BOARD OF COUNTY COMMISSIONERS FOR COLUMBIA COUNTY, OREGON

Wednesday, June 10, 2015
10:00 a.m. - Room 308

BOARD MEETING AGENDA

CALL TO ORDER/FLAG SALUTE

Minutes, April 29, 2015 Board meeting;
Minutes, April 29, 2015 Staff meeting;
Minutes, May 6, 2015 Board meeting;
Minutes, May 6, 2015 Staff meeting;
Minutes, May 13, 2015 Board meeting;
Minutes, May 13, 2015 Staff meeting;
Minutes, May 27, 2015 Board meeting;
Minutes, May 27, 2015 Staff meeting;
Minutes, June 3, 2015 Board meeting;
Minutes, June 3, 2015 Staff meeting

VISITOR COMMENTS - 5 MINUTE LIMIT

CONSENT AGENDA:

(A) Ratify the Select to Pay for week of 6/8/15.

(B) Order No. 29-2015, "In the Matter of Allowing Audio Amplification for the Wapato Valley Church Event at Big Eddy Park".

AGREEMENTS/CONTRACTS/AMENDMENTS:

(C) Amendment #4 to the Oregon Department of Education Early Learning Division 2013-2015 Intergovernmental Agreement No. 9783, COL 1315 and authorize the Chair to sign.

(D) Amendment #16 to the Oregon Health Authority 2013-2015 Agreement #142058 for the Financing of Public Health Services and authorize the Chair to sign.

DISCUSSION ITEMS:

COMMISSIONER HEIMULLER COMMENTS:

COMMISSIONER HYDE COMMENTS:

COMMISSIONER FISHER COMMENTS:

EXECUTIVE SESSION:

Pursuant to ORS 192.640(1), the Board of County Commissioners reserves the right to consider and discuss, in either open session or Executive Session, additional subjects which may arise after the agenda is published.

COLUMBIA COUNTY COURTHOUSE ART PROJECT
RELEASE AGREEMENT

THIS AGREEMENT is by and between Cecelia Nunn Hanck, hereinafter referred to as "Artist", and Columbia County, a political subdivision of the State of Oregon, hereinafter referred to as "County".

1. TERM. This Agreement shall be effective on the date last signed, below, and shall continue until terminated, as set forth in Paragraph 7, below.

2. LICENSE. Columbia County hereby grants to Artist a license to enter upon, occupy, and use the Columbia County Courthouse, located at 230 Strand Street, St. Helens, Oregon, 97051, ("premises") at pre-arranged scheduled times, subject to the terms and conditions set forth herein, for the purpose of hanging for display one or more pieces of Art (the "Art"). Artist may advertise the sale of the Art on a sign no larger than 2" x 3", which shall include contact information for the Artist. Access to the Art by Artist shall be limited to normal business hours, Monday-Friday, excluding holidays and other closure days.

3. PLACEMENT OF ART. The County reserves the right to determine the exact placement of the Art on the premises. The County will hang the art in the designated display area. Artist agrees to pay any out of the ordinary costs to hang or display the art. Artist agrees to comply with all rules established by the County related to placement of the Art.

4. COUNTY NOT AN AGENT. In no event shall the County act as an agent for the Artist with respect to the exhibition or sale of the Art. The County will not field inquiries into the possible sale of the Art. Artist is responsible to place accurate contact information and sale price on the Art. Artist must remove the Art immediately upon sale to a third party. Third parties are not permitted to remove the Art from the premises.

5. INSURANCE. The County shall in no event be responsible for the safekeeping of the Art. The County will not insure the Art. Artist shall insure against a loss at the value of the Art. Artist agrees to hold the County, its officers, agents, and employees harmless from any loss or damage to the Art at all times during the term of this Agreement.

6. HOLD HARMLESS. Artist agrees to indemnify, defend, save and hold harmless the County, its officers, agents or employees, from any and all claims, suits or actions of any nature, including claims of injury to any person or persons or of damage to property caused directly or indirectly by reason of error, negligence, or wrongful act by Artist, its officers, agents and/or employees arising out of the performance of this agreement. This indemnity does not apply to claims, suits or actions arising out of the negligent acts or omissions of the County, its officers, agents or employees.

7. TERMINATION. This Agreement may be terminated by either party upon 24 hours notice. Upon termination, Artist must remove the Art from the premises immediately.

8. REPRESENTATIVES. Any notice required to be given under this agreement shall be given to the following representatives:

9. Description of artwork: 6 Framed Paintings.

FOR COUNTY

Earl Fisher, Commissioner
230 Strand Street
St. Helens, Oregon 97051
503-397-4322

FOR ARTIST

Cecelia Nunn Haack
53067 NW Olephu Dr
Scappoose OR 97056
503.318.4480

ARTIST

BY: Cecelia Nunn Haack
Print: Cecelia Nunn Haack
Date: 5/28/15

BOARD OF COUNTY COMMISSIONERS
FOR COLUMBIA COUNTY, OREGON

By: _____
Chair

By: _____
Commissioner

By: _____
Commissioner

Date: _____

Approved as to form

By: _____
Office of County Counsel

RETURN OF ART

The Art, which is the subject of this Agreement, has been returned to the Artist's possession on this ___ day of _____, 2011. This Agreement is hereby terminated.

_____
Artist

_____
County Representative

BEFORE THE BOARD OF COUNTY COMMISSIONERS

FOR COLUMBIA COUNTY, OREGON

In the Matter of Allowing Audio Amplification for the Wapato Valley Church Event at Big Eddy Park	)))	**ORDER NO. 29- 2015**

WHEREAS, the Columbia County Forest, Parks and Recreation Rules and Regulations prohibit the use of audio amplification in any County Park, including Big Eddy, without the express permission of the Board of County Commissioners; and

WHEREAS, the Wapato Valley Church has reserved all of the camp sites at Big Eddy Park for July 31 to August 2, 2015, as shown on their Facility Use Application and Agreement, attached hereto as Exhibit A and incorporated herein by this reference; and

WHEREAS, the Wapato Valley Church has requested a waiver of the Parks rule prohibiting audio amplification in order to amplify music and guest speakers on the evenings of July 31st and August 1st and speakers and worship services on the morning of August 2nd, as described in Exhibit B, attached hereto and incorporated herein by this reference; and

WHEREAS, the Columbia County Parks Department recommends that the Board grant a waiver of the no-amplification rule provided that all amplified sound be directed toward Highway 47, away from neighboring residences, and that amplification not be allowed after sundown.

NOW, THEREFORE, IT IS HEREBY ORDERED that the Wapato Valley Church is granted permission to use audio amplification for their event at Big Eddy Park on July 31st through August 2nd, as described in Exhibits A and B, subject to the following conditions:

1) Audio amplification shall be directed toward Highway 47, away from neighboring residences; and

2) Audio amplification shall not be permitted after sundown.

DATED this _____ day of June, 2015.

BOARD OF COUNTY COMMISSIONERS
FOR COLUMBIA COUNTY, OREGON

By: _____
Henry Heimuller, Chair

Approved as to form

By: _____
Anthony Hyde, Commissioner

By: _____
Office of County Counsel

By: _____
Earl Fisher, Commissioner

Ready

EXHIBIT A

COLUMBIA COUNTY FORESTS, PARKS AND RECREATION

FACILITY USE APPLICATION & AGREEMENT

Return to: Columbia County Forests, Parks and Recreation, 1054 Oregon Street, St. Helens, OR 97051

APPLICATION & PERMIT FOR FACILITY USE	
Full Name: Wapato Valley Church	Organization: Wapato Valley Church
Address: P.O. Box 570	Phone (h): — (w): 503-985-3351 (c): 971-832-1156
City: Gaston State: OR Zip Code: 97119	E-mail: frontdesk@wapatovalley.org
EVENT INFORMATION	
Type (wedding, organized group camp, etc.)	Estimated Attendance: 70-85
Arrival Date and Time: July 31, 2015 @ 2 pm or later	Departure Date and Time: Aug 2, 2015 by noon
Do you plan to serve alcohol? ☐ Yes ☑ No Do you plan to sell alcohol? ☐ Yes ☑ No If so, when (date and time)? NOTE: Alcohol is not allowed at park facilities without prior approval. To serve alcohol, you must sign the following Rental Conditions Agreement and submit proof of the required insurance which is accepted/approved by County Counsel.	Contact Person (day/s of event): Susan Dixon Contact Person Phone #: 971-832-1156
REQUESTED PARK OR FACILITY Hudson-Parcher Park	**REQUESTED AREA(S) RESERVED** See email invoice

OK to follow

I certify that the above information is true and accurate.

Applicant Signature: Susan J Dixon Date: 4-24, 2015

RENTAL CONDITIONS AGREEMENT

In consideration of permission to use the park facility, the applicant agrees to the following terms and conditions:

1. General
   a) Reservations will be accepted on a first-come, first-served basis.
   b) A reservation request will not be accepted and processed without a thoroughly completed application.
   c) Reservations will be confirmed only after County staff have approved the application.

2. Rental Fee
   a) Refer to "Facility Reservation Rates" sheet for fees or contact Columbia County Parks for fee information.
   b) Rental fee is due at the time of reservation.
   c) Cancellation Terms: **Group Camping Fees (equal to one night's stay) are non-refundable. Wedding packages are non-refundable. A $10.00 handling fee will be deducted from all refunds.**

3. Insurance Requirement – The Applicant must have liability insurance for the entire event and must provide proof of insurance satisfactory to the County as described in the attached "Insurance Requirements - Frequently Asked Questions" **at least 60 days prior to your event.**

4. Activities Requiring Board of Commission Approval
   a) Proposed activities deemed hazardous by Columbia County park staff will require the approval of the Columbia County Board of Commissioners before being allowed in the requested park site.

Rec'd 5/4/15

5. Compliance With Columbia County Park Rules
   a) Columbia County reserves the right to establish rules for the use and occupancy of park sites and facilities covered by this application.
   b) The Applicant agrees to comply with the established park rules and insure that guests/invitees are made aware of and also comply with the park rules.

6. Hold Harmless Agreement
   "I, the undersigned applicant, agree to release, defend, indemnify and hold harmless Columbia County, its officers, agents, and employees, successors and assigns from all claims, suits, actions, liability, damage, loss, cost or expense, including but not limited to attorney fees, that Columbia County, its officers, agents, and employees, successors and assigns may sustain or incur on account of: 1) any damage to or destruction of any property that Columbia County may own or in which it may have an interest; 2) any damage to or destruction of any property belonging to any other person, firm or corporation; and 3) injury to or death of any person or persons as a result of any errors or omissions or other negligent, reckless or intentionally wrongful acts of Applicant, its officers, agents, and employees, members and/or invited guests arising in any manner out of Applicant's use of such facilities."

7. Notice pursuant to ORS 105.688
   Any fee paid as part of this application is for the reservation of the specific area, at the specific time, and for the specific recreational use identified in this application. Pursuant to ORS 105.682 and ORS 105.688(4), Columbia County is not liable in contract or tort for any personal injury, death or property damage that arises out of the use of the park for any other recreational purposes, during any other time, or in any other area of the park.

By signing this application I certify that I have read and understand the terms and conditions of this agreement.

Applicant Signature: Susan Dejon Date: 4-24, 2015

Columbia County
Forests, Parks and Recreation Director: Date: 05/06, 2015

OFFICE USE ONLY

Rental Fee: $ _____ Deposit Received: $ _____ Date: _____, 20__

Use Approved: ✓ Use Denied: ____ By: GC Date: 05/06, 2015

Proof of insurance received and accepted this____day of_____, 20____.

_____
Office of County Counsel

Updated 4/8/13

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/21/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
James Reed & Assoc. Insurance
915 Lancaster Dr. SE
Salem, OR 97301

CONTACT NAME: Bailey Talbot
PHONE (A/C, No, Ext): (503) 588-8229 FAX (A/C, No): (503) 588-9440
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC#
INSURER A: Brotherhood Mutual Ins Co	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
Wapato Valley Church
PO Box 570
Gaston, OR 97119

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-JECT LOC	X		36M5A0354727	09/16/12	09/16/15	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 300,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 3,000,000
							PRODUCTS - COMP/OP AGG	$ 3,000,000
								$
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	$
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $						EACH OCCURRENCE	$
							AGGREGATE	$
								$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					WC STATUTORY LIMITS OTHER	
							E.L. EACH ACCIDENT	$
							E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Columbia County, its officers, agents and employees are named as Additional Insureds with respect to the Family Camp-Out to be held at Hudson-Parcher Park July 31st - August 2nd, 2015.

CERTIFICATE HOLDER
Columbia County, Oregon
230 Strand, Room 318
St. Helens, OR 97051

CANCELLATION
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
Bailey Talbot

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Rec'd 4/29/15

This Liability Coverage Endorsement is subject to the **terms** of the Commercial Liability Coverage Form (GL-100) and the Liability and Medical Coverage Form (BGL-11). Only one liability coverage (Principal, Supplemental, or Additional) will apply to an **occurrence** and any **related loss**. This endorsement is attached to and made part of the policy.

THIS INSURANCE ENDORSEMENT FORMS PART OF YOUR POLICY CONTRACT.
PLEASE READ IT CAREFULLY.

COMMERCIAL LIABILITY COVERAGE PROVISION MODIFICATION

DESIGNATED ADDITIONAL INSURED(S)

AGREEMENT

We provide the modified coverage described in this endorsement (BGL-150), but only if it is properly designated in the **declarations**, and only with respect to the Additional Insured(s) designated on the schedule(s) attached to this endorsement.

PROVISION MODIFICATION

With respect to the Additional Insured(s) and the Applicable Coverages designated on any schedule attached to this endorsement, Condition 7 of the Conditions section of the Commercial Liability Coverage Form (GL-100) and Condition 11 of the Conditions section of the Liability and Medical Coverage Form (BGL-11) are deleted and replaced by the following:

7. **Subrogation Rights** - If **we** make payment under any liability coverage or any medical coverage, **we** reserve the right to require from all applicable **insureds**, and from anyone to whom or on whose behalf **we** pay, an assignment of their right of recovery. Upon **our** request, such person or entity must transfers to **us** their right of recovery against any party responsible for the injury, and must assist **us** in **our** attempt to recover any amounts **we** have paid under the liability coverage or the medical coverage. **We** are not liable under any liability coverage or any medical coverage if any person has impaired **our** right to recover.

   Waiver of Subrogation Rights - An **Insured** may waive **our** right to recover against an Additional Insured named in an endorsement properly designated in the **declarations**, provided the waiver is made on a properly issued Certificate of Insurance and is issued before an **occurrence** takes place.

11. **Additional Insureds** - With respect to any person or entity shown on any schedule attached to the Commercial Liability Coverage Provision Modification - Designated Additional Insured(s) endorsement (BGL-150), we will provide the Applicable Coverages shown on any applicable schedule to the Additional Insured named in that particular schedule. Any Applicable Coverages shown on the schedule are provided only to the extent that any Additional Insureds shown on any applicable schedule are legally liable for the acts of **you**, **your leader**, **your** employee or **your appointed person**, as defined in relation to an Applicable Coverage shown on that particular schedule. Any Applicable Coverages granted to an Additional Insured by this endorsement and attached schedule(s) are strictly subject to the **terms** of the policy.

    The **limit** of coverage provided to any Additional Insured(s) designated on any schedule attached to this endorsement will be the lesser of:

    a. the **limit** shown on the particular schedule for any Applicable Coverage provided to that

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This Liability Coverage Endorsement is subject to the **terms** of the Commercial Liability Coverage Form (GL-100) and the Liability and Medical Coverage Form (BGL-11). Only one liability coverage (Principal, Supplemental, or Additional) will apply to an **occurrence** and any **related loss**. This endorsement is attached to and made part of the policy.

THIS INSURANCE ENDORSEMENT FORMS PART OF YOUR POLICY CONTRACT.
PLEASE READ IT CAREFULLY.

COMMERCIAL LIABILITY COVERAGE PROVISION MODIFICATION

DESIGNATED ADDITIONAL INSURED(S)

AGREEMENT

We provide the modified coverage described in this endorsement (BGL-150), but only if it is properly designated in the **declarations**, and only with respect to the Additional Insured(s) designated on the schedule(s) attached to this endorsement.

PROVISION MODIFICATION

With respect to the Additional Insured(s) and the Applicable Coverages designated on any schedule attached to this endorsement, Condition 7 of the Conditions section of the Commercial Liability Coverage Form (GL-100) and Condition 11 of the Conditions section of the Liability and Medical Coverage Form (BGL-11) are deleted and replaced by the following:

7. **Subrogation Rights** - If **we** make payment under any liability coverage or any medical coverage, **we** reserve the right to require from all applicable **insureds**, and from anyone to whom or on whose behalf **we** pay, an assignment of their right of recovery. Upon **our** request, such person or entity must transfers to **us** their right of recovery against any party responsible for the injury, and must assist **us** in **our** attempt to recover any amounts **we** have paid under the liability coverage or the medical coverage. **We** are not liable under any liability coverage or any medical coverage if any person has impaired **our** right to recover.

   Waiver of Subrogation Rights - An **Insured** may waive **our** right to recover against an Additional Insured named in an endorsement properly designated in the **declarations**, provided the waiver is made on a properly issued Certificate of Insurance and is issued before an **occurrence** takes place.

11. **Additional Insureds** - With respect to any person or entity shown on any schedule attached to the Commercial Liability Coverage Provision Modification - Designated Additional Insured(s) endorsement (BGL-150), we will provide the Applicable Coverages shown on any applicable schedule to the Additional Insured named in that particular schedule. Any Applicable Coverages shown on the schedule are provided only to the extent that any Additional Insureds shown on any applicable schedule are legally liable for the acts of **you**, **your leader**, **your** employee or **your appointed person**, as defined in relation to an Applicable Coverage shown on that particular schedule. Any Applicable Coverages granted to an Additional Insured by this endorsement and attached schedule(s) are strictly subject to the **terms** of the policy.

    The **limit** of coverage provided to any Additional Insured(s) designated on any schedule attached to this endorsement will be the lesser of:

    a. the **limit** shown on the particular schedule for any Applicable Coverage provided to that

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Additional Insured; or

b. the amount of coverage required to be provided to the Additional Insured under any applicable contract or agreement;

except that the **limit** of coverage provided by this endorsement shall never be greater than the limits indicated on the **declarations**

The **limit** of coverage that applies to the Additional Insured will be a shared **limit** of coverage (shared with all other **insureds** under the Applicable Coverage of the policy). Nothing in this provision will act to increase any **limit** of the policy.

No coverage will be provided to any Additional Insured in relation to:

a. any liability incurred by an Additional Insured, other than tort liability; or

b. liability that is incurred prior to the date that **we** provide an applicable coverage to **you**, or that is incurred after a previously-applicable coverage terminates; or

c. any independent acts, errors or omissions of any Additional Insured.

Any coverage provided to the Addtional Insured designated on the schedule in this endorsement will be primary and non-contributory in relation to other insurance provided to them on a primary basis by another policy.

Nothing in this endorsement will act to increase any **limits** of coverage, or to in any way modify any **terms** of the policy other than the **terms** specified herein.

LIMITATION

The coverage provided by this endorsement does not apply to liability arising solely out of the activity of any additional insured, or arising out of any operations other than **your** operations.

OTHER PROVISIONS

All other provisions of the applicable Commercial Liability Coverage Form (GL-100) and the Liability and Medical Coverage Form (BGL-11) apply to the Additional Coverages of this endorsement, unless otherwise modified herein.

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EXHIBIT B

Golson, Teresa <teresa.golson@co.columbia.or.us>

Family Camp July 31- Aug. 2

1 message

Susan Dixon <sdixon@wapatovalley.org> Wed, May 27, 2015 at 12:42 PM
To: Teresa Golson <Teresa.Golson@co.columbia.or.us>

Hi Teresa,

I checking to see if we are up to date with everything. I believe I mailed (not e-mailed) the insurance papers to you a month back.

We also need to request amplification permission as we have done the past 3 years.
Here is the request:

"Dear Columbia County Parks,

Wapato Valley Church requests the use of amplification during our visit to Hudson-Parcher Park on July 31 - Aug. 2, 2015.

We wish to set up near site #19 , since it is near a play area and most of our tent campers are right there. We wish to use it for about an hour early Friday evening for a time of music and welcome, again on Saturday evening for about 1 1/2 hours (before dark) for a guest speaker after dinner, and finally on Sunday morning after breakfast for a speaker/worship service (1 1/2 hours).

We would keep the volume at an appropriate level so as not to disturb any other campers in the area. We appreciate your consideration.

Thank you,
Susan Dixon"

--
Susan Dixon
Office Administrator
Wapato Valley Church, 212 Front St. Gaston, OR
503-985-3351
www.wapatovalley.org

OREGON OFFICE OF EMERGENCY MANAGEMENT

GRANT COVER SHEET: FY15 EMPG

Agency: Columbia County
Address: 230 Strand St. St. Helens, Oregon 97051
Project Name: **FY15 Emergency Management Performance Grant**

Federal Funds Requested: $ 151,924.00 (50%)

Matching Funds: $ 15,924.00 (50%)

Total Project Funds: $ 303,848.00 (100%)

Program Contact: Vincent Aarts

Address/Phone/Email:

230 Strand St. St. Helens, Oregon 97051
503-366-3933
Vincent.aarts@co.columbia.or.us

Fiscal Contact: Jennifer Cuellar

Address/Phone/Email:

230 Strand St. St. Helens, Oregon 97051
503-366-7257
Jennifer.cuellar@co.columbia.or.us

Agency Federal Tax Identification Number: 93-6002288

Agency Data Universal Numbering System (DUNS) Number: 094-299-625
To obtain a DUNS number for your agency, please go to the D&B website at: http://fedgov.dnb.com/webform, or call the DUNS Number request line at 1-866-705-5711.

Completed required registration in Systems Awards Management (SAM): YES ☒ VA (initial)
(your DUNS number is a required field to start your SAM registration)
CAGE Number: 57Y05 (found within your completed SAM)
To register in SAM, please go to SAM website at www.sam.gov/portal/public/SAM/.

My jurisdiction has a property/equipment tracking and monitoring system in place that complies with the requirements set forth in 44CFR Section 13. ☒YES ☐NO _____ (initial)

An EHP Screening Memo is included for any equipment items included in our budget. ☐YES ☒ N/A

Authorized Official for the Agency: _____

Signature of authorized official Date

Emergency Management Performance Grant (EMPG)
Eligibility Verification and Checklist
FY2015 Grant Application

Directions: Place an "X" or check mark in each box as you answer the question or complete the listed item. All yellow highlighted underlined boxes require an answer – either a date or number of staff members.

This document is to verify Columbia County meets all criteria for eligibility to apply for the EMPG grant:

☒ Have a dedicated emergency manager.
  ☒ Number of hours worked weekly: 40.0
☒ NIMS compliant as of 11/30/14 for FY15 funding.
  ☒ ***New applicant must demonstrate NIMS Compliance via hard copy documentation during FY15 to be eligible for grant funding. (Contact OEM NIMS POC for assistance).***
☒ EOP is current, promulgated, and on file at OEM.
  Date: May 2010; updated 2015
☒ EOP consistent with Comprehensive Preparedness Guide (CPG) 101.
☒ Natural Hazard Mitigation Plan (NHMP) current and FEMA approved.
  Date: September 2014
  ☐ ***New applicant must complete in FY14 to be eligible for grant funding if not already in place.***
☒ Identified/Functional Emergency Operations Center.
☒ Have an established incident command structure.

This further verifies that all required work plan elements have been scheduled for the fiscal year:

Planning

☒ Update of jurisdictional Hazard Analysis.
☒ Convene natural hazards committee at least twice a year.
☒ Complete NIMS Assessment.
☒ Complete Capability Assessment Tool.
☒ Identify and submit potential PA applicants.
☒ One (1) additional Planning activity selected.

Training

- ☒ Complete a minimum of 20 hours of emergency management related training.
  Number of staff who need to meet requirement: 1
- ☒ Complete NIMS training.
  Number of staff who need to meet requirement: 1
- ☒ Complete Professional Development Series.
  Number of staff who need to meet requirement: 1

Exercise

- ☒ Quarterly exercises scheduled.
- ☒ Full scale exercise scheduled.
- ☒ Submission of EMERS, After Action Reports, and Corrective Actions and Improvement Plans scheduled.
- ☒ Quarterly updates scheduled to report on status of corrective action/improvement plan action items.
- ☒ EMPG funded staff are scheduled to participate in three (3) exercises.
  Number of staff who need to meet requirement: 1
- ☒ TEPW attendance scheduled.

Other

- ☒ Budget
- ☒ Signed Cover Sheet
- ☐ Completed EHP(s), if applicable
- ☐ City/County Collaboration and Review, *if applicable*
  County #1: _____
  County #2: _____
  City #1: _____
  City #2: _____

Person Completing Form (print name): Vincent Aarts

Agency: Columbia County _____Email: Vincent.aarts@co.columbia.or.us

Signature: _____ Date: _____

2015 Emergency Management Performance Grant (EMPG) - Detailed Budget

12 Month Budget (July 1, 2015 - June 30, 2016)

For Agency: *Columbia County*

Personnel (include both position and name for each individual to be reimbursed with EMPG funds)

Position Title	Employee Name	Annual Salary	Annual Benefits	Total Cost	EMPG Grant FTE	EMPG Match FTE	Other FTE	Total FTE	Total EMPG Cost (Grant + Match)
EM Director	To be hired	81,636	36,161	117,797	0.50	0.50		1.00	117,797
HSEMC Coordinator	Vincent Aarts	59,196	35,495	94,691	0.50	0.50		1.00	94,691
				0				0.00	0
				0				0.00	0
				0				0.00	0
				0				0.00	0
Total Personnel		140,832.00	71,655.70	212,488	1.00	1.00	0.00	2.00	212,488

Services & Supplies	EMPG Grant	EMPG Match	Total Cost
General Office Supplies	4,318	4,318	8,635
Other Supplies (Public Ed, Rental,Flyers,Educational Materials)	300	300	600
Rent	0	0	0
Phone	4,200	4,200	8,400
Other Utilities (Electricity, Natural Gas, Water, Garbage)	1,191	1,191	2,382
Contractual /Professional Services (Janitorial)	3,842	3,842	7,683
Maintenance Costs (Radios, Computers)	1,250	1,250	2,500
Travel/Vehicle Expenses/Mileage	1,763	1,763	3,525
Training/Workshops/Conferences	2,125	2,125	4,250
County Cost Allocations (Administrative Services Allocation, GL and Property Insurance, Columbia Alert	22,143	22,143	44,285
Other (AmeriCorps Service Program)	4,450	4,450	9,100
Total Services & Supplies	45,580	45,580	91,360

Equipment	EHP Screening Memo Attached	AEL #	Quantity	Unit Cost	Total Cost	EMPG Grant Funds	EMPG Match Funds	Total Cost
Limited to approved EMPG AEL - List each item separately								
					0			0
					0			0
					0			0
Total Equipment					0	0	0	0

Total Budget	**303,848**

Each position/person listed above MUST complete the minimum 20 hours of training, NIMS and PDS courses AND participate in 3 exercises per grant guidance

Name of Emergency Management Director, if not EMPG funded and listed above:

_____

MULTI-YEAR TRAINING AND EXERCISE PLAN (TEP)

Jurisdition: Columbia County

Directions: Once you have identified the required quarterly exerisies for FY15 and FY16, list any training identified which your jurisdiction may need to successfully prepare for and complete your exercises. Identify at least one Core Capabilityto be tested per exercise.

State Fiscal Year 2015			
QUARTER	EXERCISE TYPE, HAZARD & DATE IF KNOWN	TRAINING NEEDED TO PREPARE FOR EXERCISE	PRIMARY CORE CAPABILITY TO BE TESTED (SELECT ONE)
7/1-9/30/15	FE 7/7-9/2015	MGT-346: EOC Planning	Common: Operational Coordination
10/1-12/31/15	DR 10/23/2015 Flood	Inter County IDA transmission: IS-201	Respone: Operational Communications
1/1-3/31/16	TTE Flood	COOP workshop: Boldplanning refresher	Common: Planning
4/1-6/30/16	FE 6/6-9/2016 Earthquake	Cascadia Rising: multiple	Common: Operational Coordination

State Fiscal Year 2016			
QUARTER	EXERCISE TYPE, HAZARD & DATE IF KNOWN	TRAINING NEEDED TO PREPARE FOR EXERCISE	PRIMARY CORE CAPABILITY TO BE TESTED (SELECT ONE)
7/1-9/30/16	TTE winterstorm	IS-2001	Mitigation: Threat & Hazard ID
10/1-12/31/16	TTE Landslide	IS-806 and IS-405	Response: Mass Care Services
1/1-3/31/17	FE flood	WebEOC refresher	Response: Situational Assessment
4/1-6/30/17	DR Haz Mat		Respone: Operational Communications

State of Oregon
FY2015 EMPG Subgrantee Work Plan
Columbia County

Quarter:

- [x] Annual Submission
- [ ] First (due 10/15/15)
- [ ] Second (due 1/15/16)
- [ ] Third (due 4/15/16)
- [ ] Fourth (due 7/15/16)

County/City Review Completed (If Applicable):

- [ ] Annual Submission
- [ ] First (due 10/15/15)
- [ ] Second (due 1/15/16)
- [ ] Third (due 4/15/16)
- [ ] Fourth (due 7/15/16)

EMF #: 4.6 – Planning - General

Objectives:

1. Develop, revise, or enhance emergency management plans and annexes in support of disaster response and recovery. *These plans and annexes are identified and addressed in the Project Work Sheets and aligned with the applicable eligible FEMA Planning category.*
2. Subgrantees will identify potential Public Assistance (PA) applicants to be mapped into RAPTOR for use during emergencies.
3. Subgrantees will update their Hazard Analysis using OEM's methodology.
4. Subgrantees will convene two Natural Hazard Mitigation Planning (NHMP) meetings.
5. Subgrantees will complete the Capability Assessment Tool.
6. Subgrantees will complete the NIMS Assessment.

Core Capabilities Addressed: Planning, Operational Coordination, Threat and Hazard Identification, Risk and Disaster Resilience Assessment

Performance Measure and Basis of Evaluation: Performance will be measured by the quarterly completion of the benchmarks outlined in this Project Work Sheet and the final completion of these specific projects:

1. Plans and/or Annexes are developed, revised, updated, and exercised, as outlined in the Planning Project Work Sheet
2. Potential PA applicants are identified and entered into RAPTOR.
3. Local/Tribal Hazard Analyses are updated.
4. Two NHMP meetings were conducted.
5. OEM's Capability Assessment Tool completed.
6. NIMS Assessment completed.

Challenges/Risks:

1. Local EOPs are being written by a contractor overseen by OEM.
2. Quarterly meetings could be cancelled.

State of Oregon
FY2015 EMPG Subgrantee Work Plan
Columbia County

Mandatory Planning Activities for State and Subgrantees:

4.6.01 ☒ EOP current, promulgated, and submitted to OEM.

Date Subgrantee Submitted to OEM: _____

4.6.02B ☒ Update of the jurisdictional *Hazard Analysis* using OEM's Methodology
Applies to all subgrantees with a Hazard Analysis dated prior to January 1, 2014

Date Submitted to OEM: _____

4.6.03 ☒ Natural Hazard Mitigation Plan (NHMP) current and FEMA approved.

Date of FEMA approval: _____

4.6.04 ☒ Convene at least two Natural Hazard Mitigation Plan (NHMP) committee meetings

Mandatory Planning Activities for Subgrantees:

4.6.05 ☒ Complete OEM's annual Capability Assessment Tool. (due in November 2015)

4.6.06 ☒ Complete NIMS Assessment. (due in November 2015)

4.6.07 ☒ Identify potential Public Assistance (PA) applicants, submit list to OEM for inclusion in RAPTOR.

The State and Subgrantees must complete at least one (1) additional activity from the below list. Note: These are the only FEMA approved Planning Activities for which EMPG funding may be used.

4.6.08 **Emergency Management/Operations Plans**
- ☐ Modifying existing incident management and emergency operations plans
- ☐ Developing/enhancing large-scale and catastrophic event incident plans

4.6.09 **Communications Plans**
- ☐ Developing and updating Statewide Communication Interoperability Plans
- ☐ Developing and updating Tactical Interoperability Plans

4.6.10 **Continuity/Administrative Plans**
- ☐ Developing/enhancing COOP/COG Plans
- ☐ Developing/enhancing financial and administrative procedures for use before, during, and after disaster events in support of a comprehensive emergency management program

4.6.11 **All-of-Nation/Whole Community Engagement/Planning**

- ☐ Developing/enhancing emergency operations plans to integrate citizen/volunteer and other non-governmental organization resources and participation
- ☐ Engaging the whole community in public education and awareness activities
- ☐ Planning to foster public-private sector partnerships, including innovation for disasters initiatives that support the mission areas identified in the Goal
- ☐ Executing an America's PrepareAthon! activity to engage the whole community in a hazard-specific activity on the National Day of Action
- ☐ Establishing a Citizen Corps Council that brings together representatives of the whole community to provide input on emergency operations plans, risk assessments, mitigation plans, alert and warning systems, and other plans; assist in outreach and education of community members in preparedness activities; and build volunteer capability to support disaster response and recovery
- ☐ Delivering the CERT Basic Training Course and supplemental training for CERT members who have completed the basic training, the CERT Train-the-Trainer Course, and the CERT Program Manager course
- ☐ Developing or enhancing mutual aid agreements/compacts, including required membership in EMAC

4.6.12 **Resource Management Planning**

- ☐ Developing/Enhancing logistics and resource management plans
- ☐ Developing/Enhancing volunteer and/or donations management plans

4.6.13 **Evacuation Planning**

- ☐ Developing/enhancing evacuation plans, including plans for: alerts/warning, crisis communications, pre-positioning of equipment for areas potentially impacted by mass evacuations, sheltering, and re-entry.

4.6.14 **Pre-disaster and Post-disaster Recovery Plans**

- ☐ Disaster housing planning, such as creating/supporting a state disaster housing task force and developing/enhancing state disaster housing plans.
- ☐ Pre-event response/recovery/mitigation plans in coordination with state, local, and tribal governments
- ☐ Developing/enhancing other response and recovery plans
- ☐ Developing recovery plans and preparedness programs consistent with the principles and guidance in the National Disaster Recovery Framework (NDRF) that will provide the foundation for recovery programs and whole-community partnerships.

4.6.15	**Federal (and Mutual Aid) Emergency Response Official (F/ERO) Credentialing and Validation** ☐ Working group meetings and conferences relating to emergency responder credentialing and validation ☐ Compiling data to enter into an emergency responder repository ☐ Coordinating with other State, local, and tribal partners to ensure interoperability among existing and planned credentialing and validation systems and equipment ☐ Planning to incorporate emergency responder identity and credential validation into training and exercises

State of Oregon
FY2015 EMPG Subgrantee Work Plan
Columbia County

Planning Activity: EMF 4.6: Planning				
Qtr	**Project Title** **Tasks (Specific activities to be done to complete the project)**	**Staff assigned to complete**	**% Completed/Comments**	**Date Completed**
2	**4.6.05 - Complete NIMS Tool**	**V. Aarts**		
2	**4.6.06 - Complete OEM's Capability Assessment Tool**	**V. Aarts**		
2	**4.6.04 - Conduct First Natural Hazard Mitigation Planning Meeting**	**V. Aarts**		
3	**4.6.04 - Conduct Second Natural Hazard Mitigation Planning Meeting**	**V. Aarts**		
3	**4.6.07 - PA Applicants List** 1. Contact potential applicants for POC information 2. Develop list 3. Submit to OEM	**V. Aarts**		
3	**4.6.02B - Update Hazard Analysis** 1. Submit to OEM	**V. Aarts**		
4	**4.6.01 – EOP current, promulgated, and submitted to OEM**	**V. Aarts**		
4	**4.6.10 – Continuity/Administrative Plans**	**V. Aarts**		
4	**4.6.03 – Natural Hazard Mitigation Plan (NHIMP) Current and FEMA approved**	**V. Aarts**		
	Project Title Task 1 Task 2 Task 3			
	Project Title Task 1 Task 2 Task 3			
	Project Title Task 1			

State of Oregon
FY2015 EMPG Subgrantee Work Plan
Columbia County

Planning Activity: EMF 4.6: Planning				
Qtr	**Project Title** **Tasks (Specific activities to be done to complete the project)**	**Staff assigned to complete**	**% Completed/Comments**	**Date Completed**
	Task 2 Task 3			
	Project Title Task 1 Task 2 Task 3			
	Project Title Task 1 Task 2 Task 3			
	Project Title Task 1 Task 2 Task 3			
	Project Title Task 1 Task 2 Task 3			
	Project Title Task 1 Task 2 Task 3			
	Project Title Task 1 Task 2 Task 3			

State of Oregon
FY2015 EMPG Subgrantee Work Plan
Columbia County

Quarter:

- ☒ Annual Submission
- ☐ First (due 10/15/15)
- ☐ Second (due 1/15/16)
- ☐ Third (due 4/15/16)
- ☐ Fourth (due 7/15/16)

County/City Review Completed (If Applicable):

- ☐ Annual Submission
- ☐ First (due 10/15/15)
- ☐ Second (due 1/15/16)
- ☐ Third (due 4/15/16)
- ☐ Fourth (due 7/15/16)

EMF #: 4.13 - Training Program

Objective:

1. Personnel complete mandatory NIMS training.
2. Personnel complete mandatory PDS training.
3. Personnel complete a minimum of 20 hours emergency management related training as outlined in OAR 104 Division 10.
4. Jurisdictions conduct public education and outreach activities.

Core Capabilities Addressed: Situational Awareness, Operational Coordination, Operational Communication

Performance Measure and Basis of Evaluation:

1. NIMS training requirement met.
2. PDS training requirement met.
3. OAR 104: Minimum training requirements of 20 hours a year are met by each EMPG funded staff.
4. Public education activities occur.

Challenges/Risks:

1. Courses can be interrupted by actual events and weather.
2. Courses can be cancelled due to lack of enrollment.
3. Courses may fill up quickly.

Mandatory for ALL EMPG funded personnel:

4.13.1 ☒ Complete a minimum of 20 hours of emergency management related training

Training must be identified in the jurisdictional Training and Exercise Plan (TEP) or be emergency management specific Professional/Career Development.
Report on FY15 EMPG Training and Exercise Spreadsheet, Training Attended tab

4.13.2 ☒ Complete NIMS training (IS-100, 200, 700 and 800)

4.13.3 ☒ Complete Professional Development Series (PDS)

4.13.4 ☒ Report public education and outreach activities
Report on FY15 EMPG Training and Exercise Spreadsheet, Cumulative Public Education and Outreach tab

State of Oregon
FY2015 EMPG Subgrantee Work Plan
Columbia County

EMF #: 4.13 - Training Program				
QTR	**Project Title** **Tasks (Specific activities to be done to complete the project)**	**Staff assigned to complete**	**Comments**	**Date Completed**
1	**4.13.3 - All EMPG funded staff complete PDS courses**	**V. Aarts**		
1	**4.13.2 - All EMPG funded staff complete NIMS required courses**	**V. Aarts**		
1-4	**4.13.1 - All EMPG funded staff attend 20 hours Emergency Management Related Training**	**V. Aarts**	**Reported on Training and Exercise Spreadsheet, "Training Attended" tab**	
1-4	**4.13.4 - Report on Public Education and Outreach activities**	**V. Aarts**	**Reported on Training and Exercise Spreadsheet, "Public Ed & Outreach" tab**	
	Project Title Task 1 Task 2 Task 3			
	Project Title Task 1 Task 2 Task 3			
	Project Title Task 1 Task 2 Task 3			
	Project Title Task 1 Task 2 Task 3			
	Project Title Task 1 Task 2 Task 3			

State of Oregon
FY2015 EMPG Subgrantee Work Plan
Columbia County

Quarter:

- ☒ Annual Submission
- ☐ First (due 10/15/15)
- ☐ Second (due 1/15/16)
- ☐ Third (due 4/15/16)
- ☐ Fourth (due 7/15/16)

County/City Review Completed (If Applicable):

- ☐ Annual Submission
- ☐ First (due 10/15/15)
- ☐ Second (due 1/15/16)
- ☐ Third (due 4/15/16)
- ☐ Fourth (due 7/15/16)

EMF #: 4.14 - Exercises, Evaluations and Corrective Actions - General

Objective:

1. OEM will oversee and implement a statewide comprehensive exercise program to assess and evaluate emergency plans and capabilities through:

   - Subgrantee will conduct four quarterly exercises.
   - Subgrantee will conduct an annual full scale exercise.
   - Subgrantee will do document after action reports and submit improvement plans.
   - Subgrantee will participate in annual Training and Exercise Planning Workshop (TEPW).
   - Subgrantee will update their two year exercise plan via the TEP.
   - EMPG funded staff will participate in three exercises.

Core Capabilities Addressed: Operational Coordination, Operational Communication, Public Information & Warning, Planning, Situational Assessment, Mass Care Services, Public & Private Services and Resources, Community Resilience, Public Health and Medical Resources

Performance Measure and Basis of Evaluation: Develop, conduct, and evaluate exercises to test policies, plans, procedures, equipment, and to validate training.

1. Subgrantee completed required quarterly exercises.
2. Subgrantee completed required annual full scale exercise.
3. Annual TEPW conducted and updated TEP submitted to OEM.
4. Actual Occurrences and Special Events documented and reported.
5. After Action Reports and Corrective Action/Improvement Plans developed and submitted.
6. Staff participated in at least three exercises.

Challenges/Risks:

1. Actual event may cause cancellation of a planned exercise.
2. Exercise partners may have to withdraw from exercise participation.

4.14.1 ☒ Develop and conduct quarterly exercises
Report on FY15 EMPG Training and Exercise Spreadsheet, Jurisdiction Exercises Conducted tab

4.14.2 ☒ Develop and conduct annual full scale exercise
Report on FY15 EMPG Training and Exercise Spreadsheet, Jurisdiction Exercises Conducted tab

4.14.3 ☒ Submit EMERS within 30 days, and After Action Reports and Corrective Action/Improvement Plans within 60 days, of event.

4.14.4 ☒ Track and report status of Corrective Action/Improvement Plan action items

Report on FY15 EMPG Training and Exercise Spreadsheet, Corrective Action tab ***– OR –*** *utilize a current jurisdictional specific one and attach to work plan*

4.14.5 ☒ Report on Amateur Radio equipment tests, if conducted
Report on FY15 EMPG Training and Exercise Spreadsheet, ARES Activity tab

4.14.6 ☒ EMPG funded staff must participate in three exercises.
Report on FY15 EMPG Training and Exercise Spreadsheet, Cumulative Exercise Report tab

4.14.7 ☒ Participate in annual Training and Exercise Planning Workshop (TEPW), update local TEP.

State of Oregon
FY2015 EMPG Subgrantee Work Plan
Columbia County

EMF #: 4.14 - Exercises, Evaluations and Corrective Actions - General				
Qtr	**Project Title** **Tasks (Specific activities to be done to complete the project)**	**Staff assigned to complete**	**Comments**	**Date Completed**
1	**4.14.1 - Quarterly Exercise** 1. Develop exercise 2. Conduct exercise 3. Complete EMERS report 4. Write AAR/IP 5. Submit required documents to OEM	**V. Aarts**	**Reported on Training and Exercise Spreadsheet, "Jurisdiction Ex Conducted" tab**	
2	**4.14.1 - Quarterly Exercise** 1. Develop exercise 2. Conduct exercise 3. Complete EMERS report 4. Write AAR/IP 5. Submit required documents to OEM	**V. Aarts**	**Reported on Training and Exercise Spreadsheet, "Jurisdiction Ex Conducted" tab**	
3	**4.14.7 - Attend TEPW Workshop** 1. Update Local TEP 2. Submit to OEM	**V. Aarts**		
3	**4.14.1 - Quarterly Exercise** 1. Develop exercise 2. Conduct exercise 3. Complete EMERS report 4. Write AAR/IP 5. Submit required documents to OEM	**V. Aarts**	**Reported on Training and Exercise Spreadsheet, "Jurisdiction Ex Conducted" tab**	
4	**4.14.1 - Quarterly Exercise** 1. Develop exercise 2. Conduct exercise 3. Complete EMERS report 4. Write AAR/IP 5. Submit required documents to OEM	**V. Aarts**	**Reported on Training and Exercise Spreadsheet, "Jurisdiction Ex Conducted" tab**	
1-4	**4.13.3 - Unplanned/Unscheduled Exercises (list these quarterly upon completion):** 1. Complete EMERS report 2. Write AAR/IP 3. Submit required documents to OEM 4. Request exercise substitution in writing, if applicable	**V. Aarts**	**Reported on Training and Exercise Spreadsheet, "Jurisdiction Ex Conducted" tab**	

State of Oregon
FY2015 EMPG Subgrantee Work Plan
Columbia County

EMF #: 4.14 - Exercises, Evaluations and Corrective Actions - General				
Qtr	**Project Title** **Tasks (Specific activities to be done to complete the project)**	**Staff assigned to complete**	**Comments**	**Date Completed**
1-4	**4.13.3 - Actual Occurrences (list these quarterly upon completion):** 1. Complete EMERS report 2. Write AAR/IP 3. Submit required documents to OEM 4. Request exercise substitution in writing, if applicable	**V. Aarts**	**Reported on Training and Exercise Spreadsheet, "Jurisdiction Ex Conducted" tab**	
1-4	**4.14.6 - EMPG funded staff participate in 3 Exercises** 1. Track local staff 2. Report status quarterly	**V. Aarts**	**Reported on Training and Exercise Spreadsheet, "Exercises Attended" tab**	
1-4	**4.14.5 - Report on Amateur Radio equipment tests**	**V. Aarts**	**Reported on Training and Exercise Spreadsheet, "ARES" tab**	
1-4	**4.14.2 - Develop and conduct annual full scale exercise**	**V. Aarts**	**Report on FY15 EMPG Training and Exercise Spreadsheet, "Jurisdiction Exercises Conducted" tab**	
1-4	**4.14.4 – Track and report status of Corrective Action/Improvement Plan action items**	**V. Aarts**	**Report on FY15 EMPG Training and Exercise Spreadsheet, Corrective Action tab –OR- utilize a current jurisdictional specific one and attach to work plan.**	
	Project Title Task 1 Task 2 Task 3			
	Project Title Task 1 Task 2 Task 3			

Oregon Department of Education

Kate Brown, Governor

Office of Finance and Administration Services
Procurement Services
255 Capitol St NE, Salem, OR 97310
Voice: 503-947-5600 ~ Fax: 503-378-5156

May 18, 2015

Columbia County Courthouse
Board of Commissioners
230 Strand St., Room 331
St. Helens, OR 97045

RE: Amendment 4 to Oregon Department of Education (ODE) Agreement #9783 or COL1315

Enclosed please find Amendment 4 to ODE Agreement #9783 or COL1315. This Amendment was requested by Erin Deahn, Early Learning Divisions Statewide Coordinator for Healthy Families Oregon at the Oregon Department of Education. This Amendment extends the term and provides additional funding to support the extension.

If the terms of the Amendment are acceptable please provide authorizing signature where indicated on page 2 of the Amendment. Please return the document at your earliest convenience to my attention, preferably within ten (10) business days. If you choose you may scan and send the Amendment to me via email to karen.hull@state.or.us or by facsimile to 503.378.8713. Either form is acceptable. I have also sent this Amendment to your attention via email as a pdf file. Please disregard the electronic version if you prefer the mailed hard copy.

When all required signatures have been obtained, a copy of the fully executed Amendment will be provided to your attention.

Please contact me immediately if you have any questions or concerns regarding this Amendment or its process.

Respectfully,

Karen L. Hull

Karen L. Hull, CPPB, OPBC
Procurement & Contract Specialist
Office of Finance & Administration
Phone: 503-947-5881
FAX: 503-378-8713 or 503-378-5156
Email: karen.hull@state.or.us

j:\karen hull's documents\early learning division\mixed funds 2013-2015\#9783 a4 columbia county mixed.docx
cc: contract file

OREGON DEPARTMENT OF EDUCATION
EARLY LEARNING DIVISION 2013-2015
COUNTY INTERGOVERNMENTAL AGREEMENT #9783 or COL1315 AMENDMENT #4
"Mixed Funds Agreement"

This is Amendment No. 4 to ODE Agreement No. 9783 or COL1315 (as amended from time to time, the "Agreement") between the State of Oregon, acting by and through its Department of Education on behalf of its Early Learning Division ("Agency) and **Columbia County** ("County") a political subdivision of the State of Oregon. The Agreement is dated June 20, 2013; this Amendment is effective as of the last date it is signed below (the "Effective Date").

1. This Amendment shall be effective on the last date the Amendment has been signed by every party and when required, approved in accordance with applicable laws, rules and regulations, including any federal approval and approval for legal sufficiency by the State of Oregon, Department of Justice.

2. The Agreement is hereby amended as follows with **new language indicated by underlining** and **[deleted language is indicated by brackets]**:

A) AGREEMENT, Section 1 is revised as follows:
This Agreement is effective on the later of July 1, 2013, or the date it has been fully executed by every party and, when required, approved by the Oregon Department of Justice. Unless extended or terminated in accordance with its terms, this Agreement terminates on [June 30, 2015] **September 30, 2015.** This Agreement may be extended for additional time, with a maximum term of four years. Agency will provide to the Contractor written notice of intent to extend the Agreement in the form of an Amendment.

B) EXHIBIT B, FUNDING AREA DESCRIPTIONS, SECTION A, subsection 1 is revised as follows:
1. **Healthy Start**. Healthy Start activities are described in OAR 423-010-0024(6) and [OAR 423-045-0015] OAR 414-525-0015.

C) EXHIBIT C, AWARD, is revised as follows:

FUNDING AREA	GENERAL FUND	FEDERAL FUNDS	CFDA NUMBER
1. Healthy Start	**[$255,387]** **$285,927**		

EXPLANATION OF AWARD

The Award set forth above reflects the maximum amount of financial assistance Agency will provide to County under this Agreement in support of Activities in the specified Funding Area. The CFDA (Catalog of Federal Domestic Assistance) Number specifies the source of federal funds as follows: CFDA Number 93.556 specifies Title IV-B(2), Social Service Act, Subpart 2, Family Preservation and Family Support Services Program, funds.

3 Except as expressly amended above, all other terms and conditions of original Agreement are still in full force and effect. County certifies that the representations, warranties and certifications contained in the original Agreement are true and correct as of the effective date of this Amendment and with the same effect as though made at the time of this Amendment.

COUNTY, BY EXECUTION OF THIS AMENDMENT, HEREBY ACKNOWLEDGES COUNTY HAS READ THIS AMENDMENT, UNDERSTANDS IT, AND AGREES TO BE BOUND BY ITS TERMS AND CONDITIONS.

COUNTY: YOU WILL NOT BE PAID FOR SERVICES RENDERED PRIOR TO NECESSARY STATE APPROVALS

COUNTY

By:	Title:	Date:
Printed Signature	E-Mail Address:	

AGENCY

Authorized Signature:	Title:	Date:

Approved for Legal Sufficiency per ORS 291.047 *(Required for contracts in excess of $150,000, unless exempt.)*

Matter Number: 581070-GF0472-15 Per email: Authorized Signature: **David J. Elott**	Title: Assistant Attorney General	Date: May 15, 2015

FAXED OR ELECTRONIC SIGNATURES ARE ACEPTABLE

Agreement #142058

SIXTEENTH AMENDMENT TO OREGON HEALTH AUTHORITY
2013-2015 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 Sixteenth Amendment to Oregon Health Authority 2013-2015 Agreement for the Financing of Public Health Services (the "Agreement") is between the State of Oregon acting by and through its Oregon Health Authority ("OHA"), Columbia County ("County"), and The Public Health Foundation of Columbia County, an Oregon non-profit public benefit corporation ("LPHA"), the entity County has contracted with, pursuant to ORS 431.375(2), to act as the local public health authority in County.

RECITALS

WHEREAS, OHA, County, and LPHA wish to modify the Financial Assistance Award set forth in Exhibit C of the Agreement.

AGREEMENT

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.

1. Section 1 of Exhibit C entitled "Financial Assistance Award", "Financial Assistance Award for the period July 1, 2014 to June 30, 2015" only of the Agreement is hereby superseded and replaced in its entirety by Attachment 1 attached hereto and incorporated herein by this reference. Attachment 1 must be read in conjunction with Section 4 of Exhibit C, entitled "Explanation of Financial Assistance Award" of the Agreement.

2. The current total award amount as of this Amendment is: **$1,604,596.00**.

3. County represents and warrants to OHA that the representations and warranties of County set forth in Section 2 of Exhibit E of the Agreement are true and correct on the date hereof with the same effect as if made on the date hereof.

4. LPHA represents and warrants to OHA that the representations and warranties of LPHA set forth in Section 2 of Exhibit E of the Agreement are true and correct on the date hereof with the same effect as if made on the date hereof.

5. Capitalized words and phrases used but not defined herein shall have the meanings ascribed thereto in the Agreement.

6. Except as amended hereby, all terms and conditions of the Agreement remain in full force and effect.

7. The parties affirm and ratify the Agreement as herein amended.

8. 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.

9. This Amendment becomes effective on the date of the last signature below.

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

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

10. SIGNATURES.

STATE OF OREGON ACTING BY AND THROUGH ITS OREGON HEALTH AUTHORITY (OHA)

By: _____
Name: Priscilla Lewis
Title: Deputy Public Health Director

Date: _____

COLUMBIA COUNTY (COUNTY)

By: _____

Name: _____

Title: _____

Date: _____

THE PUBLIC HEALTH FOUNDATION OF COLUMBIA COUNTY (LPHA)

By: _____

Name: _____

Title: _____

Date: _____

DEPARTMENT OF JUSTICE – APPROVED FOR LEGAL SUFFICIENCY
Approved by D. Kevin Carlson, Senior Assistant Attorney General on June 30, 2014. Copy of emailed approval on file at OHA, OC&P.

OHA PUBLIC HEALTH ADMINISTRATION

Reviewed by:_____
Name: Carole Yann *(or designee)*
Title: Program Support Manager

Date: _____

REVIEWED:
OFFICE OF CONTRACTS & PROCUREMENT (OC&P)

By: _____
Name: Phillip G. McCoy, OPBC, OCAC
Title: Contract Specialist

Date: _____

Attachment 1 to Amendment #16 to Agreement #142058
Financial Assistance Award for the period July 1, 2014 to June 30, 2015

State of Oregon
Oregon Health Authority
Public Health Division

1) Grantee	**2) Issue Date**	**This Action**
Name: Public Health Foundation of Columbia County	May 19, 2015	AMENDMENT FY2015
Street: P. O. Box 995	**3) Award Period**	
City: St. Helens	From July 1, 2014 Through June 30, 2015	
State: OR Zip Code: 97051		

4) OHA Public Health Funds Approved

Program	Previous Award	Increase/ (Decrease)	Grant Award
PE 01 State Support for Public Health	54,711	0	54,711
PE 03 TB Case Management	508	0	508 (o)
PE 05 Health Impact Assessment	11,250	0	11,250 (l)
PE 09 Public Health -- Ebola -- Emergency Preparedness	2,391	0	2,391
PE 12 Public Health Emergency Preparedness	80,994	0	80,994
PE 13 Tobacco Prevention & Education	69,706	0	69,706
PE 40 Women, Infants and Children FAMILY HEALTH SERVICES	218,646	0	218,646 (a,b,e,f)
PE 41 Reproductive Health Program FAMILY HEALTH SERVICES	35,603	0	35,603 (c,p)
PE 42 MCH/Child & Adolescent Health -- General Fund FAMILY HEALTH SERVICES	5,438	0	5,438 (d,m)
PE 42 MCH-TitleV -- Child & Adolescent Health FAMILY HEALTH SERVICES	5,756	0	5,756 (d,n)
PE 42 MCH-TitleV -- Flexible Funds FAMILY HEALTH SERVICES	13,432	0	13,432 (d,n)
PE 42 MCH/Perinatal Health -- General Fund FAMILY HEALTH SERVICES	2,899	0	2,899 (d,m)

5) FOOTNOTES:

a) July -September grant is $59,186 ; and includes $11,837 of minimum Nutrition Education: and $2,698 for Breastfeeding Promotion.
b) October-June grant is $159,461 ; and includes $31,892 of minimum Nutrition Education amount and $8,095 for Breastfeeding Promotion.
c) $21,621 is Title X funds for FY2015: $5,982 is Title V funds for FY2015.
d) Funds will not be shifted between categories or fund types. The same program may be funded by more than one fund type, however, Federal funds may not be used as match for other Federal funds (such as Medicaid).
e) $5,332 represents year-end one-time funding to local agencies.
f) $700 represents fresh fruit and veggies grant to local agencies
g) $60,000 increase is for SBHC Phase II planning award.
h) $159,000 is School Based Health Clinic Base Funds.
i) Roll over of unspent FY2014 planning funds and additional FY2015 planning grant awards

6) 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**

State of Oregon
Oregon Health Authority
Public Health Division

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Program	Previous Award	Increase/ (Decrease)	Grant Award
PE 42 Babies First FAMILY HEALTH SERVICES	9,487	0	9,487
PE 42 Oregon MothersCare FAMILY HEALTH SERVICES	2,672	0	2,672 (n)
PE 43 Immunization Special Payments FAMILY HEALTH SERVICES	14,248	0	14,248
PE 44 School Based Health Centers -- BASE	159,000	1,053	160,053 (k,q)
PE 44 School Based Health Centers -- PLANNING	63,334	0	63,334 (i)
PE 44 School Based Health Centers -- Mental Health	83,642	0	83,642 (j)
PE 50 Safe Drinking Water Program	46,934	0	46,934
TOTAL	880,651	1,053	881,704

5) FOOTNOTES:

j) Amendment adds the roll over of unspent Fiscal Year 2014 Mental Health grant funds and adds additional Fiscal Year 2015 funds.
k) $118,584 decrease is correcting an error in the funding formula from the September amendment.
l) LPHA is not required to submit the Public Health Revenue and Expenditure report for HIA.
m) Effective July 2014, payments to LPHA's are state/Medicaid 50% split (cfda #93.778 for July through June 2015
n) Effective July 2014, payments to LPHA's are state/Medicaid 50% split (cfda #93.778 for July through Dec 2014. Payments for January 2015 through June 2015 are from cfda 93.994
o) Award reduction due to reduced availability of funds in calendar year 2015.
p) $8,000 increase this amendment is a one-time, lump sum payment for the Health IT Grant.
q) $1,053 Award increase is for participation in the billing and coding training. Program will send specific award details to participating agencies.

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