC and the AmeriCorps member(s) to develop a well-defined project that has clear goals and objectives in accordance with the AmeriCorps member's position description and the Request for Application. Any adjustments or revisions need prior approval of WSC Program Coordinator.
2. Ensure performance objectives are quantifiable and demonstrate the impact of the AmeriCorps member's service in one of the focus areas, as defined in application and negotiated in writing with WSC. **Example** of quantifiable outcomes: 2,500 individuals will participate in a health education program; the health education program will administer a preand post survey per WSC performance measure instructions on all of its participants in order to assess an increase in knowledge of healthy behaviors; 70% or 1,750 of those who complete the health education program will report an increase in knowledge of healthy behaviors as demonstrated through the pre/post survey.
3. Implement data tracking tools, as agreed upon by WSC Program Coordinator, to use for collecting data on the performance objectives negotiated following award notification.
4. Performance Plan and Data Collection Strategy documents, with tools, assessments and surveys included, must be completed following award notification and negotiation and submitted by required deadline. WSC will confirm approval and acceptance of the plan.
5. The Performance Measure plan, Data Collection Strategy document and the AmeriCorps member's position description must be in alignment to meet the agreed up targets and support the interventions and data collection process.
6. Retain data collection tools such as attendance rosters, pre/post test results and other reports related to performance for six years after the end of the program year.
7. Submit quarterly progress reports, or as requested by WSC, on outputs and outcomes for each performance target as defined in the Performance Measure Plan and Strategy documents and the AmeriCorps member's position description.
8. Support the AmeriCorps member(s) in reaching the performance goals for volunteer recruitment and training. Track and report on goals for total number of unduplicated community volunteers, hours to be served by volunteers, number of veteran and military family volunteers, and effective volunteer management strategies. These volunteer records must be retained for six years after the end of the program year.

9. Submit original, signed performance evaluations of the AmeriCorps member twice during the service term (January 31 and June 30) using forms provided by the Washington Service Corps' website.
10. Notify WSC of impending scheduled events or activities that may warrant media support. Follow WSC guidance for media relations and interactions including releases for all pictures.
11. Ensure that members submit at least one "Story of Service" per quarter. Report AmeriCorps-sponsored activities and events in which stakeholders, legislators or other elected officials are invited to be educated in the effectiveness of the AmeriCorps program.
12. Submit copies of written or electronic articles that highlight AmeriCorps member(s) and/or AmeriCorps projects.
13. Provide, as requested by WSC, additional performance- and programmatic-related information as needed throughout the program year. This could include response to program impact evaluation surveys, interviews, request for materials, etc.

### **Section VII - Career Development/Training**

1. Provide adequate training to AmeriCorps member(s) to ensure member(s) is prepared for the roles and responsibilities of the project.
  1. Provide AmeriCorps member(s) a minimum of two site-specific trainings related to the service position. No more than 20% of AmeriCorps members' total service hours may be spent in training. Training received by AmeriCorps member(s) during orientation do not count toward the site-specific training.
  2. Submit all requests for out-of-state training for the member to the WSC Program Coordinator prior to the event, for approval.
  3. Support AmeriCorps member(s) in attending WSC training and career development opportunities. Additionally, **Individual Placement projects** are to release AmeriCorps member(s) to attend mandatory training events, service projects, and other WSC events including WSC sponsored overnight SERVES Training Institute to be held October 19-21, 2015 in Yakima, Washington. Many of the core competencies are offered at SERVES; however, they may not all be available or session timing may not make it possible for all members to attend all available sessions. Sponsor organizations and/or service sites are responsible for ensuring members meet all core training requirements.
  4. **Team-Based projects** provide training to their members via their project management and supervision by scheduling, finding facilitators/ qualified trainers, evaluating needs of members that will meet the WSC training core competencies. Ensure that the member(s) receive training related to the core training requirements during their term of service with qualified training/facilitation.
  5. Submit an updated Member Training Tracking Document to WSC quarterly.
  6. Release AmeriCorps member(s) from regular service to respond to disasters in accordance with WSC Policy POL-160. Out-of-state deployments must meet specific CNCS criteria, and require approval of WSC.

### **Section VIII - Sustainability**

1. The AmeriCorps project must support the long-term goals of the organization and the organization must be committed to the project.
2. The project must be designed to yield results beyond the AmeriCorps member's term of service.
3. The AmeriCorps member's position is to enhance or expand an organization's service to its clients or participants through the project where an AmeriCorps member(s) will be placed, not to maintain existing programs or replace (supplant) staff.

### **Section IX – Use and Disclosure of Information**

The sponsoring organization shall use any private and confidential information provided under this MOU solely for the purpose for which the information was disclosed. The sponsoring organization shall not misuse any private and confidential information under this MOU. The sponsoring organization shall not disclose any private or confidential information unless the

disclosure is authorized by law. The misuse or unauthorized release of private and confidential information shall subject sponsoring organization, its employees or agents to a civil penalty of Five Thousand dollars (\$5,000) and other applicable sanctions under state and federal law.

## **Section X – WSC Partner and Participant Responsibilities**

### **Responsibilities of Washington Service Corps**

1. Provide program orientation for all AmeriCorps members and supervisors.
2. Provide on-going technical support to AmeriCorps members and supervisors by telephone and/or e-mail, webinars, other technology assisted approaches as available and accessible and on-site visits as arranged.
3. Communicate expectations and procedures about AmeriCorps member service and performance.
4. Conduct desk reviews and on-site monitoring reviews and issue reports that list findings, concerns and observations. Provide technical assistance to the organization and AmeriCorps member(s) to complete corrective action.
5. Ensure oversight of electronic timesheets for each AmeriCorps member(s) and maintain the official permanent member file.
6. Process AmeriCorps member stipend for payment on the 5<sup>th</sup> and the 20<sup>th</sup> of each month.
7. Provide State Industrial Insurance coverage for the AmeriCorps member(s).
8. Provide Medical Insurance coverage for the AmeriCorps member(s) who do not already have coverage.
9. Provide sponsoring organizations with WSC and AmeriCorps logo posters to post in a prominent location.
10. Provide AmeriCorps member(s) with basic AmeriCorps gear.
11. Provide AmeriCorps member(s) training and development opportunities For Individual Placement members at the SERVES Training Institute. Cover the cost of meals and lodging expenses required for attendance at SERVES.

### **Responsibilities of AmeriCorps Member**

Comply with the AmeriCorps Member Service Agreement.

## **Section XI – Special Terms and Conditions**

The federal funding source, Corporation for National and Community Service, designates that all those accepting member positions as a sub-grantee will understand fully and comply with and include in all awards and contracting or agreement process the following Terms and Conditions, Assurances and Certifications as part of the federal granting process:

1. Exhibit A (Attached) 2015 Terms and Conditions for AmeriCorps State and National Grants
2. Exhibit B (Attached) 2015 AmeriCorps General Terms and Conditions
3. Exhibit C (Attached) Assurances and Certifications

### **Order of Precedence**

In the event of an inconsistency in this MOU, unless otherwise provided herein the inconsistency shall be resolved by giving precedence in the following order:

- A. Applicable Federal and State Statutes and Regulations;
- B. Those Terms and Conditions as contained in this basic contract instrument;



- C. Exhibit A;
- D. Exhibit B;
- E. Exhibit C;
- F. Sponsoring Organization's Policies and Procedures.

1. Failure to comply with the Responsibilities of the Sponsoring Organization sections within this MOU may result in termination of this MOU and removal of the AmeriCorps member(s) from the site.
2. The WSC retains the authority to review and approve or disapprove all subcontracts. For any proposed subcontractor the sponsoring organization shall:
  - a. Be responsible for subcontractor compliance with this MOU and attachments thereto.
  - b. Ensure that the subcontractor follows the WSC reporting formats and procedures as specified by the WSC.

**This Memorandum of Understanding clarifies the focus and intent of the joint working relationship of mutual support, cooperation and coordination between the sponsoring organization and the Washington Service Corps AmeriCorps program. By signing below, the Sponsoring Organization agrees to perform all actions and support all intentions of this Memorandum of Understanding, and in addition, confirms they have reviewed and accepted the terms outlined in the *Terms and Conditions (General and Grant)* and *Assurances and Certifications (attached)*.**

**Legal Applicant Representative:**

\_\_\_\_\_  
Print Name (person that has signatory authority for organization)

Signature: \_\_\_\_\_  
(signatory authority for organization)

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

**Washington Service Corps:**

Signature: \_\_\_\_\_  
Debbie Aoki, Director

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

OR

Signature: \_\_\_\_\_  
Eric Kindvall, Director of Programs & Operations

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

***The original signed Memorandum of Understanding will be filed at Employment Security Department.***

***We recommend you keep a copy for your records, until a fully-executed copy is returned to you.***



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

Meetings are held the 2nd  
and 4th Tuesday of each  
month, beginning at 9 a.m.

REQUESTED MEETING DATE:

06/23/15

## AGENDA REQUEST FORM

### TO BE COMPLETED BY CLERK OF THE BOARD / DEPUTY 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

☐ CONTINUED TO DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

☐ Risk Mgmt

☐ OTHER: \_\_\_\_\_

☐ Legal Required

#### 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"/> PCEMA    | <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"/> Veg Mgmt       |
|                              | <input type="checkbox"/> Civil Service | <input type="checkbox"/> Juvenile | <input type="checkbox"/> SDC        | <input type="checkbox"/> WSU 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): Risk

OFFICIAL NAME & TITLE: Kathy Spoor, CAO

PHONE / EXT:

SIGNATURE:

DATE: 6-11-15

#### NARRATIVE OF REQUEST

Attached for your review is the 2015 Annual Risk Exposure Assessment required by the Washington Counties Risk Pool (WCRP). This is an overview of activities and functions identified by the risk pool as potential areas of risk exposure. This is a self assessment required each year and need to be reviewed and signed by the Board of County Commissioners. Every three years there is an on-site review to audit our policies/procedures and compliance with the our risk pool compact. In general, there is not much change from year-to-year in our assessment since there has not been significant change in our overall operations.

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

Move to accept the WCRP Risk Exposure Assessment and authorize the chair to sign.

| WCRP Risk Exposure Assessment - Revised 2015            |   |
|---|---|
| <b>County Contact (s)</b>                               |   |
| Risk Manager  | Kathy Spoor   |
| Claims Administrator                                    | Kathy Spoor   |
| Assistant Risk Manager/Claims Administrator             | Amanda Bennett  |
| <b>Does the County have a:</b>                          |   |
| Full time safety/loss control person?                   | Not FT as safety/loss control   |
| Contractual liability policy?                           | Yes-Resolution 2010-013   |
| Vehicle fleet loss control policy?                      | Yes   |
| Driver safety training policy?                          | Yes   |
| Is an annual loss analysis sent to management?          |   |
| Annual Loss Report from Risk Pool shared with BOCC only |   |
| Are losses allocated back to depts?                     |   |
| No-Liability calculated on per FTE basis                |   |
| Is risk included in managements performance eval?       |   |
| Currently not doing regular performance evaluations     |   |
| Is there an Incident Review Process when there is:      |   |
| Yes-through Labor/Management Committees                 |   |
| Employee Injury?  | "   |
| Auto Collision?   | "   |
| Third Party Injury?                                     | "   |
| <b>Property Exposure Information</b>                    |   |
| Total # of locations valued at more than \$20 million   | None  |
| # of locations with more than 10 vehicles               | 5-Courthouse, South County Facility, Annex, North and South County Shops        |
| Are there any vacant bldgs?                             | Seasonal-Fair grounds buildings, one vacant building (PACE building in Raymond) |
| <b>Crime Coverage Information</b>                       |   |
| Do employees who reconcile monthly statements also:     |   |
| 1. Sign checks?   | Yes on occasion, however always requires a second signature                     |
| 2. Handle bank deposits?                                | No  |
| 3. Have access to signature plates?                     | No  |
| Are two signatures required on checks?                  | Yes   |
| Is there a written investment policy?                   | In Draft-not yet adopted  |
| Who makes investment decisions?                         | Investment Committee advises the Treasurer                                      |
| Have there been crime losses in the past 3 years?       | No  |
| Is there a review by committee or board after a loss?   | Have not had a loss   |
| <b>Does Your County Have the Following Exposures?</b>   |   |
| Airports or Aircraft                                    | No  |
| Ambulance services, Rescues, EMTS, paramedics           | No  |
| Amusement parks   | No-other than 3 days at County Fair   |
| Arenas, Stadiums, or Convention Centers                 | Fair Grounds  |
| Dams, Dikes, Lakes, Reservoirs                          | Yes-small earthen dam above courthouse pond                                     |
| Fuel or Chemical Tanks                                  | Yes   |
| Hospital or Medical Facility                            | No  |
| Housing projects  | No  |
| County jail or Correctional facility                    | Yes   |
| Landfill or Transfer stations                           | Yes   |
| Railroads   | No  |
| Schools   | No  |
| Bridges, Tunnels  | Yes-bridges only  |
| Transport hazardous or dangerous cargo (not chipseal)   | No  |
| Mass transportation                                     | No  |
| Transportation of 6 or more employees                   | No  |
| Wharves, Piers, Docks, Marinas, Watercraft              | Yes-watercraft  |
| Zoos  | No  |
| Anything that was missed?-Senior Services Building      | Yes   |
| <b>Revenue Sources / Alcohol Products</b>               |   |

|   |  |
|---|--|
| Does your county provide services or products for profit?<br>If yes, describe the service and dept. provider. | No   |
| Does your county allow the sale of alcohol on county property? If yes:  | Yes-with special use permit, proper state licensing, and additional security and liability coverage requirements |
| Does the county provide alcohol for free? If yes:   | No   |
| Where/When?   | NA   |
| Who is served?  | NA   |
| How many people are served?   | NA   |
| Are security personnel present?   | NA   |
| Does the county serve alcohol for a charge? If yes:   | No   |
| Where/When?   | NA   |
| Who is served?  | NA   |
| How many people are served?   | NA   |
| Are security personnel present?   | NA   |
| Do contractors serve alcohol for free or charge?  | No   |
| Where/When?   | NA   |
| Who is served?  | NA   |
| How many people are served?   | NA   |
| Are security personnel present?   | NA   |
| <b>Does Your County Provides Sewer Utilities? If so:</b>  | Yes  |
| Is sewage disposal plan maintained?   | Yes, by the City of South Bend   |
| How many of miles of sewer lines?   | Small High Density System serving 50 homes on Eklund Park  |
| Is some work subcontracted?   | All maintenance and operation contracted to City of South Bend   |
| Are bulk chemicals stored at the facility?  | No   |
| <b>Does your County Provide Water Utilities? If Yes:</b>  | Yes-Bruceport Park   |
| How many gallons per year?  | Not metered  |
| Is bulk chlorine stored at the facility?  | Not metered  |
| Is some of the work subcontracted out?  | DOE monitors   |
| What is the source of the water supply?   | Well   |
| Is drinking water tested as frequently as required?   | Yes-Monthly  |
| Are there water supply tanks?   | 2 above ground pressure tanks  |
| What is the construction type of the tanks?   | Unknown  |
| What is the capacity of the tanks?  | 500 gallons  |
| What is the date of the last internal tank inspection?  | Unknown  |
| <b>Does Your County Own or Operate Landfills and/or Transfer Stations? If So:</b>                             | No-Privately Owned   |
| Do employees monitor attendance?  | NA   |
| Are the sites fenced?   | NA   |
| Is surface/storm water nearby?  | NA   |
| Is Drinking water nearby?   | NA   |
| Is hazardous waste handled on-site?   | NA   |
| Are there abandoned or closed sites?  | NA   |
| Are there methane gas vents?  | NA   |
| Is there an incident review/reporting process?  | NA   |
| <b>Does Your County Operate a Fair or Fairground? If so:</b>  | Yes  |
| What are the fair dates?  | Last Wed-Sat in August   |
| Is there a fair board?  | Yes  |
| Is there security at the fair gates?  | Yes  |
| Are medical personnel on site during the fair?  | Yes  |
| Is music provided?  | Yes  |
| Are there grandstands?  | No   |
| Are there bleachers?  | Yes  |
| Are grandstand & bleachers inspection yearly?   | Yes  |
| Do you contract for carnival rides?   | Yes  |
| Is a background check required of vendors?  | Yes-been difficult to get compliance with Carnival vendor  |
| <b>Does Your County Own or Operate a Convention Center/Civic Center/Auditorium/Exhibition Center? If yes:</b> | No   |

|   |  |
|---|--|
| What is the location?   | NA   |
| What is the capacity?   | NA   |
| What is the facilities age?   | NA   |
| Are security personnel present on event days?   | NA   |
| Is an emergency evac plan in place?   | NA   |
| Are first aid facilities maintained and documented?                                   | NA   |
| Is the facility rented by third parties?  | NA   |
| Is special events coverage required?  | NA   |
| <b>Does Your County Have a Parks &amp; Recreation Dept.?</b>                          |  |
| <b>If so:</b>   | County Parks and the Fair are division with Dept. of Public Works  |
| Do you allow fireworks?   | No   |
| How many parks are owned and the # of acres?  | Hangman 1.65 acres, Bruceport 65.36 acres, Bush Pioneer 43.94 acres, Morehead 3.923 acres, Chinook 19.17 acres   |
| Is there playground equipment?  | Yes  |
| Are there any swimming pools?   | No   |
| Are there any ice skating rinks?  | No   |
| Are there ponds used for ice skating?   | No   |
| Are any athletic programs offered by the county? If so:                               | No   |
| What types of athletic activities?  | NA   |
| Is a parental consent form and/or waiver used?  | NA   |
| Are there other operations?   | Youth/Adventures Day/Modified Ropes Course for all 6th grade students hosted at our County park, Various "camps" held at Camp Morehead throughout the year by outside entities |
| <b>Does Your County Provide Recreation at Lakes, Reservoirs or Beaches? If so:</b>    |  |
| <b>Is swimming allowed? If yes:</b>   | No   |
| Is the swimming area roped off?   | NA   |
| Are certified lifeguards on duty during swim hours?                                   | NA   |
| Is power boating permitted near the swimming area?                                    | NA   |
| Are scheduled swim hours posted?  | NA   |
| Is the swimming area fenced?  | NA   |
| Are there diving platforms or rafts in swim area?                                     | NA   |
| Are no swimming/warning signs posted?   | NA   |
| Is the area patrolled during closed hours?  | NA   |
| <b>Does Your County Operate Marinas, Watercraft, Wharves, Piers and Docks? If so:</b> |  |
| <b>If there are boat slips, how many?</b>   | Yes-Watercraft Only  |
| Is the dock anchored?   | NA   |
| Is the dock inspected?  | NA   |
| Is there a marina exposure?   | NA   |
| Are any operations subcontracted out?   | NA   |
| Does your county own watercraft? If yes:  | Yes  |
| What type and length?   | Vegetation Management's 18' Air Boat, Sheriff's Dept 20' Jet Boat  |
| Does your county rent boats?  | No   |
| <b>Does the County Own or Operate Paid Parking?</b>                                   |  |
| How many stalls?  | NA   |
| How many levels?  | NA   |
| Does the county own a pay parking lot?  | NA   |
| <b>Does the County Operate Day Care or Day Camps?</b>                                 |  |
| <b>What are the employment requirements?</b>  | Youth Adventures Day<br>Staffed by Public Health and Human Services Employees and Volunteers   |
| What is the max # of individuals staff are responsible for?                           | 6-10   |
| Are background checks conducted for employees and volunteers?                         | Yes  |
| Is transportation provided by county?   | No-provided by the school district   |

|  |   |
|--|---|
| <b>Does the County Operate a Quarry? If so:</b>  | We own a quarry, but it is not operational at this time   |
| Is blasting performed by the county or by contractor?  | When operational it is operated by a Contractor   |
| <b>Does the County Have a Land Development Dept.?</b>  | Yes-Department of Community Development   |
| Are personnel trained in due process permitting?   | We don't conduct formal "due process" permitting training   |
| Do staff have technical competencies to administer land use laws and regulations?                    | Yes with support from County Prosecutor's Office  |
| <b>Does The County Have Home Health Visit Services?</b>  | Public Health Nurse Home Visiting   |
| Do policies/procedures address sexual conduct?   | Yes   |
| Does the policy express mgmts commitment to sexual abuse prevention?                                 | Yes   |
| Do procedures define consequences of non policy non adherence?                                       | Yes   |
| Are volunteers trained in sexual abuse prevention?   | Yes   |
| Is an incident reporting and follow up mechanism in place?   | Yes   |
| Any sexually abusive related termination of employees?   | No  |
| Is there documentation of adherence to policies and procedures?                                      | Documentation of review of policy   |
| Does health service assess mgmt of clinical and financial risks?                                     | No  |
| <b>Streets, Roads, Transportation</b>  |   |
| # of Miles of Road Paved/unpaved?  | 603.05 lane miles paved; 55.69 miles unpaved  |
| Is There a Road Maintenance and Upkeep Program?  | Yes   |
| Are Written Maintenance Records Kept?  | Yes   |
| Are Road Signs Regularly Inspected for Visibility or Missing Signs?                                  | Yes   |
| Does the county own or maintain sidewalks? If yes:   | Yes   |
| Are the sidewalks inspected and documented?  | No  |
| Is the Traffic Supervisor checklist verified onsite?   | Do not know what this is?   |
| Does the county own bridges? If yes:   | Yes   |
| How many?  | 61  |
| Are weight limits posted?  | Yes   |
| Are one lane bridges posted with warning signs?  | Yes   |
| Are there closed, condemned or structurally deficient bridges? If yes:                               | No. We have functionally obsolete bridges, but none that are condemned or structurally deficient. There will likely be a change in 2015 due to new load rating restrictions |
| Name and location?   | NA  |
| Are warning signs posted?  | NA  |
| Are barriers permanent?  | NA  |
| Are all bridges inspected?   | Yes   |
| Does the county have written snow and ice removal procedures?  | Yes   |
| If yes: When was policy last reviewed?   | 2007  |
| <b>Does Your County Operate Emergency Services?</b>  |   |
| Does the county have any departments that provide emergency services other than the sheriffs office? | Emergency Management-Division of the Sheriff's Dept.  |
| Any emergency vehicles - if so, operator special training?   | Sheriff's Command Vehicle and MRAP  |
| Are designated drivers used?   | No  |
| Is there a department policy for entering intersections against red lights, etc.?                    | Yes-Only with emergency equipment activated   |
| Is the department party to any contractual agreements (mutual aid or private service contracts)?     | Yes   |
| When was policy last reviewed?   | Annually  |
| <b>Law Enforcement</b>   |   |
| # of FT, PT, volunteer officers?   | 13 FT/0 PT/4 Reserves   |
| # of dispatchers and clerical?   | 11 dispatchers, 4 clerical  |
| Does your county have police dogs? If so:  | Yes   |

|   |   |
|---|---|
| If so, what are they used for?  | Apprehension  |
| Does your county handle dispatching? If yes:  | Yes   |
| Does the county dispatch for other public or private entities?                                      | Yes   |
| How many public or private entities?  | 18  |
| What is the total population served?  | 21,000 plus visitors  |
| Are incoming calls to dispatchers recorded?   | Yes   |
| How long are recordings maintained?   | 36 months   |
| What services are dispatched?   | Law Enforcement, Fire, EMS, DPW upon request  |
| Is the Sheriff's Office Accredited? If yes, skip to the Contracted Law Enforcement Services Section | No  |
| Law Enforcement policies and procedures manual?   | Yes-Lexipol   |
| Is the manual reviewed annually by legal counsel? Name?   | Lexipol policy and procedure manual created by Lexipol attorneys and updated on a regular basis |
| Does your county have policies governing?   |   |
| Use of deadly force   | Yes   |
| Use of non-deadly force   | Yes   |
| Vehicle hot pursuit   | Yes   |
| Domestic Violence   | Yes   |
| Blood Borne Pathogens   | Yes   |
| Handling of Under the Influence   | Yes   |
| Ride along  | Yes   |
| <b>Education &amp; Training Requirements:</b>   |   |
| Is psychological testing required before hiring?  | Yes   |
| Are the results reviewed by a person trained in this field?   | Yes   |
| Is the applicant interviewed by a psychologist/psychiatrist?  | Yes   |
| Are background investigations completed prior to hiring new officers?                               | Yes   |
| Is training of armed officers required prior to any assignment?                                     | Yes   |
| Are all officers certified in accordance with state req?  | Yes   |
| Is a minimum annual in service training update req?   | Yes   |
| Is all training documented in a training log?   | Yes   |
| Are new officers formally assigned to work with a field training officer?                           | Yes   |
| Are officers trained and qualified before using:  | Yes   |
| Tasers  | Yes   |
| Weaponless Defense  | Yes   |
| Mace/Chemicals  | Yes   |
| Do officers have to requalify with:   | Yes   |
| Service weapons   | Yes   |
| Personal weapons  | Yes   |
| Other weapons   | Yes   |
| Are officers trained in CPR, First Aid?   | Yes   |
| Are all officers trained in vehicle operations?   | Yes   |
| Do all officers receive ongoing, verifiable, EVOC training?   | As time and funding allows  |
| Are officers required to complete a DD training program?  | Yes   |
| Is course work documented?  | Yes   |
| <b>Contracted Law Enforcement Services</b>  |   |
| Does your county contract law enforcement services to any other public or private entity?           | No  |
| Is your county a party to any mutual aid, reciprocal or regional task force agreements?             | Yes   |
| Does your county authorize off duty security employment?  | Yes   |
| Is off duty security employment pre approved?   | Yes   |
| Is your county currently at authorized strength?  | Fully staffed at 2015 budgeted positions with one recent emergency hire in a deputy position    |



|   |  |
|---|--|
| Total full time employees, each of last 3 years?  | See Attached   |
| <b>Wrongful Acts/Public Officials Liability Information?</b>  |  |
| Does the county comply with state and federal laws?   | Yes  |
| Does the county have hiring and screening practices for new employees, volunteers and temp. agencies?   | Yes  |
| Do the county sexual harassment, discrimination, and retaliation policies have:   |  |
| A clear and open reporting policy?  | Yes  |
| A zero tolerance policy?  | Yes  |
| Mandatory documented training for all employees and volunteer personnel?  | We have the requirement but are not in full compliance                                       |
| Distribution requirements to all employees?   | Yes  |
| Are new employees provided with a copy of the policy & procedures at orientation?   | Yes-Included in County Personnel Policy  |
| <b>Employment Practices Information</b>   |  |
| Does your county have any contacts with or receive financial assistance from the Fed Gov?   | Yes  |
| Total # of FT employees each of last 3 years?   | 2013-168,162 FTE<br>2014-180,232 FTE<br>2015-170,965 FTE                                     |
| Who is the person responsible for HR?   | Each Elected Official, Dept. Head with support from Risk Manager and PA                      |
| Does the county utilize standardized background checks?   | Yes-WSP  |
| Do the county utilize any of the following tests to screen applicants, to promote employees or for the purpose of continuing employment?              | Yes  |
| Psychological or personality tests?   | Psych for Sheriff's Dept. employees  |
| Drug or alcohol tests?  | Road Crew employees  |
| Pre-employment offer medical tests?   | Hearing Screening for Dispatchers  |
| Have all your employment related policies & procedures been reviewed and approved by outside counsel?   | No   |
| If yes, by whom?  | NA   |
| Have all recommendations from that review been implemented?   | NA   |
| Do you use an employment application during your hiring process? If yes, does it contain:   | Yes  |
| At will statement   | No   |
| Authorization to check references   | Yes  |
| Applicants signature regarding true statements  | Yes  |
| Equal opportunity statement   | Yes  |
| Do you distribute an employment handbook to your employees?   | No   |
| If no, do you have policies on the above distributed separately?  | Personnel Manual Available on the Shared Drive for employee review                           |
| Do you have a written disciplinary program?   | Yes-Union Contracts and Personnel Policy   |
| If yes, is it distributed to supervisors in writing?  | Yes  |
| Do you post in conspicuous locations to all employees and applicants, all notices required by law?  | Yes  |
| When requested by employees, do you distribute information as required by federal law regarding FMLA?   | Yes-Posted on Shared Drive   |
| Do you require that all employment terminations be reviewed by HR personnel?  | No-We do not have HR dept. Generally terminations are reviewed by Risk Manager, PA and BOCC. |
| Have you informed supervisory personnel, in writing, of their responsibility to provide you with prompt notice of any claims, incidents, allegations? | Yes-Recently revised accident/incident report form and updated materials in county vehicles  |
| <b>Fleet Program</b>  |  |
| Does your county have a fleet services director?  | Yes  |
| Does your county have a fleet service manual?   | No   |
| Does your county collect driver abstracts for:  | Yes  |
| Passengers car drivers?   | Yes  |



|  |  |
|--|--|
| Large vehicles/trucks  | Yes  |
| New drivers?   | Yes  |
| Existing drivers?  | Not on regular basis   |
| Does your county use a prospective driver application?   | No   |
| Does your county perform a prospective driver road test?                                       | No   |
| Does your county check CDL drivers DOT medical exams?  | Yes  |
| Does your county perform controlled substance testing?   | Yes with a contracted vendor   |
| For driver applicants?   | For DPW only   |
| Random?  | Yes  |
| Post Accident?   | Yes  |
| Does your county perform on-going driver safety training?                                      | Yes  |
| Does your county perform investigations following vehicle collisions?                          | Yes  |
| Does your county perform fleet maintenance?  | Yes in-house and by local vendors  |
| Does your county perform vehicle repair or maintenance services for any other public entities? | No   |
| Does your county provide repair or maintenance services to members or the public or employees? | No   |
| # of Passenger Cars, Light Trucks?   | 47 passenger cars, 33 light trucks   |
| # of Trucks, Medium, Heavy, Tractors, Trailers.?   | 14 med/heavy trucks, 5 tractor trailers, 21 other trailers, 47 other types of road equipment |

# Sheriff's Office Staffing

|                          | 2013   | 2014 | 2015 |
|--------------------------|--------|------|------|
| Commissioned             | 13.417 | 14   | 13   |
| Corrections (no cooks)   | 10     | 11   | 10   |
| Command Staff            | 5      | 5    | 5    |
| Clerical (all divisions) | 3.8    | 5    | 4    |
| Emergency Management     | 1      | 1    | 1    |
| Dispatch                 | 13     | 13   | 11   |

|  |  |
|--|--|
| Large vehicles/trucks  | Yes  |
| New drivers?   | Yes  |
| Existing drivers?  | Not on regular basis   |
| Does your county use a prospective driver application?   | No   |
| Does your county perform a prospective driver road test?                                       | No   |
| Does your county check CDL drivers DOT medical exams?  | Yes  |
| Does your county perform controlled substance testing?   | Yes with a contracted vendor   |
| For driver applicants?   | For DPW only   |
| Random?  | Yes  |
| Post Accident?   | Yes  |
| Does your county perform on-going driver safety training?                                      | Yes  |
| Does your county perform investigations following vehicle collisions?                          | Yes  |
| Does your county perform fleet maintenance?  | Yes in-house and by local vendors  |
| Does your county perform vehicle repair or maintenance services for any other public entities? | No   |
| Does your county provide repair or maintenance services to members or the public or employees? | No   |
| # of Passenger Cars, Light Trucks?   | 47 passenger cars, 33 light trucks   |
| # of Trucks, Medium, Heavy, Tractors, Trailers.?   | 14 med/heavy trucks, 5 tractor-trailers, 21 other trailers, 47 other types of road equipment |
| <b>REVIEWED AND APPROVED BY PACIFIC COUNTY BOARD OF COMMISSIONERS</b>                          |  |
| <b>STEVE ROGERS, CHAIR</b>   |  |
| <b>DATE</b>  |  |



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

Meetings are held the 2nd  
and 4th Tuesday of each  
month, beginning at 9 a.m.

REQUESTED MEETING DATE:

06/23/15

## AGENDA REQUEST FORM

TO BE COMPLETED BY CLERK OF THE BOARD / DEPUTY CLERK OF THE BOARD

Agenda Item#: 19

BOCC ACTION: ☐ APPROVED ☐ DENIED

Initial: \_\_\_\_\_ Date: \_\_\_\_\_

☐ SUBJECT TO ADEQUATE BUDGET APPROPRIATIONS

☐ NO ACTION TAKEN/WITHDRAWN

☐ DEFERRED TO: \_\_\_\_\_

Review ☐ Clerk of the Board

☐ Risk Mgmt

☐ CONTINUED TO DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

☐ Legal Required

☐ 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"/> PCEMA    | <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"/> Veg Mgmt       |
|                              | <input type="checkbox"/> Civil Service | <input type="checkbox"/> Juvenile | <input type="checkbox"/> SDC        | <input type="checkbox"/> W&U 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: 6/16/2015                              |
| NARRATIVE OF REQUEST<br>Andi Day has submitted her resignation as Fair Board member; she has been a member since June, 2013.         |  |
| RECOMMENDED MOTION (To Be Completed by the Clerk/Deputy Clerk of the Board)<br>Acknowledge resignation of Fair Board member Andi Day |  |



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month, beginning at 9 a.m.

REQUESTED MEETING DATE:

06/23/15

## AGENDA REQUEST FORM

TO BE COMPLETED BY CLERK OF THE BOARD / DEPUTY CLERK OF THE BOARD

Agenda Item #: 20

BOCC ACTION: ☐ APPROVED ☐ DENIED

Initial: \_\_\_\_\_ Date: \_\_\_\_\_

☐ SUBJECT TO ADEQUATE BUDGET APPROPRIATIONS

☐ NO ACTION TAKEN/WITHDRAWN

☐ DEFERRED TO: \_\_\_\_\_

Review ☐ Clerk of the Board

☐ Risk Mgmt

☐ Legal Required

☐ CONTINUED TO DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

☐ 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"/> PCEMA    | <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"/> Veg Mgmt       |
|                              | <input type="checkbox"/> Civil Service | <input type="checkbox"/> Juvenile | <input type="checkbox"/> SDC        | <input type="checkbox"/> WSU 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):

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

PHONE / EXT:

SIGNATURE: 

DATE: 6/15/2015

NARRATIVE OF REQUEST

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

Adopt Resolution 2015-030 amending the Internet, Email Telephone, and other Electronic Equipment and Media Use Policy and shall be effective the 1st day of July, 2015. Upon becoming effective, the new policy shall rescind the policy adopted via Resolution 2012-054.

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

**RESOLUTION NO. 2015-\_\_\_\_\_**

**AMENDMENT TO THE PACIFIC COUNTY POLICY MANUAL**

**WHEREAS**, Pacific County is dedicated to protecting the lives of their employees and providing a safe work environment; and

**WHEREAS**, a policy manual has been created to endeavor to provide the protection and provision of a safe work environment for all employees; and

**WHEREAS**, the policy manual needs to be periodically reviewed, modified, and occasionally updated by replacement; and

**WHEREAS**, the Board has determined that Internet, Email Telephone, and other Electronic Equipment and Media Use Policy is in need of updating, now, therefore,

**IT IS HEREBY RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS, THE LEGISLATIVE AUTHORITY OF AND FOR THE COUNTY OF PACIFIC, STATE OF WASHINGTON**, that the attached Internet, Email Telephone, and other Electronic Equipment and Media Use Policy is approved, adopted and shall become effective the 1<sup>st</sup> day of July, 2015. Upon becoming effective, the new policy shall rescind the policy adopted via Resolution 2012-054.

**PASSED** by the Board of Pacific County Commissioners the 23<sup>rd</sup> day of June, 2015, meeting in regular session at South Bend, Washington, by the following vote, then signed by its membership and attested to by its Clerk in authorization of such passage.

\_\_\_\_\_ YEA; \_\_\_\_\_ NAY; \_\_\_\_\_ ABSTAIN; and \_\_\_\_\_ ABSENT.

BOARD OF COUNTY COMMISSIONERS  
PACIFIC COUNTY, WASHINGTON

\_\_\_\_\_  
Steve Rogers, Chair

\_\_\_\_\_  
Frank Wolfe, Commissioner

ATTEST:

\_\_\_\_\_  
Marie Guernsey  
Clerk of the Board

\_\_\_\_\_  
Lisa Ayers, Commissioner

# **PACIFIC COUNTY**

## **Internet, E-mail, Telephone, and other Electronic Equipment and Media Use Policy**

### **Section 1. Policy Purpose**

The primary goal of Pacific County's electronic communication systems and equipment policy is to facilitate the effective and efficient conduct of County business. This includes encouraging and facilitating the free exchange of business related communication, ideas and information between employees, and providing appropriate and reliable information to the public. Pacific County is obligated to administer County owned resources including electronic equipment and media for the benefit of the public and not individual interests.

The purpose of this policy is to set forth Pacific County's standards and expectations regarding employee, volunteer, and/or contract service provider access to and use of the internet, e-mail, phones, and other electronic equipment. This policy applies to all Pacific County employees and volunteers and their use of County owned network, computers, telephones, cell phones, fax machines, scanners, radios, cameras, visual, auditory or data recording devices, or any other electronic equipment or programs, and to County licensed and/or owned software used to access the internet, e-mail, or any other device or form of electronic communication, media, or devices.

### **Section 2. Definitions**

**Browser:** The computer program by which a user can access the visual and/or auditory aspects of the World Wide Web.

**Download/Upload:** The transmission of computer files, programs or other information via an electronic device.

**Official:** The Elected Official or Appointed Department Head for an office/department.

**Network/System Administrator:** Those County representatives tasked with maintaining Pacific County computer(s) and/or communication equipment and software programs.

**Internet:** Publicly accessible computer network connecting many smaller independent networks and systems around the world. This web of computers offers information and/or programs that can be downloaded onto a user's computer.

**Internet/E-mail:** A service by which visual and auditory messages and other files and programs are sent electronically via the Internet.

**World Wide Web (www):** A subset of the Internet in which computers display information on "Web sites" accessible to the public.

**County Provided Equipment, Software, and Services:** County owned or provided equipment and services including computers, network, internet/e-mail, telephones, cell phones, radios, standard film or digital cameras, visual, auditory or data recording devices, software programs, or any other electronic or communication equipment, or software programs or licenses, owned, licensed to, operated by or located in or on premises or vehicles owned, rented, or leased by Pacific County.

### **Section 3: Policy Statement**

It is the Policy of Pacific County that:

1. An employee, volunteer, or contract service provider must be given authorization (Attachment C) by his/her respective Official prior to using County provided equipment, software, and services.
2. An employee, volunteer, or contract service provider must receive authorization by his/her respective Official prior to accessing the Internet or e-mail programs licensed to or operated by Pacific County, and prior to using any other electronic media based software or program.
3. An employee, volunteer, or contract service provider wishing to access the Internet or to use any of the equipment or programs listed in Items No. 1 and/or 2 above must submit a completed Internet Usage Agreement (Attachment B) to his/her respective Official. The request will either be approved, denied, or an alternative response provided. Unauthorized access into or downloading of any material from the Internet by an employee or volunteer using County provided equipment, software, accounts, or services, or through any other means is a violation of this policy and is cause for disciplinary action.
4. The Network/System Administrator(s) assigned to maintain hardware and software systems for the County is/are authorized to identify, track, and store the usage of the Internet, E-mail, and other electronic media by County employees, volunteers and contract service providers. Unauthorized or inappropriate usage of the Internet, or any usage not permitted by this policy and authorized by the respective Official shall be promptly reported to the Official.
5. Authorization by the Official is required prior to an employee, volunteer, or contract service provider participating in an Internet or E-mail news group.
6. Downloading of files from the Internet is limited to approved sources for official County business activities only.
7. Installation of any and all software or hardware by county employees, volunteers or contract service providers is strictly prohibited without supervision or prior approval of the Network/System Administrator(s) assigned to maintain hardware and software systems for the County.
8. Text messages on County owned cellular phones should only be transitory in nature. Transitory is defined as a record that only documents information of temporary, short-term value and is not needed as evidence of a business transaction.
9. Any text message that is received or sent that relates to the conduct of government business is to be forwarded to the employee's county email.
10. Employees, volunteers, and contracted service providers have no expectation of privacy when they are using County owned computers, land line or cellular phones, internet/e-mail, and/or other electronic equipment, software or services.



#### **Section 4: Permitted Uses of the Internet, Email and Electronic Messaging Systems**

Employees, volunteers, and contract service providers with the approval of the respective Official, may use County provided equipment, software, and services, only for purposes that are reasonably related to official County business. Acceptable actions in support of official County business include:

1. Searching and/or going to websites for technical information directly related to County business.
2. Sending and/or receiving emails or other communication directly related to County business.
3. Going to websites as directed by a Network System Administrator to update County software.

In addition, it shall be permitted for County employees, volunteers, and/or contract service providers, upon approval of the Official, to access the Internet or to use e-mail, telephones, cell-phones and/or radios for occasional but very limited personal use of County owned communication equipment and/or software programs listed within this policy, subject to the following limitations:

1. There is no cost to the County.
2. The use does not interfere with performance of the employee's, volunteers, or contract service provider's official duties.
3. The use is brief in duration and infrequent in occurrence. Employees, volunteers, and contract service providers are expected to exercise good judgment in this respect.
4. The use does not disrupt or inconvenience other County employees, volunteers, or contract service providers and does not obligate others to make personal use of County resources.
5. The use does not compromise the security or integrity of County systems, information or software.
6. The use is does not constitute a crime, an illegal use, or violate any other County policy, or state or federal law.
7. The use does not constitute a private business use for profit, or provide a benefit or financial gain to the employee or volunteer, or to any corporation or organization for which the employee or volunteer is an employee, officer, board member, shareholder, etc.
8. The use will not cause or allow the receipt, storage or transmittal of an electronic message, image or data that contains discriminatory information or promotes discrimination on the basis of age, race, color, gender, creed, marital status, national origin, disability, religion, sexual orientation, or disabled and/or veterans status.
9. The use does not violate software licensing agreements or cause copyright infringement.
10. The use does not express or promote personal religious beliefs, or express or promote political beliefs, campaigns or initiatives.

## **Section 5: Prohibited Uses of the Internet, Email and Electronic Communication and Recording Systems**

Employees, volunteers, and contracted service providers are prohibited from using County provided equipment, software, and services, or any other device or form of electronic communication or media for the following purposes:

1. To order or sell items, except as associated with official County business.
2. To participate in any online game, contest, promotion, or sweepstakes.
3. To participate in non-County business related Instant Messaging, chat groups, list servers, or newsgroups.
4. To download audio or video entertainment not associated with official County business.
5. To release confidential or misinformation regarding County business, views or actions.
6. To participate in any use that constitutes a violation of copyright laws.
7. To gamble.
8. To solicit money for, support of or participation in religious or political causes, or for any non-County event.
9. To upload, download, create, post, transmit, forward, copy, or show another person, or voluntarily receive obscene, pornographic, offensive, libelous, threatening or harassing material, except as directly related to official County investigative activities as directed by the applicable Official.
10. To spread viruses, gain unauthorized access to another computer, or to make another network unusable by launching a denial of service attack.
11. To transmit unencrypted sensitive or confidential department information over the Internet or email.
12. To make an Internet connection that bypasses the Pacific County servers or firewall, or uses an unauthorized browser.
13. To use someone else's password, identity, alias, Internet or e-mail account or County computer or other equipment to access Internet or e-mail, or to use other software programs without permission.
14. To permit a person not authorized by the Official to access a County computer or other County equipment for any purpose.
15. To view, damage, alter, or delete other users' files.
16. To log onto or check outside e-mail accounts using County computers, networks, communication lines or equipment.
17. To visit, view or participate in any type of social media, unless it is for County business.

## **Section 6: Records Retention**

All records, electronic or otherwise, that are prepared, owned, used or retained by the County are subject to the Public Records Act Chapter 42.56 RCW and the County shall be the legal custodian of those records. Further, they shall be retained in accordance with the County's Retention Policy.

## **Section 7: Harassment or Criminal Activity**

If you believe that you or someone else is the victim of harassment or believe that criminal activity or a violation of this policy has occurred, please report such to your Official. If the Official is the alleged violator, please contact the Prosecuting Attorney or Risk Manager.

## **Section 8: Violations and Discipline**

Violation of this policy may be cause for disciplinary action. Disciplinary action, subject to compliance with applicable collective bargaining agreements, civil service rules and/or personnel policies and laws of the State of Washington, may include one or all of the following:

- Restriction of electronic communication and/or equipment privileges
- Removal of electronic communication and/or equipment privileges
- Oral warning
- Written warning
- Suspension
- Demotion
- Termination

**ATTACHMENT B:**

**PACIFIC COUNTY INTERNET, EMAIL, TELEPHONE, AND OTHER ELECTRONIC  
COMMUNICATION EQUIPMENT AND PROGRAM AUTHORIZATION AGREEMENT**

I, \_\_\_\_\_ have read and understand the Pacific  
County internet, email, telephone and other electronic equipment and media use policy.

I have read and understand this policy and agree to abide by its provisions.

Signed: \_\_\_\_\_

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

DRAFT

## ATTACHMENT C:

### AUTHORIZATION BY OFFICIAL FOR EMPLOYEE, VOLUNTEER OR CONTRACT SERVICE PROVIDER INTERNET, EMAIL, TELEPHONE, AND OTHER ELECTRONIC EQUIPMENT AND MEDIA USE

\_\_\_\_\_, is authorized to access and/or use the following electronic media, equipment and/or programs on behalf of Pacific County for official County business in his/her role as an \_\_\_\_ employee, \_\_\_\_ volunteer, or \_\_\_\_ contracted service provider under my supervision. The specific electronic equipment and/or media approved for use by this individual includes the following:

\_\_\_\_\_ Network

\_\_\_\_\_ Computer or laptop

\_\_\_\_\_ Email

\_\_\_\_\_ Internet

\_\_\_\_\_ Telephone

\_\_\_\_\_ Fax machine

\_\_\_\_\_ Copy machine

\_\_\_\_\_ Cell phone

\_\_\_\_\_ Voice radio

\_\_\_\_\_ CB

\_\_\_\_\_ Digital camera

\_\_\_\_\_ Electronic voice or recording device

Other: \_\_\_\_\_

DATA/SOFTWARE PROGRAMS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_ Holding the Office of: \_\_\_\_\_



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

Meetings are held the 2nd  
and 4th Tuesday of each  
month, beginning at 9 a.m.

REQUESTED MEETING DATE:  
06/23/15

## AGENDA REQUEST FORM

### TO BE COMPLETED BY CLERK OF THE BOARD / DEPUTY CLERK OF THE BOARD

|  |   |  |
|--|---|--|
| BOCC ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED |   | Agenda Item #: 21                                  |
| <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 Mgmt                 |
| <input type="checkbox"/> OTHER: _____  |   | <input type="checkbox"/> Legal Required            |
| 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"/> PC Fair                   |
| <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"/> Sheriff                   |
|  |   | <input type="checkbox"/> PACCOM                    |
|  |   | <input type="checkbox"/> Superior Court            |
|  |   | <input type="checkbox"/> Treasurer                 |
|  |   | <input type="checkbox"/> Veg Mgmt                  |
|  |   | <input type="checkbox"/> WSU Ext.                  |
|  |   | <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): |
| OFFICIAL NAME & TITLE: Marie Guernsey, Clerk of the Board  | PHONE / EXT:              |
| SIGNATURE:   | DATE: 6/16/2015           |
| NARRATIVE OF REQUEST   |                           |
| RECOMMENDED MOTION (To Be Completed by the Clerk/Deputy Clerk of the Board)  |                           |
| Adopt Resolution 2015-031 establishing the Tobacco-Free/Smoke-Free Policy and shall be effective the 1st day of July, 2015 |                           |

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

**RESOLUTION NO. 2015-\_\_\_\_\_**

**AMENDMENT TO THE PACIFIC COUNTY POLICY MANUAL**

**WHEREAS**, Pacific County is dedicated to protecting the lives of their employees and providing a safe work environment; and

**WHEREAS**, a policy manual has been created to endeavor to provide the protection and provision of a safe work environment for all employees; and

**WHEREAS**, the policy manual needs to be periodically reviewed, modified, and occasionally updated by replacement; and

**WHEREAS**, the Board has determined that the adoption of the Tobacco-Free/Smoke-Free Policy is in the best interest of county employees; now, therefore

**IT IS HEREBY RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS, THE LEGISLATIVE AUTHORITY OF AND FOR THE COUNTY OF PACIFIC, STATE OF WASHINGTON**, that the attached Tobacco-Free/Smoke-Free Policy is approved, adopted and shall become effective the 1<sup>st</sup> day of July, 2015.

**PASSED** by the Board of Pacific County Commissioners the 23<sup>rd</sup> day of June, 2015, meeting in regular session at South Bend, Washington, by the following vote, then signed by its membership and attested to by its Clerk in authorization of such passage.

\_\_\_\_\_ YEA; \_\_\_\_\_ NAY; \_\_\_\_\_ ABSTAIN; and \_\_\_\_\_ ABSENT.

BOARD OF COUNTY COMMISSIONERS  
PACIFIC COUNTY, WASHINGTON

\_\_\_\_\_  
Steve Rogers, Chair

ATTEST:

\_\_\_\_\_  
Frank Wolfe, Commissioner

\_\_\_\_\_  
Marie Guernsey  
Clerk of the Board

\_\_\_\_\_  
Lisa Ayers, Commissioner

# PACIFIC COUNTY

## Tobacco-Free/Smoke-Free Policy

### Section 1. Policy Purpose

Pacific County shall maintain tobacco-free and smoke-free campuses and properties in an effort to protect employees, contractors, vendors, visitors, and volunteers from the known dangers of secondhand smoke; to prevent initiation of tobacco use; and to save limited health care dollars.

### Section 2. Definitions

County property: all property owned, leased, or operated by the County, including, but not limited to, the grounds and parking lots surrounding County buildings, the County fairgrounds, and all County parks. County property does not include: Private vehicles and residences, unless otherwise required by individual or group contracts with the County; or County roads.

Public areas: includes, but is not limited to, all hallways, conference rooms, elevators, restrooms, lobbies, stairwells, reception areas, and any other areas (1) that are open to the public or (2) where County employees are required to pass through during the course of employment.

Tobacco Product: any cigarette, cigar, pipe, and other smoking products, equipment, and instruments; dip, chew, snuff, and any other smokeless tobacco product; and nicotine delivery devices, such as electronic cigarettes, excluding all FDA-approved nicotine replacement therapy products for the purpose of tobacco cessation.

### Section 3. Policy Defined

All County properties and all public areas on County property, with the exception of county parks, are designated tobacco-free and smoke-free areas. For County owned or leased parks all common areas, such as playgrounds, restrooms, or picnic areas, are designated tobacco-free and smoke-free areas.

The use of all tobacco products is prohibited on all County property, common areas of county owned/leased parks, in all public areas on County property, in all County-owned and County-leased vehicles, and while operating all County equipment and machinery. Except that any person passing by or through County property while on a public sidewalk or public right-of-way will not be considered to have intentionally violated this policy.

Smoking or tobacco use may be prohibited in other locations by separate ordinance.



### **Section 3. Notice**

The Department of Public Works shall post and maintain signs providing notice that public areas and County property are tobacco-free/smoke-free.

The Department of Public Works shall remove ashtrays from public areas.

All County employees shall be encouraged to help educate the public about the tobacco-free/smoke-free policy by reminding violators not to smoke on County property and by adding the policy to all agreements and event publications.

Employees shall communicate the requirements of this policy to fellow employees and the general public in a respectful manner.

### **Section 4. Violations and Penalties**

Violators who refuse to comply with this policy may be asked to leave County property.

The appropriate department director or elected official shall be responsible for educating employees about this policy and shall resolve intentional employee violations of this policy through disciplinary action.

### **Section 5. Cessation**

Any member of the public, including County employees, may obtain information on cessation resources from the Pacific County Public Health and Human Services Department.

### **Section 6. Effective Date**

This policy shall be effective on the 1<sup>st</sup> day of July, 2015.



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

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and 4th Tuesday of each  
month, beginning at 9 a.m.

REQUESTED MEETING DATE:

06/23/15

## AGENDA REQUEST FORM

### TO BE COMPLETED BY CLERK OF THE BOARD / DEPUTY CLERK OF THE BOARD

Agenda Item #: 22

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 Mgmt

☐ Legal Required

#### 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"/> PCEMA    | <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"/> Veg Mgmt       |
|                              | <input type="checkbox"/> Civil Service | <input type="checkbox"/> Juvenile | <input type="checkbox"/> SDC        | <input type="checkbox"/> WSU 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):

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

PHONE / EXT:

SIGNATURE:

DATE: 6/16/2015

#### NARRATIVE OF REQUEST

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

Approve Memorandum of Understanding with AFSCME Local 367C regarding out-of-class pay for represented employees working in management positions

**MEMORANDUM OF UNDERSTANDING**

**By and Between  
PACIFIC COUNTY**

**And the  
WSCCCE/AFSCME LOCAL 367C**

In an effort to provide clarification regarding out-of-class pay for 367C represented employees when working out-of-class in a management position, the parties mutually agree to the following;

When a 367C represented employee is required to work in a management position that employee will be paid at the compensation step of the management position that provides at least a 5% increase. Should the increase result in the employee's compensation falling between steps the employee will be compensated at the higher step.

All other conditions of the 2014-2016 Local 367C Collective Bargaining Agreement, Section 9.2, Out of Class Pay, apply.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2015.

Pacific County  
Board of County Commissioners

AFSCME Local 367C

\_\_\_\_\_  
Steve Rogers, Chair

\_\_\_\_\_  
Hannah Franks, Staff Representative

**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.



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

Meetings are held the 2nd  
and 4th Tuesday of each  
month, beginning at 9 a.m.

REQUESTED MEETING DATE:

06/23/15

## AGENDA REQUEST FORM

### TO BE COMPLETED BY CLERK OF THE BOARD / DEPUTY 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

☐ CONTINUED TO DATE: \_\_\_\_\_

TIME: \_\_\_\_\_

☐ Risk Mgmt

☐ Legal Required

☐ OTHER: \_\_\_\_\_

#### DISTRIBUTION LIST:

☐ RF

☐ Assessor

☐ DPW

☐ PACCOM

☐ Superior Court

☐ CF

☐ Auditor

☐ PCEMA

☐ PC Fair

☐ Treasurer

☐ SEA

☐ Clerk

☐ Health

☐ Prosecutor

☐ Veg Mgmt

☐ Civil Service

☐ Juvenile

☐ SDC

☐ WSU 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):

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

PHONE / EXT:

SIGNATURE:

DATE: 6/16/2015

#### NARRATIVE OF REQUEST

The Beach Barons have submitted their assembly permit for their annual Rod Run to the End of the World event. Their application was provided to DCD, DPW and PCSO. The permit was approved with one condition that a traffic control plan be submitted, which has been received.

Open public hearing

Swear in those wishing to testify/provide comment

Close hearing

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

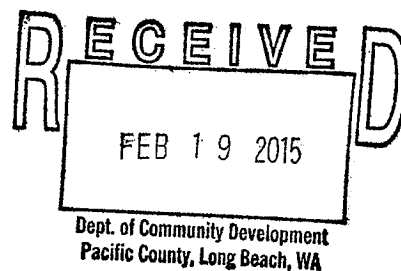
Approve Assembly Permit submitted by the Beach Barons Car Club for their Rod Run to the End of the World event to be held September 12 and 13, 2015, in accordance with Assembly Ordinance No. 35B, subject to 1) a \$ \_\_\_\_\_ contribution being submitted to Pacific County for law enforcement support prior to the event; 2) submit a current copy of Certificate of Insurance; and 3) all food vendors must obtain food permits prior to the start of the event



**Assembly Permit Application**  
**Pacific County Ordinance No. 35B**  
Pacific County Department of Community Development  
Internet Address: [www.co.pacific.wa.us](http://www.co.pacific.wa.us)

**PERMIT FEE: \$245.00 (non-refundable)**

**OFFICE USE ONLY**



A social event or assembly for any purposes which said persons believes, or has reason to believe, will attract two thousand (2,000) or more persons during any day at a particular location within Pacific County which is outside the limits of incorporated cities and towns, is required to obtain a permit.

**EVENT/ASSEMBLY INFORMATION**

|   |   |  |  |
|---|---|--|--|
| Organization/name of event:   | Beach Barons Car Club Inc - Rad Run to the End of the World |  |  |
| Location Address:   | Wilson Field - 25515 Sandridge Rd; Ocean Park, WA 98640     |  |  |
| Mailing Address:  | P.O. Box 237 - Ocean Park, WA - 98640                       |  |  |
| Contact person/person in charge:  | Dan Gove  | Phone No.:                             | 360-665-3565 <sup>or</sup> 360-244-3382                      |
| Date(s) of event:   | September 12 + 13 2015                                      |  |  |
| Overnight Camping?  | YES <input type="checkbox"/>                                | NO <input checked="" type="checkbox"/> |  |
| Water supply:   | North Beach Water   |  |  |
| Sewage disposal:  | Evergreen Septic Inc  |  |  |
| Number of people attending:   | 4,000   |  |  |
| Number of toilet facilities:  | 40 + 3 handicapped  |  |  |
| <small>Required number of toilets: 8 toilets per 1,000 attendees, 2 toilets for each additional 500 attendees, and 2 toilets handicap accessible.</small> |   |  |  |
| Number of hand washing facilities:  | 4 free standing - 8 with Sanicans                           |  |  |
| Method of solid waste disposal:   | 2 30yd Pump boxes   |  |  |
| Number of food service facilities:  | Approx 15-20  |  |  |
| Certificate of liability insurance:   | YES <input checked="" type="checkbox"/>                     | NO <input type="checkbox"/>            | Filed: ON file - will be renewed <sup>updated pr</sup> Date: |

PHU:  
Robi  
neton

Applicant's Signature:

|                      |               |
|----------------------|---------------|
| Print Name: Dan Gove | Date: 2-16-15 |
|----------------------|---------------|

|              |              |
|--------------|--------------|
| Approved By: | Date Issued: |
|--------------|--------------|

**SOUTH BEND OFFICE**  
P.O. Box 68  
South Bend, WA 98586  
(360) 875-9356 FAX (360) 875-9304

**LONG BEACH OFFICE**  
7013 Sandridge Road  
Long Beach, WA 98631  
(360) 642-9382 FAX (360) 642-9387

**Request for Assembly Permit Waiver  
Pacific County Ordinance No. 35B**

*per app  
not asking  
for any  
waiver  
hmc*

I, \_\_\_\_\_ request waiver from the Board  
of County Commissioners from the following item(s):

- ☐ Site plan requirements
- ☐ Section 5 – Sanitary facilities
- ☐ Section 7 – Traffic control
- ☐ Section 8 – Parking facilities
- ☐ Section 10 – Operating hours
- ☐ Section 12 – Certificate of Liability Insurance
- ☐ Section 12 – Fees

For the following reason(s):

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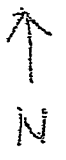
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Hill property  
500 CARS

NEAR  
EMOND  
200 CARS

WIEGAVI  
200 CARS

GOOD WITH  
200 CARS

VENDER ROW

CAR  
bridge  
PED.  
bridge

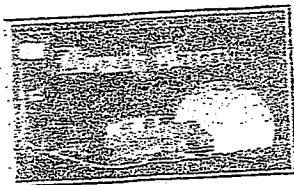
CREEK

CLAY  
bridge

INFORMATION  
booth

CAR  
bridge

club  
HOUSE



# LONG BEACH PENINSULA

Beach Barons'  
Cruise Route  
Sept 12, 2015  
4pm - 6pm

Surfside  
Estates

Ocean

Pacific

Ocean  
Park

Oceanville

Flagger

Type III  
Barricade

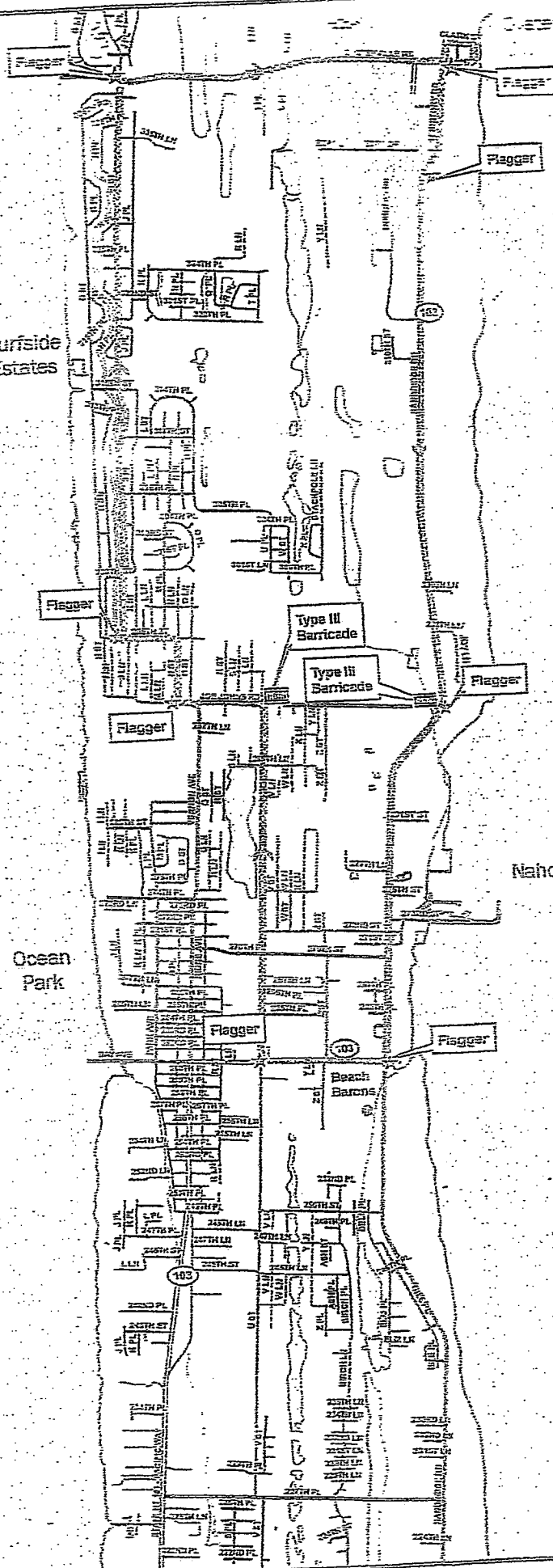
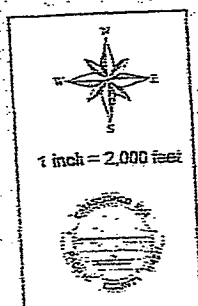
Type III  
Barricade

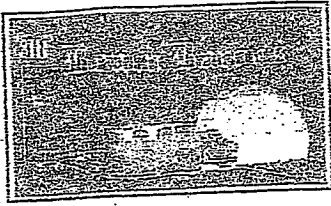
Flagger

Nahcotta

Flagger

Bay





# LONG BEACH PENINSULA

Beach Barons'  
Poker Run

Sept. 13<sup>th</sup> 2013  
9am - 11am

Surfside  
Estates

Ocean

Ocean  
Park

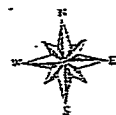
Pacific

Oysterville

Willapa

Nahcotta

Bay



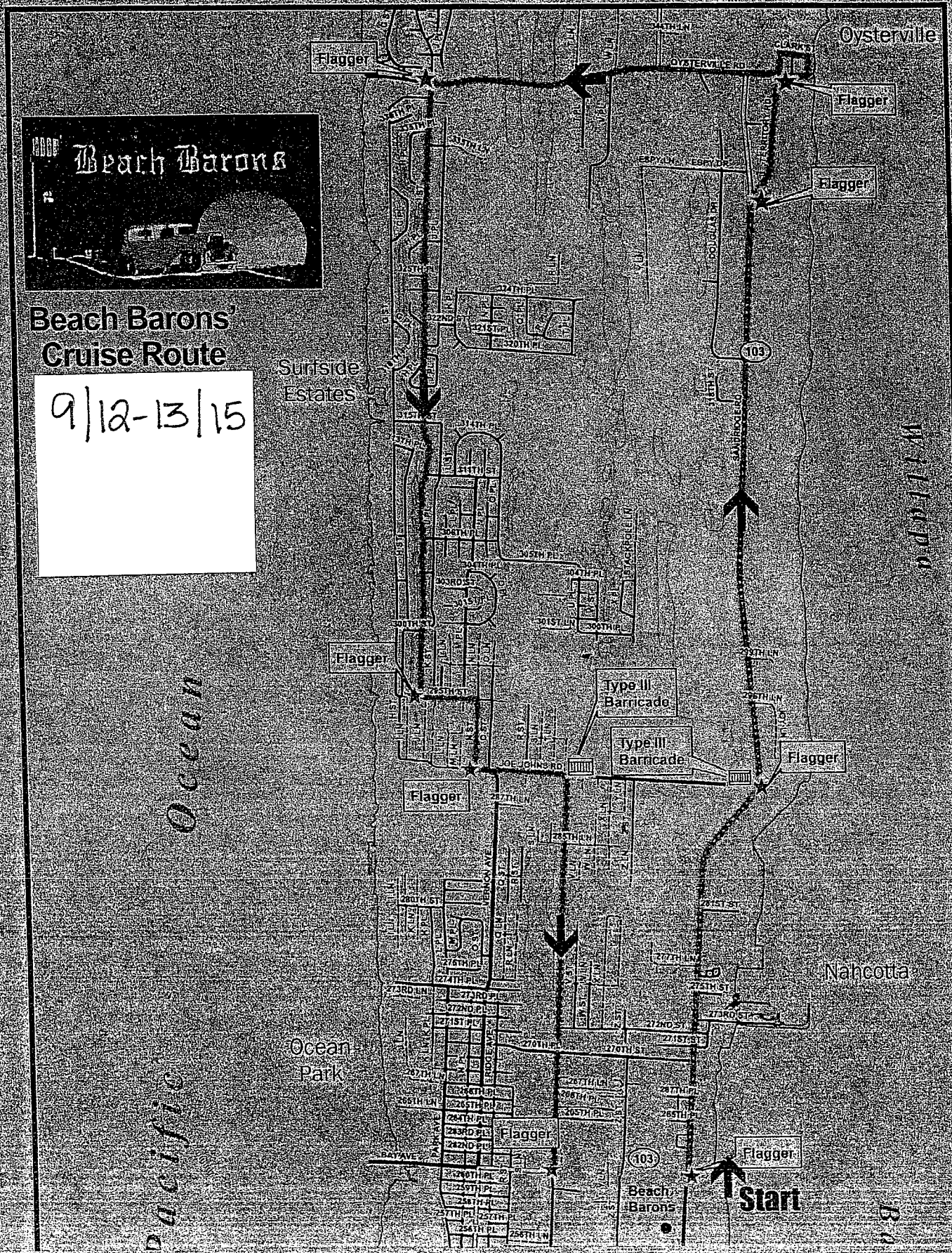
1 inch = 2,000 feet





## Beach Barons Cruise Route

9/12-13/15





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

Meetings are held the 2nd  
and 4th Tuesday of each  
month, beginning at 9 a.m.

REQUESTED MEETING DATE:

06/23/15

## AGENDA REQUEST FORM

TO BE COMPLETED BY CLERK OF THE BOARD / DEPUTY CLERK OF THE BOARD

Agenda Item #: 25

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 Mgmt

☐ Legal Required

☐ OTHER: \_\_\_\_\_

### DISTRIBUTION LIST:

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☐ SDC

☐ WSU Ext.

☐ DCD

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☐ 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):

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

PHONE / EXT:

SIGNATURE: 

DATE: 6/16/2015

### NARRATIVE OF REQUEST

Open public hearing

Swear in those wishing to testify/provide testimony

Close public hearing

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

Adopt Resolution 2015-032 in the matter of supplemental budget for the allowance of certain expenditures for fy2015