## **COOS COUNTY FILING COVER SHEET**

TO:	Coos County Clerk's Office					
FROM:	: Coos County Sheriff's Office					
Ple	ase file the attached document in the box below using the follow					
Board of Commissioners Special Districts Registry of Offices Elections		х	Contracts & Agreements Vacation Proceedings Demand for Just Compensation			
INDEXING INFORMATION						
example ## - ## - P  Resolution #			COOS COUNTY, OREGON CJ 2015-000279 Commissioners' 05/22/2015 8:36:21 AM			
Order#						
First Party: Conmed, Inc.						
Second Pa	rty: 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 forty three percent (2.43%) Contract Period 7/1/15 - 6/30/16						

MEETING DATE: (or date of document):

BOC signed 5/19/15

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; 1283 Murfressboro Rd, Suite 500 Nashville, TN 37217						
Contact Person: Stevens J Hyppolite Phone No. 302-399-7345 / 800-592-2974						
Amount of Contract/Grant Award: \$ 475738.80						
Payment Terms: monthly payments in advance (state lump sum or amount and time of payments)						
Start Date: <u>07/01/15</u> End Date: <u>06/30/16</u>						
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 forty three percent (2.43%) and increase the aggregate cap to \$10,000.						
FINANCIAL INFORMATION						
STATE %	OTHER %	FEDERAL % (CFDA # Required)	Catalog of Federal Domestic Asst. *(CFDA) Number			
*CEDA is a five digit number in the following	format: xx xxx The firs	t two digits designate the	federal agency and the last three the grant description			
*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 HU 11.xxx Dept. of Commerce 16.xxx US	DOJ 39.xxx General S	66.xxx EPA vs. Admin. 83.xxx FEI	MA 93.xxx USDHHS			
		n one CDFA number, ea	ach segment must have it's own summary form.			
☐ New ☐ Renewal ☒ Modification Previous Amount: \$ 454,68		nal Amount: \$ 395,9	25.00			
Previous Date: 7/1/14 - 6/3	0/15	Original Date: 7/	1/09			
Automatic Renewal? ☐Yes ☒No Will unemployment cost be incurred		Starr Requiremen	ts:			
PUBLIC CONTRACTING INFORMATION						
Method of Selection:	PUBLICICON	Type of C				
☐ Bid ☐ None			complete sections below)			
☐ Quote ☐ Other			Val (no need to complete sections below) Cation (no need to complete sections below)			
Type of Contract:						
Goods and Services - If Not Us	ing Bid or Proposal,					
☐ Under \$5000 ☐ Under \$50,000 for Quotes		☐ Equipment Maintenance ☐ Office Supplies				
☐ Under \$150,000 & Approval fro☐ Sole Source	m Board for Quotes	☐ Used Vehicles ☐ State Purchasing				
☐ Contract with Public Agency			her			
Public Improvement – If Not Using Bid, Mark Exemption:						
☐ Under \$5000 ☐ Alternative Contracting Method Approved by ☐ Under \$50,000 for Quotes ☐ Other						
Under \$100,000 & Not a Transportation Project for						
Quotes						
<ul> <li>□ Personal Services Contract – If Not Using Proposal, Mark Exemption:</li> <li>□ Under \$50,000</li> <li>□ Under \$150,000 &amp; Approval from Board</li> </ul>						
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)						
1.52						
Date Approved by BOC: 519	15		Reviewed by Counsel: 1			

## 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. (Conmed), 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 compensation provisions for the remainder of the Contract term to reflect an increase in the cost of services pursuant to Exhibit A, Section 3;

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

EXHIBIT A, <u>SECTION 3 COMPENSATION</u>: For the period of July 1, 2015 through June 30, 2016 the annual service charge shall be increased by 2.43% from the prior year and shall have an aggregate cap increase of \$10,000; for a monthly rate of \$39,644.90, with the full compensation for the year not to exceed \$475,738.80.

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.

Conmed, Inc.

Conmed, Inc.

1283 Murfreesboro Road, Suite 500

Nashville, TN 37217

Road BOARD OF COMMISSIONERS
COOS COUNTY, OREGON

Commissioner

Commissioner

Commissioner

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

412312015

Date

Date