

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

**Tuesday, January 26, 2016
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 LOCAL BOARD OF HEALTH & BOARD OF COUNTY COMMISSIONERS MEETINGS

Public Comment (*limited to three minutes per person*)

CONSENT AGENDA (Item A)

- A) Approve Rainbow Valley Landfill Vouchers:
 - PUD #2 - \$60
 - Royal Heights Transfer Station - \$5,380.20
 - WA State Department of Ecology - \$128
 - SCS Engineers - \$4,023.40

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.

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

2016-03

PUD NO. 2

 P.O. BOX 472

 RAYMOND, WA 98577

Vendor #	Date
Reference No. 2	Purchase Order Number

Instructions:

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

Invoice #	Date	Description	Fund	Ops	Base Sub	Sub Elem	Obj	Amount
	12/23/15	UTILITIES	660	000	537	10	41	60.00

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

Lamybole Pres. 1/7/16
 Signature Title Date

Reviewed by:
[Signature] [Signature]
 Faith Taylor, Director Date
 Department of Community Development

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

 Chairman, Pacific County Board of Health

 Date RECEIVED
 PACIFIC COUNTY

JAN 11 2016
 GENERAL ADMINISTRATION
 BOARD OF COMMISSIONERS



PUBLIC UTILITY DISTRICT NO. 2
of PACIFIC COUNTY

Account Number 19983

Page 1 of 1

Statement Date 12/23/2015

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

Billing Summary

Previous Balance	51.47
No Payments Received	0.00
Past Due Balance - Due Now	51.47
Current Charges Due By 01/22/16	60.00
Total Due	111.47

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



Messages

Check out our NEW Pay By Phone 844-829-1962
Due Date does not pertain to Balance Forward amount.

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

Meter Reading Details Meter A34390

Current KWH Reading	12/16/15	85984
Previous KWH Reading	11/16/15	85472
Total KWH Usage		512
Days Served	30	

Detail of Charges

512 kWh x 0.071200	36.45
Power Cost Adj @ 7%	2.55
Elec Basic Charge	21.00
Total This Service	60.00

MO	Dec 14	Jan 15	Feb 15	Mar 15	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15
Usage	781	894	666	442	584	343	343	246	216	377	148	400	512
Avg/Day	27	26	23	16	16	12	10	8	9	11	5	14	17

Return This Portion With Your Payment

PLEASE INDICATE CHANGE OF ADDRESS HERE:

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

Account Number	19983
Due Date	01/22/2016
Amount Due	111.47
Warm Heart Donation	
Amount Paid ONLY IF DIFFERENT THAN AMOUNT DUE	

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

Public Utility No. 2 of Pacific County *
P.O. Box 472 07
Raymond, WA 98577-0472



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

2016-04

ROYAL HEIGHTS TRANSFER STATION, INC
 114 AIRPORT RD.
 RAYMOND, WA 98577

Vendor #	Date
Reference No. 2	Purchase Order Number

Instructions:

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2. Completed vouchers should be received one week prior to the scheduled Board of Health meeting. Approved vouchers will be paid by the Trustee within 10 days of notification.
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Invoice #	Date	Description	Fund	Ops	Base Sub	Sub Elem	Obj	Amount
4963	1/4/16	LEACHATE TRANSPORTATION	660	000	537	10	41	\$ 5380.20

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

Larry Dale PRES. 1/7/16
 Signature Title Date

Reviewed by: *[Signature]* Jan 11 '16
 Faith Taylor, Director Date
 Department of Community Development

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

 Chairman, Pacific County Board of Health Date

RECEIVED
 PACIFIC COUNTY
 JAN 11 2016
 GENERAL ADMINISTRATION
 BOARD OF COMMISSIONERS

ROYAL HEIGHTS TRANSFER STATION, INC.
114 AIRPORT RD.
RAYMOND, WA 98577

Invoice

DATE	INVOICE #
1/4/2016	4963

RAINBOW VALLEY LANDFILL, INC.
114 Airport Rd.
Raymond, WA 98577

P.O. NUMBER	TERMS
	net 10

DUE DATE
1/14/2016

SERVICED	QUANTITY	DESCRIPTION	AMOUNT
12/31/2015	420,000	Gallons - Wastewater Hauling (LEACHATE) @\$12.81/1000	5,380.20

Balance Due

\$5,380.20

Date	<u>loads</u>		
12/1/2015	1		
2	1		
3	2		
4	2		
5	4		
6	2		
7	4		
8	3		
9	2		
10	3		
11	2		
12	2		
13	2		
14	3		
15	2		
16	2		
17	3		
18	3		
19	2		
20	1		
21	3		
22	2		
23	3		
24	3		
25	2		
26	2		
27	1		
28	3		
29	2		
30	2		
31	1		
	70		
	<i>total gallons</i>		420000
		TOTAL	\$5,380.20

2016-05

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

DEPT. OF ECOLOGY
CASHIER UNIT
PO BOX 47611
OLYMPIA, WA 98504-7611

Vendor #	Date
Reference No. 2	Purchase Order Number

Instructions:

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Invoice #	Date	Description	Fund	Ops	Base Sub	Sub Elem	Obj	Amount
2016- ST0006049	12/24/15	WASTEWATER PERMIT	660	000	537	10	41	\$128.00

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

Larry Sab
Signature

PRES.
Title

1/7/16
Date

Reviewed by:

[Signature]
Faith Taylor, Director
Department of Community Development

[Signature]
Date

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

Chairman, Pacific County Board of Health

Date

RECEIVED
PACIFIC COUNTY

JAN 11 2016

GENERAL ADMINISTRATION
BOARD OF COMMISSIONERS



**Washington State Department of Ecology
Wastewater Permit Invoice**

Printed: Dec 31, 2015

RAINBOW VALLEY LANDFILL
Attn: LARRY BALE
114 AIRPORT RD
RAYMOND, WA 98577

Invoice #: 2016-ST0006049
Permit: ST0006049
Fee Type: Wastewater
Category: Solid Waste Sites- B - < 50 Acres

Date	Description	Annual Fee	Amount Billed	Amount Paid	Amount Due	Due Date
12/24/2015	Annual Fee Amount	\$128.00	\$0.00	\$0.00	\$0.00	
12/24/2015	Billing Amount	\$0.00	\$128.00	\$0.00	\$128.00	02/07/2016
Total Annual Fee:		\$128.00	\$128.00 -	\$0.00 =	\$128.00	

This invoice covers Fiscal Year 2016 (July 1, 2015, through June 30, 2016).

- An annual fee will no longer be assessed once the permit has been canceled by Ecology. However, the full annual amount will be owed for the current fiscal year regardless of the permit termination date within that fiscal year. ECOLOGY DOES NOT PRORATE FEES FOR PERMIT TERMINATIONS.
- Delinquent accounts will be turned over for collection and a 20% surcharge will be added to the amount owed. This surcharge is Ecology's cost for the collection action.
- Small business/extreme hardship fee reduction application requests can be found at the following web address:
http://www.ecy.wa.gov/programs/wq/permits/permit_fees/PermitFeeForms.html
- Questions regarding the permit fee assessment should be directed to: Bev Poston at 360/407-6425 or via email to bev.poston@ecy.wa.gov

Please send check or money order payable to:
Department of Ecology
Cashiering Unit
PO Box 47611
Olympia WA 98504-7611

(DO NOT SEND CASH!)

12/24/2015 9:44:26AM 933.00

Detach and return this portion with your check. PLEASE INCLUDE THE INVOICE NUMBER ON YOUR CHECK.

Printed: Dec 31, 2015

Wastewater Fee Billing Notice

Past Due Amount This Fiscal Year:

\$0.00

Current Amount Due:

\$128.00

Total Amount Due:

\$128.00

← **This Amount Due By 02/07/2016**

RAINBOW VALLEY LANDFILL
Attn: LARRY BALE
114 AIRPORT RD
RAYMOND, WA 98577

Invoice #: 2016-ST0006049
Permit: ST0006049
Coding: 176 - WWD - 02-86-000196
ECY 010-72b (6/99)

2016-06

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

SCS Engineers
3900 Kilroy Airport Way, Suite 100
Long Beach, CA 90806-6816

Vendor #	Date
Reference No. 2	Purchase Order Number

Instructions:

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Invoice #	Date	Description	Fund	Ops	Base Sub	Sub Elem	Obj	Amount
0268441	11/30/15	RVL POST-CLOSURE EVAL.	660	000	537	10	41	\$ 4023,40

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

Larry Sale PRES. 1/7/16
Signature Title Date

Reviewed by:

[Signature] Jan 11 '16
Faith Taylor, Director Date
Department of Community Development

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

Chairman, Pacific County Board of Health

Date

RECEIVED
PACIFIC COUNTY

JAN 11 2016

GENERAL ADMINISTRATION
BOARD OF COMMISSIONERS

Invoice

2405 140th Avenue, NE
Suite 107
Bellevue, WA 98005-1877

425 746-4600
FAX 425 746-6747
www.scsengineers.com

SCS ENGINEERS

Mr. Larry Bale
Rainbow Valley Landfill, Inc.
114 Airport Road
Raymond, WA 98577

Remit to: SCS Engineers
3900 Kilroy Airport Way, Suite 100
Long Beach, CA 90806-6816

Tax ID No: 54-0913440

November 30, 2015
Project No: 04215010.00
Invoice No: 0268441

Rainbow Valley Landfill Post-Closure Evaluation

- Reviewed leachate flow meter options
- Reviewed Third Quarter monitoring results and prepared a summary email
- Car rental costs for the August 6th site inspection

Professional Services from November 01, 2015 to November 30, 2015

Professional Personnel

	Hours	Amount	
Project Director	15.00	2,805.00	
Staff Professional - Office	12.00	1,080.00	
Totals	27.00	3,885.00	
Total Labor			3,885.00

Reimbursable Expenses

Auto Mlg/Maint/Rent/Gas		99.55	
Total Reimbursables	1.0 times	99.55	99.55

Additional Fees

Communications Fee		38.85	
Total Additional Fees		38.85	38.85

Total this Invoice \$4,023.40

Thank you.

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

**January 26, 2016
9:00AM or shortly thereafter**

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

AGENDA

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

PUBLIC HEARING *(held in the Commissioners Meeting Room)*

10:00 AM Chinook Water District CDBG Grant Closeout

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

2:00 PM Meet w/ WSU Director J. Kropf

Call to Order

Public Comment *(limited to three minutes per person)*

YEARS OF SERVICE

- 1) 5 Years: Scott Johnson (Sheriff's Office)
- 20 Years: Angie Gilbert (Superior Court)
- 35 Years: Doug Goelz (South District Court)

CONSENT AGENDA (Items 2-12)

Department of Public Works

- 2) Approve Amendment No. D to the WA State Military Department Agreement for Disaster No. FEMA 1734-DR-WA pertaining to the 2007 Storm Event

Department of Community Development

- 3) Acknowledge completion of probation for Stacy Friscia, Environmental Health Specialist

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.

Health & Human Services Department

- 4) Approve Amendment #1 to Contract #1563-43868 with Department of Social & Health Services; authorize Chair to sign
- 5) Acknowledge completion of probation for Carly Castaneda and Vinessa Karnofski; approve Vinessa's reduction in FTE to 0.8 FTE, effective February 1, 2016
- 6) Approve hire of Gracie Manlow, Human Services Program Specialist, effective January 21, 2016

Boards and Commissions

- 7) Approve the reappointment of Peninsula Sanitation, representing the Solid Waste Industry on the Solid Waste Advisory Council

General Business

- 8) Approve transfer of three computer workstations from North District Court to Computer Services
- 9) Approve disposal of Prosecutor inventory items as listed on memo dated January 8, 2016 and disposal forms as provided; approve transfer of computer to Computer Services
- 10) Approve transfers and disposals of inventory items for the Assessor, Auditor, Clerk, Community Development and South District Court
- 11) Vendor Claims:
Warrants Numbered 130489 thru 130640 - \$241,915.54
Warrants Numbered thru - \$
- 12) Approve amended meeting minutes of December 22, 2015

ITEMS REGARDING DEPARTMENT OF COMMUNITY DEVELOPMENT

- 13) Consider approval of recommendation pertaining to Section 20-Oysterville Historic District and Design review

ITEMS REGARDING HEALTH & HUMAN SERVICES DEPARTMENT

- 14) Consider approval of request to purchase two Dell Latitude laptops and carrying cases

ITEMS REGARDING COUNTY FAIR

- 15) Consider approval of Agreement #K1869 with State of WA Department of Agriculture Fairs Program for handwashing stations; authorize Chair to sign

ITEMS REGARDING VEGETATION MANAGEMENT

- 16) Consider approval of request to purchase a Ford F-550 pickup from state bid

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ITEMS REGARDING GENERAL BUSINESS

- 17) Consider approval of request for exception to Travel and Expense Policy
- 18) Consider approval of request for Department Account credit card for General Administration
- 19) Consider approval of Intergovernmental Agreement with Health & Human Services Department to provide housing services
- 20) Consider approval of Contract for Services with Peninsula Poverty Response Team to provide housing related services
- 21) Consider approval of Intergovernmental Agreement with the Port of Chinook pertaining to two short term loans

EXECUTIVE SESSION

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

PUBLIC HEARING – 10:00AM

- 23) Chinook Water District grant closeout

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1/26/16
BOCC Agenda

③

Years of Service Report January 2016

Total Years of Service

Employee Name	Date of Hire	Calculation Date	ID Number
Scott Johnson	1/1/2011	1/1/2011	JOHSC

Total Years of Service

Employee Name	Date of Hire	Calculation Date	ID Number
Angela S. Gilbert	1/1/1996	1/1/1996	GILBA

Total Years of Service

Employee Name	Date of Hire	Calculation Date	ID Number
Douglas E. Goelz	1/2/1981	1/1/1981	GOELD

1/5/16 C: Lisa - KB



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

REQUESTED MEETING DATE:

01/26/16

AGENDA REQUEST FORM

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

Agenda Item #: 2

BOCC ACTION: APPROVED DENIED

Initial: _____ Date: _____

SUBJECT TO ADEQUATE BUDGET APPROPRIATIONS

NO ACTION TAKEN/WITHDRAWN DEFERRED TO: _____

CONTINUED TO DATE: _____ TIME: _____

OTHER: _____

Review Clerk of the Board
 Risk Mgmt
 Legal Required

DISTRIBUTION LIST:

<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:
<p>NARRATIVE OF REQUEST</p> <p>Attached for execution are two (2) originals of Amendment No. D to the Washington State Military Department Agreement for Disaster No. FEMA 1734-DR-WA for the 2007 Storm event.</p> <p>Amendment D extends the expiration date through December 16, 2016.</p> <p>All work in Pacific County has been completed, but no date has been set for conclusion of this disaster due to insurance issues through the Risk Pool.</p>	
<p>RECOMMENDED MOTION (To Be Completed by the Clerk/Deputy Clerk of the Board)</p> <p>Approve Amendment No. D to the WA State Military Department Agreement for Disaster No. FEMA 1734-DR-WA pertaining to the 2007 Storm Event</p>	

Name of Contractor: _____

Name of Contract/Agreement/Grant/Amendment #: (if amendment, provide copy of those pages being amended):
Washington State Military Department Amendment D - Grant No. E08-774 for FEMA #1734-DR-WA

Indicate type:

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

- Contractor Type (check all that apply):
- For-Profit Private Organization/Individual
 Non-Profit Public Organization/Jurisdiction
 State Sub-Recipient
 Federal Other

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

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

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

To be located at: _____

Exceptions to Bidding (Please provide appropriate documentation):

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

PURCHASE UNDER ANOTHER AGENCY'S CONTRACT ("Piggybacking")

Please attach the following:

- Copy of Intergovernmental Agreement with other agency
- Confirmation that vendor agrees to participation
- Documentation that contract was awarded in compliance with bidding law
- Documentation that Agency posted bid/solicitation notice on its website or provided access link to the notice

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

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

TOTAL COST/AMOUNT (include sales & use tax):		TOTAL TAX:	
TOTAL SHIPPING/HANDLING:		EXPENDITURE FUND #: _____,XXX.XXX.XX.XX	
EXPENDITURE BUDGETED?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Will supplemental be required?	<input type="checkbox"/> Yes <input checked="" 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:	



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:
 01.26.2016

AGENDA REQUEST FORM

TO BE COMPLETED BY CLERK OF THE BOARD / DEPUTY CLERK OF THE BOARD				
			Agenda Item #: <u>3</u>	
BOCC ACTION:	<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	Initial: _____	Date: _____
<input type="checkbox"/> SUBJECT TO ADEQUATE BUDGET APPROPRIATIONS				Review <input type="checkbox"/> Clerk of the Board
<input type="checkbox"/> NO ACTION TAKEN/WITHDRAWN	<input type="checkbox"/> DEFERRED TO: _____			<input type="checkbox"/> Risk 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: Community Development Department	DIVISION (if applicable): Administrative
OFFICIAL NAME & TITLE: Faith Taylor-Eldred, Director	PHONE / EXT: 360.875.9356
SIGNATURE: _____	DATE: 01.26.2016
NARRATIVE OF REQUEST FYI The Department is excited to announce Stacy Friscia, our new Environmental Health Specialist has passed her 6 month probationary period.	
RECOMMENDED MOTION (To Be Completed by the Clerk/Deputy Clerk of the Board) Acknowledge completion of probation for Stacy Friscia, Environmental Health Specialist	



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

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 month, beginning at 9 a.m.

REQUESTED MEETING DATE:
1/26/2016

AGENDA REQUEST FORM

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

Agenda Item #: 4

BOCC ACTION: APPROVED DENIED

Initial: _____ Date: _____

SUBJECT TO ADEQUATE BUDGET APPROPRIATIONS

NO ACTION TAKEN/WITHDRAWN DEFERRED TO: _____

CONTINUED TO DATE: _____ TIME: _____

OTHER: _____

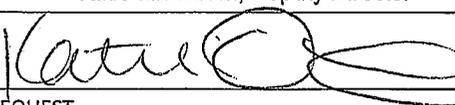
Review Clerk of the Board
 Risk Mgmt
 Legal Required

DISTRIBUTION LIST:

<input type="checkbox"/> RF	<input type="checkbox"/> Assessor	<input type="checkbox"/> DPW	<input type="checkbox"/> 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: 2618
SIGNATURE: 	DATE: 1/19/2016
NARRATIVE OF REQUEST Requesting approval and signature of amendment #1 to agreement #1563-43868 with DSHS Division of Behavioral Health & Recovery. This amendment changes some definitions related to treatment services within the contract and deletes some previous language related to drug court funding. All other terms and conditions and the budget are unchanged. 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 Amendment #1 to Contract #1563-43868 with Department of Social & Health Services and authorize Chair to sign	

Name of Contractor: DSHS Division of Behavioral Health & Recovery

Name of Contract/Agreement/Grant/Amendment #: (if amendment, provide copy of those pages that are being amended):
1563-43868 amendment #1

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):

TOTAL TAX:

TOTAL SHIPPING/HANDLING:

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 AMENDMENT

DSHS CONTRACT NUMBER:
1563-43868

Amendment No. 01

This Contract Amendment is between the State of Washington Department of Social and Health Services (DSHS) and the Contractor identified below.

Program Contract Number
Click here to enter text.
Contractor Contract Number

CONTRACTOR NAME		CONTRACTOR doing business as (DBA)	
Pacific County			
CONTRACTOR ADDRESS		WASHINGTON UNIFORM BUSINESS IDENTIFIER (UBI)	DSHS INDEX NUMBER
1216 West Robert Bush Drive Post Office Box 26 South Bend, WA 98586			1231
CONTRACTOR CONTACT	CONTRACTOR TELEPHONE	CONTRACTOR FAX	CONTRACTOR E-MAIL ADDRESS
Katie Oien-Lindstrom	(360) 875-9343	(360) 875-9323	koien@co.pacific.wa.us
DSHS ADMINISTRATION Behavioral Health and Service Integration		DSHS DIVISION Division of Behavioral Health and Recovery	DSHS CONTRACT CODE 1647CS-63
DSHS CONTACT NAME AND TITLE		DSHS CONTACT ADDRESS	
Ruth Leonard Regional Treatment Manager		4500 10th Avenue SE Lacey, WA 98503	
DSHS CONTACT TELEPHONE (360) 725-3742	DSHS CONTACT FAX (360) 586-9551	DSHS CONTACT E-MAIL ADDRESS leonamr@dshs.wa.gov	
IS THE CONTRACTOR A SUBRECIPIENT FOR PURPOSES OF THIS CONTRACT?		CFDA NUMBERS	
No			
AMENDMENT START DATE	CONTRACT END DATE		
10/01/2015	03/31/2016		
PRIOR MAXIMUM CONTRACT AMOUNT \$183,049.00	AMOUNT OF INCREASE OR DECREASE \$0.00	TOTAL MAXIMUM CONTRACT AMOUNT \$183,049.00	
REASON FOR AMENDMENT; CHANGE OR CORRECT CONTRACT TERMS OR SOW, SEE PAGE TWO			
ATTACHMENTS. When the box below is marked with an X, the following Exhibits are attached and are incorporated into this Contract Amendment by reference:			
<input checked="" type="checkbox"/> Additional Exhibits (specify): Exhibit B: Awards and Revenues			
This Contract Amendment, including all Exhibits and other documents incorporated by reference, contains all of the terms and conditions agreed upon by the parties as changes to the original Contract. No other understandings or representations, oral or otherwise, regarding the subject matter of this Contract Amendment shall be deemed to exist or bind the parties. All other terms and conditions of the original Contract remain in full force and effect. The parties signing below warrant that they have read and understand this Contract Amendment, and have authority to enter into this Contract Amendment.			
CONTRACTOR SIGNATURE	PRINTED NAME AND TITLE		DATE SIGNED
DSHS SIGNATURE	PRINTED NAME AND TITLE		DATE SIGNED

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

1. Section 1. Definitions Specific to Special Terms is amended by adding the following two (2) terms.

Recovery Care Plan (RCP): An individualized plan that sets specific goals and outcomes for an individual's or their family's needs based on individual assessment that considers 1) the needs of the individual and/or their families; 2) the extent to which there are recovery support services, health and human services, housing services, and 3) the extent of available resources.

Recovery Support Services (RSS): A broad range of nonclinical services that assist individuals and families to initiate, stabilize, and maintain long-term recovery from substance use.

2. Section 5. Reciprocity is amended by removing the phrase "and distance standards" from the first sentence.
3. Section 6. Requirements subsection g.(3). is amended by removing "R34" from the first sentence.
4. Section 8: Statement of Work is amended as follows:
 - a. Subsection k.(1).(b). is amended to read "Women who are postpartum during the first year after pregnancy completion regardless of the outcome of the pregnancy or placement of children."
 - b. A new subsection "aa." Is added to read
 - aa. RCP must demonstrate shared decision-making between the individual and the RSS provider. The plan must also document progress and a final interview regarding service impact on their recovery goal at the time of program discharge.
 - c. A new subsection "bb" Is added to read
 - bb. RSS Services may be delivered through a variety of community and faith-based groups, treatment providers, schools, and other specialized services. Services may be provided by a single entity or a consortium of health and human service providers. These services may include:
 - (1) Housing assistance services such as identifying housing options, contacting prospective landlords, assisting with housing or housing subsidy applications.
 - (2) Recovery support such as transportation to and from treatment, employment services and job training, relapse prevention, child care, family/marriage education, self-help and support groups, life skills, spiritual and faith-based support, education, and parent education.
 - (3) RSS does NOT include rent, home repairs, clothing, dental or medical costs, hygiene items, electronics, or anything that is for personal use.
 - d. Subsection w.(1). and w(3) The terms "drug court funding" and "State Drug Court funds" is deleted.
 - e. Subsection w(3).(b). ii. Is deleted in its entirety.

5. Section 9. Transition of Services is amended as follows:

a. Subsections 9.a.(3) through 9.a.(10) are deleted and replaced with the following.

(3) **For each transitioning client in care January 1, 2016 or entering care after January 1, 2016, and with proper release in accordance with CFR 42 Part 2, Subpart C, 2.31 "Form of Written Consent", provide the receiving BHO with current treatment information including:**

- (a) What services are being provided,
- (b) Planned treatment end date,
- (c) Service provider information,
- (d) Treatment location
- (e) Administrative records

(4) Participate in the development of individual Client Transition Plans.

(5) Document collection of proper release in TARGET.

(6) Other activities as requested by DSHS.

b. DSHS is responsible for payment of all services delivered up to but not including the date of implementation.

6. Section 11. Consideration is amended by adding the following new subsection.

g. Incentive Research Project

DSHS has received a grant from Brandeis University to participate in an incentive awards project to improve performance in "treatment engagement" for Outpatient and Intensive Outpatient treatment agencies (including qualified subcontractors) and detox facilities. The project will run from October 1, 2013 through December 31, 2015.

(1) Funding for incentive award payments is provided by DSHS.

(a) These funds are pooled and not reflected in the Awards and Revenues (A&R) attachment.

(b) The earned incentive award payments shall be passed through to the subcontracted providers or directly to the agency providing services that are identified by DSHS as a quarterly awardee.

(2) DSHS will notify you in writing and/or by e-mail of the status of your subcontractors as to:

(a) If any of your providers have achieved an incentive award payment and the amount awarded

(b) Provide a separate A-19 for billing purposes that will cover only the incentive payments.

(3) Send the separate A-19 for the project to Amanda Lewis at lewisae@dshs.wa.gov or designee who will review and forward valid A-19s for payment.

7. Section 12. Billing and Payment for Statement of Work
 - a. Subsection f.(3). the term "Drug Court" is deleted.
 - b. Subsection f.(3).(a) the term "and no more than 10% of the Drug Court" is deleted.
 - c. Subsection f.(3).(b). is deleted in its entirety.
 - d. Subsection j.(3).(c).vii is amended by replacing the reference (x.) with (ix.)
8. Exhibit B: Awards and Revenues is deleted and replaced with the new attached Exhibit B.

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

**AWARD AND REVENUES
2015-2017 Biennium**

COUNTY Pacific
CONTRACT NUMBER 1563-43868

FY16 Funds are for Services Provided From 7.1.15 to 3.31.16 - 9 Months

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

<u>REVENUE SOURCE CODE:</u>	<u>TYPE OF SERVICE</u>	<u>AWARD AMOUNTS</u>		
		<u>SFY 16</u>	<u>Biennial Funds</u>	<u>Total FY16</u>
333.99.59	SABG Treatment	\$23,665		\$23,665
	<i>SABG Treatment-Resource Development</i>	\$4,733		\$4,733
334.04.6X	State Grant-in-Aid	\$123,718		\$123,718
	<i>State GIA Administration</i>	\$12,816		\$12,816
334.04.6X	Criminal Justice Treatment Account (Biennial)		\$30,744	\$30,744
	<i>State Drug Court</i>		\$0	\$0
	<u>STATE - SPECIAL PROJECTS</u>			
334.04.6X	TANF Treatment Services	\$4,922		\$4,922
Total Federal Funds		\$23,665		\$23,665
Total State Funds		\$128,640	\$30,744	\$159,384
TOTAL ALL AWARDS		\$152,305	\$30,744	\$183,049

Federal CFDA:

SABG -CFDA 93.959 Substance Abuse and Mental Health Services Administration (SAMHSA)

Criminal Justice Treatment Account

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

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

All Funds are for 9 Months of FY16-Contracts for these services will be with BHOs as of 4.1.16

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



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

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

REQUESTED MEETING DATE:

1/26/2016

AGENDA REQUEST FORM

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

5

Agenda Item #: _____

BOCC ACTION: APPROVED DENIED

Initial: _____ Date: _____

SUBJECT TO ADEQUATE BUDGET APPROPRIATIONS

NO ACTION TAKEN/WITHDRAWN

DEFERRED TO: _____

Review Clerk of the Board

Risk Mgmt

CONTINUED TO DATE: _____ TIME: _____

Legal Required

OTHER: _____

DISTRIBUTION LIST:

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| <input type="checkbox"/> RF | <input type="checkbox"/> Assessor | <input type="checkbox"/> DPW | <input type="checkbox"/> NDC | <input type="checkbox"/> Superior Court |
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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: Health & Human Services	DIVISION (if applicable):
OFFICIAL NAME & TITLE: Katie Lindstrom, Deputy Director	PHONE / EXT: 2648
SIGNATURE:	DATE: 1/14/2016
NARRATIVE OF REQUEST regular Requesting approval of attached change in status forms for Carly Castaneda and Vinessa Karnofski. Carly's change in status is to reflect the successful completion of her probationary period and move to permanent status effective February 1st. Vinessa's change documents her successful completion of probation/move to permanent status and also reflects a reduction from a 1.0 FTE to a .85 FTE effective February 1st. The reduction in FTE was requested by Vinessa and I support this request. Both Vinessa and Carly have proven to be excellent employees during their probationary period. Please contact me at extension 2648 with any questions. Thank you!	
RECOMMENDED MOTION (To Be Completed by the Clerk/Deputy Clerk of the Board) Acknowledge completion of probation for Carly Castaneda and Vinessa Karnofski; approve Vinessa's reduction in FTE to 0.8 FTE, effective February 1, 2016	



REQUESTED MEETING DATE:
 1/26/2016

AGENDA REQUEST FORM

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

Agenda Item#: 6

BOCC ACTION: APPROVED DENIED

Initial: _____ Date: _____

SUBJECT TO ADEQUATE BUDGET APPROPRIATIONS

Review Clerk of the Board

NO ACTION TAKEN/WITHDRAWN DEFERRED TO: _____

Risk Mgmt

CONTINUED TO DATE: _____ TIME: _____

Legal Required

OTHER: _____

DISTRIBUTION LIST:

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| <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 Department	DIVISION (if applicable):
OFFICIAL NAME & TITLE: Katie Lindstrom, Deputy Director	PHONE / EXT:
SIGNATURE:	DATE: 1/19/2016
NARRATIVE OF REQUEST	
<p>RECOMMENDED MOTION (To Be Completed by the Clerk/Deputy Clerk of the Board)</p> <p>Approve the hire of Gracie Manlow, Human Services Program Specialist, Grade 13 Step 1, 1.0 FTE, effective January 21, 2016, subject to adequate budget appropriations</p>	



REQUESTED MEETING DATE:

1/26/2016

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:

- | | | | | |
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| <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: Commissioners Office	DIVISION (if applicable): Bds/Coms
OFFICIAL NAME & TITLE: Marie Guernsey, Clerk of the Board	PHONE / EXT:
SIGNATURE: 	DATE: 1/19/2016
NARRATIVE OF REQUEST	
RECOMMENDED MOTION (To Be Completed by the Clerk/Deputy Clerk of the Board)	
Approve the re-appointment of Peninsula Sanitation, representing the Solid Waste Industry on the Solid Waste Control Advisory Board	



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

5

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

REQUESTED MEETING DATE:

1/26/16

AGENDA REQUEST FORM

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

Agenda Item #: 8

BOCCACTION: APPROVED DENIED

Initial: _____ Date: _____

SUBJECT TO ADEQUATE BUDGET APPROPRIATIONS

NO ACTION TAKEN/WITHDRAWN

DEFERRED TO: _____

Review Clerk of the Board

Risk Mgmt

CONTINUED TO DATE: _____ TIME: _____

Legal Required

OTHER: _____

DISTRIBUTION LIST:

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| <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: General Administration for North District Court	DIVISION (if applicable):
OFFICIAL NAME & TITLE: Kelli D. Buchanan, Administrative Assistant	PHONE / EXT:
SIGNATURE: <i>Kelli Buchanan</i>	DATE: 1/11/16
NARRATIVE OF REQUEST Confirm attached inventory transfers for fixed assets #3061, #3062 & #3063. These computers were transferred from North District Court to DPW Computer Services, and the transfers will be reflected on 2015 inventory.	
RECOMMENDED MOTION (To Be Completed by the Clerk/Deputy Clerk of the Board) Approve transfer of three computer workstations from North District Court to Computer Services, in accordance with Personal Property & Inventory Procedures	

PACIFIC COUNTY - INVENTORY DISPOSAL/TRANSFER FORM

ATTACHMENT #4

FIXED ASSET ID NUMBER: 3061, 3062 & 3063	DEPT/OFFICE: North District Court
EQUIPMENT DESCRIPTION: Computer Workstation, Dell OptiPlex 980	LOCATION: North District Courtroom & NDC Office
MODEL NUMBER:	SERIAL NUMBER:

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

DISPOSAL

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

TRANSFER

TRANSFER DATE: 3061 on 2/2015; 3062 & 3063 6/2015	
TRANSFERRED FROM (DEPT/OFFICE): North District Court	TO (DEPT/OFFICE): DPW - IT Department

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

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

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

* 2015 Inventory

Clerk of the Board

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



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.

5

REQUESTED MEETING DATE:
 1/26/16

AGENDA REQUEST FORM

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

Agenda Item#: 9

BOCC ACTION: APPROVED DENIED

Initial: _____ Date: _____

SUBJECT TO ADEQUATE BUDGET APPROPRIATIONS

Review Clerk of the Board

NO ACTION TAKEN/WITHDRAWN

DEFERRED TO: _____

Risk 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"/> 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: General Administration for Prosecutor's Office	DIVISION (if applicable):
OFFICIAL NAME & TITLE: Kelli D. Buchanan, Administrative Assistant	PHONE / EXT:
SIGNATURE: <i>Kelli D. Buchanan</i>	DATE: 1/11/16
<p>NARRATIVE OF REQUEST</p> <p>Confirm attached inventory disposals for the Prosecutor's Office per Memo from Brandi Huber dated January 8, 2016 (cannot locate items, have little or no value, and/or do not need to be listed on inventory).</p> <p>Confirm attached inventory disposals for fixed assets #1077 - Cannon ES100 8MM Camcorder, #2233 - HP LaserJet 1200 Printer, #2234 - Cell Phone, #3203 - Fax Machine.</p> <p>Confirm attached inventory transfer for fixed asset #1079 - MD3 Computer. This computer was transferred from the Prosecutor's Office to the Sheriff's Office.</p> <p>All of these inventory disposals and transfers will be reflected on 2015 inventory.</p>	
<p>RECOMMENDED MOTION (To Be Completed by the Clerk/Deputy Clerk of the Board)</p> <p>Approve disposal of Prosecutor inventory items as listed on memo dated January 8, 2016 and disposal forms as provided; approve transfer of computer to Computer Services in accordance with Personal Property & Inventory Procedures</p>	



Pacific County
PROSECUTING ATTORNEY

Mark McClain, Prosecutor

MEMO

DATE: January 8, 2016
TO: Kelli Buchanan, Administrative Assistant
FROM: Brandi Huber, Prosecutor's Office
RE: Inventory

RECEIVED
PACIFIC COUNTY

JAN - 8 2016

GENERAL ADMINISTRATION
BOARD OF COMMISSIONERS

Due to fact that these items are not in our office, have little or no value, or are unlikely to be stolen, could you please remove them from our inventory.

1070 Cabinet, 2 door from BOCC – Copy Rm
1071 Cabinet, File, 4 drawer, legal
1072 Cabinet, File, 4 drawer, legal
1073 Cabinet, Form, legal
1074 Cabinet, Form, letter
1075 Cabinet, Vertical file 4-drawer legal
2674 Chair, Steelcase – Brent
1087 Desk, Metal
2673 Desk, Metal
1088 Desk, Metal, brown (In Assessor's)
1090 Desk, RH 30x60
1614 Printer Stand
1103 Return Clamp for desk
1109 Table, Computer from BOCC

PACIFIC COUNTY - INVENTORY DISPOSAL/TRANSFER FORM

ATTACHMENT #4

FIXED ASSET ID NUMBER: 1077	DEPT/OFFICE: PROSECUTOR'S OFFICE
EQUIPMENT DESCRIPTION: CAMCORDER, CANNON ES100 8MM	LOCATION: SOUTH BEND, WA
MODEL NUMBER: N/A	SERIAL NUMBER: N/A

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

DISPOSAL

DISPOSAL DATE: UNKNOWN	HOW DISPOSED: N/A
REASON FOR DISPOSAL: EXTREEMLY OUTDATED	
IF SOLD, AMOUNT RECEIVED:	NAME OF PURCHASER:

TRANSFER

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

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

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

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

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

PACIFIC COUNTY - INVENTORY DISPOSAL/TRANSFER FORM

ATTACHMENT #4

FIXED ASSET ID NUMBER: 2233	DEPT/OFFICE: PROSECUTOR'S OFFICE
EQUIPMENT DESCRIPTION: HP LASERJET 1200	LOCATION: SOUTH BEND, WA
MODEL NUMBER: 1200	SERIAL NUMBER: N/A

IS THIS EQUIPMENT STILL FUNCTIONING? YES NO

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

DISPOSAL

DISPOSAL DATE: _____	HOW DISPOSED: _____
REASON FOR DISPOSAL: EXTREEMLY DATED, NEEDS NEW TONER	
IF SOLD, AMOUNT RECEIVED: _____	NAME OF PURCHASER: _____

TRANSFER

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

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

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

Clerk of the Board

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

PACIFIC COUNTY - INVENTORY DISPOSAL/TRANSFER FORM

ATTACHMENT #4

FIXED ASSET ID NUMBER: <u>2234</u>	DEPT/OFFICE: <u>PROSECUTOR'S OFFICE</u>
EQUIPMENT DESCRIPTION: <u>CELLULAR PHONE</u>	LOCATION: <u>SOUTH BEND, WA</u>
MODEL NUMBER: <u>N/A</u>	SERIAL NUMBER: <u>N/A</u>

IS THIS EQUIPMENT STILL FUNCTIONING? YES NO

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

DISPOSAL

DISPOSAL DATE: <u>UNKNOWN</u>	HOW DISPOSED: <u>N/A</u>
REASON FOR DISPOSAL: <u>EXTREEMLY OUTDATED</u>	
IF SOLD, AMOUNT RECEIVED: _____	NAME OF PURCHASER: _____

TRANSFER

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

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

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

<p>Your request to <input type="checkbox"/> dispose <input type="checkbox"/> transfer the above referenced inventory item was <input type="checkbox"/> approved <input type="checkbox"/> denied by the Board of Pacific County Commissioners at its meeting held on _____, 20____ in accordance with Pacific County Personal Property Inventory Procedures.</p> <p style="text-align: right; margin-right: 100px;">_____ Clerk of the Board</p>

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

PACIFIC COUNTY - INVENTORY DISPOSAL/TRANSFER FORM

ATTACHMENT #4

FIXED ASSET ID NUMBER: 3203	DEPT/OFFICE: PROSECUTOR'S OFFICE
EQUIPMENT DESCRIPTION: FAX MACHINE	LOCATION: SOUTH BEND, WA
MODEL NUMBER: CANON LASER CLASS 510	SERIAL NUMBER: N/A

IS THIS EQUIPMENT STILL FUNCTIONING? YES NO
HAS THE EQUIPMENT BEEN OFFERED TO OTHER COUNTY DEPARTMENTS/OFFICES? YES NO

DISPOSAL

DISPOSAL DATE:	HOW DISPOSED:
REASON FOR DISPOSAL: HAVE ALL IN ONE COPY/FAX/PRINTER	
IF SOLD, AMOUNT RECEIVED:	NAME OF PURCHASER:

TRANSFER

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

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

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

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

Clerk of the Board

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

PACIFIC COUNTY - INVENTORY DISPOSAL/TRANSFER FORM

ATTACHMENT #4

FIXED ASSET ID NUMBER: <u>1079</u>	DEPT/OFFICE: <u>PROSECUTOR'S OFFICE</u>
EQUIPMENT DESCRIPTION: <u>COMPUTER, MD3</u>	LOCATION: <u>SOUTH BEND, WA</u>
MODEL NUMBER: <u>MD3</u>	SERIAL NUMBER: <u>N/A</u>

IS THIS EQUIPMENT STILL FUNCTIONING? YES NO

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

DISPOSAL

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

TRANSFER

TRANSFER DATE: <u>UKNONWN</u>	
TRANSFERRED FROM (DEPT/OFFICE): <u>PROSECUTOR'S OFFICE</u>	TO (DEPT/OFFICE): <u>SHERIFF'S OFFICE</u>

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

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

<p>Your request to <input type="checkbox"/> dispose <input type="checkbox"/> transfer the above referenced inventory item was <input type="checkbox"/> approved <input type="checkbox"/> denied by the Board of Pacific County Commissioners at its meeting held on _____, 20____ in accordance with Pacific County Personal Property Inventory Procedures.</p> <p style="text-align: right; margin-right: 100px;">_____ Clerk of the Board</p>

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



REQUESTED MEETING DATE:

1/26/16

AGENDA REQUEST FORM

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

Agenda Item #: 10

BOCC ACTION: APPROVED DENIED

Initial: _____ Date: _____

SUBJECT TO ADEQUATE BUDGET APPROPRIATIONS

NO ACTION TAKEN/WITHDRAWN DEFERRED TO: _____

CONTINUED TO DATE: _____ TIME: _____

OTHER: _____

Review Clerk of the Board
 Risk Mgmt
 Legal Required

DISTRIBUTION LIST:

<input type="checkbox"/> RF	<input type="checkbox"/> Assessor	<input type="checkbox"/> DPW	<input type="checkbox"/> 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: General Administration for Various Depts/Offices DIVISION (if applicable): _____

OFFICIAL NAME & TITLE: Kelli D. Buchanan PHONE / EXT: _____

SIGNATURE: *Kelli D. Buchanan* DATE: 1/21/16

NARRATIVE OF REQUEST
 Confirm attached inventory acquisitions, disposals and transfers for the Assessor, Auditor, Clerk, Department of Community Development and South District Court. These changes will be reflected on 2015 inventory.

RECOMMENDED MOTION (To Be Completed by the Clerk/Deputy Clerk of the Board)
 Approve transfers and disposals of inventory items for the Assessor, Auditor, Clerk, Community Development and South District Court in accordance with Personal Property & Inventory Procedures

PACIFIC COUNTY - INVENTORY DISPOSAL/TRANSFER FORM

ATTACHMENT #4

FIXED ASSET ID NUMBER: 2999	DEPT/OFFICE: ASSESSOR'S
EQUIPMENT DESCRIPTION: COMPUTER WORKSTATION - FRONT COI	LOCATION: COURTHOUSE, SOUTH BEND
MODEL NUMBER: <u>Front Counter</u>	SERIAL NUMBER:

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

DISPOSAL

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

TRANSFER

TRANSFER DATE: 11/2015	
TRANSFERRED FROM (DEPT/OFFICE): ASSESSOR'S OFFICE	TO (DEPT/OFFICE): COMPUTER SERVICES

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

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

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

* 2015 Inventory

Clerk of the Board

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

PACIFIC COUNTY - INVENTORY DISPOSAL/TRANSFER FORM

ATTACHMENT #4

FIXED ASSET ID NUMBER: 3206	DEPT/OFFICE: ASSESSOR'S
EQUIPMENT DESCRIPTION: COMPUTER -DELL OP 9010 - BECKY	LOCATION: COURTHOUSE, SOUTH BEND
MODEL NUMBER:	SERIAL NUMBER:

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

DISPOSAL

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

TRANSFER

TRANSFER DATE: 11/2015	
TRANSFERRED FROM (DEPT/OFFICE): ASSESSOR'S OFFICE	TO (DEPT/OFFICE): COMPUTER SERVICES

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

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

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

* 2015 Inventory

Clerk of the Board

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

PACIFIC COUNTY - INVENTORY DISPOSAL/TRANSFER FORM

ATTACHMENT #4

FIXED ASSET ID NUMBER: 3207	DEPT/OFFICE: ASSESSOR'S
EQUIPMENT DESCRIPTION: COMPUTER -DELL OP 9010 - LISA	LOCATION: COURTHOUSE, SOUTH BEND
MODEL NUMBER:	SERIAL NUMBER:

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

DISPOSAL

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

~~A~~ TRANSFER

TRANSFER DATE: 11/2015	
TRANSFERRED FROM (DEPT/OFFICE): ASSESSOR'S OFFICE	TO (DEPT/OFFICE): COMPUTER SERVICES

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

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

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

* 2015 Inventory

Clerk of the Board

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

PACIFIC COUNTY - INVENTORY DISPOSAL/TRANSFER FORM

ATTACHMENT #4

FIXED ASSET ID NUMBER: 3205	DEPT/OFFICE: ASSESSOR'S
EQUIPMENT DESCRIPTION: COMPUTER -DELL OP 9010 - LONI	LOCATION: COURTHOUSE, SOUTH BEND
MODEL NUMBER:	SERIAL NUMBER:

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

DISPOSAL

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

TRANSFER

TRANSFER DATE: 11/2015	
TRANSFERRED FROM (DEPT/OFFICE): ASSESSOR'S OFFICE	TO (DEPT/OFFICE): COMPUTER SERVICES

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

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

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

* 2015 Inventory

Clerk of the Board

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

PACIFIC COUNTY - INVENTORY DISPOSAL/TRANSFER FORM

ATTACHMENT #4

FIXED ASSET ID NUMBER: <u>3050</u>	DEPT/OFFICE: <u>ASSESSOR'S</u>
EQUIPMENT DESCRIPTION: <u>COMPUTER -DELL VOSTRO - BLAIR</u>	LOCATION: <u>COURTHOUSE, SOUTH BEND</u>
MODEL NUMBER: _____	SERIAL NUMBER: _____

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

DISPOSAL

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

~~X~~ TRANSFER

TRANSFER DATE: <u>11/2015</u>
TRANSFERRED FROM (DEPT/OFFICE): <u>ASSESSOR'S OFFICE</u> TO (DEPT/OFFICE): <u>COMPUTER SERVICES</u>

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

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

Your request to <input type="checkbox"/> dispose <input type="checkbox"/> transfer the above referenced inventory item was <input type="checkbox"/> approved <input type="checkbox"/> denied by the Board of Pacific County Commissioners at its meeting held on _____, 20____ in accordance with Pacific County Personal Property Inventory Procedures.	
<i>* 2015 Inventory</i>	_____ Clerk of the Board

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

Kelli Buchanan

From: Joyce Kidd
Sent: Wednesday, January 13, 2016 12:08 PM
To: Kelli Buchanan
Subject: Inventory

Hi Kelli,

After being picked over by the other county offices, we still had a few old chairs left. They are being donated to the museum in South Bend. Only two of the chairs had inventory stickers on them, the numbers are 2780 & 2787. Please remove them from our inventory.

Thanks,

Joyce Kidd
Pacific County Auditor
jkidd@co.pacific.wa.us
(360)875-9313

** 2015 Inventory **



PACIFIC COUNTY – INVENTORY DISPOSAL/TRANSFER FORM

ATTACHMENT #4

FIXED ASSET ID NUMBER: 3025	DEPARTMENT/OFFICE: Pacific County Clerk
EQUIPMENT DESCRIPTION: Printer, Laserjet	LOCATION: Clerk's Office
MODEL NUMBER: 4350KTN	SERIAL NUMBER:

RECEIVED
 PACIFIC COUNTY
 JAN 11 2015

IS THIS EQUIPMENT STILL FUNCTIONING? No

GENERAL ADMINISTRATION
BOARD OF COMMISSIONERS

HAS THE EQUIPMENT BEEN OFFERED TO OTHER COUNTY DEPARTMENTS/OFFICES? Given back to computer services.

DISPOSAL

DISPOSAL DATE: 6-3-2015 **HOW DISPOSED:** Given back to computer services.

REASON FOR DISPOSAL: Printer quit working and needed to be replaced. It is no longer on our premises.

IF SOLD, AMOUNT RECEIVED: _____ **NAME OF PURCHASER:** _____

TRANSFER

DATE OF TRANSFER: _____

TRANSFERRED TO: _____

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

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

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

2015 Inventory

PACIFIC COUNTY - INVENTORY DISPOSAL/TRANSFER FORM

ATTACHMENT #4

FIXED ASSET ID NUMBER: <u>2795</u>	DEPT/OFFICE: <u>DOA</u>
EQUIPMENT DESCRIPTION: <u>LAPTOP COMPUTER</u>	LOCATION: <u>SOUTH BEND</u>
MODEL NUMBER: _____	SERIAL NUMBER: _____

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

DISPOSAL

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

TRANSFER

TRANSFER DATE: <u>Fall 2015</u>	
TRANSFERRED FROM (DEPT/OFFICE): <u>DOA</u>	TO (DEPT/OFFICE): <u>DPW - Comp Services</u>

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

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

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

** 2015 Inventory*

Clerk of the Board

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

PACIFIC COUNTY - INVENTORY DISPOSAL/TRANSFER FORM

ATTACHMENT #4

FIXED ASSET ID NUMBER: <u>2837</u>	DEPT/OFFICE: <u>DCD LB</u>
EQUIPMENT DESCRIPTION: <u>COMPUTER LAPTOP</u>	LOCATION: <u>LB</u>
MODEL NUMBER: _____	SERIAL NUMBER: _____

IS THIS EQUIPMENT STILL FUNCTIONING? YES NO

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

DISPOSAL

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

TRANSFER

TRANSFER DATE: <u>2015</u>	
TRANSFERRED FROM (DEPT/OFFICE): <u>DCD</u>	TO (DEPT/OFFICE): <u>DPW Comp Services</u>

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

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

Your request to <input type="checkbox"/> dispose <input type="checkbox"/> transfer the above referenced inventory item was <input type="checkbox"/> approved <input type="checkbox"/> denied by the Board of Pacific County Commissioners at its meeting held on _____, 20__ in accordance with Pacific County Personal Property Inventory Procedures.	
* 2015 Inventory	_____ Clerk of the Board

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

PACIFIC COUNTY - INVENTORY DISPOSAL/TRANSFER FORM

ATTACHMENT #4

FIXED ASSET ID NUMBER: <u>2744</u>	DEPT/OFFICE: <u>DCD</u>
EQUIPMENT DESCRIPTION: <u>COMPUTER WORKSTATION</u>	LOCATION: <u>SB</u>
MODEL NUMBER: _____	SERIAL NUMBER: _____

IS THIS EQUIPMENT STILL FUNCTIONING? YES NO ?

HAS THE EQUIPMENT BEEN OFFERED TO OTHER COUNTY DEPARTMENTS/OFFICES? YES NO ? *don't have*

DISPOSAL

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

TRANSFER

TRANSFER DATE: <u>2014</u>	
TRANSFERRED FROM (DEPT/OFFICE): <u>DCD</u>	TO (DEPT/OFFICE): <u>DPW - Comp Servs</u>

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

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

Your request to <input type="checkbox"/> dispose <input type="checkbox"/> transfer the above referenced inventory item was <input type="checkbox"/> approved <input type="checkbox"/> denied by the Board of Pacific County Commissioners at its meeting held on _____, 20____ in accordance with Pacific County Personal Property Inventory Procedures.
<u>* 2015 Inventory</u> _____ Clerk of the Board

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

PACIFIC COUNTY - INVENTORY DISPOSAL/TRANSFER FORM

ATTACHMENT #4

FIXED ASSET ID NUMBER: <u>2925</u>	DEPT/OFFICE: <u>DCD LB</u>
EQUIPMENT DESCRIPTION: <u>Computer workstation</u>	LOCATION: <u>LB</u>
MODEL NUMBER: _____	SERIAL NUMBER: _____

IS THIS EQUIPMENT STILL FUNCTIONING? YES NO ?

HAS THE EQUIPMENT BEEN OFFERED TO OTHER COUNTY DEPARTMENTS/OFFICES? YES NO ? *don't have*

DISPOSAL

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

TRANSFER

TRANSFER DATE: <u>2014</u>	
TRANSFERRED FROM (DEPT/OFFICE): <u>DCD</u>	TO (DEPT/OFFICE): <u>DPW Comp Services</u>

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

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

Your request to <input type="checkbox"/> dispose <input type="checkbox"/> transfer the above referenced inventory item was <input type="checkbox"/> approved <input type="checkbox"/> denied by the Board of Pacific County Commissioners at its meeting held on _____, 20__ in accordance with Pacific County Personal Property Inventory Procedures.	
<i>* 2015 Inventory</i>	_____ Clerk of the Board

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

PACIFIC COUNTY - INVENTORY DISPOSAL/TRANSFER FORM

ATTACHMENT #4

FIXED ASSET ID NUMBER: <u>3282</u>	DEPT/OFFICE: <u>DOD</u>
EQUIPMENT DESCRIPTION: <u>Computer workstation</u>	LOCATION: <u>LB</u>
MODEL NUMBER: _____	SERIAL NUMBER: _____

IS THIS EQUIPMENT STILL FUNCTIONING? YES NO ?
HAS THE EQUIPMENT BEEN OFFERED TO OTHER COUNTY DEPARTMENTS/OFFICES? YES NO ? *don't have*

DISPOSAL

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

TRANSFER

TRANSFER DATE: <u>2014</u>	
TRANSFERRED FROM (DEPT/OFFICE): <u>DOD</u>	TO (DEPT/OFFICE): <u>DPW Comp Services</u>

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

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

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

** 2015 Inventory*

Clerk of the Board

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

PACIFIC COUNTY - INVENTORY DISPOSAL/TRANSFER FORM
ATTACHMENT #4

FIXED ASSET ID NUMBER: <u>2109</u>	DEPT/OFFICE: <u>DCD</u>
EQUIPMENT DESCRIPTION: <u>Portable Tent</u>	LOCATION: <u>1B-HHW facility</u>
MODEL NUMBER: _____	SERIAL NUMBER: _____

IS THIS EQUIPMENT STILL FUNCTIONING? YES NO

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

not needed on inventory

DISPOSAL

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

TRANSFER

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

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

Your request to <input type="checkbox"/> dispose <input type="checkbox"/> transfer the above referenced inventory item was <input type="checkbox"/> approved <input type="checkbox"/> denied by the Board of Pacific County Commissioners at its meeting held on _____, 20____ in accordance with Pacific County Personal Property Inventory Procedures.	
<i>* 2015 inventory</i>	_____ Clerk of the Board

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

PACIFIC COUNTY - INVENTORY DISPOSAL/TRANSFER FORM

ATTACHMENT #4

FIXED ASSET ID NUMBER: <u>1572</u>	DEPT/OFFICE: <u>DCD</u>
EQUIPMENT DESCRIPTION: <u>TV + VCR</u>	LOCATION: <u>LB</u>
MODEL NUMBER: _____	SERIAL NUMBER: _____

IS THIS EQUIPMENT STILL FUNCTIONING? YES NO

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

not needed on inventory

DISPOSAL

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

TRANSFER

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

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

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

Your request to <input type="checkbox"/> dispose <input type="checkbox"/> transfer the above referenced inventory item was <input type="checkbox"/> approved <input type="checkbox"/> denied by the Board of Pacific County Commissioners at its meeting held on _____, 20____ in accordance with Pacific County Personal Property Inventory Procedures.	
<i>* 2015 Inventory</i>	_____ Clerk of the Board

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

PACIFIC COUNTY - INVENTORY DISPOSAL/TRANSFER FORM

ATTACHMENT #4

FIXED ASSET ID NUMBER: 3059	DEPT/OFFICE: South District Court
EQUIPMENT DESCRIPTION: Dell Opti-Plex 980 Computer-Kim	LOCATION: Clerks office
MODEL NUMBER:	SERIAL NUMBER:

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

DISPOSAL

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

TRANSFER

TRANSFER DATE: 03/2015	
TRANSFERRED FROM (DEPT/OFFICE): SDC	TO (DEPT/OFFICE): DPW/ Andy Seaman

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

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

Your request to <input type="checkbox"/> dispose <input type="checkbox"/> transfer the above referenced inventory item was <input type="checkbox"/> approved <input type="checkbox"/> denied by the Board of Pacific County Commissioners at its meeting held on _____, 20___ in accordance with Pacific County Personal Property Inventory Procedures.	
* 2015 Inventory	_____ Clerk of the Board

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

PACIFIC COUNTY - INVENTORY DISPOSAL/TRANSFER FORM

ATTACHMENT #4

FIXED ASSET ID NUMBER: 3058	DEPT/OFFICE: South District Court
EQUIPMENT DESCRIPTION: Dell Opti-Plex 980 Computer-Linda	LOCATION: Clerks office
MODEL NUMBER:	SERIAL NUMBER:

IS THIS EQUIPMENT STILL FUNCTIONING? YES NO

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

DISPOSAL

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

TRANSFER

TRANSFER DATE: 03/2015	
TRANSFERRED FROM (DEPT/OFFICE): SDC	TO (DEPT/OFFICE): DPW/ Andy Seaman

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

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

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

* 2015 Inventory _____
Clerk of the Board

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

PACIFIC COUNTY - INVENTORY DISPOSAL/TRANSFER FORM

ATTACHMENT #4

FIXED ASSET ID NUMBER: 3057	DEPT/OFFICE: South District Court
EQUIPMENT DESCRIPTION: Dell Opti-Plex 980 Computer-Sarah	LOCATION: Clerks office
MODEL NUMBER:	SERIAL NUMBER:

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

DISPOSAL

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

TRANSFER

TRANSFER DATE: 03/2015	
TRANSFERRED FROM (DEPT/OFFICE): SDC	TO (DEPT/OFFICE): DPW/ Andy Seaman

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

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

Your request to <input type="checkbox"/> dispose <input type="checkbox"/> transfer the above referenced inventory item was <input type="checkbox"/> approved <input type="checkbox"/> denied by the Board of Pacific County Commissioners at its meeting held on _____, 20__ in accordance with Pacific County Personal Property Inventory Procedures.	
* 2015 inventory	_____ Clerk of the Board

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

PACIFIC COUNTY - INVENTORY DISPOSAL/TRANSFER FORM

ATTACHMENT #4

FIXED ASSET ID NUMBER: 2958	DEPT/OFFICE: South District Court
EQUIPMENT DESCRIPTION: Laptop Computer	LOCATION: Clerks office
MODEL NUMBER: Dell Latitude E6500	SERIAL NUMBER:

IS THIS EQUIPMENT STILL FUNCTIONING? YES NO

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

DISPOSAL

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

TRANSFER

TRANSFER DATE: 03/2015	
TRANSFERRED FROM (DEPT/OFFICE): SDC	TO (DEPT/OFFICE): DPW/ Andy Seaman

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

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

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

2015 Inventory _____
Clerk of the Board

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

PACIFIC COUNTY - INVENTORY DISPOSAL/TRANSFER FORM

ATTACHMENT #4

FIXED ASSET ID NUMBER: <u>3098</u>	DEPT/OFFICE: <u>South District Court</u>
EQUIPMENT DESCRIPTION: <u>Kyocera Copier</u>	LOCATION: <u>Clerks office</u>
MODEL NUMBER: _____	SERIAL NUMBER: _____

IS THIS EQUIPMENT STILL FUNCTIONING? YES NO

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

DISPOSAL

DISPOSAL DATE: <u>10/15/2015</u>	HOW DISPOSED: <u>Removed by lease company/ Solutions Yes</u>
REASON FOR DISPOSAL: <u>Lease expired</u>	
IF SOLD, AMOUNT RECEIVED: _____	NAME OF PURCHASER: _____

TRANSFER

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

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

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

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

** 2015 Inventory* _____
Clerk of the Board

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

PACIFIC COUNTY - INVENTORY DISPOSAL / TRANSFER FORM

ATTACHMENT #4

FIXED ASSET ID NUMBER: 3175	DEPT/OFFICE: South District Court
EQUIPMENT DESCRIPTION: Kyocera Copier Fax Board	LOCATION: Clerks office
MODEL NUMBER:	SERIAL NUMBER:

IS THIS EQUIPMENT STILL FUNCTIONING? YES NO

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

DISPOSAL

DISPOSAL DATE: 10/15/2015	HOW DISPOSED: Removed by lease company/ Solutions Yes
REASON FOR DISPOSAL: Lease expired	
IF SOLD, AMOUNT RECEIVED:	NAME OF PURCHASER:

TRANSFER

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

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

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

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

** 2015 Inventory* _____
Clerk of the Board

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

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, January 26, 2016, 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

130489 thru 130640 \$ 241,915.54

Warrants Dated: January 15, 2016

BOARD OF COUNTY COMMISSIONERS
PACIFIC COUNTY, WASHINGTON

AUDITED:
Rache Patrick
Auditor/Deputy Auditor

Chairman

ATTEST:

Clerk of the Board

Commissioner

Commissioner

RECEIVED
PACIFIC COUNTY

JAN 20 2016

GENERAL ADMINISTRATION
BOARD OF COMMISSIONERS

PACIFIC COUNTY, WASHINGTON
BOARD OF COMMISSIONERS
JOURNAL #51

12

PROCEEDINGS

9:00 AM
Tuesday, December 22, 2015

1216 W Robert Bush Drive
South Bend, Washington

CALLED TO ORDER – 9:01 AM

ATTENDANCE:

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

Marie Guernsey, Clerk of the Board
Kathy Spoor, County Administrative Officer
Paul Plakinger, Management & Fiscal Analyst
Mike Collins, Public Works Director/County Engineer
Faith Taylor-Eldred, Community Development Director
Megan McNelly, Community Development Executive Assistant/Office Manager
Mary Goelz, Health & Human Services Department Director
Wayne Leonard, Juvenile Court Administrator
Scott McDougall, Emergency Management Assistant Director

GENERAL PUBLIC IN ATTENDANCE - None

YEARS OF SERVICE AWARDS:

10 Years: Tim Martindale (PACCOM)
Cindy Vaughn (DPW)
20 Years: Mary Lou Rogers (Auditor)

CONSENT ITEMS (Items 1-11)

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

**Approve continuation of Port Blakely Tree Farms bond pertaining to Road
Haul Permit 2016-5**

**Approve continuation of North Fork Timber bond pertaining to Road haul
Permit 2016-3**

PACIFIC COUNTY, WASHINGTON
BOARD OF COMMISSIONERS
JOURNAL #51

Department of Community Development

Notice of Eric Weiberg's probation completion, effective December 22, 2015

Approve Amendment #1 to the Agreement for Professional Services with the Watershed Company pertaining to the Critical Areas Ordinance amendments

Sheriff's Office

Approve disposal of radio antenna in accordance with Personal Property Inventory Procedure

Notice of hire of Samantha Anderson, Telecommunicator, effective January 3, 2015

Approve Amendment A to WA State Military Department Grant #E15-065 and authorize Chair to sign

Superior Court

Approve amendment of Contract for Interpreter Services with Pete Hinton

General Business

Approve Change in Status for Brooke Andrews-1.0 FTE; Amanda Bennett-Grade 10 Step 4, 1.0 FTE; Ed Darcher-Grade 11 Step 8, 0.8 FTE; Elaine Fosse-Grade 10 Step 10, 0.70 FTE; Kim Hamilton-Grade 11 Step 10, 1.0 FTE; Nancy Jones-Grade 9 Step 7, 0.9 FTE; Dawn Lorton-Grade 13 Step 6, 1.0 FTE; Jeff Nesbitt-Grade 14 Step 4, 1.0 FTE; Becky Nissell-Grade 13 Step 4, 1.0 FTE, Josh Sedy-Grade 10 Step 4, 1.0 FTE; Scott Turnbull-Grade 13 Step 1, 1.0 FTE; Janice Wilson-Grade 11 Step 10, 1.0 FTE; and Randy Wilson-Grade 10 Step 10, 1.0 FTE; all effective January 1, 2016 and subject to adequate budget appropriations

Approve Amendment #1 to Contract for Services with the Port of Ilwaco for the Halton Property Development Project to be paid from Fund 126

Approve Vendor Claims:

Warrants Numbered 130040 thru 130157 - \$635,662.94

PACIFIC COUNTY, WASHINGTON
BOARD OF COMMISSIONERS
JOURNAL #51

ITEMS REGARDING DEPARTMENT OF PUBLIC WORKS

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

Accept resignation of Charles (Ray) Lucas, Road Maintenance Technician II, effective December 31, 2015, and authorize advertising and filling of vacant position, subject to adequate budget appropriations

Approve purchase two Sheriff's Office vehicles from state bid in the amount of \$126,144.36 including taxes and estimated upfitting for both vehicles; any capital contribution greater than \$50,000 will be paid from the Sheriff's Office fiscal year 2016 operating budget and will not be supplemented; all subject to adequate budget appropriations

Approve return of Payment and Performance Bond to Public Works until completion of warranty period regarding the U Street Resurfacing Project by Naselle Rock & Asphalt Co.

Accept resignation of Fair Maintenance Manager, Steve Stigar, effective December 31, 2015, and authorize advertising and filling of vacant position

ITEMS REGARDING DEPARTMENT OF COMMUNITY DEVELOPMENT

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

Approve Contract No. 1613 with the WA State Conservation Commission for the Voluntary Stewardship Program Workplan Development, authorize Chair to sign; and acknowledge members of the technical review committee: Warren Cowell, Key McMurry, Kelly Rupp, Heather Gibbs, Brian Sheldon, Jim Rose, Stan Smith, Jim Sayce, Bob Burkle, Victor Niemczek, and Terry Smaczarz

Approve issuance of Request for Proposal and interview consultants for the administration of the Voluntary Stewardship Program

Adopt Resolution 2015-058 amending the fee for services schedule

Approve Interagency Agreement 15-04999 with the WA Department of Fish and Wildlife and authorize Chair to sign and approve Interagency Agreement with the Pacific Conservation District for administering and operating the Marine Resource Committee

Approve Funding Board Project Agreement #15-1385P with the WA State Recreation and Conservation Office and authorize Chair to sign and approve Interagency Agreement with Pacific Conservation District for coordinating salmon recovery by project sponsors

PACIFIC COUNTY, WASHINGTON
BOARD OF COMMISSIONERS
JOURNAL #51

ITEMS REGARDING HEALTH & HUMAN SERVICES

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

Approve Contract #2016-17 CCAP Housing with Coastal Community Action Program to employ two housing advocates and provide very low income and homeless housing and authorize Chair to sign

ITEMS REGARDING JUVENILE COURT ADMINISTRATION

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

Approve Professional Services Agreement with Dispute Resolution Center of Grays Harbor and Pacific Counties for “We’re in This Together” programs

Approve increase to 0.90 FTE for Senior Legal Assistant, Shannon Pettit, effective January 1, 2016, subject to adequate budget appropriations

ITEMS REGARDING ASSESSOR’S OFFICE

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

Approve promotion of Cindy Howard to Senior Appraiser, Grade 12 Step 7, effective January 1, 2016, subject to adequate budget appropriations

ITEMS REGARDING SHERIFF’S OFFICE

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

Confirm Sheriff’s signature on the Statement of Terms, Conditions, and Warranties of Sale, approve purchase of mounting assembly for the Automated License Plate Reader from 3M Company in an amount not to exceed \$1,456.65, subject to adequate budget appropriations, and adopt Resolution 2015-059 recognizing and authorizing purchase from a single source of supply/provider

Approve Professional Services Agreement with Patty Marsden as Spillman Systems Administrator, subject to successful negotiation of insurance language and adequate budget appropriations

Approve issuance of Request for Proposal (RFP) for PCEMA Continuity of Operations/Continuity of Government Planning

Approve purchase of two (2) Liberty Fatboy Jr. gun safes from Northwest Safe Company in an amount not to exceed \$3,760.23, including delivery/installation and tax, subject to adequate budget appropriations

PACIFIC COUNTY, WASHINGTON
BOARD OF COMMISSIONERS
JOURNAL #51

Approve purchase of radar speed trailer from Kustom Signals off of state bid in an amount not to exceed \$6,372.57, including sales tax, subject to adequate budget appropriations

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 Bill Grennan (alternate) to fill an unexpired regular member term on the Board of Adjustment, effective immediately

ITEMS REGARDING GENERAL BUSINESS

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

Adopt Resolution 2015-060 modifying the Personnel Policy and amending the Chief Deputy, Senior Appraiser, District Court Clerk/Administrator, Legal Assistant, Facilities Maintenance Supervisor and the Facilities Maintenance Assistant job descriptions

Confirm Chair's signature on letter of support to DSHS Division of Behavioral Health & Recovery for marijuana tax funds to provide substance abuse prevention services

Adopt Resolution 2015-061 creating Fund 161 PACCOM Special Account

Adopt Resolution 2015-062 pertaining to Governmental Accounting Standards Board Statement No. 54 (GASB 54) and repealing Resolution 2014-056

Approve Memorandum of Understanding with Local 367 amending Section 30.3 in the Collective Bargaining Agreement to reflect an increase in the annual clothing allowance from \$275 to \$350 and authorize Chair to sign

Approve Memorandum of Understanding with PACCOM Member Agencies pertaining to the receipt and expenditure of funds from the 1/10th of 1% sales tax increase, which was approved by voters in the November, 2015 election

Approve Interlocal Agreement pertaining to the Pacific Mountain Workforce Region Workforce Investment Act Implementation with Grays Harbor, Lewis, Mason, and Thurston Counties

Adopt Resolution 2015-063 pertaining to fy2015 budget category transfers

Approve Interlocal Agreement with City of Ilwaco for repayment for Purchase of Dispatch Radio Equipment per County Resolution 2014-065; repayment to be deposited into Fund 197

PACIFIC COUNTY, WASHINGTON
BOARD OF COMMISSIONERS
JOURNAL #51

Approve Indigent Defense Contracts (per month) for North District Court with Scott Harmer-\$2,575 and Nancy McAllister not to exceed \$600 (conflicts); for At Risk Youth/CHINS/Truancy with Mike Turner-\$754.15, Adult Felony with David Hatch and Harold Karlsvik-\$4,480 and Nancy McAllister and David Arcuri-\$2,175.32; South District Court for Civil Contempt (Conflicts) and Juvenile Offender with Edward Penoyar-\$1,295, Mike Turner and Nancy McAllister-\$1492.83, subject to successful negotiation of contract language and adequate budget appropriations

Confirm Chairman Rogers' signature on WA State Office of Public Defense Agreement No. ICA16270

Approve two (2) Memorandum of Understandings with Local 367C pertaining to regrading of four (4) positions

Approve transferring local agency responsibility of the WA State Historical Society Heritage Capital projects Grant No. HCP 17-24 from Port of Chinook to Pacific County

Approve Amendment #1 to the Contract for Services with the Pacific County Economic Development Council

ITEMS REGARDING HEALTH & HUMAN SERVICES

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

Approve purchase of two Dell Latitude laptop computer, not to exceed \$3,256.09, subject to adequate budget appropriations

ITEMS REGARDING GENERAL BUSINESS

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

Approve Vendor Claims, Warrants Numbered 130158 through 130249 in the amount of \$166,398.42, subject to adequate budget appropriations

ITEMS REGARDING SHERIFF'S OFFICE

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

Approve designation of Sheriff Scott Johnson as signatory on behalf of Pacific County for business related to JMHCP Grant Award #2015-MO-BX0018

RECESS 9:32AM

PACIFIC COUNTY, WASHINGTON
BOARD OF COMMISSIONERS
JOURNAL #51

EXECUTIVE SESSION

9:40AM for 15 minutes

RCW 42.30.110 (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...

PUBLIC HEARING – 10:01AM

ATTEND: Chairman Rogers, Commissioner Wolfe, Commissioner Ayers, Paul Plakinger-Management & Fiscal Analyst

Chairman Rogers opened the public hearing to consider supplemental budget appropriations. Paul Plakinger was sworn in by the Chairman.

Paul Plakinger provided a review of the supplemental budget appropriation requests submitted by departments and offices.

Chairman Rogers closed the hearing.

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

Adopt Resolution 2015-064 in the matter of supplemental budget(s) for the allowance of certain expenditures for fiscal year 2015

ITEMS REGARDING GENERAL BUSINESS

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

Rescind earlier motion regarding Memorandum of Understandings with Local 367C; and approve two (2) Memorandum of Understanding with Local 367 pertaining to regrading of four (4) positions and amending the Senior Appraiser job description and authorize Chair to sign

MEETING CLOSED – 10:06AM

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

Email dated 12/21/2015 providing notification of Sue Carbugh's probation completion.

Email dated 12/16/2015 from Kathy Freitas, President of Friends of Willapa National Wildlife Refuge thanking the Board for meeting with them regarding the South Willapa Bay Access Grant.

Courthouse Facility Use Application filed by Pam Nogueira for wedding on 12/26/2015.

MEMO from Amanda Bennett regarding Veterans Advisory Board member Ron Willis Absence.

Email dated 12/8/2015 from Shari Hildreth, District Director for Jaime Herrera Beutler response to Commissioner Rogers thanks for their support of our ports.

Notices received from the WA State Liquor and Cannabis Board regarding license expirations for Galey's Grocery, Georgetown Station, Sand Verbena Seafood & Grill, Moby Dick Hotel, and Shelburne Restaurant & Pub; special occasion licenses for Lewis-Pacific Swiss Society, Water Music Festival Society, and Friends of Chinook School; and notice of liquor license application for Columbia River Roadhouse.

PACIFIC COUNTY, WASHINGTON
BOARD OF COMMISSIONERS
JOURNAL #51

WORKSHOPS/MEETINGS HELD – No action taken

December 1, 2015

Workshop re: supplemental requests
Veterans Advisory Board
Workshop w/ State Parks

December 7, 2015

Meeting Agenda Review
Departmental Briefings
Workshop w/ K. Lindstrom re: 0.01 recommendations

December 8, 2015

Board of Health/Board of Commissioners' meetings
Elected Officials Meeting
Regular Prosecutor monthly workshop

December 14, 2015

On-site meeting re: South Willapa Bay Access Grant

December 21, 2015

Board of Equalization-Orders
Meeting Agenda Review
Departmental Briefings

December 22, 2015

Board of Health/Board of Commissioners' meetings
Public Hearing-budget supplemental requests
Workshop re: Recreation & Conservation Office Grant
Workshop re: draft Ordinance No. 177



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

REQUESTED MEETING DATE:
01.26.2016

AGENDA REQUEST FORM

TO BE COMPLETED BY CLERK OF THE BOARD / DEPUTY CLERK OF THE BOARD			
		Agenda Item #: <u>13</u>	
BOCC ACTION:	<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	Initial: _____ Date: _____
<input type="checkbox"/> SUBJECT TO ADEQUATE BUDGET APPROPRIATIONS			Review <input type="checkbox"/> Clerk of the Board
<input type="checkbox"/> NO ACTION TAKEN/WITHDRAWN	<input type="checkbox"/> DEFERRED TO: _____	<input type="checkbox"/> Risk 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"/> CF	<input type="checkbox"/> Auditor	<input type="checkbox"/> EMA	<input type="checkbox"/> PACCOM
<input type="checkbox"/> SEA	<input type="checkbox"/> Clerk	<input type="checkbox"/> Fair	<input type="checkbox"/> Prosecutor
	<input type="checkbox"/> Civil Service	<input type="checkbox"/> Health	<input type="checkbox"/> SDC
	<input type="checkbox"/> DCD	<input type="checkbox"/> Juvenile	<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: Community Development	DIVISION (if applicable): Planning
OFFICIAL NAME & TITLE: Faith Taylor-Eldred	PHONE / EXT: 875-9356
SIGNATURE: _____	DATE: 01.20.2016
NARRATIVE OF REQUEST The Department of Community Development requests a formal motion by the Board of County Commissioners on their decision (below) to move forward with an amendment to Ordinance 162 Section 20. At a workshop with DCD on January 11, 2016, the BOCC indicated that they would be amendable to the following changes: -Changing the review authority for Major & Minor construction from the Oysterville Design Review Board to a Hearings Examiner -Focusing on Major & Minor construction activities and repealing Administrative Reviews.	
RECOMMENDED MOTION (To Be Completed by the Clerk/Deputy Clerk of the Board) Approve the following pertaining to Section 20-Oysterville Historic District and Design review: 1) amend the review authority for Major & Minor construction from the Oysterville Design Review Board to a Hearings Examiner; 2) repeal Administrative Review; and 3) focus on Major & Minor construction activities	



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:
 1/26/16

AGENDA REQUEST FORM

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

Agenda Item #: 14

BOCC ACTION: APPROVED DENIED

Initial: _____ Date: _____

SUBJECT TO ADEQUATE BUDGET APPROPRIATIONS

NO ACTION TAKEN/WITHDRAWN DEFERRED TO: _____

CONTINUED TO DATE: _____ TIME: _____

OTHER: _____

Review Clerk of the Board
 Risk Mgmt
 Legal Required

DISTRIBUTION LIST:

<input type="checkbox"/> RF	<input type="checkbox"/> Assessor	<input type="checkbox"/> DPW	<input type="checkbox"/> 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	DIVISION (if applicable):
OFFICIAL NAME & TITLE: Mary Goelz, Director	PHONE / EXT: 2644
SIGNATURE:	DATE: 1/20/16
NARRATIVE OF REQUEST Request Board approve the purchase of two new laptops. These purchases were included in the approved 2016 budget. One of the laptops will be for a new staff, the other laptop will be a replacement for a current staff. The quote received from Pacific County IT is attached.	
RECOMMENDED MOTION (To Be Completed by the Clerk/Deputy Clerk of the Board) Approve the purchase two Dell Latitude laptops and carrying cases frm state bid in an amount not to exceed \$3,016.08, including taxes, subject to adequate budget appropriations	



Quote 1018995331502.1

COUNTY OF PACIFIC

Salesperson	Quote Details	Billing Details
Salesperson Name Bert Weatherby	Quote Date 12/18/2015	Company Name COUNTY OF PACIFIC
Salesperson Email Bert_Weatherby@Dell.com	Quote Validity 02/16/2016	Customer Number 7153115
Salesperson Phone 18009993355	Solution ID -	Phone Number 1 (360) 8759368
Salesperson Extension 7250024		Address ATTN/ANDY SEAMAN PO BOX 66 SOUTH BEND WA 98586-0066 US

Price Summary

Description	Quantity	Unit Price	Subtotal Price
Dell Latitude E5570	1	\$1,479.25	\$1,479.25
Dell Urban 2.0 Topload Carrying Case - 15.6'	1	\$29.59	\$29.59
		Subtotal	\$1,508.84
		Tax	\$119.21
		Shipping and Handling	\$0.00
		Environmental Fee	\$0.00
		Total	\$1,628.05

Dear Customer,

Your quote is detailed below; please review the quote for product and information accuracy. If you find errors or desire changes, please contact me as soon as possible.

Regards,
Bert Weatherby

Order this quote easily online through your [Premier page](#), or if you do not have Premier, using [Quote to Order](#)

Product Details

Shipping Details

Shipping Contact: ANDY SEAMAN
 Shipping Phone No: 1 (360) 8759300
 Shipping via: Standard Ground
 Shipping Address: 300 MEMORIAL AVE
 DEPT OF PUBLIC WORKS
 SOUTH BEND
 WA 98586
 US

Product Price Details

Subtotal \$1,508.84
 Tax \$119.21
 Shipping and Handling \$0.00
 Environmental Fee \$0.00
 Total \$1,628.05

Description	Quantity	Unit Price	Subtotal Price
Dell Latitude E5570	1	\$1,479.25	\$1,479.25

Estimated Delivery Date: 01/05/2016
 Contract Code: WN34AGW
 Customer Agreement No: 05815-003

210-AENU	Dell Latitude E5570, CTO	1	-	-
379-BCGD	6th Generation Intel Core i7-6820HQ (Quad Core, 2.7GHz, 8MB cache)	1	-	-
338-BHOZ	Intel Core i7-6820HQ Processor Base, AMD Radeon R7 M370, 2GB Discrete Graphics	1	-	-
389-BHGE	Intel Core i7 Processor Label	1	-	-
619-AIKP	W10P-DG7 NB 64 ENG/FRE/SPN	1	-	-
658-BCSB	Microsoft(R) Office trial	1	-	-
340-ADFZ	Dell Power Manager	1	-	-
340-AQCS	Dell Latitude E5570 SRV	1	-	-
422-0007	Dell Data Protection Security Tools Digital Delivery/NB	1	-	-
422-0052	SW,MY-DELL,CRRS	1	-	-
637-AAAS	Dell Backup and Recovery Basic	1	-	-
640-BBDF	Adobe Reader 11	1	-	-
640-BBEV	Dell Data Protection Protected Workspace	1	-	-

Dell Urban 2.0 Topload Carrying Case - 15.6'	1	\$29.59	\$29.59
--	---	---------	---------

Estimated Delivery Date: 12/29/2015
Contract Code: WN34AGW
Customer Agreement No: 05815-003

332-2754	CUS,CASE, TOP, 15.6, POLY, UR2	1	-	-
----------	--------------------------------	---	---	---



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

REQUESTED MEETING DATE:
 JANUARY 26, 2016

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: _____

CONTINUED TO DATE: _____ TIME: _____

OTHER: _____

Review Clerk of the Board
 Risk Mgmt
 Legal Required

DISTRIBUTION LIST:

<input type="checkbox"/> RF	<input type="checkbox"/> Assessor	<input type="checkbox"/> DPW	<input type="checkbox"/> 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: DEPARTMENT OF PUBLIC WORKS	DIVISION (if applicable): FAIR
OFFICIAL NAME & TITLE: DOTSI GRAVES, FAIR MANAGER	PHONE / EXT: EXT 2288
SIGNATURE: <i>[Signature]</i>	DATE: JANUARY 12, 2016
NARRATIVE OF REQUEST The Pacific County Fair applied for, and received, a grant from the State of Washington Department of Agriculture Fair Program in the amount of \$4,250 for hand washing stations. The Fair asks the Board to approve and sign the Agreement between The State of Washington, the Fair and Pacific County.	
RECOMMENDED MOTION (To Be Completed by the Clerk/Deputy Clerk of the Board) Approve Agreement #K1869 with State of WA Department of Agriculture Fairs Program for handwashing stations and authorize Chair to sign	

STATE OF WASHINGTON
DEPARTMENT OF AGRICULTURE
FAIRS PROGRAM

AGREEMENT

This Agreement is entered into by and between the **Pacific County Fair**, a nonprofit organization within the State of Washington, (hereinafter referred to as the Contractor) and the **Washington State Department of Agriculture** (hereinafter referred to as the Department).

RECITALS:

1. The Department has the statutory authority to administer the Fairs Program under chapter 15.76 RCW, the Agricultural Fairs, Youth Shows, Exhibitions Act; and
2. The Department is also given the responsibility to administer funds for capital projects for those entities qualifying under RCW 15.76.165; and
3. The Washington State Legislature established a one-time appropriation for the 2015-2017 biennium to make grants for capital projects that make health or safety improvements to agricultural fair grounds or fair facilities in order to benefits participants and the fair-going public; and
4. The enabling statute also provides that local governments and nonprofit organizations may apply to the director for grants of capital funding available on a competitive basis (RCW 15.76.165).

NOW, THEREFORE, the parties hereto agree as follows:

1. FUNDING

The funds to be paid to the CONTRACTOR hereunder shall be a sum up to, but not to exceed four thousand two hundred fifty dollars (\$4,250.00).

2. STATEMENT OF WORK

- a) Funds awarded under this performance-based Agreement shall be used solely for a capital improvement project to purchase seven handwashing stations at the Contractor's fair facility located at 5 Fair Lane, Menlo, WA, 98561.
- b) The Contractor shall perform in accordance with the terms and conditions of this Agreement and the following exhibit; which, by this reference, is made a part of this Agreement:

EXHIBIT A – Application for Capital Improvement Grant Funds on behalf of the Contractor

- c) All applicants who receive grant funds must follow applicable procurement procedures.

3. SPECIAL CONDITION(S)

During the period of this contract and for a period of three (3) years following termination of the Agreement, the Contractor agrees in consideration for the funding received under this Agreement to provide one or more of the following Community Benefits:

- a) To use the project/capital facility in public interest in the course of holding an agricultural fair as defined by RCW 15.76.110.
- b) To charge reasonable standard admission fees for general public admission to the agricultural fair, if applicable, and to the extent possible, provide discount or free admission to special populations such as military families, foster families, student groups, seniors, babies, and toddlers.
- c) Provide for access to the fair and its exhibits and programs to persons of differing abilities.
- d) Where possible, making the fairground or fair facility available for rental at reasonable or discounted cost for educational or public programs benefitting the public interest.
- e) Provide space for charity and other nonprofit community organizations to conduct fundraising and/or educational activities.
- f) Support other local groups and programs with similar interests in promoting the welfare of farm people and rural living including the exhibition of livestock and agricultural produce of all kinds, and exhibition of related arts and manufactures including products of the farm home, and exhibition of educational contests, displays and demonstrations designed to train youth.

4. CONTRACT PERIOD

- a) The effective date of this Agreement shall be the date of the last signature of the contracting parties.
- b) Unless terminated earlier pursuant to provisions of this contract, the termination date shall be June 30, 2017.

5. PAYMENT AND DOCUMENTATION OF MATCHING FUNDS OR IN-KIND

Upon completion of the capital improvement project, the Contractor shall provide documentation up to and including receipts to the Department which detail up to the amount to be paid for the project outlined in Exhibit A in the amount stated in this Agreement, including documentation of the non-state matching requirements, if non-state matching was a part of the budget for the improvement outlined in Exhibit A. The Contractor shall provide a letter or evidence of completion of any work performed with all invoices submitted which document satisfactory performance of the Agreement. Before and after photos of the project are encouraged. The Department will not pay invoices not accompanied by such documentation. **All documentation for final**

payment must be received no later than July 31, 2017 or the Contractor will not be paid for the project discussed herein. Payment will not be provided for any work conducted or purchases made after June 30, 2017.

Instead of one invoice, the Contractor may submit invoices, documentation of satisfactory performance and proper receipts of expenses on a more frequent basis provided it is not more than once a month.

6. DISALLOWED COSTS

The Contractor is responsible for any audit exceptions or disallowed costs incurred by its own organization or that of its Subcontractors.

7. EVALUATION, REPORTING, AND MONITORING

- a) The Contractor shall submit written documentation to the Department by October 31, 2016, confirming that the project will be completed by June 30, 2017, if the project has not yet been completed.
- b) The Contractor shall submit documentation to the Department when the project is completed and confirming that the terms and conditions of this Agreement have been met including a report of compliance with the Community Benefit provisions of Section 3.
- c) The Contractor shall cooperate with and freely participate in any monitoring or evaluation activities conducted by the Department that are pertinent to the intent of this Agreement, including an on-site inspection of the capital improvement project after its completion and prior to June 30, 2017.
- d) The Department or the State Auditor and any of their representatives shall have full access to and the right to examine during normal business hours and as often as the Department or the State Auditor may deem necessary, all the Contractor's records with respect to the matters covered in this Agreement. Such representatives shall be permitted to audit, examine, and make excerpts or transcripts from such records and to make audits of all contracts, invoices, materials, payrolls, and records of matters covered by this Agreement. The contractors shall retain records for a period of six (6) years following completion of the project.

8. NONDISCRIMINATION PROVISION

- a) During the performance of this Agreement, the Contractor shall abide by all applicable federal and state nondiscrimination laws and regulations, including, but not limited to chapter 49.60 RCW, Washington's law against discrimination, and 42 U.S.C. 12101 et. seq., the Americans with Disabilities Act (ADA).
- b) In the event of the Contractor's noncompliance or refusal to comply with any nondiscrimination law, regulation, or policy, this Agreement may be rescinded, canceled, or terminated in whole or in part, and the Contractor may be declared ineligible under this Agreement. If that be deemed the situation, the Contractor will not receive reimbursement for the capital project outlined in Exhibit A in the amount

identified in this Agreement. The Contractor shall, however, be given a reasonable time in which to remedy any such noncompliance. Any dispute may be resolved in accordance with the "Disputes" procedure set forth in Section 21 of this Agreement.

9. CONTRACT MODIFICATIONS

The Department and the Contractor may, from time to time, desire to make changes to this Agreement. Any such changes that are mutually agreed upon by the Department and the Contractor shall be incorporated herein by written amendment. It is mutually agreed and understood that no alteration or variation of the terms of this contract shall be valid unless made in writing and signed by the parties hereto prior to implementation of the changes, and that any oral understanding or agreements not incorporated herein shall not be binding.

10. TERMINATION OF AGREEMENT

- a) If, through any cause, the Contractor shall fail to fulfill in a timely and proper manner its obligations under this Agreement or if the Contractor shall violate any of its covenants, agreements or stipulations of this Agreement, the Department shall thereupon have the right to terminate this Agreement and deny reimbursement of special assistance funds to the Contractor if such default or violation is not corrected within twenty (20) days after the Department's submitting written notice to the Contractor describing such default or violation; Provided, that if more than twenty (20) days are required to correct any such default or violation and the Contractor has initiated appropriate corrective measures as reasonable determined by the Department, the Department will not terminate this Agreement for such default or violation.
- b) In the event the Contractor is unable to complete the capital project prior to June 30, 2017, in accordance with the terms and conditions as outlined in this Agreement, the Contractor will not receive reimbursement for the capital project outlined in Exhibit A in the amount stated in this Agreement.
- c) The Department has the right to terminate the Agreement by giving written notice to the Contractor at least ten (10) days before the effective date of termination. If this Agreement is so terminated, the Department is liable only for payments required under the terms of this Agreement for work completed prior to termination.

11. WAIVER

The Department's failure to insist upon the strict performance of any provision of this Agreement or to exercise any right based upon a breach thereof or the acceptance of any performance during such breach, shall not constitute a waiver of any right under this Agreement.

12. HOLD HARMLESS

- a) It is understood and agreed that this Agreement is solely for the benefit of the parties hereto and gives no right to any other party. No joint venture or partnership is formed as a result of this Agreement. Each party hereto agrees to be responsible and assume liability for its own negligent acts or omissions, or those of its officers, agents, or employees to the fullest extent required by law. In the case of negligence of more than one party, any damages allowed shall be levied in proportion to the percentage of negligence attributable to each party, and each party shall have the right to seek contribution from the other party in proportion to the percentage of negligence attributable to the other party.
- b) This indemnification clause shall also apply to any and all causes of action arising out of the performance of work activities under this Agreement. Each contract for services or activities utilizing funds provided in whole or in part by this Agreement shall include a provision that the Department and the State of Washington are not liable for damages or claims from damages arising from any subcontractor's performance or activities under the terms of the contracts.

13. RECAPTURE PROVISION

In the event that the Contractor fails to expend state funds in accordance with state law and/or the provisions of this Agreement, the Department reserves the right to recapture state funds in an amount equivalent to the principal amount of the grant plus interest calculated at the rate of interest on State of Washington general obligation bonds issued most closely to the date of authorization of the grant. Such right of recapture shall exist for a period not to exceed three (3) years following termination of the Agreement. Repayment by the Contractor of state funds under this recapture provision shall occur within thirty (30) days of demand. In the event that the Department is required to institute proceedings to enforce this recapture provision, the Department shall be entitled to its costs thereof, including reasonable attorney's fees.

14. OWNERSHIP OF PROJECT/CAPITAL FACILITIES

The Department makes no claim to any real property improved or constructed with funds awarded under this Agreement and does not assert and will not require any ownership interest in or title to the capital facilities and/or equipment constructed or purchased with state funds under this Agreement. This provision does not extend to claims that the Department may bring against the Contractor in recapturing funds expended in violation of this Agreement.

15. RELATIONSHIP BETWEEN THE PARTIES

The Contractor and its employees or agents performing under this Agreement are not deemed to be employees of the Department nor agents of the Department in any manner whatsoever, nor will they hold themselves out as nor claim to be officers or employees of the Department or of the State of Washington hereof and will not make any claim, demand, or application to or for any right or privilege applicable to an officer or employee of the Department or of the State of Washington.

16. GOVERNING LAW AND VENUE

This Agreement shall be construed and enforced in accordance with and the validity and performance hereof shall be governed by the laws of the State of Washington. Venue of any suit between the parties arising out of this Agreement shall be the Superior Court of Thurston County, Washington.

In the event of an inconsistency in the terms of this Agreement, or between its terms and any applicable statute or rule, the inconsistency shall be resolved by giving precedence in the following order:

- a) Applicable state and federal statutes and rules;
- b) The terms and conditions of this agreement and the Statement of work;
- c) Any other provisions of the agreement, including materials incorporated by reference.

17. SEVERABILITY

In the event any term or condition of this Agreement or application thereof to any person or circumstances is held invalid, such invalidity shall not affect other terms, conditions, or applications of this Agreement, which can be given effect without the invalid term, condition, or application. To this end, the terms and conditions of this Agreement are declared severable.

18. ENTIRE AGREEMENT

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

19. SIGNAGE AND MARKERS

If, during the period covered by this Agreement, the Contractor displays signs or markers or circulates any communication identifying the financial participants in the project, any such sign, marker, or communication must identify the State of Washington and the Washington State Department of Agriculture - Fairs Program as participants. The provisions of this section shall also apply to any permanent signs or markers displayed at the project site.

20. PREVAILING WAGE

The project funded under this Agreement may be subject to state prevailing wage law (chapter 39.12 RCW). The Contractor is advised to consult with the Washington State Department of Labor and Industries to determine whether prevailing wages must be paid. If the project funded by this Agreement is subject to state prevailing wage laws, the Contractor shall comply with chapter 39.12 RCW, including requiring any contractor or subcontractor it employs to submit to the Contractor a "Statement of Intent to Pay Prevailing Wages" and an "Affidavit of Wages Paid" as required by RCW 39.12.040. The Department is not responsible for determining whether prevailing wage applies to this project or for any prevailing wage payments that may be required by law.

21. DISPUTES

Except as otherwise provided in this Agreement, when a bona fide dispute arises between the parties and it cannot be resolved through discussion and negotiation, either party may request a dispute hearing. The parties shall select a dispute resolution team to resolve the dispute. The dispute resolution team shall consist of a representative appointed by the Department, a representative appointed by the Contractor, and a third party mutually agreed upon by both parties. The dispute resolution team shall attempt, by majority vote, to resolve the dispute. The parties agree that this dispute process shall precede any action in a judicial or quasi-judicial setting.

22. CHANGE OF OWNERSHIP OR USE

- a) The Contractor understands and agrees that any and all real property or facilities acquired, constructed, improved, or rehabilitated using state funds under this Agreement shall be held and used by the Contractor for a period of three (3) years following termination of the Agreement for the express purpose or purposes stated in Exhibit A or elsewhere in this Agreement.
- b) In the event the Contractor is found to be out of compliance with this section, the Contractor shall repay to the state general fund the amount of the grant and interest as provided in Section 13.

23. HISTORICAL AND CULTURAL ARTIFACTS

Pursuant to Executive Order 05-05, in the event that historical or cultural artifacts are discovered at the project site during construction, the Contractor shall immediately stop construction and notify the local historical preservation officer and the state historical preservation officer at the Department of Archaeology and Historic Preservation. The Executive Order is included as Exhibit B and is by this reference incorporated into this Agreement.

24. ADMINISTRATION

The contract manager for each of the parties shall be responsible for and shall be the contact person for all communications and billings regarding the performance of this Agreement.

The Contract Manager for the Contractor is:	The Contract Manager for the Department is:
Dotsi Graves, Fair Manager Pacific County Fair 5 Fair Lane PO Box 142 Menlo, WA 98561 Telephone: 360-875-9300, ext. 2288 E-mail: dgraves@co.pacific.wa.us	Teresa Norman, Fairs Program Coordinator Washington State Dept. of Agriculture 1111 Washington Street SE PO Box 42560 Olympia, WA 98504-2560 Telephone: 360-902-2043 E-mail: tnorman@agr.wa.gov

IN WITNESS WHEREOF, the parties have executed this Agreement.

STATE OF WASHINGTON
DEPT. OF AGRICULTURE

PACIFIC COUNTY BOARD OF
COUNTY COMMISSIONERS

By: _____

By: _____

Title: _____

Title: Frank Wolfe, Chair

Date: _____

Date: _____

PACIFIC COUNTY FAIR

By: 

Title: Dotsi Graves, Fair Manager

Date: _____



APPLICATION FOR CAPITAL IMPROVEMENT GRANT FUNDS

Application deadline: October 18, 2013

(See reverse for eligibility requirements & application process)

NAME OF FAIR Pacific County Fair			APPLICATION DATE November 13, 2015		
STREET ADDRESS 5 Fair Lane			MAILING ADDRESS PO Box 142		
CITY Menlo	STATE WA	ZIP 98561	MAILING CITY Menlo	STATE WA	ZIP 98561
NAME OF REQUESTING OFFICER (PLEASE PRINT) Dotsi Graves, Fair Manager			TELEPHONE NUMBER (INCLUDE AREA CODE) 360-875-9300 ext 2288		E-MAIL ADDRESS dgraves@co.pacific.wa.us
IF YOU SUBMIT MORE THAN ONE APPLICATION FOR SPECIAL ASSISTANCE GRANT FUNDS, WHAT PRIORITY IS THIS APPLICATION (1 BEING THE HIGHEST PRIORITY)? This application is priority number 1 of the 1 grant applications we intend to submit for this fair.					

CAPITAL IMPROVEMENT DETAIL

DESCRIPTION OF CAPITAL IMPROVEMENT (USE ADDITIONAL PAGES IF NECESSARY)

The Pacific County Fair has a huge need for handwashing stations at our Fair. With diseases so easy to spread, we feel it is our duty to work our hardest to stop the spread of them as best we can. By purchasing seven handwashing stations, we will be able to put one in each of our animals buildings. With proper signage and education, we can help prevent the spread of disease.

AMOUNT BEING REQUESTED FROM WSDA \$4250	TOTAL PROJECT AMOUNT \$4250	TYPE OF MATCH <input type="checkbox"/> Monetary <input type="checkbox"/> In-kind <input type="checkbox"/> Both monetary & in-kind <input checked="" type="checkbox"/> No match
--	--------------------------------	---

DESCRIPTION OF MATCH
N/A

HEALTH / SAFETY / LEGAL REQUIREMENT OF CAPITAL IMPROVEMENT
N/A

WHAT IS THE IMPACT IF YOU WERE TO RECEIVE A GRANT AWARD LESS THAN REQUESTED? Were we to receive less than we asked for, we would purchase as many as we could with what we are awarded and look to other funding for additional stations.	CAN THE PROJECT BE COMPLETED BY JUNE 30, 2015? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	---

APPLICANT CERTIFICATION

I hereby certify under penalty of perjury that the foregoing information is true and correct to the best of my knowledge.

SIGNATURE OF OFFICER COMPLETING APPLICATION <i>Dotsi Graves, Fair Manager</i>	DATE SIGNED 11-13-15
--	-------------------------

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- Food Service Sinks
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- Outdoor Sinks
- Portable Sinks
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SHOP FOR MORE ITEMS >

ITEM DESCRIPTION	QTY	EACH	TOTAL
 PolyJohn Portable Hand Washing Sink, Deep Bowl, HandStand 2, PSW2-1000	7	\$457.00	\$3,199.00

Click **X** to remove an item from your cart
Empty My Entire Cart

Shipping Rates (Please Note - Special Deliveries and Lift Gate Services are Subject to Additional Charges):

(change my address)
 PLEASE SELECT
 United States, WA, 98586

Tax: \$0.00

Total: \$4,249.00

Show gift options during checkout

Coupon Code: **APPLY**

RECALCULATE

New Customers

Click Proceed to Checkout to complete your order now.

On the next page you'll be able to create a personal account or checkout anonymously.

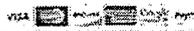
Returning Customers

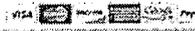
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Email Address

Password

Forgot your password?


PROCEED TO CHECKOUT >>>


LOGIN & CHECKOUT >>>

Checkout with **PayPal**

Related Products & Accessories...

Gojo 1807-04 Bulk Pour All-Purpose Lotion Soap
PROCEED TO CHECKOUT
 Reg Price: \$90.00
 Sale Price: \$48.50

Wausau Paper EcoSoft Universal Roll Towels, 8 x 35
PROCEED TO CHECKOUT
 Reg Price: \$68.25
 Sale Price: \$52.50

Tork Single-Fold Towels, Natural, 10-1/4 x 9-1/8
PROCEED TO CHECKOUT
 Reg Price: \$70.50
 Sale Price: \$34.62

Dial 06047 Basics Hypoallergenic Liquid Soap
PROCEED TO CHECKOUT
 Reg Price: \$87.50
 Sale Price: \$55.75



Softsoap CPC01903 Antibacterial Moisturizing Soap
PROCEED TO CHECKOUT

PolyJohn Freshsink Tablets for Portable Sinks
PROCEED TO CHECKOUT

CHRISTINE O. GREGOIRE
Governor



STATE OF WASHINGTON

OFFICE OF THE GOVERNOR

P.O. Box 40902 • Olympia, Washington 98504-0902 • (360) 753-6780 • www.governor.wa.gov

EXECUTIVE ORDER 05-05

ARCHEOLOGICAL AND CULTURAL RESOURCES

WHEREAS Washington has a rich and diverse cultural heritage, as represented by the numerous archaeological and historic sites that have been identified and located throughout our state; and

WHEREAS preservation and protection of these sites provides educational and cultural values for all citizens and leads to better understanding between cultures of our shared history; and

WHEREAS many citizens of Washington contribute their time and efforts to preserve and protect Washington's unique archaeological and historic sites, and traditional cultural places; and

WHEREAS these sites and places hold special cultural, historical, and spiritual significance for both tribal members and citizens of Washington; and

WHEREAS the Department of Archaeology and Historic Preservation (DAHP) and the Governor's Office of Indian Affairs (GOIA) have key statewide responsibility to enhance the public's awareness of the need and value of protecting Washington's heritage and establish effective consultation with Native American tribal governments.

NOW, THEREFORE, I, Christine O. Gregoire, Governor of the state of Washington, hereby order all state agencies to:

1. Review capital construction projects and land acquisitions for the purpose of a capital construction project, not undergoing Section 106 review under the National Historic Preservation Act of 1966 (Section 106), with the DAHP and affected Tribes to determine potential impacts to cultural resources. This review shall be required on all capital construction projects unless they are categorically exempted by DAHP. Cultural resources are defined as archeological and historical sites and artifacts, and traditional areas or items of religious, ceremonial and social uses to affected tribes. This review should be done as early in the project planning process as possible. Should DAHP identify a known culturally significant site in the area of a project, or should DAHP inform the agency of the potential that such a significant site is likely to be found in a project locale, the agency shall:

A. Work with DAHP and affected Tribes on appropriate archaeological survey and mitigation strategies consistent with state and federal laws.

B. Consult with affected Tribes in a way that includes a face-to-face meeting or other agreed upon method to discuss the project before a state agency completes the project design. The agency will work with GOIA and DAHP to identify affected Tribes and, if needed, seek their help to arrange a meeting to discuss the project in question. If an agency is unable to arrange such a meeting, it will promptly notify GOIA and DAHP of the situation.

C. Take reasonable action to avoid, minimize or mitigate adverse effects to the archeological or cultural resource.

D. Notify DAHP and GOIA, in advance, of any meeting with affected Tribes during which matters concerning cultural resources related to a capital construction project will be discussed, and extend invitations to both agencies to attend any such meetings. If representatives from DAHP or GOIA cannot attend, the agencies will provide DAHP and GOIA with detailed meeting notes.

2. Submit all agreements between state agencies and affected Tribes concerning cultural resources that are developed outside the Section 106 process for review and comment to DAHP. DAHP's review and comment on any such agreement must occur before the agency can sign such agreement. Consult with DAHP and affected Tribes during project design and prior to construction on projects not undergoing Section 106 review, as a condition to receiving state grants or loans for the purposes of a capital construction project. Should either DAHP or the affected Tribes identify cultural resources affected by the proposed project, the state agency or agencies will ensure that the grant recipient finds reasonable ways to avoid, minimize or mitigate impacts to the resource before state funding is disbursed. State agencies shall take steps to insure that this type of review is incorporated into their grant and loan management process.

3. The Office of Financial Management is directed to include in its capital budget instruction a requirement that agencies consult with DAHP and GOIA, as appropriate, as part of the budgeting process for pre-design, design and construction.

4. To the extent that they have not already received training, all appropriate state agency employees managing capital construction projects or pass through capital grants will attend Government-to-Government training and Cultural Resource training provided by GOIA and DAHP.

5. By January 15, 2007, DAHP shall report back to the Governor's Office and the Office of Financial Management on the implementation of this executive order including any recommendations on ways of improving implementation.

I invite institutions of higher education, public schools, statewide elected officials, boards, commissions, and others to implement the practices herein described within their agencies.

This executive order takes effect immediately.



IN WITNESS WHERE OF, I have hereunto set my hand and caused the seal of the state of Washington to be affixed at Olympia this 10th day of November, Two Thousand and Five.

Christine Gregoire

CHRISTINE O. GREGOIRE
Governor of Washington

BY THE GOVERNOR:



Secretary of State



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

REQUESTED MEETING DATE:
01/26/16

AGENDA REQUEST FORM

TO BE COMPLETED BY CLERK OF THE BOARD / DEPUTY CLERK OF THE BOARD	
	Agenda Item #: <u>16</u>
BOCC ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	Initial: _____ Date: _____
<input type="checkbox"/> SUBJECT TO ADEQUATE BUDGET APPROPRIATIONS	Review <input type="checkbox"/> Clerk of the Board
<input type="checkbox"/> NO ACTION TAKEN/WITHDRAWN <input type="checkbox"/> DEFERRED TO: _____	<input type="checkbox"/> Risk Mgmt
<input type="checkbox"/> CONTINUED TO DATE: _____ TIME: _____	<input type="checkbox"/> Legal Required
<input type="checkbox"/> OTHER: _____	
DISTRIBUTION LIST:	
<input type="checkbox"/> RF <input type="checkbox"/> Assessor <input type="checkbox"/> DPW <input type="checkbox"/> PACCOM <input type="checkbox"/> Superior Court	
<input type="checkbox"/> CF <input type="checkbox"/> Auditor <input type="checkbox"/> PCEMA <input type="checkbox"/> PC Fair <input type="checkbox"/> Treasurer	
<input type="checkbox"/> SEA <input type="checkbox"/> Clerk <input type="checkbox"/> Health <input type="checkbox"/> Prosecutor <input type="checkbox"/> Veg Mgmt	
<input type="checkbox"/> Civil Service <input type="checkbox"/> Juvenile <input type="checkbox"/> SDC <input type="checkbox"/> WSU Ext.	
<input type="checkbox"/> DCD <input type="checkbox"/> NDC <input type="checkbox"/> Sheriff <input type="checkbox"/> Other	

AGENDA ITEM REQUEST

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

DEPARTMENT/OFFICE: <u>Vegetation Management</u>	DIVISION (if applicable):
OFFICIAL NAME & TITLE: <u>Jeff Nesbitt- Director</u>	PHONE / EXT: <u>(360) 942-7758</u>
SIGNATURE:	DATE: <u>1/21/2016</u>
NARRATIVE OF REQUEST <p>Requesting approval to purchase Ford F-550 Cab & Chassis (Quote # 2016-1-459) from Columbia Ford. Purchase will be made via Master Contract Usage Agreement (K3659), allowing Pacific County to obtain the vehicle at the lowest available cost, as determined by Washington State Department of Enterprise Services through a competitive bid process (documentation included). \$50,000 included in adopted fy2016 budget</p>	
RECOMMENDED MOTION (To Be Completed by the Clerk/Deputy Clerk of the Board) <p>Approve purchase of a 2016 Ford F-550 Cab & Chassis from state bid in the amount of \$44,381.34 including sales tax, subject to adequate budget appropriations</p>	

Vehicle Quote - 2016-1-459 - PACIFIC CO - VEGETATION MANAGEMENT - 12500

NOREPLY@des.wa.gov

Sent: Thursday, January 21, 2016 11:41 AM

To: Jeff Nesbitt

Cc: Steve.Hatfield@des.wa.gov

Vehicle Quote Number: 2016-1-459

[Create Purchase Request](#)

[View organization purchase requests](#)

This is a **quote** only. You must create a purchase request to order this vehicle(s)

Contract & Dealer Information

Contract #: 03813

Dealer: Columbia Ford (W403)

700 7th Avenue

Longview WA 98632

Dealer Contact: Marie Tellinghiusen

Dealer Phone: (360) 423-4321 Ext: 187

Dealer Email: mariet@colford.com

Organization Information

Organization: PACIFIC CO - VEGETATION MANAGEMENT - 12500

Email: jnesbitt@co.pacific.wa.us

Color Options

Ingot Silver Metallic - 1

Tax Exempt: N

Vehicle Options

Order Code	Option Description	Qty	Unit Price	Ext. Price
2016-906-001	2016 Ford F550 4WD Regular Cab & Chassis, 141WB, 60CA, DRW, 18,000# GVWR (F5H/660A/141WB)	1	\$34,223.00	\$34,223.00
2016-906-018	Power Take-Off (PTO) Provision (Available with 6.8L Gas or 6.7L Diesel)(If ordered with 6.7L Diesel, includes transmission-mounted live drive and stationary mode PTO) (62R)	1	\$244.00	\$244.00
2016-906-021	Tires, Alternative All Terrain (225/70Rx19.5G BSW Traction:	1	\$165.00	\$165.00

4 Rear Traction, 2 Front A/S)(THB)

2016-906-035	Cruise Control (525)	1	\$204.00	\$204.00
2016-906-036	Daytime Running Lights (942)	1	\$39.00	\$39.00
2016-906-041	Window, Sliding Rear (Includes rear window privacy glass) (433/924)	1	\$109.00	\$109.00
2016-906-048	Center High-Mounted Stop Lamp (CHMSL)(59H)(No-charge) (New for 2016)	1	\$0.00	\$0.00
2016-906-201	Fire Extinguisher, 2.5# Dry Chemical ABC Rated w/ Mounting Bracket (DLR)	1	\$38.00	\$38.00
2016-906-500	Upfits Available, installed prior to delivery, by Allied Body Works, Seattle (contact Columbia Ford or Allied Body Works for product specs/brochures). UPFIT pricing listed is effective for orders received by 12/30/15.	1	\$0.00	\$0.00
2016-906-502	Platform Bed, 10 Foot (Requires 60CA)(inc. 40in Bulkhead, Wood Deck) (Knap PVMX-103C)	1	\$3,450.00	\$3,450.00
2016-906-537	60" x 18" x 18" Aluminum Underbody Toolbox installed forward of the rear axle (requires platform, stakeside, or dump body) (Requires 84CA or longer) (Pro 20-2370)	1	\$781.00	\$781.00
2016-906-594	Star Warning Systems Constellation Hideaway/Surface Mount Warning Light Package (inc. USA made LED Hideaway Strobes in front headlights, (2) Surface Mount Amber LED's in rear, junction box controller with flash pattern selectable in one location, all cables have weather pack connectors, the ability to add two additional Star Constellation LED units, wired to upfitter switch or single auxiliary switch) (Must also order body upfit) (STAR-H/S-P)	1	\$1,322.00	\$1,322.00
2016-906-596	Star Warning Systems Constellation Class I Hi-Intensity Amber Short LED Beacon Add-on (requires either STAR-H/S-P OR STAR-S-P package; no more than two available, price per each) (STAR BK255H8TSL-A)	1	\$405.00	\$405.00

Quote Totals

Total Vehicles: 1

Sub Total: \$40,980.00

8.3 % Sales Tax: \$3,401.34

Quote Total: \$44,381.34



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:
1/26/16

AGENDA REQUEST FORM

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

Agenda Item #: 17

BOCC ACTION: APPROVED DENIED

Initial: _____ Date: _____

SUBJECT TO ADEQUATE BUDGET APPROPRIATIONS

NO ACTION TAKEN/WITHDRAWN DEFERRED TO: _____

CONTINUED TO DATE: _____ TIME: _____

OTHER: _____

Review Clerk of the Board
 Risk Mgmt
 Legal Required

DISTRIBUTION LIST:

<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: General Administration	DIVISION (if applicable):
OFFICIAL NAME & TITLE: Kelli D. Buchanan, Administrative Assistant	PHONE / EXT:
SIGNATURE: <i>Kelli D. Buchanan</i>	DATE: 1/21/16
NARRATIVE OF REQUEST General Administration is requesting an exception to the Travel and Expenses Policy to allow for purchases of snacks and water for civil service oral board evaluations (amount not to exceed \$20 per evaluation date) and first aid trainings (amount not to exceed \$40 per training).	
RECOMMENDED MOTION (To Be Completed by the Clerk/Deputy Clerk of the Board) Approve request for exception to Travel and Expense Policy to allow for purchaes of snacks and water for Civil Service oral board evaluations, not to exceed \$20 per date and first aid trainings, not to exceed \$40 per training, subject to adequate budget appropriations	



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

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

REQUESTED MEETING DATE:
 1/26/16

AGENDA REQUEST FORM

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

Agenda Item #: 18

BOCC ACTION: APPROVED DENIED

Initial: _____ Date: _____

SUBJECT TO ADEQUATE BUDGET APPROPRIATIONS

NO ACTION TAKEN/WITHDRAWN DEFERRED TO: _____

CONTINUED TO DATE: _____ TIME: _____

OTHER: _____

Review Clerk of the Board
 Risk Mgmt
 Legal Required

DISTRIBUTION LIST:

<input type="checkbox"/> RF	<input type="checkbox"/> Assessor	<input type="checkbox"/> DPW	<input type="checkbox"/> 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: General Administration	DIVISION (if applicable):
OFFICIAL NAME & TITLE: Kathy Spoor, County Administrative Officer	PHONE / EXT:
SIGNATURE: <i>Kathy Spoor</i>	DATE: 1/19/16
NARRATIVE OF REQUEST Department of General Administration requests a "Department Account" credit card with a credit limit of \$2,500.	
RECOMMENDED MOTION (To Be Completed by the Clerk/Deputy Clerk of the Board) Authorize the issuance of a Department Account credit card for General Administration with a credit limit of \$2,500, in accordance with the Credit Card Policy	

PACIFIC COUNTY
CREDIT CARD POLICY
USER ACKNOWLEDGEMENT AND AGREEMENT

My signature below indicates that I have received and reviewed the **Pacific County Credit Card Policy** and the **Credit Card Cardholder Instructions**, and any questions have been answered to my satisfaction.

My signature signifies that I have agreed to abide to all terms and conditions included in these documents and understand that I can be held personally liable for any misuse of the County's Credit Card that is issued to me or my Department or Office.

Dated this 19th day of January, 2016.

Kathy Spoor
Signature

Kathy Spoor
Printed Name

County Administrative Officer
Title

Pacific County Auditor's Office

Signature

Printed Name

Title



REQUESTED MEETING DATE:

1/26/16

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

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"/> 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: General Administration	DIVISION (if applicable): Housing
OFFICIAL NAME & TITLE: Kathy Spoor, CAO	PHONE / EXT:
SIGNATURE: <i>Kathy Spoor</i>	DATE: 1/11/16
NARRATIVE OF REQUEST Attached for your consideration is an intergovernmental agreement with the Health Dept to provide housing services. This contract is for a total of \$44,542. A portion of these funds (\$12,000) support Katie's time to coordinate the housing advisory committee and other housing related activities that support implementation of the County's Ten Year Plan to Reduce Homelessness. The remaining funds (\$32,542) support .5 FTE of a position to assist with infrastructure development, primarily working with local landlords, securing additional funds for housing services, and other related activities. This contract was included in the approved 2016 budget and is supported by document recording fees designated for these purposes.	
RECOMMENDED MOTION (To Be Completed by the Clerk/Deputy Clerk of the Board) Move to approve intergovernmental agreement with the Health Department in the amount of \$44,542 for housing services.	

Name of Contractor: Pacific County Public Health and Human Services Department

Name of Contract/Agreement/Grant/Amendment #: (if amendment, provide copy of those pages that are being amended):
Intergovernmental Contract for Services between Pac Co General Admin and Pac Co Public Health and Human Services Dep.

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): \$44,542 TOTAL TAX: _____

TOTAL SHIPPING/HANDLING: _____ EXPENDITURE FUND #: 179__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: _____

INTERGOVERNMENTAL CONTRACT FOR SERVICES

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

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

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

WHEREAS, Pacific County established the Low Income Assistance Account, Fund No. 127, to deposit these low and moderate income and homeless recording fees; and in 2016 the County will separate this Fund into two funds for accountability purposes; Fund 178-Affordable Housing for All, and Fund 179-Homeless Housing and Assistance, and

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

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

WHEREAS, the Joint Pacific County Housing Authority Board has requested that Pacific County provide funding in the County's 2016 Funds No. 178 and 179 to support a variety of low and moderate income housing programs; and

WHEREAS, the Joint Pacific County Housing Authority Board has requested the transfer of recording fees from Pacific County Fund No. 179 to the PHHS to provide services to assist with the implementation of the Pacific County's Ten Year Plan to Reduce Homelessness; and

WHEREAS, transfer of recording fees from Pacific County Fund 179 requires entering into a contract for services; and

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

1. **FUNDING**

A total of Forty Four Thousand Five Hundred and Forty Two Dollars (\$44,542), has been pledged within Pacific County Low Income Assistance Fund No. 179 to provide the PHHS with funds to assist with implementation of the County's Ten Year Plan to Reduce Homelessness. Said amount shall constitute the maximum reimbursement the PHHS is eligible to receive from the COUNTY under this CONTRACT.

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

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

TABLE 1

ACTIVITY	ALLOCATION	PAYABLE	Recording Fee Revenue Source
Coordination of the County's Housing Task Force	\$12,000	11 equal monthly payments of \$3,711, and one payment of \$3,721 in December 2016	Fund 179
.5 FTE Infrastructure Development	\$32,542		
TOTAL	\$44,542		

3. **PAYMENT PROVISIONS**

The COUNTY from the Pacific County Fund No. 179, has pledged Forty Four Thousand Five Hundred and Forty Two Dollars (\$44,542), to assist the PHHS with implementation of the activities identified in Section 2, Table 1, of this CONTRACT. These funds are to be dispersed to the PHHS on a monthly basis in eleven (11) equal monthly payments of \$3,711 and one (1) monthly payment in December of \$3,721. Monthly billings will be submitted with back up documentation for expenses.

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

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

4. **EVALUATION AND MONITORING**

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

shall last for six (6) years after expiration of the CONTRACT, or from the date final payment hereunder is made, whichever is later.

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

5. **RECAPTURE PROVISION**

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

6. **CONTRACT MODIFICATIONS**

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

7. **CONTRACT PERIOD**

The terms of this CONTRACT and the performance of the parties hereto shall be deemed to have commenced the 1st day of January 2016. It will continue in effect through the 31st day of December, 2016, unless sooner terminated or extended as provided herein.

8. **TERMINATION OF CONTRACT**

- A. If, through any cause, the PHHS shall fail to fulfill in a timely and proper manner its obligations under this CONTRACT, or if the PHHS shall violate any of its covenants, agreements or stipulations, the COUNTY shall thereupon have the right to terminate this CONTRACT and withhold the remaining allocation if such default or violation is not corrected within twenty (20) days after submitting written notice to the PHHS describing such default or violation.

- B. Notwithstanding any provisions of this CONTRACT, either party may terminate this CONTRACT by providing written notice of such termination, specifying the effective date thereof, at least twenty (20) days prior to such date. Payment for Project-related expenses incurred by the PHHS and not otherwise paid for by the COUNTY prior to the effective date of such termination shall be as the COUNTY reasonably determines.
- C. The COUNTY may unilaterally terminate all or part of this CONTRACT, or reduce the Scope of Work, if the COUNTY loses the authority to collect low and moderate income housing and/or homeless recording fees, or if the amount of recording fees collected is reduced below the level necessary to provide the amount identified in Section 1 of this CONTRACT.

9. **ADMINISTRATION**

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

For the COUNTY: Kathy Spoor, County Administrative Officer

For the PHHS: Katie Lindstrom, Deputy Director

10. **ENTIRE CONTRACT**

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

IN WITNESS WHEREOF, representatives of both the PHHS and the COUNTY executed this CONTRACT on the _____ day of _____, 2016.

PHHS

BOARD OF COUNTY COMMISSIONERS
PACIFIC COUNTY, WASHINGTON

Mary Goelz, Director

Frank Wolfe, Chair

Lisa Ayers, Commissioner

Steve Rogers, Commissioner

ATTEST:

Marie Guernsey
Clerk of the Board

Date

APPROVED AS TO FORM:

Pacific County Prosecutors Office

WSBA#



REQUESTED MEETING DATE:
 1/26/16

AGENDA REQUEST FORM

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

Agenda Item #: 20

BOCC ACTION: APPROVED DENIED

Initial: _____ Date: _____

SUBJECT TO ADEQUATE BUDGET APPROPRIATIONS

NO ACTION TAKEN/WITHDRAWN DEFERRED TO: _____

CONTINUED TO DATE: _____ TIME: _____

OTHER: _____

Review Clerk of the Board
 Risk Mgmt
 Legal Required

DISTRIBUTION LIST:

<input type="checkbox"/> RF	<input type="checkbox"/> Assessor	<input type="checkbox"/> DPW	<input type="checkbox"/> 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: General Administration	DIVISION (if applicable): Housing
OFFICIAL NAME & TITLE: Kathy Spoor, CAO	PHONE / EXT:
SIGNATURE: <i>Kathy Spoor</i>	DATE: 1/19/16
NARRATIVE OF REQUEST Attached for your consideration is a contract with Peninsula Poverty Response to provide housing related services in 2016. This contract is for \$7,000 and was included in the 2016 budget. These funds will provide support for Project Homeless Connects and the Overnight Winter Lodging project being piloted in cooperation with local churches.	
RECOMMENDED MOTION (To Be Completed by the Clerk/Deputy Clerk of the Board) Move to approve 2016 Contract for Services with the Peninsula Poverty Response Team in the amount of \$7,000. to provide housing related services in 2016	

Name of Contractor: The Peninsula Poverty Response Team

Name of Contract/Agreement/Grant/Amendment #: (if amendment, provide copy of those pages that are being amended):
Contract for Services between Pacific County and the Peninsula Poverty Response Team

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): 7,000 TOTAL TAX:

TOTAL SHIPPING/HANDLING: EXPENDITURE FUND #: 179__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 FOR SERVICES

Between
PACIFIC COUNTY, WASHINGTON
And
THE PENINSULA POVERTY RESPONSE TEAM

THIS CONTRACT is made between Pacific County (the “COUNTY”), and the Peninsula Poverty Response Team, (the “RECIPIENT”).

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

WHEREAS, Pacific County established the Low Income Assistance Account, Fund No. 127, to deposit these low and moderate income and homeless recording fees; and in 2016 the County will separate this Fund into two funds for accountability purposes; Fund 178-Affordable Housing for All, and Fund 179-Homeless Housing and Assistance, and

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

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

WHEREAS, the Joint Pacific County Housing Authority Board has requested that Pacific County provide funding in the County’s 2016 Funds No. 178 and 179 to support a variety of low and moderate income housing programs; and

WHEREAS, transfer of recording fees from Pacific County Fund No. 179 to the Peninsula Poverty Response Team requires entering into a contract for services; and

WHEREAS, the Peninsula Poverty Response Team is a registered non-profit organization in the State of Washington,

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

1. **FUNDING**

Seven Thousand Dollars (\$7,000) has been pledged within County Fund No. 179 to assist the RECIPIENT with low and moderate income housing program services, and to implement the Pacific County Ten Year Plan to End Homelessness. Said amount shall constitute the maximum reimbursement the RECIPIENT is eligible to receive from the COUNTY under this CONTRACT.

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

The RECIPIENT shall use these COUNTY funds solely to implement low and moderate income housing programs and to accomplish the goals of the Pacific County Ten Year Plan to End

Homelessness in keeping with the requirements of RCWs 36.22.178, 36.22.179, and 36.22.1791. Specifically, these funds shall support the following activities:

TABLE 1

ACTIVITY	ALLOCATION	Recording Fee Revenue Source	Reporting Requirements
Project Homeless Connects	\$1,000	Fund 179	Narrative Report including number of attendees and # and type of supplies distributed Invoice (Attachment A) with attached backup documentation
Overnight Winter Lodging	\$6,000	Fund 179	Invoice (Attachment A) with attached backup documentation Final report due with final billing by 12/19/16 including #volunteers, # volunteer hours, #nights lodging available, # individuals served
TOTAL	\$7,000		

3. **PAYMENT PROVISIONS**

The COUNTY, from the Pacific County Fund No. 179, has pledged Seven Thousand Dollars (\$7,000) to assist the RECIPIENT to implement the activities identified in Section 2, Table 1, of this CONTRACT. These funds are to be dispersed to the RECIPIENT on a cost reimbursement basis up to the maximum contract amount. Monthly billings will be submitted using the Monthly Billing Form (Attachment A) with back up documentation for expenses, and any required reporting.

4. **EVALUATION AND MONITORING**

A. The RECIPIENT shall maintain books, records, documents and other evidence and accounting procedures and practices that sufficiently and properly reflect the performance of this CONTRACT. The RECIPIENT will retain all books, records, documents and

other material relevant to this CONTRACT for six (6) years after expiration of the CONTRACT, or from the date final payment hereunder is made, whichever is later.

- B. The COUNTY or the State Auditor and any of their representatives shall have full access to and the right to examine during normal business hours and as often as the COUNTY or the State Auditor may deem necessary, those books, records, documents and other evidence retained by the RECIPIENT with respect to all matters covered in this CONTRACT. Such representatives shall be permitted to audit, examine, and make excerpts or transcripts from such records and to make audits of all contracts, invoices, materials, payrolls, and records of matters covered by this CONTRACT. These rights shall last for six (6) years after expiration of the CONTRACT, or from the date final payment hereunder is made, whichever is later.
- C. The COUNTY will use reasonable security procedures and protections to assure that related records and documents provided by the RECIPIENT are not erroneously disclosed to third parties. To the extent chapter 42.56 RCW permits, pertinent records and other documents in any medium furnished by the RECIPIENT will remain its property unless otherwise agreed.
- D. The RECIPIENT shall cooperate with and freely participate in any other monitoring or evaluation activities pertinent to this CONTRACT that the COUNTY needs to have conducted.

5. **RECAPTURE PROVISION**

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

6. **NONDISCRIMINATION**

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

7. **NONCOMPLIANCE WITH NONDISCRIMINATION LAWS**

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

8. **PUBLIC RECORDS ACT**

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

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

RECIPIENT agrees to indemnify and, to the greatest extent legally possible, to hold harmless the COUNTY in any action by a third party due to the negligence, recklessness or intentional actions by the RECIPIENT relating to its performance of this contract. This includes any lawsuit filed by a third party for the COUNTY's allegedly improper release of confidential or proprietary information pursuant to a public records request.

9. **EMPLOYMENT RELATIONSHIPS**

The RECIPIENT, its employees or agents performing under this CONTRACT are not deemed to be employees of the COUNTY nor agents of the COUNTY in any manner whatsoever. No officer, employee or agent of the RECIPIENT will hold themselves out as, or claim to be, an officer, employee or agent of the COUNTY by reason hereof, nor will they make any claim, demand or application to or for any right or privilege applicable to an officer, employee or agent of the COUNTY.

10. **INDEMNIFICATION/HOLD HARMLESS**

1. **Indemnification by RECIPIENT.** To the fullest extent permitted by law, the RECIPIENT agrees to indemnify, defend and hold the COUNTY and its departments, elected and appointed officials, employees, agents and volunteers, harmless from and against any and all claims, damages, losses and expenses, including but not limited to court costs, attorney's fees and alternative dispute resolution costs, for any personal injury, for any bodily injury, sickness, disease or death and for any damage to or destruction of any property (including the loss of use resulting therefrom) which 1) are caused in whole or in part by any action or omission, negligent or otherwise, of the RECIPIENT, its employees, agents or volunteers or RECIPIENT's subcontractors and their employees, agents or volunteers; or 2) are directly or indirectly arising out of, resulting from, or in connection with performance of this Contract;

- or 3) are based upon the RECIPIENT'S or its subcontractors' use of, presence upon or proximity to the property of the COUNTY. This indemnification obligation of the RECIPIENT shall not apply in the limited circumstance where the claim, damage, loss or expense is caused by the sole negligence of the COUNTY. This indemnification obligation of the RECIPIENT shall not be limited in any way by the Washington State Industrial Insurance Action RCW Title 51, or by application of any other workmen's compensation act, disability benefit act or other employee benefit act, and the RECIPIENT hereby expressly waives any immunity afforded by such acts. The foregoing indemnification obligations of the RECIPIENT are a material inducement to COUNTY to enter into the Contract, are reflected in the RECIPIENT's compensation, and have been mutually negotiated by the parties.
2. **Participation County – No Waiver.** The COUNTY reserves the right, but not the obligation, to participate in the defense of any claim, damages, losses or expenses and such participation shall not constitute a waiver of RECIPIENT's indemnity obligations under the Contract.
 3. **Survival of RECIPIENT's Indemnity Obligations.** The RECIPIENT agrees all RECIPIENT S's indemnity obligations shall survive the completion, expiration or termination of this Contract.

11. INSURANCE

Without limiting the RECIPIENT'S indemnification of COUNTY, and prior to commencement of this contract, RECIPIENT shall obtain, provide and maintain during the term of this contract, policies or insurance of the type and amounts described below and in a form satisfactory to the COUNTY.

- A. **General Liability Insurance.** RECIPIENT shall maintain commercial general liability insurance with at least as broad as Insurance Services Office form CG 00 0, in an amount not less than \$1,000,000 per occurrence, \$2,000,000 general aggregate, for bodily injury, personal injury, and property damage, including without limitation, blanket contractual liability.
- B. **Professional Liability (Errors & Omissions) Insurance.** RECIPIENT shall maintain professional liability insurance that covers the services to be performed in connection with this Contract, in the minimum amount of \$1,000,000 per claim and in the aggregate. Any policy inception date, continuity date, or retroactive date must be before the effective date of this Contract and RECIPIENT agrees to maintain continuous coverage through a period no less than three years after completion of the services required by this Contract.
- C. **Workers' Compensation Insurance.** RECIPIENT shall, at its own expense, maintain Workers' Compensation Insurance (statutory Limits) and Employer's Liability Insurance (with limits of at least \$1,000,000).
- D. **Waiver of Subrogation.** All insurance coverage maintained or procured pursuant to this Contract shall be endorsed to waive subrogation against COUNTY, its elected or appointed officers, agents, officials, employees and volunteers or shall specifically allow RECIPIENT or others providing insurance evidence in compliance with these specifications to waive their right of recovery prior to a loss. RECIPIENT hereby waives its own right of recovery against COUNTY, and shall require similar written express waivers and insurance clauses from each of its subcontractors.

The RECIPIENT must name the COUNTY as an additional insured. The RECIPIENT agrees that its liability insurance shall be primary and non-contributory to the COUNTY's and that RECIPIENT's liability insurance policy shall so state.

12. **CONTRACT MODIFICATIONS**

The COUNTY and the RECIPIENT may, from time to time, request changes in services being performed with these funds. Any such changes that are mutually agreed upon shall be incorporated herein by written amendment to this CONTRACT. It is mutually agreed and understood that no alteration or variation of the terms of this CONTRACT shall be valid unless made in writing and signed by the parties hereto, and that any oral understanding or agreements not incorporated herein shall not be binding. For example and without limitation, an amendment to this CONTRACT must be approved in writing by the COUNTY prior to the RECIPIENT expending funds for the items covered within that amendment. Costs incurred by the RECIPIENT in contravention of this Paragraph are the sole responsibility of the RECIPIENT.

13. **CONTRACT PERIOD**

The terms of this CONTRACT and the performance of the parties hereto shall be deemed to have commenced the 1st day of January 2016. It will continue in effect through the 31st day of December 2016 unless sooner terminated or extended as provided herein.

14. **TERMINATION OF CONTRACT**

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

15. **SPECIAL PROVISION**

The failure of the COUNTY to insist upon the strict performance of any provision of this CONTRACT or to exercise any right based upon breach thereof or the acceptance of any performance during such breach shall not constitute a waiver of any right under this CONTRACT.

16. **SEVERABILITY**

In the event any provision, or any portion thereof, contained in this CONTRACT is held to be unconstitutional, invalid or unenforceable, said provision(s) or portion(s) thereof shall be deemed severed and the remainder of this CONTRACT shall not be affected and shall remain in full force and effect. Furthermore, if such an event occurs, the parties agree to negotiate a modification to replace the unacceptable provision(s) as soon as possible.

17. **DISPUTE RESOLUTION**

Except as otherwise provided in this CONTRACT, when a bona fide dispute arises between the parties and it cannot be resolved through discussion and negotiation, either party may request a dispute hearing. The parties shall select a dispute resolution team to resolve the dispute. The team shall consist of a representative appointed by the COUNTY, a representative appointed by the RECIPIENT, and a third party mutually agreed upon by both parties. This team shall attempt, by majority vote, to resolve the dispute. The parties agree that this dispute process shall precede

18. **GOVERNING LAW AND VENUE**

This CONTRACT shall be construed and enforced in accordance with, and its validity and performance governed by, the laws of the state of Washington. The superior court of Pacific County, Washington shall be the venue for any suit between the parties arising out of this CONTRACT.

19. **ADMINISTRATION**

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

For the COUNTY: Kathy Spoor, County Administrative Officer
Dept. of General Administration
P.O. Box 6
South Bend, WA 98586-0006
Telephone: (360) 875-9334

For the RECIPIENT: Chairperson
Peninsula Poverty Response Team
29306 O Street
Ocean Park, WA 98640

Treasurer
Peninsula Poverty Response Team
29306 O Street
Ocean Park, WA 98640

20. **ENTIRE CONTRACT**

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



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

REQUESTED MEETING DATE:
 1/26/16

AGENDA REQUEST FORM

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

Agenda Item #: 21

BOCC ACTION: APPROVED DENIED

Initial: _____ Date: _____

SUBJECT TO ADEQUATE BUDGET APPROPRIATIONS

NO ACTION TAKEN/WITHDRAWN

DEFERRED TO: _____

Review Clerk of the Board

CONTINUED TO DATE: _____ TIME: _____

Risk Mgmt

Legal Required

OTHER: _____

DISTRIBUTION LIST:

- | | | | | |
|------------------------------|--|-----------------------------------|-------------------------------------|---|
| <input type="checkbox"/> RF | <input type="checkbox"/> Assessor | <input type="checkbox"/> DPW | <input type="checkbox"/> 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: General Administration	DIVISION (if applicable):
OFFICIAL NAME & TITLE: Kathy Spoor, CAO	PHONE / EXT:
SIGNATURE: <i>Kathy Spoor</i>	DATE: 1/20/16
NARRATIVE OF REQUEST Attached for your consideration is a intergovernmental loan agreement with the Port of Chinook. This is for two short term loans to assist with current cash flow issues. One will be repaid by June 30th, 2016, and the second will be repaid by December 31, 2016. I have discussed this agreement with Guy Glenn. They will be providing a letter of commitment regarding a long term lease agreement for one of their docks. At the time I prepared this request I did not have the signed agreement back from the Port, however they are calling an emergency meeting and should have it signed and returned by the day of your meeting.	
RECOMMENDED MOTION (To Be Completed by the Clerk/Deputy Clerk of the Board) Move to approve intergovernmental loan agreement with the Port of Chinook for two short term loans to assist with temporary cash flow issues.	

Name of Contractor: Port of Chinook

Name of Contract/Agreement/Grant/Amendment #: (if amendment, provide copy of those pages that are being amended):
Intergovernmental Agreement between Pac Co and Port of Chinook for two (2) short term loans

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): 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:

INTERGOVERNMENTAL AGREEMENT

For Two (2) Short Term Loans
Between
PACIFIC COUNTY, WASHINGTON
And
THE PORT OF CHINOOK

This Intergovernmental Agreement, ("AGREEMENT") is made between Pacific County ("COUNTY"), and the Port of Chinook, ("PORT").

WHEREAS; the COUNTY's Finance Committee reviewed the request made by the PORT for these loans, and has determined that this investment meets the "prudent person rule", and objectives of the Pacific County Investment Policy;

WHEREAS; due to delays in receipt of anticipated revenue, the PORT is experiencing an intermittent cash flow shortage; and

WHEREAS; the COUNTY has passed Resolution No. 2015-054 which authorized two (2) short term intergovernmental loans for the PORT from COUNTY'S Current Expense Fund 001 which includes 3% annual interest rate;

NOW THEREFORE IT IS HEREBY RESOLVED that the COUNTY authorizes two (2) short term intergovernmental loans from the COUNTY's Current Expense Fund 001 in the following amounts:

Loan #1

- An amount not to exceed \$100,000 to be paid in full (principal + interest) by July 31, 2016 will be paid to the PORT in a one-time transfer to be made by the Treasurer within five (5) business days following the execution of this AGREEMENT.

Loan #2

- An amount not to exceed \$50,000 that will be drawn down as needed by the PORT. The PORT Manager will notify the County Treasurer in writing of a need for a draw on this loan. The Treasurer will process the request and make the transfer within five (5) business days of the request. Accumulated principal + interest to be paid in full by the PORT on or before December 31, 2016.

These loans are made subject to the following conditions:

- ♦ The term of loans will be as indicated above. The terms of this AGREEMENT and the performance of the parties hereto shall be deemed to have commenced within five (5) business days following the execution of this AGREEMENT. It will continue in effect through the 31st day of December 2016 unless terms of loan are satisfied sooner.
- ♦ These loans are subject to the Port providing documentation to the County that a sale and/or lease of the Port's dock(s) has been secured and the terms of that sale and/or lease.

- ♦ PORT may elect to pay their loan repayment in one lump sum, or incrementally over the course of the loan. The Treasurer will make loan repayment transfers based on distribution instructions provided by the Manager of the PORT.
- ♦ Should the PORT not meet the terms of repayment of the first loan (\$100,000), any amount that has been loaned on the second loan (\$50,000) will be due in full within 30 days, and no further funds will be made available to the PORT.
- ♦ Interest will be applied at a rate of 3% per annum.
- ♦ The full faith, credit and resources of the PORT are pledged irrevocably for the full payment of the two (2) short term intergovernmental loans until such time that the loan amount is paid in full.

BE IT FURTHER RESOLVED that the Treasurer will provide an invoice to the PORT two months prior to the end date of each respective loan, and will receive these loan payments to be deposited in Fund 001 (Current Expense).

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

PORT OF CHINOOK

BOARD OF COUNTY COMMISSIONERS
PACIFIC COUNTY, WASHINGTON

(Name)

Date

Frank Wolfe, Chair

Title

Lisa Ayers, Commissioner

Steve Rogers, Commissioner

ATTEST:

Marie Guernsey
Clerk of the Board

Date

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.

Open Public Hearing
Review of Planning Only Grant
Close Public Hearing
No action required

PUBLIC HEARING NOTICE

NOTICE IS HEREBY GIVEN that a public hearing will be held by the Board of Pacific County Commissioners in the Commissioners' Meeting Room in the Pacific County Courthouse Annex in South Bend, Washington, 1216 W Robert Bush Drive, on the 26th day of January, 2016, at the hour of 10:00 AM, or as soon thereafter as possible.

The purpose of the public hearing is to review final project performance on the Chinook Water District planning-only grant project funded by the Community Development Block Grant (CDBG).

Any person may appear at this public hearing to comment on the proposed action. 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 (Suite "F" of the Pacific County Annex located at 1216 W Robert Bush Dr in South Bend, Washington), by mail (PO Box 187, South Bend, WA 98586), or by phone (360-875-9337 or TDD 360-875-9400).

****Publish twice****

January 13, 2016

January 20, 2016