

AGENDA

JEFFERSON COUNTY
BOARD OF COMMISSIONERS MEETING
NOVEMBER 1, 2023
COMMISSION MEETING ROOM
8:15 AM

This meeting has the option of attending via teleconference. The meeting is open for onsite attendees. The teleconference allows for listening to the meeting, but will be muted for incoming participation, except during “citizen comments” that will occur at approximately 9:00am.

Pursuant to ORS 192.640, this agenda includes a list of the principal subjects anticipated to be considered at the above referenced meeting; however, the agenda does not limit the ability of the County Commission to consider additional subjects. Meetings are subject to cancellation without notice. Other than hearings, which are publicly noticed, the time schedule is approximate and may vary for individual agenda items. The Board reserves the right to place a time limit on public testimony on any agenda item. The meeting place is handicapped accessible. Those needing assistance should contact the Commission office two (2) days in advance of the meeting by calling (541) 475-2449.

All agenda items shall be taken up between scheduled (time specific) appointments, action items, or public hearings when time permits.

CONFERENCE CALL LINE: (301) 715-8592 MEETING ID: 898 1666 4155 PASSCODE: 2449
<https://us06web.zoom.us/j/89816664155?pwd=RkNKeTM0T1YvWDA3Q2U3QmIwMytGdz09>

1. Administrative Session (8:15) *(The items discussed during Administrative Session are intended to have staff present updates/reports or routine items to the Board. The Second Wednesday of the month is an Elected Official/Department Director Meeting)*
 - 1.1 Adult Community Corrections & Juvenile Community Justice Semi-Annual Updates.
2. Call to Order/Pledge of Allegiance/Invocation
3. Presentations/Awards
4. Changes to the Agenda (Consideration of Submission of Late Items)
5. 9:00 A.M. - Citizen Comments
6. Consent Agenda *(The items on the Consent Agenda are considered routine and will all be adopted in one motion unless a Board member or person in the audience requests, before the vote on the motion, to have the item considered separately. If any item is removed from the Consent Agenda, the item will be taken up immediately following the vote on the remaining items)*
 - 6.1 October 2023 Accounts Payable Paid October 2023 in the amount of \$693,196.54 - signed by Commission.
[6.1.pdf](#)

- 6.2 Certificate of Right to Burial, Certificate No. 2084 - signed by Commission.
[6.2.pdf](#)
- 6.3 Action Minutes for October 25, 2023 - signed by Commission.
[6.3.pdf](#)
- 7. Scheduled Appointments, Action Items, and Public Hearings
 - 7.1 9:45 a.m. - Executive Session, ORS 192.660(2)(d) - Labor Negotiator Consultations.
 - 7.2 2:00 p.m. - CREA Renewables Presentation.
 - 7.3 2:00 p.m. - Human Resources Options.
- 8. Action Items
 - 8.1 Salary Change Order for Shawna Mobley - signed by Commission.
[8.1.pdf](#)
 - 8.2 Amendment #3 to Oregon Health Authority 2023-2025 Intergovernmental Agreement for the Financing of Public Health Services - signed by Commission Chair.
[8.2.pdf](#)
 - 8.3 RHCare Infrastructure Agreement, Notice of Award - signed by Commission Chair.
[8.3.pdf](#)
 - 8.4 Central Oregon Health Council, Overdose Prevention Outreach in Jefferson County Award - signed by Commission Chair.
[8.4.pdf](#)
- 9. Elected Official Report(s)/Request(s)
- 10. Department Heads Report(s)/Request(s)
 - 10.1 Request for 90-day Waiver for Fairgrounds Complex Manager.
 - 10.2 Solar Project Fees.
 - 10.3 City/County Fee Waiver Request.
- 11. County Counsel Report(s)/Request(s)
- 12. County Administrative Officer Report(s)/Request(s)
- 13. Commission Discussion Items
 - 13.1 Continued discussion regarding American Rescue Plan (ARPA) & CARES Act Funding Programs.
 - 13.2 Requested Modification of Buyback Deed Option on South Y/Grasslands Building.

14. Announcements/Notification of additional Commission Meetings
15. Executive Session
16. Adjourn

**October 2023 Accounts Payable
Paid October 2023
Columbia Bank Issued Checks**

It is hereby ordered that check number **49183** to **49222** be paid totaling **\$693,196.54**

FUND	FUND NAME	AMOUNT ISSUED	VOIDED	TOTAL EXPENSE
101	GENERAL FUND	\$41,682.79		\$41,682.79
202	PUBLIC WORKS	\$523,226.69		\$523,226.69
218	FAIR	\$355.78		\$355.78
219	VICTIM'S ASSISTANCE	\$9,784.66		\$9,784.66
222	TRANSIENT OCCUPANCY	\$1,813.78		\$1,813.78
224	COUNTY FAIR BUILDING	\$609.18		\$609.18
230	RURAL DOMESTIC VIOLENCE	\$6,371.10		\$6,371.10
239	HEALTH DEPT GRANT FUND	\$21,266.63		\$21,266.63
254	CJ - ADULT	\$5,627.52		\$5,627.52
257	MEDIATION - CONCILIATION	\$5,000.00		\$5,000.00
265	JAIL	\$25,533.28		\$25,533.28
267	CODE ENFORCEMENT	\$925.00		\$925.00
403	J STREET BOND	\$11,561.64		\$11,561.64
503	CDD - PLANNING DEPT	\$2,423.84		\$2,423.84
504	CDD - ONSITE AND ENGINEERING	\$2,619.04		\$2,619.04
505	CDD - BUILDING	\$6,310.26		\$6,310.26
507	CAR POOL	\$25,585.78		\$25,585.78
508	RV PARK	\$2,499.57		\$2,499.57
TOTAL		\$693,196.54	\$0.00	\$693,196.54

Claims approved and checks dated: 10/20/2023

I, Kate Knop, hereby attest the above amounts and check numbers are correct.



Kate Knop, Finance Director

Kelly Simmelink, Commissioner

Wayne Fording, Commissioner

Mark Wunsch, Commissioner

Order Number

Dated

Report Criteria:

Detail report.

Invoices with totals above \$0 included.

Only paid invoices included.

[Report]. Date Paid = 10/20/2023

Vendor Number	Vendor Name	Invoice Date	Invoice Number	Description	Net Invoice Amount	GL Activity Number	GL Period
2312	ALBINA HOLDINGS INC	08/29/2023	0304394-IN	HFRSP2/HFE100S	15,290.40		1023
2312	ALBINA HOLDINGS INC	08/29/2023	0304394-IN	HFRSP2/HFE100S	5,747.70		1023
2312	ALBINA HOLDINGS INC	08/29/2023	0304401-IN	HFRSP2/HFE100S	9,098.60		1023
2312	ALBINA HOLDINGS INC	08/29/2023	0304405-IN	HFRSP2/HFE100S	9,058.40		1023
2312	ALBINA HOLDINGS INC	08/29/2023	0304406-IN	HFRSP2/HFE100S	22,004.10		1023
2312	ALBINA HOLDINGS INC	08/29/2023	0304407-IN	HFRSP2/HFE100S	5,761.50		1023
2312	ALBINA HOLDINGS INC	08/29/2023	0304407-IN	HFRSP2/HFE100S	5,375.10		1023
2312	ALBINA HOLDINGS INC	08/29/2023	0304407-IN	HFRSP2/HFE100S	5,140.50		1023
2312	ALBINA HOLDINGS INC	08/30/2023	0304469-IN	HFRSP2/HFE100S	23,218.50		1023
2312	ALBINA HOLDINGS INC	08/30/2023	0304471-IN	HFRSP2/HFE100S	4,656.50		1023
2312	ALBINA HOLDINGS INC	08/30/2023	0304471-IN	HFRSP2/HFE100S	2,512.50		1023
2312	ALBINA HOLDINGS INC	08/30/2023	0304471-IN	HFRSP2/HFE100S	10,050.00		1023
2312	ALBINA HOLDINGS INC	08/30/2023	0304476-IN	HFRSP2/HFE100S	20,451.60		1023
2312	ALBINA HOLDINGS INC	08/31/2023	0304542-IN	HFRSP2/HFE100S	4,556.00		1023
2312	ALBINA HOLDINGS INC	08/31/2023	0304542-IN	HFRSP2/HFE100S	5,494.00		1023
2312	ALBINA HOLDINGS INC	08/31/2023	0304550-IN	HFRSP2/HFE100S	4,416.00		1023
2312	ALBINA HOLDINGS INC	08/31/2023	0304550-IN	HFRSP2/HFE100S	17,077.50		1023
2312	ALBINA HOLDINGS INC	08/31/2023	0304551-IN	HFRSP2/HFE100S	884.40		1023
2312	ALBINA HOLDINGS INC	08/31/2023	0304551-IN	HFRSP2/HFE100S	9,514.00		1023
2312	ALBINA HOLDINGS INC	08/31/2023	0304589-IN	HFRSP2/HFE100S	14,966.10		1023
2312	ALBINA HOLDINGS INC	08/31/2023	0304589-IN	HFRSP2/HFE100S	5,554.50		1023
2312	ALBINA HOLDINGS INC	08/31/2023	0304591-IN	HFRSP2/HFE100S	15,302.80		1023
2312	ALBINA HOLDINGS INC	08/31/2023	0304592-IN	HFRSP2/HFE100S	6,072.00		1023
2312	ALBINA HOLDINGS INC	08/31/2023	0304592-IN	HFRSP2/HFE100S	14,517.60		1023
2312	ALBINA HOLDINGS INC	08/31/2023	0304592-IN	HFRSP2/HFE100S	552.00		1023
2312	ALBINA HOLDINGS INC	08/31/2023	0304611-IN	Spreading	3,400.00		1023
2312	ALBINA HOLDINGS INC	08/31/2023	0304612-IN	Spreading	3,575.00		1023
2312	ALBINA HOLDINGS INC	08/31/2023	0304613-IN	Spreading	3,225.00		1023
2312	ALBINA HOLDINGS INC	09/10/2023	0304730-IN	HFRSP2/HFE100S	16,562.40		1023
2312	ALBINA HOLDINGS INC	09/10/2023	0304731-IN	HFRSP2/HFE100S	5,644.20		1023
2312	ALBINA HOLDINGS INC	09/10/2023	0304731-IN	HFRSP2/HFE100S	12,799.50		1023
2312	ALBINA HOLDINGS INC	09/10/2023	0304731-IN	HFRSP2/HFE100S	3,353.40		1023
2312	ALBINA HOLDINGS INC	09/10/2023	0304735-IN	HFRSP2/HFE100S	20,541.30		1023
2312	ALBINA HOLDINGS INC	09/10/2023	0304736-IN	HFRSP2/HFE100S	14,760.10		1023
2312	ALBINA HOLDINGS INC	09/10/2023	0304740-IN	HFRSP2/HFE100S	22,086.90		1023
2312	ALBINA HOLDINGS INC	09/10/2023	0304741-IN	HFRSP2/HFE100S	3,367.20		1023
2312	ALBINA HOLDINGS INC	09/10/2023	0304741-IN	HFRSP2/HFE100S	7,141.50		1023
2312	ALBINA HOLDINGS INC	09/10/2023	0304744-IN	HFRSP2/HFE100S	22,873.50		1023
2312	ALBINA HOLDINGS INC	09/10/2023	0304745-IN	HFRSP2/HFE100S	17,473.60		1023
2312	ALBINA HOLDINGS INC	09/10/2023	0304749-IN	HFRSP2/HFE100S	2,412.00		1023
2312	ALBINA HOLDINGS INC	09/10/2023	0304749-IN	HFRSP2/HFE100S	8,160.60		1023
2312	ALBINA HOLDINGS INC	09/10/2023	0304750-IN	HFRSP2/HFE100S	7,245.00		1023
2312	ALBINA HOLDINGS INC	09/12/2023	0305003-IN	HFRSP2/HFE100S	9,004.50		1023
2312	ALBINA HOLDINGS INC	09/12/2023	0305003-IN	HFRSP2/HFE100S	1,876.80		1023
2312	ALBINA HOLDINGS INC	09/12/2023	0305003-IN	HFRSP2/HFE100S	3,105.00		1023
2312	ALBINA HOLDINGS INC	09/12/2023	0305003-IN	HFRSP2/HFE100S	1,814.70		1023
2312	ALBINA HOLDINGS INC	09/12/2023	0305003-IN	HFRSP2/HFE100S	2,070.00		1023
2312	ALBINA HOLDINGS INC	09/12/2023	0305003-IN	HFRSP2/HFE100S	3,118.80		1023
2312	ALBINA HOLDINGS INC	09/12/2023	0305054-IN	Spreading	3,050.00		1023
2312	ALBINA HOLDINGS INC	09/12/2023	0305055-IN	Spreading	3,575.00		1023
2312	ALBINA HOLDINGS INC	09/12/2023	0305056-IN	Spreading	3,050.00		1023
2312	ALBINA HOLDINGS INC	09/12/2023	0305057-IN	Spreading	638.70		1023
2312	ALBINA HOLDINGS INC	09/12/2023	0305057-IN	Spreading	1,819.50		1023
2312	ALBINA HOLDINGS INC	09/12/2023	0305057-IN	Spreading	1,466.80		1023

Vendor Number	Vendor Name	Invoice Date	Invoice Number	Description	Net Invoice Amount	GL Activity Number	GL Period
2312	ALBINA HOLDINGS INC	09/20/2023	0305411-IN	HFE901S 50% Dilute	12,047.45		1023
2312	ALBINA HOLDINGS INC	09/20/2023	0305412-IN	HFE901S 50% Dilute	1,772.05		1023
2312	ALBINA HOLDINGS INC	09/20/2023	0305412-IN	HFE901S 50% Dilute	4,726.85		1023
2312	ALBINA HOLDINGS INC	09/20/2023	0305414-IN	HFE901S 50% Dilute	6,996.90		1023
2312	ALBINA HOLDINGS INC	09/20/2023	0305416-IN	HFE901S 50% Dilute	5,951.10		1023
2312	ALBINA HOLDINGS INC	09/20/2023	0305417-IN	HFE901S 50% Dilute	6,527.95		1023
2312	ALBINA HOLDINGS INC	09/21/2023	0305442-IN	HFE901S 50% Dilute	11,126.15		1023
2312	ALBINA HOLDINGS INC	09/21/2023	0305444-IN	HFE901S 50% Dilute	1,469.10		1023
2312	ALBINA HOLDINGS INC	09/21/2023	0305444-IN	HFE901S 50% Dilute	1,132.95		1023
2312	ALBINA HOLDINGS INC	09/26/2023	0305755-IN	HFE901S 50% Dilute	3,108.35		1023
2312	ALBINA HOLDINGS INC	09/27/2023	0305806-IN	HFE901S 50% Dilute	5,299.55		1023
2312	ALBINA HOLDINGS INC	09/27/2023	0305806-IN	HFE901S 50% Dilute	1,381.95		1023
2312	ALBINA HOLDINGS INC	09/10/2023	304748R-DM	HFRSP2/HFE100S	9,873.90		1023
2312	ALBINA HOLDINGS INC	09/10/2023	304748R-DM	HFRSP2/HFE100S	1,766.40		1023
1804	ALLISON, SCOTT	10/15/2023	332571	Contracted Cleaning Svc - Gener	5,824.00		1023
1804	ALLISON, SCOTT	10/15/2023	332571	Contracted Cleaning Svc - Sr Cen	1,200.00		1023
1804	ALLISON, SCOTT	10/15/2023	332571	Less equip lease - General	50.00-		1023
1804	ALLISON, SCOTT	10/15/2023	332571	Less equip lease - Sr. Center	50.00-		1023
1804	ALLISON, SCOTT	10/15/2023	332571	Contracted Cleaning Svc - Goods	1,461.00		1023
1804	ALLISON, SCOTT	10/15/2023	332571	Contracted Cleaning - BG	37.50		1023
1804	ALLISON, SCOTT	10/15/2023	332571	Contracted Cleaning - FG	37.50		1023
90199	AMERICAN FIDELITY AD	10/16/2023	66679	Time & Eligibility Monthly Fee - Oc	105.40		1023
2381	BUENA VIDA COUNSELIN	10/19/2023	10/19/2023	Group Fee	2,900.00		1023
7062	CARSON OIL COMPANY I	10/09/2023	IN-0915863	3500 Gallons Unleaded	10,626.34		1023
7062	CARSON OIL COMPANY I	10/09/2023	IN-0915863	4500 Gallons Diesel	14,959.44		1023
9	CASCADE NATURAL GAS	10/06/2023	02058200003S	SEP Gas Usage Tire Shop	27.71		1023
9	CASCADE NATURAL GAS	10/06/2023	061 682 0000 1	Gas	32.97		1023
9	CASCADE NATURAL GAS	10/09/2023	12058200002S	SEP Gas Usage Paint Shop	12.89		1023
9	CASCADE NATURAL GAS	10/06/2023	139 824 7688 2	Gas	79.52		1023
9	CASCADE NATURAL GAS	10/06/2023	156 582 0000 9	Gas	1,314.58		1023
9	CASCADE NATURAL GAS	10/06/2023	22058200001S	SEP Gas Usage Weld Shop	13.96		1023
9	CASCADE NATURAL GAS	10/06/2023	32058200000S	SEP Gas Usage PW	18.18		1023
9	CASCADE NATURAL GAS	10/06/2023	559 482 0000 5	Gas	50.95		1023
9	CASCADE NATURAL GAS	10/06/2023	561 582 0000 8	Gas	12.89		1023
9	CASCADE NATURAL GAS	10/06/2023	578 898 1644 3	Gas	36.17		1023
9	CASCADE NATURAL GAS	10/06/2023	598 934 6464 0	Gas	31.93		1023
9	CASCADE NATURAL GAS	10/06/2023	651 682 0000 7	Gas	119.69		1023
9	CASCADE NATURAL GAS	10/06/2023	659 482 0000 4	Gas	12.89		1023
9	CASCADE NATURAL GAS	10/06/2023	715 063 7685 5	Gas	134.49		1023
9	CASCADE NATURAL GAS	10/06/2023	751 682 0000 6	Gas	52.01		1023
9	CASCADE NATURAL GAS	10/06/2023	851 682 0000 5	Gas	23.46		1023
9	CASCADE NATURAL GAS	10/06/2023	927 780 5656 1	Gas	43.56		1023
9	CASCADE NATURAL GAS	10/06/2023	951 682 0000 4	Gas	31.93		1023
2640	CENTRAL OREGON PATH	10/06/2023	20232309.1	Pathology Lab SVC.	185.33		1023
2147	CENTURYLINK	10/02/2023	541-595-5058	Current charges	143.70		1023
77	CITY OF MADRAS	09/30/2023	10946	Domestic Violence Officer for Sept	1,005.51	58	1023
77	CITY OF MADRAS	09/30/2023	10946	Domestic Violence Officer for Sept	5,278.93	19	1023
1850	CROOK COUNTY SHERIF	10/04/2023	2308	Inmate housing of Kyle Hansen -	800.00		1023
1498	DAVID C ALLEN LLC	10/16/2023	OCT 16 2023	Jefferson County Domestic Relati	5,000.00		1023
1731	DEPARTMENT OF CORR	10/06/2023	AR029208	Jail Meals	13,601.27		1023
677	DEPARTMENT OF ENVIR	10/02/2023	090123DEQ S	September Surcharge	1,500.00		1023
2157	DESCHUTES COUNTY	10/03/2023	3831	Detention October 2023	4,500.00		1023
2545	EBERHARD'S DAIRY PRO	10/06/2023	1585622	1/2 PT 1 %	157.08		1023
2545	EBERHARD'S DAIRY PRO	10/10/2023	1585885	1/2 PT 1 %	157.08		1023
2545	EBERHARD'S DAIRY PRO	10/16/2023	1586274	1/2 PT 1% (7)	157.08		1023
2545	EBERHARD'S DAIRY PRO	10/17/2023	1586536	1/2 PT 1% (7)	157.08		1023
3461	EDELMAN, SCOTT	10/05/2023	10/2023	BOC OutreachMeeting: miles to/fr	15.40		1023
3461	EDELMAN, SCOTT	10/05/2023	10/2023	COCC Training: miles to/from Red	8.36		1023
3235	ELEVEN DIGITS INC	10/15/2023	6065	Clean Health Department per agr	2,392.00		1023
3434	FIRST-CITIZENS BANK &	10/05/2023	43329597	HP OCT 2023	56.00	303	1023

Vendor Number	Vendor Name	Invoice Date	Invoice Number	Description	Net Invoice Amount	GL Activity Number	GL Period
3472	HARTMANN, AARON	10/04/2023	10/2023	Completion of work on CD Directo	1,480.00		1023
3472	HARTMANN, AARON	10/04/2023	10/2023	Completion of work on CD Directo	1,017.00		1023
3472	HARTMANN, AARON	10/04/2023	10/2023	Completion of work on CD Directo	5,828.00		1023
3472	HARTMANN, AARON	10/04/2023	10/2023	Completion of work on CD Directo	925.00		1023
55	HERRMANN, TYLER	10/17/2023	10/2023	Fuel and meal: Snake River Corre	93.10		1023
232	INDUSTRIAL HEARING S	10/18/2023	22868	ANNUAL Employee Hearing Tests	550.00		1023
621	JEFFERSON COUNTY	10/18/2023	10755 2023	10755 Property Taxes 2023-2024	987.73		1023
621	JEFFERSON COUNTY	10/20/2023	10757 2023 PR	10757 2023 Property Taxes	1,672.94		1023
621	JEFFERSON COUNTY	10/18/2023	10759 2023	10759 Property Taxes 2023-2024	3,017.94		1023
621	JEFFERSON COUNTY	10/18/2023	21230 2023	21230 Property Taxes 2023-2024	609.18		1023
621	JEFFERSON COUNTY	10/18/2023	9550 2023	9550 Property Taxes 2023-2024	3,555.29		1023
4362	KIDS CENTER	09/26/2023	EW092823	Kids Center Staff Carla Grinuck-W	250.00		1023
4362	KIDS CENTER	09/25/2023	EW092823.1	Kids Center - Joshua Gibons Trial	568.75		1023
4362	KIDS CENTER	09/30/2023	J09302023	Access to medical assessment se	5,125.00	58	1023
2484	LANE, DOUGLAS	09/18/2023	09/2023	Agency Life Vest - Rapid Respond	239.95	32	1023
131	MADRAS MEDICAL GRO	10/02/2023	1236	Medical Examiner Fee - Gary Pla	625.00		1023
194	MID OREGON PERSONN	06/23/2023	19805-C	Correct Invoice #19805 short pmt	1,000.00		1023
194	MID OREGON PERSONN	07/11/2023	19941	Hartman, Karson Wage Error	36.23		1023
194	MID OREGON PERSONN	07/25/2023	20014-3	Remaining balance - Plant, Aman	100.00		1023
194	MID OREGON PERSONN	07/25/2023	20015	Locke, Jessica 20hrs	595.00		1023
194	MID OREGON PERSONN	09/25/2023	20515	Medina, Javier 80hrs	1,863.20		1023
194	MID OREGON PERSONN	09/29/2023	20569	Marsha Casey - office coverage	356.46		1023
194	MID OREGON PERSONN	10/10/2023	20633	Background Investigation	25.88		1023
194	MID OREGON PERSONN	10/10/2023	20634 OCT	Kerr, Timothy 72hrs, Medina, Javi	3,540.08		1023
194	MID OREGON PERSONN	10/10/2023	20635	Jail Medical Pers - K. Simmelink 9/	4,148.89		1023
194	MID OREGON PERSONN	10/10/2023	20636	Jared Holliday 12hrs, Kaarin Fore	8,142.66		1023
194	MID OREGON PERSONN	10/10/2023	20636	Luz Donis 37.25hrs	1,092.17	19	1023
194	MID OREGON PERSONN	10/10/2023	20636	Mekaela Walters 75%hrs	3,593.31	39	1023
194	MID OREGON PERSONN	10/10/2023	20637	PH Pers - H. Bicart, IMM/COVID19	1,309.62	349	1023
194	MID OREGON PERSONN	10/10/2023	20637	PH Pers - V.Fang, YAC 9/16-9/30/	45.92	349	1023
194	MID OREGON PERSONN	10/10/2023	20637	PH Pers - O.Titus, PH Intern 9/16-	734.72	349	1023
194	MID OREGON PERSONN	10/10/2023	20637	PH Pers - B.Munkh-Ochir, PH Dat	2,898.40	349	1023
194	MID OREGON PERSONN	10/10/2023	20637	PH Pers - M.Quinn, FNP RH 9/16-	3,398.15	349	1023
194	MID OREGON PERSONN	10/10/2023	20637	PH Pers - C.Smith, IMM/COVID19	1,980.16	349	1023
194	MID OREGON PERSONN	10/10/2023	20638	Wage Reimbursment Hollenbeck,	1,816.62		1023
194	MID OREGON PERSONN	10/10/2023	20638	Wage Reimbursment Hollenbeck,	885.02		1023
194	MID OREGON PERSONN	05/16/2023	23-05-012	April 2023 Pre-Emp Background s	15.00		1023
194	MID OREGON PERSONN	07/13/2023	23-07-015	Pre-employment Background Che	15.00		1023
194	MID OREGON PERSONN	06/09/2023	547	Orlandos, Holly 31 hrs	962.86		1023
1916	MOSAIC MEDICAL	10/06/2023	INV0656	SBHC OCT 2023	10,508.33		1023
3382	MURIELPHASPIRATIONS	10/11/2023	1037	PH Consulting	150.00	349	1023
6889	NORCOR	09/30/2023	40118	Detention SEP	792.00		1023
181	OREGON DISTRICT ATTO	07/17/2023	494170	ODAA 2023 summer Conference	250.00		1023
217	OREGON LODGING TAX	10/10/2023	7/1/2023 TO 9/	1.5% State Lodging Tax	453.44		1023
217	OREGON LODGING TAX	10/10/2023	7/1/2023 TO 9/	9% City Lodging Tax	906.89		1023
217	OREGON LODGING TAX	10/10/2023	7/1/2023 TO 9/	County Tax	1,813.78		1023
142	PACIFIC POWER	10/08/2023	25754331-002	electric	11.68		1023
142	PACIFIC POWER	10/09/2023	25754331-006	electric	1,019.55		1023
142	PACIFIC POWER	10/03/2023	98611064-001	electric	3,947.12		1023
2054	PAMPLIN MEDIA GROUP	09/30/2023	9/2023	Legal Advertizing	156.00		1023
2054	PAMPLIN MEDIA GROUP	09/30/2023	9/2023	Legal Adversizing	144.00		1023
2054	PAMPLIN MEDIA GROUP	09/30/2023	9/2023	Printed Envelopes	219.87		1023
2054	PAMPLIN MEDIA GROUP	09/30/2023	9/2023	Printed Envelopes	219.87		1023
3369	PAULINA RODEO CLUB	09/30/2023	9/2023	Full Page Ad	130.00		1023
2575	Robinson and Owen Heavy	10/16/2023	99163-09	Snow Removal Camp Sherman M	2,925.00		1023
1614	ROSENBERG, TWILA	10/13/2023	10/2023	Reimbursment food & travel Sale	60.84		1023
7052	SECRETARY OF STATE	10/16/2023	ARH25016	FY 24 OCVR Annual Maintenance	2,842.00		1023
2511	SERVPRO OF BEND	10/06/2023	1711	Water Restoration & Asbestos aba	5,883.03		1023
3586	UNIVERSITY OF LOUISVI	09/26/2023	SPI-924K20-04	Homicide Investigation, South Jor	1,375.00		1023
4104	XEROX FINANCIAL SERV	10/01/2023	019846235	copy machine	204.10		1023

Vendor Number	Vendor Name	Invoice Date	Invoice Number	Description	Net Invoice Amount	GL Activity Number	GL Period
4104	XEROX FINANCIAL SERV	10/01/2023	019846235	copy machine	102.04		1023
4104	XEROX FINANCIAL SERV	10/01/2023	019846235	copy machine	102.04		1023
Grand Totals:					<u>693,196.54</u>		

Dated: _____

Finance Director:  _____

Kelly Simmelink: _____

Wayne Fording: _____

Mark Wunsch: _____

County Administrator: _____

Report Criteria:

Detail report.

Invoices with totals above \$0 included

Only paid invoices included.

[Report] Date Paid = 10/20/2023

Certificate No. 2084

Certificate of Right to Burial

Jefferson County
430 SW Fairgrounds Road
Madras OR 97741

Jessica Hall
227 SE 9th Street
Madras OR 97741

This is to certify that Jessica Hall, has paid the sum of \$ 642.00, which payment includes perpetual care and entitles them and their heirs to the exclusive rights and burial in:

Block North Sunrise #2 - 21 Lot D Grave 3

at Mt. Jefferson Memorial Park Jefferson County, State of Oregon, according and subject to the limitations, restrictions and conditions of the Rules and Regulations of the cemetery, either now in force or hereafter enacted.

This certificate is a receipt acknowledging payment in full for the right of burial in the aforementioned space only. It does not constitute ownership, title or deed of real property. This certificate is not assignable and is void if held by any other than the person herein named or their heirs at law.

DATED on October 24, 2023

JEFFERSON COUNTY COMMISSION:

Commission Chair

Commissioner

Commissioner

Before Me: _____

Notary Public of Oregon
County of Jefferson
My Commission Expires: _____

Official Stamp:

ACTION MINUTES

JEFFERSON COUNTY BOARD OF COMMISSIONERS MEETING October 25, 2023

- 1) Administrative Session (8:15)
 - 1.1 Community Development Department - FY 2023-24 First Quarter Report.
 - 1.2 County Treasurer Monthly Financial Report & Investment Committee.
- 2) Call to Order/Pledge of Allegiance/Invocation
- 3) Presentations/Awards
- 4) Changes to the Agenda (Consideration of Submission of Late Items)
 - 4.1 Letter of Support of the Museum at Warm Springs and the High Desert Museum's application for the BRIC Grant

Mark Wunsch made a motion to approve the Letter of Support of the Museum at Warm Springs and the High Desert Museum's application for the BRIC Grant. Seconded by Wayne Fording. The motion CARRIED. (Ayes - Kelly Simmelink, Wayne Fording, Mark Wunsch; Nays None)
- 5) 9:00 A.M. - Citizen Comments

Louise Muir, Shawn Stanfill, Leonard Hellwig, Mike Williams & George Ortman provided comments regarding the Community Center & Fairgrounds vandalism.
- 6) Consent Agenda
 - 6.1 September 2023 Credit Card Payable Paid September 2023 in the amount of \$123,321.16 - signed by Commission.
 - 6.2 October 2023 Accounts Payable Paid October 2023 in the amount of \$894,299.17 - signed by Commission.
 - 6.3 October 2023 Accounts Payable Paid October 2023 in the amount of \$380,886.21 - signed by Commission.
 - 6.4 Certificate of Right to Burial, Certificate No. 2082, 2083, & GB187 - signed by Commission.
 - 6.5 Action Minutes for October 11, 2023 - signed by Commission.

- 6.6 Jefferson County Fire & EMS Ordinance No. 23-01 - acknowledged by Commission.
- 6.7 October 6, 2023 letter to House Committee on Agriculture, Land Use, Natural Resources and Water - acknowledged by Commission.

Wayne Fording made a motion to approve the Consent Agenda, Items 6.1 through 6.7. Seconded by Mark Wunsch. The motion CARRIED. (Ayes - Kelly Simmelink, Wayne Fording, Mark Wunsch; Nays None)

7) Scheduled Appointments, Action Items, and Public Hearings

- 7.1 9:30 a.m. - Public Hearing - In the Matter of Legalizing Certain Portions of NE Trout Creek Road and E Ashwood Road.

Public hearing began at 9:31 a.m. and ended at 9:34 a.m.

- 7.2 10:00 a.m. - Dog Kennel Updates.

8) Action Items

- 8.1 Order In the Matter of Legalizing Certain Portions of NE Trout Creek Road and E Ashwood Road Pursuant to ORS 368.206 - signed by Commission.

Wayne Fording made a motion to approve the Order In the Matter of Legalizing Certain Portions of NE Trout Creek Road and E Ashwood Road Pursuant to ORS 368.206. Seconded by Mark Wunsch. The motion CARRIED. (Ayes - Kelly Simmelink, Wayne Fording, Mark Wunsch; Nays None)

- 8.2 Scope of Work from Anderson Perry for Pony Butte Road Evaluation and Design - signed by Commission Chair.

Mark Wunsch made a motion to approve the Scope of Work from Anderson Perry for Pony Butte Road Evaluation and Design. Seconded by Wayne Fording. The motion CARRIED. (Ayes - Kelly Simmelink, Wayne Fording, Mark Wunsch; Nays None)

- 8.3 US Department of Transportation Grant Agreement Under the Fiscal Year 2022 Safe Streets and Roads for All Grant Program - signed by Commission Chair.

Wayne Fording made a motion to approve the US Department of Transportation Grant Agreement Under the Fiscal Year 2022 Safe Streets and Roads for All Grant Program. Seconded by Mark Wunsch. The motion CARRIED. (Ayes - Kelly Simmelink, Wayne Fording, Mark Wunsch; Nays None)

- 8.4 Salary Order for Dallas Berry, Public Works Maintenance Worker I, Grade MWI, Step 1 - signed by Commission.

Wayne Fording made a motion to approve the Salary Order for Dallas Berry, Public Works Maintenance Worker I, Grade MWI, Step 1. Seconded by Mark Wunsch. The motion CARRIED. (Ayes - Kelly Simmelink, Wayne Fording, Mark Wunsch; Nays None)

8.5 Salary Order for Cas Schrunk, Public Works Maintenance Worker I, Grade MWI, Step 8 - signed by Commission.

Mark Wunsch made a motion to approve the Salary Order for Cas Schrunk, Public Works Maintenance Worker I, Grade MWI, Step 8. Seconded by Wayne Fording. The motion CARRIED. (Ayes - Kelly Simmelink, Wayne Fording, Mark Wunsch; Nays None)

8.6 State of Oregon Department of Human Services Intergovernmental Grant Agreement #181737 - signed by Commission Chair.

Wayne Fording made a motion to approve the State of Oregon Department of Human Services Intergovernmental Grant Agreement #181737. Seconded by Mark Wunsch. The motion CARRIED. (Ayes - Kelly Simmelink, Wayne Fording, Mark Wunsch; Nays None)

8.7 Salary Order for Hailey Clark, Public Health Finance and Billing Specialist, Grade 18G, Step 6 - signed by Commission.

Mark Wunsch made a motion to approve the Salary Order for Hailey Clark, Public Health Finance and Billing Specialist, Grade 18G, Step 6. Seconded by Wayne Fording. The motion CARRIED. (Ayes - Kelly Simmelink, Wayne Fording, Mark Wunsch; Nays None)

8.8 2023-2025 State Child Abuse Multidisciplinary Intervention (CAMI) Grant Award between the Department of Justice and Jefferson County - signed by Commission Chair.

Wayne Fording made a motion to approve the 2023-2025 State Child Abuse Multidisciplinary Intervention (CAMI) Grant Award between the Department of Justice and Jefferson County. Seconded by Mark Wunsch. The motion CARRIED. (Ayes - Kelly Simmelink, Wayne Fording, Mark Wunsch; Nays None)

8.9 Salary Change Order for Sofia Nunez - signed by Commission.

Mark Wunsch made a motion to approve the Salary Change Order for Sofia Nunez. Seconded by Wayne Fording. The motion CARRIED. (Ayes - Kelly Simmelink, Wayne Fording, Mark Wunsch; Nays None)

8.10 Salary Order for Corina Domingo, Victim Assistance Grant Coordinator, Grade 19H, Step 11 - signed by Commission.

Wayne Fording made a motion to approve the Salary Order for Corina Domingo, Victim Assistance Grant Coordinator, Grade 19H, Step 11. Seconded by Mark Wunsch. The motion CARRIED. (Ayes - Kelly Simmelink, Wayne Fording, Mark Wunsch; Nays None)

8.11 Salary Change Order for Jeremy Skeels - signed by Commission.

Mark Wunsch made a motion to approve the Salary Change Order for Jeremy Skeels. Seconded by Wayne Fording. The motion CARRIED. (Ayes - Kelly Simmelink, Wayne Fording, Mark Wunsch; Nays None)

8.12 Salary Change Order for Doug Lane - signed by Commission.

Wayne Fording made a motion to approve the Salary Change Order for Doug Lane. Seconded by Mark Wunsch. The motion CARRIED. (Ayes - Kelly Simmelink, Wayne Fording, Mark Wunsch; Nays None)

8.13 Salary Change Order for Bryan Skidgel - signed by Commission.

Mark Wunsch made a motion to approve the Salary Change Order for Bryan Skidgel. Seconded by Wayne Fording. The motion CARRIED. (Ayes - Kelly Simmelink, Wayne Fording, Mark Wunsch; Nays None)

8.14 Contract for Goods and Services between Jefferson County and Accurate Electric Unlimited for Jail Intercom Upgrade - signed by Commission.

Mark Wunsch made a motion to approve the Contract for Goods and Services between Jefferson County and Accurate Electric Unlimited for Jail Intercom Upgrade. Seconded by Wayne Fording. The motion CARRIED. (Ayes - Kelly Simmelink, Wayne Fording, Mark Wunsch; Nays None)

8.15 Salary Change Order for Katrina Flande - signed by Commission.

Mark Wunsch made a motion to approve the Salary Change Order for Katrina Flande. Seconded by Wayne Fording. The motion CARRIED. (Ayes - Kelly Simmelink, Wayne Fording, Mark Wunsch; Nays None)

8.16 Salary Order for Tim Kerr, Buildings & Grounds Maintenance Tech II, Grade 15D, Step 13 - signed by Commission.

Mark Wunsch made a motion to approve the Salary Order for Tim Kerr, Buildings & Grounds Maintenance Tech II, Grade 15D, Step 13. Seconded by Wayne Fording. The motion CARRIED. (Ayes - Kelly Simmelink, Wayne Fording, Mark Wunsch; Nays None)

- 8.17 Purchase Requisition Form for two (2) Snow Pusher Attachments for Buildings & Grounds in the amount of \$8,322.56 from Pape Machinery Inc - signed by Commission.

Mark Wunsch made a motion to approve the Purchase Requisition Form for two (2) Snow Pusher Attachments for Buildings & Grounds in the amount of \$8,322.56 from Pape Machinery Inc. Seconded by Wayne Fording. The motion CARRIED. (Ayes - Kelly Simmelink, Wayne Fording, Mark Wunsch; Nays None)

- 8.18 Amendment to Farm Lease Agreement between Jefferson County and Casad Family Farms - signed by Commission.

Wayne Fording made a motion to approve the Amendment to Farm Lease Agreement between Jefferson County and Casad Family Farms. Seconded by Mark Wunsch. The motion CARRIED. (Ayes - Kelly Simmelink, Wayne Fording, Mark Wunsch; Nays None)

- 8.19 Intergovernmental Agreement between Jefferson County and the City of Madras, Industrial Space Grant - signed by Commission.

Wayne Fording made a motion to approve the Intergovernmental Agreement between Jefferson County and the City of Madras, Industrial Space Grant. Seconded by Mark Wunsch. The motion CARRIED. (Ayes - Kelly Simmelink, Wayne Fording, Mark Wunsch; Nays None)

- 8.20 Statutory Warranty Deed to City of Madras, Grantee, for Tax Lot 12190 located in the 900 Block of B Street, Madras, Oregon - signed by Commission.

Wayne Fording made a motion to approve the Statutory Warranty Deed to City of Madras, Grantee, for Tax Lot 12190 located in the 900 Block of B Street, Madras, Oregon. Seconded by Mark Wunsch. The motion CARRIED. (Ayes - Kelly Simmelink, Wayne Fording, Mark Wunsch; Nays None)

- 8.21 Letter of Support for UTV Grant Application for Jefferson County Fire & EMS - signed by Commission.

Mark Wunsch made a motion to approve the Letter of Support for UTV Grant Application for Jefferson County Fire & EMS. Seconded by Wayne Fording. The motion CARRIED. (Ayes - Kelly Simmelink, Wayne Fording, Mark Wunsch; Nays None)

- 8.22 Jefferson County Public Employee Retirement System (PERS) - New Side Account - approved by Commission.

Wayne Fording made a motion to approve the PERS Side Account option 2 in the total amount of \$1,000,000.00, the additional \$500,000.00 from Fund 240, payment date of 12/31/2023 and rate offset begins July 1, 2025. Seconded by Mark Wunsch.

The motion CARRIED. (Ayes - Kelly Simmelink, Wayne Fording, Mark Wunsch; Nays None)

9) Elected Official Report(s)/Request(s)

10) Department Heads Report(s)/Request(s)

10.1 WiFi for RV Park and Juniper Hills Park.

Mark Wunsch made a motion to approve the WiFi project for RV Park and Juniper Hills Park in the amount not to exceed \$25,000 from Funds 249 and 509. Seconded by Wayne Fording. The motion CARRIED. (Ayes - Kelly Simmelink, Wayne Fording, Mark Wunsch; Nays None)

10.2 Regional Health Assessment Preliminary Data Updates from Public Health.

11) County Counsel Report(s)/Request(s)

12) County Administrative Officer Report(s)/Request(s)

13) Commission Discussion Items

13.1 Continued discussion regarding American Rescue Plan (ARPA) & CARES Act Funding Programs.

14) Announcements/Notification of additional Commission Meetings

15) Executive Session

16) Adjourn

Meeting adjourned at 12:52 p.m.

Kelly Simmelink, Commission Chair

Wayne Fording, Commissioner

Mark Wunsch, Commissioner

Attest

Date Signed

BEFORE THE BOARD OF THE COUNTY COMMISSIONERS
FOR THE COUNTY OF JEFFERSON

SALARY CHANGE

IN THE MATTER OF SETTING THE
COMPENSATION OF AN EMPLOYEE

}
} SALARY ORDER NO. _____

Employee Name:

Position Title:

Shawna Mobley

Staff Asst III Lead

Department: Buildings & Grounds

Effective Date: 10/21/2023

Reason:

Temporary stipend of \$400/month for absorbing some duties/tasks of vacant Fairgrounds Complex Manager. Effective until January 20, 2024 or until position filled, whichever is later.

DESCRIPTION	CURRENT	REQUEST
Hourly Rate	27.33	
Monthly Wage	4,755.42	\$5,155.42
Grade	16E	
Step	15	
Salary Matrix/PERS Class	SW-B	
Benefit Group	SW	
Applicable Benefits & Other Terms	Additional \$400 per month until 1/20/2024 or when vacant position is filled, whichever is later. No other changes.	
Employee Signature	<i>Shawna Mobley</i>	

APPROVED, ADOPTED, AND ORDERED this _____ day of _____,

ATTEST:

BOARD OF COMMISSIONERS

Department Director: *Troy Anderson*

Commissioner, Chair: _____

Finance Director: _____

Commissioner: _____

County Administrative Officer: _____

Commissioner: _____

GL BUDGET LINE ITEM: _____ - 510 - _____ SALARY ANNIVERSARY DATE: _____

DOCUMENT RETURN STATEMENT

Please complete the following statement and return with the completed signature page and the Contractor Data and Certification page and/or Contractor Tax Identification Information (CTII) form, if applicable.

If you have any questions or find errors in the above referenced Document, please contact the contract specialist.

Document number: 180015-3, hereinafter referred to as "Document."

t, <u>Jeff Rasmussen</u>	<u>County Administrative Officer</u>
Name	Title

received a copy of the above referenced Document, between the State of Oregon, acting by and through the Department of Human Services, the Oregon Health Authority, and

Jefferson County by email.

Contractor's name

On _____,
Date

I signed the electronically transmitted Document without change. I am returning the completed signature page, Contractor Data and Certification page and/or Contractor Tax Identification Information (CTII) form, if applicable, with this Document Return Statement.

Authorizing signature

Date

Please attach this completed form with your signed document(s) and return to the contract specialist via email.

Agreement #180015



**AMENDMENT TO OREGON HEALTH AUTHORITY
2023-2025 INTERGOVERNMENTAL AGREEMENT FOR THE
FINANCING OF PUBLIC HEALTH SERVICES**

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

This **Third** Amendment to Oregon Health Authority 2023-2025 Intergovernmental Agreement for the Financing of Public Health Services, effective July 1, 2023, (as amended the "Agreement"), is between the State of Oregon acting by and through its Oregon Health Authority ("OHA") and **Jefferson County**, ("LPHA"), the entity designated, pursuant to ORS 431.003, as the Local Public Health Authority for Jefferson County. OHA and LPHA are each a "Party" and together the "Parties" to the Agreement.

RECITALS

WHEREAS, OHA and LPHA wish to modify the Fiscal Year 2024 (FY24) Financial Assistance Award set forth in Exhibit C of the Agreement.

WHEREAS, OHA and LPHA wish to modify the Exhibit J information required by 2 CFR Subtitle B with guidance at 2 CFR Part 200;

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

AGREEMENT

1. This Amendment is effective on **September 1, 2023**, regardless of the date this amendment has been fully executed with signatures by every Party and when required, approved by the Department of Justice. However, payments may not be disbursed until the Amendment is fully executed.
2. The Agreement is hereby amended as follows:
 - a. Exhibit C, Section 1 of the Agreement, entitled "Financial Assistance Award" for FY24 is hereby superseded and replaced in its entirety by Attachment A, entitled "Financial Assistance Award (FY24)", attached hereto and incorporated herein by this reference. Attachment A must be read in conjunction with Section 3 of Exhibit C.
 - b. Exhibit J of the Agreement entitled "Information required by 2 CFR Subtitle B with guidance at 2 CFR Part 200" is amended to add to the federal award information datasheet as set forth in Attachment B, attached hereto and incorporated herein by this reference.
3. LPHA represents and warrants to OHA that the representations and warranties of LPHA set forth in Section 4 of Exhibit F of the Agreement are true and correct on the date hereof with the same effect as if made on the date hereof.
4. Capitalized words and phrases used but not defined herein shall have the meanings ascribed thereto in the Agreement.
5. Except as amended hereby, all terms and conditions of the Agreement remain in full force and effect.

OHA - 2023-2025 INTERGOVERNMENTAL AGREEMENT - FOR THE FINANCING OF PUBLIC HEALTH SERVICES

6. This Amendment may be executed in any number of counterparts, all of which when taken together shall constitute one agreement binding on all parties, notwithstanding that all parties are not signatories to the same counterpart. Each copy of this Amendment so executed shall constitute an original.

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

7. Signatures.

STATE OF OREGON, ACTING BY AND THROUGH ITS OREGON HEALTH AUTHORITY

Approved by: _____

Name: /for/ Nadia A. Davidson

Title: Director of Finance

Date: _____

JEFFERSON COUNTY LOCAL PUBLIC HEALTH AUTHORITY

Approved by: _____

Printed Name: Kelly Simmelink

Title: Commission Chair

Date: _____

DEPARTMENT OF JUSTICE – APPROVED FOR LEGAL SUFFICIENCY

Agreement form group-approved by Steven Marlowe, Senior Assistant Attorney General, Tax and Finance Section, General Counsel Division, Oregon Department of Justice by email on August 11, 2023, copy of email approval in Agreement file.

REVIEWED BY OHA PUBLIC HEALTH ADMINISTRATION

Reviewed by: _____

Name: Rolonda Widenmeyer (or designee)

Title: Program Support Manager

Date: _____

OHA - 2023-2025 INTERGOVERNMENTAL AGREEMENT - FOR THE FINANCING OF PUBLIC HEALTH SERVICES

**Attachment A
Financial Assistance Award (FY24)**

State of Oregon Oregon Health Authority Public Health Division		
1) Grantee Name: Jefferson County Street: 715 SW 4th St., Suite C City: Madras State: OR Zip: 97741-1022	2) Issue Date Friday, September 1, 2023	This Action Amendment
		FY 2024
	3) Award Period From July 1, 2023 through June 30, 2024	

4) OHA Public Health Funds Approved				
Number	Program	Previous Award Balance	Increase / Decrease	Current Award Balance
PE01-01	State Support for Public Health	\$31,324.00	\$0.00	\$31,324.00
PE01-12	ACDP Infection Prevention Training	\$1,517.82	\$0.00	\$1,517.82
PE10-02	Sexually Transmitted Disease (STD)	\$74,546.00	\$0.00	\$74,546.00
PE12-01	Public Health Emergency Preparedness and Response (PHEP)	\$70,208.00	\$0.00	\$70,208.00
PE13	Tobacco Prevention and Education Program (TPEP)	\$288,080.71	\$0.00	\$288,080.71
PE40-01	WIC NSA: July - September	\$42,060.00	\$0.00	\$42,060.00
PE40-02	WIC NSA: October - June	\$126,181.00	\$0.00	\$126,181.00
PE40-05	Farmer's Market	\$1,868.00	\$0.00	\$1,868.00
PE42-03	MCAH Perinatal General Funds & Title XIX	\$2,265.00	\$0.00	\$2,265.00
PE42-04	MCAH Babies First! General Funds	\$7,241.00	\$0.00	\$7,241.00
PE42-06	MCAH General Funds & Title XIX	\$4,249.00	\$0.00	\$4,249.00
PE42-11	MCAH Title V	\$22,478.00	\$0.00	\$22,478.00
PE42-12	MCAH Oregon Mothers Care Title V	\$12,197.00	\$0.00	\$12,197.00
PE42-13	Family Connects Oregon	\$50,000.00	\$0.00	\$50,000.00
PE43-01	Public Health Practice (PHP) - Immunization Services	\$11,307.00	\$0.00	\$11,307.00
PE44-01	SBHC Base	\$60,000.00	\$0.00	\$60,000.00
PE44-02	SBHC - Mental Health Expansion	\$87,500.00	\$0.00	\$87,500.00
PE46-05	RH Community Participation & Assurance of Access	\$19,468.92	\$0.00	\$19,468.92
PE50	Safe Drinking Water (SDW) Program (Vendors)	\$13,740.00	\$0.00	\$13,740.00
PE51-01	LPHA Leadership, Governance and Program Implementation	\$361,332.00	\$0.00	\$361,332.00
PE51-03	ARPA WF Funding	\$0.00	\$12,544.00	\$12,544.00
PE51-05	CDC PH Infrastructure Funding	\$204,493.63	\$0.00	\$204,493.63
		\$1,492,057.08	\$12,544.00	\$1,504,601.08

OHA - 2023-2025 INTERGOVERNMENTAL AGREEMENT - FOR THE FINANCING OF PUBLIC HEALTH SERVICES

5) Foot Notes:	
PE10-02	7/15/2023: Full FY24 award funds may be used in FY24 during the period of 7/1/23-12/31/2023 due to DIS WF federal grant funding being cut by CDC on 12/31/23.
PE10-02	8/2023: Prior Footnote dated 7/15/2023 Null and Void. Full FY24 award funds may now be used in FY24 during the period of 7/1/23-01/31/2024 due to new guidance from the CDC.
PE40-01	7/2023: Unspent SFY2024 Q1 award will be rescinded by the state, cannot be carried over to SFY2024 Q2-4 period.
PE40-02	7/2023: Q2-4 Unspent grant award will be rescinded by the state at end of SFY2024
PE42-11	7/2023: Indirect charges cap at 10%.
PE42-12	7/2023: Indirect Charges cap at 10%.
PE43-01	7/2023: Awarded funds can be spent on allowable costs for the period of 7/1/2023 - 9/30/23. Any unspent funds will be de-obligated.
PE43-01	9/2023: Prior Footnote dated 7/2023 Null and Void.
PE51-01	7/2023: Bridge funding for 7/1/23-9/30/23.
PE51-01	8/2023: Prior Footnote dated 7/2023 Null and Void
PE51-03	9/2023: Federal funds expire 6/30/24 and will be ineligible for carryover into SFY25.

6) Comments:	
PE01-01	8/2023: Prior Comment dated 7/2023 Null and Void 7/2023: SFY24 funding available 7/1/23-9/30/23 only.
PE12-01	8/2023: Prior Comment dated 7/2023 Null and Void 7/2023: SFY24 Award funding for first 3 months only
PE13	9/2023: All Prior Comments Null and Void 7/15/23: SFY24 Award adding funding for 10/1/23-6/30/24 7/2023: SFY24 Bridge Funding 7/1/23-9/30/23
PE40-01	7/2023: SFY2024 Q1 WIC NSA grant award. \$8,412 must spent on Nutrition Ed; \$1,228 on BF Promotion. Underspend Q1 award cannot be carried over to Q2-4 period.
PE40-02	7/2023: SFY2024 Q2-4 grant award. \$25,236 must be spent on Nutrition Ed. \$3,684 on BF Promotion.
PE40-05	7/2023: SFY2024 WIC Farmers Market Mini grant award. Final Q2 Rev & Exp Report is required for final accounting. Underspent funds will be rescinded by the state in February 2024
PE51-05	7/2023: SFY24 Award Available 7/1/23-6/30/24. Funds are available 7/1/23-11/30/27. Unspent Funds in SFY24 will be carried over to the next fiscal year.

7) Capital outlay Requested in this action:			
Prior approval is required for Capital Outlay. Capital Outlay is defined as an expenditure for equipment with a purchase price in excess of \$5,000 and a life expectancy greater than one year.			
Program	Item Description	Cost	PROG APPROV

Attachment B
Information required by CFR Subtitle B with guidance at 2 CFR Part 200

PE51-03 ARPA WF Funding

Federal Award Identification Number:	NU90TP922194
Federal Award Date:	10/05/22
Budget Performance Period:	07/01/2021-06/30/2024
Awarding Agency:	CDC
CFDA Number:	93.354
CFDA Name:	Public Health Emergency Response: Cooperative Agreement for Emergency Response: Public Health Crisis Response
Total Federal Award:	25,667,917
Project Description:	Cooperative Agreement for Emergency Response: Public Health Crisis Response - 2018
Awarding Official:	Jaime Jones
Indirect Cost Rate:	17.64%
Research and Development (T/F):	FALSE
HIPPA	No
PCA:	50271
Index:	50107

Agency	UEI	Amount	Grand Total:
Jefferson	PZ2MUEELHTG7	\$12,544.00	\$12,544.00

AGENDA ITEM COVERSHEET

Admin. Session
 Action Item

Consent Agenda
 Report/Request

Public Hearing
 Other/Announcements

Agenda Item Title (Do not put in all-caps):

RHCare Infrastructure Agreement. Notice of Award.

Department: Public Health

Date Submitted: 10/24/2023

Contact Person: Michael Baker/Karla Hood

Phone: 541-475-4456

Effective Dates of Contract/Grant/ Proposal: Date of award to March 31, 2024

Amount of Contract/Grant/Proposal: \$31,450

Requested Agenda Date: 11/1/2023

Reviewed By: (Signature and Date Required) Director/Elected Official: _____

Finance Director: _____

County Counsel: _____

CAO: _____

AGENDA ITEM BRIEF DESCRIPTION:

Funding to ensure access to reproductive health services- costs associated with training, salary, rent, equipment, etc.

BACKGROUND/SUMMARY STATEMENT:

Recommended for signature by Michael Baker, PH Director

RECOMMENDATION: (i.e., Discussion, Discussion/Action, Introduction, Presentation, or Information)

Discuss and move to approve

REQUESTED ACTION: (Exact action requested of Commissioners in the form of a motion)

Motion to approve for signature.

ATTACHMENTS: Original Document

POST ACTION INSTRUCTIONS: (Fully executed originals will be retained for the official record)

Please return a signed/numbered document to Karla at Public Health.

RHCare Infrastructure Agreement

Notice of Award

This is a notice of award (the "NOA") issued by the Oregon Health Authority to Jefferson County Public Health ("Recipient") under Request for Applications Infrastructure Support for Reproductive Health Services (the "RFA"). This notifies the Recipient that the Recipient has been awarded \$31,450 under the RFA, based on the application submitted by the Recipient.

The Award is subject to the terms and conditions set forth in Exhibit A to the RFA. By acknowledging the NOA below, the signatory: (1) represents that the signatory is an authorized representative of the Recipient; (2) represents that the application submitted by the Recipient, remains true and correct; and (3) acknowledges and agrees that the Award is subject to the terms and conditions set forth in Exhibit A to the RFA.

Organization Name: Jefferson County Public Health

Authorized Signature: _____ Printed Name: Kelly Simmelink

Title: Commission Chair Date: _____

For OHA Administrative Purposes Only

State of Oregon, acting by and through its Oregon Health Authority

By:

Authorized Signature: _____ Printed Name: Tim D. Noe

Title: Center Administrator Date: _____

Request for Application

Infrastructure Support for Reproductive Health Services

A) Purpose and Scope:

We know that Oregon's Reproductive Health Program (RH Program) clinical network needs infrastructure support that is not provided in the fee-for-service structure. Understaffing, increased need, and program requirements make delivering RHCare challenging. Unfortunately, most of the RH Program's funders require their funding to be spent on direct services. However, the RH Program asked for, and received, Title X funding to distribute to the RHCare network for the purpose of bolstering clinic infrastructure.

Agencies must be certified to provide RHCare, and the funding must be used in clinics that are certified to provide RHCare. The funding must be used for the purposes of ensuring access to reproductive health services – costs associated with training, salary, rent, equipment, etc.

Up to \$975,000 will be awarded through this request for applications ("RFA"). An average of \$29,500 may be awarded to any one RHCare agency that applies and is approved.

The funding period will be from the date of award to March 31, 2024.

B) Definitions:

For purposes of this RFA:

- "Agency" means an entity certified by the RH Program to operate RHCare clinics.
- "RFA" means Request for Application.
- "RHCare clinic" means a clinic operated by an agency certified with the RH Program to provide reproductive health services to all clients and to receive reimbursement for covered reproductive health services provided to all enrollees.
- "Reproductive Health Program" or "RH Program" means the program within the Center for Prevention and Health Promotion of the Oregon Health Authority that certifies RHCare, CCare, and AbortionCare clinics and administers the RH Access Fund which includes CCare, Title X, and RHEA funds.
- "Title X" means Title X of the Public Health Service Act, Section 1001 (42 U.S.C. § 300), which is a federal agreement administered by the Department of Health and Human Services, Office of Population Affairs intended to ensure access to equitable, affordable, client-centered, quality family planning services for clients, especially low-income clients.

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Infrastructure Support for Reproductive Health Services

C) Eligible organizations

Applications will be accepted from RHCare agencies. All acceptable applications will be approved.

D) Funding Requirements

In addition to any other requirements under this RFA, funding through this RFA is subject to the following requirements:

- Qualifying agencies may receive up to \$29,500.00 to be spent by March 31, 2024.
- Funding must be used in clinics that are certified to provide RHCare.
- Funding must be used for the purposes of ensuring access to reproductive health services. Acceptable use of funds may include but are not limited to:
 - Costs associated with training staff
 - Salaries/wages
 - Costs associated with maintaining a clinic site (rent, renovations)
 - Clinic equipment
 - Costs associated with EHR systems (including upgrading costs)
 - Translation/interpretation services:
- Funding may not be used for:
 - Vehicles or mobile units
 - Surveillance equipment
 - Abortion services.

E) Information to be provided by applicant organization on the application:

An organization applying for funding through this RFA must submit the following information and complete the application:

- Amount of funds being requested
 - Maximum funds that may be requested is \$29,500
- A plan for how the applicant organization will use the funds, including a budget.

F) Recipient Attestation Requirement:

In the application an authorized representative of the applicant will be required to attest to the following:

1. The authorized representative is authorized to apply for funds on behalf of the applicant and to bind the applicant to the terms and conditions set forth in Exhibit A to this RFA.

Request for Application

Infrastructure Support for Reproductive Health Services

2. The applicant has reviewed this RFA in its entirety and is an eligible applicant based on the requirements of this RFA.
3. The applicant has reviewed, understands, and acknowledges and agrees to comply with the terms and conditions set forth in Exhibit A. Without limitation, the applicant understands and acknowledges that on Recipient's acknowledgement of a notice of award issued by OHA, the applicant will be bound by the terms and conditions of the Agreement.
4. All information provided to OHA in connection with this application is true and correct, and the applicant agrees to notify OHA immediately in writing if the applicant becomes aware that any such information is inaccurate or incomplete.

G) Recipient Reporting Requirements:

If an applicant is awarded funding it will be required to comply with reporting requirements set forth in the Terms and Conditions, including but not limited to those set forth in Section 5 of Exhibit A to this RFA.

H) Changes/Modification and Clarifications:

When appropriate, OHA will issue revisions, substitutions, or clarifications as addenda to this RFA. Revisions, substitutions, or clarifications to the RFA shall be recognized only if in the form of written addenda issued by OHA.

I) Reservation of OHA Rights:

OHA reserves all rights regarding this RFA, including, without limitation, the rights in OHA's sole discretion to:

- Amend or cancel this RFA without liability if it is in the best interest of the OHA to do so;
- Waive any minor informality or non-conformance with the provisions or procedures of this RFA;
- Seek clarification of any Application;
- Negotiate the Program Activities described in this RFA; and
- Amend or extend the term of any Agreement that is issued as a result of this RFA;

J) Application Evaluation:

Applications will be evaluated upon receipt. Applications will be evaluated based on eligibility criteria and responses to the application essay question.

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K) Final Selection:

All Applicants will be notified whether or not they will be receiving an award through a written notice of award from OHA. It is anticipated that these notifications will come out on or around 09/30/2023, but that timeline is subject to change depending on the volume and complexity of Applications that are received.

L) Cost of Applications and Obligation:

All costs incurred in connection with preparing and submitting an Application in response to this RFA will be the responsibility of the Applicants and will not be reimbursed by OHA. All Applicants who submit an Application in response to this RFA understand and agree that OHA is not obligated to select any Applicant and, further, has absolutely no financial obligation to any Applicant arising from this RFA.

M) Release of Information:

Except as required by the Oregon Public Records Law or other applicable law, no information shall be given to any Applicant (or any other person) relative to its standing in relation to other Applicants during the RFA process.

N) Public Information:

The application solicitation file is subject to public disclosure in accordance with the Oregon Public Records Law (ORS 192.311–192.478). If any part of an Application is considered a trade secret as defined in Oregon Revised Statutes 192.345(2) or otherwise exempt from disclosure under Oregon Public Records Law, the Applicant shall submit one additional copy of their Application that redacts only the exempt language. Any person may request copies of public information. However, except as required by applicable law, copies of Applications will not be provided until the evaluation process has been completed and the Applicants are notified.

O) Title X Statement

These agreements are funded by Office of Population Affairs of the U.S. Department of Health and Human Services (HHS) through the Title X program. For more information, please visit <https://opa.hhs.gov/agreement-programs/title-x-service-agreements>.

P) Application Link:

<https://app.smartsheet.com/b/form/ace0bb222f874ae8a5d099f480044510>

Request for Application Infrastructure Support for Reproductive Health Services

Q) Point of Contact:

For questions please contact:

Alison Babich, alison.a.babich@oha.oregon.gov

Becky Griesse, rebecca.griesse2@oha.oregon.gov

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Infrastructure Support for Reproductive Health Services

EXHIBIT A
Terms and Conditions

- 1. RFA Incorporated.** The recipient ("Recipient") awarded funds under the request for applications (the "RFA") to which these terms and conditions (this "Agreement") are attached agrees to comply with the terms and conditions set forth in Sections A through Q of the RFA (the "RFA Terms"), as modified through the Effective Date, which are hereby incorporated into and made part of this Agreement. Notwithstanding the foregoing, in the event of a conflict between any terms or conditions of this Agreement and the RFA Terms, the terms and conditions of this Agreement will control.
- 2. Term of Agreement.** The term of this Agreement will begin on the date (the "Effective Date") that the Recipient acknowledges a notice of award (the "NOA") issued by the State of Oregon, acting by and through the Oregon Health Authority ("OHA"), to Recipient and will expire, unless terminated or extended in accordance with its terms, on March 31, 2024. Subject to acknowledgement of the NOA by Recipient, Recipient may use Agreement Funds for eligible expenditures incurred in accordance with this Agreement through March 31, 2024. Agreement termination shall not extinguish or prejudice OHA's right to enforce this Agreement with respect to any default by Recipient that has not been cured or relieve Recipient of any obligations that by their express terms survive the termination or expiration of this Agreement.
- 3. Disbursement.** The maximum not-to-exceed amount payable to Recipient under this Agreement, which includes any allowable expenses, is the amount set forth in the NOA issued to Recipient. OHA will not disburse funds under this Agreement ("Agreement Funds") to Recipient in excess of the not-to-exceed amount and will disburse Agreement Funds to Recipient as one payment, due upon upon execution of contract agreement. To receive Agreement Funds, Recipient must enroll in Electronic Funds Transfer (EFT), also known as direct deposit, by completing any forms required by OHA to facilitate EFT. On request by OHA, Recipient must provide its taxpayer identification number (TIN) and any other necessary banking information to receive payment by EFT. Recipient must maintain at its own expense a single financial institution or authorized payment agent capable of receiving and processing EFT using the Automated Clearing House (ACH) transfer method. The most current EFT designation and information will be used for all disbursements under this Agreement. In the event that EFT designation

Request for Application

Infrastructure Support for Reproductive Health Services

or information changes, Recipient must provide such designation or information by completing any forms required by OHA.

4. **Use of Agreement Funds.** Recipient will use Agreement Funds for payment of expenses in accordance with the terms and conditions of this Agreement, including the RFA Terms.

5. **Reporting Requirements.** As a condition to receipt of Agreement Funds under this Agreement, Recipient will submit the following to OHA:
 - a. Within 10 days following the Effective Date:
 - i. Proof of insurance, through a certificate or certificates of insurance, that meets the following minimum insurance requirement:
 1. Commercial General Liability Insurance covering bodily injury and property damage in a form and with coverage that are satisfactory to the State. This insurance shall include personal and advertising injury liability, products and completed operations, contractual liability coverage for the indemnity provided under this Agreement, and have no limitation of coverage to designated premises, project or operation. Coverage shall be written on an occurrence basis in an amount of not less than \$1,000,000.00 per occurrence. Annual aggregate limit shall not be less than \$2,000,000.00.
 2. Professional Liability Insurance covering any damages caused by an error, omission or any negligent acts related to the services to be provided under this Agreement by the Recipient and Recipient's subcontractors, agents, officers, or employees in an amount not less than \$1,000,000.00 per claim. Annual aggregate limit shall not be less than \$2,000,000.00. If coverage is on a claims made basis, then either an extended reporting period of not less than 24 months shall be included in the Professional Liability insurance coverage, or the Recipient shall provide continuous claims made coverage as approved by OHA.
 - ii. Federal Funding Accountability and Transparency Act (FFATA) form with a Unique Entity Identity Number (UEI). A FFATA form will be provided.
 1. A UEI number can be obtained from registering at [SAM.GOV](https://sam.gov).
 - b. On or before April 30, 2024, a final report explaining how the agency spent the money, including a detailed expenditure report, in a form prescribed by OHA.

Request for Application

Infrastructure Support for Reproductive Health Services

Notwithstanding any other provision of this Agreement, Recipient's obligation under this Section 5(c) will survive termination of this Agreement.

- 6. Compliance with Law.** Recipient will comply with laws and orders to which Recipient is subject and which are applicable to this Agreement.
- 7. Independent Contractor Status; Conflict of Interest.** Recipient represents that:
 - a. Recipient is not an officer, employee, or agent of the State of Oregon as those terms are used in ORS 30.265 or otherwise.
 - b. If Recipient is currently performing work for the State of Oregon or the federal government, Recipient's participation in this Agreement creates no potential or actual conflict of interest as defined by ORS chapter 244 and no statutes, rules, or regulations of the State of Oregon or federal agency for which Recipient currently performs work would prohibit Recipient's participation under this Agreement.
- 8. Payment Limitations.** Recipient is not entitled to compensation under this Agreement from any other agency or department of the State of Oregon. Recipient acknowledges and agrees that OHA's payment of Agreement Funds is contingent on OHA receiving appropriations, limitations, allotments, and other expenditure authority sufficient to allow OHA, in the exercise of its reasonable administrative discretion, to pay the Agreement Funds to Recipient as set forth in this Agreement.
- 9. Recovery of Overpayments.** Any Agreement Funds disbursed to Recipient that are expended in violation or contravention of any provision of this Agreement ("Misexpended Funds") or that remain unexpended on termination or expiration of this Agreement ("Unexpended Funds") must be returned to OHA. Recipient shall return all Misexpended Funds to OHA promptly after OHA's written demand and no later than 15 days after OHA's written demand. Recipient shall return all Unexpended Funds to OHA within 14 days after the termination or expiration of this Agreement, as applicable. OHA, in its sole discretion, may recover Misexpended Funds or Unexpended Funds by withholding from payments due to Recipient such amounts, over such periods of time, as are necessary to recover the amount of the Misexpended Funds or Unexpended Funds. If Recipient objects to the amount withheld or proposed to be withheld, Recipient shall notify OHA of its objection and the basis for such objection. Notwithstanding any other provision of this Section 9, if Recipient is a tribal government or an agency of a tribal government, then: (i) OAC shall notify Recipient in

Request for Application Infrastructure Support for Reproductive Health Services

writing of its intent to recover funds and identify the payment(s) from which the deduction(s) will be made; (ii) Recipient shall have the right to, not later than fourteen (14) days following such notice, request the deduction(s) be made from another payment(s) identified by Recipient; (iii) to the extent that OHA's recovery of funds from the other payment(s) suggested by Recipient is feasible, OHA will comply with Recipient's request; and (iv) in no case without the prior consent of Recipient will the amount of recovery deducted under this Section 9 exceed twenty-five percent (25%) of the total payment amount from which the deduction was taken.

10. Indemnity. RECIPIENT SHALL DEFEND, SAVE, HOLD HARMLESS, AND INDEMNIFY THE STATE OF OREGON AND OHA AND THEIR OFFICERS, EMPLOYEES AND AGENTS FROM AND AGAINST ALL CLAIMS, SUITS, ACTIONS, LOSSES, DAMAGES, LIABILITIES, COSTS AND EXPENSES OF ANY NATURE WHATSOEVER, INCLUDING ATTORNEYS' FEES (COLLECTIVELY, "CLAIMS"), RESULTING FROM, ARISING OUT OF, OR RELATING TO THE ACTIVITIES OF RECIPIENT OR ITS OFFICERS, EMPLOYEES, SUBCONTRACTORS, AGENTS, OR RECIPIENTS UNDER THIS AGREEMENT. NEITHER RECIPIENT NOR ANY ATTORNEY ENGAGED BY RECIPIENT MAY DEFEND ANY CLAIM IN THE NAME OF THE STATE OF OREGON (INCLUDING ANY AGENCY OF THE STATE OF OREGON), NOR PURPORT TO ACT AS LEGAL REPRESENTATIVE FOR THE STATE OF OREGON, WITHOUT FIRST RECEIVING FROM THE OREGON ATTORNEY GENERAL, IN A FORM AND MANNER DETERMINED APPROPRIATE BY THE OREGON ATTORNEY GENERAL, AUTHORITY TO ACT AS LEGAL COUNSEL FOR THE STATE OF OREGON, NOR MAY RECIPIENT SETTLE ANY CLAIM ON BEHALF OF THE STATE OF OREGON WITHOUT THE APPROVAL OF THE OREGON ATTORNEY GENERAL. IF THE STATE OF OREGON ASSUMES ITS OWN DEFENSE, RECIPIENT WILL BE LIABLE FOR THE ATTORNEY FEES OF THE STATE OF OREGON, INCLUDING BUT NOT LIMITED TO ANY FEES CHARGED BY THE OREGON DEPARTMENT OF JUSTICE.

11. Remedies. All remedies under this Agreement are in addition to any other remedies at law, in equity, or otherwise. All remedies are cumulative to the extent the remedies are not inconsistent. In the event of any breach of this Agreement by OHA, Recipient's sole remedy will be a claim for payment of Agreement Funds for expenses incurred and for which payment is authorized by this Agreement. In no event will OHA be liable to Recipient for any expenses related to termination of this Agreement or for anticipated profits or loss.

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12. Termination.

- a. **OHA's Right to Terminate at its Discretion.** In addition to any other rights and remedies OHA may have under this Agreement, at its sole discretion, OHA may terminate this Agreement:
 - i. For its convenience upon 30 days' prior written notice by OHA to Recipient;
 - ii. Immediately upon written notice if OHA fails to receive funding, appropriations, limitations, allotments or other expenditure authority sufficient to allow OHA, in the exercise of its reasonable administrative discretion, to pay the Agreement Funds to Recipient as set forth in this Agreement;
 - iii. Immediately upon written notice if federal or state laws, regulations, or guidelines are modified or interpreted in such a way that OHA's support of the program under this Agreement is prohibited or OHA is prohibited from paying for such support from the planned funding source; or
 - iv. Immediately upon written notice to Recipient if there is a threat to the health, safety, or welfare of any person receiving Agreement Funds or benefitting from Agreement Funds under this Agreement.
- b. **Effect of Termination.** Upon termination of this Agreement, Recipient shall immediately cease all activities under this Agreement unless, in a written notice issued by OHA, OHA expressly directs otherwise.

13. Insurance. Recipient shall maintain insurance as set forth in this Agreement and which satisfies the following requirements, prior to performing any activities under this Agreement:

- a. Recipient shall obtain required insurance from insurance companies or entities that are authorized to transact the business of insurance and issue coverage in the State of Oregon and that are acceptable to OHA. Coverage shall be primary and non-contributory with any other insurance and self-insurance, with the exception of Professional Liability and Workers' Compensation. Recipient shall pay for all deductibles, self-insured retention, and self-insurance, if any.
- b. A combination of primary and excess/umbrella insurance may be used to meet the required limits of insurance.
- c. All liability insurance, except for Workers' Compensation and Professional Liability, required under this Agreement must include an additional insured endorsement specifying the State of Oregon, its officers, employees, and agents as Additional

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Infrastructure Support for Reproductive Health Services

Insureds, including additional insured status with respect to liability arising out of ongoing operations and completed operations, but only with respect to Recipient's activities to be performed under this Agreement. Coverage shall be primary and non-contributory with any other insurance and self-insurance. Insurance must have an endorsement providing that the insurer may not invoke sovereign immunity up to the limits of the policy in any court. The Additional Insured endorsement with respect to liability arising out of Recipient's ongoing operations must be on ISO Form CG 20 10 07 04 or equivalent and the Additional Insured endorsement with respect to completed operations must be on ISO Form CG 20 37 07 04 or equivalent.

- d. Recipient shall waive rights of subrogation which Recipient or any insurer of Recipient may acquire against OHA or State of Oregon by virtue of the payment of any loss. Recipient will obtain any endorsement that may be necessary to affect this waiver of subrogation, but this provision applies regardless of whether or not OHA has received a waiver of subrogation endorsement from Recipient or Recipient's insurer(s).
- e. If any of the required insurance is on a claims made basis and does not include an extended reporting period of at least 24 months, Recipient shall maintain either tail coverage or continuous claims made liability coverage, provided the effective date of the continuous claims made coverage is on or before the commencement of any activities under this Agreement (and in no event later than the Effective Date), for a minimum of 24 months following the later of (i) Recipient's completion of all activities required under this Agreement, (ii) termination of this Agreement, or (iii) the expiration of all warranty periods provided under this Agreement.
- f. Any certificate(s) of insurance required by OHA shall list the State of Oregon, its officers, employees, and agents as a Certificate holder and as an endorsed Additional Insured. The certificate(s) shall also include all required endorsements or copies of the applicable policy language effecting coverage required by this Agreement. If excess/umbrella insurance is used to meet the minimum insurance requirement, the Certificate(s) must include a list of all policies that fall under the excess/umbrella insurance. As proof of insurance OHA has the right to request copies of insurance policies and endorsements relating to the insurance requirements in this Agreement.
- g. Recipient or its insurer must provide at least 30 days' written notice to OHA before cancellation of, material change to, potential exhaustion of aggregate limits of, or non-renewal of the required insurance coverage(s).
- h. Recipient agrees to periodic review of insurance requirements by OHA under this

Request for Application

Infrastructure Support for Reproductive Health Services

Agreement and to provide updated requirements as mutually agreed upon by Recipient and OHA.

- i. All insurance providers are subject to OHA acceptance. If required by OHA, Recipient shall provide complete copies of insurance policies, endorsements, self-insurance documents, and related insurance documents to OHA for verification of required insurance coverage.

14. Records Maintenance; Access. Recipient shall maintain all financial records relating to this Agreement in accordance with generally accepted accounting principles. In addition, Recipient shall maintain any other records, books, documents, papers, plans, records of shipments and payments and writings of Recipient, whether in paper, electronic or other form, that are pertinent to this Agreement, in such a manner as to clearly document Recipient's performance. All financial records, other records, books, documents, papers, plans, records of shipments and payments and writings of Recipient, whether in paper, electronic or other form, that are pertinent to this Agreement, are collectively referred to as "Records." Recipient acknowledges and agrees that OHA and the Secretary of State's Office and the federal government and their duly authorized representatives shall have access to all Records to perform examinations and audits and make excerpts and transcripts. Recipient shall retain and keep accessible all Records for the longest of: (i) six years following final payment and termination of this Agreement; (ii) the period as may be required by applicable law, including the records retention schedules set forth in OAR Chapter 166; or (iii) until the conclusion of any audit, controversy, or litigation arising out of or related to this Agreement.

15. Assignment of Agreement, Successors in Interest.

- a. Recipient shall not assign or transfer its interest in this Agreement without prior written consent of OHA. Any such assignment or transfer, if approved, is subject to such conditions and provisions required by OHA. No approval by OHA of any assignment or transfer or interest shall be deemed to create any obligation of OHA in addition to those set forth in this Agreement.
- b. The provisions of this Agreement shall be binding upon and inure to the benefit of the parties, their respective successors, and permitted assigns.

16. No Third Party Beneficiaries. OHA and Recipient are the only parties to this Agreement and are the only parties entitled to enforce its terms. Nothing in this

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Agreement gives, is intended to give, or shall be construed to give or provide any benefit or right, whether directly, indirectly, or otherwise, to third persons any greater than the rights and benefits enjoyed by the general public unless such third persons are individually identified by name herein and expressly described as intended beneficiaries of this Agreement.

- 17. Severability.** The parties agree that if any term or provision of this Agreement is declared by a court of competent jurisdiction to be illegal or in conflict with law, the validity of the remaining terms and provisions shall not be affected, and the rights and obligations of the parties shall be construed and enforced as if this Agreement did not contain the particular term or provision held to be invalid.
- 18. Notice.** Except as otherwise expressly provided in this Agreement, any communications between the parties hereto or notices to be given hereunder shall be given in writing by personal delivery, facsimile, email, or mailing the same, postage prepaid, to Recipient or OHA at the address or number set forth in this Agreement, or to such other addresses or numbers as either party may indicate pursuant to this Section. Any communication or notice so addressed and mailed by regular mail shall be deemed received and effective five days after the date of mailing. Any communication or notice delivered by email shall be deemed received and effective five days after the date of emailing. Any communication or notice delivered by facsimile shall be deemed received and effective on the day the transmitting machine generates a receipt of the successful transmission, if transmission was during normal business hours of the recipient, or on the next business day if transmission was outside normal business hours of the recipient. Notwithstanding the foregoing, to be effective against the other party, any notice transmitted by facsimile must be confirmed by telephone notice to the other party. Any communication or notice given by personal delivery shall be deemed effective when actually delivered to the addressee. As of the Effective Date, the notice information for OHA is as follows:
- Oregon Health Authority
Reproductive Health Program
800 NE Oregon St.
Portland, OR 97232
- 19. Headings; Interpretation.** The headings and captions to sections of this Agreement have been inserted for identification and reference purposes only and shall not be

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used to construe the meaning of or to interpret this Agreement. This Agreement will be interpreted according to its fair meaning and not strictly for or against any party to this Agreement. Any provision of this Agreement that would reasonably be expected to survive its termination or expiration will do so.

- 20. Amendments; Waiver; Consent.** No amendment, waiver, or consent under this Agreement shall bind any party unless it is in writing and signed by the parties and, when required, approved by the Oregon Department of Justice. Such amendment, waiver, or consent shall be effective only in the specific instance and for the specific purpose given. The failure of any party to enforce any provision of this Agreement shall not constitute a waiver by that party of that or any other provision.
- 21. Merger.** This Agreement, including any attachments, exhibits, and incorporations, constitutes the entire agreement between the parties on the subject matter hereof. There are no understandings, agreements, or representations, oral or written, not specified herein, regarding this Agreement.

AGENDA ITEM COVERSHEET

Admin. Session
 Action Item

Consent Agenda
 Report/Request

Public Hearing
 Other/Announcements

Agenda Item Title (Do not put in all-caps):

COHC "Overdose Prevention Outreach in Jefferson County" Award.

Department: Public Health

Date Submitted: 10/24/2023

Contact Person: Michael Baker/Karla Hood

Phone: 541-475-4456

Effective Dates of Contract/Grant/ Proposal: 9/01/2023-9/01/2024

Amount of Contract/Grant/Proposal: \$25,000

Requested Agenda Date: 11/1/2023

Reviewed By: (Signature and Date Required) Director/Elected Official: _____

Finance Director: _____

County Counsel: _____

CAO: _____

AGENDA ITEM BRIEF DESCRIPTION:

COHC Award funding for the support of the PH Peer Prevention Specialist salary and mileage only. County indirect is also included for a total of \$25,000.

BACKGROUND/SUMMARY STATEMENT:

COHC applications, approval and signature are all on-line in the COHC grant system. Permission to finalize and accept the grant electronically is requested. The copy of website acceptance page, application and budget are attached.

Recommended for signature by Michael Baker, PH Director

RECOMMENDATION: (i.e., Discussion, Discussion/Action, Introduction, Presentation, or Information)

Discuss and move to approve

REQUESTED ACTION: (Exact action requested of Commissioners in the form of a motion)

Motion to approve Michael Baker to electronically finalize, sign and accept the COHC Overdose Prevention Outreach in Jefferson County award of \$25,000 to support the salary, mileage and County indirect for the PH Peer Prevention Specialist.

ATTACHMENTS: Original Document

POST ACTION INSTRUCTIONS: (Fully executed originals will be retained for the official record)

Please return a signed/numbered document to Karla at Public Health.

Select Language ▼

Follow Up

Collaborate 0

Overdose Prevention Outreach in Jefferson County

Process: Naloxone Access & Overdose Prevention (2020-2024 RHIP)

- Contact Info
- Request
- \$ Award Details
- Documents 0

Applicant:

Dr. Michael Baker
 michael.baker@co.jefferson.or.us
 541-325-5001 x4205
 500 NE A Street Madras, Oregon 97741
 Madras, OR 97741



Organization:

Jefferson County Public Health Department
 93-6002299
 541-475-4456
 715 SW 4th Street Madras, Oregon 97741
 Madras, OR 97741

Contact Email History

i If your organization information does not appear correct, please contact the funder. Thank you.

- Application
- Follow Up
- FollowUp Packet
- Question List

⚠ Due by 10/13/2023 11:59 PM PDT.

i Fields with an asterisk (*) are required.

✓ Terms & Conditions

This Letter of Agreement (LOA) is being sent to You to memorialize the agreement between the Central Oregon Health Council (COHC), and You, the "grantee."

Project Name

Overdose Prevention Outreach in Jefferson County

GRANT TERMS

Timeline - Project Start Date

The effective date of your contract begins on the project start date that you indicated on your application.

Timeline - Project End Date

I. **Term.** This LOA shall commence on the Effective Date and shall terminate on the date indicated below. The COHC may terminate this LOA, without cause, by providing You with written notice at least five (5) business days in advance.

II. **Scope of LOA.** You have agreed to participate in a Regional Health Improvement Plan (RHIP) project for the purpose of enhancing the quality and experience for Central Oregon communities. This LOA applies to your participation in the RHIP project only and does not impact or alter any other contract you may have with the COHC.

III. **Funding.** As part of your participation in the RHIP, You will receive funds in the amount indicated below in U.S. Dollars. These funds do not represent any other payment due to You under any other contract with the COHC. These funds are being provided solely for the purpose of allowing You to complete Your RHIP project, or to reimburse You for participating in a RHIP project.

Amount Requested

The total amount of funds requested from the Central Oregon Health Council for this project.

Amount Awarded

IV. **Community Reporting.** The funds provided for in this LOA are being disbursed to You as a result of a collaborative community process to determine how to invest funds for RHIP projects. As a result, You agree to provide the Central Oregon Health Council (or designee) updates on the status of Your RHIP project; such reporting times shall be mutually agreeable to You, and the Central Oregon Health Council. Please adhere to these reporting timelines upon agreeing to receive this funding.

Please complete and upload this LOA to our grant platform as soon as possible. No funds will be disbursed until the COHC receives the executed version of this LOA and an invoice from You.

Invoice*

Please upload an invoice to enable COHC to disperse your funds. If you do not want to invoice us now, please upload an invoice of \$0.

[2 MiB allowed]

W-9*

Please upload a completed W-9.

[2 MiB allowed]

ACCEPTANCE OF TERMS & CONDITIONS*

This grant is conditional upon Grantee's acceptance of the terms and conditions set forth herein. By selecting the "I Accept Grant Terms and Conditions" below, Grantee agrees to accept and comply with the stated terms and conditions of this grant.

I Accept Grant Terms and Conditions

AUTHORIZED SIGNATURE

By typing in your Name, Title, and Date in the spaces below, you confirm that you are authorized to make legal contracts for the Grantee and that you agree to enter into this agreement by electronic means.

Name*

Title*

LOA execution date*

Please enter today's date



Due by 10/13/2023 11:59 PM PDT.

Save Follow Up

Submit Follow Up



Form Name:

Full Application (2020-2024 RHIP)

**Jefferson County Public Health
Department**
Overdose Prevention Outreach in
Jefferson County

RHIP Workgroup:

Substance and Alcohol Misuse
Prevention and Treatment

Application Snapshot	
Amount Requested	\$25,000.00
Organization Contact	Michael Baker
Contact Phone	541-325-5001 x4205
Contact Email	michael.baker@co.jefferson.or.us
Organization Address	715 SW 4th Street Madras, Oregon 97741 Madras, OR 97741
Website	http://cohealthcouncil.org/
Project Lead	Trent Titus
Project Lead email	trent.titus@publichealth.jeffco.net

Future State Measure:

Substance and Alcohol Misuse: Prevention and Treatment > Reduce mental health/substance abuse ED visits in Madras, Prineville, and Warm Springs

Note: * indicates required questions

Part One: Project Highlights

Project Name*

Name of Project.

Overdose Prevention Outreach in Jefferson County

Amount Requested*

Please list the total amount of funds requested from the Central Oregon Health Council for this project.

\$25,000.00

Timeline - Project Start Date*

Please provide an estimated start date for your project.

09/01/2023

Timeline - Project End Date*

Please provide an estimated end date for your project.

09/01/2024

Counties or Tribes Included in Project*

Which of the following counties and/or tribes will your project include?

Jefferson

Name of Project Lead*

Please provide the first and last name of the project lead for this funding request.

Trent Titus

Email for Project Lead*

Please provide an email address for the project lead.

trent.titus@publichealth.jeffco.net

Phone Number of Project Lead*

Please provide the best phone number to reach the project lead.

541-475-4456

Requestor/Agency Location(s)*

Madras

Other Towns

If you chose 'other' above, please specify where your agency is located.

Culver, Metolius, Crooked River Ranch

REALD Data Collection*

Please select any data your organization collects around Race, Ethnicity, Language, Disability (REALD).

Race

Ethnicity

Preferred Language

Age

Gender Identity

Sexual Orientation

Part Two: Checklist

RHIP Workgroup*

Please select the RHIP workgroup that your project is requesting funding from below:

Substance and Alcohol Misuse Prevention and Treatment

RHIP Future State Measures*

If a project does not directly address a Future State measure, it will not be considered for funding.

Substance and Alcohol Misuse: Prevention and Treatment > Reduce mental health/substance abuse ED visits in Madras, Prineville, and Warm Springs

Optional: RHIP Future State Measures

If your project addresses more than one measure within the 2020-2024 RHIP, please select the second measure from the list below:

How the Project Impacts Future State Measures*

Please explain how this project directly impacts the RHIP Future State metric(s) you selected.

Expanding Jefferson County Public Health's outreach services will directly impact future state measures to lower Emergency Department visits by providing direct services to Jefferson County communities. This project will meet people where they are at in their community and help bridge gaps for those who have been unable to access naloxone and overdose prevention services due to transportation barriers, disabilities, stigma or services limited hours.

Part Three: Project Details

Project Description/Overview*

Please describe your project.

With funds from COHC RHIP workgroup Jefferson County Public Health would be able to dedicate FTE to harm reduction outreach and provide direct access to naloxone and overdose prevention education to the most vulnerable populations in Jefferson County.

Direct access to hard-to-reach populations at risk for overdose will include:

- Disseminate harm reduction education and information (i.e., fentanyl, xylazine, wound care)
- Increasing access to naloxone
- Treatment referrals
- Wrap around mentoring services to support recovery

Jefferson County Public Health does not have adequate FTE funds to help address the SUD disparities in our community, but we have support from the Save Lives Oregon aka the Clearinghouse to purchase wound care supplies, sterile syringes, sharps containers and other supplies to provide to the community. We want to proactively increase our outreach efforts as the rate of overdoses continue to increase across our region.

Project Aim*

Please describe the overarching aim of this project. (An aim is the large (thinking big) desired result of your project. The aim serves as the foundation for developing your program objectives. Please limit the aim to one sentence.)

The project aims to bridge the gap to accessing naloxone and overdose prevention by providing information, education, and direct services to high-risk populations.

Why is this project needed?*

Please describe how your project is unique or compliments existing work that already addresses this need.

Jefferson County has experienced significant and ongoing health disparities including a decrease in life expectancy. The Life expectancy rating between 2018-2020 from the U.S. Small-Area Life Expectancy Estimates Project (USALEEP) measured Jefferson population longevity and general health decreased from 78.3 years to 76.0 years. Compared to the life expectancy estimate in the neighboring rural Crook County at 79.3 year, and neighboring urban Deschutes County at 81.7 years. Jefferson County is considered to be in the worst quartile for estimated life expectancy in our tri-county and in Oregon.

This project will complement our existing harm reduction program efforts to decrease health disparities for people who use drugs (PWUD) and allow us to increase overdose prevention education and access to naloxone. With outreach we will be able to provide other information and education on other services we provide at Jefferson Public Health such as STI/STD testing, prevention, WIC, and various other community based support services and events.

Prioritized Population*

Tell us about the population that your project serves (ex. specific age-range, postpartum females, individuals diagnosed with pre-diabetes, a certain geographic area, etc).

The population that our project will serve is houseless, people who use drugs (PWUD), and those in remote / rural areas.

Equity*

How does this project meet the characteristic needs of communities experiencing health disparities based on geography, age, sex, race, ethnicity, national origin, language, culture, disabilities, immigration status, faith, gender identity, and/or sexual orientation?

Share the specific approaches you are using.

Our harm reduction program currently serves a large number of American Indian / Alaska Native, Hispanic and White non-Hispanic population living in houseless camps outside of Warm Springs. This project will allow us to identify and serve more people in our community that are experiencing health disparities impacted by a substance misuse or substance use disorder.

Equity (Continued)*

Please explain how the people served by the project are involved in the planning and carrying out of the project.

The participants in the harm reduction program provide feedback and insight on specific needs and services that would best support reaching their health goals. We value our participants involvement and strive to carry out our

program to best fit the needs of this community. We are currently trying to meet the need to reach those who are unable to come to our harm reduction program at Jefferson County Public Health.

Supporting Questions

For this specific project, please answer the following questions in the space provided:

If no questions are listed please skip or enter N/A.

Part Four: Project Objectives

Objective Description #1*

What is trying to be accomplished?

By September 1st, we will identify area(s) in need of harm reduction outreach services.

SMART Objective #1 (Target/Future State)*

Please include a numerical target whenever possible, and the date that you expect to hit the target (see example above).

By September 1st, we will seek input from partners, stakeholders and participants of harm reduction program to help identify area(s) in need of harm reduction outreach services.

Baseline Data for Objective #1 (Current State)*

Please provide information that indicates where you are starting (current state data) as it relates to your SMART Objective.

NA

Objective Description #2*

What is trying to be accomplished?

By September 30th, 2023, Develop a program plan to provide harm reduction outreach in identified areas.

SMART Objective #2 (Target/Future State)*

Please include a numerical target whenever possible, and the date that you expect to hit the target (see example above).

By September 30th 2023, we will have developed plan for harm reduction out reach including educational materials, supplies, and materials needed for outreach.

Baseline Data for Objective #2 (Current State)*

Please provide information that indicates where you are starting (current state data) as it relates to your SMART Objective.

NA

Objective Description #3*

What is trying to be accomplished?

By August 1st 2024, we will have directly engaged with a minimum of 100 people at outreach events.

SMART Objective #3 (Target/Future State)*

Please include a numerical target whenever possible, and the date that you expect to hit the target (see example above).

By August 1st, 2024, well will engage with a minimum of 100 people at risk for overdose and provide direct access to naloxone and overdose prevention education to lower the ED visits at Madras St. Charles.

Baseline Data for Objective #3 (Current State)*

Please provide information that indicates where you are starting (current state data) as it relates to your SMART Objective.

NA

Objective Description #4

What is trying to be accomplished?

SMART Objective #4 (Target/Future State)

Please include a numerical target whenever possible, and the date that you expect to hit the target (see example above).

Baseline Data for Objective #4 (Current State)

Please provide information that indicates where you are starting (current state data) as it relates to your SMART Objective.

Objective Description #5

What is trying to be accomplished?

SMART Objective #5 (Target/Future State)

Please include a numerical target whenever possible, and the date that you expect to hit the target (see example above).

Baseline Data for Objective #5 (Current State)

Please provide information that indicates where you are starting (current state data) as it relates to your SMART Objective.

Objective Description #6

What is trying to be accomplished?

SMART Objective #6 (Target/Future State)

Please include a numerical target whenever possible, and the date that you expect to hit the target (see example above).

Baseline Data for Objective #6 (Current State)

Please provide information that indicates where you are starting (current state data) as it relates to your SMART Objective.

Part Five: Project Evaluation and Sustainability

Evaluation*

How will you measure what your project plans to do?

We will measure what our project plans by utilizing data collection materials to capture the number of people we engage with and the amount of naloxone and education material we provided during outreach events. Additionally, we have access to regional epidemiologist who can provide surveillance support as needed and can monitor the Electronic Surveillance System for the Early Notification Community-based Epidemics (ESSENCE) which is what emergency departments (ED) use to document patient's ED visits.

Outcome*

How will you know if and how people are better off because of your project?

We will know if people are better off by the harm reduction program monitoring tool, direct feedback from the participants, partners and stakeholders.

Sustainability*

How will your project continue after this funding?

We will continue to seek sustainable funding for this project from other sources and will educate and train participants during outreach events on other ways to obtain naloxone (i.e., harm reduction services at public health, pharmacy) as well as safer using methods that they can share with others and themselves to continue overdose prevention efforts beyond this project.

Best Practice*

What, if any, are the emerging best practices and/or evidence-based guidelines upon which the project is based?

Please write

Best practices that we practice for harm reduction program and outreach include involving our participants in the design, implementation, and delivery. We create meaningful engagement with mindfulness, listen without judgment and respecting their boundaries. We are center our program to be useful, effective and respect the autonomy of our participants.

Fidelity*

If your program is evidence-based or best practice, will it be reviewed for fidelity?

Please write

Our harm reduction program uses a monitoring tool that ensures the privacy of our participants by coding their identification to ensure autonomy of the participant. This allows us to track program engagement such as referrals, services, program feedback, and requests for the program (i.e., syringe preference).

Part Six: Project Support and Partnerships**Project Collaboration & Partnerships***

Please share how community partners have worked together in the development of this project, and plan to continue throughout its duration.

Support and sustainability should be clearly demonstrated through letters of understanding, money support, matching, in-kind support, or volunteer support.

N/A

Optional: Community Support Letter / Data Support #1

Optional: Community Support Letter / Data Support #2

Optional: Community Support Letter / Data Support #3

Optional: Community Support Letter / Data Support #4

Optional: Community Support Letter / Data Support #5

Part Seven: Budget Information

Project Budget*

Please download the Central Oregon Health Council's budget document, found [here](#). After downloading and completing the budget document, please upload it below.

JCPH_Naloxone Access- COHC-Project-Budget (1).xlsx

Funding Request - Year One*

\$25,000.00

Funding Request - Year Two

Funding Request - Year Three

Funding Request - Year Four

Funding Request - Year Five

Funding Match*

Are you seeking any funding matches or additional contributions to support your project? If so, provide the organization/entity name that will be providing the match.

If you are not seeking a match, please write

N/A

Funding Match Amount (if not applicable, leave blank)

Part Eight: Follow-Up Questions and/or Supplemental Information

Follow-up questions and/or supplemental information

*This section is to be used **ONLY IF** you received follow-up questions.*

Please use this space to provide the answers to all questions you may have received.

- *Please make every effort to type or copy the answers into the text box below.*
- *In the event that you have documentation such as flow-charts or graphics that you would like to provide that will not copy into a text box, you may use the file upload to attach.*
- *If you have multiple attachments, they will need to be scanned together and uploaded as one file.*

Process Following Submission

Application Files

Applicant File Uploads

- JCPH_Naloxone Access- COHC-Project-Budget (1).xlsx

Project Budget

Total Requested Project Funds from COHC:

Personnel Costs: Position (FTE dedicated to

Name	this project)	Salary	Benefits	Total Cost	Amount Requested
Trent Titus	Peer Prev Sp @ .3 FTE	14,930	8,240	23,170	23,170
				0	
				0	
				0	
Sub-Total: Personnel		\$ 14,930.00	\$ 8,240.00	\$ 23,170.00	\$ 23,170.00

Materials & Supplies

	Total Cost	Amount Requested
Sub-Total: Materials & Supplies	\$ -	\$ -

Travel Expenses

	Total Cost	Amount Requested
Mileage for outreach	200	200
Sub-Total: Travel Expenses	\$ 200.00	\$ 200.00

Consultants & Contracted Services

	Total Cost	Amount Requested
Sub-Total: Consultants & Contracted Services	\$ -	\$ -

Meeting Expenses

	Total Cost	Amount Requested
Sub-Total: Meeting Expenses	\$ -	\$ -

Professional Training and Development

	Total Cost	Amount Requested
Sub-Total: Professional Training and Development	\$ -	\$ -

Other Budget Items

	Total Cost	Amount Requested
County Indirect @ 6.98%	\$ 1,630.00	\$ 1,630.00
Sub-Total: Other Budget Items	\$ 1,630.00	\$ 1,630.00

Total Project Budget \$ 25,000.00 \$ 25,000.00