

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

**Tuesday, September 22, 2015
9:00AM or shortly thereafter as possible**

AGENDA

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

Call to Order

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

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

CONSENT AGENDA (A)

- A) Approve regular meeting minutes of September 8, 2015

CLOSE MEETING

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

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

PACIFIC COUNTY, WASHINGTON
LOCAL BOARD OF HEALTH
JOURNAL #33

PROCEEDINGS

9:00 AM
Tuesday, September 8, 2015

1216 W. Robert Bush Drive
South Bend, Washington

CALL TO ORDER – 9:00 AM

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

Marie Guernsey, Clerk of the Board
Kathy Spoor, County Administrative Officer
Paul Plakinger, Management & Fiscal Analyst
Wayne Leonard, Juvenile Court Services Administrator
Eric Weston, Chief Deputy Prosecutor
Stephanie Fritts, Emergency Management Director
Scott McDougall, Emergency Management Deputy Director
Mary Goelz, Health & Human Services Director

GENERAL PUBLIC IN ATTENDANCE

Joseph
Patrick Meyers, Willapa Harbor Herald (*recorded meeting*)

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

PUBLIC COMMENT - None

CONSENT AGENDA

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

Approve regular meeting minutes of August 25, 2015

Approve Rainbow Valley Landfill Claims Vouchers:

Ashley Construction, Inc. - \$5,980

Bale Farms 2 - \$175

SCS Engineers - \$3,624.15

City of Raymond - \$280

PUD #2 - \$36.84

Dragon Analytical Laboratory - \$2,858

MEETING CLOSED – 9:02AM

SIGNATURE BLOCK ON THE FOLLOWING PAGE

PACIFIC COUNTY, WASHINGTON
LOCAL BOARD OF HEALTH
JOURNAL #33

PACIFIC COUNTY
LOCAL BOARD OF HEALTH

Steve Rogers, Chairman

ATTEST:

Frank Wolfe, Commissioner

Marie Guernsey
Clerk of the Board

Lisa Ayers, Commissioner

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

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

**Tuesday, September 22, 2015
9:00AM or shortly thereafter**

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

AGENDA

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

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

9:00 AM Timberland Regional Library Quarterly Update
10:00 AM Workshop w/ DCD

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

10:00 AM fy2015 budget supplements

Call to Order

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

9:00AM Timberland Regional Library Quarterly Update

YEARS OF SERVICE

1) **20 Years:** Linda Normandin (SDC)

CONSENT AGENDA (Items 1-10)

Health & Human Services Department

- 2) Approve Amendment #6 to Contract 2011-13 WBH TX with Willapa Behavioral Health
- 3) Approve Amendment #3 to Contract 2013-15 with Boys & Girls Club of the Long Beach Peninsula
- 4) Approve Amendment #5 to Contract 2011-13 with Educational Services District 113-True North
- 5) Approve hire of Amanda Bunker, RN, effective September 21, 2015

Superior Court

- 6) Approve hire if Stephanie Feuchter, Assistant Court Administrator/Court Recorder, Grade 9 Step 1, effective September 16, 2015

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

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

Boards/Commissions

- 7) Approve reappointment of Fair Advisory Board members Mary Doubek and Val Rowe
- 8) Approve reappointment of Marine Resource Committee Members: Paul Philpot, Key McMurry, Brian Sheldon, Dale Beasley, Kathleen Sayce and Mike Cassinelli

General Business

- 9) Approve regular meeting minutes of September 8, 2015
- 10) Approve Vendor Claims:
Warrants Numbered 128723 thru 128847 - \$432,523.69

ITEMS REGARDING DEPARTMENT OF PUBLIC WORKS

- 11) Acknowledge resignation of Rob Pointer, effective September 15, 2015 and consider approval of request to post and advertise (if necessary) vacant position

ITEMS REGARDING HEALTH & HUMAN SERVICES DEPARTMENT

- 12) Consider approval of issuance of Request for Proposal (RFP) for housing and homeless programs and services
- 13) Consider approval of Interlocal Agreement with Great Rivers Behavioral Health Organization to plan, coordinate and administer behavioral health services
- 14) Consider issuance of Request for Applications (RFA) for the millage mini grants for programs and services that support individuals with developmental disabilities and/or that promote mental wellness

ITEMS REGARDING ASSESSOR'S OFFICE

- 15) Consider approval of request to purchase five computer and three iPads

ITEMS REGARDING RISK MANAGEMENT

- 16) Consider approval of Claim for Damages #2015-08-003

ITEMS REGARDING BOARDS AND COMMISSIONS

- 17) Acknowledge resignation of Civil Service Commission member, Steve Young
- 18) Acknowledge resignation of Fair Advisory Board member, Dean Farrell
- 19) Acknowledge resignation of Marine Resource Committee member, Jackie Ferrier

ITEMS REGARDING GENERAL BUSINESS

- 20) Consider adoption of Resolution 2015-043 authorizing amendments to the fy2015 budget by appropriation transfer

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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EXECUTIVE SESSION

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

PUBLIC HEARING – 10:00 AM

- 22) Consider adoption of Resolution 2015-044 in the matter of supplemental budget(s) for the allowance of certain expenditures for fy2015

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.

(S)

Years of Service Report

September 2015*Total Years of Service* 20

<i>Employee Name</i>	<i>Date of Hire</i>	<i>Calculation Date</i>	<i>ID Number</i>
Linda Normandin	9/8/1995	9/1/1995	NORML

Thursday, September 03, 2015

Page 1 of 1

C: Lisa - KB



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:
9/22/2015

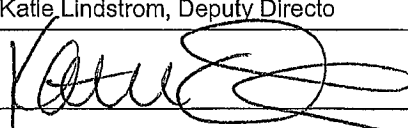
AGENDA REQUEST FORM

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>2</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"/> NDC	<input type="checkbox"/> Superior Court
<input type="checkbox"/> CF	<input type="checkbox"/> Auditor	<input type="checkbox"/> EMA	<input type="checkbox"/> PACCOM	<input type="checkbox"/> Treasurer
<input type="checkbox"/> SEA	<input type="checkbox"/> Clerk	<input type="checkbox"/> Fair	<input type="checkbox"/> Prosecutor	<input type="checkbox"/> Veg Mgmt
	<input type="checkbox"/> Civil Service	<input type="checkbox"/> Health	<input type="checkbox"/> SDC	<input type="checkbox"/> WSU Ext.
	<input type="checkbox"/> DCD	<input type="checkbox"/> Juvenile	<input type="checkbox"/> Sheriff	<input type="checkbox"/> Other

AGENDA ITEM REQUEST

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

DEPARTMENT/OFFICE: Health & Human Services	DIVISION (if applicable):
OFFICIAL NAME & TITLE: Katie Lindstrom, Deputy Director	PHONE / EXT: 2648
SIGNATURE: 	DATE: 9-9-15
NARRATIVE OF REQUEST Requesting approval and signature of amendment #6 to contract #2011-13 WBH with Willapa Behavioral Health to provide substance abuse treatment services county wide. This amendment extends the life of the contract through April 2016 after which the county will no longer act as the pass through for these funds. The amendment also adds a budget for FY 16 (July 1, 2015-April 30, 2016). All other terms remain the same. Please contact me at extension 2648 with any questions.	
RECOMMENDED MOTION <u>(To Be Completed by the Clerk/Deputy Clerk of the Board)</u> Approve Amendment #6 to Contract #2011-13 WBH with Willapa Behavioral health to provide substance abuse treatment services county-wide	

Name of Contractor: <u>Willapa Behavioral Health</u>	
Name of Contract/Agreement/Grant/Amendment #: (If amendment, provide copy of those pages that are being amended): <u>2011-13 WBH amendment #6</u>	
<input type="checkbox"/> W-9 Attached for all vendors/contractors (County issuing payment to) <input type="checkbox"/> Certificate of Insurance Attached (if required)	
Indicate type <input 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
Please provide Tax ID #, Uniform Business Identification (UBI) #, 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): <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: _____	
Exceptions to Bidding (Please provide appropriate documentation):	
<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
<u>*Resolution Required</u>	
<input type="checkbox"/> PURCHASE UNDER ANOTHER AGENCY'S CONTRACT ("Piggybacking")	
Please attach the following:	
- Copy of Intergovernmental Agreement with other agency	
- Confirmation that vendor agrees to participation	
- Documentation that contract was awarded in compliance with bidding law	
- Documentation that Agency posted bid/solicitation notice on its website or provided access link to the notice	
<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	<input type="checkbox"/> Post, Advertise, & Fill Position
<input type="checkbox"/> Other (please describe): _____	
BACKGROUND/SUMMARY (Include date of prior workshop and/or action, if applicable):	
RFQ for these services was released within the past 3 years.	
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	SUPPLEMENTAL 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:

**Contract # 2011-13 WBH TX
AMENDMENT #6**

PURPOSE OF THE CHANGE: To amend the contract between **Willapa Behavioral Health** and **Pacific County**.
IT IS MUTUALLY AGREED THEREFORE: That the contract is hereby amended as follows:

1. Replaces Exhibit B-Budget Amendment #5 with Exhibit B- Budget Amendment #6 to be effective July 1, 2015.
2. Extends end date of contract to March 31, 2016.

ALL OTHER TERMS & CONDITIONS of the contract shall remain in full force and effect.
IN WITNESS WHEREOF, undersigned have affixed their signatures in execution thereof.

PACIFIC COUNTY BOARD OF COUNTY COMMISSIONERS

CONTRACTOR- Willapa Behavioral Health

Chairman _____ Date _____

Signature _____ Date _____

Commissioner _____ Date _____

Title

Commissioner _____ Date _____

Attest

Clerk of the Board Date

Contract #2011-13 WBH TX

Exhibit B- Budget

Amendment #6

Fund Source	Services	FY 14 (Original)	FY 14 Amen. #4	FY 15	*FY 2016
Federal SAPT	Low Income Adult & Youth, ADATSA	14,901	29,802	-	-
Federal & State GIA (Non-CJTA)	Services for (non CJTA) Medicaid Clients that are not covered by Medicaid*	-	-	18,000	33,665
Adult CJTA (Biennial)	CJTA	28,747	26,811	-	-
**CJTA (Biennial)	Services for (CJTA) Medicaid Clients that are not covered by Medicaid*	-	-	7,500	4,470
State GIA	Low Income Adult & Youth, ADATSA	71,707	61,359	-	-
State Special Projects	Treatment Services for Repeat DUI Offenders	-	-	4,708	-
***Title XIX/Disability Lifeline & ADATSA	Disability Lifeline & ADATSA (through 12/31/2013)	19,275	\$19,275*	-	-
State Special Projects	TANF Treatment Services	3,281	6,563	-	-
Total Direct Bill		137,911	124,535	30,208	38,135

Fund Source	Services	FY 14 (Original)	FY 14 Amen. #4	FY 15	*FY 2016
****TANF XIX Set Aside	Youth & Adult TX for TANIF/Medicaid Clients			6,563	-
***Title XIX Set Aside	Youth and Adult Medicaid (non CJTA)	5,000	61,360	120,340	64,902
****CJTA Title XIX Set Aside	Medicaid (CJTA)	5,000	26,811	46,123	23,196
	Total Set Aside	10,000	88,171	173,026	88,098
Contract Total		147,911	212,706	203,234	126,233

*FY 2016 is July 1, 2015- April 30, 2016

**Services for clients not eligible for Medicaid include: Outreach, Intervention & Referral, Screening Tests/UA, and continuing education.

***Title XIX/Disability Lifeline ADATSA must be billed prior to December 31, 2013

****Medicaid "Set Aside" Funds are not billable directly to the county. The contractor bills Medicaid directly, and the county share is taken out from the state.



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

REQUESTED MEETING DATE:
9/22/2015

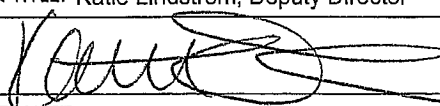
AGENDA REQUEST FORM

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>3</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"/> EMA
<input type="checkbox"/> SEA	<input type="checkbox"/> Clerk	<input type="checkbox"/> Fair
	<input type="checkbox"/> Civil Service	<input type="checkbox"/> Health
	<input type="checkbox"/> DCD	<input type="checkbox"/> Juvenile
	<input type="checkbox"/> NDC	<input type="checkbox"/> PACCOM
	<input type="checkbox"/> Prosecutor	<input type="checkbox"/> SDC
	<input type="checkbox"/> Sheriff	<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: Health & Human Services	DIVISION (if applicable):
OFFICIAL NAME & TITLE: Katie Lindstrom, Deputy Director	PHONE / EXT: 2648
SIGNATURE: 	DATE: 9-15-2015
NARRATIVE OF REQUEST Requesting approval and signature of amendment #3 to contract #2013-15 Boys & Girls Club. This contract is to provide childcare services for parenting classes and other community events and to provide resource development for after-school programs. The services are funded out of a combination of DBHR prevention funds, and through the WellSpring Drug Free Communities Grant and are all part of the approved budgets. This amendment extends the project performance period an additional year (through end of Sept 2016), and adds funding for FFY 2016. Please contact me at extension 2648 with any questions. Thank you!	
RECOMMENDED MOTION <u>(To Be Completed by the Clerk/Deputy Clerk of the Board)</u> Approve Amendment #3 to Contract #2013-15 Boys & Girls Club to provide childcare services for parenting classes and other community events and to provide resource development for after-school programs	

Name of Contractor: Boys & Girls Club of the Long Beach Peninsula

Name of Contract/Agreement/Grant/Amendment #: (if amendment, provide copy of those pages that are being amended):
2013-15 Boys & Girls Club

☐ W-9 Attached for all vendors/contractors (County issuing payment to) ☐ Certificate of Insurance Attached (if required)

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 provide Tax ID #, Uniform Business Identification (UBI) #, 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 ☐ Post, Advertise, & Fill Position
☐ Other (please describe): _____

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

TOTAL COST/AMOUNT (include sales & use tax): \$14,425 TOTAL TAX: none

TOTAL SHIPPING/HANDLING: none EXPENDITURE FUND #: 118 XXX.XXX.XX.XX

EXPENDITURE BUDGETED? ☒ Yes ☐ No SUPPLEMENTAL REQUIRED? ☐ Yes ☒ No

IN-KIND MATCH REQUIRED? ☐ Yes ☒ No DESCRIBE MATCH:

MATCHING FUNDS REQUIRED? ☐ Yes ☒ No AMOUNT OF MATCHING FUNDS:

Contract # Contract # 2013-15 Boys & Girls Club

AMENDMENT #3

PURPOSE OF THE CHANGE: To amend the contract between **Boys & Girls Club of the Long Beach Peninsula** and **Pacific County**.

IT IS MUTUALLY AGREED THEREFORE: That the contract is hereby amended as follows:

1. Extends the contract performance period through September 30, 2016.
2. Replaces Exhibit A- Rate Schedule and Budget amendment #2 with Exhibit A- Rate Schedule & Budget Reimbursement-Amendment #3.

ALL OTHER TERMS & CONDITIONS of the original contract shall remain in full force and effect. IN WITNESS WHEREOF, undersigned have affixed their signatures in execution thereof.

PACIFIC COUNTY BOARD OF COUNTY COMMISSIONERS

CONTRACTOR- Boys & Girls Club of the Long Beach Peninsula

Chairman _____ Date _____

Signature _____ Date _____

Commissioner _____ Date _____

Title

Commissioner _____ Date _____

Attest

Clerk of the Board Date

Contract # 2013-15 Boys & Girls Club

Amendment #3

Exhibit A--Rate Schedule and Budget Reimbursement

Budget/Time Frame (not to exceed)

Description	Rate			May 1, 2013- July 31, 2014	August 1, 2014- September 30, 2015	October 1, 2015- September 30, 2016
Parenting Program Facilitators	\$ 24.00	per hour		\$ 13,772.40	\$ -	1,425.00
Youth Coalition Coordination	\$ 20.00	per hour			\$ -	-
Childcare Providers	\$ 18.00	per hour			\$ 1,500.00	
Capacity Building/Funding Raising	22.19	per hour			\$ 12,696.00	13,000.00
Totals				\$ 13,772.40	\$ 14,196.00	\$ 14,425.00

updated 9-15-2015



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month, beginning at 9 a.m.

REQUESTED MEETING DATE:

9/22/2015

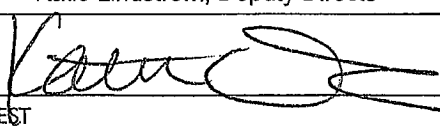
AGENDA REQUEST FORM

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>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"/> EMA
<input type="checkbox"/> SEA	<input type="checkbox"/> Clerk	<input type="checkbox"/> Fair
	<input type="checkbox"/> Civil Service	<input type="checkbox"/> Health
	<input type="checkbox"/> DCD	<input type="checkbox"/> Juvenile
		<input type="checkbox"/> NDC
		<input type="checkbox"/> PACCOM
		<input type="checkbox"/> Prosecutor
		<input type="checkbox"/> SDC
		<input type="checkbox"/> Sheriff
		<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: Health & Human Services	DIVISION (if applicable):
OFFICIAL NAME & TITLE: Katie Lindstrom, Deputy Directo	PHONE / EXT: 2648
SIGNATURE: 	DATE: 9-9-15
NARRATIVE OF REQUEST Requesting approval and signature of amendment #5 to contract #2011-13 ESD113 with Educational Service District 113-True North Student Assistance program to provide substance abuse treatment services for youth county wide. This amendment extends the life of the contract through April 2016 after which the county will no longer act as the pass through for these funds. The amendment also adds a budget for FY 16 (July 1, 2015-April 30, 2016). All other terms remain the same. Please contact me at extension 2648 with any questions.	
RECOMMENDED MOTION <u>(To Be Completed by the Clerk/Deputy Clerk of the Board)</u> Approve AMendment #5 to Contract #2011-13 ESD 113 with ESD 113-True North Student Assistance Program to provide substance abuse treatment services for youth county-wide	

Name of Contractor: ESD 113 True North

Name of Contract/Agreement/Grant/Amendment #: (if amendment, provide copy of those pages that are being amended):
2011-13 ESD 113 Amendment #5

☐ **W-9 Attached** for all vendors/contractors (County issuing payment to) ☐ **Certificate of Insurance Attached** (if required)

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 provide Tax ID #, Uniform Business Identification (UBI) #, 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 ☐ Post, Advertise, & Fill Position
☐ Other (please describe): _____

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

RFQ for these services was released within the past 3 years.

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

TOTAL TAX:

TOTAL SHIPPING/HANDLING:

EXPENDITURE FUND #: _____,XXX.XXX.XX.XX

EXPENDITURE BUDGETED? ☐ Yes ☐ No

SUPPLEMENTAL REQUIRED? ☐ Yes ☐ No

IN-KIND MATCH REQUIRED? ☐ Yes ☐ No

DESCRIBE MATCH:

MATCHING FUNDS REQUIRED? ☐ Yes ☐ No

AMOUNT OF MATCHING FUNDS:

**Contract # 2011-113 ESD 113 TX
AMENDMENT #5**

PURPOSE OF THE CHANGE: To amend the contract between **Educational Service District 113- True North** and **Pacific County**.

IT IS MUTUALLY AGREED THEREFORE: That the contract is hereby amended as follows:

1. Replaces Exhibit A-Budget Amendment #4 with Exhibit B- Budget Amendment #5 to be effective July 1, 2015.
2. Extends end date of contract to March 31, 2016.

ALL OTHER TERMS & CONDITIONS of the original contract shall remain in full force and effect. IN WITNESS WHEREOF, undersigned have affixed their signatures in execution thereof.

PACIFIC COUNTY BOARD OF COUNTY COMMISSIONERS

CONTRACTOR- ESD 113 True North

Chairman _____ Date _____

Signature _____ Date _____

Commissioner _____ Date _____

Title

Commissioner _____ Date _____

Attest

Clerk of the Board Date

[illegible]

****Services for medicaid clients that are not billable to medicaid include: Outreach Intervention & Referral, Screening Tests/UA, and continuing education.**

FY 16 is July 1, 2015- April 30, 2016

PACIFIC COUNTY

☒ New Employee / ☐ Change in Status Information**DRAFT**

INSTRUCTIONS: The original form must be completed, signed and submitted along with your Agenda Request Form to the Board of Commissioners for approval. Detail any special arrangements on the reverse. If after the 10th of the month, please send a copy to Payroll.

Employee Name: Amanda Bunker Phone Number: _____

Physical Address: _____

Mailing Address (if different): _____

PERSONAL INFORMATION for issuance of County ID card (photo can be obtained from General Administration)

DOB: _____ Height: _____ Eye Color: _____ Hair Color: _____

Driver's License #: _____ State: _____

Department/Office: HealthPosition Title: Registered NursePhone/Ext.: _____ Start Date: 9/21/2015Union: Yes ☒ which? 367C No ☐ Grade: 13 Step: 1Monthly ☒ Hourly ☐ Pay Rate: \$ \$3,478 Exempt from Overtime: Yes ☐ No ☒

Position is:

Regular (1.00 FTE) ☒ Regular Part-Time ☐ _____ FTE Casual ☐ Temporary ☐ approx. end date: _____

Charge to BARS #: _____ (_____%)

_____ (_____%)

_____ (_____%)

_____ (_____%)

NOTE: Percentages must equal 100%.

Signature of hiring official _____

Date _____

Board of County Commissioners approved on _____ subject to adequate budget appropriations.

Clerk/Deputy Clerk of the Board _____

For Payroll Use Only

Position Code _____ Pension Code _____ FICA Code _____ Retirement Code _____

L&I Code _____ SUTA Code _____ Yearly Hours _____

PACIFIC COUNTY

☒ New Employee / ☐ Change in Status Information

INSTRUCTIONS: The original form must be completed, signed and submitted along with your Agenda Request Form to the Board of Commissioners for approval. Detail any special arrangements on the reverse. If after the 10th of the month, please send a copy to Payroll.

Employee Name: Stephanie Feuchter Phone Number: _____

Physical Address: _____

Mailing Address (if different): _____

PERSONAL INFORMATION for issuance of County ID card (photo can be obtained from General Administration)

DOB: _____ Height: 5'4" Eye Color: Grey/Blue Hair Color: BlondeDriver's License #: _____ State: WashingtonDepartment/Office: Superior Court - Court Administrator's officePosition Title: Assistant Court Administrator/ Court RecorderPhone/Ext.: 360.875.9327 Start Date: September 16, 2015Union: Yes ☒ which? Local 367-C No ☐ Grade: 9 Step: 1Monthly ☒ Hourly ☐ Pay Rate: \$ _____ Exempt from Overtime: Yes ☐ No ☒

Position is:

Regular (1.00 FTE) ☒ Regular Part-Time ☐ _____ FTE Casual ☐ Temporary ☐ approx. end date: _____Charge to BARS #: 001 . 600 . 512 . 21 . 10 (100 %)

_____ (_____ %)

_____ (_____ %)

_____ (_____ %)

NOTE: Percentages must equal 100%.

Michael J. Sullivan
Signature of hiring official

9/14/2015

Date

Board of County Commissioners approved on _____ subject to adequate budget appropriations.

Clerk/Deputy Clerk of the Board

For Payroll Use Only

Position Code _____ Pension Code _____ FICA Code _____ Retirement Code _____

I.&I Code _____ SUTA Code _____ Yearly Hours _____



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:
09/22/15

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

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 |

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 Guemsey, Clerk of the Board

PHONE / EXT:

SIGNATURE: 

DATE: 9/3/2015

NARRATIVE OF REQUEST

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

Approve the reappointment of Mary Doubek and Val Rowe to the Fair Advisory Board



Board of Pacific County Commissioners
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98586 Phone 360/875.9337 * Fax 360/875.9335

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month, beginning at 9 a.m.

REQUESTED MEETING DATE:

09/22/15

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

☐ 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: 9/3/2015

NARRATIVE OF REQUEST

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

Approve the reappointment of the following Marine Resource Committee Members: Paul Philpot-Economic Groups, Key McMurry-Scientific Community, Brian Sheldon-Aquaculture (Alternate), Dale Beasley-Commercial Fishing, Mike Cassinelli-Cities, and Kathleen Sayce-Education (Alternate) Doug Kess-Local Citizen

PACIFIC COUNTY, WASHINGTON
BOARD OF COMMISSIONERS
JOURNAL #51

9

PROCEEDINGS

9:00 AM
Tuesday, September 8, 2015, 2015

1216 W Robert Bush Drive
South Bend, Washington

CALLED TO ORDER – 9:02AM

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

Marie Guernsey, Clerk of the Board
Kathy Spoor, County Administrative Officer
Paul Plakinger, Management & Fiscal Analyst
Wayne Leonard, Juvenile Court Services Administrator
Eric Weston, Chief Deputy Prosecutor
Stephanie Fritts, Emergency Management Director
Scott McDougall, Emergency Management Deputy Director
Mary Goelz, Health & Human Services Director

GENERAL PUBLIC IN ATTENDANCE

Joseph Lewis
Patrick Meyers, Willapa Harbor Herald (*recorded meeting*)

PUBLIC COMMENT - none

CONSENT AGENDA

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

Department of Public Works

2015 Annual Bridge Report

Health & Human Services Department

**Approve Amendment #4 to 2015-2017 Consolidated Contract #C17121 with
WA State Department of Health; authorize Chair to sign**

Juvenile Court Services

**Approve Amendment to Family Functional Therapy Contract with Nelita
Wallingford**

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

Sheriff's Office

Approve hire of Marcelina Medina, Clerk/Secretary, Step 1, 1.0 FTE, effective September 2, 2015

Auditor's Office

Approve hire of Heather Stigall, Administrative Assist. II, Grade 9 Step 1, 0.75 FTE, effective September 1, 2015

General Business

Approve Amendment #1 to Contract for Services with Pacific County EDC pertaining personnel time towards the Targeted Marketing Efforts Project

Approve renewal of Secure Services Agreement with Recall; authorize Chair to sign

Approve regular meeting minutes of August 25, 2015

**Approve August, 2015 Payroll: total employees - \$189;
total payroll - \$700,344.95**

**Approve Vendor Claims:
Warrants Numbered 128561 thru 128632 - \$156,293.04**

ITEMS REGARDING HEALTH & HUMAN SERVICES DEPARTMENT

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

Approve Personal Service Agreement with Educational Service District #112 for Prevention and Treatment of Substance Abuse and authorize Director to sign

Approve request to advertise for Administrative Assistant II, Grade 9, Step 1, 0.8 FTE in the Long Beach Office

ITEMS REGARDING SHERIFF'S OFFICE

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

Approve qualified FMLA and Leave Credit Transfers, assign expiration date of January 31, 2016

Approve purchase of mobile data computer from state bid in an amount not to exceed \$4,452.88, including sales tax, subject to adequate budget appropriations

PACIFIC COUNTY, WASHINGTON
BOARD OF COMMISSIONERS
JOURNAL #51

ITEMS REGARDING SUPERIOR COURT

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

Approve issuance of Request for Proposal pertaining to the Indigent Defense Contracts, subject to inclusion of changes submitted by the Prosecutor's Office (*"notice to the County of any bar complaint and its continuing status" language was removed*)

ITEMS REGARDING RISK MANAGEMENT

Consider approval of Claim for Damages #2015-08-003-**DEFERRED**

ITEMS REGARDING BOARDS AND COMMISSIONS

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

Approve the appointment of Katie Auble to the Fair Board, effective immediately

ITEMS REGARDING GENERAL BUSINESS

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

Approve Memorandum of Understanding pertaining to the Regional On-Site Sewage System Loan Program

Vendor Claims, Warrants Numbered 128633 thru 128722 in the amount of \$356,638.76

EXECUTIVE SESSION – Not needed

MEETING CLOSED – 9:10AM

PACIFIC COUNTY
BOARD OF COUNTY COMMISSIONERS

Steve Rogers, Chairman

Frank Wolfe, Commissioner

ATTEST:

Marie Guernsey
Clerk of the Board

Lisa Ayers, Commissioner

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

PACIFIC COUNTY, WASHINGTON
BOARD OF COMMISSIONERS
JOURNAL #51

OTHER BUSINESS FOR FILING

Notice of resignation received from Corrections Officer William Knudson, effective September 12, 2015.

Certificate of Liability Insurance from Pacific Lutheran University, effective 9/1/2015 thru 9/1/2016.

**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, September 22, 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:

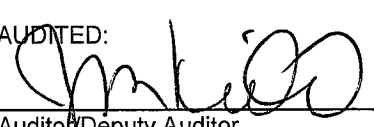
Vendors Claim Fund No. 692

128723 thru 128847 \$ 432,523.69

Warrants Dated: September 11, 2015

BOARD OF COUNTY COMMISSIONERS
PACIFIC COUNTY, WASHINGTON

AUDITED:



Auditor/Deputy Auditor

ATTEST:

Clerk of the Board

Chairman

Commissioner

Commissioner

RECEIVED
PACIFIC COUNTY

SEP 14 2015

GENERAL ADMINISTRATION
BOARD OF COMMISSIONERS



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:

09/22/15

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

☐ Risk Mgmt

☐ Legal Required

☐ CONTINUED TO DATE: _____ TIME: _____

☐ OTHER: _____

DISTRIBUTION LIST:

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| <input type="checkbox"/> RF | <input type="checkbox"/> Assessor | <input type="checkbox"/> DPW | <input type="checkbox"/> PACCOM | <input type="checkbox"/> Superior Court |
| <input type="checkbox"/> CF | <input type="checkbox"/> Auditor | <input type="checkbox"/> 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: DPW	DIVISION (if applicable): Roads
OFFICIAL NAME & TITLE: Mike Collins, Director/County Engineer	PHONE / EXT: 3368
SIGNATURE: _____	DATE: _____
NARRATIVE OF REQUEST Accept resignation and approve posting/advertisement for Road Maintenance Technician II for South County.	
RECOMMENDED MOTION (To Be Completed by the Clerk/Deputy Clerk of the Board) Accept resignation of Rob Pointer, Road Maintenance Technician II for South County, effective September 15, 2015 and approve request to post and advertise (if necessary) for vacant position, subject to adequate budget appropriations	



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month, beginning at 9 a.m.

REQUESTED MEETING DATE:
9/22/2015

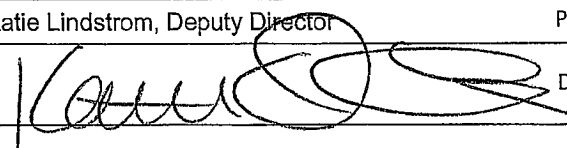
AGENDA REQUEST FORM

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 #: 12		
<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"/> NDC	<input type="checkbox"/> Superior Court
<input type="checkbox"/> CF	<input type="checkbox"/> Auditor	<input type="checkbox"/> EMA	<input type="checkbox"/> PACCOM	<input type="checkbox"/> Treasurer
<input type="checkbox"/> SEA	<input type="checkbox"/> Clerk	<input type="checkbox"/> Fair	<input type="checkbox"/> Prosecutor	<input type="checkbox"/> Veg Mgmt
	<input type="checkbox"/> Civil Service	<input type="checkbox"/> Health	<input type="checkbox"/> SDC	<input type="checkbox"/> WSU Ext.
	<input type="checkbox"/> DCD	<input type="checkbox"/> Juvenile	<input type="checkbox"/> Sheriff	<input type="checkbox"/> Other

AGENDA ITEM REQUEST

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

DEPARTMENT/OFFICE: Health & Human Services	DIVISION (if applicable):
OFFICIAL NAME & TITLE: Katie Lindstrom, Deputy Director	PHONE / EXT: 2648
SIGNATURE: 	DATE: 9-3-2015
NARRATIVE OF REQUEST Requesting approval to release Request for Proposal (RFP) to fund 2016 housing and homeless programs and services. This RFP will fund programs and/or services that respond to and prevent homelessness in Pacific County and will be funded through a combination of Pacific County Recording Fees (the portion dedicated to housing), and through the Washington State Consolidated Homeless Grant. The Human Services Advisory Board- Housing Committee, based off the approved 10 year plan to reduce homelessness, has created a set of strategic initiatives within which they are recommending housing funds be spent. This plan is incorporated into the RFP as attachment A- Housing Plan. The committee plans to judge applications and make recommendation to you for funding consideration in November with contracts set to begin January 2016. Please contact me at ex 2648 with any questions.	
RECOMMENDED MOTION <u>(To Be Completed by the Clerk/Deputy Clerk of the Board)</u> Approve issuance of Request for Applications to fund 2016 housing and homeless programs and services	



Public Health & Human Services

Housing & Homelessness Services

Request for Proposals

1. What is a Request for Proposal (RFP) and what is the purpose of this RFP?

RFPs are an opportunity to submit proposals for funding consideration. For this RFP, Pacific County is seeking qualified public, non-profit, for profit, and private contractors to submit proposals to provide services and programs that support individuals in Pacific County who are homeless, or at risk of becoming homeless.

2. What types of RFPs will be considered for funding?

Pursuant to applicable State law and Pacific County ordinances, these funds shall be used to support programs or services that prevent homelessness in Pacific County. Proposals should address one or more of the strategic goals listed in attachment A- 2016 2016 Action Plan. Proposals will be funded through a combination of Pacific County Recording Fees and/or through the Consolidated Homeless Grant (CHG). Proposed activities must be fundable through one of these sources. More information regarding these funding sources can be found at: <http://www.commerce.wa.gov/Programs/housing/Homeless/Pages/ConsolidatedStateHomelessGrantProgram> (CHG), and <http://app.leg.wa.gov/RCW/default.aspx?cite=36.22.178> and <http://app.leg.wa.gov/RCW/default.aspx?cite=36.22.179> (Recording Fees)

3. Who is eligible to apply?

Any entity eligible to do business in Washington State who can meet Pacific County liability insurance requirements and comply with federal and state non-discrimination laws are eligible to apply. Examples of such entities include, but are not limited to:

- School districts
- Public agencies
- Non-profit organizations
- For profit businesses
- Religious institutions

4. What are the insurance requirements?

A certificate of insurance is required that shows coverage for the proposed services. The certificate shall name Pacific County as an additional insured for activities and include a cancellation notice that provides a thirty (30) day notice to the County if the policy is cancelled or altered.

Comprehensive general liability insurance coverage with a minimum combined single limit per occurrence of \$1,000,000 and a minimum of \$2,000,000 per aggregate is required. If the contractor is unable to meet the insurance minimums set forth, the contractor shall contact the County Risk Manager to discuss insurance options.

5. When will funding decisions be announced?

All applicants should expect to hear on or around December 9, 2015.

6. How much funding is available?

The dollar amount available under this RFP is subject to state and local funding. For 2016, we estimate a total of approximately \$480,000. The BOCC may select one or more contractors to provide any or all services. Applicants are strongly encouraged to outline how they will leverage other funding sources and/or partner with other agencies to achieve the stated goals.

7. How and when do I submit the RFP?

All RFPs must be COMPLETE. The original RFP including all supporting materials must be RECEIVED by 5:00 p.m. on November 10th via email to:

Katie Lindstrom, Deputy Director
Pacific County Health & Human Services
koien@co.pacific.wa.us

8. What if I have a question about the RFP process or document?

Written inquiries regarding RFP content and process must be RECEIVED by 5:00 p.m. on September 23, 2015 via email to:

Katie Lindstrom, Deputy Director
Pacific County Health & Human Services
koien@co.pacific.wa.us

Responses to inquiries will be posted at <http://co.pacific.wa.us/rfa-rfp-rfq/index.htm>.

9. What is the decision making process and RFP timeline?

All applicants who submit a complete RFP by the deadline will be required to make oral presentations to the Human Services Advisory Board-Housing Committee during a public meeting. Oral presentations are tentatively scheduled for November 4, 2015. RFPs will be reviewed by the Housing Committee who will make recommendations for awards to the BOCC. The BOCC will make the final funding determinations. Pacific County, in its sole judgment, reserves the right to determine which proposals best meet the County's needs. The County retains the right to reject any or all proposals or to waive formalities with or without cause.

RFP released	September 9, 2015
Questions regarding RFP document/process are due (via email)	September 23, 2015
(County responses to any questions posted)	September 30, 2015
RFPs due (via email)	November 10, 2015
Oral presentation by applicants (required)	November 19, 2015
Funding recommendations to BOCC	December 8, 2015
Applicants notified	December 15, 2015
Project performance period	January 1, 2016-December 31, 2017

10. What is the project performance period?

Contracts are expected to begin on or about January 1, 2016. Contracts may be up to **24** months in duration. Contract funding will be by **calendar year** and shall be paid on a cost-reimbursement basis. On-going funding is contingent upon adequate progress toward project goals that will be assessed regularly during the project performance period.

11. Other guidelines.

Expenditures for administrative overhead shall be a maximum of 10%. All RFPs submitted become the property of the County and will not be returned. It is understood and agreed applicants claim no property rights to the ideas contained therein.

RFP Check List

*Your RFP must include all of the following to be considered.
Please provide simple, concise information and include:*

- ☐ RFP Checklist (this page)
- ☐ Attachment A - Applicant Information Form
- ☐ Attachment B - Project Summary Form
- ☐ Attachment C - Project Narrative
- ☐ Attachment D - Budget
- ☐ Letters of commitment from any partners with whom you intend to collaborate for this project

Attachment A - Applicant Information Form

Applicant/Entity Name: _____

Project Title: _____

Primary Contact Name: _____

Title: _____

Phone: _____

Email: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

UBI: _____ Web Address: _____

Attachment B - Project Summary

Project Title	
Applicant Name	
Project Summary (Brief overview of proposal. Please limit responses to space provided)	
Amount of funds Requested	

Attachment C - Narrative

1. **Purpose and Project Description:** Provide a detailed description of your proposed project and its purpose. Include the following information:
 - a. Clearly state the purpose, goals, and expected outcomes of your project, and identify how they will be measured.
 - b. Using the project work plan template provided, identify the strategies used to achieve each goal, and the specific activities that will be completed as part of the project.
2. **Needs Statement:** Describe why your project is needed. Include the following information:
 - a. Describe the causes, consequences, and magnitude of the issues your project will address.
 - b. Clearly show how your project aligns with the attachment A- Action Plan and the Pacific County 10 Year Plan to Reduce Homelessness.
 - c. Identify the project's intended audience. Include geographic areas to be served and other demographic information about project recipients.
3. **Collaboration:** Preference will be given to proposals demonstrating a collaborative approach. Describe any plans to collaborate with other community partners that will support project implementation. Include the following information:
 - a. Identify other organizations participating in the proposed project. Describe the roles and responsibilities of these organizations and include Letters of Commitment demonstrating partner investment as an attachment to the RFP.
 - b. Identify (source and amount) other funding that will be used to support the proposed project.
 - c. Identify "in-kind" and other non-monetary resources that will support the proposed project.
4. **Staff and Organizational Experience:** Provide an overview of the organization and staff who will be implementing the proposed project. Include the following information:
 - a. Discuss the capability and experience of the applicant organization.
 - b. Provide information about who will be responsible for project implementation including required qualifications for project staff.
 - c. Provide a copy of your most recent audit
5. **Evaluation:** Describe how project success will be measured. Include the following information:
 - a. Identify performance measures that will be tracked.
 - b. Describe how data will be used for project quality improvement.

Project Work Plan Template (you may add more goals and/or activities as necessary)

GOAL ONE:		
Strategy 1:		
Activity	Who's responsible?	By when?
Strategy 2:		
Activity	Who's responsible?	By when?

GOAL TWO:		
Strategy 1:		
Activity	Who's responsible?	By when?
Strategy 2:		
Activity	Who's responsible?	By when?

Attachment D - BUDGET

Year 1 Budget Summary

Description	Direct Request	In-kind* & Matching*	Project Total <i>(direct request + in-kind/match)</i>
TOTAL	\$	\$	\$

*Describe source of funds.

Year 2 Budget Summary

Description	Direct Request	In-kind* & Matching*	Project Total <i>(direct request + in-kind/match)</i>
TOTAL	\$	\$	\$

*Describe source of funds.

NOTE:

If we cannot provide the full funding, what is the minimum dollar amount needed in order to still run your proposed project? _____

Please indicate how the project would be affected, if funded at this minimum amount.

Attachment A- Action Plan

What	Description
Pre-development	Pre-development for low income housing projects
Direct Services- TBD	Rapid rehousing, emergency housing, long term
TANF	Ending Family Homelessness Program
HEN	Housing & Essential needs program.
Case Manager- (Street Outreach)	.50 FTE- will conduct outreach/case management for hard to reach populations including literally homeless and those who do not access services through traditional means. Will assist with volunteer management for warming center and coordinate Point in Time Count.
Case Manager- (Resource Center Based)	Full Time- will provide case management services and manage volunteers at community resource center and implement coordinated entry. Will assist with Point in Time Count.
Warming Center	Coordination of South County warming shelter operated during "cold months". Limited budget for supplies and some other costs. Primarily volunteer run. Partnership with faith based community.
AmeriCorps	Host AmeriCorps member with the goal of Increasing housing & support services for people who are disabled (physically, mentally, and developmentally) and their families, thus increasing resiliency to ACEs.
Project Homeless Connect	Coordination of one day event for those experiencing or at risk of homelessness to connect to resources in the community. Coincides with Point in Time Count.
Eagles Apartments	Operate and maintain Eagles Apartments in north County
Pacific Pearl	Operate and maintain Pacific Pearl apartments in north county



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:
9/22/2015

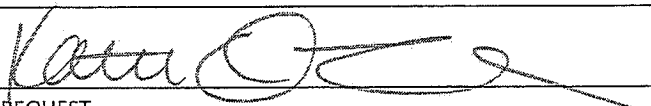
AGENDA REQUEST FORM

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>13</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"/> NDC	<input type="checkbox"/> Superior Court
<input type="checkbox"/> CF	<input type="checkbox"/> Auditor	<input type="checkbox"/> EMA	<input type="checkbox"/> PACCOM	<input type="checkbox"/> Treasurer
<input type="checkbox"/> SEA	<input type="checkbox"/> Clerk	<input type="checkbox"/> Fair	<input type="checkbox"/> Prosecutor	<input type="checkbox"/> Veg Mgmt
	<input type="checkbox"/> Civil Service	<input type="checkbox"/> Health	<input type="checkbox"/> SDC	<input type="checkbox"/> WSU Ext.
	<input type="checkbox"/> DCD	<input type="checkbox"/> Juvenile	<input type="checkbox"/> Sheriff	<input type="checkbox"/> Other

AGENDA ITEM REQUEST

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

DEPARTMENT/OFFICE: Health & Human Services	DIVISION (if applicable):
OFFICIAL NAME & TITLE: Katie Lindstrom, Deputy Director	PHONE / EXT: 2648
SIGNATURE: 	DATE: 9-14-2015
NARRATIVE OF REQUEST Requesting approval and signature of the attached inter-local agreement between Pacific, Grays Harbor, Cowlitz, Wakiakum, and Lewis counties to form the Great Rivers Behavioral Health Organization (BHO). The BHO will become the new regional organization representing each county through which state and federal mental health and substance abuse treatment dollars will be administered. Upon all parties signing of the agreement, the BOCC will need to appoint a governing board member and 2 advisory board members to represent the interests of Pacific County. Once formed, the governing board of the BHO will develop bylaws and other organizational documents that will further govern its work. Please contact me at extension 2648 with any questions. Thank you!	
RECOMMENDED MOTION (To Be Completed by the Clerk/Deputy Clerk of the Board) Approve the Interlocal Agreement with Grays Harbor, Cowlitz, Wahkiakum and Lewis counties to form the Great Rivers Behavioral Health Organization (BHO)	

**PRELIMINARY DRAFT FOR DISCUSSION
PURPOSES ONLY; NOT SUBJECT TO
DISCLOSURE RCW 42.56.280**

**GREAT RIVERS BEHAVIORAL HEALTH ORGANIZATION
INTERLOCAL AGREEMENT**

THIS AGREEMENT, made and entered into this _____ day of _____, 2015, by and between Cowlitz, Grays Harbor, Wahkiakum, Pacific and Lewis counties hereinafter collectively referred to as the 'Parties';

WITNESSETH:

WHEREAS, the Parties have a mutual interest in forming a Behavioral Health Organization (BHO) to plan, coordinate and administer Behavioral Health Services; and

WHEREAS, RCW Chapter 39.34, entitled the "Interlocal Cooperation Act" permits local governments to make the most effective use of their powers by enabling them to cooperate with each other on the basis of mutual advantage, and thereby provide planning, administrative and program services in a manner that will accord best with geographic, economic and population factors; and

WHEREAS, Chapter 71.24 RCW provides for the establishment of behavioral health organizations;

Now, therefore, in consideration of the mutual promises and covenants contained herein, the Parties agree as follows:

1. PURPOSE and BACKGROUND:

- a. This is an Interlocal Agreement entered into under the authority of the Interlocal Cooperation Act, Chapter 39.34 RCW, between Cowlitz, Grays Harbor, Wahkiakum, Pacific and Lewis Counties, all political subdivisions of the State of Washington.
- b. The purpose of this Agreement is to establish a Behavioral Health Organization to carry out the responsibilities of a Behavioral Health Organization as defined in RCW 71.24.045 within the Regional Service Area composed of Cowlitz, Grays Harbor, Wahkiakum, Pacific, and Lewis Counties.
- c. Pursuant to RCW 39.34.030, the purpose of this Interlocal Agreement is as set forth in Section 1 (Purpose and Background). Its duration is as specified in Section 2 (Duration of Agreement). Its organization, composition and the nature of its separate legal and administrative entity are set forth in Section 3 (Organization). Its manner of financing and manner of acquiring property are set forth in Section 5 (Assets and Liabilities). The method or methods to be employed in accomplishing partial or complete termination of

1-Great Rivers Behavioral Health Organization Interlocal Agreement.

the Agreement and disposing of its property are as set forth in Section 5 (b) (Distribution of Funds and Assets Upon Withdrawal of Party), Section 5(c) (Disposal of Assets Upon Termination), Section 6 (Withdrawal) and Section 10 (Termination of the Agreement).

2. DURATION OF AGREEMENT:

- a. **Basic Term:** This Agreement shall commence upon final approval of the Parties and shall be in force until such time that it is terminated by the member Counties.
- b. This Agreement shall be effective as of the date of its execution and shall remain in effect until terminated.
- c. **Implementation:**

- 1. For purposes of RCW 71.24.380(2)(b)(i)(c), Great Rivers Behavioral Health Organization (GRBHO) shall be deemed a "responding entity" and the Governing Board shall have full authority to submit a response and plan to the State of Washington and to expend the funds necessary to accomplish those tasks.
- 2. Full implementation of all behavioral health organization functions shall occur upon execution of necessary Behavioral Health Organization contracts with the State of Washington, not later than April 1, 2016.

3. ORGANIZATION:

- a. **Name:** The name of the Behavioral Health Organization shall be "Great Rivers Behavioral Health Organization" (hereinafter referred to as 'GRBHO'). GRBHO shall be a separate legal entity with its own employees. On or before April 1, 2016, GRBHO will be organized as a Limited Liability Company or such other separate legal entity authorized by RCW 39.34.030 (3) (b) that satisfies legal requirements for contracting with the Washington State Department of Social and Health Services and that also adequately protects the member counties from tort liability.
- b. **Governing Board:** GRBHO shall be governed by a Governing Board consisting of five (5) members. One (1) member shall represent each of the five (5) Counties. Each County is entitled to one (1) vote on the Governing Board; there shall be no weighted voting. The Board of County Commissioners for Cowlitz County shall appoint ~~the members~~ a County Commissioner for Cowlitz County. The Board of County Commissioners for Grays Harbor County shall appoint ~~the members~~ a County Commissioner for Grays Harbor County. The Board of County Commissioners for Lewis County shall appoint ~~the members~~ a County Commissioner for Lewis County. The Board of County Commissioners for Pacific County shall appoint ~~the members~~ a County Commissioner for Pacific County. The Board of County Commissioners for Wahkiakum County shall appoint ~~the member~~ a County Commissioner for Wahkiakum County. Appointments to the Governing Board shall be for two (2) year terms; provided, however, Governing Board members shall serve at the pleasure of the appointing authority. The respective appointing authorities shall also appoint one Alternate member for each Board Member. Alternate members shall have the same authority to attend, participate in, and vote at any meeting of the Board or a Committee as that County authority's member when such member is absent from the meetings. Each person so appointed shall commence service upon written notification to GRBHO of the name of the appointed member and Alternate member. Except as otherwise provided herein, a majority vote by a quorum of the members of the Governing Board shall be required for the Board to take action or exercise any of its powers; determination of a quorum shall be as set forth in the GRBHO By-Laws.

The powers of the Governing Board shall be those necessary to transact the business of the Great Rivers Behavioral Health Organization, including but not limited to:

- i Hiring, evaluating and terminating the GRBHO Chief Executive Officer (CEO);
 - ii Reviewing, modifying, approving and adopting policies and procedures developed and presented by the BHO CEO or the Governing Board;
 - iii Reviewing, modifying, approving and adopting BHO budgets and contracts developed and presented by the BHO CEO or the Governing Board.
 - iv Reviewing, modifying, approving and adopting service delivery plans and operating plans developed and presented by the BHO CEO or the Governing Board;
 - v. Reviewing, modifying, approving, and adopting Advisory Board Bylaws and the bylaws/procedures of any other appointed Boards or Standing Committees.
 - vi. Adopting GRBHO Bylaws and approving amendments, alterations or repeals of the GRBHO Bylaws. Any such Bylaws shall be consistent with this Agreement.
 - vii. Taking any necessary or proper steps to exercise the powers of the Board.
- c. **Chief Executive Officer:** The Governing Board shall establish and hire the position of GRBHO Chief Executive Officer (CEO) who will be responsible for ensuring compliance with all applicable statutes, rules, regulations, policies, Bylaws and contract provisions. The CEO has ultimate responsibility for the operations of GRBHO and provides the leadership to oversee and ensure operational compliance with business, financial, quality, and contract performance requirements. The CEO implements policies and develops strategic plans and the goals of the organization and reports directly to the Governing Board. The CEO exercises supervision over all personnel in the organization except for positions that the Governing Board may by Resolution designate as reporting directly to the Governing Board.
- d. **Advisory Board:** There is hereby created a GRBHO behavioral health Advisory Board consisting of thirteen (13) members. Each County, acting through its Board of County Commissioners, shall appoint two (2) citizen members to the Advisory Board. The respective appointing authorities may also appoint one Alternate for each Advisory Board Member. There shall also be one (1) law enforcement member, one (1) Public Health Member, and one (1) Corrections member appointed by the Governing Board. The Advisory Board will meet once in a month if there is business to be conducted and may rotate the location of these meetings if approved by the Governing Board. Each County authority shall seek local input in selecting its representatives to the Advisory Board. The mechanism for seeking local input shall be left to the discretion of each County. Members of the Advisory Board shall be residents of the appointing Counties. Members of the Advisory Board shall serve at the pleasure of the appointing authority. Appointments to the Advisory Board shall be for three (3) year terms. The Advisory Board shall elect a chair and a vice-chair. The Advisory Board may propose its own by-laws, which may be approved or modified by the Governing Board. The Advisory Board's composition and duties shall be as described in WAC 388-865-0222, as may be amended from time to time, the DSHS Contract, and in the GRBHO By-laws as adopted by the Governing Board.

e. Administrative Entity:

1) The Governing Board is vested with general administrative responsibility for GRBHO activities including acting as the fiscal agent for the BHO. The Governing Board shall designate the location of the business office and such other branch offices as the Governing Board deems advisable for the efficient management of GRBHO, after receiving recommendations from the CEO. The Governing Board shall designate the county treasurer of one of the participating counties to be the custodian of all GRBHO funds as provided for in RCW 71.24.100. All BHO funds shall be deposited with the designated county treasurer and such county treasurer shall establish a special fund to be designated "Operating Fund of Great Rivers BHO." Interest on investment of BHO funds shall accrue to the benefit of said operating fund. GRBHO may retain the services of an attorney when deemed necessary and approved by the Governing Board.

2) GRBHO shall be composed of divisions with sufficient staffing necessary to carry out administrative and medical/clinical operations. Key administrative functions shall include, but not be limited to: Information systems and reporting; fiscal management; accounting; claims processing; purchasing and contracting; HR/Payroll; Compliance fraud and abuse; legal; public information; support to the BHO Advisory Board and Governing Board; and development and maintenance of administrative policies and procedures. Key medical/clinical functions shall include, but not be limited to: member services; medical management; care management/utilization management/appeals, quality management (QA/QI), provider relations, provider network development, ombudsman, and related policies and procedures development and management. Other functions may include, but are not limited to: specialized BHO program development and design and implementation of Evidence Based Practices. A detailed organizational plan/structure for carrying out these functions shall be approved by Resolution of the Governing Board, after considering the recommendations of the CEO and input from the GRBHO Advisory Board and other system partners.

3) Satellite Contracts.

To further the goals of maintaining an on-site presence in each county for implementation of BHO programs, fostering local community input, and coordinating BHO programs with programs managed by county health and human services departments, GRBHO may execute contracts with Cowlitz, Grays Harbor, Pacific, Wahkiakum, and Lewis Counties covering one or more of the following areas of interest:

- (a) County level input;
- (b) Liaison and coordination of programs between GRBHO and the County Health and Human Services Department, including, but not limited to, programs such as jail services, and therapeutic courts.
- (c) County advisory boards.

4. INSURANCE, RISK MANAGEMENT, AND INDEMNIFICATION:

- a. **Risk Reserves:** GRBHO will maintain Risk Reserve Funds as required by contract with the State of Washington, Department of Social and Health Services. If at any time, the balance of said Risk Reserve Fund goes below that which is required by contract, the GRBHO CEO shall immediately give notice to each Party to this Agreement and shall give monthly notices

of the current balance of said Risk Reserve Fund each month thereafter until the balance of said fund meets the GRBHO contracted requirements. Risk Reserve Funds shall only be used as allowed in contract.

- b. **Responsibility for Employees:** GRBHO employees shall not be considered employees of any of the member Counties. GRBHO shall be responsible for the actions of employees. GRBHO agrees to defend, indemnify, and hold harmless the other Parties to this Agreement against any and all claims arising out of the acts or omissions of the GRBHO employees. GRBHO additionally agrees to defend, indemnify, and hold harmless the other Parties to this Agreement against any and all claims brought by GRBHO employees as a result of their employment, including but not limited to claims for wrongful termination and for violation of employee rights.

- c. **Claims based on acts of subcontractors:** This paragraph shall not be construed to create any rights whatsoever in any person or entity not a Party to this Agreement. The sole purpose of this paragraph is to allocate contribution among the Parties to this Agreement, in the event of claims brought against GRBHO as a result of the acts or omissions of GRBHO's subcontractors. It is the intent of the Parties to this Agreement that GRBHO is not liable for the acts or omissions of GRBHO's independent contractors. The GRBHO Governing Board shall include in all subcontracts provisions requiring subcontractors to indemnify GRBHO against any and all claims attributed to the acts or omissions of said subcontractors. The GRBHO Governing Board shall also require all subcontractors to maintain policies of general and professional liability insurance with limits of not less than \$1,000,000.00 per occurrence, and \$3,000,000.00 in the aggregate. As an additional level of protection, GRBHO shall, with GRBHO funds, purchase a policy or policies of liability insurance to cover against the risk of subcontractor liability. The limits of said additional insurance shall not be less than the sum of \$20,000,000.00, combined single limit.

Comment [GC1]: Should this say \$20 million?
I made the change as a redline, assuming it shows up in your copy.

- d. **Liability, Property Damage and Governing Board member's Errors and Omission Insurance:** The GRBHO Governing Board, with GRBHO Funds, shall purchase and maintain a liability and property damage policy that includes Governing Board members' Errors and Omission Insurance with limits of liability of not less than \$1,000,000.00, combined single limit.

Cowlitz County, Grays Harbor County, Wahkiakum County, Lewis County and Pacific County shall be included as additional named insureds on such policies and such policies shall include each county's officials, employees, agents, and volunteers when they are performing an official function for GRBHO as authorized by the GRBHO Governing Board or CEO. It is acknowledged by the Parties that all insurance coverage required to be provided by GHRBO is intended to apply first and on a primary non-contributing basis in relation to any other insurance or self-insurance available to the Parties.

Comment [GC2]: I'm sorry that I missed this earlier.

- e. **Cooperation and Judgment Sharing of Signatories:** The Parties shall cooperate in the defense of any claims or lawsuits as Signatories to this agreement. Whenever any Party receives a claim or lawsuit that could arise from GRBHO operations, it shall promptly give written notice thereof to the Governing Board and each other Party, and will cooperate reasonably with the other Parties.

In the event the undersigned Parties are subject to judgment on claims incurred jointly and/or severally under this agreement and arising from the operations of GRBHO, each Signatory shall proportionally share potential liabilities arising out of this agreement. A Party's proportionate share is determined by dividing that Party's number of Medicaid covered lives by

the total number of Medicaid covered lives in the Regional Service Area at the time judgment is entered. Nothing contained herein is intended to be, nor shall be deemed to be, an admission of any liability to anyone or an admission of the existence of facts upon which liability could be based other than as the Parties being Signatories to this Agreement.

If any Party withdraws from this agreement pursuant to Paragraph 6 below, that Party shall continue to be obligated for their proportionate share of liability, costs and other obligations arising from any claims, damages, costs, judgments, settlements, and other liabilities as Signatories under this agreement or from operations of GRBHO that occurred prior to the effective date of their withdrawal.

- f. **Hold Harmless:** Each Party to this Agreement agrees to indemnify and hold harmless all other Parties to this Agreement, their officers, agents, and employees from any claim or action, including but not limited to actions for misappropriation of funds, and provision of services, judgment, or lien for injury to persons or property damage caused by, resulting from or arising out of the sole negligence of the indemnifying Party, its officers, agents or employees. This subparagraph shall survive the termination of this Interlocal Agreement.

5. ASSETS AND LIABILITIES:

(a.) Definitions

For purposes of this Agreement, the term "funds" shall include cash and investments deposited with the designated County Treasurer and shall include the balances in reserve accounts including DSHS contract required risk reserves (Medicaid Risk and Inpatient Reserves, Non-Medicaid Inpatient Reserve Reserves), Operating Reserves (Medicaid), Operating Reserves (Non-Medicaid), Reserves for Encumbrances, Unencumbered Reserves, and Capital Reserves. The term "asset" shall mean real property, tangible personal property, and intangible personal property, including contract rights. On February 15, 2016, or at the next Governing Board meeting thereafter, -the existing Finance Committee, which shall include representatives from each of the Parties to this Agreement, will present to the Governing Board for its consideration and approval a detailed plan (hereinafter referred to as the "asset transfer plan") itemizing projected reserve balances and liabilities of Timberlands Regional Support Network and Grays Harbor County Regional Support Network anticipated as of March 31, 2016. The plan will also detail current and ongoing projects that may utilize reserve funds specific to an RSN's spending plan previously approved by its governing board.

(b.) Initial Contributions of Funds and Assets

(i) Funds-Cowlitz and Grays Harbor Counties:

- A. Grays Harbor County, on behalf of Cowlitz County; and Grays Harbor County, on behalf of Grays Harbor RSN, shall pay funds to GRBHO to be used for start-up costs during the implementation phase of GRBHO. The amount of such payment(s) and the payment schedule shall be as determined by the Implementation Phase Budget to be adopted by the GRBHO Governing Board.
- B. On or before April 1, 2016, Grays Harbor County, on behalf of Cowlitz County, shall transfer or release to GRBHO the Cowlitz County share of the DSHS contract required reserves. On or before April 1, 2016, Grays Harbor County, on behalf of Grays Harbor RSN shall transfer or release to GRBHO the Grays Harbor RSN share of the DSHS contract required reserves. At that time, Grays Harbor County and Cowlitz County shall also transfer to GRBHO any personal property identified in the Asset Transfer Plan.

- C. On or before July 1, 2016, Grays Harbor County, on behalf of Cowlitz County, shall transfer or release to GRBHO 25% of Cowlitz County's proportional share of other reserves as identified in the Asset Transfer Plan; and Grays Harbor County, on behalf of Grays Harbor RSN, shall transfer or release to GRBHO 25% of Grays Harbor RSN's proportional share of other reserves as identified in the Asset Transfer Plan.
- D. On or before October 1, 2016, Grays Harbor County, on behalf of Cowlitz County, shall transfer or release to GRBHO 50% of Cowlitz County's proportional share of other reserves as identified in the Asset Transfer Plan; and Grays Harbor County, on behalf of Grays Harbor RSN, shall transfer or release to GRBHO 50% of Grays Harbor RSN's proportional share of other reserves as identified in the Asset Transfer Plan.
- E. On or before April 1, 2017, Grays Harbor County, on behalf of Cowlitz County, shall transfer or release to GRBHO the balance of Cowlitz County's share of other reserves as identified in the Asset Transfer Plan then being held on behalf of Cowlitz County. On or before April 1, 2017, Grays Harbor County, on behalf of Grays Harbor RSN, shall transfer or release to GRBHO the balance of Grays Harbor RSN's share of other reserves as identified in the Asset Transfer Plan then being held on behalf of Grays Harbor RSN. Any legitimate patient billings attributed to the operations of Grays Harbor County RSN prior to April 1, 2016, and which are submitted after April 1, 2017, shall be paid by GRBHO.

(ii) Funds-Lewis, Pacific, and Wahkiakum Counties, collectively:

- A. Timberlands RSN, on behalf of Lewis, Pacific, and Wahkiakum Counties, collectively, shall pay funds to GRBHO to be used for start-up costs during the implementation phase of GRBHO. The amount of such payment(s) and the payment schedule shall be as determined by the Implementation Phase Budget to be adopted by the GRBHO Governing Board.
- B. On or before April 1, 2016, Timberlands RSN on behalf of Lewis, Pacific, and Wahkiakum Counties, collectively, shall transfer or release to GRBHO the Timberlands RSN share of the DSHS contract required reserves. At that time, Timberlands RSN shall also transfer to GRBHO any personal property identified in the Asset Transfer Plan.
- C. On or before July 1, 2016, Timberlands RSN shall transfer or release to GRBHO 25% of Timberlands RSN's proportional share of other reserves as identified in the Asset Transfer Plan.
- D. On or before October 1, 2016, Timberlands RSN shall transfer or release to GRBHO 50% of Timberlands RSN's proportional share of other reserves as identified in the Asset Transfer Plan.
- E. On or before April 1, 2017, Timberlands RSN shall transfer or release to GRBHO the balance of Timberlands RSN's share of other reserves as identified in the Asset Transfer Plan. Any legitimate patient billings attributed to the operations of

Timberlands RSN prior to April 1, 2016, and which are submitted after April 1, 2017, shall be paid by GRBHO.

(iii). Funds - Reconciliation of Contributions:

A. Final transfers of funds (consistent with language above) shall be reconciled based upon finalized revenue and expenditure reports prepared by, or on behalf of, Grays Harbor County RSN and Timberlands RSN.

B. Grays Harbor RSN and Timberlands RSN will be responsible for paying any outstanding claims for services delivered prior to April 1, 2016, for their residents, except as provided above for claims submitted after April 1, 2017.

(iv). Contract Rights:

A. Grays Harbor County RSN shall transfer to GRBHO by way of novation or other appropriate legal instrument all of its behavioral health provider contracts and vendor contracts in effect on April 1, 2016.

B. Lewis, Pacific, and Wahkiakum Counties, collectively, shall transfer to GRBHO by way of novation or other appropriate legal instrument all of the behavioral health provider contracts and vendor contracts held by Timberlands Regional Support Network on April 1, 2016.

(v). Employees:

The employees of Grays Harbor RSN and Timberlands RSN and the constituent counties' Chemical Dependency (CD) and Mental Health administrative personnel as of April 1, 2016, shall be provided an opportunity to apply for employment with GRBHO. GRBHO will make the hiring decision on the basis of relevant criteria, including but not limited to, employment records, qualifications, experience, knowledge, and skills relevant to the functions of the applicable BHO positions. Current employees of Grays Harbor RSN and Timberlands RSN and the constituent counties' Chemical Dependency and Mental Health administrative personnel as of April 1, 2016, shall be given preference over outside applicants for the same position, assuming the competitors have comparable records, qualifications, experience, knowledge, and skills. Those offered an employment opportunity with GHRBO shall be employed by GRBHO on an at-will basis.

(c.) Distribution of Funds and Assets Upon Withdrawal of Party: A Party withdrawing pursuant to the provisions of this Agreement shall be entitled to a distribution of its proportionate share of the GRBHO Reserves to be determined according to the following formula:

1. For purposes of this subsection (c), "eligible populations" means 8-Great Rivers Behavioral Health Organization Interlocal Agreement.

Medicaid-eligible disabled and non-disabled adults and children, and any newly eligible adults and children.

2. The withdrawing county shall be entitled to a proportion of GRBHO's Medicaid reserve dollars equal to the number of dollars GRBHO receives for eligible populations residing within the borders of the withdrawing county divided by the number of dollars GRBHO receives for all eligible populations within its service area. This figure shall be calculated as of the effective date of the withdrawing county's withdrawal.

3. The withdrawing county shall also be entitled to a percentage of currently held non-Medicaid reserve dollars equal to the percentage of the population of GRBHO's service area that resides within its borders. The proportionate share of non-Medicaid reserves shall be calculated by dividing the county census population by the BHO census population.

(d.) Disposal of Assets Upon Termination: All assets acquired on or after April 1, 2016, shall be the property of GRBHO, unless otherwise specified by the Governing Board at the time of acquisition of such asset. In the event of termination of this Agreement, all assets of GRBHO, after payment of all claims, obligations, and expenses of GRBHO, shall be distributed to terminating member governments proportionate to their respective covered lives. The Governing Board shall distribute the assets to terminating member governments within six (6) months after the disposition of the last pending claim by GRBHO.

(e.) Property: GRBHO shall acquire, hold and dispose of real and personal property subject to the same restrictions as imposed by Washington State law upon a County of the State of Washington.

(f.) Contingent Liabilities: Upon termination, the Governing Board shall complete and dissolve the business affairs of GRBHO. If liabilities of GRBHO at the time of termination exceed assets, each Party shall pay its share of any additional amounts necessary for final disposition of all claims, as determined according to the contribution and indemnification principles established in Section 4 of this Agreement and after determining the appropriate share of third Parties, if any, including but not limited to contractors of GRBHO and the State.

(g.) Pre-existing Liabilities: GRBHO is not responsible for any liabilities (contractual, tort, or otherwise) incurred or accrued by Timberlands Regional Support Network or Grays Harbor Regional Support Network or any individual member County prior to April 1, 2016. Grays Harbor County and Cowlitz County are not responsible for any pre-existing liabilities of Timberlands Regional Support Network or any of its individual member counties. Lewis, Pacific, and Wahkiakum Counties are not responsible for any pre-existing liabilities of Grays Harbor Regional Support Network, Grays Harbor County, or Cowlitz County.

6. **WITHDRAWAL:** Any Party hereto shall have the right to withdraw from this Agreement at any time, PROVIDED that the remaining Parties to this Agreement shall have received written notification of the Party's intention to withdraw at least 120 days prior to the proposed effective date of such withdrawal; and PROVIDED FURTHER, that such notification is received at least 120 days prior to the expiration of the current fiscal year period. Withdrawal

of one (1) or more Parties shall not terminate this Agreement for the remaining Parties. In the event that a Party withdraws from GRBHO, the remaining Parties may amend the Agreement for up to three (3) months to continue funding for services for eligible individuals residing within the geographic boundaries of the former member counties so as not to disrupt services to individuals enrolled for behavioral health services with the contracted provider in that area of the GRBHO. A new interlocal agreement must be adopted by the remaining member counties if they determine that they wish to continue Great Rivers Behavioral Health Organization. The newly adopted interlocal agreement will identify the geographic areas where behavioral services will be provided under that agreement. A withdrawing Party shall be entitled a lump sum payment as computed according to Section 5 (c).

7. **LOCAL ACCESS TO SERVICES:** GRBHO shall assure an integrated system of care for persons in need of publicly funded behavioral health services. GRBHO shall assure local access to outpatient community behavioral health services. The BHO shall have at least one (1) licensed mental health center and one (1) licensed chemical dependency treatment center within each County and shall insure adequate funding for personnel to provide seven (7) day a week / twenty-four (24) hours per day crisis response in each County.
8. **ADDITIONAL ASSURANCES:**
 - a. **Non-Discrimination.** During the performance of this Agreement, no Party to this Agreement shall discriminate on the basis of race, color, sex, religion, nationality, creed, marital status, sexual orientation, age or the presence of any disability in the administration or delivery of services pursuant to this Agreement.
 - b. **Debarment.** Each Party certifies that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency. A Party shall provide immediate written notice to each of the other Parties if at any time a Party learns that its certification was erroneous when submitted or becomes erroneous by reason of changed circumstances. GRBHO shall not knowingly enter into any lower tier covered transaction with a person that is debarred, suspended, declared ineligible, or voluntarily excluded from participation in any covered transaction unless authorized by the federal department or agency with which the transaction originated. GRBHO shall include the language and requirement of this provision, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
 - c. **No Third-Party Beneficiaries.** This Agreement is for the benefit of the Parties; no third-party beneficiary relationship is intended. Although the Parties recognize that pursuant to this Agreement, services may be provided to individuals receiving services under the Medicaid program, and RCW 71.05, RCW 71.24, RCW 71.34, RCW 70.96 (A), RCW 70.96 (B) and RCW 70.96 (C), it is not the intention of the Parties that such individuals, or any other persons, occupy the position of intended third-party beneficiaries of the obligations assumed by the Parties to this Agreement.
9. **NEW MEMBERS:** GRBHO, through its Bylaws, shall provide for the reasonable admission of new member governments (including tribal governments). The Parties shall allow for the inclusion of local Tribal authorities on the GRBHO Advisory Board pursuant to RCW 71.24.300.
10. **FINANCING AND BUDGET:** GRBHO shall be financed from State, Federal and local funds legally available for the provision of mental health services. The Governing Board shall establish and maintain such funds and accounts as may be required by good accounting practices and the State Budget Accounting Reporting System ('BARS').

11. **TERMINATION OF THE AGREEMENT:** This Agreement may be terminated at any time by the unanimous written consent of all of the Parties. Upon termination, this Agreement and the BHO shall continue for the purpose of disposing of all claims, distribution of assets, and all other functions necessary to wind up the affairs of GRBHO.
12. **LEGAL NOTICES:** Legal Notices to Parties shall be sent prepaid by certified mail to the Governing Board member of the respective Party at such addresses as may be given in writing to the BHO.
13. **AMENDMENTS:** This Agreement may be amended at any time by the written approval of all of the Parties.
14. **PROHIBITION AGAINST ASSIGNMENT:** No Party may assign any right, claim, or interest it may have under this Agreement. No creditor, assignee or third Party shall have any right, claim, or title to any part, share, interest, fund, or asset of GRBHO.
15. **ENFORCEMENT:** GRBHO may enforce the terms of this Agreement.
16. **COUNTERPARTS:** This Agreement may be signed in counterpart or duplicate copies, and any signed counterpart or duplicate copy shall be equivalent to a signed original for all purposes. This Agreement shall be effective upon its execution by five (5) of the named Parties.
17. **FILING OF AGREEMENT:** A copy of this Agreement shall be filed with the County Auditor of Wahkiakum County as required by RCW 39.34.040.
18. **COMPLETE AGREEMENT:** The foregoing constitutes the full and complete agreement of the Parties. All oral understandings and agreements are set forth in writing herein.

IN WITNESS WHEREOF, the Parties have executed this Agreement by authorized officials thereof on the dates indicated.



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:

9/22/2015


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>14</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
<u>DISTRIBUTION LIST:</u>		
<input type="checkbox"/> RF	<input type="checkbox"/> Assessor	<input type="checkbox"/> DPW
<input type="checkbox"/> CF	<input type="checkbox"/> Auditor	<input type="checkbox"/> EMA
<input type="checkbox"/> SEA	<input type="checkbox"/> Clerk	<input type="checkbox"/> Fair
	<input type="checkbox"/> Civil Service	<input type="checkbox"/> Health
	<input type="checkbox"/> DCD	<input type="checkbox"/> Juvenile
		<input type="checkbox"/> NDC
		<input type="checkbox"/> PACCOM
		<input type="checkbox"/> Prosecutor
		<input type="checkbox"/> SDC
		<input type="checkbox"/> Sheriff
		<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: Health & Human Services	DIVISION (if applicable):
OFFICIAL NAME & TITLE: Katie Lindstrom, Deputy Director	PHONE / EXT: 2648
SIGNATURE: 	DATE: 9-14-2015
NARRATIVE OF REQUEST Requesting approval to release the 2016 millage mini grant application. I have budgeted for \$10,000 for mini grants for 2016. The applications will be due October 26th with the Human Services Advisory Board meeting November 2nd to judge and make recommendations to you for funding. All programs funded under the mini grant program will be slated to begin January 1, and run through December 31, 2016. As a reminder, millage funds are to be spent on programs and services that support individuals with developmental disabilities and/or that promote mental wellness. I will advertise in the paper, on the county website, and via email through email network/contacts. Please contact me at ex 2648 with any questions.	
RECOMMENDED MOTION (To Be Completed by the Clerk/Deputy Clerk of the Board) Approve issuance of Request for Applications for the 2016 millage mini grants	

Pacific County Millage Mini Grants (RFA)

Mission Statement

To develop services and resources for individuals with developmental disabilities and their families and to support and promote the mental health of residents in Pacific County.

1. What is a Request for Application (RFA), and what is the purpose of this RFA?

A request for application is an opportunity to submit applications for consideration of funding. The purpose of this RFA is to solicit applications from qualified agencies or individuals in order to provide community services for persons with developmental disabilities or to provide mental health support services (RCW 71.20.110)

2. What types of applications will be considered for funding?

Within the legal constraints governing the use of public funds, millage funds are used to benefit people with developmental disabilities, individuals with mental health needs, and their respective families. We have funded a variety of applications in the past. Some examples of the types of projects that have been funded in the past include:

- Mental health treatment in the jail
- Social recreational opportunities for developmentally delayed clients
- Mental health first aid
- Technical assistance to support DD or MH program development
- Assistive technology for special education students
- Job development programs for DD and mental health clients
- Girls Circle/Boys Council support groups
- Peer Helpers Program
- Suicide prevention/education programs
- School counselling programs

3. Who is eligible to apply?

Entities eligible to apply include, but are not limited to:

- Religious institutions
- School districts
- Public agencies
- Nonprofit/501c3 organizations
- For profit business
- Any other entity eligible and licensed to do business in the State of Washington who can meet Pacific County liability insurance requirements.

4. What is the timeline for providing services awarded under the millage mini grant application?

All projects must occur between January 1, 2016 and December 31, 2016.

5. What are the insurance requirements?

A certificate of insurance is required that shows coverage for the proposed services. The certificate shall name Pacific County as an additional insured for activities and include a cancellation notice, which provides a thirty (30) day notice to the County if the policy is cancelled or altered.

Comprehensive general liability insurance coverage with a minimum combined single limit per occurrence of \$1,000,000 and a minimum of \$2,000,000 per aggregate is required. If the contractor is unable to meet the insurance minimums set forth, the contractor shall contact the County Risk Manager to discuss the insurance options.

6. When will funding decisions be announced?

Applicants will be notified on or before December 31, 2015.

7. What is the typical amount of a millage mini grant?

Typically, mini grant awards range from around \$250 up to approximately \$5,000 per year.

8. When are applications due and how are they submitted?

Applications are due via email to Katie Lindstrom at koien@co.pacific.wa.us no later than 5:00pm, Monday, October 26, 2015. Applications must be complete and include all required attachments as outlined in the application checklist.

Application Checklist

Your application should provide simple, concise information and include each of the following elements:

- ☐ Applicant information sheet
- ☐ Project summary form
- ☐ Project Budget
- ☐ Project Narrative
- ☐ Letters of support from any agencies with whom you intend to collaborate

APPLICANT INFORMATION SHEET

Agency applying for funding: _____

TAX ID Number: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Name and Qualifications of person who will provide the services:

Name and Qualifications of the person who will be administering the funding:

Project Summary Form

Project Title	
Agency	
Project Summary (Limit responses to space provided)	
Amount Requested	

Narrative (limit to no more than 3 pages total)

- 1. Purpose and Project Description.** In detail, describe your proposed project from planning stages, implementation, to evaluation. Mention any other agencies or volunteer groups who will be partnering or supporting your effort.
- 2. Needs Statement:** Describe why your project is needed and show how it supports people with developmental disabilities or promotes mental health in Pacific County.
- 3. Project Timeline & Organization:** Please provide an outline and schedule for implementing and organizing this project.
- 4. Project Target:** Who is the project's intended targeted audience? How many people will be involved in the project?
- 5. Goals & Objectives:** What are the goals and expected outcomes of the project and how will they be measured?
- 6.** You will be expected to give an oral presentation or written account of your project. Who will take responsibility for reporting back to the network?

BUDGET

Item Description & Justification	Quantity	Rate	Cost

Total Amount Requested: _____

*If we can't provide the full funding, what is the minimum dollar amount you would need from us in order to still run your project//program? _____

*We will assume that if we can't fund at least your minimum request, you are not interested in a grant.

Stating a minimum amount will not hurt your chances of receiving full funding. In fact, it will improve your chances of receiving at least some funding. If we receive a large number of grant requests, we may decide to partially fund as many projects as we can instead of fully funding just a few. Thanks for your understanding. It is a good idea to keep a copy of your whole application. Good luck to you.



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month, beginning at 9 a.m.

REQUESTED MEETING DATE:

9/22/2015

AGENDA REQUEST FORM

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

Agenda Item #: 15

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

AGENDA ITEM REQUEST

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

DEPARTMENT/OFFICE: ASSESSOR	DIVISION (if applicable):
OFFICIAL NAME & TITLE: BRUCE WALKER	PHONE / EXT: 2208
SIGNATURE: <i>Bruce Walker</i>	DATE: 9/15/2015
NARRATIVE OF REQUEST	
* REQUEST TO PURCHASE 3 IPADS WITH ACCESSORIES TO BE USED BY APPRAISERS AS A FIELD DEVICE	
* Request to Purchase 5 new computers, to replace older machines.	
RECOMMENDED MOTION (To Be Completed by the Clerk/Deputy Clerk of the Board)	
Approve the purchase of five new coomputers not to exceed \$6,744 and three ipads not to exceed \$2,687, including sales tax for both, subject to adequate budget appropriations	

Revised 8/2015
Exhibit A to Resolution No. 2010-013



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

REQUESTED MEETING DATE:

9/8/2015

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: _____

☐ OTHER: _____

☐ Risk Mgmt

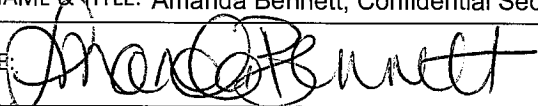
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| | <input type="checkbox"/> DCD | <input type="checkbox"/> Juvenile | <input type="checkbox"/> Sheriff | <input type="checkbox"/> Other |

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 Management
OFFICIAL NAME & TITLE: Amanda Bennett, Confidential Secretary	PHONE / EXT: 875-9334
SIGNATURE: 	DATE: 8/31/2015
NARRATIVE OF REQUEST After reviewing the information pertaining to Claim #2015-08-003, it is the recommendation of Risk Management to pay this claim.	
RECOMMENDED MOTION (To Be Completed by the Clerk/Deputy Clerk of the Board) Approve payment in the amount of \$1,443.63 pertaining to Claim #2015-08-003, subject to release being completed and returned	



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month, beginning at 9 a.m.

REQUESTED MEETING DATE:

9/22/2015

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: _____

Review ☐ Clerk of the Board

☐ CONTINUED TO DATE: _____ TIME: _____

☐ Risk Mgmt

☐ Legal Required

☐ OTHER: _____

DISTRIBUTION LIST:

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| <input type="checkbox"/> SEA | <input type="checkbox"/> Clerk | <input type="checkbox"/> Fair | <input type="checkbox"/> Prosecutor | <input type="checkbox"/> Veg Mgmt |
| | <input type="checkbox"/> Civil Service | <input type="checkbox"/> Health | <input type="checkbox"/> SDC | <input type="checkbox"/> WSU Ext. |
| | <input type="checkbox"/> DCD | <input type="checkbox"/> Juvenile | <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: *mg*

DATE: 9/9/2015

NARRATIVE OF REQUEST

Steve Young has been on the Civil Service Commission since September, 2012. He has submitted his resignation, effective September 4, 2015.

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

Accept resignation of Steve Young from the Civil Service Commission



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

REQUESTED MEETING DATE:

9/22/2015

AGENDA REQUEST FORM

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

18

Agenda Item #:

BOCC ACTION: ☐ APPROVED ☐ DENIED

Initial: _____

Date: _____

☐ SUBJECT TO ADEQUATE BUDGET APPROPRIATIONS

☐ NO ACTION TAKEN/WITHDRAWN

☐ DEFERRED TO: _____

☐ CONTINUED TO DATE: _____ TIME: _____

☐ OTHER: _____

Review ☐ Clerk of the Board

☐ Risk Mgmt

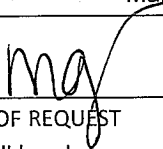
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DISTRIBUTION LIST:

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| <input type="checkbox"/> SEA | <input type="checkbox"/> Clerk | <input type="checkbox"/> Fair | <input type="checkbox"/> Prosecutor | <input type="checkbox"/> Veg Mgmt |
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| | <input type="checkbox"/> DCD | <input type="checkbox"/> Juvenile | <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: 9/14/2015
NARRATIVE OF REQUEST Dean Farrell has been on the Fair Advisory Board since October, 2008. He has submitted his resignation, effective September 14, 2015.	
RECOMMENDED MOTION (To Be Completed by the Clerk/Deputy Clerk of the Board) Accept resignation of Dean Farrell from the Fair Advisory Board	



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

REQUESTED MEETING DATE:

09/22/15

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

☐ CONTINUED TO DATE: _____ TIME: _____

☐ Risk Mgmt

☐ Legal Required

☐ OTHER: _____

DISTRIBUTION LIST:

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| <input type="checkbox"/> RF | <input type="checkbox"/> Assessor | <input type="checkbox"/> DPW | <input type="checkbox"/> PACCOM | <input type="checkbox"/> Superior Court |
| <input type="checkbox"/> CF | <input type="checkbox"/> Auditor | <input type="checkbox"/> 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

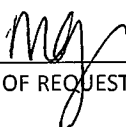
Please fill out in full or the request may be returned for more information. Also, please attach all pertinent documentation.

DEPARTMENT/OFFICE: Commissioners Office

DIVISION (if applicable):

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

PHONE / EXT:

SIGNATURE: 

DATE: 9/3/2015

NARRATIVE OF REQUEST

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

Accept resignation of Jackie Ferrier-State/Federal Government position on the Marine Resource Committee



Board of Pacific County Commissioners
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98586 Phone 360/875.9337 * Fax 360/875.9335

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month, beginning at 9 a.m.

REQUESTED MEETING DATE:
09/22/15

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>20</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"/> PACCOC
<input type="checkbox"/> SEA	<input type="checkbox"/> Clerk	<input type="checkbox"/> PC Fair
	<input type="checkbox"/> Civil Service	<input type="checkbox"/> Prosecutor
	<input type="checkbox"/> DCD	<input type="checkbox"/> SDC
	<input type="checkbox"/> NDC	<input type="checkbox"/> Sheriff
		<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: General Administration	DIVISION (if applicable): n/a
OFFICIAL NAME & TITLE: Paul T. Plakinger, Management & Fiscal Analyst	PHONE / EXT: x2243
SIGNATURE: <u>PTP</u>	DATE: September 15, 2015
NARRATIVE OF REQUEST	
Please approve the requested fiscal year 2015 budget appropriation transfers by adopting the attached resolution.	
RECOMMENDED MOTION (To Be Completed by the Clerk/Deputy Clerk of the Board)	
Adopt Resolution 2015-043 authorizing amendments to the fy2015 budget by appropriation transfer	

BEFORE THE BOARD OF COUNTY COMMISSIONERS
PACIFIC COUNTY, WASHINGTON

RESOLUTION NO. 2015-043

**IN THE MATTER OF AMENDMENTS TO THE FISCAL YEAR 2015 BUDGET
BY APPROPRIATION TRANSFER**

WHEREAS, it has been brought to the attention of the Board of Pacific County Commissioners that adjustments by transfer should be made to the fiscal year 2015 budget appropriations in the funds and departments listed in Attachment A of this resolution; and

WHEREAS, sufficient appropriations exist within other budget categories to permit the necessary adjustments, as requested; now, therefore,

IT IS HEREBY RESOLVED that the transfer of budget appropriations as listed in Attachment A of this resolution is approved; and

IT IS HEREBY FURTHER RESOLVED that the Auditor be authorized to transfer the fiscal year 2015 budget appropriations as listed in Attachment A of this resolution.

PASSED by the following vote this 22nd day of September, 2015 by the Board of Pacific County Commissioners meeting in regular session at South Bend, Washington, 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

Lisa Ayers, Commissioner

ATTEST:

Marie Guernsey, Clerk of the Board

Budget Appropriation Transfers in the Current Expense Fund (#001)

Office	Amount	Transfer From:	Transfer To:
Assessor	\$25,000.00	001.100.514.24.10	001.100.514.24.49
Assessor	\$10,000.00	001.100.514.24.20	001.100.514.24.49

Budget Appropriation Transfers for Other Funds

Fund Name	Amount	Transfer From:	Transfer To:
Emergency Management (PCEMA)	\$4,734.00	102.800.594.25.64	102.800.525.10.35
Emergency Management (PCEMA)	\$12,095.00	102.800.594.25.64	102.800.525.10.36
Emergency Management (PCEMA)	\$4,799.00	102.800.594.25.64	102.800.525.10.45
Emergency Management (PCEMA)	\$4,748.00	102.800.594.25.64	102.800.525.10.49
Flood Control	\$250,000.00	108.310.594.31.61	108.310.539.30.48
Community Development	\$10.00	116.380.514.21.41	116.395.594.62.64

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.



REQUESTED MEETING DATE:

09/22/15

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: _____

Review ☐ Clerk of the Board

☐ CONTINUED TO DATE: _____ TIME: _____

☐ Risk Mgmt

☐ OTHER: _____

☐ Legal Required

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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: General Administration

DIVISION (if applicable): n/a

OFFICIAL NAME & TITLE: Paul T. Plakinger, Management & Fiscal Analyst

PHONE / EXT: x2243

SIGNATURE: PTP

DATE: September 15, 2015

NARRATIVE OF REQUEST

Consider adopting the attached resolution regarding fiscal year 2015 supplemental budget appropriations.

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 2015-044 in the matter of supplemental budgets for the allowance of certain expenditures for fy2015

BEFORE THE BOARD OF COUNTY COMMISSIONERS
PACIFIC COUNTY, WASHINGTON

RESOLUTION NO. 2015- 044

**IN THE MATTER OF SUPPLEMENTAL BUDGET(S) FOR THE
ALLOWANCE OF CERTAIN EXPENDITURES FOR FISCAL YEAR 2015**

WHEREAS, it has been brought to the attention of the Board of Pacific County Commissioners that funds have become available and a need exists to allow for the expenditures of un-appropriated funds in order to meet additional costs; and,

WHEREAS, it appears that the expenditure of such funds could not have been reasonably foreseen at the time of adoption of the fiscal year 2015 budget; and,

WHEREAS, all members have had reasonable notice of the time, place and purpose of this meeting; and,

WHEREAS, sufficient and legal notice of the meeting and the intent to adopt said supplemental budget(s) was given; and,

WHEREAS, all persons present were given an opportunity to express themselves for or against said action; now, therefore,

IT IS HEREBY RESOLVED by the Board of Pacific County Commissioners meeting in regular session, that the supplemental budget(s) be allowed and fixed as listed in Attachment A, all without further hearing or action.

PASSED by the following vote this 22nd day of September, 2015 by the Board of Pacific County Commissioners meeting in regular session at South Bend, Washington, 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

Revenue - Source

(001) Current Expense – Fund Balance	\$110,554.00
(001) Assessor – State Assessor's Association	\$200.00
(001) North District Court – Administrative Office of the Courts	\$918.00
(001) Prosecutor – STOP Grant	\$5,211.00
(001) Sheriff – WA State Parks	\$11,900.00
(101) Fair – Fund Balance	\$8,297.00
(103) Law Library – Fund Balance	\$10,000.00
(109) Vegetation – Fund Balance	\$47.00
(118) Health – Fund Balance	\$17,309.00
(121) WSU Extension – Fund Balance	\$649.00
(126) Public Facilities Improvements – Fund Balance	\$35,000.00
(132) Special Investigative – Fund Balance	\$120,502.00
(136) Juvenile – Fund Balance	\$39.00
(502) ER&R – Fund Balance	\$844.00
	\$321,470.00

Expenditure - Use

(001) Assessor – Operating	\$300.00
(001) Clerk – Operating	\$282.00
(001) Fair – Personnel	\$193.00
(001) General Administration – Personnel	\$3,020.00
(001) Juvenile – Operating	\$110.00
(001) Non-Departmental – Operating	\$1,519.00
(001) Non-Departmental – Personnel	\$11,500.00
(001) North District Court – Operating	\$3,737.00
(001) North District Court – Personnel	\$9,730.00
(001) Prosecuting Attorney – Operating	\$202.00
(001) Prosecuting Attorney – Personnel	\$56,427.00
(001) Public Works: General Facilities – Personnel	\$362.00
(001) Public Works: Parks – Operating	\$1,194.00
(001) Public Works: Parks – Personnel	\$77.00
(001) Sheriff: Corrections – Operating	\$962.00
(001) Sheriff: Law Enforcement – Operating	\$32,223.00
(001) South District Court – Operating	\$1,544.00
(001) South District Court – Personnel	\$5,401.00
(101) Fair – Operating	\$8,297.00
(103) Law Library – Operating	\$10,000.00
(109) Vegetation – Operating	\$47.00
(118) Health – Personnel	\$17,309.00
(121) WSU Extension – Operating	\$649.00
(126) Public Facilities Improvements – Operating	\$35,000.00
(132) Special Investigative – Operating	\$120,502.00
(136) Juvenile – Operating	\$39.00
(502) ER&R – Personnel	\$844.00
	\$321,470.00