



OREGON

"Delivering Excellence Everyday"

MARION COUNTY BOARD OF COMMISSIONERS

Wednesday, September 2, 2026
Board Session 9:00 a.m.

Senator Hearing Room
555 Court Street NE, Salem

PUBLIC COMMENT

PROCLAMATION

HEALTH AND HUMAN SERVICES

1. Consider approval of a proclamation designating the month of September 2026 as Suicide Prevention Awareness Month in Marion County. –Laura Sprouse and Kelly Martin

CONSENT

ASSESSOR'S OFFICE

2. Approve the Intergovernmental Agreement (IGA) with the Oregon Department of Administrative Services (DAS) in the not-to-exceed amount of \$300,000 for DAS to provide the county with document publishing, processing, and mailing services for property tax statements through June 30, 2029.

BOARD OF COMMISSIONERS

OLCC License – Recommended Approval

3. Summit Ridge Wines, LLC – Salem, Oregon

BUSINESS SERVICES

4. Approve an invoice with Cannon Cochran Management Services, Inc. (CCMSI) for workers' compensation claims expenses in the amount of \$143,633.80 for the month of July 2026.

COMMUNITY AND ECONOMIC DEVELOPMENT

5. Approve Amendment #1 to the Memorandum of Understanding (MOU) between the Marion County Board of Commissioners and the Marion County Community and Economic Development Department, formerly known as Marion County Community Services, to reduce federal American Rescue Plan Act (ARPA) funding in the amount of \$1,500,000 for a new MOU total of \$1,500,000 to allow the county to maximize the ARPA funding for the Detroit Marina Excavation and Resiliency Project before the federal expenditure deadline of December 31, 2026.

HEALTH AND HUMAN SERVICES

6. Approve Amendment #1 to the Contract for Services with Metro West Ambulance, Inc., to add \$60,000 for a new not-to-exceed contract total of \$120,000 to continue to provide secure, non-emergency transportation services for individuals transitioning from the Oregon State Hospital (OSP) to a secure residential treatment facility through September 30, 2027.

HUMAN RESOURCES

7. Approve the recommendation to update the classification and uphold the current pay grade for class codes #164, Juvenile Probation Case Aide; #203, GAP Case Manager; #620, Victim Assistance Manager; update the classification and adjust the pay grade upward for class codes #032, Accounting Specialist; #036, Chief Accountant; #358, Safety Specialist; #621, Victim Assistance Program Coordinator; #624, Victim Assistance Advocate; and establish and adopt class codes #187, Administrative Services Coordinator; and #278, Corrections Health Program Manager. The approximate annualized base wage total for the filled positions before the adjustment is \$1,192,880, compared with \$1,228,635 after the adjustment, resulting in a total annualized base wage increase of \$35,755.

8. Approve the health insurance plan renewal rate recommendations for the Marion County Law Enforcement Association (MCLEA), the Federation of Oregon Parole and Probation Officers (FOPPO), the Marion County Sheriff Sergeants Association (MCSSA) employee group; and the Marion County (MC) employee group for Calendar Year (CY) 2027.

SHERIFF'S OFFICE

9. Approve Amendment #2 to the Contract for Services with Greystone Tactical, to update the entity from Greystone Partners, Inc., dba, Greystone Tactical, to First Responder Outfitters, Inc., dba, Greystone Tactical, and update the contract language to reflect the entity updates retroactive to July 1, 2026, through December 31, 2027.

ACTION

BOARD OF COMMISSIONERS

Board Appointment – Intellectual and Developmental Disabilities Advisory Committee

10. Consider approval of an order appointing Laura Hollaway to the Marion County Intellectual and Developmental Disabilities Advisory Committee (IDDAC) with a term ending June 30, 2030. –Karin Perkins

Recess as Board of Commissioners.

Convene as Brooks Community Service District Governing Body.

BROOKS COMMUNITY SERVICE DISTRICT GOVERNING BODY

CONSENT

PUBLIC WORKS

1. Approve the Intergovernmental Agreement (IGA) between the Brooks Community Service District (BCSD) and Chemeketa Community College in the estimated amount of \$450,000, to establish the terms and conditions under which Chemeketa will supply, and the BCSD will purchase, raw well water for distribution to BCSD customers in the unincorporated community of Brooks, Oregon with an ending term date of 10 years from the effective date.

Adjourn as Brooks Community Service District Governing Body.

Reconvene as Board of Commissioners.

PUBLIC HEARINGS

Starting no earlier than 9:00 a.m.

None.

Members of the public may submit written testimony by email to PublicHearings@co.marion.or.us For agenda items where in-person testimony is allowed, the public may sign up to provide testimony by telephone by emailing PublicHearings@co.marion.or.us at least 24 hours before the meeting. The email must specify the meeting date/time and agenda topic for which testimony is being submitted. For telephone testimony requests, the email must also include your name and the phone number that staff should use to call you at the appropriate time.

If you require interpreter assistance, an assistive listening device, large print material or other accommodations, call 503-588-5212 at least 48 hours in advance of the meeting. TTY 503-588-5168 Si necesita servicios de interprete, equipo auditivo, material copiado en letra grande, o cualquier otra acomodacion, por favor llame al 503-588-5212 por lo menos 48 horas con anticipacion a la reunion. TTY 503-588-5168 Marion County is on the Internet at: www.co.marion.or.us



MARION COUNTY BOARD OF COMMISSIONERS

Board Session Agenda Review Form

Meeting date: Wednesday, September 2nd, 2026

Department: Health & Human Services

Title: Proclamation recognizing September 2026 as Suicide Prevention Month in Marion County

Management Update/Work Session Date: 8/11/2026 Audio/Visual aids ☐

Time Required: 15 Contact: Laura Sprouse Phone: 503-798-8682

Requested Action: We are seeking approval for a Proclamation on 9/2/26 recognizing September as National Suicide Prevention Awareness Month. We are sharing our theme of "Connect to Hope" to recognize this important issue for the month of September.

Issue, Description & Background: MCHHS is sharing our theme of "Connect to Hope to recognize this important issue for the month of September. Suicide is the 8th leading cause of death in Oregon and the 11th leading cause of death in the US, and has a tragic and complex impact on our communities. MCHHS aspires to a future in which our community is free of suicide by promoting awareness of resources and hope.

Financial Impacts: None

Impacts to Department & External Agencies: Positively impacts department, other agencies and community by helping all of Marion County recognize the value and importance of: suicide prevention, intervention and postvention strategies; local services and resources that support individuals who experience thoughts of suicide; and the County's ongoing dedication to suicide prevention efforts and providing access to mental health care.

List of attachments: Powerpoint presentation, proclamation

Presenter: Laura Sprouse & Kelly Martin

Department Head Signature: TGregg Digitally signed by TGregg
Date: 2026.08.18 11:46:45 -07'00'

**BEFORE THE BOARD OF COMMISSIONERS
FOR MARION COUNTY, OREGON**

In the matter of proclaiming the month of September 2026, as Suicide Prevention Awareness Month in Marion County.

PROCLAMATION

This matter came before the Marion County Board of Commissioners at its regularly scheduled public meeting on Wednesday, September 2, 2026.

WHEREAS, mental health is a key component to holistic wellness for individuals of all ages, families, and communities across Marion County; and

WHEREAS, suicide is a tragic outcome of many complex factors and requires our immediate action, consistent attention, and appropriate resources for prevention, intervention, and postvention efforts; and

WHEREAS, suicide is the 8th leading cause of death in Oregon and the 10th leading cause of death in the United States, and there are an estimated 2.2 million suicide attempts yearly in the United States; and

WHEREAS, it is estimated that each death by suicide directly impacts over 135 other individuals including family members, friends, loved ones, and by extension the entire community; and

WHEREAS, the stigma associated with mental health, suicide, and lived experiences with these topics works against suicide prevention by discouraging individuals at risk for suicide from seeking timely, appropriate, and life-saving help; and

WHEREAS, Marion County Health and Human Services continues to implement the Zero Suicide initiative to drive systemic change, remove stigma, and support healthy communities, with the bold vision of zero suicides within our community; and

WHEREAS, the Marion County Health and Human Services, Mental Health Promotion and Suicide Prevention Program aims to support the mental health and well-being of our community through thoughtful outreach and collaborative, impactful, and sustainable partnerships; and

WHEREAS, people experiencing mental health concerns and/or thoughts of suicide need an understanding, empathic, and encouraging place of belonging as they seek support; and

WHEREAS, Marion County Health and Human Services is committed to building such spaces of belonging, connection, and safety to support those experiencing thoughts of suicide; and

WHEREAS, every person and organization has an essential role in supporting suicide prevention, reducing stigma, and saving lives; and

WHEREAS, Marion County Health and Human Services will continue to foster relationships with community partners to spread recovery, wellness, and prevention efforts throughout our communities; and

WHEREAS, Marion County Health and Human Services encourages our communities to “Connect to Hope” when in need of mental health support; now, therefore,

IT IS HEREBY PROCLAIMED that the month of September 2026, is Suicide Prevention Awareness Month in Marion County.



DATED at Salem, Oregon, this 2nd day of September 2026.

MARION COUNTY BOARD OF COMMISSIONERS

Chairperson _____

Commissioner _____

Commissioner _____



Marion County
OREGON
Health & Human Services

Suicide Prevention Awareness Month

September 2026



Safety and Self-Care Reminder

- Suicide and mental health can be difficult to talk about
 - no matter how much experience you have
- Please reach out for support if you need it!
- Marion County Behavioral Health Crisis Center
 - 1234 Commercial St SE, Salem
 - Phone: 503-585-4949
 - 24/7/365 support

**NO JUDGMENT.
JUST HELP.**

TEXT, CALL, CHAT

988

988 | SUICIDE & CRISIS
LIFELINE



Marion County Data

- In 2024, 67 people died by suicide in Marion County – it is the 8th leading cause of death in the county
- Between 2021-2025, the Central Salem (97301) zip code experienced the highest rates of visits to emergency department or urgent care centers for suicide attempts compared to the rest of the county
- Between 2021-2025, Marion County saw an increase in rate of individual visits to hospitals/urgent care centers for suicide attempts, and this rate is higher than Oregon overall
- In 2025, 8,613 people contacted the 988 Suicide and Crisis Lifeline in Marion and Polk Counties through Northwest Human Services

Sources: Oregon Health Authority, ESSENCE Surveillance System

Columbia Suicide Severity Rating Scale (C-SSRS)



- In May 2026, started implementation of the C-SSRS into EHR system
- Standardized suicide risk assessment for behavioral health clients
- Created protocol for response to risk determination
- By the numbers:
 - 462 Behavioral Health clients screened between June 1 – August 15, 2026
 - ~17% of total active Behavioral Health clients screened

Oregon 988: Connecting to Hope

- Campaign by Oregon Health Authority launched last summer to raise awareness about 988 and support resources
- Emphasizes that 988 isn't just for suicide and mental health crises – it's also for everyday challenges where you may need a little more support
- 988 calls have increased steadily since this campaign

You are more
than this
moment.

988 is more than a crisis line.

Call or text 988



“Small Steps” Program

- Because the suicide mortality rate in Marion County is highest among adults ages 24-65 (working ages), we have done intentional outreach to employers and businesses around 988
- “Small Steps” – what are the small things that businesses can do to support their employees?
- Distributed window clings, cards, and educational materials to over 150 businesses in April and May
- Oregon Health Authority supported this initiative by providing design and printing resources



Community Activities

- Coffee sleeves - fifth year of the campaign
- Tabling events
- Suicide prevention trainings - in the first half of 2026, we trained 169 people in the community
- 988 materials at all Marion County reception desks



Connect with us!

Visit
mvsuicideprevention.com for
more resources and
information

If your business would like
988 materials or to schedule
a mental health awareness/
suicide prevention training,
contact Kelly Martin at
kmartin@co.marion.or.us

Need support?

988 Suicide and Crisis Lifeline

- Call or text 988
- Press 1 for the Veterans Crisis Line
- Chat online at 988lifeline.org

Marion County Behavioral Health Crisis Center

- Call 503-585-4949
- Walk in at 1234 Commercial St SE, Salem

Oregon YouthLine

- Call 877-968-8491
- Text “teen2teen” to 839863
- Chat online at theyouthline.org

Here to listen.
Any time.
Any reason.

Call or text 988





MARION COUNTY BOARD OF COMMISSIONERS

Board Session Agenda Review Form

Meeting date: September 2, 2026

Department: Assessor's Office

Title: DAS Mailing & Printing of Property Tax Statements

Management Update/Work Session Date: August 25, 2026 Audio/Visual aids ☐

Time Required: 5 mins Contact: Tom Rohlfing Phone: 503-373-4312

Requested Action:

The Department is seeking approval of the Intergovernmental Agreement for printing and mailing services provided by DAS.

**Issue, Description
& Background:**

The purpose of this agreement is to reduce document publishing and mailing expenses for public agencies in Oregon by providing access to cost effective and efficient print-to-post technologies and services.

Financial Impacts:

\$300,000 over a period of 3 years

**Impacts to Department
& External Agencies:**

No known impacts

List of attachments:

CRS, Board form, IGA

Presenter:

Tom Rohlfing

**Department Head
Signature:**


Nathaniel Combs (Aug 13, 2026 15:52:20 PDT)

Contract Review Sheet

Intergovernmental Agreement

AO-7227-26

Title: **DAS Mailing & Printing of Property Tax Statements**

Contractor's Name: **Oregon Department of Administrative Services**

Department: **Assessor's Office**

Contact: **Sandra Fixsen**

Analyst: **Sandra Fixsen**

Phone #: **(503) 373-4479**

Term - Date From: **Upon Signatures**

Expires: **June 30, 2029**

Original Contract Amount: **\$ 300,000.00**

Previous Amendments Amount: **\$ -**

Current Amendment: **\$ -**

New Contract Total: **\$ 300,000.00** Amd% **0%**

Outgoing Funds ☐ Federal Funds ☐ Reinstatement ☐ Retroactive ☐ Amendment greater than 25%

Source Selection Method: **50-0010 General Exemptions (IGAs Grants QRFs)**

Description of Services or Grant Award

Intergovernmental Agreement with DAS for printing and mailing of property tax statements.

Desired BOC Session Date: **9/2/2026**

Contract should be in DocuSign by: **8/12/2026**

Agenda Planning Date: **8/20/2026**

Printed packets due in Finance: **8/18/2026**

Management Update: **8/18/2026**

BOC upload / Board Session email: **8/19/2026**

BOC Session Presenter(s) **Tom Rohlfsing**

Code: **Y**

REQUIRED APPROVALS



08/13/2026

Finance - Contracts

Date

Contract Specialist

Date



08/17/2026

Michelle Teed (Aug 17, 2026 11:25:10 PDT)

Legal Counsel

Date



08/17/2026

Jan Fritz (Aug 17, 2026 15:24:39 PDT)

Chief Administrative Officer

Date

INTERGOVERNMENTAL AGREEMENT
Between
MARION COUNTY and OREGON DEPARTMENT OF ADMINISTRATIVE SERVICES
AO-7227-26

1. PARTIES TO AGREEMENT

This Agreement between Oregon Department of Administrative Services, hereafter called Agency, and Marion County, a political subdivision of the state of Oregon, hereafter called County, is made pursuant to ORS 190.110 (Intergovernmental Cooperation).

2. PURPOSE/STATEMENT OF WORK

The purpose of this agreement is to reduce document publishing and mailing expenses for public agencies in Oregon by providing access to cost effective and efficient print-to-post technologies and services. These Services are further described in Section 5.

3. TERM AND TERMINATION

- 3.1 This Agreement shall be effective on the date it has been signed by all parties and all required County approvals have been obtained. The agreement expires June 30, 2029 unless sooner terminated or extended as provided herein.
- 3.2 This Agreement may be extended up to three years by agreement of the parties. Any modifications in the terms of such amendment shall be in writing.
- 3.3 This agreement may be terminated by mutual consent of both parties at any time or by either party upon 30 days' notice in writing and delivered by mail or in person. Any such termination of this agreement shall be without prejudice to any obligations or liabilities of either party already accrued prior to such termination.
- 3.4 County may terminate this agreement effective upon delivery of written notice to Agency or at such later date as may be established under any of the following conditions:
 - 3.4.1 If funding from federal, state, or other sources is not obtained or continued at levels sufficient to allow for the purchase of the indicated quantity of services. This agreement may be modified to accommodate a reduction in funds.
 - 3.4.2 If federal or state regulations or guidelines are modified, changed, or interpreted in such a way that the services are no longer allowable or appropriate for purchase under this agreement or are no longer eligible for the funding proposed for payments authorized by this agreement.
 - 3.4.3 If any license, certificate, or insurance required by law or regulation to be held by Agency to provide the services required by this agreement is for any reason denied, revoked, or not renewed.

- 3.4.4 If Agency fails to provide services called for by this agreement within the time specified herein or any extension thereof.
- 3.4.5 If Agency fails to perform any of the provisions of this agreement or so fails to pursue the work as to endanger the performance of this agreement in accordance with its terms and after written notice from County, fails to correct such failure(s) within 10 days or such longer period as the County may authorize.
- 3.5 Any such termination of this agreement shall be without prejudice to any obligations or liabilities of either party already accrued prior to such termination.

4. FUNDING AND BILLING

- 4.1 The total amount paid under this contract shall not exceed \$300,000.00. Payments under this contract shall be made on a cost reimbursement basis according to the following terms:
 - 4.1.1 Upon submission of job, County will provide P&D with an account number assigned to it by Agency. In the month following job completion, P&D will mail County an invoice for services and postage.
- 4.2 Requests for payment shall be submitted to the County in the month following job completion to the attention of: Marion County Assessor's Office c/o Rachael Estill, PO BOX 14500 Salem, OR 97309. Final invoices are due no later than 30 days after receiving the invoice.

5. OBLIGATIONS UNDER THE TERMS OF THIS AGREEMENT

Agency, through its Publishing and Distribution Division (P&D), will provide to County document publishing, processing and mailing services for property tax statements.

5.1 UNDER THE TERMS OF THIS AGREEMENT, COUNTY SHALL:

- 5.1.1 Make all arrangements necessary to procure and deliver reprinted property tax statement to stock to P&D at Publishing & Distribution at 550 Airport Road SE Suite A, Salem, Oregon. It is understood that no printing can commence until said stock is delivered.
- 5.1.2 Order and arrange for all envelopes needed for mailing to be delivered to P&D no earlier than August 1, but no later than September 1.
- 5.1.3 Provide files for inserts to P&D as mutually agreed upon between county and P&D project coordinator.
- 5.1.4 Provide P&D project coordinator with the projected date when live files are expected to be delivered to P&D no later than the third week of August.
- 5.1.5 Use Secure File Transfer Protocol (SFTP) to timely transfer files to P&D for printing and mailing.

- 5.1.6 Ensure documents contain sequential numbers to aid in audit control.
- 5.1.7 Bear the costs for overtime accrued as a result of the County's failure to meet agreed upon submission time.
- 5.1.8 Bear the responsibility for any errors or omissions made according to the responsibilities set forth above and shall in no way hold P&D financially responsible for the correction of these errors and omissions.
- 5.1.9 Provide printing specifications five calendar days prior to live printing.
- 5.1.10 Testing shall be completed by the third week of September. If lock box testing is required, testing must commence by the third week of August.
- 5.2 UNDER THE TERMS OF THIS AGREEMENT, P&D SHALL:
 - 5.2.1 Printing
 - 5.2.1.1 P&D shall print property tax statements using the data files and property tax statement stock provided by the County.
 - 5.2.1.2 P&D shall store and secure tax statement stock during the printing process.
 - 5.2.1.3 P&D shall print other materials as requested by the County in accordance with established state printing standards and prices.
 - 5.2.2 Processing
 - 5.2.2.1 P&D shall fold and insert statements, and corresponding inserts, so that the address is clearly visible inside the envelope window.
 - 5.2.2.2 To obtain the lowest possible discounted postage rate and in accordance with the USPS rules for automated first-class bar-coded mailings, P&D will pre-sort up to two ounce mail pieces processed under this agreement.
 - 5.2.2.3 Lock box testing is required. Send lock box test to:
555 Court St NE #2242
Salem, OR 97301
 - 5.2.2.4 P&D will use automated inserting equipment to insert single-page tax statements into windowed envelopes.
 - 5.2.2.5 P&D will run all one and two ounce mail pieces through address update software to obtain discounted postage rates.
 - 5.2.3 Trimesters and Delinquents

5.2.3.1 P&D will process County trimester and/or delinquents.

5.2.3.2 Lock box testing is required. Send lock box test to:
555 Court St NE #2242
Salem, OR 97301

5.2.3.3 P&D will hold pre-specified statements for pick-up by County.

5.2.3.4 P&D will use automated inserting equipment to insert single-page tax statements into windowed envelopes.

5.2.4 Mailing

5.2.4.1 Non-Letter size mail pieces will be metered and mailed as single pieces.

5.2.4.2 P&D will store and secure all finished tax statements until the mutually agreed upon mailing date.

5.2.4.3 P&D shall ensure the mailing is delivered to United States Postal Service.

5.2.4.4 All mailing must be completed as specifically requested by County which will be no later than October 25 or sooner as agreed upon by both parties.

5.2.4.5 Any errors omissions which are made according to the responsibilities set forth above shall become the responsibility of P&D and P&D shall in no way hold the County financially responsible for the correction of these errors or omissions.

5.2.5 Deliverables

5.2.5.1 P&D shall ensure that the County requirements are met as set forth in the Statement of Work with a completion date as specified and agreed upon by both parties.

5.2.5.2 P&D shall provide the County with invoices that reflect services and material charges for the tax bill printing and mailing project using published rates.

6. COMPLIANCE WITH APPLICABLE LAWS

The parties agree that both shall comply with all federal, state, and local laws and ordinances applicable to the work to be done under this agreement. The parties agree that this agreement shall be administered and construed under the laws of the state of Oregon.

7. NONDISCRIMINATION

The parties agree to comply with all applicable requirements of Federal and State civil rights and rehabilitation statutes, rules and regulations in the performance of this agreement.

8. HOLD HARMLESS

To the extent permitted by Article XI, Section 7 of the Oregon Constitution and by the Oregon Tort Claims Act, each party agrees to waive, forgive, and acquit any and all claims it may otherwise have against the other and the officers, employees, and agents of the other, for or resulting from damage or loss, provided that this discharge and waiver shall not apply to claims by one party against any officer, employee, or agent of the other arising from such person's malfeasance in office, willful or wanton neglect of duty, or actions outside the course and scope of his or her official duties.

9. INSURANCE

Each party shall insure or self-insure and be independently responsible for the risk of its own liability for claims within the scope of the Oregon tort claims act (ORS 30.260 TO 30.300).

10. MERGER CLAUSE

Parties concur and agree that this agreement constitutes the entire agreement between the parties. No waiver, consent, modification or change to the terms of this agreement shall bind either party unless in writing and signed by both parties. There are no understandings, agreements, or representations, oral or written, not specified herein regarding this agreement. Parties, by the signatures below of their authorized representatives, hereby agree to be bound by its term and conditions.

11. NOTICES

Any notice required to be given the Agency or County under this Agreement shall be sufficient if given, in writing, by first class mail or in person as follows:

For Agency:
Enterprise Goods and Services
Publishing & Distribution
550 Airport Road SE, Suite A
Salem, Oregon 97301-6084

For County:
Assessor's Office
c/o Rachael Estill
PO BOX 14500
Salem, OR 97309
Assessors@co.marion.or.us

12. SIGNATURES

This agreement and any changes, alterations, modifications, or amendments will be effective when approved in writing by the authorized representative of the parties hereto as of the effective date set forth herein.

In witness whereof, the parties hereto have caused this agreement to be executed on the date set forth below.

MARION COUNTY SIGNATURE BOARD OF COMMISSIONERS:

Chair	Date
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Commissioner	Date
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Commissioner	Date
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Authorized Signature: <u></u>	08/13/2026
Department Director or designee	Date

Authorized Signature: <u></u>	08/17/2026
Chief Administrative Officer	Date

Reviewed by Signature: <u></u>	08/17/2026
Marion County Legal Counsel	Date

Reviewed by Signature: <u></u>	08/13/2026
Marion County Contracts & Procurement	Date

OREGON DEPARTMENT OF ADMINISTRATIVE SERVICES

Authorized Signature: _____ Date: _____

Title: _____

BEFORE THE BOARD OF COUNTY COMMISSIONERS
OF MARION COUNTY, STATE OF OREGON

NO. 20174

In the Matter of the Application of

For a recommendation regarding the
application to the Oregon Liquor
Control Commission for

RECOMMENDATION

This matter coming before the Board of County Commissioners on the application of

Summit Ridge Wines LLC for a recommendation to the Oregon
Liquor Control Commission under the provisions of ORS 471.166; and the Board having referred
said application to the Sheriff of Marion County, Oregon, and having the report of said Sheriff that
the applicant has not been convicted of a crime involving a violation of the liquor control laws, or
the gambling laws, or of crimes involving moral turpitude, and that the applicant is of good moral
character, a citizen of the United States of America, and otherwise qualified to be licensed under
the Oregon Liquor Control Act;

IT IS, THEREFORE RECOMMENDED TO THE OREGON LIQUOR CONTROL COMMISSION
that the application of the above be refused _____ granted _____.

Dated at Salem, Marion County, Oregon this _____ day of _____, 20____.

_____ County Commissioner

_____ County Commissioner

1 _____ County Commissioner



OREGON LIQUOR & CANNABIS COMMISSION
Local Government Recommendation – Liquor License

Annual Liquor License Types

Off-Premises Sales	Brewery-Public House
Limited On-Premises Sales	Brewery
Full On-Premises, Caterer	Distillery
Full On-Premises, Commercial	Grower Sales Privilege
Full On-Premises, For Profit Private Club	Winery
Full On-Premises, Non Profit Private Club	Wholesale Malt Beverage & Wine
Full On-Premises, Other Public Location	Warehouse
Full On-Premises, Public Passenger Carrier	

Section 1 – Submission – To be completed by Applicant:

Legal Entity/Individual Applicant Name(s): Summit Ridge Wines LLC

Proposed Trade Name: Summit Ridge Wines LLC

Premises Address: 3491 Brooklake Rd NE

Unit:

City: Salem

County: Marion

Zip: 97303

Application Type: ☒ New License Application ☐ Change of Ownership ☐ Change of Location

License Type: Winery - Non-Consumption ☐ Additional Location for an Existing License

Contact Name: Ray Gannon

Phone: [REDACTED]

Mailing Address: [REDACTED]

City: West Linn

State: OR

Zip: 97068

Email Address: summitridgewines@gmail.com

Please check all that apply to your proposed business operations at this location:

☐ Manufacturing/Production

☐ Retail Off-Premises Sales

☐ Retail On-Premises Sales & Consumption

☒ Administrative and Sales Office (Virtual Winery) - wine production to be performed offsite at OLCC-licensed custom crush winery. Wholesale and DTC distribution from OLCC-licensed bonded warehouse.

If there will be On-Premises Consumption at this location:

☐ Indoor Consumption

☐ Outdoor Consumption

☐ Proposing to Allow Minors

Section 1 continued on next page



Local Government Recommendation – Liquor License

Section 1 Continued – Submission - To be completed by Applicant:

Legal Entity/Individual Applicant Name(s): Summit Ridge Wines LLC

Proposed Trade Name: Summit Ridge Wines LLC

IMPORTANT: You MUST submit this form to the local government PRIOR to submitting to OLCC.
Section 2 must be completed **by the local government** for this form to be accepted
with your CAMP application.

Section 2 – Acceptance - To be completed by Local Government:

Local Government Recommendation Proof of Acceptance

After accepting this form, please return a copy to the applicant with received and accepted information

City or County Name: Marion County

Optional Date Received Stamp

Date Application Received: 4-4-24

Received by: Jeff Archuleta

4:00:26 PM 3-24
Marion County Clerk, Bill Burgess

Section 3 – Recommendation - To be completed by Local Government:

- ☐ Recommend this license be granted
- ☐ Recommend this license be denied (Please include documentation that meets [OAR 845-005-0308](#))
- ☐ No Recommendation/Neutral

Name of Reviewing Official:

Title:

Date:

Signature:

After providing your recommendation and signature, please return this form to the applicant.



OREGON LIQUOR & CANNABIS COMMISSION
BUSINESS INFORMATION – LIQUOR LICENSE

Applicant Name	Summit Ridge Wines LLC	Business Contact	Raymond Gannon
Trade Name	Summit Ridge Wines LLC	Mailing Address	[REDACTED]
Premises Street Address	3491 Brooklake Rd NE Salem, OR 97303	Phone Number	[REDACTED]
License Type	New license: Winery - Non-Consumption	Email Address	summitridgewines@gmail.com

Operating Hours

Day of Week Open Time Closed Time Seasonal Variation Explanation

N/A

Yes ☐

☐ Not open to the public or by appointment only

Seating Count

Restaurant Seating #: N/A Outdoor Seating #: N/A Other Seating #: N/A

☒ No On-Premises Consumption

ENTERTAINMENT

Check all that apply:

- | | |
|--|---|
| ☐ Live Music | ☐ Video Lottery Machines |
| ☐ Recorded Music | ☐ Nude Dancing |
| ☐ DJ Music | ☐ Live Entertainment |
| ☐ Dancing | ☐ Minor Entertainers |
| ☐ Karaoke | ☐ Minor Entertainers in an Area Prohibited to Minors
**Need prior OLCC approval |
| ☐ Coin-Operated Games | |
| ☐ Pool Tables | ☐ Other: |
| ☐ Social Gaming (ex: gambling)
[As defined in ORS 167.117(21)] | |

A game, other than a lottery, between players in a private business, private club or place of public accommodation where no house player, house bank or house odds exist and there is no house income from the operation of the social game.

MARION COUNTY
BILL BURGESS
MARION COUNTY CLERK

Receipt #: 102658

Receipt Date: 08/04/2026 03:27 PM

Station: 3

Cashier: JA

Receipt Name: DALTO LAW PC

Comments:

Thank You!
BILL BURGESS, MARION COUNTY CLERK

Please retain this receipt for your records.

Documents are recorded as submitted. The Marion County Clerk's Office
assumes no liability for sufficiency, validity, or accuracy.

Miscellaneous Fees		
LIQUOR LICENSE FEE	YES	\$25.00

Receipt Total

\$25.00

CHECK

1037

\$25.00



MARION COUNTY BOARD OF COMMISSIONERS

Board Session Agenda Review Form

Meeting date: 9/2/2026

Department: Business Services

Title: CCMSI Invoice for Workers' Compensation claims expenses for July 2026

Management Update/Work Session Date: 8/18-Management Update, 8/20-Work Session Audio/Visual aids ☐

Time Required: Consent Contact: William W. White Phone: 503.373.4423

Requested Action:

Risk Management requests the Board of Commissioners' approval of the CCMSI (Cannon Cochran Management Services, Inc.) invoice for the July 2026 Workers' Compensation claims expenses in the amount of one hundred forty-three thousand, six hundred thirty-three dollars and eighty cents (\$143,633.80).

Issue, Description & Background:

This monthly invoice reimburses CCMSI, County's third party administrator, for workers' compensation expenses for the month of July 2026. Expenses include medical, permanent partial disability, permanent total disability, temporary partial disability, temporary total disability, expenses, and legal costs. All are related to workers' compensation claims.

These amounts vary with the workers' compensation claims.

Financial Impacts:

Workers' Compensation claims costs are paid from the County's Self-Insurance Fund.

Impacts to Department & External Agencies:

These costs are allocated annually to County departments.

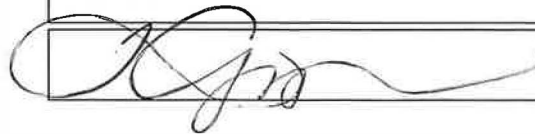
List of attachments:

Management Update packet from 2026/08/18 including invoice. Board of Commissioners signature page

Presenter:

William W. White

Department Head Signature:

 8/10/26



CCMSI
2 E. Main Street
Danville, IL 61832
Phone 217-446-1089

Invoice No. [REDACTED]

Name: MARION COUNTY
Address: PO BOX 14500
SALEM, OR 97309

Invoice Date: 07/31/2026
Due Date: Upon Receipt

Description	Comment	TOTAL
FUNDING REIMBURSEMENT	Claims Funding: 07/01 - 07/31/26	158,404.27
FUNDING REIMBURSEMENT	Direct Deposit: [REDACTED]	3,861.49
FUNDING REIMBURSEMENT	Reimbursement: [REDACTED]	4,567.36-
FUNDING REIMBURSEMENT	Recovery: [REDACTED]	5.00-
FUNDING REIMBURSEMENT	Recovery: [REDACTED]	54.34-
FUNDING REIMBURSEMENT	Recovery: [REDACTED]	5,307.72-
FUNDING REIMBURSEMENT	Recovery: [REDACTED]	8,697.54-
Invoice Total:		143,633.80

PAYMENT INSTRUCTIONS

If initiating a Wire or ACH, please send to the following:

Bank Name: [REDACTED]
Routing Number: [REDACTED]
Routing Number: [REDACTED]
Account Number: [REDACTED]
Account Name: CCMSI
Other Beneficiary Info: [REDACTED]

If submitting a Check, please send to the following:

CCMSI
Att: Treasury Department
2 East Main St., Suite 208
Danville, IL 61832

BEFORE THE BOARD OF COMMISSIONERS

FOR MARION COUNTY, OREGON

In the Matter of	CCMSI's July 2026 Workers'	)
	Compensation claims expenses	)
	Invoice	)

Payee: **CCMSI**

Description: Invoice for Claims Expenses, July 2026, Invoice

Payment Amount: One hundred forty-three thousand, six hundred thirty-three dollars and eighty cents (\$143,633.80)

This matter came before the Marion County Board of Commissioners at its regularly scheduled public meeting on **September 2, 2026**, to consider approval of the payment for **CCMSI's July 2026 claims expenses invoice**.

IT IS HEREBY APPROVED for the County to pay this invoice.

DATED at Salem, Oregon, this **2nd** day of **September 2026**

MARION COUNTY BOARD OF COMMISSIONERS

Chair

Commissioner

Commissioner



MARION COUNTY BOARD OF COMMISSIONERS

Board Session Agenda Review Form

Meeting date: 9/2/2026

Department: Community and Economic Development ☐

Title: ARPA Funding Amendment 1 for the Detroit Marina Project

Management Update/Work Session Date: 7/28/2026 Audio/Visual aids ☐

Time Required: 5 minutes Contact: Brian Smith Phone: 503-588-5234

Requested Action:

Consider approval of Amendment to ARPA agreement BO-4570-22.

Issue, Description & Background:

At the September 2nd, 2026 Board Session, the Board will have the opportunity to consider approval of an amendment to the project's ARPA agreement. The ARPA/SLFRF allocation would decrease by \$1,500,000 and be replaced with County resources made available through the approved ARPA funding exchange. This allows the County to maximize its use of available ARPA funding before the December 31, 2026 federal expenditure deadline while preserving funding for the Detroit Marina Project as it moves into construction.

Financial Impacts:

The revised project budget is \$8,512,817 including estimated archaeological investigation costs, an average 7% increase in project costs, and assumes an anticipated completion date of May 2028. The deficit is \$402,817 which could be partially covered by the contingency fund of \$405,372 or other funding sources.

Impacts to Department & External Agencies:

The proposed amendment changes the funding mix but does not reduce the project budget.

List of attachments:

Agreement BO-4570-22

Presenter:

Chip Bury

Department Head Signature:

Kelli Wase

Contract Review Sheet

Grant Agreement

BO-4570-22 Am1Title: ARPA Detroit Marina ExcavationContractor's Name: Community and Economic Development DepartmentDepartment: Board of CommissionersContact: Ashley JacksonAnalyst: Kathleen GeorgePhone #: 503-584-7722Term - Date From: May 22, 2022Expires: December 31, 2026Original Contract Amount: \$ 3,000,000.00

Previous Amendments Amount: _____

Current Amendment: <1,500,000>New Contract Total: \$ 1,500,000.00Amd% -50%Outgoing Funds ☒ Federal Funds ☐ Reinstatement ☐ Retroactive ☐ Amendment greater than 25%Source Selection Method: 20-0260 Request for ProposalRFP# 1024

Description of Services or Grant Award

Marion County ARPA Funds Grant Award for: Detroit Marina Excavation and Resiliency.

Amendment 1 reduces ARPA funding by \$1,500,000.00 which will be replaced with County resources made available through the approved ARPA funding exchange. This allows County to maximize its use of available ARPA funding before the December 31, 2026 federal expenditure deadline while preserving funding for the Detroit Marina Project as it moves into construction. Amendment 1 additionally revises the project budget to \$8,512,817 and assumes anticipated completion date of May 2028.

Desired BOC Session Date: 9/2/2026Contract should be in DocuSign by: 8/12/2026Agenda Planning Date: 8/20/2026Printed packets due in Finance: 8/18/2026Management Update: 7/28/2026BOC upload / Board Session email: 8/19/2026BOC Session Presenter(s) Chip BuryCode: Y

REQUIRED APPROVALS


Finance - Contracts 08/11/2026
Date


Contract Specialist 08/11/2026
Date


Legal Counsel 08/12/2026
Date


Chief Administrative Officer 08/12/2026
Date



Marion County
OREGON

AMENDMENT 1 to BO-4570-22
the MEMORANDUM OF UNDERSTANDING
between
MARION COUNTY BOARD OF
COMMISSIONERS and MARION COUNTY
COMMUNITY and ECONOMIC
DEVELOPMENT DEPARTMENT

This Amendment No. 1 to the Memorandum of Understanding (as amended from time to time, the "MOU"), dated May 25, 2022, between Marion County Board of Commissioners, a political subdivision of the State of Oregon, hereafter called County, and Marion County Community and Economic Development Department, formerly known as Marion County Community Services Department, hereafter called Department.

The Agreement is hereby amended as follows (new language is indicated by underlining and deleted language is indicated by ~~strike through~~):

1. Incorporation.

The foregoing Recitals are incorporated herein by reference, provided, however, that the Recitals are not to be deemed to modify the express provisions hereinafter set forth. This Agreement includes the following exhibits which are incorporated herein:

- Exhibit A.1 (ARPA Amendment & Adjustment Request Form Narrative)

4. Consideration; Reporting

- a. The County has agreed to make an award of funds to the Department not-to-exceed amount of **One Million Five Hundred Thousand Dollars (\$1,500,000)** ~~Three Million Dollars (\$3,000,000.00)~~ (the "Grant"). Grant disbursements shall be a reimbursement of funds to Department, based in the budget submitted in Exhibit A, under the following U.S. Treasury eligible category: Revenue Replacement.

Except as expressly amended above, all other terms and conditions of the original contract are still in full force and effect. Contractor certifies that the representations, warranties and certifications contained in the original Contract 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.

**MARION COUNTY SIGNATURES
BOARD OF COMMISSIONERS:**

Chair Date

Commissioner Date

Commissioner Date

Authorized Signature: Jan Fritz 08/12/2026
Jan Fritz (Aug 12, 2026 18:28:32 PDT)
Chief Administrative Officer Date

Reviewed by Signature: Jennifer Rogers 08/12/2026
Jennifer Rogers (Aug 12, 2026 16:49:28 PDT)
Marion County Legal Counsel Date

Reviewed by Signature:  08/11/2026
Marion County Contracts & Procurement Date

COMMUNITY AND ECONOMIC DEVELOPMENT DEPARTMENT SIGNATURE:

Authorized Signature:

Kelli Weese 08/12/2026
Kelli Weese (Aug 12, 2026 07:12:09 PDT)
Date

Title: CED Director

Exhibit A.1
ARPA Amendment and Adjustment Request Form
Narrative

	Organization Name:	Marion County Community Services Dept.
	Project Title:	Detroit Marina Excavation and Resiliency Project
	Date of Request:	6/29/26
	Name of Person Completing Request:	Chip Bury
	Title of Person Completing Request:	Economic Development Manager
	Phone # of Person Completing Request:	503-588-3235
	Original MC ARPA Award/Contract:	\$3,000,000
	MC ARPA Award/Contract Number:	BO-4570-22

Step 1: Please respond to each question/statement below.		
#	Question	Answer
1	Why are you requesting a program amendment (What circumstances impact this request)?	Whereas the overall objective and activities of the project remain the same, we are narrowing the focus of the agreement to work which will be paid for with ARPA SLFRF funds
2	Using the approved contract, specifically identify the text requested to be edited/removed. Enter the original text from the contract with strikeouts for text to be removed and bold text for text to be added. <i>Option: If it would help for clarity, submit the pertinent section of the approved contract with strike outs and bold text as described above .</i> If Marion County requires a contract scope change, use Tab 3 "Scope Change Request" to answer this question.	Please see Amendment 1 to BO-4570-26.
3	How will the requested change affect the project?	The requested change will not affect the project. It is the understanding that the original \$3,000,000 in ARPA funds are being reduced to \$1,500,000 with the understanding that \$1,500,000 will be allocated from General Fund instead to make up the deficit.
4	Will the requested change maintain the integrity of the original ARPA category (e.g. Negative Economic Impact, Water & Sewer Infrastructure, Public Health)?	Award was granted under ARPA Expenditure Category 6.1 Revenue Replacement/Government Services. The category will remain the same.
5	How will the requested change affect the original contractual timeline?	The requested change will not affect the original contractual timeline.
Step 2: If a budget adjustment is also being requested, answer Question #6 and complete Tab 2.		
6	How will the requested change affect the original MC ARPA budget?	The original MC ARPA budget will be reduced by \$1,500,000

By completing this request, person completing this form certifies and attests that, to the best of my knowledge, all information provided in this form is true and accurate and I have the authority to represent the organization in this request.

Submit via email to: ARPArecovery@co.marion.or.us

Exhibit A.1

ARPA Amendment and Budget Adjustment Request Form

Project Budget Worksheet

Please provide a line item detailed budget for the project costs.

CATEGORY	ORIGINAL ARPA BUDGET	REVISED ARPA REQUEST	OTHER FUNDS (if applicable)		TOTAL
			AMOUNT	SOURCE	
Materials and Services					
Consultant and Project Management (Contract)	120,000	81,238	138,107	Local	219,345
Engineering and Design (Contract)	135,000	707,036	160,140	Local	867,176
Permitting	15,000	16,000			53,996
Detroit Mariuna Excavation Construction (Contract)	1,242,442				-
Kane's Marina Excavation construction (Contract)	2,064,718				-
Combined Detroit and Kanes construction contract	-	469,126	5,771,007	Other Fede	6,240,133
Contingencies			405,372	Local	405,372
Archaeological Investigations			200,000		200,000
Totals	\$ 3,577,160	\$ 1,273,400	\$ 6,674,626		\$ 7,986,022

Equipment or Capital Purchases					
n/a	-				-
					-
					-
					-
					-
					-
					-
Totals	\$ -	\$ -	\$ -		\$ -

Personnel Costs					
Management Analyst 2	96,767	96,767			96,767
Community Services Director					-
Economic Development Coordinator	17,404	17,404			17,404
Contracts Specialist	13,762	13,762			13,762
Budget Analyst 2	10,579	10,579			10,579
Totals	\$ 138,512	\$ 138,512	\$ -		\$ 138,512

Administrative					
County Administrative	188,284	88,088	300,195	Local	388,283
					-
Totals	\$ 188,284	\$ 88,088	\$ 300,195		\$ 388,283

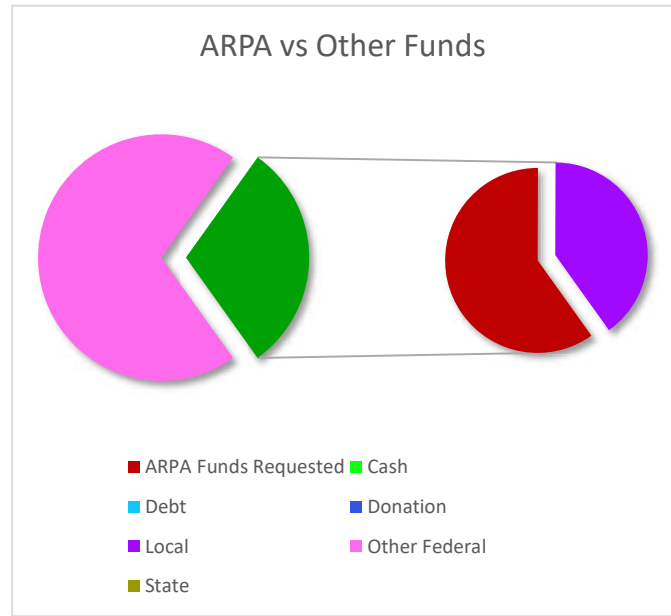
Grand Totals:	\$ 3,903,956	\$ 1,500,000	\$ 6,974,821		\$ 8,512,817
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	Yes	No (explain)	Explanation
Confirm that the new total MC ARPA Budget is equal to or less than the total original MC ARPA award.	Yes		

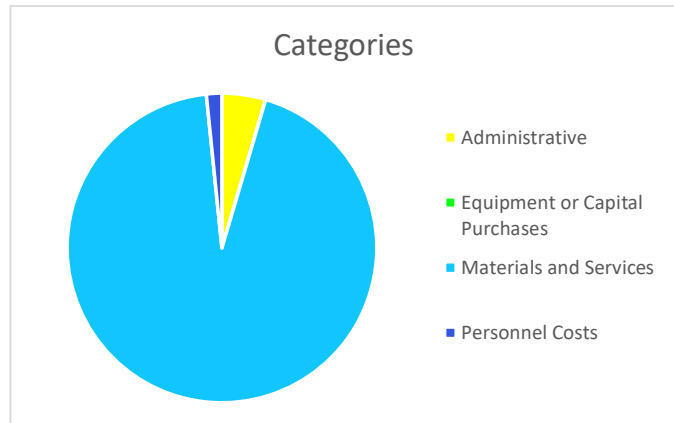
Exhibit A.1
ARPA Amendment and Adjustment Request Form

Project Budget Summary

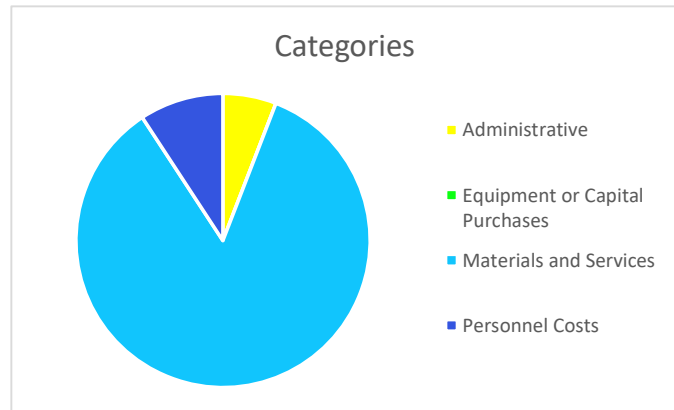
Total Project Budget	\$ 8,512,817
ARPA Funds Requested	\$ 1,500,000
Other Funds	\$ 10,462,232
Cash	\$ -
Debt	\$ -
Donation	\$ -
Local	\$ 1,003,814
Other Federal	\$ 5,771,007
State	\$ -



Total Project Budget	\$ 8,512,817
Categories	
Administrative	\$ 388,283
Equipment or Capital Purchases	\$ -
Materials and Services	\$ 7,986,022
Personnel Costs	\$ 138,512



Total ARPA Project Budget	\$ 1,500,000
Categories	
Administrative	\$ 88,088
Equipment or Capital Purchases	\$ -
Materials and Services	\$ 1,273,400
Personnel Costs	\$ 138,512



ARPA Amendment and Adjustment Request Form

Application Section II Project Information - Scope Change Request

Note: This form may ONLY be submitted if Marion County authorizes the subrecipient to submit a scope change request.

**Subrecipient must complete each section of this form for the request to be considered by the
Marion County Board of Commissioners**

	Question	Answer
1a	Describe the project and the project deliverables.	The project will excavate approximately 162,000 cubic
1b	Describe the organization and individuals that will manage the project.	The project will be managed by Marion County through its Community and Economic Development Department (CEDD) Team.
1c	Provide the total estimated or completed project budget and the amount of ARPA funding to be used for the project.	Estimated total project budget: \$8,512,817.40. ARPA funding comprises \$1,500,000 of that budget.
1d	Provide a timeline including the start date, interim check-points, and completion dates.	The project start date was April 2022. Interim check points have been made throughout the life of the project with consistent monthly management meetings of project teams both internal and external. The completion date is May 2028.
1e	List the project team. Include the name, title, employer, and a high-level overview of their role in the project.	Chip Bury, Economic Development Manager, will manage contracts and day to day implementation, Kelli Weese, CEDD Director will sign contracts, final management and oversight of the project management team. Krista Ulm and Ashley Jackson who are the Contracts Specialists with Marion County who manage the solicitations and the contracts. Laura Hambrecht who is the Grants Manager for ARPA. There is also Stephan Owens, Owner's Representative consultant, who is the direct liaison between the contractor and the County.

ARPA Amendment and Adjustment Request Form
Application Section II Project Information - Scope Change Request

2	Describe the project need and the impact the project will or did have on the local community and Marion County. Identify each project element and include a timeline and key team member(s) who will or did work on the project	“scope change” amendment is being processed to ensure that narrative details are accurate in addition to the timeline and budget changes. The description of project need, impact, and Phase One remains the same as listed in the original application narrative. This amendment is being requested due to the fact that the total project costs have increased since the original application was approved, the organization has secured additional funding to cover said costs, and external factors have caused delays in project phases. This amendment will be updating the timing of Phase II and III of the project to ensure that ARPA-funded activities are identified. Phase Two (updated) includes site analysis and selection for sediment placement, along with engineering and permitting coordination. This phase has extended significantly—from May 2022 through August 2026 (approximately 52 months)—due to differing interpretations among federal (USACE, HUD) and state agencies regarding required permits, authorities, and regulatory pathways. Marion County project leadership has evolved over time and includes Community Services staff Tamra Goettsch, Danielle Gonzalez, Kelli Weese, Krista Ulm, Lorrie Biggs, Larri Rupp, and currently Chip Bury as Economic Development Manager. Community partners include Detroit Lake Marina, Kane’s Marina, State and regional recreation and travel organizations, Detroit Lake Business
3a	Describe how the project meets the ARPA eligible categories and the specific category requirements according to U.S. Treasury Guidelines and the Final Rule	This description remains the same as listed in the original application narrative
3b	Describe how the project meets the ARPA period of performance.	Whereas the project will be completed in May 2027, ARPA funded activities such as the payment for engineering, permitting and excavation of all or part of the two marinas will be paid no later than December 31, 2026.

ARPA Amendment and Adjustment Request Form
Application Section II Project Information - Scope Change Request

4	Describe the organization's experience as a subrecipient or beneficiary of federal funding. Describe the capacity to successfully manage and submit reporting requirements for the proposed project as a subrecipient of federal awards	The Detroit Marina Excavation and Resiliency Project is proposed to be managed by Marion County through its Community Services Department. All reporting and funding allocation requirements will be coordinated among the Marion County Legal and Finance Departments in accordance with adopted contracting rules. Marion County has been a recipient and sub-recipient in the past and has a clean federal audit. Publicly available Federal Grant Compliance Reports since 2018 have indicated that Marion County has complied in all material respects with the compliance requirements for its major federal programs. The Federal Grant Compliance Report for 2020 is available on our website at https://www.co.marion.or.us/FIN/Pages/Financials.aspx
5	Identify and describe partnerships or contracted services the organization has secured to assist with the project?	• Maul Foster & Alongi (Engineering/Permitting): Engaged since November 4, 2022, responsible for design development and preparation of federal, state, and local permit documentation; contract runs through December 31, 2026. • Dwyer & Associates (Owner's Representative – Stephen Owens): Under contract from July 22, 2025 through June 30, 2028, providing construction administration and acting as the County's representative during pre-construction and construction. • Siegmund Excavation & Construction (Contractor – Gibson Kuenzi): Active since March 14, 2025, with a current contract through December 31, 2026; an amendment is anticipated to extend the schedule to approximately May 2027.
6	Describe how the operations will be funded after the project is complete, if applicable. If application is for reimbursement of funds already spent, explain how project will be maintained and/or funded in future years	This description remains the same as listed in the original application narrative

ARPA Amendment and Adjustment Request Form
Application Section II Project Information - Scope Change Request

7	Identify and describe other Federal, State, or local government funding the organization has applied for, including ARPA funds from governments for this proposed project. Include the source(s) and amount(s) applied for, and any awards received.	Marion County has secured and pursued multiple federal, state, and local funding sources to support the Detroit Marinas Excavation and Resiliency Project: American Rescue Plan Act (ARPA) – Marion County: \$1,500,000 awarded, with funds to be fully expended by December 31, 2026. Congressionally Directed Spending (HUD): \$2,000,000 awarded, with an expenditure deadline of August 31, 2031. Lottery Matching Funds (State/Local): \$50,000 committed to support ARPA-funded activities. Business Oregon Brownfields Redevelopment Funds (State): \$60,000 awarded to assist with environmental and site-related work. Opal Creek [Omnibus Parks and Public Lands Management Act of 1996 (Proposed)]: \$3,000,000 requested, with a proposed timeline extending to September 22, 2027 (pending award). Marion County General Funds: \$1,500,000
8	Identify and describe other non-governmental funding sources (e.g. fees, donations, grants) the organization has applied for specific to this proposed project. Include the source(s) and amount(s) applied for, and any awards received.	This description remains the same as listed in the original application narrative
9	When was your last financial statement or single audit performed and what was the result (i.e clean audit opinion, recommendations, or findings)? Please be prepared to provide this information if requested.	The Community and Economic Development Department is included in the single audit performed for Marion County. The single audit for FY25 is available on the Federal Audit Clearinghouse. The opinion is unmodified and there were two findings, but none related to ARPA (ALN 21.027) federal funding expenditures
10	Provide any additional information related to the project.	The project has been delayed primarily due to the complexity and expansion of permitting and environmental review requirements, including added coordination with multiple federal and state agencies and evolving NEPA expectations. Additionally, the project is unique and required more analysis, redesign, and interagency coordination than originally anticipated, leading to extended timelines.



MARION COUNTY BOARD OF COMMISSIONERS

Board Session Agenda Review Form

Meeting date: 9/2/26

Department: Health & Human Services

Title:

Secure Transport Services

Management Update/Work Session Date: 8/4/26 Audio/Visual aids ☐

Time Required: 10 Contact: Kristina Ballow Phone: 503-588-5409

Requested Action:

Approve Amendment 1 to the Agreement for secure, non-emergency transportation services for individuals transitioning from Oregon State Hospital to Secure Residential Treatment Facilities (SRTFs). Amendment 1 increases the contract amount by \$60,000 and extends the contract term through September 30, 2027.

Issue, Description
& Background:

Marion County Health & Human Services provides behavioral health services to individuals transitioning from institutional care settings into community-based residential programs. The County coordinates placement for some eligible individuals being discharged from Oregon State Hospital. To support timely and safe transitions into secured residential treatment facilities, the County requires the services of a qualified secured transport agency ("Contractor") to provide non-emergency, secured transportation for adults with behavioral health concerns.

Financial Impacts:

Contract amendment increases the total contract authority by \$60,000 for the next year. Estimated average costs are approximately \$36,000 per year. Costs will be funded through existing state behavioral health funding sources. No additional General Fund impact is anticipated.

Impacts to Department
& External Agencies:

Costs will be funded through existing state behavioral health funding sources. No additional General Fund impact is anticipated.

List of attachments:

Amendment 1 & Original

Presenter:

Debbie Wells

Department Head
Signature:

Troy Gregg
Troy Gregg (Aug 14, 2026 13:56:44 PDT)

Contract Review Sheet

Contract for Services

HE-6859-25 - Am1

Title: Secure Transport Services

Contractor's Name: Metro West Ambulance, Inc.

Department: Health and Human Services

Contact: Kristina Ballow

Analyst: Sandra Fixsen

Phone #: (503) 588-5409

Term - Date From: October 1, 2025

Expires: September 30, 2027

Original Contract Amount: \$ 60,000.00

Previous Amendments Amount: \$ -

Current Amendment: \$ 60,000.00

New Contract Total: \$ 120,000.00

Amd% 100%

Outgoing Funds ☐ Federal Funds ☐ Reinstatement ☐ Retroactive ☒ Amendment greater than 25%

Source Selection Method: 50-0160 Health Provider Contracts

Description of Services or Grant Award

Provide secure transport for individuals when released from Oregon State Hospital (OSH) to a Secure Residential Treatment Facility (SRTF) under a community restoration order within Marion County and surrounding areas.

Amendment 1 increases the Contract funding by \$60,000.00 and extends the Contract term through September 30, 2027 for a new NTE \$120,000.00.

Desired BOC Session Date: 9/2/2026

Contract should be in DocuSign by: 8/12/2026

Agenda Planning Date: 8/20/2026

Printed packets due in Finance: 8/18/2026

Management Update: 8/4/2026

BOC upload / Board Session email: 8/19/2026

BOC Session Presenter(s) Debbie Wells

Code: Y

REQUIRED APPROVALS

Sandra L. Fixsen 08/13/2026
Finance - Contracts Date

Kristina Ballow (Aug 13, 2026 17:07:08 PDT) 08/13/2026
Contract Specialist Date

Jennifer Rogers 08/17/2026
Legal Counsel Date

Jan Fritz 08/17/2026
Chief Administrative Officer Date



**AMENDMENT 1 to HE-6859-25
the CONTRACT FOR SERVICES
between**

MARION COUNTY and METRO WEST AMBULANCE, INC.

This is Amendment 1 to the Contract for Services (as amended from time to time, the “Contract”), dated October 01, 2025 between Marion County, a political subdivision of the State of Oregon, hereinafter called County, and Metro West Ambulance, Inc., hereafter called Contractor.

The Contract is hereby amended as follows (new language is indicated by underlining and deleted language is indicated by ~~strike through~~):

1. TERM. This Contract expires on September 30, 2027. ~~October 1, 2025~~.

2. CONSIDERATION.

A. The maximum, not-to-exceed compensation payable to Contractor under this Contract, which includes any allowable expenses, is \$120,000.00 ~~\$60,000.00~~.

**EXHIBIT A
STATEMENT OF WORK**

STATEMENT OF SERVICES

Contractor shall perform Services as described below.

A. GENERAL INFORMATION.

Marion County Health & Human Services (hereinafter “County”) provides behavioral health services to individuals transitioning from institutional care settings into community-based residential programs. The County coordinates placement for some eligible individuals being discharged from Oregon State Hospital ~~and other state operated behavioral health facilities~~. To support timely and safe transitions into secured residential treatment ~~settings~~ facilities, the County requires the services of a qualified secured transport agency (“Contractor”) to provide non-emergency, secured transportation for adults with behavioral health concerns.

B. REQUIRED SERVICES, DELIVERABLES AND DELIVERY SCHEDULE.

Contractor shall provide secured transport services that include, but are not limited to:

- Transport eligible individuals from Oregon State Hospital (OSH) ~~and other staff facilities~~ to County approved secured residential treatment ~~programs~~ facilities (SRTF) within Marion County and surrounding areas
 - a. “Eligible individuals” are individuals being discharged from Oregon State Hospital who Marion County reasonably believes at the time are under Marion County jurisdiction as County of Responsibility and/or County of Residence as defined by Oregon law. Determination of eligibility for the purpose of this contract lies solely with Marion County and not any other person or entity. Any such determination of eligibility for the purpose of this contract is solely for convenience of the County and does not constitute determination of eligibility for any other purpose.

- b. Transportation of the eligible individual will only be from OSH to a Marion County designated SRTF.
 - c. Only Marion County may request a transfer under this contract.
- Provide secured, licensed transport vehicles suitable for behavioral health clients, equipped with safety restraints, barriers, and communications equipment.
- Provide scheduled and on-demand transport services, including weekends, evenings, and holidays.
- Ensure that all transportation is conducted in compliance with OAR and ORS requirements, patient rights, HIPAA, and 42 CFR Part 2 confidentiality laws.
- Provide qualified and trained personnel, including
 - a. Transport Driver/EMT/EMR - Responsible for behavioral support and de-escalation for individuals, vehicle operation, client safety, route adherence, and communication.
 - b. Escort/Behavioral Support Staff (as required) – Provides behavioral support and de-escalation for individuals with complex needs as needed or as requested by the County. If dedicated eyes on needed, County or ordering party will request as second person when transportation is being ordered.
 - c. Dispatcher/Coordinator – Handles scheduling, communication, route coordination, and emergency contingencies.
- Provide written documentation for incidents.
 - a. All incidents must be reported to the County within 24 hours of occurrence, using the Contractor's and County's approved reporting format. (We will need to know what your approved reporting format is.)
- Maintain a Certificate of Approval from the Oregon Health Authority for transportation and transfer of persons in custody and provide a copy of the certification prior to contract execution.

Deliverable	Format	Frequency/Due Date
Transport trip	Secure electronic format	Per event/transport invoiced
Incident Reports	Incident report form	Within 24 hours of event
Arrival confirmations	via radio to Metro West Communications Center	Immediately upon arrival-timestamped in MWA CAD
Annual compliance documentation	Licenses, insurance, staff rosters	Annually

Note: Upon request, reports from our CAD (computer assisted dispatch) system can be generated showing request, enroute, arrival, transporting, at destination and call complete times; location of pickup and drop off, patient name, date of service, etc.

2. COMPENSATION. The total amount available for payment to Contractor under Exhibit A, section 2.A and for authorized reimbursement to Contractor under Exhibit A, section 2.C is \$120,000.00 ~~\$60,000.00~~.

Except as expressly amended above, all other terms and conditions of the original Contract and any previously executed amendments are still in full force and effect. Contractor certifies that the representations, warranties and certifications contained in the original Contract 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.

**MARION COUNTY SIGNATURES
BOARD OF COMMISSIONERS:**

Chair	Date
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Commissioner	Date
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Commissioner	Date
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Authorized Signature: <u> Troy Gregg (Aug 14, 2026 13:56:44 PDT)</u>	08/14/2026
Department Director or designee	Date

Authorized Signature: <u> Jan Fritz (Aug 17, 2026 15:29:11 PDT)</u>	08/17/2026
Chief Administrative Officer	Date

Reviewed by Signature: <u> Jennifer Rogers (Aug 17, 2026 09:36:48 PDT)</u>	08/17/2026
Marion County Legal Counsel	Date

Reviewed by Signature: <u></u>	08/13/2026
Marion County Contracts & Procurement	Date

METRO WEST AMBULANCE, INC. SIGNATURE

Authorized Signature: _____	Date
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Title: _____



MARION COUNTY BOARD OF COMMISSIONERS

Board Session Agenda Review Form

Meeting Date: September 2, 2026

Department: Human Resources

Title: Recommendation to approve attached Personnel Findings and Recommendation Reports.

Management Update/Work Session Date: Aug 20, 2026 Audio/Visual aids ☐

Time Required: 5 minutes Contact: hrcompclass@co.marion.or.us Phone: x7777

Requested Action: Approve the recommendation to uphold the current pay grades for Class Codes #164, Juvenile Probation Case Aide; #203, GAP Case Manager; and #620, Victim Assistance Manager; adjust the pay grades upward for Class Codes #032, Accounting Specialist; #036, Chief Accountant; #358, Safety Specialist; #621, Victim Assistance Program Coordinator; and #624, Victim Assistance Advocate; update all listed classifications; and establish and adopt two new classification specifications: Class Code #187, Administrative Services Coordinator, and Class Code #278, Corrections Health Program Manager.

Issue, Description & Background: As part of the strategy to maintain Marion County compensation and classification programs, human resources periodically review classification specifications and pay ranges. The classification review ensures classification specifications reflect current industry language, standards and county practices, and positions are properly classified and placed in the appropriate pay range. In determining if a classification is appropriately compensated HR conducts a market review in accordance with county personnel rules and HR practices. This review identifies which pay grade will bring the classification closest to the mean (0%) of market comparators within the county's current pay structure; in addition to these market findings, funding and internal equity are also considered when establishing the pay grade.

Financial Impacts: The approximate annualized base wage total for the filled positions before the adjustment is \$1,192,880, compared with \$1,228,635 after the adjustment, resulting in a total annualized base wage increase of \$35,755.

Impacts to Department & External Agencies:

List of Attachments: Personnel Findings and Recommendations Reports (3)

Presenter: Salvador Llerenas

Department Head Signature: Salvador Llerenas Digitally signed by Salvador Llerenas Date: 2026.08.21 16:06:24 -07'00'



MARION COUNTY HUMAN RESOURCES

Personnel Findings and Recommendation Report

Date: Aug 17, 2026
To: Jan Fritz, Personnel Officer
From: Salvador Llerenas, Chief Human Resources Officer
Re: Recommendation to update the following classifications and uphold their current pay grades: #164, Juvenile Probation Case Aide; #203, GAP Case Manager; and #620, Victim Assistance Manager.

Background Information: As part of the strategy to maintain Marion County compensation and classification programs, human resources periodically review classification specifications and pay ranges. The classification review ensures classification specifications reflect current industry language, standards and county practices, and positions are properly classified and placed in the appropriate pay range.
In determining if a classification is appropriately compensated HR conducts a market review in accordance with county personnel rules and HR practices. This review identifies which pay grade will bring the classification closest to the mean (0%) of market comparators within the county's current pay structure; in addition to these market findings, funding and internal equity are also considered when establishing the pay grade.

Discussion: Functions performed by classification:

#164, Juvenile Probation Case Aide GENERAL STATEMENT OF DUTIES This classification serves to assist the Juvenile Probation Officers in completing administrative and case management duties in the delivery of probation supports and interventions.

#203, GAP Case Manager GENERAL STATEMENT OF DUTIES Develops Initial Service Plans (ISP) and Master Service Plans (MSP) for juveniles in the Guaranteed Attendance Program (GAP) while meeting Behavioral Rehabilitation Services (BRS) requirements for standards of behavioral in individual, group counseling and parent training sessions. Provides case management services in the areas of individual and group skills-training for juveniles; assists Group Workers in providing appropriate treatment to juveniles in GAP; coordinates services with other agencies; documents juveniles' treatment progress.

#620, Victim Assistance Manager GENERAL STATEMENT OF DUTIES Responsible for the program development, administration and evaluation of the Victim Assistance Program; responsible for program staff and liaison with community agencies relating to program.

After review, HR found these classifications to be within market.

Recommendation:

1. Uphold the pay grade for (#164) Juvenile Probation Case Aide, Unit 06 (MCEA), at 06.C48.
2. Uphold the pay grade for (#203) GAP Case Manager, Unit 06 (MCEA), at 06.C53.
3. Uphold the pay grade for (#620) Victim Assistance Manager, Unit 02 (Unrepresented), at 02.A27.
4. Approve recommendation beginning the first pay period following approval by the Board.

I concur with the findings of the Human Resources Department and approve the actions detailed above.

Jan Fritz, Personnel Officer

Date

8/17/2026



MARION COUNTY HUMAN RESOURCES

Personnel Findings and Recommendation Report

Date: Aug 17, 2026

To: Jan Fritz, Personnel Officer

From: Salvador Llerenas, Chief Human Resources Officer

Re: Recommendation to update nine classifications and adjust pay grades upward for class code #032, Accounting Specialist; #036, Chief Accountant; #358, Safety Specialist; #621, Victim Assistance Program Coordinator; and #624, Victim Assistance Advocate.

Background Information:

As part of the strategy to maintain Marion County compensation and classification programs, human resources periodically reviews classification specifications and pay ranges. The classification review ensures classification specifications reflect current industry language, standards and county practices, and positions are properly classified and placed in the appropriate pay range.

In determining if a classification is appropriately compensated HR conducts a market review in accordance with county personnel rules and HR practices. This review identifies which pay grade will bring the classification closest to the mean (0%) of market comparators within the county's current pay structure; in addition to these market findings, funding and internal equity are also considered when establishing the pay grade.

Discussion:

Functions performed by classification:

#032, Accounting Specialist

GENERAL STATEMENT OF DUTIES Perform detailed accounting and financial recordkeeping within an assigned area of specialty; prepare, analyze, and interpret financial, statistical, and accounting data and reports. Perform difficult to complex accounting support work in accordance with established accounting principles, regulations, policies, and procedures. Positions may have countywide responsibility for a specialized accounting function, such as accounts payable or accounts receivable, or may perform complex departmental payroll, financial analysis, or other specialized accounting functions.

#036, Chief Accountant

GENERAL STATEMENT OF DUTIES Perform a variety of complex tasks in support of county and departmental program operations and services. Duties emphasize research, analysis, development of recommendations, and writing of county fiscal policy, in accordance with professional auditing standards, in areas such as budgeting and financial planning, organizational analysis, information technology, risk management analysis, and enterprise resource planning.

#358, Safety Specialist

GENERAL STATEMENT OF DUTIES Administer the safety program for a large, multi-division department; assists in maintaining departmental compliance with the safety regulations of regulatory agencies, such as Occupational Safety and Health Administration (OSHA), and Oregon Department of Transportation (ODOT); arrange for employee training in the area of safety; conduct workers' injury investigations; track injured worker recovery process and develops worksite modifications; facilitate injured worker return-to-work process.

#621, Victim Assistance Program Coordinator

GENERAL STATEMENT OF DUTIES Provide services to victims and witnesses of crimes while performing advocacy duties for victims within the criminal justice, juvenile delinquency and dependency systems. May coordinate a program encompassing community volunteers to provide advocate services to victims of crimes.

#624, Victim Assistance Advocate

GENERAL STATEMENT OF DUTIES Provides direct services to victims of crime including, child sexual abuse,



MARION COUNTY HUMAN RESOURCES

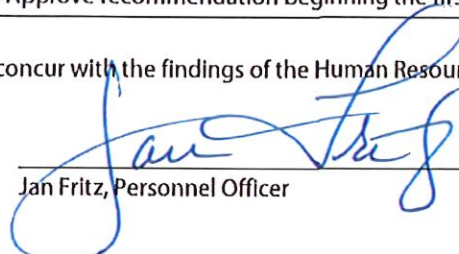
Personnel Findings and Recommendation Report

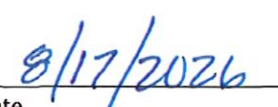
domestic violence, and sexual assault. Keeps victims informed of their rights, how to exercise them, and provides updates on the criminal justice system as it pertains to their case.

After review, HR found these classifications to be below market.

- Recommendation:**
1. Class Code 032, Accounting Specialist, adjust the pay grade from 06.C18 to 06.C21, Unit 06 (MCEA).
 2. Class Code 032, Accounting Specialist, adjust the pay grade from 05.D56 to 05.D15, Unit 05 (MCLEA).
 3. Class Code 036, Chief Accountant, adjust the pay grade from 13.G28 to 13.G29, Unit 13 (Non-Rep'd).
 4. Class Code 358, Safety Specialist, adjust the pay grade from 12.H51 to 12.H53, Unit 13 (Non-Represented),
 5. Class Code 621, Victim Assistance Pgm Coor, adjust the pay grade from 06.C51 to 06.C52, Unit 06 (MCEA).
 6. Class Code 624, Victim Assistance Advocate, adjust the pay grade from 06.C48 to 06.C50, Unit 06 (MCEA).
 7. Approve recommendation beginning the first pay period following approval by the Board.

I concur with the findings of the Human Resources Department and approve the actions detailed above.


Jan Fritz, Personnel Officer


Date



MARION COUNTY HUMAN RESOURCES

Personnel Findings and Recommendation Report

Date: Aug 21, 2026
To: Jan Fritz, Personnel Officer
From: Salvador Llerenas, Chief Human Resources Officer
Re: Recommendation to establish and adopt two classifications.

Background Information: At the request of the Human Resources Department and Sheriff's Office, Human Resources (HR) completed job assessments based on the business needs of the departments. Because the county does not currently have existing job classifications that meet these needs, HR worked with the departments to develop new classifications. These classifications perform specialized functions that are not well defined within existing classifications. From a recruitment standpoint, the new classifications more accurately reflect the scope and nature of the work performed.

Discussion: Functions performed by classification:

#187, Administrative Services Coordinator

GENERAL STATEMENT OF DUTIES Administrative Services Coordinators perform complex technical and administrative work involving the centralized business functions of a county department. Coordinate activities related to budgets, accounting, contracts, grants, purchasing, personnel transactions, payroll, time reporting, records, and administrative procedures. Serve as a department liaison with Human Resources, Finance, Legal Counsel, vendors, contractors, public agencies, and other county departments. Collect and analyze administrative and financial information and prepare reports, correspondence, and supporting documentation.

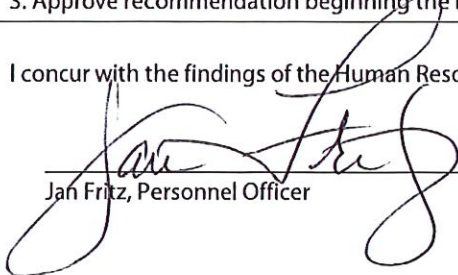
#278, Corrections Health Program Manager

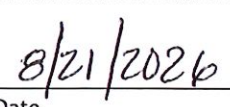
GENERAL STATEMENT OF DUTIES The Corrections Health Program Manager classification is responsible to plan, organize, direct, and administer medical and mental health services and related administrative functions for the Marion County Corrections Facility. Manage correctional health programs, resources, regulatory compliance, and assigned staff; provide management recommendations regarding correctional health policy and service delivery. Coordinate correctional health services with custody operations, the responsible health authority, contracted providers, county departments, and external agencies.

Recommendation:

1. In Unit 12, Non-Represented, establish and adopt the classification of Administrative Services Coordinator, class code #187, pay grade 12.H52. Under FLSA, positions in this classification are non-exempt.
2. In Unit 02, Non-Represented, establish and adopt the classification of Corrections Health Program Manager, class code #278, pay grade 02.A33. Under FLSA, positions in this classification are exempt.
3. Approve recommendation beginning the first pay period following approval by the Board.

I concur with the findings of the Human Resources Department and approve the actions detailed above.


Jan Fritz, Personnel Officer


Date



MARION COUNTY BOARD OF COMMISSIONERS

Board Session Agenda Review Form

Meeting date: 9/2/2026

Department: Human Resources

Title:

Health Insurance Renewals for CY 2027

Management Update/Work Session Date: _____ Audio/Visual aids ☐

Time Required: 5 Contact: Lori Klemesen Phone: 503-584-7781

Requested Action:

Approve the renewal rates for medical and dental insurance for CY 2027.

Issue, Description
& Background:

Each year, through consultation with Brown & Brown (Benefits Consultant), Marion County is presented with renewal rates for medical and dental coverage with our existing carriers. The renewals are brought forth and shared with the Health Insurance Study Committees (HISC) for review. Brown & Brown also presents any marketing results from other insurance carriers. The HISC then submits recommendations to the board for approval and the board can then determine if the recommendations are accepted or if further discussion is necessary.

Financial Impacts:

See attachments

Impacts to Department
& External Agencies:

Specific Departmental impact has not been determined at this time.

List of attachments:

HISC Summary Packets

Presenter:

Department Head
Signature:

Salvador
Llerenas

Digitally signed by Salvador
Llerenas
Date: 2026.08.25 08:54:35 -07'00'

Board Session

Health Insurance Renewals for CY 2027

September 2, 2026

Marion County offers medical and dental plans to the following two employee groups:

1. MCLEA/FOPPO/MCSSA Employee Group

Marion County Law Enforcement (MCLEA) and Federation of Oregon Parole and Probation Officers (FOPPO), Marion County Sheriff Sergeants Association (MCSSA)

2. MC Employee Group

Marion County Employee's Association (MCEA), Oregon Nurses Association (ONA), Marion County Juvenile Employee's Association (MCJEA), Marion County District Attorney's Association (MCDAA), and all other Non-Represented Staff

Each year, through consultation with Brown & Brown (Benefits Consultant), Marion County is presented with renewal rates for medical and dental coverage with our existing carriers. This year, Brown & Brown also presented marketing results from other insurance carriers for review.

Recommendations for Benefits for CY 2027

The renewal information was provided to both Health Insurance Study Committees (MCLEA/FOPPO Employee Group and MC Employee Group). The HISC Committee would like to recommend the county stay with PacificSource and Kaiser for CY 2027:

MCLEA/FOPPO/MCSSA Employee Group

- PacificSource PPO Plan
 - Accept renewal at 8.3%
- Kaiser HMO
 - Accept renewal at 12.5%
- Dental
 - Accept Kaiser renewal at 6.8%
 - Accept Delta Dental renewal at 4.6%

MC Employee Group

- PacificSource PPO Plan and Pacific Source HDHP Plan
 - Accept renewal at 8.3%
- Kaiser HMO
 - Accept Kaiser renewal at 12.5%
- Dental
 - Accept Kaiser renewal at 6.8%.
 - Accept Delta Dental renewal at 5.9%.

Health Savings Arrangement (HSA)

The HSA is offered alongside the HDHP plan and provides a vehicle for HDHP participants to save pretax funds to cover out of pocket medical expenses. Traditionally, Marion County has authorized an employer contribution to the employee HSA accounts. The current annual employer contribution is \$700 for individual only coverage and \$1,400 for family coverage. The Human Resources Manager requests that the Marion County Board of Commissioners consider the annual employer HSA contribution at the current level.

Marion County Health Savings Account Contribution

	# of EE	Contribution
HSA Employer Contribution, EE only	96	\$67,200.00
HSA Employer Contribution, Family	172	\$240,800.00
Marion County Annual Contribution	268	\$308,000.00

**The above amounts are based on employer contribution of \$700 for employee only and \$1400 for family enrollments

**Number of current enrollments as of 9/01/2026

Part and Temporary Employee Health Plan

In order to comply with eligibility rules under the Affordable Health Care Act, Marion County offers an essential benefit health plan to employees who would not otherwise meet eligibility criteria under Marion County Benefit Plan rules. This plan is offered through PacificSource and meets essential benefits requirement and with an employer contribution towards the employee premium, meets affordability requirements. The Human Resources Manager recommends renewing this plan with an employer contribution as described in the attached Temporary and Part Time Plan description.

EXECUTIVE SUMMARY

Introduction

The following table summarizes your employee benefit plan renewals from the following insurance carriers and vendors for the plan year beginning January 1, 2027.

Benefit Plan	Carrier or Vendor	Initial % Renewal	Final % Renewal
Medical/Rx	PacificSource	13.6%	8.3%
Medical/Rx	Kaiser	17.0%	12.5%
Dental	Kaiser	6.8%	6.8%
Dental	Delta Dental	5.3%	5.3%
Life/AD&D	New York Life	0%	0.0%
Life/AD&D – Voluntary	New York Life	0%	0%
Long Term Disability	New York Life	0%	0%
Short Term Disability – Voluntary	New York Life	0%	0%
FSA Administration	CAS	0%	0%
COBRA Administration	CAS	0%	0%
Retiree Administration	CAS	0%	0%
HSA Administration	CAS	0%	0%
Employee Assistance Program	Canopy/Revive	0%	0%

Marion County
Medical/Rx Drug Plan Annual Cost Projection - MCLEA / FOPPO / MCSSA
January 1, 2027

Kaiser HMO Medical					
	<u>Enrollment</u>	<u>Current</u>	<u>Renewal</u>	<u>Negotiated Renewal</u>	<u>Negotiated Renewal</u>
Active Unit Rate	139	\$1,861.28	\$2,176.53	\$2,093.98	\$2,093.98
Retiree Only	2	\$833.72	\$974.93	\$937.95	\$937.95
Retiree & One Dependent	2	\$1,667.44	\$1,949.86	\$1,875.90	\$1,875.90
Retiree & Dependents	1	\$2,501.14	\$2,924.79	\$2,813.85	\$2,813.85
Monthly	144	\$266,221	\$311,312	\$299,505	\$299,505
Annual		\$3,194,657	\$3,735,744	\$3,594,057	\$3,594,057
\$ Change			\$541,088	\$399,401	\$399,401
% Change			16.9%	12.5%	12.5%

PacificSource PPO Medical					
	<u>Enrollment</u>	<u>Current</u>	<u>Renewal</u>	<u>Negotiated Renewal</u>	<u>2nd Negotiated Renewal</u>
Active Unit Rate	115	\$2,681.31	\$3,044.85	\$2,945.72	\$2,903.34
Retiree Only	3	\$1,216.79	\$1,381.77	\$1,336.78	\$1,317.55
Retiree & One Dependent	0	\$2,248.10	\$2,552.91	\$2,469.79	\$2,434.26
Retiree & Dependents	0	\$3,401.45	\$3,862.63	\$3,736.88	\$3,683.11
Monthly	118	\$312,001	\$354,303	\$342,768	\$337,837
Annual		\$3,744,012	\$4,251,637	\$4,113,218	\$4,054,041
\$ Change			\$507,624	\$369,205	\$310,029
% Change			13.6%	9.9%	8.3%

Total Medical/Rx Drug Plan					
PEPM		\$2,206.96	\$2,540.52	\$2,451.42	\$2,432.60
Monthly	262	\$578,222	\$665,615	\$642,273	\$637,342
Annual		\$6,938,669	\$7,987,381	\$7,707,275	\$7,648,098
\$ Change			\$1,048,712	\$768,606	\$709,429
% Change			15.1%	11.1%	10.2%

Marion County
Dental Plan Annual Cost Projection - MCLEA / FOPPO / MCSSA
January 1, 2027

Kaiser Dental			
	<u>Enrollment</u>	<u>Current</u>	<u>Renewal</u>
Active Unit Rate	132	\$167.90	\$179.38
Retiree Only	3	\$75.09	\$80.22
Retiree & One Dependent	2	\$150.18	\$160.44
Retiree & Dependents	1	\$225.27	\$240.66
Monthly	138	\$22,914	\$24,480
Annual		\$274,964	\$293,764
\$ Change			\$18,800
% Change			6.8%
Rate Guarantee			

Delta Dental			
	<u>Enrollment</u>	<u>Current</u>	<u>Renewal</u>
Active Unit Rate	121	\$145.69	\$152.42
Retiree Only	3	\$66.97	\$70.14
Retiree & One Dependent	0	\$122.53	\$128.34
Retiree & Dependents	0	\$184.79	\$193.55
Monthly	124	\$17,829	\$18,653
Annual		\$213,953	\$223,839
\$ Change			\$9,886
% Change			4.6%
Rate Guarantee			

Total Dental Plan			
PEPM	262	\$155.51	\$164.63
Monthly		\$40,743	\$43,134
Annual		\$488,917	\$517,603
\$ Change			\$28,686
% Change			5.9%

Marion County
Medical Benefit Options - MCLEA / FOPPO / MCSSA
January 1, 2027

Plan Features	Kaiser HMO Medical Current/Renewal Changes	PacificSource PPO Medical Current/Renewal Changes
Plan Info	Participating	Participating Non-Participating
Plan Name	OR Plan C23A	Navigator 100_20+Rx S3
Type of Plan	HMO	PPO
Hospital Network		
Limited Network?	Yes	No
PCP Required?	Yes	No
Annual Deductible/Individual	None	\$100
Annual Deductible/Family	None	\$300
Coinsurance	Not applicable	20% 40%
Annual Out-of-Pocket Limit/Individual	\$600	\$800 \$1,600
Annual Out-of-Pocket Limit/Family	\$1,200	\$4,000 \$1,600 per individual
General Services		
Office Visit/Exam	\$5 Copay	First 3 visits covered at no charge; 20% after ded for additional visits 40% after ded
Specialist Visit	\$5 Copay	20% after ded 40% after ded
Virtual Visit	Covered in full	First 3 visits covered at no charge, then 20% after ded for additional visits 40% after ded
Naturopath Visit	\$5 Copay	20% after ded 40% after ded
Preventive Services	Covered in full	Covered in full 40% after ded
Diagnostic X-Ray & Lab	Covered in full	20%, Ded waived 40% after ded
High Cost Imaging	Covered in full	20% after ded 40% after ded
Urgent Care	\$10 Copay	20%, ded waived 20%, ded waived
Hospital Services		
Inpatient Hospitalization	Covered in full	\$100 Copay/admit plus 20%, after ded \$100 Copay/admit plus 40%, after ded
Outpatient Services	\$5 Copay	20% after ded 40% after ded
Emergency Room	\$5 Copay	\$100 Copay then 20%, ded waived
Alternative Therapy		Visit Limits are Shared Across Tiers
Chiropractic Services	Not Covered	20%, ded waived, 20 visits max/year
Acupuncture	Not Covered	20%, ded waived, 12 visits max/year
Massage Therapists	Not Covered	Not Covered
Prescription Drug Benefits		Medical Deductible Applies, then:
Retail Generic (Preferred)	\$10 Copay	25% after ded (0%, ded waived, for Incentive Drugs) 25% after ded
Retail Generic (Non-Preferred)	\$10 Copay	25% after ded 25% after ded
Retail Brand (Preferred)	\$20 Copay	25% after ded 25% after ded
Retail Brand (Non-Preferred)	\$20 Copay	25% after ded 25% after ded
Specialty Drugs (Preferred)	same as retail copays	25% after ded 25% after ded
Specialty Drugs (Non-Preferred)	same as retail copays	25% after ded 25% after ded
Retail # of Days Supply	30 days	30 days 30 days, no more than 3 fills/year
Mail Order Generic (Preferred)	\$20 Copay	25% after ded (0%, ded waived, for Incentive Drugs) Not Covered
Mail Order Generic (Non-Preferred)	\$20 Copay	25% after ded Not Covered
Mail Order Brand (Preferred)	\$40 Copay	25% after ded Not Covered
Mail Order Brand (Non-Preferred)	\$40 Copay	25% after ded Not Covered
Mail Order # of Days Supply	90 days	90 days
Vision Exam & Hardware		In-Network Out of Network
Eye Exam	\$5 Copay	Covered in full Covered in full up to \$45 allowance
Hardware	Lenses / Frames / Contacts Combined allowance of \$150 Every 12 months Exam, Every 24 months Hardware	Lenses Covered in full, Frames or Contacts covered up to \$200 Lenses, Frames, Contacts covered in full up to various allowances Every 12 months Exam, Every 24 months Frames & Lenses

2027 Kaiser Plan Changes: Refer to Kaiser document "2027 Oregon and Washington Plan Changes" for miscellaneous changes.

2027 PacificSource Plan Changes: Other than HSA plan limits, additional changes are TBD and set for release mid-August

This summary is intended to highlight the major benefit provisions of these plans for plan administration purposes. It is not intended to be an SPD for plan participants, nor does it intend to comprehensively summarize the full provisions, limitations and exclusions of these plans. If the terms of this summary and the SPD or plan document conflict, the SPD or plan document will control. For more information, please ask your service team for a complete SPD, insurance contract and/or plan document. Complete proposals are available upon request. **We recommend that you review complete proposals prior to changing carriers. If you choose to change carriers, please do not cancel coverage with your current carrier until advised to do so.**

Marion County
Dental Benefit Options - MCLEA / FOPPO / MCSSA
January 1, 2027

Plan Features	Kaiser Dental Current / Renewal Changes	Delta Dental Current / Renewal Changes	
Type of Plan	Dental HMO Plan R198	Premier Plan	
Out of Network Reimbursement	N/A - In-Network Only	Maximum Allowable Amount	
General Plan Information	Participating	Participating	Non-Participating
Annual Deductible/Individual	None	None	
Annual Deductible/Family	None	None	
Annual Plan Maximum	No Maximum	\$1,500	
Preventive Services		Preventive Services do not apply to the Annual Maximum	
Exams, X-Rays, Cleanings	Covered in full	0%	0%
Sealants	Covered in full	0%	0%
Space Maintainers	Covered in full	0%	0%
Basic Services			
Routine Fillings	Covered in full	0%	0%
Simple Extractions	Covered in full	0%	0%
Complex Extractions/Surgical	Covered in full	50% (covered under Major Services)	50% (covered under Major Services)
Periodontics	Covered in full	50% (covered under Major Services)	50% (covered under Major Services)
Endodontics	Covered in full	0%	0%
Major Services			
Crowns	\$45 Copay	50%	50%
Bridges, Dentures	\$45 Copay Bridges, \$65 to \$95 Copay Dentures	50%	50%
Implants	Not Covered	50%	50%
Orthodontia Services			
Child Benefits		20%	20%
Adult Benefits	Not Covered	20%	20%
Lifetime Maximum		\$700	

2027 Kaiser Plan Changes: Refer to Kaiser document "2027 Oregon and Washington Plan Changes" for miscellaneous changes.

2027 Delta Dental Plan Changes: changes are TBD

This summary is intended to highlight the major benefit provisions of these plans for plan administration purposes. It is not intended to be an SPD for plan participants, nor does it intend to comprehensively summarize the full provisions, limitations and exclusions of these plans. If the terms of this summary and the SPD or plan document conflict, the SPD or plan document will control. For more information, please ask your service team for a complete SPD, insurance contract and/or plan document. Complete proposals are available upon request. **We recommend that you review complete proposals prior to changing carriers. If you choose to change carriers, please do not cancel coverage with your current carrier until advised to do so.**

Marion County
Employee Health Plan Contributions - MCLEA / FOPPO / MCSSA
January 1, 2027
Based on Current Contribution Method

	Current (2026)			Renewal (2027)			Monthly Difference versus 2026	
	Premium	County Cost	EE Cost	Premium	County Cost	EE Cost	County	Employee
Kaiser HMO Medical	\$1,861.28			\$2,093.98				
Kaiser Dental	\$167.90			\$179.38				
MCLEA/FOPPO	\$2,029.18	\$1,927.72	\$101.46	\$2,273.36	\$2,159.69	\$113.67	\$231.97	\$12.21
Kaiser HMO Medical	\$1,861.28			\$2,093.98				
Delta Dental	\$145.69			\$152.42				
MCLEA/FOPPO	\$2,006.97	\$1,906.62	\$100.35	\$2,246.40	\$2,134.08	\$112.32	\$227.46	\$11.97
PacificSource PPO	\$2,681.31			\$2,903.34				
Kaiser Dental	\$167.90			\$179.38				
MCLEA/FOPPO	\$2,849.21	\$2,706.75	\$142.46	\$3,082.72	\$2,928.58	\$154.14	\$221.83	\$11.68
PacificSource PPO	\$2,681.31			\$2,903.34				
Delta Dental	\$145.69			\$152.42				
MCLEA/FOPPO	\$2,827.00	\$2,685.65	\$141.35	\$3,055.76	\$2,902.97	\$152.79	\$217.32	\$11.44

Marion County
Medical/Rx Drug Plan Annual Cost Projection - MC
January 1, 2027

Kaiser HMO Medical					
	<u>Enrollment</u>	<u>Current</u>	<u>Renewal</u>	<u>Negotiated Renewal</u>	<u>Negotiated Renewal</u>
Active Unit Rate	558	\$1,951.36	\$2,282.66	\$2,196.10	\$2,196.10
Retiree Only	19	\$844.64	\$987.70	\$950.24	\$950.24
Retiree & One Dependent	3	\$1,689.30	\$1,975.40	\$1,900.48	\$1,900.48
Retiree & Dependents	1	\$2,533.94	\$2,963.10	\$2,850.72	\$2,850.72
Monthly	581	\$1,112,509	\$1,301,380	\$1,252,031	\$1,252,031
Annual		\$13,350,107	\$15,616,559	\$15,024,366	\$15,024,366
\$ Change			\$2,266,452	\$1,674,260	\$1,674,260
% Change			16.98%	12.5%	12.5%

PacificSource PPO Medical					
	<u>Enrollment</u>	<u>Current</u>	<u>Renewal</u>	<u>Negotiated Renewal</u>	<u>2nd Negotiated Renewal</u>
Active Unit Rate	260	\$2,170.92	\$2,465.26	\$2,385.00	\$2,350.69
Retiree Only	6	\$972.76	\$1,104.65	\$1,068.69	\$1,053.31
Retiree & One Dependent	1	\$1,881.24	\$2,136.31	\$2,066.76	\$2,037.02
Retiree & Dependents	1	\$2,839.91	\$3,224.96	\$3,119.96	\$3,075.07
Monthly	268	\$574,997	\$652,957	\$631,699	\$622,611
Annual		\$6,899,963	\$7,835,481	\$7,580,386	\$7,471,336
\$ Change			\$935,518	\$680,423	\$571,373
% Change			13.6%	9.9%	8.3%

PacificSource HDHP Medical					
	<u>Enrollment</u>	<u>Current</u>	<u>Renewal</u>	<u>Negotiated Renewal</u>	<u>2nd Negotiated Renewal</u>
Active Unit Rate	280	\$1,888.10	\$2,144.10	\$2,074.29	\$2,044.45
Retiree Only	2	\$881.11	\$1,000.57	\$968.00	\$954.07
Retiree & One Dependent	1	\$1,537.73	\$1,746.22	\$1,689.37	\$1,665.06
Retiree & Dependents	0	\$2,436.20	\$2,766.51	\$2,676.44	\$2,637.93
Monthly	283	\$531,968	\$604,095	\$584,427	\$576,019
Annual		\$6,383,615	\$7,249,144	\$7,013,119	\$6,912,230
\$ Change			\$865,529	\$629,503	\$528,615
% Change			13.6%	9.9%	8.3%

Total Medical/Rx Drug Plan					
PEPM		\$1,960.67	\$2,260.10	\$2,180.35	\$2,164.89
Monthly	1132	\$2,219,474	\$2,558,432	\$2,468,156	\$2,450,661
Annual		\$26,633,685	\$30,701,184	\$29,617,871	\$29,407,933
\$ Change			\$4,067,499	\$2,984,187	\$2,774,248
% Change			15.3%	11.2%	10.4%

Marion County
Dental Plan Annual Cost Projection - MC
January 1, 2027

Kaiser Dental			
	<u>Enrollment</u>	<u>Current</u>	<u>Renewal</u>
Active Unit Rate	436	\$132.40	\$141.45
Retiree Only	13	\$58.83	\$62.85
Retiree & One Dependent	4	\$117.65	\$125.69
Retiree & Dependents	1	\$176.48	\$188.54
Monthly	454	\$59,138	\$63,181
Annual		\$709,659	\$758,167
\$ Change			\$48,507
% Change			6.8%
Rate Guarantee			

Delta Dental			
	<u>Enrollment</u>	<u>Current</u>	<u>Renewal</u>
Active Unit Rate	664	\$136.50	\$144.54
Retiree Only	11	\$62.87	\$66.57
Retiree & One Dependent	2	\$115.03	\$121.81
Retiree & Dependents	1	\$173.50	\$183.72
Monthly	678	\$91,731	\$97,134
Annual		\$1,100,774	\$1,165,610
\$ Change			\$64,836
% Change			5.9%
Rate Guarantee			

Total Dental Plan			
PEPM	1132	\$133.28	\$141.62
Monthly		\$150,869	\$160,315
Annual		\$1,810,433	\$1,923,777
\$ Change			\$113,344
% Change			6.3%

Marion County
Medical Benefit Options - MC
January 1, 2027

Plan Features	Kaiser HMO Medical Current/Renewal Changes	PacificSource PPO Medical Current/Renewal Changes	PacificSource HDHP Medical Current/Renewal Changes
Plan Info	Participating	Participating Non-Participating	Participating Non-Participating
Plan Name	Oregon Ded Plan 2C23	Navigator 300+15_30 S3	Navigator HSA 1700_20+Rx Non-embedded S3
Type of Plan	HMO	PPO	HSA-Eligible PPO
Hospital Network			
Limited Network?	Yes	No	No
PCP Required?	Yes	No	No
Annual Deductible/Individual	\$500	\$300	\$1,700 / 2027 Change: \$1,750
Annual Deductible/Family	\$1,500	\$900	\$3,400 / 2027 Change: \$3,500
Coinsurance	20%	30% 50%	20% 40%
Annual Out-of-Pocket Limit/Individual	\$3,000	\$5,000 \$10,000	\$3,000 \$7,600
Annual Out-of-Pocket Limit/Family	\$9,000	\$10,000 \$20,000	\$6,000 \$15,200
General Services			
Office Visit/Exam	First 3 visits covered at \$5 Copay then \$15 Copay	First 3 visits covered at \$5 Copay 50% after ded then \$15 Copay	After ded, first 3 visits covered at no charge; 20% after ded for additional visits
Specialist Visit	\$30 Copay	\$15 Copay 50% after ded	20% after ded 40% after ded
Virtual Visit	Covered in full	First three visits no deductible, \$5. Subsequent visits, no ded, \$15 50% after ded	After ded, first 3 visits covered at no charge (combined with office visit benefit), then 20% after ded for additional visits 40% after ded
Naturopath Visit	First 3 visits (combined with office visit)	\$15 Copay 50% after ded	20% after ded 40% after ded
Preventive Services	Covered in full	Covered in full 50% after ded	Covered in full 40% after ded
Diagnostic X-Ray & Lab	\$15 Copay per dept visit	30%, ded waived 50% after ded	20% after ded 40% after ded
High Cost Imaging	\$100 Copay per dept visit	\$100 Copay/test plus 30%, after ded \$100 Copay/test plus 50%, after ded	20% after ded 40% after ded
Urgent Care	\$40 Copay	\$15 Copay 50% after ded	20% after ded 40% after ded
Hospital Services			
Inpatient Hospitalization	\$100 Copay per day, up to \$500 Copay per admittance	\$100 Copay/admit plus 30%, after ded \$100 Copay/admit plus 50%, after ded	20% after ded 40% after ded
Outpatient Services	\$20 Copay	30% after ded 50% after ded	20% after ded 40% after ded
Emergency Room	\$200 Copay after ded, waived if admitted	\$200 Copay plus 30%, ded waived	20% after ded 20% after ded
Alternative Therapy		Visit Limits are Shared Across Tiers	Visit Limits are Shared Across Tiers
Chiropractic Services	\$40 Copay, 20 visits max/year	30%, ded waived, 20 visits max/year	20% after ded, 20 visits max/year 40% after ded
Acupuncture	\$40 Copay, 12 visits max/year	30%, ded waived, 12 visits max/year	20% after ded, 12 visits max/year 40% after ded
Massage Therapists	\$25 Copay, 12 visits max/year	Not Covered	Not Covered
Prescription Drug Benefits			Medical Deductible Applies, then:
Retail Generic (Preferred)	\$10 Copay	\$10 Copay (incentive drugs covered in full) 50%, ded waived	20% after ded (0%, ded waived, for incentive drugs) 50% after ded
Retail Generic (Non-Preferred)	\$10 Copay	\$10 Copay 50%, ded waived	20% after ded 50% after ded
Retail Brand (Preferred)	\$30 Copay	\$30 Copay 50%, ded waived	20% after ded 50% after ded
Retail Brand (Non-Preferred)	50% up to \$100 max Copay	50%, ded waived 50%, ded waived	20% after ded 50% after ded
Specialty Drugs (Preferred)	same as retail copays	\$50 Copay \$50 Copay	20% after ded 20% after ded
Specialty Drugs (Non-Preferred)	same as retail copays	\$50 Copay \$50 Copay	20% after ded 20% after ded
Retail # of Days Supply	30 days	30 days 30 days, no more than 3 fills/year	30 days 30 days, no more than 3 fills/year
Mail Order Generic (Preferred)	\$20 Copay	\$30 Copay (incentive drugs covered in full) Not Covered	20% after ded (0% ded waived for incentive drugs) Not Covered
Mail Order Generic (Non-Preferred)	\$20 Copay	\$30 Copay Not Covered	20% after ded Not Covered
Mail Order Brand (Preferred)	\$60 Copay	\$90 Copay Not Covered	20% after ded Not Covered
Mail Order Brand (Non-Preferred)	50% up to \$200 Copay	50%, ded waived Not Covered	20% after ded Not Covered
Mail Order # of Days Supply	90 days	90 days	90 days
Vision Exam & Hardware			
Eye Exam	\$20 Copay	\$10 Copay \$10 Copay, \$45 allowance	\$10 Copay \$10 Copay, \$45 allowance
Hardware	Lenses / Frames / Contacts Combined allowance of \$200 Every 12 months Exam & Hardware	Lenses Covered in full, Frames or Contacts covered up to \$200 covered in full up to various allowances Every 12 months Exam, Frames & Lenses	Lenses Covered in full, Frames or Contacts covered up to \$200 covered in full up to various allowances Every 12 months Exam, Frames & Lenses

2027 Kaiser Plan Changes: Refer to Kaiser document "2027 Oregon and Washington Plan Changes" for miscellaneous changes.

2027 PacificSource Plan Changes: Other than HSA plan limits, additional changes are TBD and set for release mid-August

This summary is intended to highlight the major benefit provisions of these plans for plan administration purposes. It is not intended to be an SPD for plan participants, nor does it intend to comprehensively summarize the full provisions, limitations and exclusions of these plans. If the terms of this summary and the SPD or plan document conflict, the SPD or plan document will control. For more information, please ask your service team for a complete SPD, insurance contract and/or plan document. Complete proposals are available upon request. **We recommend that you review complete proposals prior to changing carriers. If you choose to change carriers, please do not cancel coverage with your current carrier until advised to do so.**

Marion County
Dental Benefit Options - MC
January 1, 2027

Plan Features	Kaiser Dental Current / Renewal Changes	Delta Dental Current / Renewal Changes	
Type of Plan	Dental HMO Plan R328	Premier Plan	
Out of Network Reimbursement	N/A - In-Network Only	Maximum Allowable Amount	
General Plan Information	Participating	Participating	Non-Participating
Annual Deductible/Individual	\$25	\$50	
Annual Deductible/Family	\$75	\$150	
Annual Plan Maximum	\$2,000	\$2,000	
Preventive Services	Deductible Waived for Preventive Services	Deductible Waived for Preventive and Preventive Services	
Exams, X-Rays, Cleanings	0%	0%	0%
Sealants	0%	0%	0%
Space Maintainers	0%	0%	0%
Basic Services	Deductible Applies:	Deductible Applies:	
Routine Fillings	0%	20%	20%
Simple Extractions	0%	20%	20%
Complex Extractions/Surgical	0%	50% (covered under Major Services)	50% (covered under Major Services)
Periodontics	20%	50% (covered under Major Services)	50% (covered under Major Services)
Endodontics	20%	20%	20%
Major Services	Deductible Applies:	Deductible Applies:	
Crowns	50%	50%	50%
Bridges, Dentures	50%	50%	50%
Implants	Not Covered	50%	50%
Orthodontia Services		Deductible Waived:	
Child Benefits	50%	50%	50%
Adult Benefits	50%	50%	50%
Lifetime Maximum	\$1,000	\$1,000	

2027 Kaiser Plan Changes: Refer to Kaiser document "2027 Oregon and Washington Plan Changes" for miscellaneous changes.

2027 Delta Dental Plan Changes: changes are TBD

This summary is intended to highlight the major benefit provisions of these plans for plan administration purposes. It is not intended to be an SPD for plan participants, nor does it intend to comprehensively summarize the full provisions, limitations and exclusions of these plans. If the terms of this summary and the SPD or plan document conflict, the SPD or plan document will control. For more information, please ask your service team for a complete SPD, insurance contract and/or plan document. Complete proposals are available upon request. **We recommend that you review complete proposals prior to changing carriers. If you choose to change carriers, please do not cancel coverage with your current carrier until advised to do so.**

Marion County
Employee Health Plan Contributions - MC
January 1, 2027
Based on Current Contribution Method

	Current (2026)			Renewal (2027)			Monthly Difference versus 2026	
	Premium	County Cost	EE Cost	Premium	County Cost	EE Cost	County	Employee
Kaiser HMO Medical	\$1,951.36			\$2,196.10				
Kaiser Dental	\$132.40			\$141.45				
MC	\$2,083.76	\$1,846.00	\$237.76	\$2,337.55	\$2,100.00	\$237.55	\$254.00	(\$0.21)
MCJEA	\$2,083.76	\$1,946.00	\$137.76	\$2,337.55	\$2,100.00	\$237.55	\$154.00	\$99.79
ONA	\$2,083.76	\$1,846.00	\$237.76	\$2,337.55	\$2,100.00	\$237.55	\$254.00	(\$0.21)
MCDAA	\$2,083.76	\$1,896.00	\$187.76	\$2,337.55	\$2,100.00	\$237.55	\$204.00	\$49.79
Kaiser HMO Medical	\$1,951.36			\$2,196.10				
Delta Dental	\$136.50			\$144.54				
MC	\$2,087.86	\$1,846.00	\$241.86	\$2,340.64	\$2,100.00	\$240.64	\$254.00	(\$1.22)
MCJEA	\$2,087.86	\$1,946.00	\$141.86	\$2,340.64	\$2,100.00	\$240.64	\$154.00	\$98.78
ONA	\$2,087.86	\$1,846.00	\$241.86	\$2,340.64	\$2,100.00	\$240.64	\$254.00	(\$1.22)
MCDAA	\$2,087.86	\$1,896.00	\$191.86	\$2,340.64	\$2,100.00	\$240.64	\$204.00	\$48.78
PacificSource PPO	\$2,170.92			\$2,350.69				
Kaiser Dental	\$132.40			\$141.45				
MC	\$2,303.32	\$1,846.00	\$457.32	\$2,492.14	\$2,100.00	\$392.14	\$254.00	(\$65.18)
MCJEA	\$2,303.32	\$1,946.00	\$357.32	\$2,492.14	\$2,100.00	\$392.14	\$154.00	\$34.82
ONA	\$2,303.32	\$1,846.00	\$457.32	\$2,492.14	\$2,100.00	\$392.14	\$254.00	(\$65.18)
MCDAA	\$2,303.32	\$1,896.00	\$407.32	\$2,492.14	\$2,100.00	\$392.14	\$204.00	(\$15.18)
PacificSource PPO	\$2,170.92			\$2,350.69				
Delta Dental	\$136.50			\$144.54				
MC	\$2,307.42	\$1,846.00	\$461.42	\$2,495.23	\$2,100.00	\$395.23	\$254.00	(\$66.19)
MCJEA	\$2,307.42	\$1,946.00	\$361.42	\$2,495.23	\$2,100.00	\$395.23	\$154.00	\$33.81
ONA	\$2,307.42	\$1,846.00	\$461.42	\$2,495.23	\$2,100.00	\$395.23	\$254.00	(\$66.19)
MCDAA	\$2,307.42	\$1,896.00	\$411.42	\$2,495.23	\$2,100.00	\$395.23	\$204.00	(\$16.19)
PacificSource HDHP	\$1,888.10			\$2,044.45				
Kaiser Dental	\$132.40			\$141.45				
MC	\$2,020.50	\$1,846.00	\$174.50	\$2,185.90	\$2,100.00	\$85.90	\$254.00	(\$88.60)
MCJEA	\$2,020.50	\$1,946.00	\$74.50	\$2,185.90	\$2,100.00	\$85.90	\$154.00	\$11.40
ONA	\$2,020.50	\$1,846.00	\$174.50	\$2,185.90	\$2,100.00	\$85.90	\$254.00	(\$88.60)
MCDAA	\$2,020.50	\$1,896.00	\$124.50	\$2,185.90	\$2,100.00	\$85.90	\$204.00	(\$38.60)
PacificSource HDHP	\$1,888.10			\$2,044.45				
Delta Dental	\$136.50			\$144.54				
MC	\$2,024.60	\$1,846.00	\$178.60	\$2,188.99	\$2,100.00	\$88.99	\$254.00	(\$89.61)
MCJEA	\$2,024.60	\$1,946.00	\$78.60	\$2,188.99	\$2,100.00	\$88.99	\$154.00	\$10.39
ONA	\$2,024.60	\$1,846.00	\$178.60	\$2,188.99	\$2,100.00	\$88.99	\$254.00	(\$89.61)
MCDAA	\$2,024.60	\$1,896.00	\$128.60	\$2,188.99	\$2,100.00	\$88.99	\$204.00	(\$39.61)

Marion County
Medical/Rx Drug Plan Annual Cost Projection - Part-time & Temporary Employees
January 1, 2027

Part Time Employees - Medical PacificSource \$7,000 Ded Plan						2027 Contributions	
	<u>Enrollment</u>	<u>Current</u>	<u>Renewal</u>	<u>Negotiated Renewal</u>	<u>2nd Negotiated Renewal</u>	<u>County Cost</u>	<u>Employee Costs</u>
Employee Only	0	\$777.32	\$882.71	\$853.97	\$841.69	\$631.27	\$210.42
Employee & 1 Dependent	0	\$2,254.25	\$2,559.89	\$2,476.55	\$2,440.92	\$631.27	\$1,809.65
Employee & 2+ Dependents	0	\$2,254.25	\$2,559.89	\$2,476.55	\$2,440.92	\$631.27	\$1,809.65



MARION COUNTY BOARD OF COMMISSIONERS

Board Session Agenda Review Form

Meeting date: September 2, 2026

Department: Sheriff's Office

Title: Amendment #2 with Greystone Tactical to update Entity to First Responder Outfitters, Inc.

Management Update/Work Session Date: 7/28/2026 Audio/Visual aids ☐

Time Required: 5 minutes Contact: Kristy Witherell Phone: x4402

Requested Action: Staff is requesting the board to approve Amendment #2 to the Contract for Services with Greystone Tactical to update the Entity to First Responder Outfitters, Inc. dba Greystone Tactical.

Issue, Description & Background: First Responder Outfitters, Inc. acquired Greystone Tactical on July 2, 2026. An amendment is required to assign the existing uniform contract from Greystone Tactical to First Responder Outfitters, Inc. following its legal acquisition of the vendor. This amendment ensures continuity of the contract, maintains agreed-upon pricing and terms, and aligns financial records with the new owner to ensure uninterrupted service.

Financial Impacts: N/A

Impacts to Department & External Agencies: N/A

List of attachments: Amendment #2, #1, and original contract, Consent of Assignment

Presenter: Commander Wilkinson

Department Head Signature: *Jeremy Landers*
Jeremy Landers (Aug 12, 2026 12:38:00 PDT)

Contract Review Sheet

Contract for Services

SO-6314-24 - Am2

Title: Greystone Tactical Uniform and Duty Gear

Contractor's Name: First Responder Outfitters, Inc. dba Greystone Tactical

Department: Sheriff's Office

Contact: Kristy Witherell

Analyst: Sandra Fixsen

Phone #: (503) 373-4402

Term - Date From: January 1, 2025

Expires: December 31, 2027

Original Contract Amount: \$ 500,000.00

Previous Amendments Amount: \$ -

Current Amendment: \$ -

New Contract Total: \$ 500,000.00 Amd% 0%

Outgoing Funds ☐ Federal Funds ☐ Reinstatement ☐ Retroactive ☐ Amendment greater than 25%

Source Selection Method: 20-0261 Multi Step RFP

RFP# SO1562-24

Description of Services or Grant Award

Amendment #2 changes the Entity to First Responder Outfitters, Inc. Greystone Tactical was acquired by First Responder Outfitters, Inc. dba Greystone Tactical. This amendment reflects the Entity change and adds Exhibit C, Consent to Assignment of Contract for Services.

Amendment #1- Request to Change the Prices in Exhibit C- Price List to reflect the New MSRP prices. Will now be Exhibit C- Price List Amendment #1, effective July 1, 2026.

Original- Contractor will provide uniform, duty gear and embroidery by way of request for proposal to fulfill and supplement the purchasing needs of the Marion County Sheriff's Office.

Desired BOC Session Date: 9/2/2026

Contract should be in DocuSign by: 8/12/2026

Agenda Planning Date: 8/20/2026

Printed packets due in Finance: 8/18/2026

Management Update: 8/18/2026

BOC upload / Board Session email: 8/19/2026

BOC Session Presenter(s) Commander Wilkinson

Code: Y

REQUIRED APPROVALS

Sandra L. Fixsen

08/12/2026

Finance - Contracts

Date

Kristy Witherell

Kristy Witherell (Aug 12, 2026 11:27:20 PDT)

08/12/2026

Contract Specialist

Date

Michelle Teed

Michelle Teed (Aug 17, 2026 11:18:17 PDT)

08/17/2026

Legal Counsel

Date

Jan Fritz

Jan Fritz (Aug 17, 2026 15:25:35 PDT)

08/17/2026

Chief Administrative Officer

Date

REQUEST FOR AUTHORIZATION OF CONTRACT SO-6314-24

Date: 8/11/2026
To: Chief Administrative Officer
Cc: Contract File
From: Kristy Witherell

I. **Subject:** Retroactive

The Marion County Sheriff's Office is requesting approval of a retroactive Amendment #2 as described in Section 10-0580 of the Marion County Public Contracting Rules. The Amendment is with First Responder Outfitters, Inc. for Greystone Tactical Uniform and Duty Gear and will be effective retroactive to 7/1/2026 upon approval.

A. BACKGROUND

First Responder Outfitters, Inc. acquired Greystone Tactical, Inc. on June 30, 2026. Shortly after, on July 2, 2026, Greystone notified the Sheriff's Office of the acquisition and submitted the Consent to Assignment Agreement. The Sheriff's Office briefed the Board of Commissioners regarding the acquisition during the Management Update on July 28, 2026.

- B. As required in Section 10-0580(2)(a), Department staff will provide an explanation of why the contract was not submitted before performance began:

N/A

- C. As required in Section 10-0580(2)(b), Department staff will provide a description of the steps being taken to prevent similar occurrences in the future:

This retroactive amendment was delayed due to the vendor providing insufficient processing time to the Sheriff's Office, not due to staff error.

Submitted by:


Kristy Witherell (Aug 12, 2026 11:27:20 PDT)

Kristy Witherell
Sheriff's Office

Reviewed by:



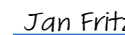
Contracts & Procurement

Acknowledged by:


Jeremy Landers (Aug 12, 2026 12:38:00 PDT)

Department Head

Acknowledged by:


Jan Fritz (Aug 17, 2026 15:25:35 PDT)

Jan Fritz, CAO



**AMENDMENT 2 to SO-6314-24
the CONTRACT FOR SERVICES
between**

MARION COUNTY and FIRST RESPONDER OUTFITTERS, INC.

This is Amendment 2 to the Contract for Services (as amended from time to time, the “Contract”), dated January 01, 2025, between Marion County, a political subdivision of the State of Oregon, hereinafter called County, and First Responder Outfitters, Inc., doing business as Greystone Tactical, hereafter called Contractor.

RECITALS

WHEREAS the County entered into a Contract for Services SO-6314-24 with Contractor under the name of Greystone Partners, Inc. doing business as Greystone Tactical on December 13, 2024.

WHEREAS Amendment 2 to the Contract for Services SO-6314-24 effective July 1, 2026, amends the name of Contractor to First Responder Outfitters, Inc., doing business as Greystone Tactical.

The Contract is hereby amended by replacing all references to Greystone Partners, Inc. and Greystone Tactical with First Responder Outfitters, Inc., doing business as Greystone Tactical.

The Contract is also hereby amended as follows (new language is indicated by underlining and deleted language is indicated by ~~strike through~~):

20. MERGER CLAUSE

This Contract and the attached following exhibits, in order of precedence, constitute the entire agreement between the parties:

- i. This Contract less exhibits
- ii. Exhibit A - Statement of Work
- iii. Exhibit B - Marion County Uniform and Duty Gear Request for Proposal #SO1562-24 and response, incorporated by reference
- iv. Exhibit C - Price List AMD #1
- v. Consent to Assignment of Contract for Services

Except as expressly amended above, all other terms and conditions of the original Contract and any previously executed amendments are still in full force and effect. Contractor certifies that the representations, warranties and certifications contained in the original Contract 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.

CERTIFICATIONS AND SIGNATURE. THIS CONTRACT MUST BE SIGNED BY AN AUTHORIZED REPRESENTATIVE OF CONTRACTOR

The undersigned certifies under penalty of perjury both individually and on behalf of Contractor is a duly authorized representative of Contractor, has been authorized by Contractor to make all representations, attestations, and certifications contained in this Contract and to execute this Contract on behalf of Contractor.

**MARION COUNTY SIGNATURES
BOARD OF COMMISSIONERS:**

Chair	_____	Date	_____
Commissioner	_____	Date	_____
Commissioner	_____	Date	_____
Authorized Signature:	<u><i>Jeremy Landers</i></u> Jeremy Landers (Aug 12, 2026 12:38:00 PDT)		08/12/2026
	Department Director or designee	Date	_____
Authorized Signature:	<u><i>Jan Fritz</i></u> Jan Fritz (Aug 17, 2026 15:25:35 PDT)		08/17/2026
	Chief Administrative Officer	Date	_____
Reviewed by Signature:	<u><i>Michelle Teed</i></u> Michelle Teed (Aug 17, 2026 11:18:17 PDT)		08/17/2026
	Marion County Legal Counsel	Date	_____
Reviewed by Signature:	<u><i>Sandra L. Lisan</i></u>		08/12/2026
	Marion County Contracts & Procurement	Date	_____

FIRST RESPONDER OUTFITTERS, INC. SIGNATURE

Authorized Signature: _____ Date _____

Title: _____



MARION COUNTY BOARD OF COMMISSIONERS

Board Session Agenda Review Form

Meeting date: Wednesday, September 2nd, 2026

Department: Health & Human Services

Title: Intellectual and Developmental Disabilities Advisory Committee Member Appointment

Management Update/Work Session Date: 7/21/2026 Audio/Visual aids ☐

Time Required: 5 Contact: Claire Perez Phone: x3776

Requested Action: Appoint Laura Hollaway to the Intellectual and Developmental Disabilities Advisory Committee (IDDAC) for a 4 year term.

Issue, Description & Background: The Intellectual and Developmental Disabilities Advisory Committee (IDDAC) is established in accordance with OAR 411-320-0030 (11) for oversight of the Marion County Community Developmental Disabilities Programs, and ORS 430.631 as the disability issues advisory committee. The IDDAC participates with the Marion County Health Department in planning local programs, and oversight of local resources and services that address the needs of IDD individuals. Members on the committee are appointed to 4-year terms.

Financial Impacts: N/A

Impacts to Department & External Agencies: N/A

List of attachments: Application, Proposed Roster, Board Order

Presenter: Karin Perkins

Department Head Signature: TGregg Digitally signed by TGregg
Date: 2026.08.18 11:46:23 -07'00'



Advisory Board Application

Applicant's Name: **Laura Hollaway**

Adv. Board: **Intellectual and Developmental Disabilities Advisory Committee**

City of Residence: **Aumsville**

Zip Code: **97325**

Application Rcd: **May 17, 2026**

Occupation: **Special Education Teacher/Case Manager, Silver Falls School District**

Co-Chair, Special Education Department, Western Oregon University

Has this applicant volunteered for Marion County: **No**

The reason I am applying:

I am applying for the Intellectual and Developmental Disabilities Advisory Board because I am passionate about supporting individuals with disabilities through advocacy, inclusive practices, and research-informed collaboration. My professional experiences across general education, special education, autism evaluation, and higher education have shown me the importance of strong community partnerships and equitable access to services and supports. I believe this advisory board provides an opportunity to contribute my educational background, data-driven perspective, and collaborative approach to discussions that directly impact individuals with intellectual and developmental disabilities and their families throughout Oregon. I am committed to helping promote inclusive, research-based, and community-centered practices that support meaningful outcomes for individuals across all stages of life.

More about my personal and professional interests:

My interest in applying for this advisory board comes from both my professional experiences and my academic journey within the field of autism and disability studies. Throughout my career, I have worked with individuals with disabilities across preschool through high school settings, which has allowed me to see both the strengths and barriers individuals and families experience within educational systems and community services. These experiences strengthened my desire to support policies and initiatives that improve access, inclusion, communication, and long-term outcomes for individuals with disabilities.

In addition, my doctoral studies in Autism Spectrum Disorder and Related Disabilities continue to deepen my understanding of evidence-based practices, neurodiversity-affirming approaches, and the importance of interdisciplinary collaboration. I am particularly interested in supporting conversations that bridge research, education, policy, and community implementation. I value opportunities to collaborate with professionals, families, and community members to help create inclusive systems that honor dignity, autonomy, and equitable access for all individuals with disabilities.

Tell us more about your community involvement:

Throughout my professional career, I have participated in a variety of educational, collaborative, and advocacy-related activities connected to disability support and autism services. I began my career working as a paraprofessional in preschool classrooms supporting autistic students and students with developmental disabilities. Since then, I have worked across general education and special education settings serving students from preschool through high school.

Within public education, I have collaborated closely with multidisciplinary teams, school administrators, teachers, related service providers, and families to support individualized educational programming and inclusive practices. I have participated in Individualized Education Program (IEP) meetings, evaluation teams, eligibility discussions, and data review processes to support students and families throughout the special education process.



Advisory Board Application

I have also worked with the Oregon Department of Education through responsibilities involving June Exit reporting, Child Find, and December Child Count data submissions. These experiences provided me with insight into state-level compliance, educational systems, and collaborative problem-solving processes.

Additionally, I have attended multiple autism-focused trainings related to autism evaluations, eligibility determination, neurodiversity, autism presentations in girls and boys, and evidence-based interventions. I am certified in ADOS-2 administration and have experience conducting evaluations, writing reports, and utilizing assessment tools such as MIGDAS-2, CARS, and SRS measures.

As I transition into a faculty role within the special education department at Western Oregon University, I look forward to continuing my involvement in educator preparation, mentorship, disability advocacy, and professional collaboration that supports both future educators and the disability community.

Previous board service at Marion County:

N/A

Qualifications and Skills:

I believe my combination of educational experience, research knowledge, autism evaluation training, and collaborative leadership skills would allow me to contribute meaningfully to this advisory board position. My qualifications include:

- Current PhD studies in Autism Spectrum Disorder and Related Disabilities
- Master's degree in Special Education
- Experience working across preschool, elementary, middle school, high school, and higher education settings
- Background in both general education and special education instruction
- Experience collaborating with multidisciplinary teams, families, administrators, and state education systems
- Knowledge of educational compliance processes, including Child Find, June Exit, and December Child Count reporting
- ADOS-2 certification and experience conducting autism evaluations and writing diagnostic reports
- Training and experience using MIGDAS-2, CARS, and SRS assessment tools
- Strong communication, collaboration, organization, and data-analysis skills
- Experience supporting inclusive practices, evidence-based interventions, and neurodiversity-affirming approaches
- Commitment to equitable access, inclusive environments, and community-centered decision making

My professional and academic experiences have strengthened my ability to communicate effectively with diverse stakeholders, analyze systems and supports, and contribute thoughtfully to collaborative discussions focused on improving outcomes for individuals with disabilities.

More about yourself and why you are applying:

As someone deeply committed to education, disability advocacy, and lifelong learning, I have built my career around supporting individuals with disabilities and helping create more inclusive environments. I am also a mom of someone who is part of the intellectually disabled community. My journey through public education, autism research, special education, and higher education has given me opportunities to work closely with



Advisory Board Application

students, families, educators, and professionals across a variety of settings. These experiences continue to shape my passion for advocacy, collaboration, and systems-level improvement.

I am applying because I want to contribute my knowledge, experiences, and perspective to meaningful conversations that support individuals with intellectual and developmental disabilities throughout Oregon. I value teamwork, research-informed decision making, and inclusive practices that center the needs and voices of individuals and families. I also believe strongly in continued learning and collaboration, and I would be honored to work alongside other professionals, advocates, and community members dedicated to improving supports and opportunities within the disability community.

Thank you for considering my application and interest in serving on the Intellectual and Developmental Disabilities Advisory Board.

References: **Paine, Danielle, Co-Worker, Silver Falls School District**
 Peters, Heidi, Co-Worker, Silver Falls School District

Attachments: **Cover Letter, Resume, Letter of Recommendation from D. Paine**

Signature

Agreement Statement:

I give my permission for the named references to be contacted, either verbally or in writing. All the information on this application is true to the best of my knowledge and I understand I am applying for a volunteer position with Marion County.

I understand that appointed members of a Marion County advisory board, commission, committee, or council are considered public officials under Oregon law. Marion County will provide orientation and more information upon appointment.

☒ I Agree *

Intellectual and Developmental Disabilities Advisory Committee

	Name	Member	Term Status	Organization			
Individuals or Family Member							
1	David Beem	Self-Advocate	Honorary	Resides with Shangri-La			
2	Laura Hollaway	Self-Advocate	9/2/2026	Western Oregon University			
Advocate Organizations							
1	Rebecca Hill	Advocate	12/31/2028	Creating Opportunities			
Providers							
1	Kathy Schnebly Chair	Provider	6/30/2029	Natural Discoveries			
2	Michelle Silbernagel, Co-Chair	Provider	6/30/2027	Independent contractor			
3	Daniel Atsbaha	Provider	4/30/2025	Adult Foster Care Provider			
5	Deborah Stoyer	Provider	6/30/2027	BeeLoved Care Homes			
Agency Reps							
1	Mariah Boyd	Agency	12/31/2026	Vocational Rehabilitation			
2	Jennifer Rowan	Agency	12/31/2026	Salem Keizer School District			
3	Melissa Phillips	Agency	6/30/2028	HDE Home Care LLC			

Marion County Staff:

Karin Perkins - IDD Division Director
 Sherry Miotke - Office Specialist
 Carly Lair - Program Manager
 Patricia Pickett-Cooper - QA/QI Coordinator
 Vacant- Management Analyst

Updated 8/18/2026

In the matter of appointing Laura Hollaway)
to the Intellectual and Developmental)
Disabilities Advisory Committee)

Commissioner



MARION COUNTY BOARD OF COMMISSIONERS

Board Session Agenda Review Form

Meeting date: 8/26/2026

Department: Public Works

Title: Brooks Community Service District Wholesale Raw Water Purchase Agreement

Management Update/Work Session Date: 7/7/2026 Audio/Visual aids ☐

Time Required: 10 Contact: Brian Nicholas Phone: x9743

Requested Action: Acting as the Brooks Community Service District (BCSD) Governing Body, approve Contract PW-7132-26 between BCSD and Chemeketa Community College for the wholesale purchase of raw water for distribution by BCSD to BCSD customers.

Issue, Description & Background: BCSD purchases its raw water from Chemeketa Community College, which is supplied by a groundwater well located on Chemeketa's Brooks firefighting school campus. Construction of the new BCSD municipal water system necessitates a new agreement between BCSD and Chemeketa. The proposed agreement provides water security to BCSD for a term of up to twenty (20) years and obligates BCSD to make a good faith effort to develop an alternate raw water source during that time to mitigate BCSD's reliance on Chemeketa's groundwater well.

Financial Impacts: Wholesale raw water purchase costs are accounted for in BCSD's budget and municipal utility rate structures.

Impacts to Department & External Agencies: None.

List of attachments: Contract PW-7132-26

Presenter: Brian Nicholas

Department Head Signature: Brian Nicholas Digitally signed by Brian Nicholas
Date: 2026.06.30 08:54:12 -07'00'

Contract Review Sheet

Intergovernmental Agreement

PW-7132-26

Title: Brooks Community Service District Wholesale Raw Water Purchase Agreement

Contractor's Name: Chemeketa Community College

Department: Public Works Department

Contact: Alicia Jones

Analyst: Sabrina Hay

Phone #: 503-373-4320

Term - Date From: Execution

Expires: 10 yrs from effective date

Original Contract Amount: \$ 450,000.00

Previous Amendments Amount: \$ -

Current Amendment: \$ -

New Contract Total: \$ 450,000.00 Amd% 0%

Outgoing Funds ☐ Federal Funds ☐ Reinstatement ☐ Retroactive ☐ Amendment greater than 25%

Source Selection Method: 50-0010 General Exemptions (IGAs Grants QRFs)

Department

Description of Services or Grant Award

This Agreement establishes the terms and conditions under which Chemeketa shall supply and Brooks Community Service District (BCSD) shall purchase raw well water for distribution by BCSD to BCSD customers in the unincorporated community of Brooks, Oregon, until such time as BCSD obtains or develops one or more alternate drinking water sources.

Rates will increase each year of the agreement. Water usage may vary and customers may be added. \$450,000 is a rough estimate for the initial ten years. The agreement may be extended for two additional five-year terms.

Desired BOC Session Date: 8/26/2026

Contract should be in DocuSign by: 7/29/2026

Agenda Planning Date: 8/6/2026

Printed packets due in Finance: 8/11/2026

Management Update: 7/7/2026

BOC upload / Board Session email: 8/5/2026

BOC Session Presenter(s) Brian Nicholas

Code: Y

REQUIRED APPROVALS

Sabrina Hay

Sabrina Hay (Aug 3, 2026 09:21:55 PDT)

08/03/2026

Finance - Contracts

Date

Alicia Jones

07/31/2026

Contract Specialist

Date

Andrew Wittendorf

08/03/2026

Legal Counsel

Date

Chief Administrative Officer

Date

INTERGOVERNMENTAL AGREEMENT
Between
BROOKS COMMUNITY SERVICE DISTRICT
And
CHEMEKETA COMMUNITY COLLEGE
PW-7132-26

1. PARTIES TO AGREEMENT

This Agreement is between Chemeketa Community College (“Chemeketa”), an ORS Chapter 341 community college district, and the Brooks Community Service District (“BCSD”), an ORS Chapter 451 county service district, collectively referred to herein as “Parties” and individually as “Party.” This Agreement is made pursuant to ORS 190.010 (Intergovernmental Agreements).

2. PURPOSE/STATEMENT OF WORK

The purpose of this Agreement is to establish the terms and conditions under which Chemeketa shall supply and BCSD shall purchase raw well water for distribution by BCSD to BCSD customers in the unincorporated community of Brooks, Oregon, until such time as BCSD obtains or develops one or more alternate drinking water sources. The “unincorporated community of Brooks, Oregon” is defined as the same geographical area as the BCSD Service Area. Chemeketa owns the rights to the Raw Water Source that shall supply the raw well water sold under this Agreement.

3. TERM AND TERMINATION

- 3.1. Effective Date.** The Effective Date of this Agreement is the date on which all required signatures have been obtained.
- 3.2. Contract Term.** This Agreement shall be for a Term of ten (10) years beginning on the Effective Date, unless sooner terminated or extended as provided herein. BCSD shall have the right to extend this Agreement for two (2) additional 5-year Terms by providing written notice to Chemeketa prior to the expiration of the Term then in effect, provided BCSD maintains compliance with the terms of this Agreement or, in the event BCSD is found to be out of compliance with the terms of this Agreement, BCSD successfully restores such compliance.
- 3.3. Termination.** This Agreement may be terminated at any time by mutual consent of the Parties. This Agreement will terminate when both Parties determine that BCSD has obtained or developed one or more alternate drinking water sources and that no amount of Chemeketa-owned raw well water is necessary for BCSD to supply water to customers in the unincorporated community of Brooks, Oregon.

4. FUNDING AND BILLING

- 4.1. Raw Well Water Rate Schedule.** BCSD shall pay Chemeketa for raw well water on a per thousand-gallon basis, or any fraction thereof.

Contract Year	Rate (\$ per 1,000 Gallons)
Year 1	\$ 1.450
Year 2	\$ 1.483
Year 3	\$ 1.516
Year 4	\$ 1.550
Year 5	\$ 1.585
Year 6	\$ 1.621
Year 7	\$ 1.657
Year 8	\$ 1.694
Year 9	\$ 1.733
Year 10	\$ 1.771

The Raw Well Water Rate to be paid during the first year of any Term extension shall be commensurate with representative local raw water prices then in effect at the time of the extension as mutually agreed by the Parties. Annual Raw Water Rate increases thereafter shall not exceed 2.25% annually.

- 4.2. Invoicing Procedures.** Chemeketa shall invoice BCSD on a bi-monthly basis for water delivered during the preceding billing period. Each invoice shall state the billing period, the total gallons of water delivered during that billing period, the applicable per-1000-gallon rate, calculation of total charges, and total amount due. Chemeketa will submit invoices electronically (email acceptable) to the BCSD Secretary.
- 4.3. Payment Terms.** BCSD shall pay all undisputed amounts within thirty (30) days of the invoice date. Late payments shall accrue interest at a rate of one percent (1.0%) per month, or the maximum allowed by Oregon law, whichever is less.
- 4.4. Disputed Charges.** BCSD shall notify Chemeketa in writing of any disputed charges within fifteen (15) days of receipt of the invoice. BCSD shall pay all undisputed amounts when due. The Parties shall work in good faith to resolve disputes promptly.

5. RAW WELL WATER SERVICE

- 5.1. Raw Well Water Source.** Chemeketa shall supply raw well water from Chemeketa's existing groundwater well located at 4910 Brooklake Road NE, Brooks, Oregon. During the term of this Agreement, BCSD shall pursue the purchase or development of its own water source to partially or fully meet BCSD customer needs. Complete failure on the part of BCSD to make good-faith efforts to pursue purchase or development of its own water source to partially or fully meet BCSD customer needs during the first 10-year Term of this Agreement is considered a material breach of this Agreement and,

accordingly, BCSD shall forfeit its right under Provision 3.2 (“Contract Term”) to extend this Agreement.

- 5.2. Initial Filling of BCSD reservoir.** During the initial filling of BCSD’s reservoir with Chemeketa’s raw well water, Chemeketa agrees not to schedule any planned disruptions to water service. The Parties will find a mutually agreeable date range for the initial filling of BCSD’s reservoir. BCSD is responsible, at its sole expense, for ensuring that all well pumps, tank systems, lines, machinery, and other Chemeketa-owned equipment or property used to deliver raw well water to BCSD are in the same operating condition after the initial reservoir filling as they were prior to the reservoir filling. The Parties will conduct an initial inspection together prior to the initial filling and will conduct an inspection after the reservoir filling to determine if Chemeketa’s equipment is in the same operating condition.
- 5.3. Raw Water Service Connection Location.** Chemeketa shall deliver raw well water to BCSD at one or more jointly agreed upon locations (“Connection Location(s)”), for monitoring and billing purposes.
- 5.4. Bulk Supply Meter; Testing, and Monitoring.** BCSD shall supply, install, calibrate and maintain a bulk Supply Meter to continuously measure the quantity of raw well water supplied by Chemeketa to BCSD. Bulk Supply Meter readings shall serve as the basis for Chemeketa’s invoicing of BCSD. BCSD is responsible for notifying Chemeketa of Bulk Supply Meter readings on a monthly basis. Chemeketa may, at its discretion, request that any regularly-scheduled Bulk Supply Meter readings be made in the presence of both a BCSD representative/agent and a Chemeketa representative/agent. BCSD agrees to keep accurate records of Bulk Supply Meter readings. Chemeketa has the right to make reasonable requests to audit BCSD’s Bulk Supply Meter records. The Bulk Supply Meter may be located at the Connection Location(s), at the raw well water inlet to BCSD’s water reservoir, or another location along BCSD’s raw water main that BCSD determines to be appropriate for the maintenance, security, and monthly meter reading. BCSD shall test and calibrate the Bulk Supply Meter once per year according to industry operating standards and shall provide records of annual test results to Chemeketa.
- 5.5. Well Facilities.** The Parties acknowledge that Chemeketa’s existing groundwater well and associated appurtenances (“Well Facilities”) are owned by Chemeketa and are intended to serve as the BCSD’s water supply during the term of this Agreement. Chemeketa is solely responsible to operate the Well Facilities in accordance with applicable federal, state, and local regulations. Chemeketa shall be responsible for all routine and non-routine maintenance and periodic replacement of the Well Facilities and its components, including but not limited to pumps and pump motors, pump controls, pump shelter, piping, electrical and telematic systems and related appurtenances. Maintenance shall be performed in accordance with industry standards and in a manner that ensures the continued reliability of the Well Facilities.

5.6. Water Quality and Notification. Chemeketa shall supply water as-is in a raw water state and provides no claims or assurances at any time during the term of this Agreement as to the suitability of the water produced by the Raw Water Source for use by BCSD and BCSD customers. The Parties acknowledge that the quality of raw well water produced by the Raw Water Source may change over time. BCSD is solely responsible for monitoring and testing the quality of municipal drinking water distributed to BCSD customers and for any and all treatment measures necessary to make the raw well water suitable for use by BCSD and BCSD customers.

In the event either Party becomes aware of any issue, condition, event, circumstance, or finding that may render the raw well water supplied by Chemeketa unfit for use as municipal drinking water, each Party shall notify the other Party immediately. The Parties shall work cooperatively to address and resolve such issues with the goal of safeguarding public health and safety.

6. BCSD WATER SYSTEM

BCSD shall be responsible at BCSD's sole cost for design, construction, extension, maintenance, management and governance of its water system for the purpose of delivering water from the Connection Location(s) to BCSD's Service Area.

6.1. Service Area. The water Service Area shall be the BCSD boundary on the Effective Date of this Agreement and may thereafter be modified by additions and removals of territory from the BCSD boundary. BCSD shall not supply municipal drinking water to any territory or entity located outside of the Service Area without the written approval of Chemeketa.

6.2. Service Eligibility. All properties located within the Service Area shall be eligible to receive municipal drinking water from BCSD pursuant to the terms of this Agreement.

6.3. Individual Meters. BCSD shall require all new service connections within the BCSD Water System to be individually metered. BCSD shall be solely responsible for establishing and enforcing individual metering requirements.

6.4. Water Usage Records. BCSD shall keep records of its water system usage and make those records available to Chemeketa upon request.

6.5. Operation and Maintenance; Compliance with Applicable Laws and Regulations. BCSD shall be solely responsible at BCSD's sole expense for the operation and maintenance of the BCSD Water System, including but not limited to all Connection Locations, raw water mains, drinking water distribution mains, service laterals, valves and valve actuators, valve covers, fire hydrants, pumps and pump controls, municipal drinking water treatment and storage systems, and Supervisory Control and Data Acquisition systems. BCSD shall operate the BCSD Water System in compliance with all applicable laws, regulations, rules, and permits and shall be solely responsible for

monitoring, measuring, testing, and reporting such compliance to regulatory authorities.

Chemeketa shall be solely responsible at Chemeketa's sole cost for the operation and maintenance of Chemeketa's ground water well (the Raw Water Source) and the piping, valves, tanks and other water conveyance features located between the Raw Water Source and the Raw Water Service Connection Location(s).

6.6. Water System Expansion. Nothing in this Agreement shall limit or impede BCSD's ability to expand, improve, and allow new service connections to the BCSD Water System to provide municipal water service throughout the Service Area. Such improvements shall be at the sole discretion of BCSD and BCSD shall be solely responsible for all costs and efforts associated with such system expansions and/or improvements.

6.7. Notifications to BCSD Customers. BCSD shall be solely responsible for the issuance of all notices to BCSD customers, regulatory agencies, and the general public regarding the operation of the BCSD water system, including but not limited to boil water notices, water quality test results, educational materials, and BCSD commercial and residential municipal water rates, whether optional or required by law.

7. MUNICIPAL WATER RATES, ORDINANCES, AND STANDARDS

BCSD is solely responsible at BCSD's sole discretion for the establishment and enforcement of all utility rates and other fees charged to BCSD customers by BCSD, and for the billing and collection of such utility rates and fees. Furthermore, BCSD is solely responsible at BCSD's sole discretion for the development, adoption and enforcement of district ordinances, engineering standards and other municipal drinking water governance programs. BCSD shall not adopt nor enforce any ordinance requiring Chemeketa to receive municipal drinking water service from BCSD.

8. COOPERATION BY THE PARTIES

8.1. Planned Disruptions of Raw Water Supply. The Parties acknowledge that Chemeketa operates firefighting training and certification programs that utilize the Raw Water Source and that Chemeketa is unable to supply raw well water to BCSD during certain training evolutions. Furthermore, periodic maintenance and repair of Chemeketa's groundwater well and other raw water infrastructure may result in other foreseeable disruptions to raw water supply. Chemeketa shall notify BCSD of the start date, start time, and anticipated duration of all planned raw water supply disruptions no less than seven (7) calendar days before the start date to enable BCSD to increase the stored volume of water in BCSD's water reservoir such that BCSD is able to provide uninterrupted municipal water service to BCSD customers throughout the planned outage.

8.2. Unplanned Disruptions of Raw Water Supply. In the event of an unplanned raw water supply outage, Chemeketa shall notify BCSD of the outage as quickly as practicable. BCSD agrees to maintain in BCSD's water reservoir a sufficient volume of water to enable BCSD to supply no less than 72 hours of uninterrupted municipal water service to BCSD customers in the event of an unplanned raw water outage.

8.3. Access to Facilities. The Parties shall provide 24-hour accompanied access to each other's facilities should the need arise to effect emergency repairs, diagnose and trouble shoot operational issues, and for any other reason necessary for the reliable operation of the Parties' raw water and municipal drinking water systems. Neither Party shall repair, replace, modify, calibrate, program, reprogram, or otherwise operate or maintain the other Party's raw water and municipal drinking water infrastructure without the other Party's express consent.

9. INDEMNIFICATION

Each Party agrees to defend, indemnify, release, and hold harmless the other Party, including the other Party's officers, agents, employees, and affiliates from and against any and all losses, damages to persons or property, injuries or deaths of persons, liabilities, claims, liens, demands, and causes of action of every kind and character, including any claims brought by or for a government agency ("Claims"), regardless of whether the Parties to this agreement would be jointly and severally liable, for the amounts of any judgment, penalties, interest, court costs, and legal fees incurred by, or assessed against, the other Party as a result of any such Claims that arise out of or are in any way connected with the breach by the other Party of any term, covenant, or condition of this Agreement, or that arise out of or are in any way connected with the construction, operation, or maintenance of each Party's raw water and municipal drinking water system by the owning Party. Each Party's indemnity obligation under this Agreement shall extend to the full amount of any such Claim, and shall extend to the negligent or intentional acts and omissions of any official, officer, employee, agent of the other Party, or any person on or using the property of any person receiving municipal drinking water service pursuant to this Agreement.

10. AMENDMENTS

This Agreement may be modified or amended by mutual agreement of the Parties. No modification or amendment of any provision of this Agreement shall be valid or binding unless the modification or amendment is made in writing and signed by the authorized representatives of both Parties.

11. WAIVER

The terms of this Agreement shall not be waived, except by written instrument. Any such waiver, if made, shall be effective only in the specific instance and for the specific purpose given, and shall be valid and binding only upon the written acknowledgement of both Parties.

Failure by either Party to enforce any right under this Agreement shall not be deemed to be waiver of that right or of any other right.

12. ASSIGNMENT & DELEGATION

BCSD may not assign its rights under this Agreement without the prior written consent of Chemeketa, and such consent will be given at Chemeketa's sole discretion. Chemeketa may only assign its rights under this Agreement in the event Chemeketa sells the real property containing the Raw Water Source, Chemeketa's ground water rights, or both, and only for the purposes of perpetuating the Raw Water Supply service to BCSD by the new owner.

Neither Party may delegate its duties to a third party under this Agreement without the prior written consent of the other Party, and such consent shall not be unreasonably withheld.

13. INSURANCE

Each Party shall insure or self-insure and be independently responsible for the risk of its own liability for claims within the scope of the Oregon Tort Claims Act (ORS 30.260 TO 30.300).

14. NONDISCRIMINATION

The Parties agree to comply with all applicable requirements of Federal and State civil rights statutes, rules, and regulations in the performance of this Agreement.

15. HOLD HARMLESS

To the extent permitted by Article XI, Section 7 of the Oregon Constitution and by the Oregon Tort Claims Act, each Party agrees to waive, forgive, and acquit any and all claims it may otherwise have against the other Party and the officers, employees, and agents of the other Party, for or resulting from damage or loss, provided that this discharge and waiver shall not apply to claims by one Party against any officer, employee, or agent of the other Party arising from such person's malfeasance in office, willful or wanton neglect of duty, or actions outside the course and scope of his or her official duties.

16. FORCE MAJEURE

Neither Party shall be liable for any failure or delay in performing its obligations under this Agreement because of forces beyond its control, including but not limited to labor strikes, catastrophic accidents, natural disasters, acts of war or terrorism, civil or military disturbances, local or global health/safety events, governmental action that substantially affects the operations of either Party, loss or malfunction of public utilities, failures of third-party systems or networks, etc.

17. NOTICES

Any notices sent to Chemeketa shall be mailed by first class mail, postage prepaid to:

For Chemeketa:

Chemeketa Community College

Attn: Isaac Talley

PO Box 14007

Salem, OR 97309-7070

italley@chemeketa.edu

With a Copy to:

Chemeketa Community College

Attn: Dee Dixon

PO Box 14007

Salem, OR 97309-7070

Dee.Dixon@chemeketa.edu

Any notices sent to BCSD shall be mailed by first class mail, postage prepaid to:

For BCSD:

Marion County Public works

Attn: BCSD Secretary

5515 Silverton Road NE

Salem, OR 97305

PWDirector@co.marion.or.us

With a Copy to:

Marion County Public Works

Attn: Director

5515 Silverton Road NE

Salem, OR 97305

PWDirector@co.marion.or.us

With a Copy to:

Marion County Finance

Attn: Contracts &

Procurement Manager

555 Court St NE

Salem, OR 97301

PWContracts@co.marion.or.us

Any notice mailed shall be deemed delivered five (5) days after mailing.

18. NO THIRD-PARTY BENEFICIARIES

BCSD and Chemeketa are the only parties to this Agreement and are the only parties entitled to enforce the terms of this Agreement. Nothing in this Agreement gives, is intended to give, or shall be construed to give or provide, any benefit or right, whether directly, or indirectly or otherwise, to third parties.

19. NO AGENCY

Neither Party, nor the officers, employees, or agents of that Party, are, or shall be deemed, agents of the other. Each Party shall be separately and exclusively responsible for acts, errors, and omissions of its own officers, employees, and agents except to the extent provided under the indemnity and insurance provisions of this Agreement.

20. COMPLIANCE WITH APPLICABLE LAWS

The Parties agree that both shall comply with all federal, state, and local laws and ordinances applicable to the work to be done under this Agreement.

21. ENTIRE AGREEMENT

This Agreement constitutes the entire agreement between the Parties and supersedes PW-2636-18 and any and prior negotiations, discussions, agreements, and understandings between the Parties. There are no understandings, agreements, or representations, oral or written, regarding this Agreement. Both Parties, by the signature of their authorized representatives, below, hereby acknowledge that they have read this Agreement, understand it, and agree to be bound by its terms and conditions.

22. AUTHORITY TO EXECUTE

Each person executing this Agreement on behalf of Chemeketa and BCSD, respectively, warrants all actions and approvals necessary for the execution of this Agreement have been obtained, and that the person has authority to execute this Agreement.

23. RULE OF CONSTRUCTION

Both Parties acknowledge and affirm they are each represented by or have sought the advice of legal counsel in connection with this Agreement and the work contemplated hereby, and have read and understood and are fully informed of the contents of the Agreement and the legal consequences thereof, and that by the Parties' signatures hereon, acknowledge and affirm that the terms of this Agreement shall not be construed against either Party as a drafter hereof.

24. GOVERNING LAW; INTERPRETATION; VENUE

The laws of Oregon shall govern this Agreement. Exclusive venue for litigation of any action arising under the Agreement shall be in the Circuit Court of the State of Oregon for Marion County, unless such litigation is brought in a federal form, in which case exclusive venue shall be in the federal district court of the State of Oregon, located in Eugene, Oregon. The Parties expressly waive any and all rights to maintain an action under the Agreement in any other venue and expressly consent that, upon motion of the other Party, any case may be dismissed, or its venue transferred, as appropriate, so as to effectuate the choice of venue in this paragraph.

25. SEVERABILITY

If a court of competent jurisdiction holds any portion of this Agreement to be void or unenforceable as written, Chemeketa and BCSD intend that (1) the Parties shall meet and renegotiate such portion, with the purpose of effectuating the intent of the Parties originally embodied in such portion, to the extent permitted by law and (2) the remainder of this Agreement remain in full force and effect.

26. SIGNATURES

This Agreement and any changes, alterations, modifications, or amendments will be effective when approved in writing by the authorized representative of the Parties hereto as of the effective date set forth herein.

In witness whereof, the parties hereto have caused this Agreement to be executed on the date set forth below.

**MARION COUNTY BOARD OF COMMISSIONERS
ACTING AS THE GOVERNING BODY for the
BROOKS COMMUNITY SERVICE DISTRICT:**

Chair	Date
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Commissioner	Date
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Commissioner	Date
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Authorized Signature:	<u><i>Brian Nicholas</i></u> Brian Nicholas (Aug 3, 2026 09:25:50 PDT)	08/03/2026
	BCSD Secretary	Date

Reviewed by Signature:	<u><i>Andrew Wistendaf</i></u>	08/03/2026
	Marion County Legal Counsel	Date

Reviewed by Signature:	<u><i>Sabrina Hay</i></u> Sabrina Hay (Aug 3, 2026 09:21:55 PDT)	08/03/2026
	Marion County Contracts & Procurement	Date

CHEMEKETA COMMUNITY COLLEGE SIGNATURE

Authorized Signature: _____	Date
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Title: _____