#### SKAMANIA COUNTY BOARD OF COMMISSIONERS

#### Skamania County Courthouse 240 NW Vancouver Ave. Lower Level, Room 18 Stevenson, WA 98648

Agenda for September 15, 2020

Commissioner Meetings are open to public attendance with limited available seating, exercising social distancing. Seating will be on a first come, first serve basis. If there is more attendance than seating, you will be asked to leave the Courthouse and phone in using ZOOM using the following numbers.

1 346 248 7799 US

1 312 626 6799 US

1 646 558 8656 US

1 669 900 9128 US

1 253 215 8782 US 1 301 715 8592 US

Meeting ID: 813 4248 1018

Join Zoom Meeting

- Audio only from your computer https://us02web.zoom.us/j/81342481018

WRITTEN PUBLIC COMMENTS ACCEPTED AND ENCOURAGED BY MONDAY PRECEDING THE MEETING AT NOON. If you wish written comments to be listed on the agenda, they need to be submitted to the Clerk of the Board by noon on Thursday preceding the Tuesday meeting, otherwise they will be held for the following Tuesday. <a href="mailto:slack@co.skamania.wa.us">slack@co.skamania.wa.us</a>

#### Tuesday, September 15, 2020

9:30 AM

Call to Order,

Pledge of Allegiance

Public Comments - (3 minutes) - See message above regarding seating in the Commissioner's Meeting Room

<u>Consent Agenda</u> Items will be considered and approved on a single motion. Any Commissioner may, by request, remove an item from the agenda prior to approval.

- 1. Presidential Memorandum Notice 2020-65; Relief with respect to Employment Tax Deadlines
- 2. Modification #6 of agreement with Gifford Pinchot National Forest for noxious weed control on the Gifford Pinchot National Forest and in the National Scenic Area
- Contract with Area Agency on Aging & Disabilities for Southwest Washington for Home Delivered Meal Expansion Program

Voucher Approval

Noxious Weed Report - Emily Stevenson, Program Manager

Meeting Updates (May be continued later in the meeting if more time is needed)

10:00 AM

Department Head Reports

10:30 AM

Columbia River Gorge Commission report – Tamara Kaufman

Lunch

1:30 PM

Forest Service Updates, Erin Black, Mt. Adam's District Ranger, Eric Veach, Forest Supervisor, Rebecca

Hoffman, Monument Manager

5:30 PM

Public Hearing to take public comment and consider approval of Resolution 2020-26, Supplemental Budget

#3 for 2020 Budget

Adjourn

Note: Agenda subject to change. Times listed are estimates only. The Commission reserves the right to move agenda items as needed and during the meeting, and may add and act on any item not included in the above agenda. Minutes are available at <a href="www.skamaniacounty.org">www.skamaniacounty.org</a> on the Commissioners web page. If necessary, the Board may recess into executive session on scheduled meeting days.

# COUNTY FACE SHEET FOR CONTRACTS/LEASES/AGREEMENTS

1.	Contract Number	-			
2.	Contract Status: (Check appropriate b	oox)	Original	Renewal	Amendment
3.		Contac Title: Addres Addres	t Person: Nelly Contracts & I	ya Zornes Data Support Sp Street, Suite 2 WA 98665	
4.	Brief description of purpose of the cor AAADSW Home Delivered Meal Exp			ontracted dutie	·s:
5.	Term of Contract: From:9/	/1/2020	To: 06	//30/2021	
6.	Contract Award Process: (Check appr General Purchase of materials, equ			RCW 36.32.24	45 & 39.04.190
	Exempt (Purchase is \$2  Informal Bid Process ( Formal Sealed Bid Pro  Other Exempt (explain  Public Works Construction & Imp	Formal ocess (Po and pr	Quotes between turchase is overovide RCW)_	r \$2,500 and r \$25,000)	\$25,000)
	Works, B&G, Capital Improvement			10 W 30.32.23	<u>50 € 57.04.133 (1 done</u>
	Small Works Roster (P Exempt (PW projects le		-		Board of Commissioners)
7.	Amount Budgeted in Current Year: Amount Not Budgeted in Current Year Total Non-County Funds Committed: Total County Funds Committed: TOTAL FUNDS COMITTED:	ar	\$ \$ 3,558 \$0 \$0 \$3,558	Source: AAA	ADSW
8.	County Contact Person:		Name: Sophie Title: Progra		
9.	Department Approval:	Danarte	nent Head at I	Elected Official	Signatura
10.	Special Comments:	Departi	nem riead of f		orginature

#### COMMISSIONER'S AGENDA ITEM COMMENTARY

SUBMITTED BY

Senior Services

Department

AGENDA DATE

9/15/2020

**SUBJECT** 

AAADSW Home Delivered Meal Expansion Program

ACTION REQUESTED

Agreement/signature

#### SUMMARY/BACKGROUND

Washington State Senate Bill 5736 Home Delivered Meals Expansion Program is designed to increase the number of new persons receiving home delivered meal nutrition. This contract will allow Senior Services to expand the current home delivered meal program to those individuals that are in need. The contract also allows funding for outreach to promote the expansion.

#### FISCAL IMPACT -

\$3,558-No county match required

#### **RECOMMENDATION**

Approve/Sign the contract

#### LIST ATTACHMENTS

AAADSW Home Delivered Meal Expansion Program Contract Signature Page & Statement of Work



#### **CONTRACT SIGNATURE PAGE**

Service:	SB 5736 Home Delivered Meals E Program	xpansion	Contracto		mania County Senior vices		
Performance Period:	September 1, 2020 through June	30, 2021	Addres	HI STATE	Box 369 venson, WA 98648		
Contract Type:	Unit Rate with limit		Conta	Sop	hie Miller		
Non-Medicaid Allocation:	\$3,558 (See Special Terms & Cond	ditions)	E-ma	il: mill	er@co.skamania.wa.us		
			Phon		-427-3985 -427-0139		
Funding Source(s):	SB 5736 HDM Expansion						
Subrecipient or Vendor:	er ·		Counties Serve		mania		
Required match:	None		UI Federal Tax ID	NAME OF TAXABLE PARTY.			
Regalied materia	AAADSW		regeral Tax ID	91-6	5001363		
Program: M	ikayla Springob	Contacts	Contracts:	Гот Wal	ltz		
email: M	ikayla.Springob@dshs.wa.gov			Vellya Zo			
eman. <u>w</u>	ikayia.5piiligob@usiis.wa.gov		_		ltz@dshs.wa.gov ornes@dshs.wa.gov		
Telephone: 36	0-735-5780		The second secon	360-735-			
360-735-5713 Fax: 360-696-4905 Fax: 360-696-4905							
The terms of this Contract are set out in and governed by the following, which are incorporated herein by reference (for							
consent purposes, please re	eview all documents before signing b	pelow):					
General Terms and Con	ditions	<b>Exhibit</b>	B: Contractor	Profile			
Statement of Work		<b>Exhibit</b>	C: Menu Patte	ern & Nu	trition Program		
Special Terms and Cond	litions		Standards;	Invoice	Form		
Exhibit A: Budget and S	taffing Forms (NA)	<b>Exhibit</b>	D: Senior Vuln and Disqua	D			
		<b>Exhibit</b>	E: Contractor	Outreach	h Plan Template		
Exhibit E: Contractor Outreach Plan Template  This contract, including all exhibits and other documents incorporated by reference, contains all of the terms and conditions agreed upon by the parties and supersedes all previous agreements. No other understandings or representations, verbal or otherwise, regarding the subject matter of this contract shall be deemed to exist or bind the parties. The parties signing below warrant they have read and understand all the terms of the contract, and have the authority to enter into this contract.							
Skamania Co	ounty Senior Services	<u>Aı</u>	rea Agency on				
			<u>Southwe</u>	st Washi	<u>ington</u>		
Signature:		Signature	;				
		Name					
Title:			e: Executive D		Date:		



#### SB 5736 Home Delivered Meals Expansion Program

#### STATEMENT OF WORK

**Skamania County Senior Services (Contractor)** 

#### 1. SERVICE DESCRIPTION

Washington State Senate Bill 5736 Home Delivered Meals Expansion Program is designed to increase the number of new persons receiving home delivered nutrition.

A. Home Delivered Nutrition Services (HDNS) provides nutritious meals delivered to residences, and may include other nutrition services to vulnerable, older persons who are normally unable to leave their own homes without assistance. Services are intended to maintain or improve the nutritional status of these individuals, support their independence, prevent premature institutionalization, and allow earlier discharge from hospitals, nursing homes, or other residential care facilities.

#### B. Eligibility and Target Population

Contractor shall determine Client (also called "participants") eligibility using the standards outlined below.

To be eligible for HDNS, individuals must be aged 60 or older AND are:

1. Homebound (defined as normally unable to leave home unassisted, and for whom leaving home takes considerable and taxing effort. A person may leave home for medical treatment or other short infrequent absences for non-medical reasons, such as a trip to a hair stylist or to attend religious services).

#### **AND**

- 2. Unable to prepare meals for themselves because of:
  - a. A disabling condition such as limited physical mobility, cognitive or psychological impairment, sight impairment; or
  - Lack of knowledge or skills to select and prepare nourishing and well balanced meals;
     or

- c. Lack of means to obtain or prepare nourishing meals; or
- d. Lack the incentive to prepare and eat a meal alone.

#### AND

- 3. Meet the vulnerability criteria outlined below:
  - a. A person is considered vulnerable if s/he is unable to perform one or more of the activities of daily living (ADL's) or instrumental activities of daily living (IADL's) listed below without assistance due to physical, cognitive, emotional, psychological or social impairment.
    - Activities of daily living include eating, dressing, bathing, toileting, transferring in and out of bed/chair, and/or walking.
    - <u>Instrumental activities of daily living</u> include preparing meals, shopping, medication management, managing money, using the telephone, doing housework, and/or transportation.
  - b. Vulnerable individuals may have behavioral or mental health problems that could result in premature institutionalization, or is unable to perform the activities of daily living listed above, or is unable to provide for his/her own health and safety, primarily due to cognitive, behavioral, psychological/emotional conditions which inhibit decision-making and threaten the person's ability to remain independent.
  - c. Vulnerable individuals lack an informal support system. This includes no family, friends, neighbors or others who are both willing and able to perform the service(s) needed, or their informal support system needs to be temporarily or permanently supplemented.
- 4. Other individuals eligible for Home Delivered Nutrition Services, if resources are available, include:
  - The spouse of a Client receiving home-delivered meals funded through this contract (regardless of the spouse's age);
  - b. Individuals with disabilities who are not older individuals but who reside in the same home with other individuals eligible for the service; and/or
  - c. Individuals providing volunteer services in the home-delivered meals program (regardless of the volunteer's age).

#### 2. CONTRACTOR SERVICE OBLIGATIONS

#### A. Requirements of Home Delivered Nutrition Services Contractor

- 1. In all stages of food service, Contractor shall comply with federal, state, and local fire, health, sanitation, safety and building codes, regulations, licensure requirements, and other provisions relating to the public health, safety and welfare applicable to each Congregate Nutrition site, food preparation site, and food service vendor/caterer used in the nutrition program.
- Specifically regarding food, food service, and the food worker, Contractor shall comply with Washington Administrative Code (WAC) 246-215, Food Service; WAC 246-217, Food Worker Cards; RCW 69.06 Food and Beverage Establishment Workers' Permits; program guidelines (Senior Nutrition Program Standards 2016); and AAADSW Program Instructions.
- 3. All Contractor staff, both paid and volunteer, must receive orientation before providing nutrition program services and must receive regular in-services training.
- 4. If referrals exceed resources, Contractor must notify AAADSW immediately. Any program changes needed as a result of referrals exceeding resources must have prior approval from AAADSW.
- 5. Contractor must develop specific, verifiable, and achievable program objectives addressing the number and frequency of meals to be served by Contractor, the level of nutrition education provided, and nutrition outreach approaches to be implemented.
- 6. Contractor must develop procedures to be followed in the event of weather related or other emergencies, disasters, or situations which may interrupt home deliveries. Procedures shall include maintaining lists of Clients with particular attention to those individuals who are at most risk.
- 7. Contractor ensures that each meal provides at least one-third (1/3) of the current Recommended Dietary Allowances (RDA), as established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences. Contractor is strongly encouraged to use computerized nutrient analysis to assure meals are in compliance with nutritional requirements. If nutrient analysis software is not used, Contractor must follow the menu pattern in the Senior Nutrition Program Standards 2016.
- 8. Contractor must provide special menus, where feasible and appropriate, to meet the particular dietary needs arising from the health requirements, religious requirements, or ethnic backgrounds of eligible persons. Examples include diabetic

- and low-salt diets, or serving rice at a meal site mostly attended by elderly Asian clients.
- 9. Dietician services: Contractor shall cooperate and coordinate activities with a Registered Dietician (RD) who provides technical assistance on menu planning, food health and safety, and program activities. Contractor shall:
  - a. Consult with the RD on monthly menu planning, RDA standards, and recipe standardization;
  - b. Allow the RD access to all program related facilities and staff so that the dietician may assess Contractor's performance; and
  - c. Work with the RD to resolve any issues noted during the dietician's site visit, and will participate in other dietician-directed activities.
- 10. New Client Outreach: Contractor will conduct nutrition outreach as necessary to reach their *new clients* target number. Nutrition outreach shall be designed to seek out and identify, hard- to-reach, isolated, and vulnerable persons who are or may be eligible for Home Delivered Nutrition Services.
- 11. Information and Referral to Basic Food Program: Contractor will provide information for the Senior Nutrition Program Clients to take advantage of benefits available to them under the Basic Food Program. Contractor shall coordinate its activities with local agencies that conduct outreach for the Basic Food Program to facilitate participation of eligible older persons in the program.
- 12. Subject to Client consent, any Client who appears to meet the vulnerability criteria of this Contract shall be referred to Senior Information and Assistance for screening to determine the need for case management services.
- 13. All Contractor employees and volunteers are mandatory reporters of abuse and neglect of vulnerable adults and children in accordance with state law. Contractor shall report any conditions or circumstances which place a person or the household in imminent danger as outlined in this Contract's General Terms and Conditions

#### B. Services to be Provided

- 1. Contractor shall provide the equivalent of one Home Delivered Meal per day, for five or more days a week to authorized Clients residing in their own homes.
- 2. Meals may include hot, cold, frozen, dried, canned or supplemental foods with a satisfactory storage life.

- 3. Upon request, Contractor shall provide in writing the method used to determine which Clients, if any, received frozen meals, dried, canned or supplemental foods.
- 4. Contractor may elect to provide additional services such as serving two (2) or more meals a day, serving meals seven (7) days a week, and providing meals on holidays.
- 5. Contractor shall provide each Home Delivered Meal Client the opportunity to make a voluntary and confidential monetary contribution to the cost of the meal. Such contributions shall be recorded as Program Income as outlined in this Contract's General and Special Terms and Conditions.
- 6. Contractor shall also obtain the following documentation for the Client's file:
  - Verification that a grievance procedure was provided to the participant; and
  - Verification of Client consent to release information for any non-program contacts.

#### C. Home Delivered Nutrition Services Client/Participant Assessments

- 1. Contractor shall assess individuals aged 60 and over requesting home-delivered meals according to the eligibility criteria in this Statement of Work (see "Eligibility and Target Population" Section 1.B above).
- 2. There shall be an initial in-home assessment and subsequent in-home reassessments of each participant annually. The initial assessment shall be completed within three (3) weeks of the participant's first meal. Subsequent reassessments shall be completed annually, or sooner if the initial assessment indicates that the participant will need home-delivered meals on a temporary rather than permanent basis. An example would be a participant who is recovering from surgery or illness and is expected to recover the ability to provide for himself/herself nutritionally.

Applicants for Home Delivered Nutrition Services who refuse to allow an in-home assessment to determine eligibility for home delivered nutrition services may be denied service. This does not relieve Contractor of the responsibility to make reasonable attempts to get the information and to explain the reason for the assessment to potential Clients who have applied for these nutrition services.

3. Contractor shall establish specific written procedures describing how the assessments will be conducted. An assessment must not only focus on a participant's deficits, but also on his or her strengths and informal supports so that those with the greatest need receive this service when resources are limited. The assessment of strengths and informal supports may furnish ideas for alternate means of providing nutrition services or assistance.

4. Contractor shall ensure each HDNS Client completes the Nutrition Screening Initiative Checklist "Determining Your Nutritional Health" as part of the initial inhome Assessment and report monthly to AAADSW the number of Clients determined to be at high nutritional risk (i.e., those that have a risk score of 6).

#### D. Reporting Requirements

Contractor shall enter all required reporting elements in CLC GetCare System.

#### 1. Client Intake:

The following Client information shall be collected by Contractor before any meals are delivered to that Client.

- · Full name including first, middle initial and last
- Street and mailing address (if different)
- Home telephone number including area code
- Gender
- Birth Date
- Urban/rural
- · Race and Ethnicity
- Primary language spoken
- Household composition (lives alone)
- Yes or No is household income at or below 100% Federal Poverty Level
- Special diet requirements, restrictions, or nutritional problems and concerns expressed by the participant
- Yes or No did participant score as At Nutritional Risk on *Determining Your Nutritional Health* form
- · Count of Client's ADLs
- Count of Client's IADLs
- 2. Enroll Clients using the following filters:

Scope of Work	Home Delivered Meals
Program	SB5736/LOC
Service Detail	1 NSIP Meal

- 3. Monthly Service Numbers:
  - Number of meals provided to each registered Client.
- 4. Disenroll clients no longer receiving meals.
- 5. Annual Data Review: Contractor shall assist AAADSW to review and correct Contractor's data as required for any federal and state reporting.

# COUNTY FACE SHEET FOR CONTRACTS/LEASES/AGREEMENTS

1.	Contract Number 17-SA	<u>-11060300-026</u>			
2.	Contract Status: (Che	eck appropriate bo	x) Original	Renewal	Amendment
3.	Contractor Information:	Contractor: USI Contact Person: Title: Address: Address: Phone: E-mail:	Tiffany Berli Grants Mana	ner gement Special utes Market Rd 7701 7	
4.	Brief description of purp Noxious weed contro	ose of the contract	t and County's of inchot National	contracted dutie Forest and in N	es: National Scenic Area
5.	Term of Contract:	From: Date	of Last Signatu	re	To: 12/30/21
6.	Contract Award Process General Purchase of			- RCW 36.32.2	45 & 39.04.19 <u>0</u>
	Informal Formal So	Bid Process (Formealed Bid Process empt (explain and ruction & Improve	nal Quotes betw (Purchase is over provide RCW) ments Projects	een \$2,500 and er \$25,000) Chapter 39.34,	ed of Commissioners  \$25,000)  Interlocal Cooperation Act  250 & 39.04.155 (Public
	Small Wo	orks Roster (PW p	rojects up to \$2		Board of Commissioners)
7.	Amount Budgeted in Cu Amount Not Budgeted in Total Non-County Funda Total County Funds Cor TOTAL FUNDS COMM	n Current Year s Committed: nmitted:	\$ 40,400 \$ \$ 40,400 \$ 8,080 \$ 48,480	Source: Source: USD In-kind or ca	A Forest Service sh match
8.	County Contact Person:	<i>)</i>	Name: Emily	y Stevenson am Coordinato	r
	Department Approval:	Depa	rtment Head or	Elected Officia	al Signature
10	. Special Comments: One	signed copy to en	nail to Forest Se	ervice; email: t	iffany.berliner@usda.gov

#### COMMISSIONER'S AGENDA ITEM COMMENTARY

**SUBMITTED BY** Noxious Weed

Department

<u>AGENDA DATE</u> 9/15/2020

<u>SUBJECT</u> Noxious Weed Control 17-SA-11060300-026 MOD 6

ACTION REQUESTED Approval/Signature

#### SUMMARY/BACKGROUND

Modification 6 for Stewardship agreement between US Forest Service, NSA, and Skamania County (Noxious Weed).

#### FISCAL IMPACT

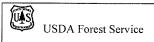
This modification includes an additional \$40,400 cash to cooperator for treatment of National Forest noxious weeds. This modification requires in-kind match (20%) of \$8080.00 by the weed program of both county and state funds which are currently budgeted.

#### **RECOMMENDATION**

Approval.

#### **LIST ATTACHMENTS**

One copy to be scanned and emailed to tiffany.berliner@usda.gov



	<b>MODIFICATION O</b>	F GRANT	OR AGREEMENT		PAGE O	OF PAGES 7
li e	RVICE GRANT/AGREEMENT NUMBER:	2. RECIPIENT/	COOPERATOR GRANT or	3. MODIFICA	TION NUMB	
17-SA-110603		AGREEMENT	NUMBER, IF ANY:	006		
Noxious Weed						
4. NAME/ADDRESS GRANT/AGREEMEI	S OF U.S. FOREST SERVICE UNIT ADMIN NT (unit name, street, city, state, and zip + 4)	√ISTERING ):	5. NAME/ADDRESS OF U.S. FORES PROJECT/ACTIVITY (unit name, street)			TERING
	ot National Forest		Mt Adams Ranger District		2 Zip - 1).	
987 McClellan	Rd (office)	:	2455 Hwy 141			
	Bldg 404 (mail)	l	Trout Lake, WA 98650			
Vancouver, W.	A 98661	I				
		ļ				
	er Gorge National Scenic Area	1				
	venue, Suite 200					
Hood River, O	OR 97031  OF RECIPIENT/COOPERATOR (street, cit	4: state and sin	7 PECIDIENT/COOREDATOR'S HIII	C CLID ACCOLL	NIC NICIMBED	C- IIIC
+ 4, county):		.y, state, and zip	7. RECIPIENT/COOPERATOR'S HHS payment use only):	3 SUB ACCOUR	AI NUMBER	(For HHS
Skamania, Cou	•					
	County Noxious Weed Contro	l Program				
P.O. Box 790						
240 NW Vancouver Ave						
Stevenson, WA						
CTTPOTE AT T	<del></del>		MODIFICATION			
CHECK ALL This modification is issued pursuant to the modification provision in the grant/agreement						
referenced in item no. 1, above.  CHANGE IN PERFORMANCE PERIOD:						
		NATTO A CO. L. C.	in- Ponding (Cop Day 0)			
	CHANGE IN FUNDING: Add U.S		ce runding (See Box 9)			·
	ADMINISTRATIVE CHANGES:	****				
	OTHER (Specify type of modifica	-	A			
Except as provide full force and efforce a	led herein, all terms and conditions	s of the Grant	/Agreement referenced in 1, ab	ove, remain	unchanged	and in
	L SPACE FOR DESCRIPTION OF	MODIFICATI	ION (add additional pages as need	ded):		
				ŕ		
	is to add U.S. Forest Service funding reviously obligated funds remain ava		nt of \$40,400.00. Technical propo	sal and maps	remain in e	ffect and
unchanged. An pr	eviously obligated funds remain ava	maoic.				
Original: \$81,462						
Mod 001: \$156,31						
Mod 002: \$34,500 Mod 003: \$70,376						
Mod 003: \$70,376 Mod 004: \$42,856						
Mod 005: \$52,700						
Mod 006: \$40,400						
Total: \$478,60	08.00					
The following pro	ovisions are added in this modification	on:				

IV.K. <u>PAYMENT/REIMBURSEMENT</u>. The U.S. Forest Service shall reimburse the County for the U.S. Forest Service's share of actual expenses incurred, not to exceed \$40,400.00, as shown in the Financial Plan (Attachment A.6). The U.S. Forest Service shall make payment upon receipt of the County's monthly invoice. Each invoice from the County shall display the total project costs for the billing period, separated by U.S. Forest Service and the County's share. In-kind contributions must be displayed as a

separate line item and must not be included in the total project costs available for reimbursement. The final invoice must display the County's full match towards the project, as shown in the financial plan, and be submitted no later than 90 days from the expiration date.



Each invoice must include, at a minimum:

- 1. County's name, address, and telephone number.
- 2. U.S. Forest Service agreement number.
- 3. Invoice date.
- 4. Performance dates of the work completed (start & end).
- 5. Total invoice amount for the billing period, separated by the U.S. Forest Service and County share with in-kind contributions displayed as a separate line item.
- 6. Display all costs, both cumulative and for the billing period, by separate cost element as shown on the financial plan.
- 7. Cumulative amount of the U.S. Forest Service payments to date.
- 8. Statement that the invoice is a request for payment by 'reimbursement'.
- 9. If using SF-270, a signature is required.
- 10. Invoice Number, if applicable.

The invoice shall be forwarded to:

EMAIL: SM.FS.ASC GA@USDA.GOV

FAX: 877-687-4894

POSTAL: USDA Forest Service

Albuquerque Service Center
Payments – Grants & Agreements

101B Sun Ave NE Albuquerque, NM 87109

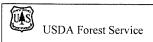
Send a copy to: Andrea Montgomery at Andrea.Montgomery@usda.gov

<u>LIMITATION OF FUNDS</u>. U.S. Forest Service funds in the amount of \$38,000.00 are currently available for performance of this agreement through **December 21, 2021**. The U.S. Forest Service's ability to provide additional funding is contingent upon the availability of appropriated funds from which payment can be made. There is no legal liability on the part of the Forest Service for any payment above this amount until the County receives notice of availability confirmed in a written modification by the Forest Service.

	10. ATTACHED DOCUMENTATION (Check all that apply):	
	Revised Scope of Work	
	Revised Financial Plan	
$\boxtimes$	Other: Mod 006 Financial Plan (Attachment A.6)	

	11. SIG	NATURES				
	.5	IG PARTIES CERTIFY THAT THEY ARE THE OFFICIAL REPRE ESPECTIVE AREAS FOR MATTERS RELATED TO THE ABOVE				
REFERENCED GRANT/AGREEMENT.	THE THE IN THE IN THE	EST DE TIVE MEMOTOR MATTERO REENTED TO THE ADOVE				
11.A. COUNTY SIGNATURE	11.B. DATE SIGNED	11.C. U.S. FOREST SERVICE SIGNATURE	11.D. DATE SIGNED			
(Signature of Signatory Official)		(Signature of Signatory Official)				
11.E. NAME (type or print): RICHARD MAHAR		11.F. NAME (type or print): ERIC VEACH				
11.G. TITLE (type or print): Chairman, Skamania C Commissioners	ounty	11.H. TITLE (type or print): Forest Supervisor, Gifford Pinchot National Forest				
*		11.I. U.S. FOREST SERVICE SIGNATURE	11.J. DATE SIGNED			
		(Signature of Signatory Official)	i			
		11.K. NAME (type or print): LYNN BURDITT				
		11.L. TITLE (type or print): Area Manager, Columbia Gorge National Scenic Area	a River			





#### 12. G&A REVIEW

12.A. The authority and format of this modification have been reviewed and approved for signature by:

12.B. DATE **SIGNED** 

JESSICA CLARK Digitally signed by JESSICA CLARK Date: 2020.09.03 08:04:52 -07'00'

JESSICA CLARK (17-SA-11060300-026 M6)

U.S. Forest Service Lead Grants Management Specialist

9/3/2020

#### Burden Statement

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0596-0217. The time required to complete this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at 202-720-2600 (voice and TDD).

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call toll free (866) 632-9992 (voice). TDD users can contact USDA through local relay or the Federal relay at (800) 877-8339 (TDD) or (866) 377-8642 (relay voice). USDA is an equal opportunity provider and employer.

	17-SA-11060300-026
	USFS Agreement No:
Attachment: A.6	

Cooperator Agreement No.:

Mod. No.: 006

# Agreements Financial Plan (Short Form) Financial Plan Matrix: Note: All columns may not be used. Use depends on source and t

\$70,400,32			Total Project Value:	Tot	
	\$0.00	\$15,958.66	\$40,400.00	\$14,041.66	Total
\$1,504.46				\$1,504.46	FS Overhead Costs
\$6,038.43		\$1,709.86	\$4,328.57		Coop Indirect Costs
\$62,857.43	\$0.00	\$14,248.80	\$36,071.43	\$12,537.20	Subtotal
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Other
\$620.71	\$0.00	\$0.00	\$620.71	\$0.00	Supplies/Materials
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Equipment
\$584.82	\$0.00	\$0.00	\$584.82	\$0.00	Travel
\$61,651.90	\$0.00	\$14,248.80	\$34,865.90	\$12,537.20	Salaries/Labor
Total			Cooperator		Direct Costs
(e)	In-Kind	Noncash	to	Noncash	COST ELEMENTS
			Cash		
	(p)	(c)	(q)	(a)	
	ONTRIBUTIONS	COOPERATOR CONTRIBUTIONS	FOREST SERVICE CONTRIBUTIONS	FOREST SERVICE	
(s).	type of contribution(	pends on source and	Note: All columns may not be used. Use depends on source and type of contribution(s)	Note: All columns ma	Financial Plan Matrix:

Matching Costs Determinat	Determination
Total Forest Service Share =	(j)
$(a+b) \div (e) = (f)$	77.33%
Total Cooperator Share	(B)
$(c+d) \div (e) = (g)$	22.67%
Total (f+g) = (h)	(µ)
	100.00%

# **WORKSHEET FOR**

# FS Non-Cash Contribution Cost Analysis, Column (a)

	Cost/Day \$452. \$287.			\$	6,782.40 5,754.80 <b>2,537.2</b> 0
	\$452.	.16 15.0		\$	5,754.80
				\$	5,754.80
	\$287. ]	74 20.0	00		
				\$1	2,537.20
ployees	Cost/Trip	# of Trips		Total	
				•	\$0.00
					\$0.00
y-provide					
Units	Cost/Day	# of Days		Total	
					\$0.00
					\$0.00
	# of Items	Cost/Item		Total	
					\$0.00
					\$0.00
Mar Ma					
	_				
	# of Units	Cost/Unit		Total	
					\$0.00
					\$0.00
ct C	osts		\$12.537	.20	or stiren
			# of Items   Cost/Item   # of Units   Cost/Unit	# of Items   Cost/Item   # of Units   Cost/Unit	# of Items   Cost/Item   Total

TOTAL COST \$14,041.66

# **WORKSHEET FOR**

# FS Cash to the Cooperator Cost Analysis, Column (b)

		7				
Salaries/Labo	r					
Standard Calculation						
Job Description		Cost/Day	# of Days		Total	
Program Coordinator		\$395.80		)		\$7,916.00
Partnership Specialist		\$372.70	20.00	)		\$7,454.00
Lead Natural Resource Wo	rker	\$265.50	20.00	)		\$5,310.00
Natural Resource Worker		\$244.90	31.00	)		\$7,591.90
Natural Resource Aide		\$188.40	35.00	)		\$6,594.00
Total Salaries/Labor					\$	34,865.90
		-				
Travel						
Standard Calculation		Ta	Lu sau		T	
Travel Expense		Cost/Mile	# of Miles	L	Total	
Vehicle Mileage		\$0.57	1026.00	)		\$584.82
Total Travel	]					\$584.82
Equipment		1				
Standard Calculation				M		
Piece of Equipment	# of Units	Cost/Day	# of Days	T	Total	
riece of Equipment	# Of Office	COSt/Day	# UI Days		Total	\$0.00
Total Equipment					T	\$0.00
Total Equipment	J				L	\$0.00
Supplies/Materi	als	1				
Standard Calculation						
Supplies/Materials		# of Items	Cost/Item		Total	
Glyphosate		2.00	11/2 D P0100 V120-05000	)		\$40.00
Triclopyr		1.00				\$78.02
Surfactant		2.00	,			\$40.00
Marker Dye		2.00				\$112.00
Non-Standard Calculation		2.00	400.00			Ţ., <u>z.</u> ,
Misc PPE						\$350.69
Total Supplies/Materials					T	\$620.71
Other Expense	s					
Standard Calculation						
Item		# of Units	Cost/Unit		Total	
						\$0.00
Total Other						\$0.00
Subtotal D	irect C	nete		\$36,071.	43	1 / 1
<u> </u>	ii cct o	0313		φου, στι.	70	1 LANE
Cooperator Indirect	Costs	1				
Ocoporator maneet		ı				
Current Overhead Rate	Subtotal Dire	ct Costs			Total	
12.00%		071.43				\$4,328.57
Total Coop. Indirect Costs						\$4,328.57
		•				

TOTAL COST \$40,400.00

# **WORKSHEET FOR**

# Cooperator Non-Cash Contribution Cost Analysis, Column (c)

Salaries/Lab	or	80				
Standard Calculation						
Job Description		Cost/Day	# of Days		Total	
Program Coordinator		\$395.	.80 36.00			\$14,248.80
Total Salaries/Labor						\$14,248.80
		_				
Travel		Ť				
Standard Calculation	r .					
Travel Expense	Employees	Cost/Trip	# of Trips		Total	
	_ <del>_</del>					\$0.00
Total Travel						\$0.00
		=				
Equipment						
Standard Calculation	10 611 9	lo un	In 15		I= .	
Piece of Equipment	# of Units	Cost/Day	# of Days		Total	
Tatal Facilities				- Adams		\$0.00
Total Equipment						\$0.00
0	• •					
Supplies/Mater	riais		the grant of the g			
Standard Calculation		111 611	10		T=	
Supplies/Materials		# of Items	Cost/Item		Total	40.00
Total Complian /Materials						\$0.00
Total Supplies/Materials						\$0.00
Other Francis	and the latest and the					
Other Expens Standard Calculation	es					
		# of Units	04/1 114		T= 4-1	
Item		J# of Units	Cost/Unit		Total	
Total Other	T				1	\$0.00
Total Other	_					\$0.00
Subtotal I	Direct C	osts		\$14 2	48.80	
0010101011	-110010	3313	The second property and the second	Ψ11,2	10.00	
Cooperator Indirec	t Costs	7				
Cooperator munec	COSIS					
Current Overhead Rate	Subtotal Dire	act Costs			Total	
12.00%		,248.80			Total	£1 700 96
Total Coop. Indirect Cost		T				\$1,709.86
Total Goop, mulicut Gost	3	J ,				\$1,709.86
	Co. or Sept. Impressed					
TOTAL CO	DST		\$15,958.66			
Ψ10,000100						

#### COMMISSIONER'S AGENDA ITEM COMMENTARY

SUBMITTED BY  AGENDA DATE	Auditor's Office  Department Signature  09/15/2020				
<u>SUBJECT</u>	Notice 2020-65 Relief with Respect to Employment Tax Deadlines Applicable to Employers Affected by the Ongoing Coronavirus 2019 Pandemic				
ACTION REQUESTED	Reject the memorandum to defer social security tax withholdings				

#### SUMMARY/BACKGROUND

The President issued a memorandum directing the Secretary of the Treasury to use his authority pursuant to section 7508A of the Internal Revenue Code to <u>defer</u> the withholding, deposit, and payment of certain payroll tax obligations (social security tax). Notice 2020-65 allows the option but does not require employers to defer withholding and payment of Social Security taxes. Any withholding deferred during 2020 would need to be repaid in early 2021.

#### FISCAL IMPACT

There will be some employee time costs to this but no impact to the county budget.

#### **RECOMMENDATION**

As this is an option to postpone withholding and not a forgiveness of Social Security tax, we believe it is in the employee's best interest for Skamania County to <u>not</u> implement this deferral and keep withholding social security taxes each pay period. This will keep employees from having double the Social Security withheld from paychecks starting in January 2021. In the event an employee ends County employment prior to January 2021, it also keeps the County from having to subtract that postponed withholding from their final paycheck.

#### **LIST ATTACHMENTS**

#### **MOTION**

The Board of Commissioners hereby agrees that it is not beneficial to the employees of Skamania County to defer their social security withholding and potentially have to repay it in 2021 causing an undue hardship to the employees from a double deduction to repay the funds.

#### **SKAMANIA COUNTY**

#### **BOARD OF COMMISSIONERS**

Chairman Robert Hamlin	Date:
Commissioner T.W. Lannen	ATTEST:
Commissioner Richard Mahar	Clerk of the Board

#### **RESOLUTION 2020-26**

(Supplemental Budget #3 for 2020 budget for various funds)

WHEREAS, various funds and departments have unanticipated expenditures and revenues for 2020; and

WHEREAS, pursuant to RCW 36.40.100, 36.40.195 and Resolution 1999-31, the Board has the authority to transfer, revise or supplement its budget and to increase budgets with unanticipated funds; and

WHEREAS, pursuant to RCW 36.40.100, the Board has the authority to transfer funds; and

**NOW, THEREFORE, BE IT RESOLVED** that the Board of Commissioners hereby creates, transfers, revises or supplements the 2020 budget as described in "Attachment A";

**BE IT FINALLY RESOLVED** that the Clerk of the Board is hereby directed to give due notice of a public hearing upon this resolution for adoption on the 15th day of September 2020 at 5:30 o'clock p.m.

PASSED IN REGULAR SESSION this 25th day of August 2020.

ATTEST:

Clerk of the Board

Sat Jah

SKAMANIA COUNTY, WASHINGTON

Chairman

Commissioner

Commissioner

**RESOLUTION NO. 2020-26 IS HEREBY APPROVED AND ADOPTED** in regular session this 15th day of September 2020 upon public hearing having been held in accordance with the laws of the State of Washington.

**BOARD OF COMMISSIONERS** 

SKAMANIA COUNTY, WASHINGTON

# 

Absent

#### NOTICE OF PUBLIC HEARING

#### Before the

#### **Board of Skamania County Commissioners**

**PURPOSE:** 

Skamania County Board of Commissioners hereby gives notice that a public hearing will be held to consider Resolution 2020-26 Supplemental Budget #3 for 2020 to supplement budgets for various funds due to unanticipated expenditures and revenues unknown at the time of approval of the 2020 Budget.

Oral and written comments will be considered at the public hearing by the Board of Commissioners. Written comments may be sent to Skamania County Board of Commissioners, Attn: Clerk of the Board, PO Box 790, Stevenson, WA 98648 or <a href="mailto:slack@co.skamania.wa.us">slack@co.skamania.wa.us</a> Anyone interested may appear and be heard.

Copies of Supplemental Budget #3 are available to the public, after 1 p.m. on the Wednesday prior to the public hearing in the Commissioners' Office, Room 15, 240 NW Vancouver Avenue, Stevenson, WA.

**DATE:** September 15, 2020

**TIME:** 5:30 PM

PLACE: Skamania County Courthouse, Room No. 18 (lower level)

240 NW Vancouver Avenue

Stevenson, WA.

Commissioner Meetings are open to public attendance with limited available seating, exercising social distancing. Seating will be on a first come, first serve basis. If there is more attendance than seating, you will be asked to leave the Courthouse and phone in using ZOOM using the following numbers.

1 346 248 7799 US 1 646 558 8656 US 1 669 900 9128 US

Meeting ID: 813 4248 1018

Join Zoom Meeting Audio only from your computer

https://us02web.zoom.us/j/81342481018

Skamania County Courthouse is accessible for persons with disabilities. Please let us now if you will need any special accommodations in order to attend the meeting. (509) 427-3700.

**DATED** this 25th day of August 2020.

Debbie Slack

Clerk of the Board

Publish: September 2<sup>nd</sup> and September 9<sup>th</sup>, 2020

DATE:

August 25, 2020

TO:

The Skamania County Pioneer

**PO Box 250** 

Stevenson, WA 98648

FROM:

**Skamania County Commissioners** 

Clerk of the Board

PO Box 790

Stevenson, WA 98648

Please publish the following documents on the dates indicated:

1. Document: Notice of public hearing to accept public comment and consider Resolution 2020-26

Supplemental Budget #3 to the 2020 Budget

Publish as: Legal Notice

Publish on: September 2<sup>nd</sup> and September 9<sup>th</sup>, 2020

Send Bill to: Commissioners

# Resolution 2020-26 Supplemental Budget #3 Explanation Attachment A Public Hearing September 15, 2020 5:30 p.m.

The total Current Expense spending authority requested for this supplemental not covered by increased revenues or other budget offsets is \$119,125.00

Year to date funds requested by supplemental from Current Expense is \$754,011.27 (This includes \$600,000 from CE to CR Facilities and Lands)

**\$50,000** – Operating Transfer Out (0010.370). Operating transfer to ER & R Sub Fund created by Resolution 2020-25, to track revenues and expenditures related to COVID -19 separated from other County Funds.

**\$50,000** – Operating Transfer Out (0010.370). Operating transfer to Senior Services for operating expenses diminished by lack of revenue due to COVID 19.

**\$76,500- Buildings and Grounds** (0010.220) – COVID-19 FEMA funds, with \$19,125 being the 25% match needed from Current Expense due to COVID -19.

**\$174,185.49 – Title III** (1300.000) – Budget authority needed for Title III funds received for 2019. Title III project funds are disbursed to project recipients on a reimbursable basis

**\$75,000**– **ER & R Stores** (5010.300) – Fuel will now be charged through ER & R for the fuel sites rather than through Wilcox and Flagel.

#### **ATTACHMENT A - RESOLUTION 2020-26**

#### Supplemental Budget #3 to 2020 Budget

Total YTD Current Expense Ask before this supplemental	(Includes \$600,000 from CE to CR Facilities & Lands)		\$	754,011.27
Total Needed from Current Expense for this Supplemental	t .		\$	119,125.00
	Current E	expense Funds		
Non-Departmental Revenues Buildings and Grounds	0010.380.308.000.000 0010.220.333.970.360	Beginning Cash - CE COVID-19 FEMA 4481	\$ \$ \$	19,125.00 57,375.00 76,500.00
Buildings and Grounds Buildings and Grounds	rounds 0010.220.518.300.215 Payroll Taxes Office & Operating		\$ \$	40,000.00 1,500.00
Buildings and Grounds			<u>\$</u> \$	35,000.00 76,500.00
Non-Departmental Revenue	0010.380.308.000.000	Beginning Cash Op Trans - ER & R Sub	\$	50,000.00
Operating Transfer Out	0010.370.597.000.033	Fund COVID	<u>\$</u>	50,000.00
Non-Department Revenue Operating Transfer Out	0010.380.308.000.000 0010.370.597.000.008	Beginning Cash Op Trans - Seniors	\$ <u>\$</u>	50,000.00 50,000.00
	Special Re	evenue Funds		
Title III	1300.000.332.100.700	Title III Funds	<u>\$</u>	174,185.49
Title III	1300.000.522.200.410	Professional Services Operating Transfer To	\$	111,485.49
Title III	1300.000.597.000.000	Sheriff	<u>\$</u> \$	62,700.00 174,185.49
	Internal	Service Fund		
ER & R Stores	5010.300.344.500.000	Revenue for Sale of Fuel Expense Bulk Fuel for	\$	75,000.00
ER & R Stores	5010.300.548.400.344	Resale	\$	75,000.00