

**COOS COUNTY FILING COVER SHEET**

<b>TO:</b>	<b>Coos County Clerk's Office</b>
<b>FROM:</b>	<b><u>Coos County Sheriff's Office</u></b>

Please file the attached document in the selected category indicated in the box below using the following information:

<input type="checkbox"/>	Board of Commissioners	<input checked="" type="checkbox"/>	Contracts & Agreements
<input type="checkbox"/>	Special Districts	<input type="checkbox"/>	Vacation Proceedings
<input type="checkbox"/>	Registry of Offices	<input type="checkbox"/>	Demand for Just Compensation
<input type="checkbox"/>	Elections	<input type="checkbox"/>	

**INDEXING INFORMATION**

example    ## - ## - ### - P

COOS COUNTY, OREGON  
Commissioners'  
Journal

**CJ2014-000285**  
05/23/2014 9:05:29 AM

Resolution #

Order #

First Party:    **Conmed, Inc.**

Second Party: **Sheriff's Office**

SUBJECT OF ITEM BEING FILED:  
(Brief description - minutes, contracts, etc.)

**Contract Amendment**

DOCUMENT REMARKS:

**Amendment to CA #173 dated 6/15/09  
to increase compensation by two point six percent (2.6%)  
Contract Period 7/1/14 - 6/30/15**

MEETING DATE: (or date of document):

**BOC signed 5/20/14**

**CONTRACT / GRANT SUMMARY FORM**

Clerk's File C&A No.: \_\_\_\_\_ (complete after filed with Clerk) Internal Contract/Agreement or Grant No.: \_\_\_\_\_

Name/Agency Name and Address: Conmed, Inc; 7250 Parkway Dr., Ste. 400, Hanover, MD 21076

Contact Person: Michael Navalkowsky Phone No. 410-567-5541

Amount of Contract/Grant Award: \$ 454,689.79

Payment Terms: monthly payments in advance (state lump sum or amount and time of payments)

Start Date: 7/01/14 End Date: 6/30/2015

County Department and Employee Responsible for Performance: Sheriff Zanni/Darius Mede

Description: Amendment to CA#173 dated 6/15/09 to increase compensation by two point six percent (2.6%)

**FINANCIAL INFORMATION**

STATE %	OTHER %	FEDERAL % (CFDA # Required)	Catalog of Federal Domestic Asst. *(CFDA) Number

\*CFDA is a five digit number in the following format: xx.xxx. The first two digits designate the federal agency and the last three the grant description. The following is a partial listing of the two digit agency identifier:

- |                          |              |                            |             |                           |
|--------------------------|--------------|----------------------------|-------------|---------------------------|
| 10.xxx USDA              | 14.xxx HUD   | 20.xxx USDOT               | 66.xxx EPA  | 84.xxx Dept. of Education |
| 11.xxx Dept. of Commerce | 16.xxx USDOJ | 39.xxx General Svs. Admin. | 83.xxx FEMA | 93.xxx USDHHS             |

**NOTE: If the contract/grant is associated with more than one CDFA number, each segment must have it's own summary form.**

- New  Renewal  Modification  
 Previous Amount: \$ 443,167.44 Original Amount: \$ 395,925.00  
 Previous Date: 7/1/12 - 6/30/14 Original Date: 7/1/09  
 Automatic Renewal?  Yes  No Staff Requirements:  New  Existing  Subcontract  
 Will unemployment cost be incurred?  Yes  No

**PUBLIC CONTRACTING INFORMATION**

- Method of Selection:  Bid  None  Quote  Other \_\_\_\_\_  Proposal
- Type of Contract:  New (complete sections below)  Renewal (no need to complete sections below)  Modification (no need to complete sections below)

- Type of Contract:
- Goods and Services - If Not Using Bid or Proposal, Mark Exemption:
- |   |  |
|---|--|
| <input type="checkbox"/> Under \$5000                                     | <input type="checkbox"/> Equipment Maintenance |
| <input type="checkbox"/> Under \$50,000 for Quotes                        | <input type="checkbox"/> Office Supplies       |
| <input type="checkbox"/> Under \$150,000 & Approval from Board for Quotes | <input type="checkbox"/> Used Vehicles         |
| <input type="checkbox"/> Sole Source                                      | <input type="checkbox"/> State Purchasing      |
| <input type="checkbox"/> Contract with Public Agency                      | <input type="checkbox"/> Other _____           |
- Public Improvement - If Not Using Bid, Mark Exemption:
- |  |   |
|--|---|
| <input type="checkbox"/> Under \$5000  | <input type="checkbox"/> Alternative Contracting Method Approved by Board |
| <input type="checkbox"/> Under \$50,000 for Quotes                                 | <input type="checkbox"/> Other _____                                      |
| <input type="checkbox"/> Under \$100,000 & Not a Transportation Project for Quotes |   |
- Personal Services Contract - If Not Using Proposal, Mark Exemption:
- |  |
|--|
| <input type="checkbox"/> Under \$50,000                        |
| <input type="checkbox"/> Under \$150,000 & Approval from Board |

Will project be reported to Bureau of Labor for Prevailing Wages under ORS 279C.800?  Yes  No  
 Certificate of insurance required?  Yes  No  
 Form of contract:  Oral  Written (attach the written contract)

Date Approved by BOC: 5/20/14 Reviewed by Counsel: CS

**CONTRACT AMENDMENT FOR JAIL MEDICAL SERVICES  
COOS COUNTY JAIL**

This Contract Amendment is entered into on the date last set forth below by and between Coos County, a political subdivision of the State of Oregon acting by and through its Board of Commissioners and hereinafter referred to as "County", and Conmed, Inc. hereinafter referred to as "Contractor", which parties do hereby agree as follows:

WHEREAS, County and Contractor have a Contract dated June 15, 2009 and filed in the records of the Coos County Clerk at 2009 CA #173, providing for medical services in the Coos County Jail; and

WHEREAS, County and Contractor desire to amend the Contract to renew the term for the one (1) additional two-year extension pursuant to Exhibit A, Section 2; and

WHEREAS, County and Contractor desire to amend the compensation provisions for the remainder of the Contract term to reflect an increase in the cost of services pursuant to Exhibit A, Section 3; and

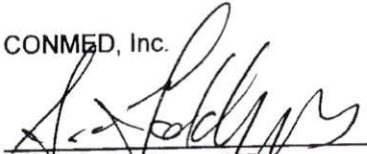
NOW, THEREFORE, IT IS HEREBY AGREED by and between the parties hereto that the Contract be amended as follows:

A. EXHIBIT A, SECTION 2 TERM OF CONTRACT: The term of this contract shall be from July 1, 2014 until June 30, 2016.

B. EXHIBIT A, SECTION 3 COMPENSATION: For the period of July 1, 2014 through June 30, 2015 the annual service charge shall be increased by 2.6% from the prior year; for a monthly rate of \$37,890.82, with the full compensation for the year not to exceed \$454,689.79.

AND IT IS FURTHER AGREED that in all other respects the terms and conditions of the original Contract thereto shall continue in full force and effect.

CONMED, Inc.

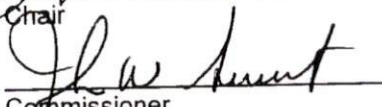
  
\_\_\_\_\_  
Stephen Goldberg, MD  
Chief Operating Officer

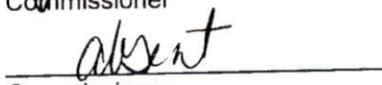
Conmed Inc.  
7250 Parkway Drive Suite 400  
Hanover, MD 21076  
410.567.5537

\_\_\_\_\_  
Date

BOARD OF COMMISSIONERS  
COOS COUNTY, OREGON

  
\_\_\_\_\_  
Chair

  
\_\_\_\_\_  
Commissioner

  
\_\_\_\_\_  
Commissioner

Coos County Courthouse  
250 N. Baxter Street  
Coquille, OR 97423  
541.396.7535

5/20/14  
\_\_\_\_\_  
Date