



MARION COUNTY BOARD OF COMMISSIONERS

Board Session Agenda Review Form

Meeting date: March 22, 2017

Department: Health Agenda Planning Date: March 16, 2017 Time required: 10

Audio/Visual aids

Contact: Rick Sherman Phone: 503.588.5387

Department Head Signature: Scott Richards

TITLE Lane County Food Handlers Testing IGA 12579

Issue, Description & Background Lane County provides access to on-line foodhandler testing for Marion County residents. Residents must enter Lane County's training site via a Marion County website. Lane County collects a \$10 fee from residents and reimburses the Marion County Health Department 80% (\$8) for every Marion County resident that pays for an online foodhandlers test at Lane County's site. These foodhandlers rates are based on the maximum fees established under OAR 333-175-0101. Amendment #4 retroactively terminates IGA 12579 effective 12/31/2016 and reduces revenue sharing by \$60,968. This IGA is being replaced by Lane County IGA 53134 which is retroactively effective 1/1/2017.

Financial Impacts: Amendment #4 reduces revenue sharing by \$60,968.

Impacts to Department & External Agencies The Health Department anticipates no impact on other departments.

Options for Consideration: 1. Approve Amendment 4 to the Lane County Food Handlers IGA 12579. 2. Deny approval of Amendment 4 to the Lane County Food Handlers IGA 12579. 3. Take no action at this time

Recommendation: The Health Department recommends approval of Amendment 4 to the Lane County Food Handlers IGA 12579.

List of attachments: 1. Amendment 4 to Agreement the Lane County Food Handlers IGA 12579.

Presenter: Rick Sherman

Copies of completed paperwork sent to the following: (Include names and e-mail addresses.)

Copies to: Dwight Bowles - dbowles@co.marion.or.us



Contract Review Sheet

CMS # HE-1042-08

Contract #: 1396 Lane County IGA 12579

Person Sending: Dwight Bowles Department: Health

Contact Phone #: 503.361.2795 Date Sent: 2-22-17

Contract Amendment # 4 Lease IGA MOU Grant (attach approved grant award transmittal form)

Title: Food Handlers Testing

Contractor's Name: Lane County

Term - Date From: Jul 1, 2008 Expires: Dec 31, 2016

Contract Total: \$394,000.00 Amendment Amount: \$-60,968.00 New Contract Total: \$333,032.00

Source Selection Method: # _____

Additional Considerations (check all that apply)

- Board Order# _____
- Incoming Funds
- Independent Contractor (LECS) approval date: _____
- Insurance Waiver (attach)
- CIP# _____ (required for all goods /software greater than \$5,000)
- Feasibility Determination (attach approved form)
- Federal Funds (attach sub-recipient / contractor analysis)
- Reinstatement (attach written justification)
- Retroactive (attach written justification)

Description of Services or Grant Award:

Lane County provides access to on-line foodhandler testing for Marion County residents. Residents must enter Lane County's training site via a Marion County website. Lane County collects a \$10 fee from residents and reimburses the Marion County Health Department 80% (\$8) for every Marion County resident that pays for an online foodhandlers test at Lane County's site. These foodhandlers rates are based on the maximum fees established under OAR 333-175-0101. Amendment 4 terminates the existing IGA 12579 to replace with IGA 53134 which will be effective retroactively to January 1, 2017.

FOR FINANCE USE

Date Finance Received: _____ BOC Planning Date: _____ Date Legal Received: _____

Comments: _____

REQUIRED APPROVALS:

Finance - Contracts _____ Date _____ Risk Manager _____ Date _____

Legal Counsel _____ Date _____ Chief Administrative Officer _____ Date _____

Date _____ To be filed Added to master list

Returned to _____ Department for _____ signatures

Amendment # 4

WHEREAS, Lane County, hereinafter referred to as COUNTY, a political subdivision of the State of Oregon, and MARION COUNTY, hereinafter referred to as CONTRACTOR, have agreed that it is in the mutual interest of both parties to amend the Contract dated July 01, 2008 for CONTRACTOR'S On-line Foodhandlers Training/Testing project.

The purpose of this change is to terminate by mutual consent, to replace with a new Agreement.

Now, therefore, the parties agree that the Contract should be amended as follows:

- 1 The Agreement is terminated by mutual consent, effective December 31, 2016.
- 2 Anticipated revenue sharing is reduced by \$60,968 as indicated in the tables below.

FY 08/09 Paid by LANE COUNTY 1 Of 10							
Service Description	Funding Period	Funding Source	Previous Amount	This Amendment	New Total	Service Units	Account (Grant)(Program)
Foodhandlers Fees - not to exc	07/01/08 - 06/30/09	Other	\$32,000.00	\$0.00	\$32,000.00	0	512201-286-3427810
Total:			\$32,000.00	\$0.00	\$32,000.00		
FY 09/10 Paid by LANE COUNTY 2 Of 10							
Service Description	Funding Period	Funding Source	Previous Amount	This Amendment	New Total	Service Units	Account (Grant)(Program)
Foodhandlers Fees - not to exc	07/01/09 - 06/30/10	Other	\$42,000.00	\$0.00	\$42,000.00	0	512201-286-3427810
Total:			\$42,000.00	\$0.00	\$42,000.00		
FY 10/11 Paid by LANE COUNTY 3 Of 10							
Service Description	Funding Period	Funding Source	Previous Amount	This Amendment	New Total	Service Units	Account (Grant)(Program)
Foodhandlers Fees - not to exc	07/01/10 - 06/30/11	Other	\$48,000.00	\$0.00	\$48,000.00	0	512201-286-3427810
Total:			\$48,000.00	\$0.00	\$48,000.00		
FY 11/12 Paid by LANE COUNTY 4 Of 10							
Service Description	Funding Period	Funding Source	Previous Amount	This Amendment	New Total	Service Units	Account (Grant)(Program)
Foodhandlers Fees - not to exc	07/01/11 - 06/30/12	Other	\$50,000.00	\$0.00	\$50,000.00	0	512201-286-3427810
Total:			\$50,000.00	\$0.00	\$50,000.00		
FY 12/13 Paid by LANE COUNTY 5 Of 10							
Service Description	Funding Period	Funding Source	Previous Amount	This Amendment	New Total	Service Units	Account (Grant)(Program)
estimated revenue-sharing onli	07/01/12 - 06/30/13	Other	\$35,000.00	\$0.00	\$35,000.00	0	512201-286-3427810
Total:			\$35,000.00	\$0.00	\$35,000.00		
FY 13/14 Paid by LANE COUNTY 6 Of 10							
Service Description	Funding Period	Funding Source	Previous Amount	This Amendment	New Total	Service Units	Account (Grant)(Program)
estimated revenue-sharing onli	07/01/13 - 06/30/14	Other	\$40,000.00	\$0.00	\$40,000.00	0	512201-286-3427810
Total:			\$40,000.00	\$0.00	\$40,000.00		

FY 14/15 Paid by LANE COUNTY 7 Of 10							
Service Description	Funding Period	Funding Source	Previous Amount	This Amendment	New Total	Service Units	Account (Grant)(Program)
estimated revenue-sharing onli	07/01/14 - 06/30/15	Other	\$36,032.00	\$0.00	\$36,032.00	0	512201-286-3427810
Total:			\$36,032.00	\$0.00	\$36,032.00		
FY 15/16 Paid by LANE COUNTY 8 Of 10							
Service Description	Funding Period	Funding Source	Previous Amount	This Amendment	New Total	Service Units	Account (Grant)(Program)
estimated revenue-sharing onli	07/01/16 - 06/30/16	Other	\$35,000.00	\$0.00	\$35,000.00	0	512201-286-3427810
Total:			\$35,000.00	\$0.00	\$35,000.00		
FY 16/17 Paid by LANE COUNTY 9 Of 10							
Service Description	Funding Period	Funding Source	Previous Amount	This Amendment	New Total	Service Units	Account (Grant)(Program)
estimated revenue-sharing onli	07/01/16 - 12/31/16	Other	\$37,000.00	-\$22,000.00	\$15,000.00	0	512201-286-3427810
Total:			\$37,000.00	-\$22,000.00	\$15,000.00		
FY 17/18 Paid by LANE COUNTY 10 Of 10							
Service Description	Funding Period	Funding Source	Previous Amount	This Amendment	New Total	Service Units	Account (Grant)(Program)
estimated revenue-sharing onli	07/01/17 - 06/30/18	Other	\$38,968.00	-\$38,968.00	\$0.00	0	512201-286-3427810
Total:			\$38,968.00	-\$38,968.00	\$0.00		

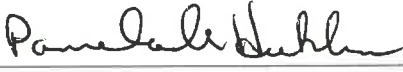
This amendment is effective December 31, 2016. All other terms and conditions of the original Contract and any previous amendment(s) not altered by this amendment remain in full force and effect.

MARION COUNTY	Federal I.D.:
Authorized Signature _____ Date _____ Scott Richards Interim Administrator Marion County Health Department 3180 Center Street NE Salem, OR 97301	

Lane County, Oregon	
County: _____ Alicia A. Hays _____ Date _____ Health & Human Svcs Director	Originator: Collette M. Christian Program Services Coord 2 Collette.Christian@co.lane.or.us 151 WEST 7TH AVE S-520 EUGENE, OR 97401

**Lane County Contract #12579
Amendment 4
July 1, 2008 through December 31, 2016**

MARION COUNTY

 2/13/17
Pamela Hutchinson, Division Director Date


 2/13/2017
Richard A. Sherman, Program Supervisor Date

Fund Verification Service Code: 2427
Account: 341240

 2/13/17
Ryan Matthews, Sr. Administrative Services Division Director Date

APPROVED AS TO FORM:

Marion County Legal Counsel Date

 2/23/17
Marion County Contracts Date

CHIEF ADMINISTRATIVE OFFICER:

John Lattimer, CAO Date

February 10, 2017



Marion County Health Department
Attn: Richard Sherman
3180 Center St NE #2274
Salem, OR 97301
Via Email: RSHERMAN@co.marion.or.us
EC: DBowles@co.marion.or.us

RE: Lane County Contract 53134 and 12579 – Amendment #4

Dear Mr. Sherman:

Based upon your County's participation in the HealthSpace (HSP) suite of Environmental Health programming, Lane County needs to establish a new Agreement that provides for the proper utilization of the HSP programming.

Therefore, we are taking action to terminate the pre-existing Agreement/Contract and offer the enclosed replacement Agreement.

Please return both signed agreements to lchscont@co.lane.or.us This Office will email a completed signature page, to confirm contract execution.

Should you have any questions or concerns regarding this contract, please do not hesitate to contact me at (541) 682-3086 or via email at collette.christian@co.lane.or.us

Sincerely,

Collette M. Christian
Program Services Coordinator

Enclosures