

Josephine County Board of Commissioners
Cherryl Walker, Chair; Keith Heck, Vice Chair; and Simon G. Hare, Commissioner
Anne G. Basker Auditorium
600 N.W. Sixth Street, Grants Pass, Oregon

WEEKLY BUSINESS SESSION

Agenda

October 19, 2016, 9:00 a.m.

1. **ADMINISTRATIVE ACTION(S) IN CONSIDERATION OF:**
 - a. **Approval of IGA RS1614 between Josephine County Airports and the Governor's Regional Solutions Office Acting Through the Oregon Business Development Department for a Grant Supporting the Environmental Determination and Detailed Engineering Design of a Second Parallel Taxiway at the Grants Pass Airport**
 - b. **Approval of Order No. 2016-044; In the Matter of Declaring County-Owned Personal Property Not in Use for County Purposes as Surplus; and Report and Recommendation**
 - c. **Approval of Order No. 2016-047; In the Matter of Uniform Procedure for Setting Fees Charged by County and Setting a Public Hearing: Animal Shelter; Assessor; Building Safety; Community Development; Parks; Public Works; Sheriff; Surveyor**
2. **REQUESTS/COMMENTS FROM CITIZENS:** *(Each person will be given three (3) minutes to speak)*
3. **APPROVAL OF CONSENT CALENDAR:**
 - a. **Minutes** *(Draft minutes are available for viewing in the Board's Office)*
Weekly Business Session – September 28, 2016
Executive Session (Open Session) – September 28, 2016
County Administration Workshop – September 29, 2016
General Discussion – October 4, 2016
Weekly Business Session – October 5, 2016
Executive Session (Open Session) – October 5, 2016
County Administration Workshop – October 6, 2016
General Discussion – October 6, 2016
 - b. **Resolution No. 2016-064; In the Matter of a Reappointment to the Josephine County Parks Advisory Board**
 - c. **Resolution No. 2016-065; In the Matter of a Reappointment to the Josephine County Mental Health Advisory Board**
4. **OTHER:** *(ORS.192.640(1) “. . .notice shall include a list of the principal subjects anticipated to be considered at the meeting, but this requirement shall not limit the ability of a governing body to consider additional subjects.”)*
5. **MATTERS FROM COMMISSIONERS:**

The Board requests that you follow the rules and procedures for meetings as described in ORDINANCE 92-27, SECTION 7

Meetings shall at all times be orderly and respectful. When permitted, each person shall be given three (3) minutes to speak or such other longer time as may be allowed by the presiding officer. No person shall be heard until he or she states their name and address for the record. The presiding officer may terminate the meeting when necessary or refuse to recognize anyone who:

- a. Is disorderly, abusive or disruptive;
- b. Takes part in or encourages audience demonstrations, such as applause, cheering, display of signs, shouting or other conduct disruptive of the meeting;
- c. Speaks without first receiving recognition from the presiding officer and stating his or her full name and address (when requested); or
- d. Presents irrelevant, immaterial or repetitious comments.

If special physical or language accommodations are needed for this Public Session, please notify the Commissioners' Office at (541) 474-5221 at least 48-hours prior to Session. TDD (Hearing-Impaired) 1-800-735-2900.



Josephine County Board of Commissioners

AGENDA REQUEST FOR BOARD OF COMMISSIONERS

Agenda Requests are due by NOON on Monday of the week scheduled for Administration Workshop
Requests received after that time will be placed on the Administration Workshop agenda for the following week

If sending documents electronically – send to both
twharton@co.josephine.or.us and wwatkins@co.josephine.or.us

REVISED JANUARY 2016

Date Submitted to BCC	2016-10-07
Administration Workshop Meeting Date (Thursday)	2016-10-13
WBS Meeting Date (Wednesday) <small>Note: Second Wednesday of the month is evening session</small>	2016-10-19

AGENDA TITLE: IGA RS1614 between Josephine County Airports and the Governor's Regional Solutions Office acting through the Oregon Business Development Department, for a grant supporting the environmental determination and detailed engineering design of a second parallel taxiway at the Grants Pass Airport.

Department/Contact Person (Include Title and Ext. #)	Larry Graves
Presenter (Include Name and Title)	Larry Graves, Manager, Josephine County Airports
Background information	This grant was initially sought in the summer of 2014 and announced in Sept 2014, subject to legislative approval and funding. In June 2015, the Oregon legislature announced it would authorize the issuance of bonds to fund this grant in the spring of 2017. The work funded by this grant must be completed before then, and so this grant is being funded by a bridge loan from the Oregon Infrastructure Finance Authority (IFA). Detailed Engineering estimates performed by WHPacific have set the cost for these services at approximately \$282K.
Action you are requesting from the Board	Agree to the IGA Terms & Conditions and sign the contract
Reviewed by Finance Director (If yes, Finance's signature required)	Yes
Reviewed by Legal Counsel (If yes, Legal's signature required)	Yes <i>WJH</i>
Reviewed by Information Technology (If yes, IT's signature required)	
Total Revenue, Cost, or Pass-Thru Funds to the County	\$282,000.00 <i>revenue</i>
Notes or Special Instructions to BCC Staff	<i>See mailing instructions below</i>

Title of Document(s) Submitted <u>All exhibits must be clearly marked</u>	Number of original documents submitted	Are all signatures on the documents? Y/N or BCC only	Are additional signatures needed? Y/N	Will a state or federal agency be signing the document? Y/N	Will additional signatures be received electronically? Y/N
RS1614 Josephine County IGA	<i>x2</i>	N	Y	Y	Y
RS1614 Josephine County Authorized Signature Card	1	N	Y	N	N
RS1614 JoCo Deposit Option Notification	1	N	Y	N	N

DOCUMENT DISTRIBUTION: Board staff is required to submit one fully executed document with original Board signatures for recording in the Board's Journal in the County Clerk's Office unless otherwise specified under Notes or Special Instructions to BCC Staff.

- **All Signatures:** If all signatures are obtained, one fully executed original document will be filed in the Board's Journal in the County Clerk's Office and all other originals will be returned to the contact person. If only one original was submitted, an electronic copy will be returned to the contact person.

- **Additional Signatures Needed on Original Documents:** Board staff will retain one document with original Board signatures and return the additional originals to the contact person to obtain the remaining signature(s). All Documents are to be given to Larry Graves who will place them in a pre-address envelope along with an additional ACH Authorization Form, and mail to Mary Baker of the Infrastructure Finance Authority/Oregon Business Development Department. Upon department receipt of the fully executed document, one fully executed original document must be returned to Board staff for recording in the Board's Journal in the County Clerk's Office.
- **Additional Signatures Needed on Electronic Documents:** Board staff will retain one document with original Board signatures and return an electronic copy to the contact person to obtain the remaining signature(s). Upon department receipt of the fully executed electronic document, one fully executed electronic document must be returned to Board staff for recording in the Board's Journal in the County Clerk's Office.

INTERGOVERNMENTAL GRANT AGREEMENT Number RS1614

**Title: Josephine County - East Side Parallel Taxiway
(Engineering Design, Environmental Review and Permitting)**

As authorized by ORS 190.110, this Grant Agreement (“Agreement”) is between the State of Oregon acting by and through its Oregon Business Development Department (“OBDD”) and Josephine County, OR (“County”). OBDD and County (each a “party” and together the “parties”) may be contacted at the address(es) or number(s) below:

OBDD Contact	County Contact
Project Contact: Mary Baker	Project Contact: Larry Graves
Title: Regional Coordinator	Title: Airport Manager
Address: Business Oregon 775 Summer Street NE Suite 200 Salem OR 97301-1280	Address: Josephine County 1441 Brookside Blvd Grants Pass OR 97526-7306
Phone: 541-882-1340	Phone: 541-955-4535
Email: Mary.A.Baker@Oregon.gov	Email: LGraves@co.Josephine.or.us

1. **Effective Date and Duration.** This Agreement becomes effective on the date every party has signed it, and in the case of OBDD, OBDD has obtained the approval of the Oregon Department of Justice (“Effective Date”). The availability of Grant funds under this Agreement shall terminate on the earlier of completion of the Project (as defined below) or 31 December 2017.
2. **Statement of Obligations.** OBDD and County agree to perform their respective obligations in accordance with the terms and conditions of this Agreement, and as more fully described in Exhibit A.
3. **Consideration, Payment Terms.** OBDD will provide County with up to \$282,000 (the “Grant”) in funding for engineering design and the required environmental categorical exclusion review and permitting activities for the East Side Parallel Taxiway at the Grants Pass Airport, as further described in Exhibit A (the “Project”). OBDD will disburse the Grant funds to County following execution of this Agreement and in accord with the requirements in Exhibit A.
4. **Assignments.** County shall not assign or transfer any of its interest in this Agreement, without OBDD’s prior written consent. An assignment or transfer of an interest in this Agreement will not relieve County of any of its duties or obligations under this Agreement.
5. **Amendments.** Unless otherwise expressly provided in this Agreement, the terms of this Agreement may only be amended by written instrument signed by both parties.
6. **Representations, Warranties.** County represents and warrants to OBDD that:
 - (a) County is duly organized and validly existing under Oregon law. County has the power and authority to enter into and perform this Agreement.
 - (b) The making and performance by County of this Agreement (1) has been duly authorized by all necessary action of County, (2) does not and will not violate any provision of any applicable law, rule, regulation, or order of any court, regulatory commission, board, or other administrative agency or any provision of County’s charter or other organizational document and (3) does not and will not result in the breach of, or constitute a default of, or require any consent under, any other agreement or instrument to which County is party or by which County

may be bound or affected. No further authorization, consent, license, approval of, or filing or registration with or notification to any governmental body or regulatory or supervisory authority is required for the execution, delivery or performance by County of this Agreement.

- (c) This Agreement has been duly executed and delivered by County and constitutes a legal, valid and binding obligation of County enforceable in accordance with its terms.
7. **Records Maintenance; Access.** County will maintain all fiscal records relating to this Agreement in accordance with generally accepted accounting principles. In addition, County will maintain any other records pertinent to this Agreement in such a manner as to clearly document County's performance. County acknowledges and agrees that OBDD and the Oregon Secretary of State's Office and their duly authorized representatives have access to such fiscal records and other books, documents, papers, plans and writings of County that are pertinent to this Agreement to perform examinations and audits and make excerpts, transcripts or copies. County will retain and keep accessible all such fiscal records, books, documents, papers, plans, and writings for a minimum of six (6) years, or such longer period as may be required by applicable law, following final payment and termination of this Agreement, or until the conclusion of any audit, controversy or litigation arising out of or related to this Agreement, whichever date is later. This Section 7 survives termination of this Agreement.
8. **Termination.** In addition to any other termination rights hereunder, this Agreement may be terminated upon mutual written consent of both parties. All duties and obligations of the parties under this Agreement cease upon termination of this Agreement other than (a) the rights and obligations arising from a party's default hereunder, (b) County's obligation to return to OBDD, within 30 days of Agreement termination, any Grant funds disbursed to County that were not or are not expended on or obligated for the Project prior to termination of this Agreement ("Overpayments"), (c) County's reporting obligations, (d) any rights or obligations accrued to a party under this Agreement prior to termination, and (e) any other provision of this Agreement that, by its express terms, survives termination of this Agreement.
9. **County Defaults and OBDD Remedies.** County will be in default upon the occurrence of any of the following events:
- (a) County fails to perform, observe or discharge any of its covenants, agreements or obligations under this Agreement other than as provided in subsections (b) and (c) below, and that failure continues for a period of 30 calendar days (or such longer period as OBDD may determine in writing if it determines County instituted and has diligently pursued corrective action) after written notice specifying such failure is given to County by OBDD.
 - (b) Any representation, warranty or statement made by County in this Agreement or in any documents or reports relied upon by OBDD to measure progress on the Project, the expenditure of funds or the performance by County is untrue in any material respect when made.
 - (c) County (1) applies for or consents to the appointment of, or taking of possession by, a receiver, custodian, trustee, or liquidator of itself or all of its property, (2) is adjudicated bankrupt or insolvent, or liquidated or dissolved.

In the event County is in default, OBDD may, at its option, pursue any or all of the remedies available to it under this Agreement and at law or in equity, including, but not limited to: (a) immediate termination of this Agreement, (b) requiring repayment of the Grant funds disbursed to County and all interest earned by County on those Grant funds, (c) reducing or withholding payment of future disbursements of Grant funds, (d) requiring County to perform, at County's expense, additional work necessary to satisfy its performance obligations or meet performance standards under this Agreement, (e) initiation of an action or proceeding for damages, specific performance, or

declaratory or injunctive relief, or (f) exercise of its right of recovery of Overpayments under this Agreement or setoff, or both. These remedies are cumulative to the extent the remedies are not inconsistent, and OBDD may pursue any remedy or remedies singly, collectively, successively or in any order whatsoever.

- 10. OBDD Default and County Remedy.** County may terminate this Agreement upon 30 days' notice to OBDD if OBDD fails to pay County pursuant to the terms of this Agreement and OBDD fails to cure within 30 business days after receipt of County's notice, or such longer period of cure as County may specify in such notice. County's exclusive remedy for OBDD's default under this Agreement is limited to payment of any amount that remains unpaid and is due and owing under Section 3.
- 11. Funds Available and Authorized.** OBDD has sufficient funds currently available and authorized for expenditure to finance the costs of this Agreement within OBDD's biennial appropriation or limitation. Payment of funds by OBDD is contingent on OBDD receiving appropriations, limitations, allotments or other expenditure authority sufficient to allow OBDD, in the exercise of its reasonable administrative discretion, to continue to make payments in accordance with the terms of this Agreement, and notwithstanding anything in the Agreement, failure of such contingency does not constitute an event of default. Upon the failure of such contingency, County must stop work on the Project immediately upon notice from OBDD.
- 12. Notices.** Except where otherwise expressly provided in this Agreement, any notices to be given hereunder shall be given in writing by personal delivery, mail (postage prepaid), or email at the address set forth on page 1 of this Agreement, or to such other addresses either party may hereafter indicate. Any notice so addressed and mailed will be deemed to be given five (5) days after mailing. Any notice by personal delivery shall be deemed to be given when actually delivered. Any such notice delivered by email will be effective on the day the transmitting machine generates a receipt of successful transmission, if transmission was during the normal business hours of the recipient, or on the next business day, if transmission was outside the normal business hours of the recipient. To be effective against a party, any such notice transmitted by email must be confirmed by telephone notice to that party.
- 13. Indemnification of OBDD.** To the extent authorized by law, County shall defend (subject to ORS chapter 180), indemnify, save and hold harmless OBDD and its officers, employees and agents from and against any and all claims, suits, actions, proceedings, losses, damages, liability, expenses of any nature whatsoever and court awards, including costs, expenses, and attorneys' fees, arising from any actual or alleged act or omission by County, or its officers, employees, agents or contractors, under this Agreement or related to Project; however, the provisions of this section are not to be construed as a waiver of any defense or limitation on damages provided for under Chapter 30 of the Oregon Revised Statutes or under the laws of the United States or other laws of the State of Oregon. This Section 13 survives termination of this Agreement.
- 14. Disclaimer of Warranties; Limitation of Liability.** County agrees that:
 - (1) OBDD makes no warranty or representation, either express or implied, related to the Project.
 - (2) In no event are OBDD or its agents liable or responsible for any direct, indirect, incidental, special, consequential or punitive damages in connection with or arising out of this Agreement, the Project, or County's use of these grant funds.
- 15. Successors in Interest.** The provisions of this Agreement are binding upon and inure to the benefit of the parties, and their authorized successors and assigns.

16. **Third-party Beneficiaries.** OBDD and County are the only parties to this Agreement and entitled to enforce its terms. Nothing in this Agreement gives, is intended to give, or may be construed to give any direct or indirect benefit or right to third persons unless such third persons are individually identified by name and expressly described as intended beneficiaries of this Agreement.
17. **Choice of Law; Designation of Forum; Federal Forum.** The laws of the State of Oregon (without giving effect to its conflicts of law principles) govern all matters arising out of or relating to this Agreement, including, without limitation, its validity, interpretation, construction, performance, and enforcement. Any party bringing a legal action or proceeding against any other party arising out of or relating to this Agreement shall bring the legal action or proceeding in the Circuit Court of the State of Oregon for Marion County (unless Oregon law requires that it be brought and conducted in another county). Each party consents to the exclusive jurisdiction of such court, waives any objection to venue, and waives any claim that such forum is an inconvenient forum.

Notwithstanding the paragraph above, if a claim must be brought in a federal forum, then it must be brought and adjudicated solely and exclusively within the United States District Court for the District of Oregon. This paragraph applies to a claim brought against the State of Oregon only to the extent Congress has appropriately abrogated the State of Oregon's sovereign immunity and is not consent by the State of Oregon to be sued in federal court. This paragraph is not a waiver by the State of Oregon of any form of defense or immunity, including but not limited to sovereign immunity and immunity based on the Eleventh Amendment to the Constitution of the United States.

18. **Merger Clause.** This Agreement (including Exhibits that are by this reference incorporated herein) constitutes the entire agreement between the parties on the subject matter hereof. No waiver or consent regarding any of the terms of this Agreement will bind either party unless in writing and signed by the party against whom such waiver or consent is sought to be enforced. Such waiver or consent will be effective only in the specific instance and for the specific purpose given. There are no understandings, agreements, or representations, oral or written, not specified herein regarding this Agreement. All parties, by the signature below of their authorized representatives, hereby acknowledge that they have read this Agreement, understand it and agree to be bound by its terms and conditions.
19. **Severability.** The parties agree that if any term or provision of this Agreement is declared by a court of competent jurisdiction to be illegal or in conflict with any law, the validity of the remaining terms and provisions will not be affected, and the rights and obligations of the parties are to be construed and enforced as if the Agreement did not contain the particular term or provision held to be invalid.
20. **Survival.** All rights and obligations of the parties under this Agreement cease upon termination of this Agreement, except as described in Section 8.
21. **Time of the Essence; Force Majeure.** Time is of the essence in the performance of each and every obligation and duty under this Agreement. Neither Party is responsible for any failure to perform or any delay in performance of any obligations under this Agreement caused by fire, civil unrest, labor unrest, natural causes, or war which is beyond that Party's reasonable control.
22. **Compliance with Applicable Law.** County shall comply with all federal, state and local laws, regulations, and ordinances applicable to the Project or the performance of its obligations under this Agreement, as those laws, regulations and ordinances may be adopted or amended from time to time
23. **Neutral Construction.** This Agreement has been negotiated with each party having the opportunity to consult with legal counsel and will be construed without regard to which party drafted all or part of this Agreement.

24. **Counterparts.** This Agreement may be executed in several counterparts, all of which when taken together constitute one agreement binding on all parties, notwithstanding that all parties are not signatories to the same counterpart. Each copy of the Agreement so executed constitutes an original.



STATE OF OREGON
acting by and through its
Business Development Department



JOSEPHINE COUNTY

By: _____
Chris Cummings, Assistant Director

By: _____
Cherryl Walker, Chair
County Commission

Date: _____

Date: _____

APPROVED AS TO LEGAL SUFFICIENCY IN ACCORDANCE WITH ORS 291.047:

/s/ David Elott as per email dated 4 October 2016

David Elott, Assistant Attorney General

EXHIBIT A

Background: The Josephine County-sponsored airport known as the Grants Pass Airport or 3S8, needs a new ½-length (eventually full length) taxi-way for safety concerns as noted by the Federal Aviation Administration (FAA), and to accommodate current businesses. Ground vehicles and aircraft are currently forced to cross the airport’s active runway directly in the touchdown zone up to 20 times per day. FAA terms these crossings “runway incursions,” declared them to be “safety hotspots” and suggests that such “elements should be corrected as soon as practicable.” (See FAA Circular 150/5300-13A - Airport Design.) Currently, crossing Runway 31 in the touchdown zone is the only route between hangars on the NE side of the runway and the primary base of airport operations on the SW side. This is an “accident waiting to happen.” Additionally, several businesses (Dutch Bros, KraussCraft, Oregon Lifeguard, Great Pacific Trading Company) have delayed projects or “gone elsewhere” due to lack of runway access from this NE side of the airport runway.

Josephine County developed a Grants Pass Airport plan that was accepted by the FAA. In this plan, the identified solution to the “incursion” issue is the design and construction of a parallel taxiway (either ½-length or full length) that allows all ground vehicle and aircraft traffic to easily access either the NE side or the SW side of the airport without crossing the active runway at the 1000-foot point, also known as the touchdown zone. Currently, the solution has only a conceptual design. This OBDD funding will allow the timely start of both environmental categorical exclusion and preliminary / final design for this project, which is important, because based on the receipt of the Regional Solutions grant in September 2014, the FAA moved-up construction money for this project to fiscal 2017, and now the design phase must be completed ASAP. By correcting the runway / taxiway configuration, existing “incursions” can be eliminated and 8 additional hangar development areas will be made available for development.

Money is identified for the construction phase of the project in the airport’s FAA-approved Capital Improvement Plan in fiscal 2017. Once an environmental categorical exclusion and engineering design are complete, the airport could enter into an AIP construction grant agreement with the FAA.

The summary below represents the current plan the FAA will move forward with:

Year	Project Name	NPE*	ST / DI	Total
2017	Construct Partial Parallel Taxiway Ph-2	\$450,000	\$0 / \$1,700,000	\$2,150,000

*NPE = Non-Primary Entitlement monies assigned to each airport by the FAA at a rate of \$150K / year. Grants Pass Airport now has three-year’s-worth (an accumulated total of \$450K) of NPE saved toward the construction-phase of this important project. The FAA is assigning \$1.7M of additional discretionary funds (DI) to complete the construction phase totaling \$2.15M, once we have the environmental categorical exclusion and engineering design completed with these OBDD proceeds and our matching funds.

Scope of Work: The County shall, with the assistance of a professional engineering firm licensed in Oregon, complete engineering design and the required environmental categorical exclusion review and permitting activities for the East Side Parallel Taxiway described above. All work must be reviewed and approved by the Federal Aviation Administration.

The County shall use the grant proceeds only for the activities described in this Scope of Work and only for County-owned public infrastructure eligible under ORS 285B.410 through 285B.482. The County shall complete the project using its own fiscal resources or money from other sources to pay for costs of the project in excess of the total amount of financial assistance provided by this Agreement.

Timeline:

Activity	Estimated Start Date	Estimated Completion Date
Design	1 Aug 2016	1 Dec 2016
Environmental Review	1 Aug 2016	1 Dec 2016
Permitting	1 Aug 2016	1 Apr 2017

The Project must be completed no later than 31 December 2017.

Budget:

Budget Line Item	Amount
Engineering Design	\$170,000
Environmental Categorical Exclusion & Permit	\$112,000
Total	\$282,000

Disbursement of Funds: Subject to the terms and conditions of this Agreement, OBDD shall disburse the Grant funds to County for the Project on a cost-reimbursement basis or approved cost-incurred basis. To request a disbursement, County must submit to OBDD a disbursement request on an OBDD-provided or OBDD-approved disbursement request form (“Disbursement Request”), and must support each request with all relevant receipts or invoices. County may submit Disbursement Requests no more frequently than monthly.

Reporting:

- County will submit monthly progress status reports to OBDD and RST.
- Not later than 90 days after the completion of the Project, County shall provide OBDD with a final project completion report on a form provided by OBDD.
- County shall also provide OBDD with a copy of the final FAA-approved preliminary / final design documents and environmental categorical exclusion.

Lottery Acknowledgment (ORS 280.518): The County shall post a reasonably conspicuous sign at the site that “This Project is funded with Oregon State Lottery Funds administered by the Oregon Business Development Department.”

INTERGOVERNMENTAL GRANT AGREEMENT Number RS1614

Title: Josephine County - East Side Parallel Taxiway (Engineering Design, Environmental Review and Permitting)

As authorized by ORS 190.110, this Grant Agreement ("Agreement") is between the State of Oregon acting by and through its Oregon Business Development Department ("OBDD") and Josephine County, OR ("County"). OBDD and County (each a "party" and together the "parties") may be contacted at the address(es) or number(s) below:

OBDD Contact	County Contact
Project Contact: Mary Baker	Project Contact: Larry Graves
Title: Regional Coordinator	Title: Airport Manager
Address: Business Oregon 775 Summer Street NE Suite 200 Salem OR 97301-1280	Address: Josephine County 1441 Brookside Blvd Grants Pass OR 97526-7306
Phone: 541-882-1340	Phone: 541-955-4535
Email: Mary.A.Baker@Oregon.gov	Email: LGraves@co.Josephine.or.us

- 1. Effective Date and Duration.** This Agreement becomes effective on the date every party has signed it, and in the case of OBDD, OBDD has obtained the approval of the Oregon Department of Justice ("Effective Date"). The availability of Grant funds under this Agreement shall terminate on the earlier of completion of the Project (as defined below) or 31 December 2017.
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- 3. Consideration, Payment Terms.** OBDD will provide County with up to \$282,000 (the "Grant") in funding for engineering design and the required environmental categorical exclusion review and permitting activities for the East Side Parallel Taxiway at the Grants Pass Airport, as further described in Exhibit A (the "Project"). OBDD will disburse the Grant funds to County following execution of this Agreement and in accord with the requirements in Exhibit A.
- 4. Assignments.** County shall not assign or transfer any of its interest in this Agreement, without OBDD's prior written consent. An assignment or transfer of an interest in this Agreement will not relieve County of any of its duties or obligations under this Agreement.
- 5. Amendments.** Unless otherwise expressly provided in this Agreement, the terms of this Agreement may only be amended by written instrument signed by both parties.
- 6. Representations, Warranties.** County represents and warrants to OBDD that:
 - (a) County is duly organized and validly existing under Oregon law. County has the power and authority to enter into and perform this Agreement.
 - (b) The making and performance by County of this Agreement (1) has been duly authorized by all necessary action of County, (2) does not and will not violate any provision of any applicable law, rule, regulation, or order of any court, regulatory commission, board, or other administrative agency or any provision of County's charter or other organizational document and (3) does not and will not result in the breach of, or constitute a default of, or require any consent under, any other agreement or instrument to which County is party or by which County

may be bound or affected. No further authorization, consent, license, approval of, or filing or registration with or notification to any governmental body or regulatory or supervisory authority is required for the execution, delivery or performance by County of this Agreement.

- (c) This Agreement has been duly executed and delivered by County and constitutes a legal, valid and binding obligation of County enforceable in accordance with its terms.
- 7. Records Maintenance; Access.** County will maintain all fiscal records relating to this Agreement in accordance with generally accepted accounting principles. In addition, County will maintain any other records pertinent to this Agreement in such a manner as to clearly document County's performance. County acknowledges and agrees that OBDD and the Oregon Secretary of State's Office and their duly authorized representatives have access to such fiscal records and other books, documents, papers, plans and writings of County that are pertinent to this Agreement to perform examinations and audits and make excerpts, transcripts or copies. County will retain and keep accessible all such fiscal records, books, documents, papers, plans, and writings for a minimum of six (6) years, or such longer period as may be required by applicable law, following final payment and termination of this Agreement, or until the conclusion of any audit, controversy or litigation arising out of or related to this Agreement, whichever date is later. This Section 7 survives termination of this Agreement.
- 8. Termination.** In addition to any other termination rights hereunder, this Agreement may be terminated upon mutual written consent of both parties. All duties and obligations of the parties under this Agreement cease upon termination of this Agreement other than (a) the rights and obligations arising from a party's default hereunder, (b) County's obligation to return to OBDD, within 30 days of Agreement termination, any Grant funds disbursed to County that were not or are not expended on or obligated for the Project prior to termination of this Agreement ("Overpayments"), (c) County's reporting obligations, (d) any rights or obligations accrued to a party under this Agreement prior to termination, and (e) any other provision of this Agreement that, by its express terms, survives termination of this Agreement.
- 9. County Defaults and OBDD Remedies.** County will be in default upon the occurrence of any of the following events:
- (a) County fails to perform, observe or discharge any of its covenants, agreements or obligations under this Agreement other than as provided in subsections (b) and (c) below, and that failure continues for a period of 30 calendar days (or such longer period as OBDD may determine in writing if it determines County instituted and has diligently pursued corrective action) after written notice specifying such failure is given to County by OBDD.
 - (b) Any representation, warranty or statement made by County in this Agreement or in any documents or reports relied upon by OBDD to measure progress on the Project, the expenditure of funds or the performance by County is untrue in any material respect when made.
 - (c) County (1) applies for or consents to the appointment of, or taking of possession by, a receiver, custodian, trustee, or liquidator of itself or all of its property, (2) is adjudicated bankrupt or insolvent, or liquidated or dissolved.

In the event County is in default, OBDD may, at its option, pursue any or all of the remedies available to it under this Agreement and at law or in equity, including, but not limited to: (a) immediate termination of this Agreement, (b) requiring repayment of the Grant funds disbursed to County and all interest earned by County on those Grant funds, (c) reducing or withholding payment of future disbursements of Grant funds, (d) requiring County to perform, at County's expense, additional work necessary to satisfy its performance obligations or meet performance standards under this Agreement, (e) initiation of an action or proceeding for damages, specific performance, or

declaratory or injunctive relief, or (f) exercise of its right of recovery of Overpayments under this Agreement or setoff, or both. These remedies are cumulative to the extent the remedies are not inconsistent, and OBDD may pursue any remedy or remedies singly, collectively, successively or in any order whatsoever.

- 10. OBDD Default and County Remedy.** County may terminate this Agreement upon 30 days' notice to OBDD if OBDD fails to pay County pursuant to the terms of this Agreement and OBDD fails to cure within 30 business days after receipt of County's notice, or such longer period of cure as County may specify in such notice. County's exclusive remedy for OBDD's default under this Agreement is limited to payment of any amount that remains unpaid and is due and owing under Section 3.
- 11. Funds Available and Authorized.** OBDD has sufficient funds currently available and authorized for expenditure to finance the costs of this Agreement within OBDD's biennial appropriation or limitation. Payment of funds by OBDD is contingent on OBDD receiving appropriations, limitations, allotments or other expenditure authority sufficient to allow OBDD, in the exercise of its reasonable administrative discretion, to continue to make payments in accordance with the terms of this Agreement, and notwithstanding anything in the Agreement, failure of such contingency does not constitute an event of default. Upon the failure of such contingency, County must stop work on the Project immediately upon notice from OBDD.
- 12. Notices.** Except where otherwise expressly provided in this Agreement, any notices to be given hereunder shall be given in writing by personal delivery, mail (postage prepaid), or email at the address set forth on page 1 of this Agreement, or to such other addresses either party may hereafter indicate. Any notice so addressed and mailed will be deemed to be given five (5) days after mailing. Any notice by personal delivery shall be deemed to be given when actually delivered. Any such notice delivered by email will be effective on the day the transmitting machine generates a receipt of successful transmission, if transmission was during the normal business hours of the recipient, or on the next business day, if transmission was outside the normal business hours of the recipient. To be effective against a party, any such notice transmitted by email must be confirmed by telephone notice to that party.
- 13. Indemnification of OBDD.** To the extent authorized by law, County shall defend (subject to ORS chapter 180), indemnify, save and hold harmless OBDD and its officers, employees and agents from and against any and all claims, suits, actions, proceedings, losses, damages, liability, expenses of any nature whatsoever and court awards, including costs, expenses, and attorneys' fees, arising from any actual or alleged act or omission by County, or its officers, employees, agents or contractors, under this Agreement or related to Project; however, the provisions of this section are not to be construed as a waiver of any defense or limitation on damages provided for under Chapter 30 of the Oregon Revised Statutes or under the laws of the United States or other laws of the State of Oregon. This Section 13 survives termination of this Agreement.
- 14. Disclaimer of Warranties; Limitation of Liability.** County agrees that:
 - (1) OBDD makes no warranty or representation, either express or implied, related to the Project.
 - (2) In no event are OBDD or its agents liable or responsible for any direct, indirect, incidental, special, consequential or punitive damages in connection with or arising out of this Agreement, the Project, or County's use of these grant funds.
- 15. Successors in Interest.** The provisions of this Agreement are binding upon and inure to the benefit of the parties, and their authorized successors and assigns.

16. **Third-party Beneficiaries.** OBDD and County are the only parties to this Agreement and entitled to enforce its terms. Nothing in this Agreement gives, is intended to give, or may be construed to give any direct or indirect benefit or right to third persons unless such third persons are individually identified by name and expressly described as intended beneficiaries of this Agreement.

17. **Choice of Law; Designation of Forum; Federal Forum.** The laws of the State of Oregon (without giving effect to its conflicts of law principles) govern all matters arising out of or relating to this Agreement, including, without limitation, its validity, interpretation, construction, performance, and enforcement. Any party bringing a legal action or proceeding against any other party arising out of or relating to this Agreement shall bring the legal action or proceeding in the Circuit Court of the State of Oregon for Marion County (unless Oregon law requires that it be brought and conducted in another county). Each party consents to the exclusive jurisdiction of such court, waives any objection to venue, and waives any claim that such forum is an inconvenient forum.

Notwithstanding the paragraph above, if a claim must be brought in a federal forum, then it must be brought and adjudicated solely and exclusively within the United States District Court for the District of Oregon. This paragraph applies to a claim brought against the State of Oregon only to the extent Congress has appropriately abrogated the State of Oregon's sovereign immunity and is not consent by the State of Oregon to be sued in federal court. This paragraph is not a waiver by the State of Oregon of any form of defense or immunity, including but not limited to sovereign immunity and immunity based on the Eleventh Amendment to the Constitution of the United States.

18. **Merger Clause.** This Agreement (including Exhibits that are by this reference incorporated herein) constitutes the entire agreement between the parties on the subject matter hereof. No waiver or consent regarding any of the terms of this Agreement will bind either party unless in writing and signed by the party against whom such waiver or consent is sought to be enforced. Such waiver or consent will be effective only in the specific instance and for the specific purpose given. There are no understandings, agreements, or representations, oral or written, not specified herein regarding this Agreement. All parties, by the signature below of their authorized representatives, hereby acknowledge that they have read this Agreement, understand it and agree to be bound by its terms and conditions.

19. **Severability.** The parties agree that if any term or provision of this Agreement is declared by a court of competent jurisdiction to be illegal or in conflict with any law, the validity of the remaining terms and provisions will not be affected, and the rights and obligations of the parties are to be construed and enforced as if the Agreement did not contain the particular term or provision held to be invalid.

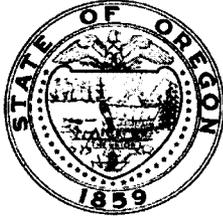
20. **Survival.** All rights and obligations of the parties under this Agreement cease upon termination of this Agreement, except as described in Section 8.

21. **Time of the Essence; Force Majeure.** Time is of the essence in the performance of each and every obligation and duty under this Agreement. Neither Party is responsible for any failure to perform or any delay in performance of any obligations under this Agreement caused by fire, civil unrest, labor unrest, natural causes, or war which is beyond that Party's reasonable control.

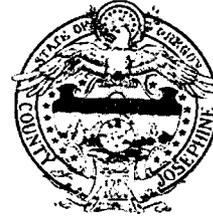
22. **Compliance with Applicable Law.** County shall comply with all federal, state and local laws, regulations, and ordinances applicable to the Project or the performance of its obligations under this Agreement, as those laws, regulations and ordinances may be adopted or amended from time to time

23. **Neutral Construction.** This Agreement has been negotiated with each party having the opportunity to consult with legal counsel and will be construed without regard to which party drafted all or part of this Agreement.

24. **Counterparts.** This Agreement may be executed in several counterparts, all of which when taken together constitute one agreement binding on all parties, notwithstanding that all parties are not signatories to the same counterpart. Each copy of the Agreement so executed constitutes an original.



STATE OF OREGON
acting by and through its
Business Development Department



JOSEPHINE COUNTY

By: _____
Chris Cummings, Assistant Director

By: _____
Cherryl Walker, Chair
County Commission

Date: _____

Date: _____

APPROVED AS TO LEGAL SUFFICIENCY IN ACCORDANCE WITH ORS 291.047:

/s/ David Elott as per email dated 4 October 2016
David Elott, Assistant Attorney General

EXHIBIT A

Background: The Josephine County-sponsored airport known as the Grants Pass Airport or 3S8, needs a new ½-length (eventually full length) taxi-way for safety concerns as noted by the Federal Aviation Administration (FAA), and to accommodate current businesses. Ground vehicles and aircraft are currently forced to cross the airport’s active runway directly in the touchdown zone up to 20 times per day. FAA terms these crossings “runway incursions,” declared them to be “safety hotspots” and suggests that such “elements should be corrected as soon as practicable.” (See FAA Circular 150/5300-13A - Airport Design.) Currently, crossing Runway 31 in the touchdown zone is the only route between hangars on the NE side of the runway and the primary base of airport operations on the SW side. This is an “accident waiting to happen.” Additionally, several businesses (Dutch Bros, KraussCraft, Oregon Lifeguard, Great Pacific Trading Company) have delayed projects or “gone elsewhere” due to lack of runway access from this NE side of the airport runway.

Josephine County developed a Grants Pass Airport plan that was accepted by the FAA. In this plan, the identified solution to the “incursion” issue is the design and construction of a parallel taxiway (either ½-length or full length) that allows all ground vehicle and aircraft traffic to easily access either the NE side or the SW side of the airport without crossing the active runway at the 1000-foot point, also known as the touchdown zone. Currently, the solution has only a conceptual design. This OBDD funding will allow the timely start of both environmental categorical exclusion and preliminary / final design for this project, which is important, because based on the receipt of the Regional Solutions grant in September 2014, the FAA moved-up construction money for this project to fiscal 2017, and now the design phase must be completed ASAP. By correcting the runway / taxiway configuration, existing “incursions” can be eliminated and 8 additional hangar development areas will be made available for development.

Money is identified for the construction phase of the project in the airport’s FAA-approved Capital Improvement Plan in fiscal 2017. Once an environmental categorical exclusion and engineering design are complete, the airport could enter into an AIP construction grant agreement with the FAA.

The summary below represents the current plan the FAA will move forward with:

Year	Project Name	NPE*	ST / DI	Total
2017	Construct Partial Parallel Taxiway Ph-2	\$450,000	\$0 / \$1,700,000	\$2,150,000

*NPE = Non-Primary Entitlement monies assigned to each airport by the FAA at a rate of \$150K / year. Grants Pass Airport now has three-year’s-worth (an accumulated total of \$450K) of NPE saved toward the construction-phase of this important project. The FAA is assigning \$1.7M of additional discretionary funds (DI) to complete the construction phase totaling \$2.15M, once we have the environmental categorical exclusion and engineering design completed with these OBDD proceeds and our matching funds.

Scope of Work: The County shall, with the assistance of a professional engineering firm licensed in Oregon, complete engineering design and the required environmental categorical exclusion review and permitting activities for the East Side Parallel Taxiway described above. All work must be reviewed and approved by the Federal Aviation Administration.

The County shall use the grant proceeds only for the activities described in this Scope of Work and only for County-owned public infrastructure eligible under ORS 285B.410 through 285B.482. The County shall complete the project using its own fiscal resources or money from other sources to pay for costs of the project in excess of the total amount of financial assistance provided by this Agreement.

Timeline:

Activity	Estimated Start Date	Estimated Completion Date
Design	1 Aug 2016	1 Dec 2016
Environmental Review	1 Aug 2016	1 Dec 2016
Permitting	1 Aug 2016	1 Apr 2017

The Project must be completed no later than 31 December 2017.

Budget:

Budget Line Item	Amount
Engineering Design	\$170,000
Environmental Categorical Exclusion & Permit	\$112,000
Total	\$282,000

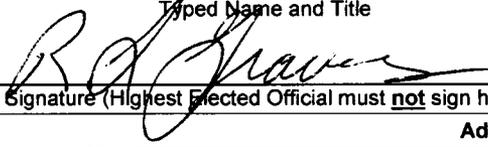
Disbursement of Funds: Subject to the terms and conditions of this Agreement, OBDD shall disburse the Grant funds to County for the Project on a cost-reimbursement basis or approved cost-incurred basis. To request a disbursement, County must submit to OBDD a disbursement request on an OBDD-provided or OBDD-approved disbursement request form (“Disbursement Request”), and must support each request with all relevant receipts or invoices. County may submit Disbursement Requests no more frequently than monthly.

Reporting:

- County will submit monthly progress status reports to OBDD and RST.
- Not later than 90 days after the completion of the Project, County shall provide OBDD with a final project completion report on a form provided by OBDD.
- County shall also provide OBDD with a copy of the final FAA-approved preliminary / final design documents and environmental categorical exclusion.

Lottery Acknowledgment (ORS 280.518): The County shall post a reasonably conspicuous sign at the site that “This Project is funded with Oregon State Lottery Funds administered by the Oregon Business Development Department.”

Authorized Signature Card for Cash Payments on Infrastructure Finance Authority Awards

Recipient Josephine County	Project Number RS1614
Signatures of Delegated Authorized Individuals to Request Payments (Two signatures are required to request disbursement of funds)	
(1) a <u>R. L. Graves, Manager, Airports Department</u> Typed Name and Title  Signature (Highest Elected Official must <u>not</u> sign here)	(1) b <u>Barbara Rodriguez, Airports Department Specialist</u> Typed Name and Title  Signature (Highest Elected Official must <u>not</u> sign here)
Additional Signatures (if desired)	
(1) c _____ Typed Name and Title Signature (Highest Elected Official must <u>not</u> sign here)	(1) d _____ Typed Name and Title Signature (Highest Elected Official must <u>not</u> sign here)
I certify that the signatures above are of the individuals authorized to draw funds for the cited project. <u>Cherryl Walker, Chair, Board of County Commissioners, 10/19/2016</u> Typed Name, Title and Date (2) _____ Signature of Highest Elected Official or duly authorized official for the Recipient (Must not be listed in item (1) a through (1) d above)	Agency Use Only: Date Received: 

Infrastructure Finance Authority/Authorized Signature Card

Preparation of the Authorized Signature Card
 during the preparation of the signature card, any corrections of any kind will not be acceptable. If you are unable to complete the signature card, then please submit a new signature card. The signature card will replace the previous one, so please be sure to include the names of all authorized individuals.

necessary
 signatures or
 draw funds

Item # Explanation

- (1) a-d Type the names and titles, and provide the signatures of the officials of your organization who are authorized to make draws on project funds. (Note: **Two** signatures are required. We recommend showing three or four signatures to allow adequate signature coverage.)
- (2) Enter the typed name, title, date and signature of the Highest Elected Official, or other official duly authorized by the governing body of the Recipient, certifying the authenticity of the signatures of individuals listed in Item (1) a through (1) d. The person signing here **must not be listed in item (1) a through d.**
- (3) Leave blank—Infrastructure Finance Authority will sign here.

Complete one form and return it to: Infrastructure Finance Authority
 775 SUMMER ST NE STE 200
 SALEM OR 97301-1280

DEPOSIT OPTION NOTIFICATION

Complete and return this form to

Oregon Business Development Department

775 Summer Street NE, Suite 200 Salem, Oregon 97301-1280

Josephine County (Airports Department)

93-6002300

Recipient

Federal Tax ID Number

Josephine County East Side Parallel Taxiway

RS1614

Project Name

Project Number

I (we), the undersigned do hereby authorize the Oregon Business Development Department to: (Choose Method I or II below)

Method I - Electronic Funds Transfer (EFT)

Private Sector or Government Entities

Use New EFT Account: A Direct Deposit Form (SFMS ACH-1) completed by Financial Institution Representative has been forwarded to the Oregon Department of Administrative Services authorizing the Oregon State Treasury to deposit funds into the designated financial account by way of the Automated Clearing House Services (ACH) of the Federal Reserve Banking System.

Requires an SFMS ACH-1 form to be marked CONFIDENTIAL and mailed to:

Oregon Department of Administrative Services
SFMS Operations / ACH Coordinator
155 Cottage Street NE U60
Salem, OR 97301-3970

Phuryl does not need to sign this.

Get the form here: www.oregon.gov/das/Financial/AcctgSy

Use Existing EFT Account: An account has already been

Method II - Local Government Inve

Government Entities

Transfer funds to the Oregon State Treasury Local Go other means.

or

The Oregon State Treasury is authorized to accept and Investment Pool Account Number

nt

This authorization will override any previous authorizatio Business Development Department has received written notification of its termination.

on

Type or Print Name(s) R. L. Graves

Barbara Rodriguez

Signature(s)

[Handwritten signature of R. L. Graves]

[Handwritten signature of Barbara Rodriguez]

Title(s) Manager, Airports Dept.

Department Specialist

10 Oct 2016

541-955-4535

LGraves@co.josephine.or.us

Date

Telephone Number

Fax Number



Josephine County Board of Commissioners

AGENDA REQUEST FOR BOARD OF COMMISSIONERS

Agenda Requests are due by NOON on Monday of the week scheduled for Administration Workshop
Requests received after that time will be placed on the Administration Workshop agenda for the following week
If sending documents electronically – send to both
twharton@co.josephine.or.us and wwatkins@co.josephine.or.us
REVISED JANUARY 2016

Date Submitted to BCC	October 3, 2016
Administration Workshop Meeting Date (Thursday)	October 13, 2016
WBS Meeting Date (Wednesday) <small>Note: Second Wednesday of the month is evening session</small>	October 19, 2016

Order No. 2016-044

AGENDA TITLE: Approval of Report and Recommendation and Order 2016-044. Surplus Equipment and Vehicles Declared as Excess. use title; and report + recommendation	
Department/Contact Person (Include Title and Ext. #)	Robert Keith, Fleet Manager, 4414
Presenter (Include Name and Title)	same
Background information	County has excess property that needs to be declared as excess for the purpose of auctioning off.
Action you are requesting from the Board	Sign Report and Recommendation and sign Board Order declaring excess property and allowing for auction.
Reviewed by Finance Director (If yes, Finance's signature required)	
Reviewed by Legal Counsel (If yes, Legal's signature required)	<i>Leah C. Harper</i>
Reviewed by Information Technology (If yes, IT's signature required)	
Total Revenue, Cost, or Pass-Thru Funds to the County	\$ 0
Notes or Special Instructions to BCC Staff	

Title of Document(s) Submitted <u>All exhibits must be clearly marked</u>	Number of original documents submitted	Are all signatures on the documents? Y/N or BCC only	Are additional signatures needed? Y/N	Will a state or federal agency be signing the document? Y/N	Will additional signatures be received electronically? Y/N
Report and Recommendation	1	YES	No	No	No
<i>ORDER</i>	1				

DOCUMENT DISTRIBUTION: Board staff is required to submit one fully executed document with original Board signatures for recording in the Board's Journal in the County Clerk's Office unless otherwise specified under Notes or Special Instructions to BCC Staff.

- **All Signatures:** If all signatures are obtained, one fully executed original document will be filed in the Board's Journal in the County Clerk's Office and all other originals will be returned to the contact person. If only one original was submitted, an electronic copy will be returned to the contact person.
- **Additional Signatures Needed on Original Documents:** Board staff will retain one document with original Board signatures and return the additional originals to the contact person to obtain the remaining signature(s). Upon department receipt of the fully executed document, one fully executed original document must be returned to Board staff for recording in the Board's Journal in the County Clerk's Office.
- **Additional Signatures Needed on Electronic Documents:** Board staff will retain one document with original Board signatures and return an electronic copy to the contact person to obtain the remaining signature(s). Upon department receipt of the fully executed electronic document, one fully executed electronic document must be returned to Board staff for recording in the Board's Journal in the County Clerk's Office.

**BEFORE THE BOARD OF COUNTY COMMISSIONERS FOR JOSEPHINE COUNTY
STATE OF OREGON**

In the Matter of Declaring County-Owned)
Personal Property Not in Use for County)
Purposes as Surplus)

Order No. 2016-044

WHEREAS, Josephine County has acquired certain personal property as described in Exhibit "A," attached hereto; and

WHEREAS the property has reached the end of its useful life and is not needed for County purposes; and

WHEREAS the Board of Commissioners has determined that it is in the best interest of the County to dispose of the property; and

WHEREAS Rule 8.J.(1)(b) of the Josephine County Local Public Contracting Review Board Rules, adopted by Resolution 2005-017 on March 16, 2005, allow the County, among other methods, to dispose of surplus property by publicly advertised auction to the highest bidder;

NOW, THEREFORE, the Josephine County Board of Commissioners hereby orders:

1. The personal property listed in attached Exhibit "A" has reached the end of its useful life, is not needed for county purposes, and is declared surplus property;
2. The personal property listed in attached Exhibit "A" shall be disposed of at a public, advertised auction to the highest bidder;
3. The Board of County Commissioners shall execute any documents necessary to accomplish the transfer of personal property as described herein.

DATED this ____ day of _____, 2016.

JOSEPHINE COUNTY
BOARD OF COMMISSIONERS

Cheryl Walker, Chair

K. O. Heck, Vice-Chair

Simon G. Hare, Commissioner

EXHIBIT "A"

Department: Josephine County Public Works

Address: 201 River Heights Way, Grants Pass, OR 97526

Date: 26-Sep-16

Contact: Robert L. Keith, Fleet Manager
 Contact Phone: 541-474-5460 ex 4414

Line #	Year	Make and Model	Vin Number	Color	Miles/Hours	Department	Running Yes / No
1	1997	97256 - Ford F-150	1FTDF1865VKD29593	Primer	111,598	Forestry	Yes
2	1998	98311 - Jeep Grand Cherokee	1J4FJ28S2WL263908	Green	140,065	Comm	Yes
3	1996	96512 - Dodge Ram 1500 Pickup	3B7HC13Z0TG161460	Black	102,779	BOM	Yes
4	1991	91401 - Dodge Van	2B4HB15Y8MK437411	White	184,751	BOM	Yes
5	2006	06603 - Ford E-450 Bus	1FDXE45S75HB44117	White	370,951	Transit	Yes
6	2008	08601 - Ford E-450 Bus	1FD4E45S18DA98590	Green	254,866	Transit	Yes
7	2003	03202 - Ford F-250 Pickup	1FTNX20S33EA39088	Black	295,358	Health	Yes
8	1997	536-97 - Chevrolet Pickup	1GCGC24R6VZ235323	Black	149,626	PW	Yes
9	1987	207-87 - Tack Tank	N/A	Black	N/A	PW	NA
10	1994	640-94 - Homelite Trash Pump	N/A	Black	N/A	PW	No
11	NA	Miscellaneous Tire (12 ea)	11R 22.5	Black	N/A	PW	NA
12	NA	Vehicle Headlamp Adjuster	N/A	Black	N/A	PW	NA
13	NA	Weather Guard Tool Box (2 ea)	N/A	Black	N/A	PW	NA
14	NA	Miscellaneous Docking Stations (28 ea)	N/A	Black	N/A	PW	NA
15	NA	100-pound Propane Tank	N/A	White	N/A	PW	NA



Josephine County, Oregon

Board of Commissioners: Simon Hare, Keith Heck, Cheryl Walker

PUBLIC WORKS

Robert Brandes, Director

201 River Heights Way / Grants Pass, OR 97527

(541) 474-5460 / FAX (541) 474-5475

TDD# (800) 735-2900

Report & Recommendation

TO: Board of County Commissioners
FROM: Robert Keith, Fleet Program Supervisor
RE: Surplus Equipment and Vehicles Declared as Excess
DATE: October 3, 2016

Over the past several months, Public Works has accumulated, for various reasons, two pieces of equipment, eight vehicles, 2 pickup truck tool boxes, 12 tires, and some miscellaneous items that are no longer viable for Public Works maintenance activities or County Departmental use. As such, the equipment, vehicles, and miscellaneous items need to be declared as excess and made available for auction at the earliest opportunity.

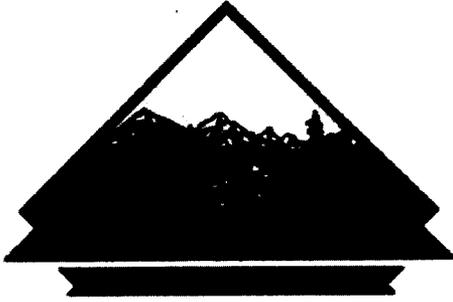
Items that need to be declared as excess include:

- a) 97256 (Parks) 1997 Ford F-150, 4x4 pickup with approximately 111,598 miles. (tab 3)
- b) 98311 (Comm) 1998 Jeep Grand Cherokee, 4x4 with approximately 140,065 miles. (tab 4)
- c) 96512 (BOM) 1996 Dodge Ram pickup with 102,779 miles. (tab 5)
- d) 91401 (BOM) 1991 Dodge van with 184,751 miles. (tab 6)
- e) 06603 (Transit) 2006 Ford E-450 bus with 370,951 miles. (tab 7)
- f) 08601 (Transit) 2008 Ford E-450 bus with 254,866 miles. (tab 8)
- g) 03202 (Health) 2003 Ford F-250 pickup with approximately 295,358 miles (tab 9)
- h) 536-97 (PW) 1997 Chevrolet pickup with approximately 149,626 miles. (tab 10)
- i) 207-87 (PW) Tack Tank. (tab 11)
- j) 640-94 (PW) Homelite Portable Trash Pump; non-operational. (tab 12)
- k) N/A (PW) 12 miscellaneous tires, sized 11R 22.5. (tab 13)
- l) N/A (PW) Vehicle headlamp adjuster. (tab 14)
- m) N/A (PW) 2 Weather Guard tool boxes for pickups. (tab 15)
- n) N/A (PW) 28 miscellaneous docking stations for vehicles. (tab 16)
- o) N/A (PW) 100-pound propane tank. (tab 17)

Reliability and cost issues make the continued use of the vehicles cost prohibitive. Pictures at tabs show the equipment and vehicles to be declared as excess and auctioned off. All equipment and vehicles have reached the end of their useful life. Forecasted maintenance costs, reliability, lack of need, and cost effectiveness issues make it wise to auction off the equipment and vehicles at this time. The revenues received from the disposal of these items will go to the appropriate replacement funds.

It is recommended that these 15 items be declared as excess and you authorize the Fleet Program Supervisor and/or the Public Works Director to start the process of selling this property via approved

ROADS BRIDGES DRAINAGE ENGINEERING FLEET



Josephine County, Oregon

Board of Commissioners: Simon Hare, Keith Heck, Cheryl Walker

PUBLIC WORKS DEPARTMENT

Robert Brandes, Public Works Director
201 River Heights Way, Grants Pass, OR 97527
(541) 474-5460 / FAX (541) 474-5475
TDD# (800) 735-2900

Table of Contents

1. Report and Recommendation
Surplus Equipment and Vehicles Declared as Excess
September 26, 2016
2. Board Order
Exhibit "A" attached
3. 1997 Ford F-150 Pickup (97256)
Pictures
Vehicle Information Checklist
4. 1998 Jeep Grand Cherokee (98311)
Pictures
Vehicle Information Checklist
5. 1996 Dodge Ram 1500 (96512)
Pictures
Vehicle Information Checklist
6. 1991 Dodge Van (91401)
Pictures
Vehicle Information Checklist
7. 2006 Ford E-450 Passenger Bus (06603)
Pictures
Vehicle Information Checklist
8. 2008 Ford E-450 Passenger Bus (08601)
Pictures
Vehicle Information Checklist
9. 2003 Ford F-250 Pickup (03202)
Pictures
Vehicle Information Checklist

10. 1997 Chevrolet Pickup (536-97)
 Pictures
 Vehicle Information Checklist
11. 1987 Tack Tank (207-87)
 Pictures
 Equipment Information Checklist
12. 1994 Homelite Portable Trash Pump (640-94)
 Pictures
 Equipment Information Checklist
13. 12 Miscellaneous Tires (OHTSU 11R22.5, Hi-Steel R1200)
 Pictures
 Property Information Checklist
14. Vehicle Headlamp Adjuster
 Pictures
 Property Information Checklist
15. 2 Weather Guard Tool Boxes
 Pictures
 Property Information Checklist
16. 28 Miscellaneous Docking Stations (Havis and Panasonic brands)
 Pictures
 Property Information Checklist
17. 100-pound Propane Tank
 Pictures
 Property Information Checklist

97256



F150

GovDeals Vehicle Inspection Form

Inventory ID: <u>97256</u>	Asset Number: <u>1</u>	Fair Market Value: <u>\$700</u>																	
Short Description: Year <u>1997</u> Make <u>Ford</u> Model <u>F-150</u>																			
VIN: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center; width: 500px;"><tr><td>1</td><td>F</td><td>T</td><td>D</td><td>F</td><td>1</td><td>8</td><td>6</td><td>5</td><td>V</td><td>K</td><td>D</td><td>2</td><td>9</td><td>5</td><td>9</td><td>3</td></tr></table> Title Restriction: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N			1	F	T	D	F	1	8	6	5	V	K	D	2	9	5	9	3
1	F	T	D	F	1	8	6	5	V	K	D	2	9	5	9	3			
Odometer: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center; width: 150px;"><tr><td>1</td><td>1</td><td>1</td><td>5</td><td>9</td><td>8</td></tr></table> <input checked="" type="checkbox"/> Miles <input type="checkbox"/> Kilometers Odometer Accurate <input checked="" type="checkbox"/> Y <input type="checkbox"/> N: _____			1	1	1	5	9	8											
1	1	1	5	9	8														
Long Description: This Vehicle: <input type="checkbox"/> Starts <input checked="" type="checkbox"/> Starts with a Boost & <input checked="" type="checkbox"/> Runs/Driveable <input checked="" type="checkbox"/> Engine Runs <input type="checkbox"/> Does Not Run <input type="checkbox"/> For Parts Only Engine- Type: <u>4.6 L, V8</u> <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Diesel Engine <input type="checkbox"/> Propane/Natural Gas <input type="checkbox"/> Gas/Electric Hybrid Engine Condition: <input checked="" type="checkbox"/> Runs <input type="checkbox"/> Needs repair <input type="checkbox"/> is in unknown condition Repairs needed: <u>Check engine illuminated</u> This vehicle was maintained every <u>3000</u> <input type="checkbox"/> Days <input type="checkbox"/> Hours <input checked="" type="checkbox"/> Miles Date Removed From Service: <u>9-21-16</u> Maintenance Records: <input type="checkbox"/> Available <input checked="" type="checkbox"/> Not Available For Inspection Transmission: <input type="checkbox"/> Automatic <input checked="" type="checkbox"/> Manual <u> </u> Speed Condition: <input type="checkbox"/> Operable <input type="checkbox"/> Needs repair <input type="checkbox"/> Is Unknown Condition Repairs Needed: <u>Clutch slave cylinder needs replacement - Must be towed from sight</u> Drivetrain: <input type="checkbox"/> 2 Wheel Drive <input checked="" type="checkbox"/> 4 Wheel Drive Condition: <u>Fair but needs work</u>																			
Exterior: Color: <u>Blue/Gray</u> Windows: <input checked="" type="checkbox"/> No Cracked Glass <input type="checkbox"/> Cracked _____ Minor: <input checked="" type="checkbox"/> Dents <input checked="" type="checkbox"/> Scratches <input checked="" type="checkbox"/> Dings Tire Condition: <u>Fair</u> Tread: _____ #Flat _____ Hubcaps # <u>0</u> Major Damage to: <u>No major damage - Dent in lower passenger and driver door.</u> Additional Damage: <u>Rear quarter panel has small dent as does the tailgate - normal wear and tear</u> Decals: <input type="checkbox"/> None <input type="checkbox"/> Have Been Sprayed or <input checked="" type="checkbox"/> Have been Removed & <input checked="" type="checkbox"/> Impressions Remain <input type="checkbox"/> No Impressions Emergency equip: <input type="checkbox"/> None <input type="checkbox"/> Has been removed & <input type="checkbox"/> There are holes in the exterior <input checked="" type="checkbox"/> There are no holes																			
Interior: Color <u>Gray</u> <input type="checkbox"/> Cloth <input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Leather Damage to Seats: <u>None - Shows signs of normal wear and tear.</u> Damage to Dash/Floor: <u>Dusty/Dirty dash. No cracks - small tears in headliner</u> Radio: <input checked="" type="checkbox"/> Stock or <input type="checkbox"/> Brand & Model: _____ <input type="checkbox"/> AM <input checked="" type="checkbox"/> AM/FM <input type="checkbox"/> AM/FM Cassette <input type="checkbox"/> AM/FM CD <input checked="" type="checkbox"/> AC (Condition: <input type="checkbox"/> Cold <input checked="" type="checkbox"/> Unknown) <input type="checkbox"/> No AC Air Bags: <input type="checkbox"/> Driver's Side <input checked="" type="checkbox"/> Dual <input type="checkbox"/> Cruise Control <input type="checkbox"/> Tilt Steering <input type="checkbox"/> Remote Mirrors <input type="checkbox"/> Climate Control Power: <input checked="" type="checkbox"/> Steering <input type="checkbox"/> Windows <input type="checkbox"/> Door Locks <input type="checkbox"/> Seats																			
Additional Equipment: <u>Dull size spare tire.</u> Manufacturer _____ Model _____ Serial # _____ <input type="checkbox"/> Tool Box <input type="checkbox"/> Light Bar <input type="checkbox"/> Ladder Rack <input type="checkbox"/> Utility Body: Brand _____ <input type="checkbox"/> Hitch: Type _____																			
Location of Asset: <u>201 River Heights Way, Grants Pass, OR 97527. Josephine County Public Works</u> For more information contact: <u>Robert Keith (541-474-5460)</u>																			
Reminder: Do not close items on or surrounding a Holiday, on Friday nights, or Weekends. Stagger closing times by 10 minutes.																			

11386



GovDeals Vehicle Inspection Form

Inventory ID: <u>98311</u>	Asset Number: <u>2</u>	Fair Market Value: <u>\$2,300</u>																	
Short Description: Year <u>1998</u> Make <u>Jeep</u> Model <u>Cherokee 4x4</u>																			
VIN: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td>1</td><td>J</td><td>4</td><td>F</td><td>J</td><td>2</td><td>8</td><td>S</td><td>2</td><td>W</td><td>L</td><td>2</td><td>6</td><td>3</td><td>9</td><td>0</td><td>8</td></tr> </table> Title Restriction: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N			1	J	4	F	J	2	8	S	2	W	L	2	6	3	9	0	8
1	J	4	F	J	2	8	S	2	W	L	2	6	3	9	0	8			
Odometer: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td>1</td><td>4</td><td>0</td><td>0</td><td>6</td><td>5</td></tr> </table> <input checked="" type="checkbox"/> Miles <input type="checkbox"/> Kilometers Odometer Accurate <input checked="" type="checkbox"/> Y <input type="checkbox"/> N: _____			1	4	0	0	6	5											
1	4	0	0	6	5														
Long Description: This Vehicle: <input type="checkbox"/> Starts <input checked="" type="checkbox"/> Starts with a Boost & <input checked="" type="checkbox"/> Runs/Driveable <input checked="" type="checkbox"/> Engine Runs <input type="checkbox"/> Does Not Run <input type="checkbox"/> For Parts Only Engine- Type: <u>4.0 L, V6</u> <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Diesel Engine <input type="checkbox"/> Propane/Natural Gas <input type="checkbox"/> Gas/Electric Hybrid Engine Condition: <input checked="" type="checkbox"/> Runs <input type="checkbox"/> Needs repair <input type="checkbox"/> is in unknown condition Repairs needed: <u>unknown</u> This vehicle was maintained every <u>3000</u> <input type="checkbox"/> Days <input type="checkbox"/> Hours <input checked="" type="checkbox"/> Miles Date Removed From Service: <u>9-21-16</u> Maintenance Records: <input type="checkbox"/> Available <input checked="" type="checkbox"/> Not Available For Inspection Transmission: <input checked="" type="checkbox"/> Automatic <input type="checkbox"/> Manual ___ Speed Condition: <input checked="" type="checkbox"/> Operable <input type="checkbox"/> Needs repair <input type="checkbox"/> Is Unknown Condition Repairs Needed: <u>unknown</u> Drivetrain: <input type="checkbox"/> 2 Wheel Drive <input checked="" type="checkbox"/> 4 Wheel Drive Condition: <u>Fair</u>																			
Exterior: Color: <u>White</u> Windows: <input checked="" type="checkbox"/> No Cracked Glass <input type="checkbox"/> Cracked _____ Minor: <input checked="" type="checkbox"/> Dents <input checked="" type="checkbox"/> Scratches <input checked="" type="checkbox"/> Dings Tire Condition: <u>Fair</u> Tread: _____ #Flat _____ Hubcaps # <u>0</u> Major Damage to: <u>No major damage</u> Additional Damage: <u>Some fading paint.</u> Decals: <input type="checkbox"/> None <input type="checkbox"/> Have Been Sprayed or <input checked="" type="checkbox"/> Have been Removed & <input checked="" type="checkbox"/> Impressions Remain <input type="checkbox"/> No Impressions Emergency equip: <input checked="" type="checkbox"/> None <input type="checkbox"/> Has been removed & <input type="checkbox"/> There are holes in the exterior <input checked="" type="checkbox"/> There are no holes																			
Interior: Color <u>Gray</u> <input checked="" type="checkbox"/> Cloth <input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Leather Damage to Seats: <u>None - Shows signs of normal wear and tear.</u> Damage to Dash/Floor: <u>No cracks - Shows signs of normal wear and tear. Water leak in drivers compartment.</u> Radio: <input type="checkbox"/> Stock or <input checked="" type="checkbox"/> Brand & Model: <u>Sony</u> <input type="checkbox"/> AM <input type="checkbox"/> AM/FM <input checked="" type="checkbox"/> AM/FM Cassette <input type="checkbox"/> AM/FM CD <input checked="" type="checkbox"/> AC (Condition: <input type="checkbox"/> Cold <input checked="" type="checkbox"/> Unknown) <input type="checkbox"/> No AC Air Bags: <input type="checkbox"/> Driver's Side <input checked="" type="checkbox"/> Dual <input checked="" type="checkbox"/> Cruise Control <input type="checkbox"/> Tilt Steering <input type="checkbox"/> Remote Mirrors <input type="checkbox"/> Climate Control Power: <input checked="" type="checkbox"/> Steering <input type="checkbox"/> Windows <input type="checkbox"/> Door Locks <input type="checkbox"/> Seats																			
Additional Equipment: <u>Roof antenna base attachment. Rear window defroster.</u> Manufacturer _____ Model _____ Serial # _____ <input type="checkbox"/> Tool Box <input type="checkbox"/> Light Bar <input type="checkbox"/> Ladder Rack <input type="checkbox"/> Utility Body: Brand _____ <input type="checkbox"/> Hitch: Type _____																			
Location of Asset: <u>201 River Heights Way, Grants Pass, OR 97527. Josephine County Public Works</u> For more information contact: <u>Robert Keith (541-474-5460)</u>																			
Reminder: Do not close items on or surrounding a Holiday, on Friday nights, or Weekends. Stagger closing times by 10 minutes.																			

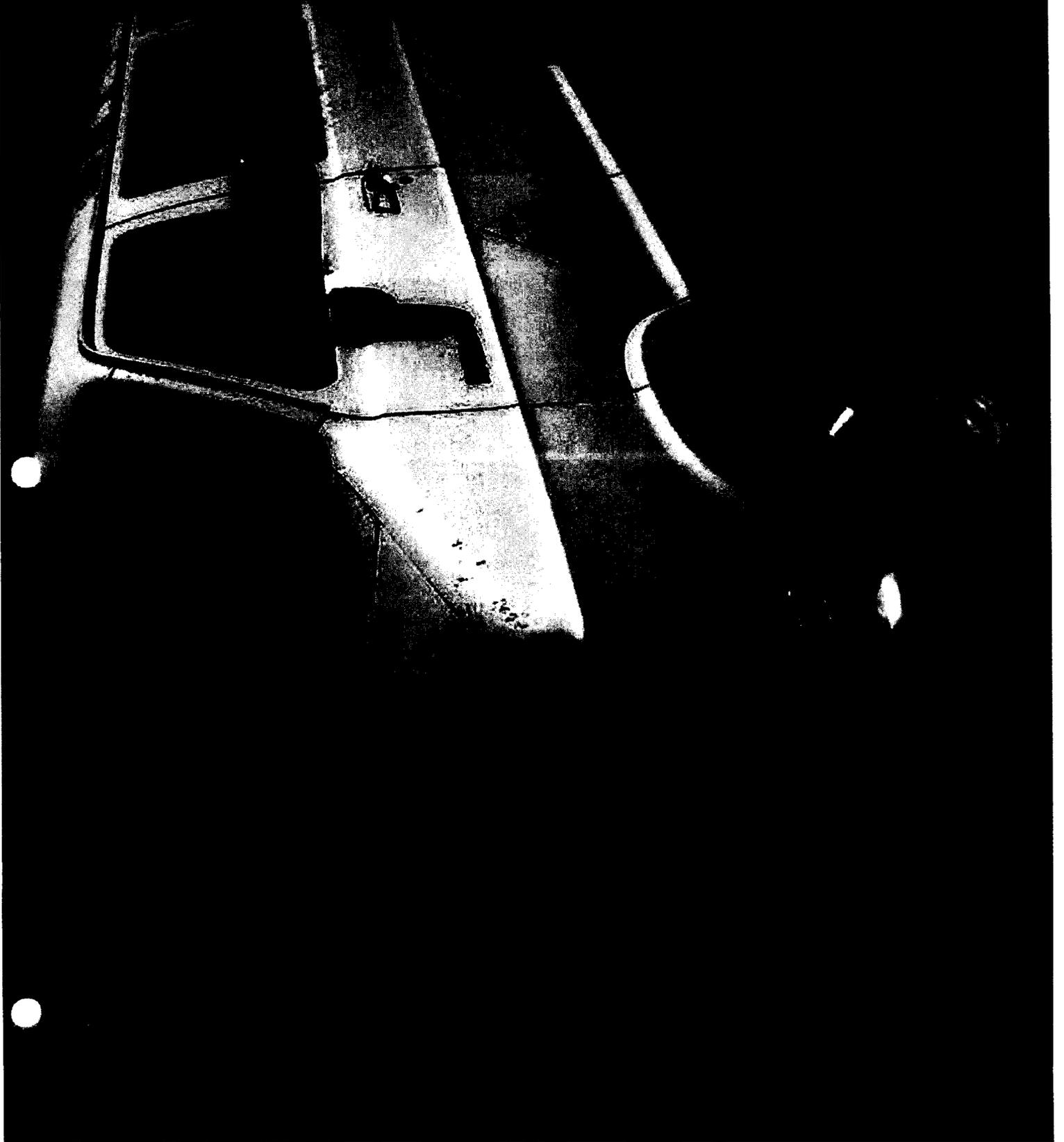
715712



GovDeals Vehicle Inspection Form

Inventory ID: <u>96512</u>	Asset Number: <u>3</u>	Fair Market Value: <u>\$2,000</u>																	
Short Description: Year <u>1996</u> Make <u>Dodge Ram</u> Model <u>1500 SLT Laramie</u>																			
VIN: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td>3</td><td>B</td><td>7</td><td>H</td><td>C</td><td>1</td><td>3</td><td>Z</td><td>0</td><td>T</td><td>G</td><td>1</td><td>6</td><td>1</td><td>4</td><td>6</td><td>0</td></tr> </table> Title Restriction: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N			3	B	7	H	C	1	3	Z	0	T	G	1	6	1	4	6	0
3	B	7	H	C	1	3	Z	0	T	G	1	6	1	4	6	0			
Odometer: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td>1</td><td>0</td><td>2</td><td>8</td><td>9</td><td>8</td></tr> </table> <input checked="" type="checkbox"/> Miles <input type="checkbox"/> Kilometers Odometer Accurate <input checked="" type="checkbox"/> Y <input type="checkbox"/> N: _____			1	0	2	8	9	8											
1	0	2	8	9	8														
Long Description: This Vehicle: <input type="checkbox"/> Starts <input checked="" type="checkbox"/> Starts with a Boost & <input checked="" type="checkbox"/> Runs/Driveable <input checked="" type="checkbox"/> Engine Runs <input type="checkbox"/> Does Not Run <input type="checkbox"/> For Parts Only Engine- Type: ___ L, V ⁸ magnum <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Diesel Engine <input type="checkbox"/> Propane/Natural Gas <input type="checkbox"/> Gas/Electric Hybrid Engine Condition: <input checked="" type="checkbox"/> Runs <input type="checkbox"/> Needs repair <input type="checkbox"/> is in unknown condition Repairs needed: <u>unknown</u> This vehicle was maintained every <u>3000</u> <input type="checkbox"/> Days <input type="checkbox"/> Hours <input checked="" type="checkbox"/> Miles Date Removed From Service: <u>9-21-16</u> Maintenance Records: <input type="checkbox"/> Available <input checked="" type="checkbox"/> Not Available For Inspection Transmission: <input checked="" type="checkbox"/> Automatic <input type="checkbox"/> Manual ___ Speed Condition: <input checked="" type="checkbox"/> Operable <input type="checkbox"/> Needs repair <input type="checkbox"/> Is Unknown Condition Repairs Needed: <u>unknown</u> Drivetrain: <input checked="" type="checkbox"/> 2 Wheel Drive <input type="checkbox"/> 4 Wheel Drive Condition: <u>Fair</u>																			
Exterior: Color: <u>White</u> Windows: <input checked="" type="checkbox"/> No Cracked Glass <input type="checkbox"/> Cracked _____ Minor: <input checked="" type="checkbox"/> Dents <input checked="" type="checkbox"/> Scratches <input checked="" type="checkbox"/> Dings Tire Condition: <u>Fair</u> Tread: _____ #Flat ___ Hubcaps # <u>0</u> Major Damage to: <u>No major damage</u> Additional Damage: <u>Some fading and peeling paint.</u> Decals: <input type="checkbox"/> None <input type="checkbox"/> Have Been Sprayed or <input checked="" type="checkbox"/> Have been Removed & <input checked="" type="checkbox"/> Impressions Remain <input type="checkbox"/> No Impressions Emergency equip: <input checked="" type="checkbox"/> None <input type="checkbox"/> Has been removed & <input type="checkbox"/> There are holes in the exterior <input checked="" type="checkbox"/> There are no holes																			
Interior: Color <u>Gray</u> <input checked="" type="checkbox"/> Cloth <input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Leather Damage to Seats: <u>Slight crack in drivers seat. Otherwise shows signs of normal wear and tear.</u> Damage to Dash/Floor: <u>Shows signs of normal wear and tear.</u> Radio: <input checked="" type="checkbox"/> Stock or <input type="checkbox"/> Brand & Model: _____ <input type="checkbox"/> AM <input type="checkbox"/> AM/FM <input checked="" type="checkbox"/> AM/FM Cassette <input type="checkbox"/> AM/FM CD <input checked="" type="checkbox"/> AC (Condition: <input type="checkbox"/> Cold <input checked="" type="checkbox"/> Unknown) <input type="checkbox"/> No AC Air Bags: <input checked="" type="checkbox"/> Driver's Side <input type="checkbox"/> Dual <input checked="" type="checkbox"/> Cruise Control <input checked="" type="checkbox"/> Tilt Steering <input type="checkbox"/> Remote Mirrors <input type="checkbox"/> Climate Control Power: <input checked="" type="checkbox"/> Steering <input checked="" type="checkbox"/> Windows <input checked="" type="checkbox"/> Door Locks <input type="checkbox"/> Seats																			
Additional Equipment: <u>Kelsy aftermarket trailer brake controller. Lumber rack; full size spare; 6-tie down hooks</u> Manufacturer _____ Model _____ Serial # _____ <input type="checkbox"/> Tool Box <input type="checkbox"/> Light Bar <input type="checkbox"/> Ladder Rack <input type="checkbox"/> Utility Body: Brand _____ <input type="checkbox"/> Hitch: Type _____																			
Location of Asset: <u>201 River Heights Way, Grants Pass, OR 97527. Josephine County Public Works</u> For more information contact: <u>Robert Keith (541-474-5460)</u> Reminder: Do not close items on or surrounding a Holiday, on Friday nights, or Weekends. Stagger closing times by 10 minutes.																			

91401



GovDeals Vehicle Inspection Form

Inventory ID: 91401	Asset Number: 4	Fair Market Value: \$1,000																	
Short Description: Year <u>1991</u> Make <u>Dodge</u> Model <u>Ram 150 Van</u>																			
VIN: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td>2</td><td>B</td><td>4</td><td>H</td><td>B</td><td>1</td><td>5</td><td>Y</td><td>8</td><td>M</td><td>K</td><td>4</td><td>3</td><td>7</td><td>4</td><td>1</td><td>1</td></tr> </table> Title Restriction: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N			2	B	4	H	B	1	5	Y	8	M	K	4	3	7	4	1	1
2	B	4	H	B	1	5	Y	8	M	K	4	3	7	4	1	1			
Odometer: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td>1</td><td>8</td><td>4</td><td>7</td><td>5</td><td>1</td></tr> </table> <input checked="" type="checkbox"/> Miles <input type="checkbox"/> Kilometers Odometer Accurate <input checked="" type="checkbox"/> Y <input type="checkbox"/> N: _____			1	8	4	7	5	1											
1	8	4	7	5	1														
Long Description:																			
This Vehicle: <input type="checkbox"/> Starts <input checked="" type="checkbox"/> Starts with a Boost & <input checked="" type="checkbox"/> Runs/Driveable <input checked="" type="checkbox"/> Engine Runs <input type="checkbox"/> Does Not Run <input type="checkbox"/> For Parts Only																			
Engine- Type: <u>L, V8</u> <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Diesel Engine <input type="checkbox"/> Propane/Natural Gas <input type="checkbox"/> Gas/Electric Hybrid																			
Engine Condition: <input checked="" type="checkbox"/> Runs <input type="checkbox"/> Needs repair <input type="checkbox"/> is in unknown condition																			
Repairs needed: <u>unknown</u>																			
This vehicle was maintained every <u>3000</u> <input type="checkbox"/> Days <input type="checkbox"/> Hours <input checked="" type="checkbox"/> Miles																			
Date Removed From Service: <u>9-21-16</u> Maintenance Records: <input type="checkbox"/> Available <input checked="" type="checkbox"/> Not Available For Inspection																			
Transmission: <input checked="" type="checkbox"/> Automatic <input type="checkbox"/> Manual ___ Speed Condition: <input checked="" type="checkbox"/> Operable <input type="checkbox"/> Needs repair <input type="checkbox"/> Is Unknown Condition																			
Repairs Needed: <u>unknown</u>																			
Drivetrain: <input checked="" type="checkbox"/> 2 Wheel Drive <input type="checkbox"/> 4 Wheel Drive Condition: <u>Fair</u>																			
Exterior: Color: <u>White</u> Windows: <input checked="" type="checkbox"/> No Cracked Glass <input type="checkbox"/> Cracked _____																			
Minor: <input checked="" type="checkbox"/> Dents <input checked="" type="checkbox"/> Scratches <input checked="" type="checkbox"/> Dings Tire Condition: <u>Fair</u> Tread: _____ #Flat _____ Hubcaps # <u>4</u>																			
Major Damage to: <u>No major damage</u>																			
Additional Damage: <u>Some fading, peeling paint. Minor exterior rust spots. Sliding side door difficult to close. Front bumper dent.</u>																			
Decals: <input type="checkbox"/> None <input type="checkbox"/> Have Been Sprayed or <input checked="" type="checkbox"/> Have been Removed & <input checked="" type="checkbox"/> Impressions Remain <input type="checkbox"/> No Impressions																			
Emergency equip: <input checked="" type="checkbox"/> None <input type="checkbox"/> Has been removed & <input type="checkbox"/> There are holes in the exterior <input checked="" type="checkbox"/> There are no holes																			
Interior: Color <u>Blue</u> <input type="checkbox"/> Cloth <input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Leather																			
Damage to Seats: <u>Tears in both front seats - None in rear seat.</u>																			
Damage to Dash/Floor: <u>Small cracks in floor - Otherwise shows signs of normal wear and tear.</u>																			
Radio: <input checked="" type="checkbox"/> Stock or <input type="checkbox"/> Brand & Model: _____ <input type="checkbox"/> AM <input checked="" type="checkbox"/> AM/FM <input type="checkbox"/> AM/FM Cassette <input type="checkbox"/> AM/FM CD																			
<input checked="" type="checkbox"/> AC (Condition: <input type="checkbox"/> Cold <input checked="" type="checkbox"/> Unknown) <input type="checkbox"/> No AC Air Bags: <input checked="" type="checkbox"/> Driver's Side <input type="checkbox"/> Dual																			
<input checked="" type="checkbox"/> Cruise Control <input checked="" type="checkbox"/> Tilt Steering <input type="checkbox"/> Remote Mirrors <input type="checkbox"/> Climate Control																			
Power: <input checked="" type="checkbox"/> Steering <input type="checkbox"/> Windows <input type="checkbox"/> Door Locks <input type="checkbox"/> Seats																			
Additional Equipment: <u>Fog lamps - wire divider screen between back and passenger area.</u>																			
Manufacturer _____ Model _____ Serial # _____																			
<input type="checkbox"/> Tool Box <input type="checkbox"/> Light Bar <input type="checkbox"/> Ladder Rack <input type="checkbox"/> Utility Body: Brand _____ <input type="checkbox"/> Hitch: Type _____																			
Location of Asset: <u>201 River Heights Way, Grants Pass, OR 97527. Josephine County Public Works</u>																			
For more information contact: <u>Robert Keith (541-474-5460)</u>																			
Reminder: Do not close items on or surrounding a Holiday, on Friday nights, or Weekends. Stagger closing times by 10 minutes.																			

20990



GovDeals Vehicle Inspection Form

Inventory ID: <u>06603</u>	Asset Number: <u>5</u>	Fair Market Value: <u>\$6,000</u>																	
Short Description: Year <u>2006</u> Make <u>Ford</u> Model <u>E-450 Super Duty 21 pax bus</u>																			
VIN: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td>1</td><td>F</td><td>D</td><td>X</td><td>E</td><td>4</td><td>5</td><td>S</td><td>7</td><td>5</td><td>H</td><td>B</td><td>4</td><td>4</td><td>1</td><td>1</td><td>7</td></tr> </table> Title Restriction: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N			1	F	D	X	E	4	5	S	7	5	H	B	4	4	1	1	7
1	F	D	X	E	4	5	S	7	5	H	B	4	4	1	1	7			
Odometer: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td>3</td><td>7</td><td>0</td><td>9</td><td>5</td><td>1</td></tr> </table> <input checked="" type="checkbox"/> Miles <input type="checkbox"/> Kilometers Odometer Accurate <input checked="" type="checkbox"/> Y <input type="checkbox"/> N: _____			3	7	0	9	5	1											
3	7	0	9	5	1														
Long Description: This Vehicle: <input type="checkbox"/> Starts <input checked="" type="checkbox"/> Starts with a Boost & <input checked="" type="checkbox"/> Runs/Driveable <input checked="" type="checkbox"/> Engine Runs <input type="checkbox"/> Does Not Run <input type="checkbox"/> For Parts Only Engine- Type: <u>6.8 L, V 10</u> <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Diesel Engine <input type="checkbox"/> Propane/Natural Gas <input type="checkbox"/> Gas/Electric Hybrid Engine Condition: <input checked="" type="checkbox"/> Runs <input type="checkbox"/> Needs repair <input type="checkbox"/> is in unknown condition Repairs needed: <u>Coolant Leak -- repairs needed are unknown.</u> This vehicle was maintained every <u>3000</u> <input type="checkbox"/> Days <input type="checkbox"/> Hours <input checked="" type="checkbox"/> Miles Date Removed From Service: <u>9-21-16</u> Maintenance Records: <input type="checkbox"/> Available <input checked="" type="checkbox"/> Not Available For Inspection Transmission: <input checked="" type="checkbox"/> Automatic <input type="checkbox"/> Manual ___ Speed Condition: <input type="checkbox"/> Operable <input type="checkbox"/> Needs repair <input type="checkbox"/> Is Unknown Condition Repairs Needed: <u>unknown</u> Drivetrain: <input checked="" type="checkbox"/> 2 Wheel Drive <input type="checkbox"/> 4 Wheel Drive Condition: <u>Fair</u>																			
Exterior: Color: <u>White</u> Windows: <input checked="" type="checkbox"/> No Cracked Glass <input type="checkbox"/> Cracked _____ Minor: <input checked="" type="checkbox"/> Dents <input checked="" type="checkbox"/> Scratches <input checked="" type="checkbox"/> Dings Tire Condition: <u>Fair</u> Tread: _____ #Flat ___ Hubcaps # ___ Major Damage to: <u>No major damage</u> Additional Damage: <u>Some fading, peeling paint. Normal wear and tear.</u> Decals: <input type="checkbox"/> None <input type="checkbox"/> Have Been Sprayed or <input checked="" type="checkbox"/> Have been Removed & <input checked="" type="checkbox"/> Impressions Remain <input type="checkbox"/> No Impressions Emergency equip: <input checked="" type="checkbox"/> None <input type="checkbox"/> Has been removed & <input type="checkbox"/> There are holes in the exterior <input checked="" type="checkbox"/> There are no holes																			
Interior: Color <u>Blue</u> <input type="checkbox"/> Cloth <input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Leather Damage to Seats: <u>No major damage. Some minor defects, otherwise normal wear and tear.</u> Damage to Dash/Floor: <u>No damage - Normal wear and tear.</u> Radio: <input type="checkbox"/> Stock or <input checked="" type="checkbox"/> Brand & Model: <u>Jensen</u> <input type="checkbox"/> AM <input type="checkbox"/> AM/FM <input checked="" type="checkbox"/> AM/FM Cassette <input type="checkbox"/> AM/FM CD <input checked="" type="checkbox"/> AC (Condition: <input type="checkbox"/> Cold <input checked="" type="checkbox"/> Unknown) <input type="checkbox"/> No AC Air Bags: <input checked="" type="checkbox"/> Driver's Side <input type="checkbox"/> Dual <input checked="" type="checkbox"/> Cruise Control <input checked="" type="checkbox"/> Tilt Steering <input type="checkbox"/> Remote Mirrors <input type="checkbox"/> Climate Control Power: <input checked="" type="checkbox"/> Steering <input type="checkbox"/> Windows <input type="checkbox"/> Door Locks <input type="checkbox"/> Seats																			
Additional Equipment: <u>Bike rake for 2 from Sportworks - fog lamps - aluminum driver side running board.</u> Manufacturer _____ Model _____ Serial # _____ <input type="checkbox"/> Tool Box <input type="checkbox"/> Light Bar <input type="checkbox"/> Ladder Rack <input type="checkbox"/> Utility Body: Brand _____ <input type="checkbox"/> Hitch: Type _____																			
Location of Asset: <u>201 River Heights Way, Grants Pass, OR 97527. Josephine County Public Works</u> For more information contact: <u>Robert Keith (541-474-5460)</u> Reminder: Do not close items on or surrounding a Holiday, on Friday nights, or Weekends. Stagger closing times by 10 minutes.																			

08601



GovDeals Vehicle Inspection Form

Inventory ID: 08601	Asset Number: 6	Fair Market Value: \$6,500																	
Short Description: Year <u>2008</u> Make <u>Ford</u> Model <u>E-450 Super Duty 21 pax bus</u>																			
VIN: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td>1</td><td>F</td><td>D</td><td>4</td><td>E</td><td>4</td><td>5</td><td>S</td><td>1</td><td>8</td><td>D</td><td>A</td><td>9</td><td>8</td><td>5</td><td>9</td><td>0</td></tr> </table> Title Restriction: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N			1	F	D	4	E	4	5	S	1	8	D	A	9	8	5	9	0
1	F	D	4	E	4	5	S	1	8	D	A	9	8	5	9	0			
Odometer: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td>2</td><td>5</td><td>4</td><td>8</td><td>6</td><td>6</td></tr> </table> <input checked="" type="checkbox"/> Miles <input type="checkbox"/> Kilometers Odometer Accurate <input checked="" type="checkbox"/> Y <input type="checkbox"/> N: _____			2	5	4	8	6	6											
2	5	4	8	6	6														
Long Description: This Vehicle: <input type="checkbox"/> Starts <input checked="" type="checkbox"/> Starts with a Boost & <input checked="" type="checkbox"/> Runs/Driveable <input checked="" type="checkbox"/> Engine Runs <input type="checkbox"/> Does Not Run <input type="checkbox"/> For Parts Only Engine- Type: <u>6.8 L, V10</u> <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Diesel Engine <input type="checkbox"/> Propane/Natural Gas <input type="checkbox"/> Gas/Electric Hybrid Engine Condition: <input checked="" type="checkbox"/> Runs <input type="checkbox"/> Needs repair <input type="checkbox"/> is in unknown condition Repairs needed: <u>Coolant leak. Any needed repairs are unknown.</u> This vehicle was maintained every <u>3000</u> <input type="checkbox"/> Days <input type="checkbox"/> Hours <input checked="" type="checkbox"/> Miles Date Removed From Service: <u>9-21-16</u> Maintenance Records: <input type="checkbox"/> Available <input checked="" type="checkbox"/> Not Available For Inspection Transmission: <input checked="" type="checkbox"/> Automatic <input type="checkbox"/> Manual ___ Speed Condition: <input type="checkbox"/> Operable <input type="checkbox"/> Needs repair <input type="checkbox"/> Is Unknown Condition Repairs Needed: <u>unknown</u> Drivetrain: <input checked="" type="checkbox"/> 2 Wheel Drive <input type="checkbox"/> 4 Wheel Drive Condition: <u>Fair</u>																			
Exterior: Color: <u>White</u> Windows: <input checked="" type="checkbox"/> No Cracked Glass <input type="checkbox"/> Cracked _____ Minor: <input checked="" type="checkbox"/> Dents <input checked="" type="checkbox"/> Scratches <input checked="" type="checkbox"/> Dings Tire Condition: <u>Fair</u> Tread: _____ #Flat _____ Hubcaps # <u>0</u> Major Damage to: <u>No major damage - Normal wear and tear.</u> Additional Damage: <u>Some fading, peeling paint. Normal wear and tear.</u> Decals: <input type="checkbox"/> None <input type="checkbox"/> Have Been Sprayed or <input checked="" type="checkbox"/> Have been Removed & <input checked="" type="checkbox"/> Impressions Remain <input type="checkbox"/> No Impressions Emergency equip: <input checked="" type="checkbox"/> None <input type="checkbox"/> Has been removed & <input type="checkbox"/> There are holes in the exterior <input checked="" type="checkbox"/> There are no holes																			
Interior: Color <u>Gray / Blue</u> <input checked="" type="checkbox"/> Cloth <input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Leather Damage to Seats: <u>No major damage. Some minor defects, otherwise normal wear and tear. Small hole in drivers seat.</u> Damage to Dash/Floor: <u>No damage - Normal wear and tear.</u> Radio: <input type="checkbox"/> Stock or <input checked="" type="checkbox"/> Brand & Model: <u>Kenwood</u> <input type="checkbox"/> AM <input type="checkbox"/> AM/FM <input checked="" type="checkbox"/> AM/FM Cassette <input type="checkbox"/> AM/FM CD <input checked="" type="checkbox"/> AC (Condition: <input checked="" type="checkbox"/> Cold <input type="checkbox"/> Unknown) <input type="checkbox"/> No AC Air Bags: <input checked="" type="checkbox"/> Driver's Side <input type="checkbox"/> Dual <input checked="" type="checkbox"/> Cruise Control <input checked="" type="checkbox"/> Tilt Steering <input type="checkbox"/> Remote Mirrors <input type="checkbox"/> Climate Control Power: <input checked="" type="checkbox"/> Steering <input type="checkbox"/> Windows <input type="checkbox"/> Door Locks <input checked="" type="checkbox"/> Seats																			
Additional Equipment: <u>Bike rake for 2 from Sportworks - fog lamps - aluminum driver side running board.</u> Manufacturer _____ Model _____ Serial # _____ <input type="checkbox"/> Tool Box <input type="checkbox"/> Light Bar <input type="checkbox"/> Ladder Rack <input type="checkbox"/> Utility Body: Brand _____ <input type="checkbox"/> Hitch: Type _____																			
Location of Asset: <u>201 River Heights Way, Grants Pass, OR 97527. Josephine County Public Works</u> For more information contact: <u>Robert Keith (541-474-5460)</u> Reminder: Do not close items on or surrounding a Holiday, on Friday nights, or Weekends. Stagger closing times by 10 minutes.																			

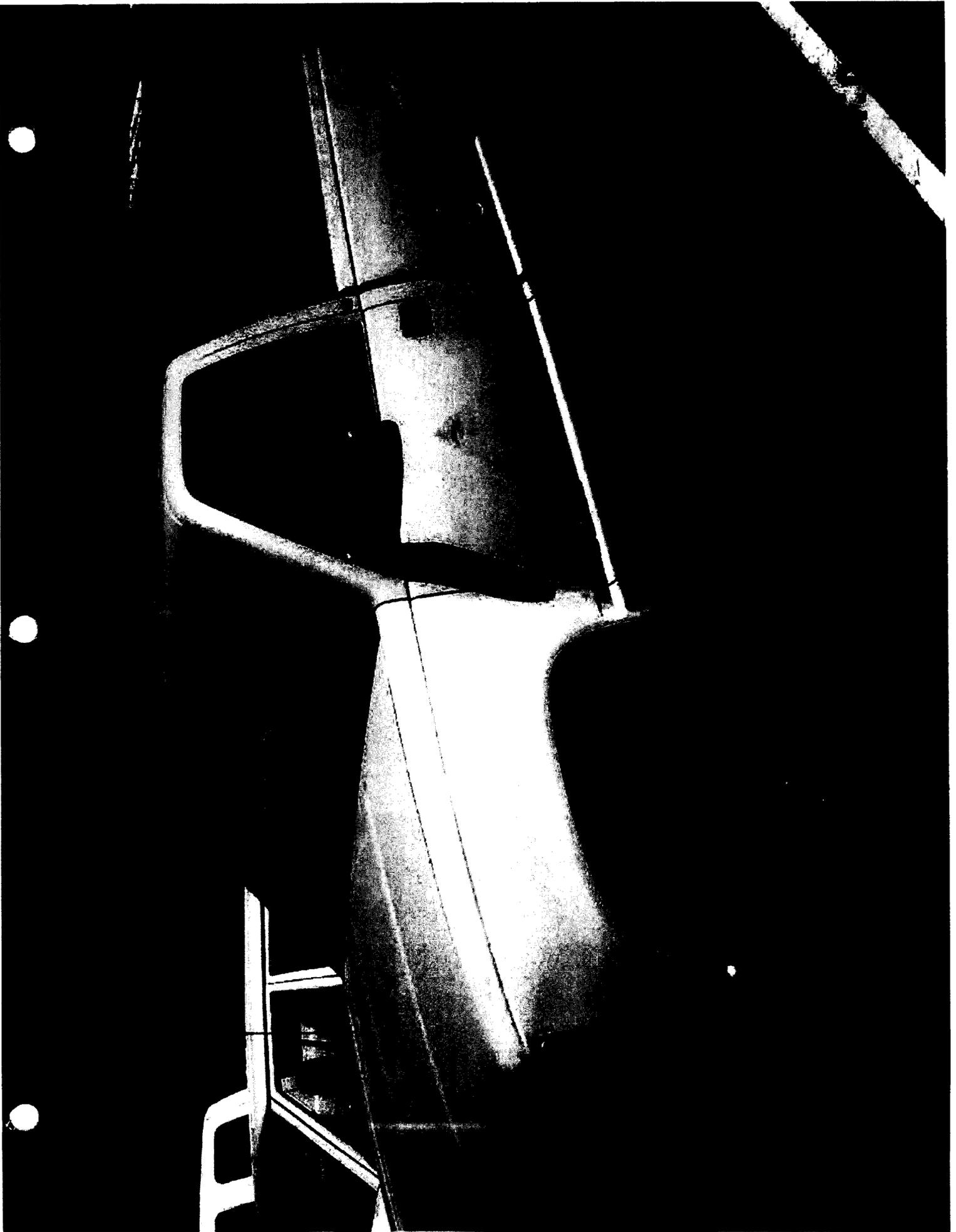
20250



GovDeals Vehicle Inspection Form

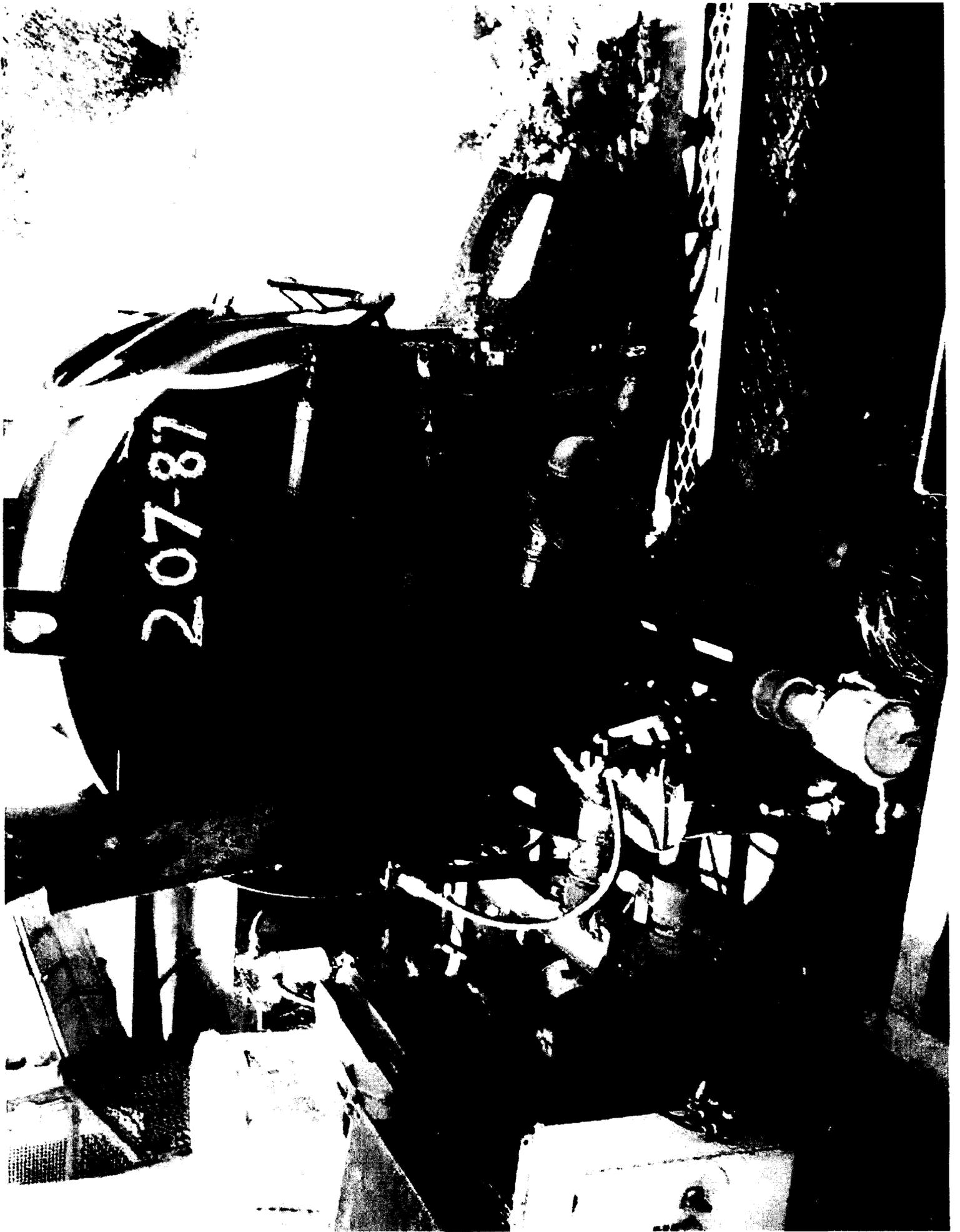
Inventory ID: 03202	Asset Number: 7	Fair Market Value: \$3,500																	
Short Description: Year <u>2003</u> Make <u>Ford</u> Model <u>F-250 Super Duty extra-cab</u>																			
VIN: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td>1</td><td>F</td><td>T</td><td>N</td><td>X</td><td>2</td><td>0</td><td>S</td><td>5</td><td>3</td><td>E</td><td>A</td><td>3</td><td>9</td><td>0</td><td>8</td><td>8</td></tr> </table> Title Restriction: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N			1	F	T	N	X	2	0	S	5	3	E	A	3	9	0	8	8
1	F	T	N	X	2	0	S	5	3	E	A	3	9	0	8	8			
Odometer: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td>2</td><td>9</td><td>5</td><td>4</td><td>2</td><td>9</td></tr> </table> <input checked="" type="checkbox"/> Miles <input type="checkbox"/> Kilometers Odometer Accurate <input checked="" type="checkbox"/> Y <input type="checkbox"/> N: _____			2	9	5	4	2	9											
2	9	5	4	2	9														
Long Description:																			
This Vehicle: <input type="checkbox"/> Starts <input checked="" type="checkbox"/> Starts with a Boost & <input checked="" type="checkbox"/> Runs/Driveable <input checked="" type="checkbox"/> Engine Runs <input type="checkbox"/> Does Not Run <input type="checkbox"/> For Parts Only Engine- Type: ___ L, V <u>10 Triton</u> <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Diesel Engine <input type="checkbox"/> Propane/Natural Gas <input type="checkbox"/> Gas/Electric Hybrid Engine Condition: <input checked="" type="checkbox"/> Runs <input type="checkbox"/> Needs repair <input type="checkbox"/> is in unknown condition Repairs needed: <u>Unknown</u>																			
This vehicle was maintained every <u>3000</u> <input type="checkbox"/> Days <input type="checkbox"/> Hours <input checked="" type="checkbox"/> Miles Date Removed From Service: <u>9-21-16</u> Maintenance Records: <input type="checkbox"/> Available <input checked="" type="checkbox"/> Not Available For Inspection																			
Transmission: <input checked="" type="checkbox"/> Automatic <input type="checkbox"/> Manual ___ Speed Condition: <input type="checkbox"/> Operable <input type="checkbox"/> Needs repair <input type="checkbox"/> Is Unknown Condition Repairs Needed: <u>unknown</u>																			
Drivetrain: <input checked="" type="checkbox"/> 2 Wheel Drive <input type="checkbox"/> 4 Wheel Drive Condition: <u>Fair</u>																			
Exterior:																			
Color: <u>White</u> Windows: <input checked="" type="checkbox"/> No Cracked Glass <input type="checkbox"/> Cracked _____ Minor: <input checked="" type="checkbox"/> Dents <input checked="" type="checkbox"/> Scratches <input checked="" type="checkbox"/> Dings Tire Condition: <u>Fair</u> Tread: _____ #Flat ___ Hubcaps # <u>0</u> Major Damage to: <u>No Tailgate.</u> Additional Damage: <u>Lower passenger door dent. Passenger side scratches/minor dents. Driver side scratches.</u> Decals: <input type="checkbox"/> None <input type="checkbox"/> Have Been Sprayed or <input checked="" type="checkbox"/> Have been Removed & <input checked="" type="checkbox"/> Impressions Remain <input type="checkbox"/> No Impressions Emergency equip: <input checked="" type="checkbox"/> None <input type="checkbox"/> Has been removed & <input type="checkbox"/> There are holes in the exterior <input checked="" type="checkbox"/> There are no holes																			
Interior:																			
Color <u>Brown / Beige</u> <input checked="" type="checkbox"/> Cloth <input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Leather Damage to Seats: <u>Minor tear in driver seat, otherwise normal wear and tear.</u> Damage to Dash/Floor: <u>No damage - Normal wear and tear.</u> Radio: <input checked="" type="checkbox"/> Stock or <input type="checkbox"/> Brand & Model: _____ <input type="checkbox"/> AM <input checked="" type="checkbox"/> AM/FM <input type="checkbox"/> AM/FM Cassette <input type="checkbox"/> AM/FM CD <input checked="" type="checkbox"/> AC (Condition: <input checked="" type="checkbox"/> Cold <input type="checkbox"/> Unknown) <input type="checkbox"/> No AC Air Bags: <input type="checkbox"/> Driver's Side <input checked="" type="checkbox"/> Dual <input checked="" type="checkbox"/> Cruise Control <input checked="" type="checkbox"/> Tilt Steering <input type="checkbox"/> Remote Mirrors <input type="checkbox"/> Climate Control Power: <input checked="" type="checkbox"/> Steering <input checked="" type="checkbox"/> Windows <input checked="" type="checkbox"/> Door Locks <input checked="" type="checkbox"/> Seats																			
Additional Equipment: <u>Full size spare tire. Front recovery hooks. Tow hitch and ball (2 5/16). Roof antenna.</u> Manufacturer _____ Model _____ Serial # _____ <input type="checkbox"/> Tool Box <input type="checkbox"/> Light Bar <input type="checkbox"/> Ladder Rack <input type="checkbox"/> Utility Body: Brand _____ <input type="checkbox"/> Hitch: Type _____																			
Location of Asset: <u>201 River Heights Way, Grants Pass, OR 97527. Josephine County Public Works</u> For more information contact: <u>Robert Keith (541-474-5460)</u>																			
Reminder: Do not close items on or surrounding a Holiday, on Friday nights, or Weekends. Stagger closing times by 10 minutes.																			

526-97



GovDeals Vehicle Inspection Form

Inventory ID: <u>536-97</u>	Asset Number: <u>8</u>	Fair Market Value: <u>\$1,800</u>																	
Short Description: Year <u>1997</u> Make <u>Chevrolet</u> Model <u>2500 Cheyenne</u>																			
VIN: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center; width: 500px;"> <tr> <td style="width: 20px; height: 20px;">1</td><td style="width: 20px; height: 20px;">G</td><td style="width: 20px; height: 20px;">C</td><td style="width: 20px; height: 20px;">G</td><td style="width: 20px; height: 20px;">C</td><td style="width: 20px; height: 20px;">2</td><td style="width: 20px; height: 20px;">4</td><td style="width: 20px; height: 20px;">R</td><td style="width: 20px; height: 20px;">6</td><td style="width: 20px; height: 20px;">V</td><td style="width: 20px; height: 20px;">Z</td><td style="width: 20px; height: 20px;">2</td><td style="width: 20px; height: 20px;">3</td><td style="width: 20px; height: 20px;">5</td><td style="width: 20px; height: 20px;">3</td><td style="width: 20px; height: 20px;">2</td><td style="width: 20px; height: 20px;">3</td> </tr> </table> Title Restriction: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N			1	G	C	G	C	2	4	R	6	V	Z	2	3	5	3	2	3
1	G	C	G	C	2	4	R	6	V	Z	2	3	5	3	2	3			
Odometer: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center; width: 100px;"> <tr> <td style="width: 20px; height: 20px;">1</td><td style="width: 20px; height: 20px;">4</td><td style="width: 20px; height: 20px;">9</td><td style="width: 20px; height: 20px;">6</td><td style="width: 20px; height: 20px;">2</td><td style="width: 20px; height: 20px;">6</td> </tr> </table> <input checked="" type="checkbox"/> Miles <input type="checkbox"/> Kilometers Odometer Accurate <input checked="" type="checkbox"/> Y <input type="checkbox"/> N: _____			1	4	9	6	2	6											
1	4	9	6	2	6														
Long Description: This Vehicle: <input type="checkbox"/> Starts <input checked="" type="checkbox"/> Starts with a Boost & <input checked="" type="checkbox"/> Runs/Driveable <input checked="" type="checkbox"/> Engine Runs <input type="checkbox"/> Does Not Run <input type="checkbox"/> For Parts Only Engine- Type: <u>L, V8</u> <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Diesel Engine <input type="checkbox"/> Propane/Natural Gas <input type="checkbox"/> Gas/Electric Hybrid Engine Condition: <input checked="" type="checkbox"/> Runs <input type="checkbox"/> Needs repair <input type="checkbox"/> is in unknown condition Repairs needed: <u>Unknown</u> This vehicle was maintained every <u>3000</u> <input type="checkbox"/> Days <input type="checkbox"/> Hours <input checked="" type="checkbox"/> Miles Date Removed From Service: <u>9-21-16</u> Maintenance Records: <input type="checkbox"/> Available <input checked="" type="checkbox"/> Not Available For Inspection Transmission: <input checked="" type="checkbox"/> Automatic <input type="checkbox"/> Manual <u>Speed</u> Condition: <input type="checkbox"/> Operable <input type="checkbox"/> Needs repair <input type="checkbox"/> Is Unknown Condition Repairs Needed: <u>unknown</u> Drivetrain: <input checked="" type="checkbox"/> 2 Wheel Drive <input type="checkbox"/> 4 Wheel Drive Condition: <u>Fair</u>																			
Exterior: Color: <u>Yellow</u> Windows: <input checked="" type="checkbox"/> No Cracked Glass <input type="checkbox"/> Cracked _____ Minor: <input checked="" type="checkbox"/> Dents <input checked="" type="checkbox"/> Scratches <input checked="" type="checkbox"/> Dings Tire Condition: <u>Fair</u> Tread: _____ #Flat _____ Hubcaps # <u>0</u> Major Damage to: <u>Dent in Tailgate. Dent in driver side rear 1/4-panel. FRAME BENT</u> Additional Damage: <u>Paint peeling - dent in lower passenger door, no rear bumper.</u> Decals: <input type="checkbox"/> None <input type="checkbox"/> Have Been Sprayed or <input checked="" type="checkbox"/> Have been Removed & <input checked="" type="checkbox"/> Impressions Remain <input type="checkbox"/> No Impressions Emergency equip: <input checked="" type="checkbox"/> None <input type="checkbox"/> Has been removed & <input type="checkbox"/> There are holes in the exterior <input checked="" type="checkbox"/> There are no holes																			
Interior: Color <u>Gray</u> <input checked="" type="checkbox"/> Cloth <input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Leather Damage to Seats: <u>Slight tear in drivers seat.</u> Damage to Dash/Floor: <u>No damage - Normal wear and tear.</u> Radio: <input checked="" type="checkbox"/> Stock or <input type="checkbox"/> Brand & Model: _____ <input type="checkbox"/> AM <input checked="" type="checkbox"/> AM/FM <input type="checkbox"/> AM/FM Cassette <input type="checkbox"/> AM/FM CD <input checked="" type="checkbox"/> AC (Condition: <input checked="" type="checkbox"/> Cold <input type="checkbox"/> Unknown) <input type="checkbox"/> No AC Air Bags: <input type="checkbox"/> Driver's Side <input type="checkbox"/> Dual <input type="checkbox"/> Cruise Control <input type="checkbox"/> Tilt Steering <input type="checkbox"/> Remote Mirrors <input type="checkbox"/> Climate Control Power: <input checked="" type="checkbox"/> Steering <input type="checkbox"/> Windows <input type="checkbox"/> Door Locks <input type="checkbox"/> Seats																			
Additional Equipment: <u>Front recovery hooks. Intermittent wipers.</u> Manufacturer _____ Model _____ Serial # _____ <input type="checkbox"/> Tool Box <input type="checkbox"/> Light Bar <input type="checkbox"/> Ladder Rack <input type="checkbox"/> Utility Body: Brand _____ <input type="checkbox"/> Hitch: Type _____																			
Location of Asset: <u>201 River Heights Way, Grants Pass, OR 97527. Josephine County Public Works</u> For more information contact: <u>Robert Keith (541-474-5460)</u> Reminder: Do not close items on or surrounding a Holiday, on Friday nights, or Weekends. Stagger closing times by 10 minutes.																			





GovDeals Generic Inspection Form

Inventory ID: **Tack Tank**

Asset Number **9**

Anticipated Sale Price: **\$50**

Short Description: Home made tack oil distributor

Year 1987

Manufacturer N/A

Model N/A

Please fill in or check if apply

Long Description:

This Equipment: Is Operable Is Not Operable For Parts Only Needs Repair The Condition is Unknown

Hours: Unknown This equipment was maintained every 100 Hours Days

Serial # N/A

Repairs needed: Leaks around diesel burner input

Description of Use

Used to apply tack oil as needed for street repair/maintenance needs.

Color Black Cloth Vinyl Leather Metal Plastic Wood Rubber

Minor damage to: Normal wear and tear

Major damage to: none

Size: Length: Feet: ___ Inches: ___ Width/Depth: Feet: ___ Inches: ___ Height: Feet: ___ Inches: ___

Men's Size: ___ Women's Size: ___

Additional Equipment: Manufacturer _____ Model _____

Serial # _____ Condition: Is Operable Needs repair Unknown Condition

Description: _____

Additional Equipment: Manufacturer _____ Model _____

Serial # _____ Condition: Is Operable Needs repair Unknown Condition

Description: _____

Additional Equipment: Manufacturer _____ Model _____

Serial # _____ Condition: Is Operable Needs repair Unknown Condition

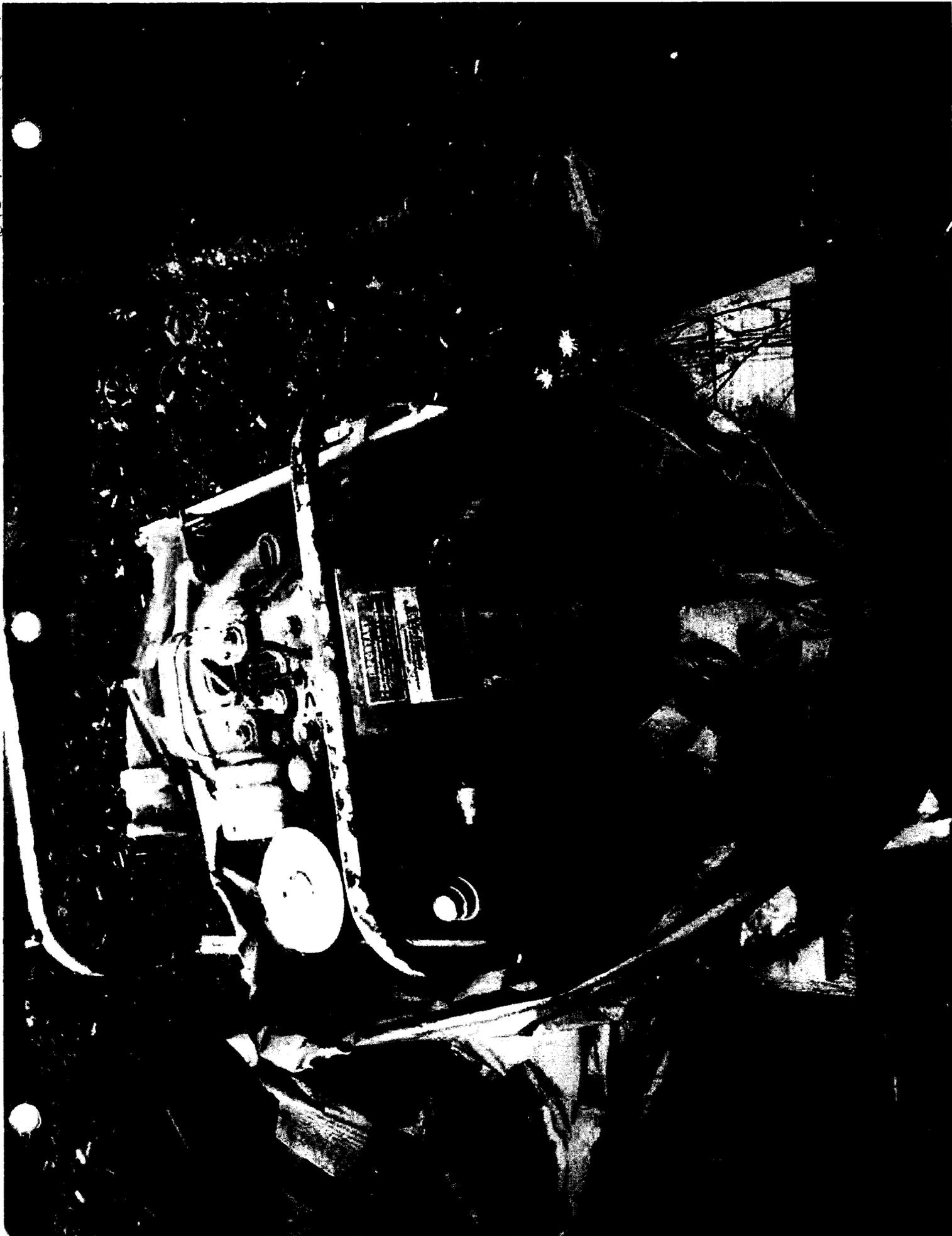
Description: _____

Comments:

Location of Asset: 201 River Heights Way, Grants Pass, OR 97527

For more information contact: Robert Keith, (541-474-5460)

640.94 Trash dump



GovDeals Generic Inspection Form

Inventory ID: **640-94**

Asset Number **10**

Anticipated Sale Price: **\$20**

Short Description: Trash Pump

Year 1994

Manufacturer Homelite

Model _____

Please fill in or check if apply

Long Description:

This Equipment: Is Operable Is Not Operable For Parts Only Needs Repair The Condition is Unknown

Hours: _____ This equipment was maintained every 50 Hours Days

Serial # _____

Repairs needed: Unknown

Description of Use

Trash pumps are portable pumps and are typically for de-watering applications.

Color Red Cloth Vinyl Leather Metal Plastic Wood Rubber

Minor damage to: Normal wear and tear

Major damage to: _____

Size: Length: Feet: _____ Inches: _____ Width/Depth: Feet: _____ Inches: _____ Height: Feet: _____ Inches: _____

Men's Size: _____ Women's Size: _____

Additional Equipment: Manufacturer _____ Model _____

Serial # _____ Condition: Is Operable Needs repair Unknown Condition

Description: _____

Additional Equipment: Manufacturer _____ Model _____

Serial # _____ Condition: Is Operable Needs repair Unknown Condition

Description: _____

Additional Equipment: Manufacturer _____ Model _____

Serial # _____ Condition: Is Operable Needs repair Unknown Condition

Description: _____

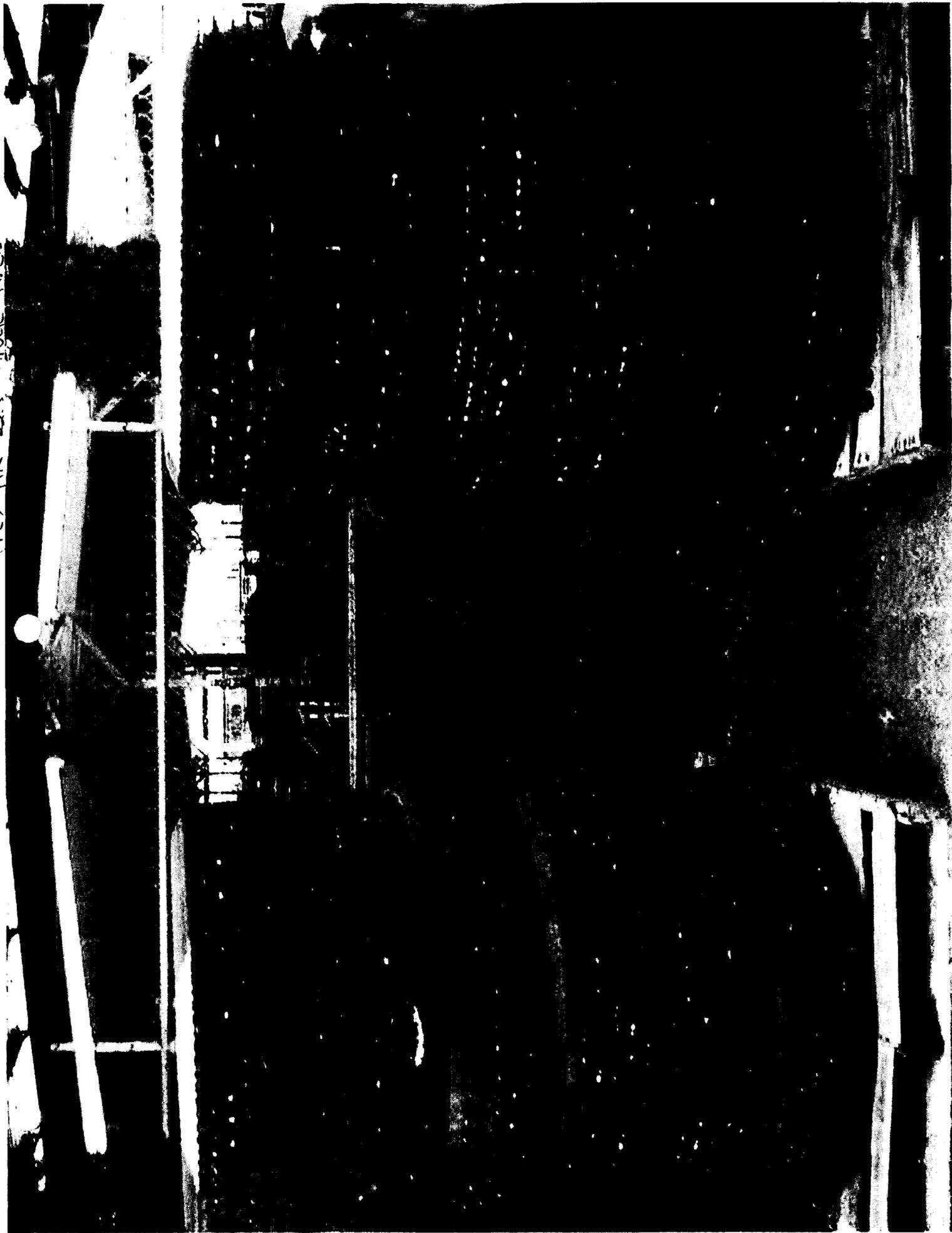
Comments:

Not been started in quite some time. Not sure it will start.

Location of Asset: 201 River Heights Way, Grants Pass, OR 97527

For more information contact: Robert Keith (541-474-5460)

(12) 11/2 22.5 Truck 4.15.82



GovDeals Generic Inspection Form

Inventory ID: **12 Tires**

Asset Number **11**

Anticipated Sale Price: **\$50**

Short Description: Used tires

Year unknown

Manufacturer OHTSU

Model Hi-steel R1200

Please fill in or check if apply

Long Description:

This Equipment: Is Operable Is Not Operable For Parts Only Needs Repair The Condition is Unknown

Hours: _____ This equipment was maintained every _____ Hours Days

Serial # _____

Repairs needed: _____

Description of Use

Used on county vehicles used in road maintenance.

Color Black Cloth Vinyl Leather Metal Plastic Wood Rubber

Minor damage to: _____

Major damage to: _____

Size: Length: Feet: _____ Inches: _____ Width/Depth: Feet: _____ Inches: _____ Height: Feet: _____ Inches: _____

Men's Size: _____ Women's Size: _____

Additional Equipment: Manufacturer _____ Model _____

Serial # _____ Condition: Is Operable Needs repair Unknown Condition

Description: _____

Additional Equipment: Manufacturer _____ Model _____

Serial # _____ Condition: Is Operable Needs repair Unknown Condition

Description: _____

Additional Equipment: Manufacturer _____ Model _____

Serial # _____ Condition: Is Operable Needs repair Unknown Condition

Description: _____

Comments:

Location of Asset: 201 River Heights Way, Grants Pass, OR 97527

For more information contact: Robert Keith (541-474-5460)

headline adjuster

12/2018

Symtech

“BCA 4”

HEADLAMP ALIGNMENT PROCEDURE

1. Position vehicle on level ground.
2. Adjust headlamps to front of First Lamp.
3. Adjust headlamps to front of Recorded Bay.
4. Align Two Common Points on Front of Vehicle with Line in Sighting Unit.
5. Select Lamp Beam Type. While viewing Lamp Pattern, Adjust Lamp to Pictorial Position.
6. Move “BCA 4” to next lamp and Repeat Steps 3 through 5.



LOW BEAM



HIGH BEAM



DRIVING LAMP

Manufactured By: Symtech Corporation, www.symtech.com

GovDeals Generic Inspection Form

Inventory ID: HLA

Asset Number 12

Anticipated Sale Price: \$10.00

Short Description: Operational Headlamp Adjuster

Year unknown

Manufacturer _____

Model _____

Please fill in or check if apply

Long Description:

This Equipment: Is Operable Is Not Operable For Parts Only Needs Repair The Condition is Unknown

Hours: _____ This equipment was maintained every _____ Hours Days

Serial # _____

Repairs needed: _____

Description of Use

Color _____ Cloth Vinyl Leather Metal Plastic Wood Rubber

Minor damage to: _____

Major damage to: _____

Size: Length: Feet: _____ Inches: _____ Width/Depth: Feet: _____ Inches: _____ Height: Feet: _____ Inches: _____

Men's Size: _____ Women's Size: _____

Additional Equipment: Manufacturer _____ Model _____

Serial # _____ Condition: Is Operable Needs repair Unknown Condition

Description: _____

Additional Equipment: Manufacturer _____ Model _____

Serial # _____ Condition: Is Operable Needs repair Unknown Condition

Description: _____

Additional Equipment: Manufacturer _____ Model _____

Serial # _____ Condition: Is Operable Needs repair Unknown Condition

Description: _____

Comments:

Location of Asset: 201 River Heights Way, Grants Pass, OR 97527

For more information contact: Robert Keith (541-474-5460)

2. Fuller "Modello" box

Dal basso



GovDeals Generic Inspection Form

Inventory ID: Tool Boxes

Asset Number 13

Anticipated Sale Price: \$50.00

Short Description: Weather Guard Tool Boxes

Year unknown

Manufacturer Weather Guard

Model _____

Please fill in or check if apply

Long Description:

This Equipment: Is Operable Is Not Operable For Parts Only Needs Repair The Condition is Unknown

Hours: _____ This equipment was maintained every _____ Hours Days

Serial # _____

Repairs needed: None. Normal wear and tear.

Description of Use

Two saddle bag style Weather Guard tool boxes.

Color White Cloth Vinyl Leather Metal Plastic Wood Rubber

Minor damage to: Normal wear and tear.

Major damage to: None

Size: Length: Feet: _____ Inches: _____ Width/Depth: Feet: _____ Inches: _____ Height: Feet: _____ Inches: _____

Men's Size: _____ Women's Size: _____

Additional Equipment: Manufacturer _____ Model _____

Serial # _____ Condition: Is Operable Needs repair Unknown Condition

Description: _____

Additional Equipment: Manufacturer _____ Model _____

Serial # _____ Condition: Is Operable Needs repair Unknown Condition

Description: _____

Additional Equipment: Manufacturer _____ Model _____

Serial # _____ Condition: Is Operable Needs repair Unknown Condition

Description: _____

Comments:

Location of Asset: 201 River Heights Way, Grants Pass, OR 97527

For more information contact: Robert Keith (541-474-5460)

3145
28



GovDeals Generic Inspection Form

Inventory ID: **Docking**

Asset Number **14**

Anticipated Sale Price: **\$20**

Short Description: Miscellaneous Docking Stations (approximately 28)

Year unknown

Manufacturer Havis / Panasonic

Model _____

Please fill in or check if apply

Long Description:

This Equipment: Is Operable Is Not Operable For Parts Only Needs Repair The Condition is Unknown

Hours: _____ This equipment was maintained every _____ Hours Days

Serial # _____

Repairs needed: None

Description of Use

Used in Police Vehicles for docking of MDT portable computers.

Color Black/Silver Cloth Vinyl Leather Metal Plastic Wood Rubber

Minor damage to: None - Normal wear and tear.

Major damage to: None.

Size: Length: Feet: _____ Inches: _____ Width/Depth: Feet: _____ Inches: _____ Height: Feet: _____ Inches: _____

Men's Size: _____ Women's Size: _____

Additional Equipment: Manufacturer _____ Model _____

Serial # _____ Condition: Is Operable Needs repair Unknown Condition

Description: _____

Additional Equipment: Manufacturer _____ Model _____

Serial # _____ Condition: Is Operable Needs repair Unknown Condition

Description: _____

Additional Equipment: Manufacturer _____ Model _____

Serial # _____ Condition: Is Operable Needs repair Unknown Condition

Description: _____

Comments:

Location of Asset: 201 River Heights Way, Grants Pass, OR 97527

For more information contact: Robert Keith (541-474-5460)

60716 Project 404



GovDeals Generic Inspection Form

Inventory ID: **Propane**

Asset Number **15**

Anticipated Sale Price: **\$50**

Short Description: **New and Unused 100-pound Propane Tank**

Year **2015**

Manufacturer **unknown**

Model **unknown**

Please fill in or check if apply

Long Description:

This Equipment: Is Operable Is Not Operable For Parts Only Needs Repair The Condition is Unknown

Hours: _____ This equipment was maintained every _____ Hours Days

Serial # _____

Repairs needed: **None**

Description of Use

Never used.

Color **White** Cloth Vinyl Leather Metal Plastic Wood Rubber

Minor damage to: **None. Exterior needs cleaning.**

Major damage to: **None**

Size: Length: Feet: _____ Inches: _____ Width/Depth: Feet: _____ Inches: _____ Height: Feet: _____ Inches: _____

Men's Size: _____ Women's Size: _____

Additional Equipment: Manufacturer _____ Model _____

Serial # _____ Condition: Is Operable Needs repair Unknown Condition

Description: _____

Additional Equipment: Manufacturer _____ Model _____

Serial # _____ Condition: Is Operable Needs repair Unknown Condition

Description: _____

Additional Equipment: Manufacturer _____ Model _____

Serial # _____ Condition: Is Operable Needs repair Unknown Condition

Description: _____

Comments:

Location of Asset: **201 River Heights Way, Grants Pass, OR 97527**

For more information contact: **Robert Keith (541-474-5460)**



**BEFORE THE BOARD OF COUNTY COMMISSIONERS FOR
JOSEPHINE COUNTY, STATE OF OREGON**

In the Matter of Uniform Procedure for
Setting Fees Charged by County and
Setting a Public Hearing:
Animal Shelter; Assessor; Building Safety;
Community Development; Parks; Public Works;
Sheriff; Surveyor

ORDER No. 2016 - 047

WHEREAS, at the May 16, 2000 election, the voters of Josephine County approved County Measure 17.73 (Board of County Commissioners Order 2000-25 dated March 13, 2000) establishing a uniform procedure for setting fees charged by Josephine County in compliance with the Josephine County Charter; and

WHEREAS, said procedure requires that the Board of Commissioners set a time and place for a hearing to allow public comment prior to the establishment or increase of any fee charged by Josephine County for any product, service, license or permit, except where provided by federal or state law, rule, or regulation; now, therefore,

IT IS HEREBY ORDERED as follows:

- 1) A public hearing shall be held on **Wednesday, November 9, 2016** at the hour of **5:30 p.m.** in the Anne Basker Auditorium, Courthouse Annex, in Grants Pass, Oregon.
- 2) Notice of said hearing shall be published two times in the Grants Pass Daily Courier not less than three days, nor more than 30 days, prior to the date set for hearing.
- 3) At the time set for public hearing the Board of Commissioners will allow public comment, both in favor of and in opposition to fee proposals for the following county programs:
 - a) Animal Shelter (Exhibit "A" attached hereto);
 - b) Assessor (Exhibit "B" attached hereto);
 - c) Building Safety (Exhibit "C" attached hereto);
 - d) Community Development (Exhibit "D" attached hereto);
 - e) Parks (Exhibit "E" attached hereto);
 - f) Public Works (Exhibit "F" attached hereto)
 - g) Sheriff (Exhibit "G" attached hereto)
 - h) Surveyor (Exhibit "H" attached hereto)
- 4) The cost of the proposed fees shall be calculated to cover the cost of providing the products, services, and administration of any program directly related to such fees.
- 5) No fee established or increased hereunder shall be effective until 30 days following adoption by Order of the Board of County Commissioners.

DATED this 19th day of October 2016

JOSEPHINE COUNTY BOARD OF COMMISSIONERS

Cherryl Walker, Chair

K. O. Heck, Vice Chair

Simon G. Hare, Commissioner

**Summary of Fee Changes
Animal Shelter**

Fee Description	Current Fee	Cost of Service	Proposed Fee	Current Revenue	Estimated New Revenue
1 - Dog license, altered - 2 years	none	*	\$38	Does not exist	See attached
2 - Dog license, altered - 3 years	none	*	\$56	Does not exist	See attached
3 - Dog license, unaltered - 2 years	none	*	\$78	Does not exist	See attached
4 - Dog license, unaltered - 3 years	none	*	\$116	Does not exist	See attached
5 - Kitten (under 4 months) adoption	\$50	\$110	\$75	\$9,000	\$13,500
6 - Impound fee, 2nd offense	\$200	**	\$100	\$2,400	\$1,200
7 - Impound fee, 3rd offense	none	**	\$200	Does not exist	\$2,400
8 - First impound + 24 hour boarding fee for animals with c	\$45+\$30	**	\$0	\$450	\$0
9 - Small animal adoption	none	\$5-20	\$10	Does not exist	\$400
10 - Small animal surrender	none	\$5-20	\$15	Does not exist	\$675
11 - Livestock Adoption	none	**	\$5-\$250	Does not exist	\$250

Note: Current annual revenues based off monthly average from September 2016

Note: Explanations in attachment

EXHIBIT A

Josephine County, Oregon



Laura R. Milnes
Josephine County Animal Shelter Coordinator
1420 Brookside Blvd
Grants Pass, OR 97526
(541) 474-5458
Fax (541) 956-5853
E-mail : lmilnes@co.josephine.or.us

October 3, 2016

Re: Fee Changes for the Animal Shelter

*The cost of service for licensing is not easy to quantify, as licensing exists to track rabies and to fund the shelter. The proposed costs are based on the current licensing fees, with a \$2 discount per year for choosing to pay two or three years at a time.

1-4: Rabies vaccinations can be valid for 1-3 years, so I would like our licensing to reflect this. I believe this would make licensing more convenient for the public and therefore result in more dogs being licensed. Many other counties offer multi-year licenses. Changing the license duration will require no additional work from staff and no extra cost; it will reduce cost of supplies, particularly for the renewal notices sent out each year, and staff time of following up on non-compliant licensing. The license will still only be available with proof of current rabies inoculation, and only available for the duration of the current vaccine. Licensing brought in \$181,142 last fiscal year.

**The cost of service for impoundment is also not firm, as the cost of care can vary drastically from animal to animal, depending on their condition and length of stay. Similar to licensing, the impoundment fees fund the shelter to care for whatever may come through our doors. We do our best to cover the average care for the animals with the adoption fee, but impoundment also serves as a fine to remind people to keep their dogs contained.

6-7: The "return to owner" rate at our shelter is much lower than other shelters. While the importance of impound fees is clear, I believe our fees are prohibiting some suitable owners from being reunited with their animals, creating more strain on the shelter as we house more animals and a negative public perception of the shelter. Shelter fees collected this year are considerably over what was anticipated and our amount of 2nd offense dogs is low enough that this would not be detrimental to the shelter

11: With the variety and irregularity of the animals we get in, forming a set fee presents difficulties for livestock. Typically, considering the condition of the animal, we set the fee below market price, but it is very dependent on what type of animal and what medical procedures have already been done. I hope to enact a discretionary fee for livestock. Within the last year, we had 5 livestock adoptions.

Thank you for your consideration.

Respectfully,

Laura R. Milnes
Animal Shelter Coordinator

"Partners In Prevention"

"Josephine County is an Affirmative Action/Equal Opportunity Employer and complies with Section 504 of the Rehabilitation Act of 1973"

**Summary of Fee Changes
Assessor's Office**

ASSESSOR'S OFFICE PROPOSED FEE REQUEST TO BE EFFECTIVE JAN 1, 2017

Fee Description	Current Fee per lot	Cost of Service per lot	Proposed Fee per lot	Current Revenue (FY 2015-2016)	Estimated New Revenue
*Assessor Subdivision and Partition Plat processing fee	\$ 30.00	\$ 54.90	\$ 50.00	\$ 5,850.00	\$ 3,900.00

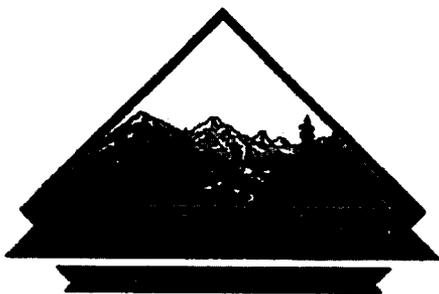
*referred to as subdivision/partition plat filing fee per BCC order 2014-40
change in description to more accurately describe

FOR COMPARISON			
FEES CHARGED BY OTHER OREGON COUNTIES			
Jackson County	Klamath	Coos	Benton
\$92 per lot	\$40 per lot	\$50 per lot	\$75 + \$5/parcel

Summary of Fee Increases
BUILDING SAFETY DEPT

Fee Description	Current Fee	2000 sq ft three bedroom 2 bath with attached 576 sq ft garage	Proposed Fee	Current Revenue	Estimated New Revenue	City of Grants Pass
Example: Structural Permit	\$42.25	\$84.50	\$85.00	\$1,870.72	\$2,644.54	
Mechanical Permit	\$42.25	\$84.50	\$85.00	\$42.25	\$89.00	
Electrical Permit	\$133.00	\$150.00	\$166.00	\$188.00	\$194.80	
Plumbing Permit	\$160.00	\$375.00	\$344.00	\$160.00	\$344.00	
Manufactured dwellings	\$210.00	\$375.00	\$440.00	\$210.00	\$440.00	
Comp. Counties	Jackson Curry	Douglas	Klamath	Polk	Lake	Linn
Structural Permit	\$96.56	\$96.00	\$87.36	\$102.00	Unknown	Unknown
Mechanical Permit	\$79.80	\$75.00	\$80.00	\$51.35	\$50.00	\$55.00
Electrical Permit	\$185.00	\$185.00	\$185.00	\$164.00	\$200.00	\$185.00
Plumbing Permit	\$446.00	\$441.00	\$500.00	\$386.25	\$300.00	\$408.75
Mntr Homes	Unknown	\$460.00	\$464	\$297.49	Unknown	\$616.08
New revenue based on permits issued in 2015		Revenue Loss per year	Reserves	2007 = 1,950,700.00	Minimum 1 year reserve Retention	\$616,000.00
Residential	\$73,989.16	2008	-130,354.00			
Residential acc.	\$38,893.69	2009	-329,076.00			
Commercial	\$26,867.19	2010	-274,646.00			
pools	\$2,734.48	2011	-260,480.00			
Misc.	\$1,640.00	2012	-201,719.00			
Mntr Homes	\$5,080.70	2013	-164,378.00			
Total	\$179,205.22	2014	-218,867.00			
2015 inspections performed: 3911 total		2015	-196,500.00			
		Projected	-172,100.00			
		Average Daily Inspections: 15				
		Average Daily Miles 143				
		Balance of Reserves				\$142,700.00
		Cost				\$3,026.89
		Current fee				\$2,280.97
		Proposed				\$3,272.34
		Average				\$88.37
		Proposed				\$89.00
		Average				\$66.52
		Proposed				\$103.45
		Average				\$341.72
		Proposed				\$264.00

Community Development Fee 002 of 1% on the Building Valuation on all permits. All funds to be used within the Building Division for education and Community Development Department cost of services. Based on 2015 valuations Building Safety Division Projects a revenue of \$72,506.00



Josephine County, Oregon

COMMUNITY DEVELOPMENT BUILDING SAFETY DIVISION

MARK O. STEVENSON, C.B.O., MANAGER
700 NW Dimmick Street, Suite A Grants Pass, OR 97526
(541) 474-5405 / FAX (541) 474-5406
Web: www.co.josephine.or.us
Email: jacobldgsafe@co.josephine.or.us

October 5, 2016

Tyler Larson
Policy Analyst
Oregon Building Codes Division
P.O. Box 14470
Salem, Oregon 97309

Dear Sir,

As required by OAR918-020-200, Josephine County is providing notice of fee increase for the Building and Electrical programs it administers; Structural, Mechanical, Plumbing, Electrical, Manufactured Dwellings, and Parks and Camps Programs. These Increases are being proposed to continue the quality of service the Department provides to the Community and to stabilize our contingency funds.

On Wednesday, November 9, 2016 The Josephine County Board of Commissioners will hold a Public Hearing to consider the increase in Building Permit Fees per Order 2000-25 adopted March 13,2000 and approved by voters on May 16, 2000. To minimize the impact on the Development Community the increases are to take effect on January 1, 2017.

The Josephine County Building Safety division had a Structural fee increase for "other inspections "and an increase from \$13.00 to a minimum fee of \$42.25 for Mechanical in 2014; no other fee increases have been established since 1993. The Department Fee Schedule has been neglected for years and has resulted in a loss of personnel and an average loss since 2008 of \$221,977.00. The Department is projecting a \$172,100.00 loss for 2016/2017. Reserves established during the years prior to 2008 have been depleted by \$1,775,820.00. The Department requires \$616,000.00 for a minimum 1-year reserve retention.

The Department reviewed ten County Jurisdictions to develop an average permit fee in all disciplines. The increases vary in percentage rates from Minimum Structural permit fee at 110% to other Structural permit fees at 40%, Mechanical permit fee increase of 61%, Plumbing permit Minimum fee of 115% to others at 30%, Electrical at 20% and Manufactured Homes 110%. Increasing our fee schedule to a State average will provide the department with the necessary revenue to maintain services, retain our plans examiners and inspectors, and provide stability for the future of the Department.

In 2015 Josephine County Building Safety provided 3911 inspections, averaged 15 inspections a day and covered an average 143 miles per day.

Please see the attached Summary of fee Increases and the revised Department Fee Schedule. If any questions, please contact me at 541-474-5109 ext. 2416.

Respectfully,

Mark O. Stevenson CBO
Building Official
Josephine County Building Safety

**Summary of Fee Changes
Community Development**

EXHIBIT D

Community Development Fee Description	Code	Current Fee	Cost of Service	Proposed Fee	Current Revenue	Estimated New Revenue	Notes
Addressing	31143	\$ 50		\$ 75	\$ 3,250	\$ 4,875	Takes more than one hour of time with more complex applications (this fee includes logging and ultimately mapping expenses).
Aggregate Mining Pre-App Review	39803	\$ 1,200		\$ 2,000	\$ -	\$ -	Experience has shown these sites require much more time than anticipated—much of which is on the enforcement end. Also, sometimes we find them as violations and they then come in for the permit, so a lot of time is invested before they ever apply. This helps recoupe the initial work done before the app is ever made.
Aggregate Mining by CUP or SPR	39801	\$ 3,700		\$ 4,000	\$ -	\$ -	Consume more time than anticipated. Also, 'rounds' number off.
Annual Compliance Inspection Certificate	New No.	NA		\$20/plant	NA	\$ 25,000	With OLCC and OMMP not inspecting, we will inspect. Annual inspection saves time when we receive complaints because we will know which sites have been looked at and whether in compliance. If in compliance, and later in violation, compliance can be revoked and they need to reapply once in compliance again. Requires background check, so 50% of fee to go to Sheriff. 25% to go to Parole and Probation. 25% to fund Department Code Enforcement Administrator. (Est. \$100,000 x .25)
Appeal (no hearing)	38010	\$ 250		\$ 400	\$ 500	\$ 800	Takes more than the original 5 hours considered.
Appeal (from final decision w hearing)	38000	\$ 2,000		\$ 2,500	\$ -	\$ -	Experience shows time exceeds 40 hours work.
Appeal (LUBA remand/case, to be paid by original appellant)	39200	\$ 2,500		\$ 3,500	\$ 2,500	\$ 3,500	Experience shows more than 60 hours work associated, but recognize fee cannot be too excessive. (Formerly listed under 'Remand Hearing')
Bed and Breakfast	New No.	\$ 2,000		\$ 500	\$ 2,000	\$ 1,000	Currently treated as a Home Occ, Type III, which requires CUP. Cost discourages rural lodging options.
Conference, Pre-App	39100	\$ 375		\$ -	\$ 31,775	\$ -	No other county charges for 'advice'. Part of the service we should be providing.
Determination of Substantial Development	38235	\$ 400		\$ 300	\$ 3,200	\$ 2,400	Does not take a full day's time. Partial day's time is more appropriate. (Extreme, but rare cases require more time.)
Extension of Time	New No.	\$ 375		\$ 150	NA	\$ 150	This requires reviewing the file and checking with owner, other agencies as to progress, and issuing and recording results. Does not take more than three hours time. (Currently not a separate line item; included with det of sub dev. fees.)
Final Plat	38300	\$ 600		\$ 500	\$ 16,800	\$ 14,000	Less time involved when at final plat stage.
Flood Review - FEMA Map Information	38350	\$ 175		\$ -	\$ -	\$ -	Eliminate - We don't provide this service.

Summary of Fee Changes Community Development

Flood Review - Elevation Determination	39809	\$ 300					\$ -	\$ -	\$ -	Eliminate - We don't provide this service.
Flood Review - Substantial Improvement	39805	\$ 600					\$ 100	\$ -	\$ -	Minor review.
Home Occupation Application - with Public Hearing	38271	\$ 2,750					\$ 1,000	\$ -	\$ 1,000	Typically applies to 'uses not listed'.
Home Occupation Renewal	38272	\$ 125					\$ -	\$ -	\$ -	Should run with the property. Eliminate annual review. (We weren't reviewing anyway.)
LUBA Record Copy	39808	\$ 500					\$ 1,000	\$ -	\$ -	Significant amount of time involved that is not covered by appellant.
LUBA Remand Copy	New No.	\$ -					\$50 plus .25/page	\$ -	\$ -	Currently not a fee, but can take days of time, and printing expenses.
Manufactured Dwelling Conversion	38280	\$ 375					\$ 300	\$ -	\$ 900	Round down; fee is a little high. (Was called Man. Dwelling Storage.)
Medical Hardship Non-Conforming Use - Determination	38260	\$ 325					\$ 150	\$ 3,300	\$ 1,650	They also have to pay \$300 for the Dev Permit, and annual fees. Need a fee to cover recording and tracking.
Non-Conforming Use - Expansion	38290	\$ 2,500					\$ 500	\$ -	\$ 500	Fee is far too excessive for work involved.
Notarization	39810	\$ 2,000					\$ 500	\$ 2,000	\$ 1,000	Fee is far too excessive for work involved.
PUD Pre-App	New No.	\$ -					\$ 10	\$ -	\$ 2,000	Will help encourage out-of-office notarization/free staff time.
PUD Tentative Plan Review	39050	\$ 1,350					\$ 1,500	\$ -	\$ -	Some take excessive time. Round up.
	39802	\$ 3,750					\$ 4,000	\$ -	\$ -	Some take excessive time. Round up.
Pre-App Review	39100	\$ 375					\$ -	NA	NA	No other counties charge for advice; part of app fee. (See Conf - Pre-App above.)
Property Line Adjustment	39150	\$ 1,500					\$ 1,000	\$ 19,500	\$ 18,000	Fee excessive and can deter people from 'fixing' problems.
Replat - Lot Line Vacation	New No.	\$ 2,750					\$ 1,500	NA	\$ 8,000	Fee excessive. (New line. Was always part of Prop Line Adj.)
Replat - Creating < 4 lots	39700	\$ 2,750					\$ 1,250	\$ 13,525	\$ 12,500	Fee excessive and deters from creating lots to provide additional housing.
Review of Technical Plans (Wildfire, Riparian)	39807	\$ 650					\$ 400	\$ 12,450	\$ 8,000	Fee was higher because we used to field inspect; we no longer conduct field inspection.
Site Plan Review > 2 ac.	39380	\$ 3,750					\$ 3,000	\$ -	\$ 3,000	All other acreages the fee incrementally increases at a rate of \$500; over 2 acres increased at a rate of \$1250.
Violation Citation	New No.	\$ -					Varies	\$ -	\$ 1,000	Could charge \$130, not to exceed \$1000. Always try to get compliance first. Reduce Legal's expenses. Depending on marijuana culture/willingness to comply, this could be higher.
Violation Surcharge	39813	\$ 500					\$ -	\$ -	\$ -	BCC Action.

Summary of Fee Changes
Parks Department

Fee Description	Current Fee	Cost of Service	Proposed Fee	Current Revenue	Estimated New Revenue
ANNUAL DAY USE PARKING PASS					
Commercial ADUP	\$ 30.00		Eliminate	\$ 3,000.00	\$ 0.00
Transferable ADUP	\$ 0.00		\$ 55.00	\$ 0.00	\$ 3,000.00
<p>Currently, ADUPs are available to the public as affixed passes where the public must purchase one per vehicle. Commercial passes are transferable, but can only be used by businesses - they are unpopular and less than 100 are sold per year. The Parks department has an overwhelming amount of requests for transferable passes for households with multiple vehicles. Parks proposes eliminating Commercial Passes and adding Transferable Passes.</p> <p><i>Prediction for revenue is unknown, but we believe should have little impact.</i></p>					
SHELTER RESERVATION FEE					
<p>Shelter Fee Shown = Reservation Fee + \$6 Admin Fee. Admin Fee moving forward will only be charged if changes are made after the original reservation. Note: Parks is REDUCING the price of reserving shelters, some by \$1 others by up to \$31 based on reservation history.</p>					
Griffin Park Shelter	\$ 81.00		\$ 75.00	\$ 2,127.00	\$ 2,025.00
Indian Mary Shelter	\$ 181.00		\$ 180.00	\$ 4,959.50	\$ 4,950.00
Indian Mary Area A	\$ 56.00		\$ 55.00	\$ 610.00	\$ 605.00
Indian Mary Area B	\$ 56.00		\$ 55.00	\$ 498.00	\$ 495.00
Lake Selmac Trout	\$ 181.00		\$ 155.00	\$ 905.00	\$ 775.00
Lake Selmac Bass	\$ 106.00		\$ 105.00	\$ 742.00	\$ 735.00
Lake Selmac Bluegill	\$ 81.00		\$ 75.00	\$ 243.00	\$ 225.00
Lake Selmac Ball Field	\$ 41.00		\$ 40.00	\$ 0.00	\$ 0.00
Schroeder Shelter	\$ 81.00		\$ 50.00	\$ 405.00	\$ 250.00
Schroeder Ball Field	\$ 41.00		\$ 40.00	\$ 76.00	\$ 80.00
Tom Pearce #1	\$ 156.00		\$ 155.00	\$ 4,290.00	\$ 4,262.50
Tom Pearce #2	\$ 156.00		\$ 155.00	\$ 4,056.00	\$ 4,030.00
Tom Pearce #3	\$ 106.00		\$ 105.00	\$ 424.00	\$ 420.00
Tom Pearce Ball Field	\$ 41.00		\$ 40.00	\$ 76.00	\$ 80.00
Whitehorse Shelter	\$ 106.00		\$ 105.00	\$ 848.00	\$ 840.00
Wolf Creek Shelter	\$ 56.00		\$ 50.00	\$ 0.00	\$ 0.00
<p>Shelter Reservations don't have a firm "cost of service" as they are already there in the park. Items that contribute include: trash service, electricity service, gazebo preparation and departure cleaning. Gazebo price is calculated mainly on the size of the gazebo, but other factors such as available amenities and demand for use are also included.</p>					
INDIAN MARY SEASONAL RATES: May 15 - September 15					
Tent Sites	\$ 20.00		\$ 25.00	Best Estimate	
Partial Hook Ups	\$ 25.00		\$ 30.00	Current	
Full Hook Ups	\$ 30.00		\$ 35.00	Seasonal	Projected
Group Site	\$ 40.00		\$ 45.00	Revenue	Increase
Yurt	\$ 40.00		\$ 45.00	\$148,000	\$ 24,530.00
<p>For peak-season, parks has 3 full-time paid staff to keep up with demand (costing about \$27,000). Additional services are needed in peak season, but increased costs correlate directly to the increase of revenue from the number of sites being reserved: including toilet paper, trash bags, trash collection services and electric service. Indian Mary Park is often fully reserved on weekends through peak-season.</p>					

**Summary of Fee Changes
Public Works**

Fee Description	Current Fee	Cost of Service	Proposed Fee	Current Revenue	Estimated New Revenue	Notes
Driveway Approach	\$ 160.00	\$ 192.00	\$ 190.00	\$25,290.00	\$ 30,020.00	Fees have not been increased since 2009.
Road Encroachment	\$ 65.00	\$ 134.00	\$ 130.00	\$ 585.00	\$ 1,170.00	Fees have not been increased since 2009.
Subdivision Pre-Application	\$ 180.00	\$ 442.00	\$ 360.00	\$ 360.00	\$ 720.00	
Subdivision Application	\$ 150.00	\$ 390.00	\$ 300.00	\$ 155.00	\$ 300.00	
Partitions Pre-Application	\$ 120.00	\$ 276.00	\$ 240.00	\$ 562.50	\$ 1,200.00	
Partitions Application	\$ 60.00	\$ 131.00	\$ 120.00	\$ 236.25	\$ 540.00	
Site Plans Pre-Application	\$ 110.00	\$ 270.00	\$ 220.00	\$ 1,815.00	\$ 3,630.00	
Site Plans Application	\$ 130.00	\$ 331.00	\$ 260.00	\$ 455.00	\$ 910.00	
Comp Plan Zone Change	\$ 110.00	\$ 270.00	\$ 220.00	\$ -	\$ 660.00	New fee -
Development Construction Plan Review**	\$ 260.00	\$ 613.00	\$ 520.00	\$ 128.75	\$ 260.00	
Development Construction Inspection**	\$ 1,350.00	\$ 2,918.00	\$ 2,700.00	\$ 668.75	\$ 1,350.00	

***Development Construction Plan Review and Development Construction Inspection, we are currently at 50% of estimated 'typical' cost (actually more like 40%, since those fees were based on 2009 wages). DCI in particular, could easily range from 30 to 50 hours, depending on the number of lots in a development. We are proposing to double those fees, so we will likely be closer to 90% of a 'typical' development. However, these 2 items are still infrequent enough, and variable enough, that any single case likely won't match our fees very closely.

Summary of Fee Increases
Sheriff's Office

Fee Description	Current Fee	Proposed Fee	Cost of Service	Current Revenue	Estimated New Revenue
Booking Fee	\$ 1.00	\$ 8.00	\$ 8.00	\$ 2,392.43	\$ 16,747.01



JOSEPHINE COUNTY SHERIFF'S OFFICE

SHERIFF DAVE DANIEL

1901 NE F St Grants Pass, OR 97526

FAX (541) 474-5114

e-mail: jocosheriff@co.josephine.or.us

DATE: October 4th, 2016

TO: Josephine County Board of County Commissioners

FROM: Dave Daniel, Sheriff

RE: Proposal for Change to the Booking Fee

Every inmate that is booked into the Josephine County Adult Jail is charged a fee for a toiletry pack. If an inmate does not have any money to deposit into the inmate trust account, the fee is not collected. In that case, a lien is put on their account should they acquire funds later, or if they are brought to the Jail again with money.

The revenue from this fee is deposited into the Commissary Fund. The Commissary Fund can only be spent on items that benefit the inmates. For example, this could include books purchased for the inmates. Or the funds can be used for larger projects. Currently underway is a new camera system that will benefit the inmates by increasing the safety and security of the facility.

The toiletry pack is not the only cost incurred by the Jail when an inmate is booked. The inmate also receives a wristband for identification, a mug shot is taken, and prints are done. Inmates are currently charged for replacement wristbands, but the new fee will charge them for the original as well. The new fee will also cover the costs to maintain the equipment used for the electronic prints and to make the wristbands.

The new Booking Fee will be the same as our neighboring Jackson County Adult Jail. After communicating with their administration we learned that their fee covers the above costs related to booking an inmate into the Jail. If this new fee is adopted, there is potential for a significant increase in revenue for the Commissary Fund. The new revenue would provide more opportunities to enhance the Josephine County Adult Jail conditions for the benefit of the inmates.

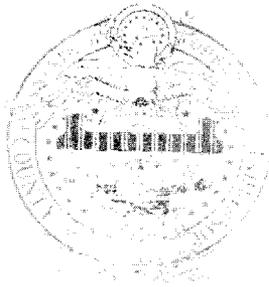
**Summary of Fee Changes
County Surveyor**

Josephine County Surveyor Proposed Fee Adjustments for January 1, 2017
(Showing only changes or additions to our current fee schedule)

Fee Description	Current Fee	Cost of Service	Proposed Fee	Current Revenue	Estimated New Revenue	
Map of Survey						
filing fee (1st page)	\$ 150.00	\$ 175.00	\$ 175.00	\$ 11,250.00	\$ 13,125.00	based on 75 filed/year
additional pages (after 1st page)	\$ 20.00	\$ 25.00	\$ 25.00	\$ 1,000.00	\$ 1,250.00	based on 50 per year
separate narrative	\$ 20.00	\$ 25.00	\$ 25.00	\$ 40.00	\$ 50.00	based on 2 per year
Partition Plat/PLA						
filing fee (all plats--1st page)	\$ 150.00	\$ 175.00	\$ 175.00	\$ 10,500.00	\$ 12,250.00	based on 70 per year
review/checking	\$ 250.00	\$ 275.00	\$ 275.00	\$ 17,500.00	\$ 19,250.00	based on 70 per year
additional pages (after 1st page)	\$ 20.00	\$ 25.00	\$ 25.00	\$ 1,200.00	\$ 1,500.00	based on 60 per year
Partition Plat w/Road						
filing fee (all plats--1st page)	\$ 150.00	\$ 175.00	\$ 175.00	\$ 150.00	\$ 175.00	based on 1 per year
review/checking	\$ 350.00	\$ 450.00	\$ 450.00	\$ 350.00	\$ 450.00	based on 1 per year
additional pages (after 1st page)	\$ 15.00	\$ 20.00	\$ 20.00	\$ 15.00	\$ 20.00	based on 1 per year
Subdivision (pre-monumented)						
filing fee (all plats--1st page)	\$ 175.00	\$ 200.00	\$ 200.00	\$ 875.00	\$ 1,000.00	based on 5 per year
additional pages after 1st page)	\$ 20.00	\$ 25.00	\$ 25.00	\$ 100.00	\$ 125.00	based on 5 per year
review/checking	\$ 500.00	\$ 550.00	\$ 550.00	\$ 2,500.00	\$ 2,750.00	based on 5 per year
additional per lot	\$ 60.00	\$ 100.00	\$ 100.00	\$ 3,000.00	\$ 5,000.00	based on 10 lots/subd
Subdivision (post-monumented) (See explanatory note below)						
filing fee (all plats--1st page)	\$ 200.00	\$ 300.00	\$ 300.00	\$ 200.00	\$ 300.00	based on 1 per year
additional pages (after 1st page)	\$ 20.00	\$ 25.00	\$ 25.00	\$ 25.00	\$ 25.00	based on 1 per year
review/checking	\$ 900.00	\$ 1,200.00	\$ 1,200.00	\$ 900.00	\$ 1,200.00	based on 1 per year
additional per lot	\$ 75.00	\$ 120.00	\$ 120.00	\$ 750.00	\$ 1,200.00	based on 10 lots/subd
Condominium						
filing fee (all plats--1st page)	\$ 200.00	\$ 250.00	\$ 250.00	\$ 200.00	\$ 250.00	based on 1 per year
additional pages (after 1st page)	\$ 20.00	\$ 25.00	\$ 25.00	\$ 25.00	\$ 50.00	based on 2 per year
review/checking	\$ 600.00	\$ 650.00	\$ 650.00	\$ 600.00	\$ 650.00	based on 1 per year
additional per lot or unit	\$ 75.00	\$ 85.00	\$ 85.00	\$ 750.00	\$ 850.00	based on 10 lots/condo
Add'l checking fee/hr (min. chg.) (For maps & plats)	\$ 32.00	\$ 87.00	\$ 87.00	\$ 640.00	\$ 1,740.00	based on 20 per year
Affidavit of Correction	\$ 75.00	\$ 87.00	\$ 87.00	\$ 150.00	\$ 174.00	based on 2 per year
Post-Monumentation Affidavit	\$ 75.00	\$ 87.00	\$ 87.00	\$ 75.00	\$ 87.00	based on 1 per year
Certification of Document	\$ -	\$ 50.00	\$ 50.00	\$ -	\$ 200.00	based on 4 per year
Copies of survey, plats Additional pages	\$ 3.00	\$ 4.00	\$ 4.00	\$ 1,500.00	\$ 2,000.00	based on 500/year
Printing & Copying (new fees)						
Photocopies (B&W)						
color print (custom) 18x24	\$ -	\$ 32.00	\$ 32.00	\$ -	\$ 320.00	based on 10/year
color print (std) 18x24	\$ -	\$ 16.00	\$ 16.00	\$ -	\$ 160.00	based on 10/year
color print (custom) 24x36	\$ -	\$ 52.00	\$ 52.00	\$ -	\$ 520.00	based on 10/year
color print (std) 24x36	\$ -	\$ 24.00	\$ 24.00	\$ -	\$ 240.00	based on 10/year
color print (custom) 36x42	\$ -	\$ 64.00	\$ 64.00	\$ -	\$ 320.00	based on 5/year
color print (std) 36x42	\$ -	\$ 28.00	\$ 28.00	\$ -	\$ 140.00	based on 5/year
B&W print (custom) 18x24	\$ -	\$ 16.00	\$ 16.00	\$ -	\$ 80.00	based on 5/year
B&W print (custom) 24x36	\$ -	\$ 28.00	\$ 28.00	\$ -	\$ 140.00	based on 5/year
B&W print (custom) 36x42	\$ -	\$ 32.00	\$ 32.00	\$ -	\$ 160.00	based on 5/year
	\$ 4,155.00	\$ 5,482.00	\$ 5,482.00	\$ 54,295.00	\$ 67,751.00	

Post-Monumented Subdivision Plats (deferred monumentation):

A post-monumentation guarantee (cash deposit) pursuant to ORS 92.065 in an amount equal to 120% of the estimated cost of the County to perform the work for the remaining monumentation, will be collected prior to the County Surveyor signing the final plat. Monies collected will be held in a County account established for such purpose and will be refunded (less any County Costs) to the depositor upon successful completion of the required post-monumentation per the final plat.



**BEFORE THE BOARD OF COUNTY COMMISSIONERS FOR JOSEPHINE COUNTY
STATE OF OREGON**

In the Matter of a Reappointment to the)
Josephine County Parks Advisory Board)

RESOLUTION 2016-064

WHEREAS, it has come to the attention of the Board of County Commissioners that there is a vacancy on the Josephine County Parks Advisory Board;

WHEREAS, it is both proper and necessary that the Board of County Commissioners fill said vacancy by making a reappointment as provided herein;

NOW, THEREFORE, IT IS HEREBY RESOLVED, that the following person be reappointed to said Josephine County Parks Advisory Board; with term expiring as hereinafter set forth.

Diana Orlor

Reappointed to a 4-year term; said term to expire 10/19/20

DONE and DATED this 19th day of October 2016

**JOSEPHINE COUNTY
BOARD OF COMMISSIONERS**

Cherryl Walker, Chair

K. O. Heck, Vice Chair

Simon G. Hare, Commissioner



**BEFORE THE BOARD OF COUNTY COMMISSIONERS FOR JOSEPHINE COUNTY
STATE OF OREGON**

In the Matter of a Reappointment to the)
Josephine County Mental Health) RESOLUTION NO. 2016-065
Advisory Board)

WHEREAS, it has come to the attention of the Board of County Commissioners that there is a vacancy on the **Josephine County Mental Health Advisory Board**; and

WHEREAS, it is both proper and necessary that the Board of County Commissioners fill said vacancy by making a reappointment as provided herein.

NOW, THEREFORE, IT IS HEREBY RESOLVED, that the following person be reappointed to said Josephine County Mental Health Advisory Board with term expiring as hereinafter set forth.

Gail Renius, DD Consumer
Reappointed to a 4-year term; said term to expire 10/19/20

DONE and DATED this 19th day of October 2016.

**JOSEPHINE COUNTY
BOARD OF COMMISSIONERS**

Cheryl Walker, Chair

K. O. Heck, Vice Chair

Simon G. Hare, Commissioner