



**CLATSOP COUNTY**  
**BOARD OF COMMISSIONERS**  
**\*AMENDED AGENDA\***  
**WORK SESSION & REGULAR MEETING**  
**JUDGE GUY BOYINGTON BUILDING,**  
**857 COMMERCIAL ST., ASTORIA**

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Wednesday, October 11, 2023

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**BOARD OF COMMISSIONERS:**

Mark Kujala, Dist. 1 – Chair  
Courtney Bangs, Dist. 4 – Vice Chair  
John Toyooka, Dist. 2  
Pamela Wev, Dist. 3  
Lianne Thompson, Dist. 5

[commissioners@clatsopcounty.gov](mailto:commissioners@clatsopcounty.gov)

**CONTACT:**

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Astoria, OR 97103  
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[www.clatsopcounty.gov](http://www.clatsopcounty.gov)

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Join the meeting from your computer, tablet or smartphone ([Zoom link](#))

You can also dial in using your phone.

1-253-215-8782

**Meeting ID: 881 5702 9823**

**Passcode: 587679**

**Public Testimony**

You must register in advance if you want to provide testimony virtually on public hearings or speak at the designated time. There are three ways to do this: On our website at [public comment](#), emailing [commissioners@clatsopcounty.gov](mailto:commissioners@clatsopcounty.gov) or by calling 503-325-1000. Once registered, we will notify you when it is your opportunity to speak for a two-minute comment. You also may submit written comments which will be provided to the Board and submitted into the record.

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**WORK SESSION: 5:00 PM**

*Work Sessions are an opportunity for Board members to discuss issues informally with staff and invited guests. The Board encourages members of the public to attend Work Sessions and listen to the discussion, but there is generally no opportunity for public comment. Members of the public wishing to address the Board are welcome to do so during the Board's regularly scheduled meetings held twice monthly.*

Discuss Formal Agenda {5 min}

**TOPIC:**

1. Annual Joint Board of Commissioners and Fair Board Meeting {45 min} {Page 3}
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**REGULAR MEETING: 6:00 PM**

*The Board of Commissioners, as the Governing Body of Clatsop County, all County Service Districts for which this body so acts, and as the Clatsop County Local Contract Review Board, is now meeting in Regular Session.*

**FLAG SALUTE**

**ROLL CALL**

**AGENDA APPROVAL**

**PROCLAMATIONS**

2. \*The Great Shakeout Day Proclamation {Page 6}

3. \*Manufacturing Month Proclamation {Page 9}

**BUSINESS FROM THE PUBLIC** – *Individuals wishing to provide oral communication at the designated time must register in advance by calling 503-325-1000 or email [commissioners@co.clatsop.or.us](mailto:commissioners@co.clatsop.or.us) by 3 p.m. on the day of the meeting.*

### **CONSENT CALENDAR**

4. IGA #180004 Amendment #2 with Oregon Health Authority (OHA) for the Biennium July 1, 2023 through June 30, 2024 {Page 6}

5. Lease Agreement with City of Astoria for access to net pen sites {Page 46}

### **COMMISSIONER'S LIAISON REPORTS**

### **COUNTY MANAGER'S REPORT**

### **BUSINESS AGENDA**

6. Appointment of Board of Property Tax Appeals (BoPTA) Members {Page 52}

### **PUBLIC HEARING**

7. Ordinance 23-13: Storage Structures for Emergency Supplies {Page 58}

### **GOOD OF THE ORDER**

### **ADJOURNMENT**

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As necessary Executive Session will be held in accordance with but not limited to: ORS 192.660 (2)(d) Labor Negotiations; ORS 192.660 (2)(e) Property Transactions; ORS 192.660 (2)(f) Records exempt from public inspection; ORS 192.660 (2)(h) Legal Counsel

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Agenda packets also available online at [www.clatsopcounty.gov](http://www.clatsopcounty.gov)

**This meeting is accessible to persons with disabilities or wish to attend but do not have computer access or cell phone access. Please call 325-1000 if you require special accommodations at least 48 hours prior to the meeting in order to participate.**

# Board of Commissioners Clatsop County

## WORK SESSION AGENDA ITEM SUMMARY

October 11, 2023

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**Topic:** Annual Joint Board of Commissioners and Fair Board Meeting  
**Presented By:** Mark Kujala, Board Chair  
Kallie Linder, Fair Board Chair

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**Informational Summary:** Per the Board of Commissioners and Fair Board Memorandum of Understanding Section III; Part 2b, at least annually, the Board of Commissioners and the Fair Board will hold a joint meeting to review

1. A summary of any significant operational issues or unresolved matters;
2. Information regarding current and anticipated events and past, current and projected financial condition; and
3. Information regarding Facilities Maintenance Plan and/or Capital Projects Plan

### Attachment List

## A. Joint Board Session Agenda

## Joint Board Work Session- 10-11-2023

- Significant operation issues
  - Fair Summary
    - Recap of 2023
    - Preparation for 2024
- Current and anticipated events
  - Monster trucks, OFA convention, CMH diamond derby
- Current and projected financial condition
  - Financial report
  - Fee schedule analysis and update
- Facilities maintenance plan
  - Strategic plan RFP 2023-24 which will help guide the development of a PM plan/schedule for existing facilities and equipment
- Capital improvement plans
  - Roof – State Lottery Funds Grant - \$277,770

# Board of Commissioners Clatsop County

## AGENDA ITEM SUMMARY

October 11, 2023

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**Agenda Title:** The Great Shakeout Day Proclamation  
**Category:** Proclamation  
**Presented By:** Justin Gibbs, Emergency Management Director

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**Issue Before the Commission:** Approve the R/O and authorize the Chair to read the Great Shakeout Day Proclamation.

**Informational Summary:** ShakeOut began in California in 2008 and now has more than 40 million participants each year. Across the U.S. and in many countries worldwide, each 3<sup>rd</sup> Thursday of October each year is “International ShakeOut Day”, however the drill may be held on any day of the year.

Great ShakeOut participation provides individuals, neighborhoods, and agencies with the opportunity to evaluate emergency plans, increase awareness of earthquake safety among their environments, and improve resiliency within the broader community. Each year, Clatsop County registers as a local government organization and encourages all employees to participate in some fashion.

Everyone everywhere should know how to protect themselves during an earthquake—at home, work, school, or while traveling in an earthquake-prone region. While earthquakes are unpredictable, preparation efforts can greatly reduce physical injuries and property damage. Research shows that when people practice what to do ahead of time, they are more likely to respond instinctively with the correct action during an emergency.

On October 19 at 10:19 a.m. millions of people will practice how to Drop, Cover and Hold On during Great Shakeout Drills. In Clatsop County, event registration has steadily increased in recent years with 2,293 people that participated in 2022 and 3,328 already registered for the 2023 event. Participating in the Shakeout is a great way for individuals, families and organizations in Clatsop County to be prepared to survive and recover quickly from big earthquake wherever you live, work or travel.

**Fiscal Impact:** None.

**Requested Action:**

Approve the Resolution & Order proclaiming October 19 to be Great Shakeout Day and authorize the Chair to sign, then read the Proclamation.

**Attachment List**

- A. Great Shakeout Day R&O and Proclamation

**THE BOARD OF COUNTY COMMISSIONERS  
FOR CLATSOP COUNTY, OREGON**

**IN THE MATTER OF PROCLAIMING )  
OCTOBER 19, 2023 TO BE THE GREAT ) RESOLUTION AND ORDER  
SHAKEOUT DAY IN CLATSOP COUNTY )**

**WHEREAS**, The proximity of Clatsop County’s coastline to the offshore Cascadia Subduction Zone make it vulnerable to local earthquakes and tsunamis; and

**WHEREAS**, Clatsop County has no greater responsibility that ensuring the safety of its citizens and all those who visit our county; and

**WHEREAS**, Clatsop County Emergency Management partners with federal, state, local, tribal, territorial, private, and volunteer agencies to educate individuals on local hazards, how to prepare for them; and

**WHEREAS**, Earthquake safety is a serious concern with our entire county as risk to seismic shaking and tsunami hazards; and

**WHEREAS**, The best way to survive a natural disaster is to develop a preparedness plan for one’s home, school, business and family; and

**WHEREAS**, Being self-sufficient for at least two weeks after a natural disaster as well as knowledge about what to do when disasters occur is vital. All citizens, businesses and governmental agencies are encouraged to participate in earthquake drills where they practice “Drop, Cover and Hold On” on Great Shakeout Day.

**NOW, THEREFORE, BE IT RESOLVED** that the Clatsop County Board of Commissioners hereby proclaims October 19, 2023 to be

**“THE GREAT SHAKEOUT DAY”**

in Clatsop County and encourage all citizens to join in this observance by increasing their earthquake resilience and working toward creating a more prepared society.

DATED this 11<sup>th</sup> day of October, 2023

**BOARD OF COUNTY COMMISSIONERS  
FOR CLATSOP COUNTY, OREGON**

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Mark Kujala, Chairperson



# Board of Commissioners Clatsop County

## AGENDA ITEM SUMMARY

October 11, 2023

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**Agenda Title:** Manufacturing Month Proclamation  
**Category:** Proclamation  
**Presented By:** Lindsay Davis, Clatsop Working Watershed Cooperative

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**Issue Before the Commission:** Proclaiming October 2023 as Manufacturing Month

**Informational Summary:** Organizations nationwide are highlighting their work and their workers during Manufacturing Month. Timber, fishing, and agriculture are examples of manufacturing industries that create some of the best economic opportunities in Oregon's rural communities.

The fishing, seafood processing, agricultural products, forest management, and wood products manufacturing support thousands of working families in the county; and provide year-round, family-wage jobs with benefits at wages 70 percent higher than the county average.

**Fiscal Impact:** None.

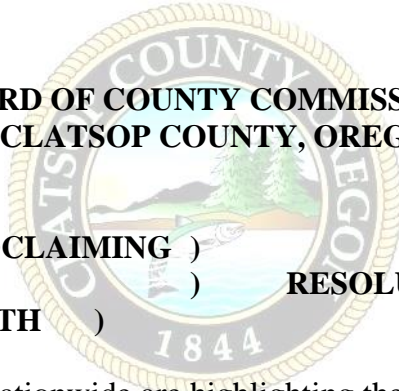
**Requested Action:**

Approve Resolution and Order proclaiming October 2023 as Manufacturing Month and authorize the Chair to read, then sign the proclamation.

**Attachment List**

- A. Resolution and Order

**THE BOARD OF COUNTY COMMISSIONERS  
FOR CLATSOP COUNTY, OREGON**



**IN THE MATTER OF PROCLAIMING )  
OCTOBER 2023 TO BE ) RESOLUTION AND ORDER  
MANUFACTURING MONTH )**

**WHEREAS**, organizations nationwide are highlighting their work and their workers during Manufacturing Month; and

**WHEREAS**, timber, fishing, and agriculture create some of the best opportunities for value-added manufacturing in Oregon’s rural communities.

**WHEREAS**, fishing, seafood processing, agricultural products, forest management, and wood products manufacturing support thousands of working families in the county; and

**WHEREAS**, local wood manufacturing facilities provide year-round, family-wage jobs with benefits at wages 70 percent higher than the county average; and

**WHEREAS**, Clatsop County forests and manufacturing facilities have helped to make Oregon the largest manufacturer of softwood lumber in the U.S.; and

**WHEREAS** local wood products play an important role in meeting increasing local, regional, and national demand for housing and renewable materials like paper and cardboard.

**WHEREAS**, maintaining local seafood, agriculture and wood products manufacturing capacity is critical to the long-term health and vitality of our communities.

**NOW, THEREFORE, BE IT HEREBY RESOLVED** that the Clatsop County Board of Commissioners does hereby proclaim October 2023 as

**“MANUFACTURING MONTH”**

in Clatsop County and invites all community members to join in this observance of Provider Appreciation Day by recognizing Manufacturers for their important work.

DATED this 11th day of October, 2023.

**BOARD OF COUNTY COMMISSIONERS  
FOR CLATSOP COUNTY, OREGON**

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Board Chair

# Board of Commissioners Clatsop County

## AGENDA ITEM SUMMARY

October 11, 2023

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**Agenda Title:** Intergovernmental Agreement #180004 Amendment #2 between Oregon Health Authority (OHA) and the Local Public Health Authority for Clatsop County (LPHA), Clatsop County Department of Public Health, for the Biennium July 1, 2023 through June 30, 2024.

**Category:** Consent Calendar

**Presented By:** Jiancheng Huang, CCDPH Director

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**Issue Before the Commission:** Request of Authorization for County Manager to approve Amendment #2 under Intergovernmental Agreement #180004 between Oregon Health Authority (OHA) and Clatsop County Department of Public Health and approve the 2023-24 budget and appropriation adjustment as required by ORS 294.338 for a total of \$77,390 (rounded).

**Informational Summary:** Operation of the Public Health Department is primarily funded by the OHA Public Health contract, program fees, General Fund support and other private and governmental grants.

**Fiscal Impact:** The State mandates a certain level of service elements to be administered by Local Public Health Agencies. This Agreement in the amount of \$349,487.62 covers those Program Elements administered by the Local Public Health Department.

Amendment #2 awards funds for the following Program Element:

- 1) PE01-01 State Support for Public Health = \$40,042.25
- 2) PE12-01 Public Health Emergency Preparedness and Response (PHEP) = \$55,500.75
- 3) PE44-01 School Based Health Center (SBHC) de-obligation = (\$60,000)
- 4) PE51-01 Public Health Modernization – Local = \$313,944.62

Clatsop County is transferring the medical sponsorship and the operation of the School Based Health Center clinic located at the Jewel Oregon School District to Columbia Health Services. As such, the funding awarded for PE44-01 has been de-obligated.

At the time the Clatsop County Public Health budget was prepared for FY23/24, the State of Oregon, acting by and through its Oregon Health Authority, had not released this Amended Agreement which awards for the first fiscal year (July 1, 2023 through June 30, 2024) of the Biennium. As such, this Program Element was awarded more than the CCDPH budgeted amount by a total of \$77,392.00 which is summarized in Schedule "A".

**Requested Action:**

Approve the budget adjustment for \$77,390.00 to remain in compliance with Oregon budget law per ORS 294.338 and authorize the Chair to sign Amendment 2 of IGA 180004 between OHA and Clatsop County Department of Public Health.

**Attachment List**

- A. Copy of Intergovernmental Agreement 180004-2 for a total of \$349,487.62
- B. Resolution and Order
- C. Schedule "A" Appropriation adjustments

Schedule A

2023-24 Budget Adjustments

**I. ADJUSTMENTS INVOLVING EXPENDITURE OF UNANTICIPATED GRANT REVENUE**

<u>ORGANIZATION UNIT/FUND</u>		<u>INCREASE</u>	<u>DECREASE</u>
State Support for Public Health (PE01-01)			
State Support Revenue	007/4110/81-4500	\$ 4,910.00	
Program Asst III Exp	007/4110/82-1184	\$ 4,910.00	
PH Modernization - Local (PE51-01)			
PH Modernization Revenue	007/4110/81-4513	\$ 72,480.00	
Program Asst II Exp	007/4110/82-1185	\$ 36,240.00	
Admin Asst II Exp	007/4110/82-1182	\$ 36,240.00	

Comment: OHA IGA 180004 Amendment 2 is a total of \$349,487.62 and is outlined in the Agenda Item Summary. We are requesting the above referenced as budget appropriation adjustments for FY23/24.

IN THE BOARD OF COUNTY COMMISSIONERS  
FOR CLATSOP COUNTY, OREGON

In the matter of the adjustment of the fiscal )  
year 2023-24 budget and appropriations by ) RESOLUTION AND ORDER  
authorizing expenditure of unanticipated )  
grant revenue from the Oregon Health Authority) )  
for Contract 180004 Amendment #2, per ORS )  
294.338 )

It appearing to the Board that there is a need to make adjustments in the fiscal year 2023-24 budget by authorizing expenditure of unanticipated grant revenue;

Where as the need for said adjustments, the purpose of the authorized expenditures and the amount of appropriations adjustments, is more particularly described in the Schedule of Revenue and Appropriation Adjustments attached hereto and incorporated herein as Schedule "A"; and

Where as it appearing to the Board that such adjustments are allowed pursuant to ORS 294.338; now, therefore, it is

RESOLVED AND ORDERED that the Schedule of Revenue and Appropriation Adjustments attached hereto as Schedule "A" be approved.

ADOPTED AND APPROPRIATED this 11th Day of October 2023.

BOARD OF COUNTY COMMISSIONERS  
FOR CLATSOP COUNTY, OREGON

\_\_\_\_\_  
Chair

Agreement #180004



**AMENDMENT TO OREGON HEALTH AUTHORITY  
2023-2025 INTERGOVERNMENTAL AGREEMENT FOR THE  
FINANCING OF PUBLIC HEALTH SERVICES**

In compliance with the Americans with Disabilities Act, this document is available in alternate formats such as Braille, large print, audio recordings, Web-based communications and other electronic formats. To request an alternate format, please send an e-mail to [dhs-oha.publicationrequest@state.or.us](mailto:dhs-oha.publicationrequest@state.or.us) or call 503-378-3486 (voice) or 503-378-3523 (TTY) to arrange for the alternative format.

This Second Amendment to Oregon Health Authority 2023-2025 Intergovernmental Agreement for the Financing of Public Health Services, effective July 1, 2023, (as amended the “Agreement”), is between the State of Oregon acting by and through its Oregon Health Authority (“OHA”) and Clatsop County, (“LPHA”), the entity designated, pursuant to ORS 431.003, as the Local Public Health Authority for Clatsop County. OHA and LPHA are each a “Party” and together the “Parties” to the Agreement.

**RECITALS**

WHEREAS, OHA and LPHA wish to modify the set of Program Element Descriptions set forth in Exhibit B of the Agreement;

WHEREAS, OHA and LPHA wish to modify the Fiscal Year 2024 (FY24) Financial Assistance Award set forth in Exhibit C of the Agreement;

WHEREAS, OHA and LPHA wish to modify the Exhibit J information required by 2 CFR Subtitle B with guidance at 2 CFR Part 200;

NOW, THEREFORE, in consideration of the premises, covenants and agreements contained herein and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties hereto agree as follows:

**AGREEMENT**

1. This Amendment is effective on **August 1, 2023**, regardless of the date this amendment has been fully executed with signatures by every Party and when required, approved by the Department of Justice. However, payments may not be disbursed until the Amendment is fully executed.
2. The Agreement is hereby amended as follows:
  - a. Exhibit A “Definitions”, Section 18 “Program Element” is amended to replace the Program Element titles and funding source identifiers for PE12 “Public Health Emergency Preparedness and Response (PHEP)” with the following:

<u>PE NUMBER AND TITLE</u> • SUB-ELEMENT(S)	<u>FUND TYPE</u>	<u>FEDERAL AGENCY/ GRANT TITLE</u>	<u>CFDA#</u>	<u>HIPAA RELATED (Y/N)</u>	<u>SUB-RECIPIENT (Y/N)</u>
<b><u>PE12 - Public Health Emergency Preparedness and Response (PHEP)</u></b>					
<u>PE 12-01 Public Health Emergency Preparedness Program (PHEP)</u>	FF	CDC/Public Health Emergency Preparedness	93.069	N	Y
<u>PE 12-02 COVID-19 Response</u>	FF	CDC/Public Health Emergency Response: Cooperative Agreement for Emergency Response: Public Health Crisis Response	93.354	N	Y
<u>PE12-03 - MPOX Event Funding</u>	FF	Public Health Emergency Response	93.354	N	Y
<u>PE12-04 - MRC-STTRONG</u>	FF	Medical Reserve Corps Small Grant Program	93.008	N	Y
<u>PE12-05 - Hospital Preparedness Program</u>	FF	National Bioterrorism Hospital Preparedness Program	93.889	N	Y

- b. Exhibit B Program Element 44 “School Based Health Centers (SBHC)” is hereby deleted in its entirety from the Agreement.
  - c. Exhibit B Program Element #12 “Public Health Emergency Preparedness and Response (PHEPR) Program” and Program Element 51 “Public Health Modernization” are hereby superseded and replaced by Attachment A attached hereto and incorporated herein by this reference.
  - d. Exhibit C, Section 1 of the Agreement, entitled “Financial Assistance Award” for FY24 is hereby superseded and replaced in its entirety by Attachment B, entitled “Financial Assistance Award (FY24)”, attached hereto and incorporated herein by this reference. Attachment B must be read in conjunction with Section 3 of Exhibit C.
  - e. Exhibit J of the Agreement entitled “Information required by 2 CFR Subtitle B with guidance at 2 CFR Part 200” is amended to add to the federal award information datasheet as set forth in Attachment C, attached hereto and incorporated herein by this reference.
3. LPHA represents and warrants to OHA that the representations and warranties of LPHA set forth in Section 4 of Exhibit F of the Agreement are true and correct on the date hereof with the same effect as if made on the date hereof.



- 4. Capitalized words and phrases used but not defined herein shall have the meanings ascribed thereto in the Agreement.
- 5. Except as amended hereby, all terms and conditions of the Agreement remain in full force and effect.
- 6. This Amendment may be executed in any number of counterparts, all of which when taken together shall constitute one agreement binding on all parties, notwithstanding that all parties are not signatories to the same counterpart. Each copy of this Amendment so executed shall constitute an original.

IN WITNESS WHEREOF, the parties hereto have executed this Amendment as of the dates set forth below their respective signatures.

7. **Signatures.**

**STATE OF OREGON, ACTING BY AND THROUGH ITS OREGON HEALTH AUTHORITY**

Approved by: \_\_\_\_\_  
 Name: /for/ Nadia A. Davidson  
 Title: Director of Finance  
 Date: \_\_\_\_\_

**CLATSOP COUNTY LOCAL PUBLIC HEALTH AUTHORITY**

Approved by: \_\_\_\_\_  
 Printed Name: Don Bohn  
 Title: County Manager  
 Date: \_\_\_\_\_

**DEPARTMENT OF JUSTICE – APPROVED FOR LEGAL SUFFICIENCY**

*Agreement form group-approved by Steven Marlowe, Senior Assistant Attorney General, Tax and Finance Section, General Counsel Division, Oregon Department of Justice by email on August 11, 2023, copy of email approval in Agreement file.*

**REVIEWED BY OHA PUBLIC HEALTH ADMINISTRATION**

Reviewed by: \_\_\_\_\_  
 Name: Rolonda Widenmeyer (or designee)  
 Title: Program Support Manager  
 Date: \_\_\_\_\_

**Attachment A**  
**Program Element Descriptions**

**Program Element #12: Public Health Emergency Preparedness and Response (PHEPR) Program**

**OHA Program Responsible for Program Element:**

**Public Health Division/Center for Public Health Practice/Health Security, Preparedness & Response Section**

1. **Description.** Funds provided under this Agreement for this Program Element may only be used in accordance with, and subject to, the requirements and limitations set forth below to deliver the Oregon Health Authority (OHA) Public Health Emergency Preparedness and Response (PHEPR) Program.

The PHEPR Program shall address prevention, protection, mitigation, response, and recovery phases for threats and emergencies that impact the health of people in its jurisdiction through plan development and revision, exercise and response activities based on the 15 Centers for Disease Control and Prevention (CDC) Public Health Emergency Preparedness and Response Capabilities.<sup>1</sup>

Emergency Preparedness and Response is one of the seven foundational capabilities described in the Oregon Public Health Modernization Manual.<sup>2</sup> The foundational capabilities are needed for governmental public health to meet its charge to improve the health of everyone in Oregon. The vision for this foundational capability as stated in the Public Health Modernization Manual is as follows: “A healthy community is a resilient community that is prepared and able to respond to and recover from public health threats and emergencies.”

This Program Element, and all changes to this Program Element are effective the first day of the month noted in the Issue Date section of Exhibit C of the Financial Assistance Award unless otherwise noted in the Comments and Footnotes of Exhibit C of the Financial Assistance Award.

2. **Definitions Specific to Public Health Emergency Preparedness and Response.**

- a. **Access and Functional Needs:** Population defined as those whose members may have additional response assistance needs that interfere with their ability to access or receive medical care before, during, or after a disaster or public health emergency,<sup>3</sup> including but not limited to communication, maintaining health, independence, support and safety, and transportation. Individuals in need of additional response assistance may include children, people who live in congregate settings, older adults, pregnant and postpartum people, people with disabilities,<sup>4</sup> people with chronic conditions, people with pharmacological dependency, people with limited access to transportation, people with limited English proficiency or non-English speakers, people with social and economic limitations, and people experiencing homelessness.<sup>5</sup>
- b. **Base Plan:** A plan that is maintained by the LPHA, describing fundamental roles, responsibilities, and activities performed during prevention, preparedness, mitigation, response, and recovery phases of FEMA’s disaster management cycle. This plan may be titled as the Emergency Support Function #8, an annex to the County Emergency Operations Plan, Public Health All-Hazards Plan, or other title that fits into the standardized county emergency preparedness nomenclature.
- c. **Budget Period:** The intervals of time (usually 12 months) into which a multi-year project period is divided for budgetary/ funding use. For purposes of this Program Element, the Budget Period is July 1 through June 30.
- d. **CDC:** U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.

- e. **CDC Public Health Emergency Preparedness and Response Capabilities:** The 15 capabilities developed by the CDC to serve as national public health preparedness standards for state and local planning.<sup>1</sup>
- f. **Due Date:** If a Due Date falls on a weekend or holiday, the Due Date will be the next business day following.
- g. **Equity:** The State of Oregon definition of Equity acknowledges that not all people, or all communities, are starting from the same place due to historic and current systems of oppression. Equity is the effort to provide different levels of support based on an individual's or group's needs in order to achieve fairness in outcomes. Equity actionably empowers communities most impacted by systemic oppression.<sup>6</sup> Historically underserved and marginalized populations include but are not limited to people with Access and Functional Needs and disabilities, racial/ethnic minorities, people who are economically disadvantaged, those whose second language is English, and rural and remote communities, etc.
- h. **Health Alert Network (HAN):** A web-based, secure, redundant, electronic communication and collaboration system operated by OHA, available to all Oregon public health officials, hospitals, labs and other health service providers. The data it contains is maintained jointly by OHA and all LPHAs. This system provides continuous, high-speed electronic access to public health information including the capacity for broadcasting information to registered partners in an emergency, 24 hours per day, 7 days per week, 365 days per year. The secure HAN has a call-down engine that can be activated by state or local HAN administrators.
- i. **Health Security Preparedness and Response (HSPR):** A state-level program that is a joint effort with the Conference of Local Health Officials (CLHO) and Native American Tribes (Tribes) to develop public health systems to prepare for and respond to major threats, acute threats, and emergencies that impact the health of people in Oregon.
- j. **Health Care Coalition (HCC):** A coordinating body that incentivizes diverse and often competitive health care organizations and other community partners with differing priorities and objectives and reach to community members to work together to prepare for, respond to, and recover from emergencies and other incidents that impact the public's health.
- k. **Hospital Preparedness Program: (HPP)** Grant funding from the U.S. Department of Health and Human Services Administration for Strategic Preparedness & Response (ASPR) in preparing for, responding to, and recovering from the adverse health effects of emergencies and disasters.
- l. **Medical Countermeasures (MCM):** Vaccines, antiviral drugs, antibiotics, antitoxins, etc. in support of treatment or prophylaxis to the identified population in accordance with public health guidelines or recommendations. This includes the Strategic National Stockpile (SNS), a CDC program developed to provide rapid delivery of pharmaceuticals, medical supplies, and equipment in the early hours of an ill-defined threat, a large shipment of specific items when a specific threat is known or technical assistance to distribute SNS material.
- m. **Medical Reserve Corps (MRC):** The Medical Reserve Corps is a network in the U.S. of community-based volunteer units. LPHAs with MRCs have developed these volunteer organizations to help meet the public health needs of their communities.
- n. **MRC-STTRONG:** Applicable only to LPHAs who have successfully been notified of their award as a sub-recipient of OHA's MRC-STTRONG application. STTRONG is an ASPR Cooperative Agreement to strengthen the MRC network – focusing on emergency preparedness, response, and health Equity needs. Funded projects will bolster community response capabilities, building on the invaluable role that the MRC played during our fight against COVID-19.

- o. **National Incident Management System (NIMS):** The U.S. Department of Homeland Security system for integrating effective practices in emergency preparedness and response into a comprehensive national framework for incident management. The NIMS enables emergency responders at all levels and in different disciplines to effectively manage incidents no matter what the cause, size or complexity.<sup>7</sup>
- p. **Public Information Officer (PIO):** The person responsible for communicating with the public, media, and/or coordinating with other agencies, as necessary, with incident-related information.<sup>8</sup>
- q. **Public Health Accreditation Board:** A non-profit organization dedicated to improving and protecting the health of the public by advancing the quality and performance of tribal, state, local and territorial public health departments.<sup>9</sup>
- r. **Public Health Emergency Preparedness and Response (PHEPR):** Local public health programs designed to better prepare Oregon to prevent, protect, mitigate, respond to, and recover from emergencies with public health impacts.
- s. **Public Health Preparedness Capability Surveys:** A series of surveys sponsored by HSPR for capturing information from LPHAs for HSPR to report to CDC and inform trainings and planning for local partners.
- t. **Regional Emergency Coordinator (REC):** Regional staff that work within the Health Security, Preparedness, and Response section of the Oregon Health Authority. These staff support the Public Health Emergency Preparedness and Response (PHEPR) and Healthcare Coalition (HCC) programs. The PHEPR REC supports local public health authorities’ public health emergency preparedness activities and assures completion of required activities as outlined in this PE-12 document.

3. **Alignment with Modernization Foundational Programs and Foundational Capabilities.** The activities and services that the LPHA has agreed to deliver under this Program Element align with Foundational Programs and Foundational Capabilities and the public health accountability metrics (if applicable), as follows (see [Oregon’s Public Health Modernization Manual](http://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/public_health_modernization_manual.pdf), ([http://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/public\\_health\\_modernization\\_manual.pdf](http://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/public_health_modernization_manual.pdf)):

a. **Foundational Programs and Capabilities** (As specified in Public Health Modernization Manual)

Program Components	Foundational Program				Foundational Capabilities						
	CD Control	Prevention and health promotion	Environmental health	Access to clinical preventive services	Leadership and organizational competencies	Health Equity and cultural responsiveness	Community Partnership Development	Assessment and Epidemiology	Policy & Planning	Communications	Emergency Preparedness and Response
Asterisk (*) = Primary foundational program that aligns with each component					X = Foundational capabilities that align with each component						

<i>X = Other applicable foundational programs</i>												
<b>Planning</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>		<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Partnerships and MOUs</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>		<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Surveillance and Assessment</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>		<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Response and Exercises</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>		<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Training and Education</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>		<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>

**Note: Emergency preparedness crosses over all foundational programs.**

**b. The work in this Program Element helps Oregon’s governmental public health system achieve the following Public Health Accountability Metric:**

Not applicable

**c. The work in this Program Element helps Oregon’s governmental public health system achieve the following Public Health Modernization Process Measure:**

Not applicable

**4. Procedural and Operational Requirements.** By accepting and using the Financial Assistance awarded under this Agreement and for this Program Element, LPHA agrees to conduct activities in accordance with the following requirements:

**a.** Engage in activities as described in its approved PHEPR Work Plan and Integrated Preparedness Plan (IPP), which are due to OHA HSPR on or before August 15 and which has been approved by OHA HSPR by September 15. LPHA must use the PHEPR Work Plan Template Instructions and Guidance which OHA will provide to LPHA.

**b.** Focus on health Equity by assessing and addressing Equity gaps during all facets of the disaster management cycle (prevention, protection, mitigation, response, recovery) to reduce and/or eliminate disproportionate impacts on historically underserved and marginalized populations, including but not limited to people with Access and Functional Needs and disabilities, racial/ethnic minorities, people who are economically disadvantaged, those whose second language is English, and rural and remote communities, etc. All response plans, procedures, workplans, exercises, or other activities performed under the PE-12 should address disparities and health inequities and work collaboratively with members of affected populations and community-based organizations to identify ways to minimize or eliminate disproportionate impacts and incorporate these solutions into all activities.<sup>2</sup>

**c.** Use funds for this Program Element in accordance with its approved PHEPR budget, which is due to OHA HSPR on or before August 15 and which has been approved by OHA HSPR by September 15. LPHA must use the PHEPR Budget Template, which is set forth in Attachment 1, incorporated herein with this reference.

**(1) Contingent Emergency Response Funding:** Such funding, as available, is subject to restrictions imposed by the CDC at the time of the emergency and would provide funding under circumstances when a delay in award would result in serious injury or other adverse impact to the public.

Since the funding is contingent upon Congressional appropriations, whether contingent emergency response funding awards can be made will depend upon the facts and

circumstances that exist at the time of the emergency; the particular appropriation from which the awards would be made, including whether it contains limitations on its use; authorities for implementation; or other relevant factors. No activities are specified for this authorization at this time.

- (2) **Non-Supplantation.** Funds provided under this Agreement for this Program Element must not be used to supplant state, local, other non-federal, or other federal funds.
- (3) **Public Health Preparedness Staffing.** LPHA must identify a PHEPR Coordinator who is directly funded from the PHEPR grant. LPHA staff who receive PHEPR funds must have planned activities identified within the approved PHEPR Work Plan. The PHEPR Coordinator will be the OHA’s chief point of contact related to grant deliverables. LPHA must implement its PHEPR activities in accordance with its approved PHEPR Work Plan.
- (4) **Use of Funds.** Funds awarded to the LPHA under this Agreement for this Program Element may only be used for activities related to the CDC Public Health Emergency Preparedness and Response Capabilities in accordance with Attachment 2 (Use of Funds), incorporated herein with this reference and an approved PHEPR budget using the template set forth as Attachments 1 to this Program Element.
- (5) **Modifications to Budget.** Modifications to the budget exceeding a total of \$5,000, adding a new line item, or changing the indirect line item by any amount require submission of a revised budget to the Regional Emergency Coordinator (REC) and final receipt of approval from the HSPR fiscal officer.
- (6) **Conflict between Documents.** In the event of any conflict or inconsistency between the provisions of the approved PHEPR Work Plan or PHEPR Budget and the provisions of this Agreement, this Agreement shall control.
- (7) **Unspent funds.** PHEPR funding is not guaranteed as a carryover to a subsequent fiscal year if funds are unspent in any given fiscal year.

**d. Statewide and Regional Coordination:** LPHA must coordinate and participate with state, regional, and local Emergency Support Function partners and stakeholders to include, but not limited to, other public health and health care programs, HCCs, emergency management agencies, EMS providers, behavioral/mental health agencies, community-based organizations (CBOs), older adult-serving organizations, and educational agencies and state childcare lead agencies as applicable.<sup>10</sup>

- (1) Attendance by LPHA leadership, PHEPR coordinator, or other staff involved in preparedness activities or conferences is strongly encouraged.
- (2) Participation in emergency preparedness subcommittees, work groups and projects for the sustainment of public health emergency preparedness and response as appropriate is required.
- (3) LPHA must collaborate with HCC partners to develop and maintain plans, conduct training and exercises, and respond to public health threats and emergencies using a whole-community approach to preparedness management that includes:<sup>10</sup>
  - (a) Prioritizing health Equity as referenced in [Section 4b](#).
  - (b) Coordination with community-based organizations.
  - (c) Development or expansion of child-focused planning and partnerships.
  - (d) Engaging field/area office on aging.

- (e) Engaging behavioral health partners and stakeholders.
- (4) LPHA shall participate and engage in planning at the local level in all required statewide exercises as referenced in the Workplan Minimum Requirements and IPP Blank Template tabs, which OHA has provided to LPHA.
- (5) LPHA shall participate in activities associated with local, regional, or statewide emerging threats or incidents as identified by HSPR or LPHA that includes timely assessment and sharing of essential elements of information for identification and investigation of an incident with public health impact, as agreed upon by HSPR and the CLHO Emergency Preparedness and Response subcommittee.<sup>10</sup>
- (6) LPHA shall work to develop and maintain a portfolio of community partnerships to support prevention, preparedness, mitigation, response and recovery efforts. Portfolio must include viable contact information from local community-based organizations and community sectors as defined by the CDC: business; community leadership; cultural and faith-based groups and organizations; emergency management; healthcare; human services; housing and sheltering; media; mental/behavioral health; office of aging or its equivalent; education and childcare settings.
- (7) As applicable for MRC-STTRONG recipients only, LPHA shall coordinate with the MRC Unit Coordinator, volunteers, the OHA MRC State Program Office, the National MRC Program, community partners, and any other necessary stakeholders for the duration of the MRC-STTRONG project period (June 1, 2023 – May 31, 2025).
- (8) As applicable for HPP recipients only, LPHA shall coordinate with the HPP Regional Emergency Coordinator at the OHA MRC State Program Office for the duration of the HPP project period (July 1, 2023 – June 30, 2024).
- e. **Public Health Preparedness Capability Survey:** LPHA must complete all applicable Public Health Preparedness Capability Survey(s) sponsored by HSPR by November 1 of each year or an applicable Due Date based on CDC requirements.<sup>1</sup>
- f. **PHEPR Work Plan:** PHEPR Work Plans must be written with clear and measurable objectives in support of the CDC Public Health Emergency Preparedness and Response Capabilities with timelines and include:
  - (1) At least three broad program goals that address gaps, operationalize plans, and guide the following PHEPR Work Plan activities.
    - (a) Planning
    - (b) Training and education
    - (c) Exercises.
    - (d) Community Education and Outreach and Partner Collaboration.
    - (e) Administrative and Fiscal activities.
  - (2) Activities should include or address health Equity considerations as outlined in [Section 4b](#).
  - (3) Local public health leadership will review and approve PHEPR Work Plans.
- g. **PHEPR Work Plan Performance:** LPHA must complete all minimum requirements of the PE-12 by June 30 each year. If LPHA does not meet the minimum requirements of the PE-12 for each of the three years during a triennial review period, not due to unforeseen public health events, it may not be eligible to receive funding under this Program Element in the next fiscal year. Minimum requirements are delineated in the designated tab of the PHEPR Work Plan.

Template which OHA has provided to LPHA. Work completed in response to a HSPR-required exercise, a response to an uncommon disease outbreak, or other uncommon event of significance that requires an LPHA response and is tied to the CDC Public Health Emergency Preparedness and Response Capabilities may, upon HSPR approval, be used to replace PHEPR Work Plan activities interrupted or delayed.

**h.** 24/7/365 Emergency Contact Capability:

- (1)** LPHA must establish and maintain a single telephone number whereby, physicians, hospitals, other health care providers, OHA and the public can report public health emergencies within the LPHA service area.
  - (a)** The contact number must be easy to find through sources in which the LPHA typically makes information available including local telephone directories, traditional websites, and social media pages. It is acceptable for the publicly listed phone number to provide after-hours contact information by means of a recorded message. LPHA must list and maintain both the switchboard number and the 24/7/365 numbers on the HAN.
  - (b)** The telephone number must be operational 24 hours a day, 7 days a week, 365 days a year and be an eleven-digit telephone number available to callers from outside the local emergency dispatch. LPHA may use an answering service or their Public Safety Answering Point (PSAP) in this process, provided that the eleven-digit telephone number of the PSAP is made available for callers from outside the locality.<sup>2</sup>
  - (c)** The LPHA telephone number described above must be answered by a knowledgeable person with the ability to properly route the call to a local public health administrator or designee.
- (2)** An LPHA official must respond within 60 minutes, to calls received on 24/7/365 telephone number, during statewide communication drills and quarterly tests.<sup>2</sup>
  - (a)** Quarterly test calls to the 24/7/365 telephone line will be conducted by HSPR program staff.
  - (b)** Following a quarterly test, LPHA must take any corrective action on any identified deficiency within 30 days of such test or communication drills, to the best of their ability.

**i.** HAN:

- (1)** A HAN Administrator must be appointed for LPHA and this person’s name and contact information must be provided to the HSPR REC and the State HAN Coordinator.
- (2)** The HAN Administrator must:
  - (a)** Agree to the HAN Security Agreement and State of Oregon Terms and Conditions.
  - (b)** Complete appropriate HAN training for their role.
  - (c)** Ensure local HAN user and county role directory is maintained (add, modify and delete users; make sure users have the correct license).
  - (d)** Act as a single point of contact for all LPHA HAN issues, user groups, and training.
  - (e)** Serve as the LPHA authority on all HAN related access (excluding hospitals and Tribes).



- (f) Coordinate with the State HAN Coordinator to ensure roles are correctly distributed within each county.
  - (g) Ensure participation in OHA Emergency Support Function 8 (Health and Medical) tactical communications exercises. Deliverable associated with this exercise will be the test of the LPHA HAN system roles via alert confirmation for: Health Officer, Communicable Disease (CD) Coordinator(s), Preparedness Coordinator, PIO and LPHA County HAN Administrator within one hour.<sup>2</sup>
  - (h) Initiate at least one local call down exercise/ drill for LPHA staff annually. If the statewide HAN is not used for this process, LPHA must demonstrate through written procedures how public health staff and responding partners are notified during emergencies.
  - (i) Perform general administration for all local implementation of the HAN system in their respective organizations.
  - (j) Review LPHA HAN users two times annually to ensure users are updated, assigned their appropriate roles and that appropriate users are deactivated.
  - (k) Facilitate in the development of the HAN accounts for new LPHA users.
- j. Integrated Preparedness Plan (IPP):** LPHA must annually submit to HSPR on or before August 15, an updated IPP as part of their annual work plan update.<sup>1</sup> The IPP must meet the following conditions:
- (1) Demonstrate continuous improvement and progress toward increased capability to perform functions and tasks associated with the CDC Public Health Emergency Preparedness and Response Capabilities.
  - (2) Address health Equity considerations as outlined in [Section 4b](#).
  - (3) Include priorities that address lessons learned from previous exercises events, or incidents as described in the LPHA’s After Action Reports (AAR)/ Improvement Plans (IP).
  - (4) LPHA must work with Emergency Management, local health care partners and other community partners to integrate exercises and align IPPs, as appropriate.
  - (5) Identify at least two exercises per year if LPHA’s population is greater than 10,000 and one exercise per year if LPHA’s population is less than 10,000.
  - (6) **Identify** a cycle of exercises that increase in complexity over a three-year period, progressing from discussion-based exercises (e.g., seminars, workshops, tabletop exercises, games) to operation-based exercises (e.g., drills, functional exercises and full-scale exercises); exercises of similar complexity are permissible within any given year of the plan.
  - (7) A HSPR-required exercise, a response to an uncommon disease outbreak, or other uncommon event of significance that requires an LPHA response and is tied to the CDC Public Health Emergency Preparedness and Response Capabilities may, upon HSPR approval, be used to satisfy exercise requirements.

- (8) For an exercise or incident to qualify, under this requirement the exercise or incident must:
- (a) **Exercise:**
- LPHA must:**
- Submit to HSPR REC 30 days in advance of each exercise an exercise notification or exercise plan that includes a description of the exercise, exercise objectives, CDC Public Health Emergency Preparedness and Response Capabilities addressed, a list of invited participants, and a list of exercise planning team members. An incident/exercise notification form that includes the required notification elements is included in Attachment 3 and is incorporated herein with this reference.
  - Involve two or more participants in the planning process.
  - Involve two or more public health staff and/ or related partners as active participants.
  - Submit to HSPR REC an After-Action Report that includes an Improvement Plan within 60 days of every exercise completed. An improvement plan template is included as part of the incident/exercise notification form in Attachment 3.
- (b) **Incident:**
- During an incident, LPHA must:**
- Submit LPHA incident objectives or Incident Action Plan to HSPR REC within 48 hours of receiving notification of an incident that requires an LPHA response. An incident/exercise notification form that includes the required notification elements is included in Attachment 3.
  - Submit to HSPR REC an After-Action Report that includes an Improvement Plan within 60 days of every incident or public health response completed. An improvement plan template is included as part of the incident/exercise notification form in Attachment 3.
- (9) LPHA must coordinate exercise design and planning with local Emergency Management and other partners for community engagement, as appropriate.<sup>2</sup>
- (10) Staff responsible for emergency planning and response roles must be trained for their respective roles consistent with their local emergency plans and according to CDC Public Health Emergency Preparedness and Response Capabilities,<sup>1</sup> the Public Health Accreditation Board<sup>9</sup>, and the National Incident Management System.<sup>7</sup> The training portion of the plan must:
- (a) Include training on how to discharge LPHA statutory responsibility to take measures to control communicable disease in accordance with applicable statute.
- (b) Identify and train appropriate LPHA staff<sup>11</sup> to prepare for public health emergency response roles and general emergency response based on the local identified hazards.
- k. Maintaining Training Records:** LPHA must maintain training records that demonstrate NIMS compliance for all local public health staff for their respective emergency response roles.<sup>7</sup>

- l. Plans:** LPHA must maintain and execute emergency preparedness procedures and plans as a component of its jurisdictional Emergency Operations Plan.
- (1) LPHA must establish and maintain at a minimum the following plans:
    - (a) Base Plan.
    - (b) Medical Countermeasure Dispensing and Distribution (MCMDD) plan.<sup>12</sup>
    - (c) Continuity of Operations Plan (COOP)<sup>10</sup>
    - (d) Communications and Information Plan.
  - (2) All plans, annexes, and appendices must:
    - (a) Be updated whenever an After-Action Report improvement item is identified as requiring a change or biennially at a minimum,
    - (b) Address, as appropriate, the CDC Public Health Emergency Preparedness and Response Capabilities based on the local identified hazards,
    - (c) Be functional and operational by June 30, 2023,<sup>10</sup>
    - (d) Comply with the NIMS,<sup>7</sup>
    - (e) Include a record of changes that includes a brief description, the date, and the author of the change made, and
    - (f) Include health Equity considerations as outlined in [Section 4b](#).
- m. MRC-STTRONG:** Any deliverables resulting from this project should recognize ASPR, OHA, and MRC sponsoring organizations for their respective contributions to the body of work.
- (1) **Roles and responsibilities**

**LPHA shall:**

    - (a) Manage the approved MRC-STTRONG projects identified in finalized MRC-STTRONG application. Before use of the federal ASPR logo, LPHA must consult with the OHA MRC State Program.
    - (b) Participate in an annual OHA MRC State Program check-in: LPHA shall attend two check-in meetings with OHA MRC State Program and other sub-recipients to provide progress reports and engage collaboratively with other units for resource sharing.
    - (c) Complete performance measurement and evaluation tasks including the quarterly and annual reporting, LPHA status report (spent/unspent/encumbered), , and annual check-ins with the OHA MRC State Program Office.
  - (2) **Deliverables:**
    - (a) Standard Workplan: LPHA shall populate and maintain a workplan template provided by the OHA MRC State Program Office.
      - This workplan must be referenced during the two annual OHA MRC State Program check-ins to discuss and monitor progress.
      - As applicable, the workplan must integrate steps that incorporate population and membership driven methodologies for resource allocations that center equitable distribution of material or consumable resources and training resources.

- (b) Reporting Requirement: LPHA shall submit all required reports and any additional reporting as requested, throughout the course of the project.
- (c) LPHA shall present monthly to the MRC Unit Coordinator network during the 1st year (7/1/2023-6/30/2024) and at least once to the coordinator in the 2<sup>nd</sup> year of the project (7/1/2024-6/30/2025), regarding progress or outcomes of their project.
- (d) National preparedness network abstracts: LPHA is *encouraged* to submit abstracts to present at state and national preparedness conferences and other technical assistance resource sharing platforms.
  - **Limitations and Restrictions:** The following special conditions are in place for the Terms and Conditions of funding under this Program Element PE12-04: Purchase of uniforms: These supplies must meet the guidelines established for use as personal protective equipment found in “MRC Safety Equipment Guidelines for MRC-STTRONG Awardees” in Attachment 4 which is incorporated herein with this reference.
  - Uniform components must be returned to the respective unit/program office at the end of the event/project/volunteer tenure. Note: If the federal/ASPR MRC logo is expected to be utilized or placed on any items, please ensure to consult with a member of the MRC- STTRONG Project Team on the logo use guidelines.
- (e) **Change Approval Requirements:** Any deviations from what was approved in the original application (for example, key personnel changes, work plan changes, budget changes) must be reviewed and approved by the OHA MRC State Program Office, Grants Management Specialist and the ASPR’s Project Officer. Contact the OHA MRC State Program Office to initiate workplan/budget changes.

5. **General Revenue and Expense Reporting.** LPHA must complete an “Oregon Health Authority Public Health Division Expenditure and Revenue Report” located in Exhibit C of this Agreement. These reports must be submitted to OHA each quarter on the following schedule:

Fiscal Quarter	Due Date
First: July 1 – September 30	October 30
Second: October 1 – December 31	January 30
Third: January 1 – March 31	April 30
Fourth: April 1 – June 30	August 30

- a. **MRC-STTRONG:** LPHA have the following expectations for revenue and expense reporting
  - (1) **Annual Federal Financial Report:** Due to the OHA MRC State Program Office
  - (2) **LPHA Status Report:** Due to the OHA MRC State Program Office no later than March 2, 2025. The LPHA Status Report communicates the status of allocated funds (spent/unspent/encumbered) 3-months prior to end of project period (March 2, 2025). The OHA MRC State Program will provide a reporting template to LPHA.

6. **Reporting Requirements.**

- a. **PHEPR Work Plan.** LPHA must implement its PHEPR activities in accordance with its OHA HSPR-approved PHEPR Work Plan. Dependent upon extenuating circumstances, modifications to this PHEPR Work Plan may only be made with OHA HSPR agreement and approval.

Proposed PHEPR Work Plan will be due on or before August 15. Final approved PHEPR Work Plan will be due on or before September 15.

- b. **Mid-year and end of year PHEPR Work Plan reviews.** LPHA must complete PHEPR Work Plan updates in coordination with their HSPR REC on at least a minimum of a semi-annual basis.
  - (1) Mid-year work plan reviews may be conducted between October 1 and March 31.
  - (2) End of year work plan reviews may be conducted between April 1 and August 15.
- c. **Triennial Review.** This review will be completed in conjunction with the statewide Triennial Review schedule as determined by the Office of the State Public Health Director. A year-end work plan review may be scheduled in conjunction with a Triennial Review. This Agreement will be integrated into the Triennial Review Process.
- d. **Integrated Preparedness Plan (IPP).** LPHA must annually submit an IPP to HSPR REC on or before August 15. Final approved IPP will be due on or before September 15.
- e. **Exercise Notification.** LPHA must submit to HSPR REC 30 days in advance of each exercise an exercise notification that includes a description of the exercise, exercise objectives, CDC Public Health Emergency Preparedness and Response Capabilities addressed, a list of invited participants, and a list of exercise planning team members.
- f. **Response Documentation.** LPHA must submit LPHA incident objectives or an Incident Action Plan to HSPR REC within 48 hours of receiving notification of an incident that requires an LPHA response.
- g. **After-Action Report / Improvement Plan.** LPHA must submit to HSPR REC an After-Action Report/Improvement Plan within 60 days of every exercise, incident, or public health response completed.
- h. **MRC-STTRONG LPHA Progress Reports:** These required reports aim to capture impact of MRC STTRONG funded activities as they relate to [ASPR Strategic Focus Areas](#), [MRC STTRONG goals](#), and [expanded emergency preparedness and response capabilities](#).
  - (1) **Annual Progress Reports:** If LPHA is funded under this PE12-04, LPHA shall submit annual program reports. As part of the progress report financial information will be reported both per major category of expense and by objective. OHA ASPR will provide a template for these reports.
    - (a) Scheduled Due Dates for annual reports from LPHA to the MRC State Program (OHA-PHD):

STTRONG Budget Period	Annual Report Due Date
2023 - 2024	August 1, 2024
2024 - 2025	August 1, 2025

(2) **Quarterly Progress Reports:** LPHA, if funded under this PE12-04 shall submit quarterly program progress reports. As part of the progress report financial information will be reported both per major category of expense and by objective. ASPR will provide a template for these reports.

(a) Scheduled Due Dates for quarterly reports from LPHA to the MRC State Program (OHA-PHD):

BP Quarter	Quarter Period	Quarterly Report Due Date
<b>2023 - 2024 Budget Period</b>		
1	June – August	September 15, 2023
2	September – November	December 15, 2023
3	December – February	March 15, 2024
4	March – May	June 14, 2024
<b>2024 - 2025 Budget Period</b>		
1	June – August	September 13, 2024
2	September – November	December 13, 2024
3	December – February	March 14, 2025
4	March – May	June 13, 2025

(3) **Other MRC-STTRONG Reports:** Additional reports may apply to LPHA’s project. OHA will contact you if it requires additional information to be submitted to ASPR.

(a) **MRC National Website:** For any activities reported in the MRC activity reporting system that are affiliated with your MRC-STTRONG project, please include key words “MRC-STTRONG” in the activity report and/or description.

(b) **Other Reporting Requirements** as identified by OHA throughout the project period.

7. **Performance Measures:** LPHA will progress local emergency preparedness planning efforts in a manner designed to achieve the 15 CDC National Standards for State and Local Planning for Public Health Emergency Preparedness and is evaluated by Mid-year, End of Year and Triennial Reviews.<sup>1</sup>

## ATTACHMENT 1\*<sup>1</sup>

PHEPR Program Annual Budget				
County				
July 1, 2022 - June 30, 2023				
			Total	Total
<b>PERSONNEL</b>		<b>Subtotal</b>	<b>\$0</b>	<b>\$0</b>
	List as an Annual Salary	% FTE based on 12 months		
(Position Title and Name)			0	0
Brief description of activities, for example, This position has primary responsibility for _____ County PHEP activities.				
<b>Fringe Benefits @ ( )% of describe rate or method</b>			0	
<b>TRAVEL</b>			<b>\$0</b>	<b>\$0</b>
<b>Total In-State Travel:</b> (describe travel to include meals, registration, lodging and mileage)		\$0		
<b>Hotel Costs:</b>				
<b>Per Diem Costs:</b>				
<b>Mileage or Car Rental Costs:</b>				
<b>Registration Costs:</b>				
<b>Misc. Costs:</b>				
<b>Out-of-State Travel:</b> (describe travel to include location, mode of transportation with cost, meals, registration, lodging and incidentals along with number of travelers)		\$0		
<b>Air Travel Costs:</b>				
<b>Hotel Costs:</b>				
<b>Per Diem Costs:</b>				
<b>Mileage or Car Rental Costs:</b>				
<b>Registration Costs:</b>				
<b>Misc. Costs:</b>				
<b>CAPITAL EQUIPMENT (individual items that cost \$5,000 or more)</b>		\$0	\$0	\$0
<b>SUPPLIES</b>		\$0	\$0	\$0
<b>CONTRACTUAL (list each Contract separately and provide a brief description)</b>		\$0	\$0	\$0
Contract with ( ) Company for \$ _____, for ( ) services.				
Contract with ( ) Company for \$ _____, for ( ) services.				
Contract with ( ) Company for \$ _____, for ( ) services.				
<b>OTHER</b>		\$0	\$0	\$0
<b>TOTAL DIRECT CHARGES</b>			\$0	\$0
<b>TOTAL INDIRECT CHARGES @ ___% of Direct Expenses or describe method</b>			\$0	\$0
<b>TOTAL BUDGET:</b>			<b>\$0</b>	<b>\$0</b>
Date, Name and phone number of person who prepared budget				

NOTES:

Salaries should be listed as a full time equivalent (FTE) of 2,080 hours per year - for example an employee working .80 with a yearly salary of \$62,500 (annual salary) which would computer to the sub-total column as \$50,000

% of FTE should be based on a full year FTE percentage of 2080 hours per year - for example an employee listed as 50 hours per month would be 50\*12/2080 = .29 FTE

\* A fillable template is available from a HSPR REC

**Attachment 2: Use of  
Funds**

**Subject to CDC grant requirements, funds may be used for the following:**

- a. Reasonable program purposes, including personnel, travel, supplies, and services.
- b. To supplement but not supplant existing state or federal funds for activities described in the budget.
- c. To purchase basic, non-motorized trailers with prior approval from the CDC OGS.
- d. For overtime for individuals directly associated (listed in personnel costs) with the award with prior approval from HSPR.
- e. For deployment of PHEPR-funded personnel, equipment, and supplies during a local emergency, in- state governor-declared emergency, or via the Emergency Management Assistance Compact (EMAC).
- f. To lease vehicles to be used as means of transportation for carrying people or goods, e.g., passenger cars or trucks and electrical or gas-driven motorized carts with prior approval from HSPR.
- g. To purchase material-handling equipment (MHE) such as industrial or warehouse-use trucks to be used to move materials, such as forklifts, lift trucks, turret trucks, etc. Vehicles must be of a type not licensed to travel on public roads with prior approval from HSPR.
- h. To purchase caches of antibiotics for use by first responders and their families to ensure the health and safety of the public health workforce.
- i. To support appropriate accreditation activities that meet the Public Health Accreditation Board's preparedness-related standards

**Subject to CDC grant requirements, funds may not be used for the following:**

- a. Research.
- b. Clinical care except as allowed by law. Clinical care, per the CDC Funding Opportunity Announcement FOA, is defined as "directly managing the medical care and treatment of patients."
- c. The purchase of furniture or equipment - unless clearly identified in grant application.
- d. Reimbursement of pre-award costs (unless approved by CDC in writing).
- e. Publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body.
- f. The salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body.
- g. Construction or major renovations.
- h. Payment or reimbursement of backfilling costs for staff.
- i. Paying the salary of an individual at a rate in excess of Executive Level II or \$187,000.00 per year.
- j. The purchase of clothing such as jeans, cargo pants, polo shirts, jumpsuits, or t-shirts.
- k. The purchase or support of animals for labs, including mice.
- l. The purchase of a house or other living quarter for those under quarantine.
- m. To purchase vehicles to be used as means of transportation for carrying people or goods, such as passenger cars or trucks and electrical or gas-driven motorized carts.



ATTACHMENT 3\*

Incident/Exercise Summary Report

Notification			
<i>Exercise: Due 30 Days Before Exercise</i>			
<i>Incident: Within 48 hours of notification of incident requiring a response</i>			
<b>Name of Exercise or Incident:</b>	<b>Name of Exercise or Incident and OERS number, if relevant</b>	<b>Date(s) of LPHA Play:</b>	<b>Dates of Play</b>
<b>Scope</b>	<b>Type of Exercise/Event:</b>	<input type="checkbox"/> Drill	<input type="checkbox"/> Functional Exercise
		<input type="checkbox"/> Tabletop Exercise	<input type="checkbox"/> Full Scale Exercise
	<b>Participating Organizations:</b>	List all the names (if available) and agencies participating in your exercise	
	<b>Duration:</b>	How long will the exercise last? Or start/end time	<b>Location</b>
	<b>Objectives:</b>	List 1 to 3 SMART objectives	
<b>Primary Activities:</b>	List primary activities to be conducted with this incident or exercise		
<b>Design Team:</b>	List people who are participating in designing the exercise by name, agency		
<b>Point of Contact:</b>	Typically, the PHEP Coordinator's name	<b>LPHA or Tribe:</b>	<b>Agency Name</b>
<b>POC Email:</b>	Enter POC's email address	<b>Phone:</b>	<b>Phone</b>
<b>Capabilities Addressed</b>			
<b>BIOSURVEILLANCE</b> <input type="checkbox"/> 12: Public Health Laboratory Testing <input type="checkbox"/> 13: Public Health Surveillance and Epidemiological Investigation <b>COMMUNITY RESILIENCE</b> <input type="checkbox"/> 1: Community Preparedness <input type="checkbox"/> 2: Community Recovery <b>COUNTERMEASURES AND MITIGATION</b> <input type="checkbox"/> 8: Medical Countermeasure Dispensing and Administration <input type="checkbox"/> 9: Medical Materiel Management and Distribution <input type="checkbox"/> 11: Nonpharmaceutical Interventions <input type="checkbox"/> 14: Responder Safety and Health		<b>INCIDENT MANAGEMENT</b> <input type="checkbox"/> 3: Emergency Operations Coordination <b>INFORMATION MANAGEMENT</b> <input type="checkbox"/> 4: Emergency Public Information and Warning <input type="checkbox"/> 6: Information Sharing <b>SURGE MANAGEMENT</b> <input type="checkbox"/> 5: Fatality Management <input type="checkbox"/> 7: Mass Care <input type="checkbox"/> 10: Medical Surge <input type="checkbox"/> 15: Volunteer Management	
<b>After Action Report</b>			
<i>To be completed within 60 days of exercise or incident completion</i>			
<b>Strengths:</b>	What were the strengths identified during this exercise or incident?		
<b>Areas of Improvement:</b>	Were there any areas of improvement identified? List all in this space, then complete improvement plan on next page.		

<b>Improvement Plan</b> <i>To be completed with action review</i> <i>and submitted to liaison within 60 days of exercise or incident completion</i>				
Name of Event or Exercise		Name of Exercise or Incident	Date(s)	Date(s) of Exercise or Incident
CDC Public Health Capability Addressed	Issue(s)/Area(s) of Improvement	Corrective Action	Timeframe	Date Completed
Capability Name	Describe the issue or refer to an item number in the after action report	Corrective action or planned activity	When do you expect to complete this activity?	To be filled in when completed
		Corrective action or planned activity	When do you expect to complete this activity?	To be filled in when completed
	Describe the issue or refer to an item number in the after action report	Corrective action or planned activity	When do you expect to complete this activity?	To be filled in when completed
		Corrective action or planned activity	To be filled in when completed	To be filled in when completed
Capability Name	Describe the issue or refer to an item number in the after action report	Corrective action or planned activity	When do you expect to complete this activity?	To be filled in when completed
		Corrective action or planned activity	When do you expect to complete this activity?	To be filled in when completed
	Describe the issue or refer to an item number in the after action report	Corrective action or planned activity	When do you expect to complete this activity?	To be filled in when completed
		Corrective action or planned activity	To be filled in when completed	To be filled in when completed
Capability Name	Describe the issue or refer to an item number in the after action report	Corrective action or planned activity	When do you expect to complete this activity?	To be filled in when completed
		Corrective action or planned activity	When do you expect to complete this activity?	To be filled in when completed
	Describe the issue or refer to an item number in the after action report	Corrective action or planned activity	When do you expect to complete this activity?	To be filled in when completed
		Corrective action or planned activity	To be filled in when completed	To be filled in when completed

## Attachment 4

U.S. Department of Health &amp; Human Services



## MRC Safety Equipment Guidelines for MRC-STTRONG Awardees:

**Purpose:** These guidelines are intended to provide guidance on the purchase and use of Medical Reserve Corps (MRC) personal protective equipment (PPE) and force protection items under the Funding Opportunity: MRC- State, Territory and Tribal Nations, Representative Organizations for Next Generation (MRC-STTRONG) Awards. These guidelines apply to PPE and force protection purchases with *MRC-STTRONG Awards funding only*.

**Important Note:** All purchase requests will be reviewed on a case-by-case basis by the HHS Project Officer and Grants Management Specialist and will require pre-approval.

- 1) Safety equipment must fall under the purposes of personal protective equipment, security, and/or identification during a planned or unplanned event where MRC personnel are deployed.
  - a) Personal protective equipment: MRC personnel may need personal protective equipment (PPE) to keep them safe during natural disasters, biological hazards, accidental releases, infectious disease outbreaks, and terrorism events. PPE can be used to minimize worker exposure to hazards, but they are the last line of defense after engineering controls and administrative controls.
    - i) Emergency response-type PPE is classified into four levels, ranging from the most protective (Level A) to the least protective (Level D). Workers must be trained on the conditions that require PPE and the procedures to prevent and reduce exposure, including decontamination and proper disposal procedures. LEVEL A\* Highest level of respiratory, skin, and eye protection. LEVEL B\* Highest level of respiratory protection with a lower level of skin protection. LEVEL C\* Same level of skin protection as Level B, with a lower level of respiratory protection. LEVEL D\* No respiratory protection and only minimal skin protection.<sup>1</sup>
  - b) Security and Identification: MRC security/identification items should only be used and worn by MRC leadership and volunteers who have been identified and vetted by their housing organization. Wearing MRC-identified items allows MRC personnel to be easily identified during an unplanned or planned event where MRC volunteers are deployed.
- 2) PPE and force protection items must be returned to the originating distribution office or program after the volunteer tenure has ended.
- 3) Purchased items must meet the classifications as described above under PPE and/or must be worn for security or identification purposes. All purchase requests will be reviewed on a case-by-case basis by the HHS Project Officer and Grants Management Specialist and will require pre-approval.

<sup>1</sup> U.S. Department of Labor, Occupational Safety and Health Administration (OSHA): [PPE for Emergency Response and Recovery Workers](#) and [General Description and Discussion of the Levels of Protection and Protective Gear](#)

## References

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**Program Element #51: Public Health Modernization**

**OHA Program Responsible for Program Element:**

Public Health Division/Office of the State Public Health Director/Policy and Partnerships Unit

1. **Description.** Funds provided under this Agreement for this Program Element may only be used in accordance with, and subject to, the requirements and limitations set forth below, to deliver Public Health Modernization.

**Section 1: LPHA Leadership, Governance and Implementation**

- a. **Establish leadership and governance to plan for full implementation of public health modernization.** Demonstrate strategies to build and sustain infrastructure for public health Foundational Capabilities with a focus on health equity and cultural responsiveness throughout and within each Foundational Capability. This may include developing business models for the effective and efficient delivery of public health services, developing and/or enhancing community partnerships to build a sustainable public health system, and implementing workforce diversity and leadership development initiatives.
- b. **Implement strategies to improve local infrastructure for communicable disease control, emergency preparedness and response, environmental health, and health equity and cultural responsiveness.** In partnership with communities, implement local strategies to prevent and control communicable disease, strengthen emergency preparedness and response planning, protect communities from environmental health threats, and reduce health inequities.

**Section 2: Regional Public Health Service Delivery**

- a. **Demonstrate regional approaches for providing public health services.** This may include establishing and maintaining a Regional Partnership of local public health authorities (LPHAs) and other stakeholders, utilizing regional staffing models, or implementing regional projects.
- b. **Implement regional strategies to improve Regional Infrastructure for communicable disease control, emergency preparedness and response, environmental health, and health equity and cultural responsiveness.** Implement regional strategies to prevent and control communicable disease, strengthen emergency preparedness and response planning, protect communities from environmental health threats, and reduce health inequities.

**Section 3: COVID-19 Public Health Workforce**

**Establish, expand, train and sustain the public health workforce gained during the COVID-19 pandemic.** Demonstrate strategies to ensure long-term improvements for health equity and cultural responsiveness, public health and community prevention, preparedness, response and recovery, including workforce diversity recruitment, retention and workforce development.

**Section 4: Public Health Infrastructure: Workforce**

- a. **Recruit and hire new public health staff,** with a focus on seeking applicants from communities and populations served to provide additional capacity and expertise in the Foundational Capabilities and Foundational Programs identified by the LPHA as critical workforce needs
- b. **Support, sustain and retain public health staff** through systems changes and supports, as well as workforce development and training.

This Program Element, and all changes to this Program Element are effective the first day of the month noted in Issue Date section of Exhibit C Financial Assistance Award unless otherwise noted in Comments and Footnotes of Exhibit C of the Financial Assistance Award.

**2. Definitions Specific to Public Health Modernization**

- a. Foundational Capabilities. The knowledge, skills and abilities needed to successfully implement Foundational Programs.
- b. Foundational Programs. The public health system’s core work for communicable disease control, prevention and health promotion, environmental health, and assuring access to clinical preventive services.
- c. Public Health Accountability Outcome Metrics. A set of data used to monitor statewide progress toward population health goals.
- d. Public Health Accountability Process Measures. A set of data used to monitor local progress toward implementing public health strategies that are necessary for meeting Public Health Accountability Outcome Metrics.
- e. Public Health Modernization Manual (PHMM). A document that provides detailed definitions for each Foundational Capability and Foundational Program for governmental public health, as identified in ORS 431.131-431.145. The Public Health Modernization Manual is available at: [http://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/public\\_health\\_modernization\\_manual.pdf](http://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/public_health_modernization_manual.pdf).
- f. Regional Partnership. A group of two or more LPHAs and at least one other organization that is not an LPHA that is convened for the purpose of implementing strategies for communicable disease control and reducing health disparities.
- g. Regional Infrastructure. The formal relationships established between LPHAs and other organizations to implement strategies under this funding.

**3. Alignment with Modernization Foundational Programs and Foundational Capabilities.** The activities and services that the LPHA has agreed to deliver under this Program Element align with Foundational Programs and Foundational Capabilities and the Public Health Accountability Metrics (if applicable), as follows (see [Oregon’s Public Health Modernization Manual](http://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/public_health_modernization_manual.pdf), ([http://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/public\\_health\\_modernization\\_manual.pdf](http://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/public_health_modernization_manual.pdf)):

- a. **Foundational Programs and Capabilities** (As specified in the Public Health Modernization Manual)

Program Components	Foundational Programs				Foundational Capabilities						
	CD Control	Prevention and health promotion	Environmental health	Access to clinical preventive services	Leadership and organizational competencies	Health equity and cultural responsiveness	Community Partnership Development	Assessment and Epidemiology	Policy & Planning	Communications	Emergency Preparedness and Response

Asterisk (*) = Primary Foundational Program that aligns with each component X = Other applicable Foundational Programs					X = Foundational Capabilities that align with each component								
<b>Use Leadership and Governance to plan for full implementation of public health modernization (Section 1)</b>	*		X			X	X	X	X	X	X	X	X
<b>Implement strategies for local communicable disease control, emergency preparedness and response, environmental health, and health equity and cultural responsiveness (Section 1)</b>	*		X				X	X	X			X	X
<b>Demonstrate regional approaches for providing public health services (Section 2)</b>	*		X			X	X	X	X	X	X	X	X
<b>Implement regional communicable disease control, emergency preparedness and response, environmental health, and health equity and cultural responsiveness (Section 2)</b>	*		X				X	X	X			X	X
<b>Establish, expand, train and sustain the public health workforce gained during the COVID-19 pandemic. (Section 3)</b>	*					X	X	X	X				X

**b. Public Health Accountability Outcome Metrics:**

The Public Health Accountability Metrics adopted by the Public Health Advisory Board for communicable disease control and environmental health are:

- Rate of congenital syphilis
- Rate of any stage syphilis among people who can become pregnant
- Rate of primary and secondary syphilis
- Two-year old vaccination rates
- Adult influenza vaccination rates
- Emergency department and urgent care visits due to heat



- Hospitalizations due to heat
- Heat deaths
- Respiratory (non-infectious) emergency department and urgent care visits
- Community water system health-based violations, #/% of population affected
- Number of/type of drinking water advisories, #/% of population affected
- Number of weeks in drought annually, #/% of population affected

LPHA is not required to select these metrics as areas of focus for funds made available through this Program Element. LPHA is not precluded from using funds to address other high priority communicable disease and environmental health risks based on local epidemiology, priorities and need.

**c. Public Health Accountability Process Measures:**

Public Health Accountability Process Measures will be adopted by the Public Health Advisory Board for communicable disease control and environmental health by end of 2023.

**4. Procedural and Operational Requirements.** By accepting and using the Financial Assistance awarded under this Agreement and for this Program Element, LPHA agrees to conduct activities in accordance with the following requirements:

**Requirements that apply to Section 1 and Section 2 funding:**

- a. Implement activities in accordance with this Program Element.
- b. Engage in activities as described in its Section 1 and/or Section 2 work plan, once approved by OHA and incorporated herein with this reference. See Attachment 1 for work plan requirements for Section 1.
- c. Use funds for this Program Element in accordance with its Section 1 and/or Section 2 Program Budget, once approved by OHA and incorporated herein with this reference. Modification to the Section 1 and/or Section 2 Program Budget of 10% or more within any individual budget category may only be made with OHA approval.
- d. Implement and use a performance management system to monitor achievement of Section 1 and/or Section 2 work plan objectives, strategies, activities, deliverables and outcomes.
- e. Participate in learning collaboratives and capacity building for achieving each public health authority’s and the public health system’s goals for achieving health equity.
- f. Ensure LPHA administrator, LPHA staff, and/or other partner participation in shared learning opportunities or communities of practice focused on governance and public health system-wide planning and change initiatives, in the manner prescribed by OHA. This includes sharing work products and deliverables with OHA and other LPHAs and may include public posting.
- g. Participate in evaluation of public health modernization implementation in the manner prescribed by OHA.

**Requirements that apply to Section 1: LPHA Leadership, Governance and Implementation:**

- a. Implement strategies for Leadership and Governance, Health Equity and Cultural Responsiveness, Communicable Disease Control, Emergency Preparedness and Environmental Health as described in Attachment 1 of this Program Element.
- b. Collaborate and partner with OHA-funded community-based organizations working in the areas of communicable disease, emergency preparedness and/or environmental public health through meetings and alignment of planned activities.



- c. In addition to the required prevention initiatives specified in Attachment 1 of this Program Element, LPHA may implement prevention initiatives that are responsive to the needs of the community, as pertains to Foundational Capabilities and Foundational Programs.

**Requirements that apply to Section 2: Regional Public Health Service Delivery:**

- a. Implement strategies for public health service delivery using regional approaches, which may be through Regional Partnerships, utilizing regional staffing models, or implementing regional projects.
- b. Use regional strategies to improve Regional Infrastructure for communicable disease control, emergency preparedness and response, environmental health, and health equity and cultural responsiveness.

**Requirements that apply to Section 3: COVID-19 Public Health Workforce:**

- a. Implement activities in accordance with this Program Element.
- b. Use funds for this Program Element in accordance with its Section 3 Program Budget, once approved by OHA and incorporated herein with this reference. Modification to Budget of 10% or more within any individual budget category may only be made with OHA approval.
- c. Use funds to establish, expand, train and sustain the public health workforce gained during the COVID-19 pandemic. This includes workforce that directly supports COVID-19 response activities and those supporting strategies and interventions for public health and community priorities beyond COVID-19.
- d. Demonstrate strategies to ensure long-term improvements for public health and community prevention, preparedness, response and recovery.
- e. Demonstrate strategies for eliminating health inequities, which may include workforce diversity recruitment, retention and development of innovative community partnerships.

**Requirements that apply to Section 4: Public Health Infrastructure: Workforce**

- a. Implement at least one of the following activities:
  - (1) Implement strategies and activities to recruit, hire and retain a diverse public health workforce that reflects the communities served by the LPHA.
  - (2) Recruit and hire and/or retain new public health staff to increase workforce capacity in Foundational Capabilities and programs, including but not limited to epidemiology, communicable disease, community partnership and development, policy and planning, communications, and basic public health infrastructure (fiscal, human resources, contracts, etc.). LPHA will determine its specific staffing needs.
  - (3) Support and retain public health staff through systems development and improvements.
  - (4) Support and retain public health staff through workforce training and development.
  - (5) Transition COVID-19 staffing positions to broader public health infrastructure positions.
  - (6) Recruit and hire new public health staff, with a focus on seeking applicants from communities and populations served to provide additional capacity and expertise in the Foundational Capabilities and Foundational Programs identified by the LPHA as critical workforce needs.
  - (7) Perform other related activities as approved by OHA in section b., below.
- b. LPHA must request in writing prior approval for other related activities. No such activities may be implemented without written approval of OHA.

5. **General Budget and Expense Reporting.** LPHAs funded under Section 1, Section 2 and/or Section 3 must complete an “Oregon Health Authority Public Health Division Expenditure and Revenue Report” located in Exhibit C of the Agreement. These reports must be submitted to OHA each quarter on the following schedule:

Fiscal Quarter	Due Date
First: July 1 – September 30	October 30
Second: October 1 – December 31	January 30
Third: January 1 – March 31	April 30
Fourth: April 1 – June 30	August 20

6. **Reporting Requirements.**

- a. Have on file with OHA an approved Section 1 and/or Section 2 Work Plan and Budget using the format prescribed by OHA no later than 60 days after OHA notifies LPHA of anticipated funding allocation for the biennium.
- b. Have on file with OHA an approved Section 3 Budget using the format prescribed by OHA no later than 60 days after OHA notifies LPHA of anticipated funding allocation for the biennium.
- c. Submit Section 1 and Section 2 Work Plan progress reports using the timeline and format prescribed by OHA.
- d. Submit updated Section 1, 2 and 3 Budgets upon request using the format prescribed by OHA.
- e. Submit to OHA approved Section 1 and 2 work plan deliverables in the timeframe specified.
- f. Submit Section 4 data or information to OHA for evaluation purposes or as required by the Centers for Disease Control and Prevention. OHA will notify LPHA of the requirements. OHA will not require additional reporting beyond what is required by the Centers for Disease Control and Prevention.

7. **Performance Measures.**

If LPHA, including LPHAs funded as Fiscal Agents for Regional Public Health Service Delivery, complete and submit to OHA fewer than 75% of the planned deliverables in its approved Section 1 and/or Section 2 work plan for the funding period, LPHA or Fiscal Agent shall not be eligible to receive funding under this Program Element during the next funding period. The deliverables will be mutually agreed upon as part of the work plan approval process.

**Attachment 1**

The table below lists the goals and requirements that LPHAs will work toward with 2023-25 funding. Efforts toward the following goals and requirements will be demonstrated in the LPHA and/or regional work plan.

<b>Programmatic goals and work plan requirements</b>
<p>Goal 1: Protect communities from acute and communicable diseases through prevention initiatives that address health inequities.</p> <ul style="list-style-type: none"><li>• LPHA will demonstrate strategies toward local or regional improvements of communicable disease prevention and response infrastructure.</li><li>• LPHA will demonstrate strategies toward local or regional reductions in inequities across populations.</li></ul> <p>Goal 2: Strengthen and expand communicable disease and environmental health emergency preparedness, and the public health system and communities’ ability to respond.</p> <ul style="list-style-type: none"><li>• By June 30, 2025, LPHA will complete a local or regional all-hazards preparedness plan with community partners. (deliverable)</li><li>• An LPHA with a completed plan will demonstrate strategies to maintain and execute a local or regional all-hazards plan with community partners.</li></ul> <p>Goal 3: Protect communities from environmental health threats from climate change through public health interventions that support equitable climate adaptation.</p> <ul style="list-style-type: none"><li>• By June 30, 2025, LPHA will complete a local or regional climate adaptation plan, which may be a separate plan or incorporated into a community health assessment and plan. (deliverable)</li><li>• An LPHA with a completed plan will demonstrate strategies toward implementation of a local or regional climate adaptation plan.</li></ul> <p>Goal 4: Plan for full implementation of public health modernization and submission of local modernization plans by 2025.</p> <ul style="list-style-type: none"><li>• LPHA will demonstrate strategies to build and sustain infrastructure for public health Foundational Capabilities.</li><li>• LPHA will demonstrate progress toward developing a local public health modernization plan (due to OHA by December 31, 2025) to implement Foundational Capabilities (ORS 431.131) and Foundational Programs (ORS 431.141).</li></ul>
<b>LPHA Requirements for increasing Capacity for Foundational Capabilities</b>
<p>Leadership and Organizational Competencies</p> <ul style="list-style-type: none"><li>• LPHA will demonstrate workforce or leadership initiatives necessary for local and/or regional public health infrastructure.</li><li>• LPHA will participate in the development of a statewide public health workforce plan.</li></ul>

### Health Equity and Cultural Responsiveness

- By June 30, 2025, LPHA will complete a local or regional health equity plan. (deliverable)
- An LPHA with a completed plan will demonstrate strategies toward implementation of local or regional health equity plan.
- LPHA will participate in the development of a statewide health equity plan.

### Assessment and Epidemiology

- LPHA will demonstrate strategies for public health data collection, analysis, reporting and dissemination that are necessary for 2023-25 goals and deliverables. This will include strategies to collect and report data that reveals health inequities in the distribution of disease, disease risks and social conditions that influence health.

### Community Partnership Development

- LPHA will demonstrate strategies for sustaining or expanding partnerships with community organizations to ensure connections with BIPOC communities or other groups experiencing health inequities.
- LPHA will demonstrate co-creation of culturally and linguistically responsive public health interventions with community partners.
- LPHA will demonstrate involvement of community-based organizations in public health emergency planning or other priorities identified by communities.
- LPHA will demonstrate sustained partnerships for infection prevention and control in congregate settings which may include LTCFs, prisons, shelters or childcare facilities.

### Communications

- LPHA will demonstrate the ability to provide routine public health education through a variety of communication platforms, with consideration of linguistic and culturally responsive and functional needs of the community.
- LPHA will demonstrate the ability to provide timely and accurate risk communication for areas of public health significance.

**Attachment B  
Financial Assistance Award (FY24)**

<b>State of Oregon Oregon Health Authority Public Health Division</b>		
<b>1) Grantee</b> Name: Clatsop County  Street: 820 Exchange, Suite 100 City: Astoria State: OR Zip: 97103-4609	<b>2) Issue Date</b> Tuesday, August 1, 2023	<b>This Action</b> Amendment
	<b>3) Award Period</b> From July 1, 2023 through June 30, 2024	

<b>4) OHA Public Health Funds Approved</b>				
<b>Number</b>	<b>Program</b>	<b>Previous Award Balance</b>	<b>Increase / Decrease</b>	<b>Current Award Balance</b>
PE01-01	State Support for Public Health	\$11,709.75	\$40,042.25	\$51,752.00
PE01-12	ACDP Infection Prevention Training	\$1,517.82	\$0.00	\$1,517.82
PE10-02	Sexually Transmitted Disease (STD)	\$74,232.00	\$0.00	\$74,232.00
PE12-01	Public Health Emergency Preparedness and Response (PHEP)	\$18,500.25	\$55,500.75	\$74,001.00
PE13	Tobacco Prevention and Education Program (TPEP)	\$305,374.86	\$0.00	\$305,374.86
PE27-04	PDOP Naloxone Project (SOR)	\$46,000.00	\$0.00	\$46,000.00
PE36	Alcohol & Drug Prevention Education Program (ADPEP)	\$107,623.00	\$0.00	\$107,623.00
PE40-01	WIC NSA: July - September	\$40,640.00	\$0.00	\$40,640.00
PE40-02	WIC NSA: October - June	\$121,926.00	\$0.00	\$121,926.00
PE40-05	Farmer's Market	\$1,937.00	\$0.00	\$1,937.00
PE42-03	MCAH Perinatal General Funds & Title XIX	\$2,107.00	\$0.00	\$2,107.00
PE42-04	MCAH Babies First! General Funds	\$6,735.00	\$0.00	\$6,735.00
PE42-06	MCAH General Funds & Title XIX	\$3,952.00	\$0.00	\$3,952.00
PE42-11	MCAH Title V	\$21,479.00	\$0.00	\$21,479.00
PE43-01	Public Health Practice (PHP) - Immunization Services	\$12,544.00	\$0.00	\$12,544.00
PE44-01	SBHC Base	\$60,000.00	(\$60,000.00)	\$0.00
PE46-05	RH Community Participation & Assurance of Access	\$17,301.11	\$0.00	\$17,301.11
PE50	Safe Drinking Water (SDW) Program (Vendors)	\$22,600.00	\$0.00	\$22,600.00
PE51-01	LPHA Leadership, Governance and Program Implementation	\$45,695.38	\$313,944.62	\$359,640.00
PE51-05	CDC PH Infrastructure Funding	\$41,018.31	\$0.00	\$41,018.31
PE62	Overdose Prevention-Counties	\$21,347.00	\$0.00	\$21,347.00
		\$984,239.48	\$349,487.62	\$1,333,727.10

<b>5) Foot Notes:</b>	
PE10-02	7/15/2023: Full FY24 award funds may be used in FY24 during the period of 7/1/23-12/31/2023 due to DIS WF federal grant funding being cut by CDC on 12/31/23.
PE10-02	8/2023: Prior Foot Note dated 7/15/2023 null and void. Full FY24 award funds may now be used in FY24 during the period of 7/1/23-01/31/2024 due to new guidance from the CDC.
PE40-01	7/2023: Unspent SFY2024 Q1 award will be rescinded by the state, cannot be carried over to SFY2024 Q2-4 period.
PE40-02	7/2023: Q2-4 Unspent grant award will be rescinded by the state at end of SFY2024
PE42-11	7/2023: Indirect charges cap at 10%.
PE43-01	7/2023: Awarded funds can be spent on allowable costs for the period of 7/1/2023 - 9/30/23. Any unspent funds will be de-obligated.
PE51-01	7/2023: Bridge funding for 7/1/23-9/30/23.
PE51-01	8/2023: Prior Footnote dated 7/2023 Null and Void

<b>6) Comments:</b>	
PE01-01	8/2023: Prior Comment dated 7/2023 Null and Void 7/2023: SFY24 funding available 7/1/23-9/30/23 only.
PE12-01	8/2023: Prior Comment dated 7/2023 Null and Void 7/2023: SFY24 Award funding for first 3 months only
PE13	7/15/23: SFY24 Award adding funding for 10/1/23-6/30/24 7/2023: SFY24 Bridge Funding 7/1/23-9/30/23
PE27-04	7/2023: FY24 funds available 7/1/23-9/29/23 only.
PE40-01	7/2023: SFY2024 Q1 WIC NSA grant award. \$8,128 must spent on Nutrition Ed; \$1,182 on BF Promotion. Underspend Q1 award cannot be carried over to Q2-4 period.
PE40-02	7/2023: SFY2024 Q2-4 grant award. \$24,385 must be spent on Nutrition Ed, \$7,432 on BF Promotion.
PE40-05	7/2023: SFY2024 WIC Farmers Market Mini grant award. Final Q2 Rev & Exp Report is required for final accounting. Underspent funds will be rescinded by the state in February 2024
PE44-01	8/2023: SFY24 Amendment - Clatsop Declined SBHC Program PE44-01
PE51-05	7/2023: SFY24 Award Available 7/1/23-6/30/24. Funding total is split over 60 months for the period of 12/1/22-11/30/27.
PE62	7/15/2023: De-obligated anticipated unspent funds from SFY23 per county request and moving to SFY24. SFY24 Award - 7/15/2024: Funds available 7/1/23-8/31/23 only.

<b>7) Capital outlay Requested in this action:</b>				
Prior approval is required for Capital Outlay. Capital Outlay is defined as an expenditure for equipment with a purchase price in excess of \$5,000 and a life expectancy greater than one year.				
Program	Item Description	Cost	PROG APPROV	

**Attachment C**

**Information required by CFR Subtitle B with guidance at 2 CFR Part 200**

**PE01-12 ACDP Infection Prevention Training**

Federal Award Identification	6NU50CK000541
Federal Award Date:	05/18/20
Budget Performance Period:	08/1/2019-07/31/2024
Awarding Agency:	CDC
CFDA Number:	93.323
CFDA Name:	Epidemiology & Laboratory Capacity
Total Federal Award:	98,897,708.00
Project Description:	Epidemiology & Laboratory Capacity
Awarding Official:	Brownie Anderson-Rana
Indirect Cost Rate:	16.41%
Research and Development (T/F):	FALSE
HIPPA	No
PCA:	53867
Index:	50401

Agency	UEI	Amount	Grand Total:
Clatsop	F1HMUWL4TKL5	\$1,517.82	\$1,517.82

**PE10-02 Sexually Transmitted Disease (STD)**

Federal Award Identification	NH25PS005149
Federal Award Date:	07/13/23
Budget Performance Period:	01/01/2023-01/31/2024
Awarding Agency:	CDC
CFDA Number:	93.977
CFDA Name:	Preventive Health Services - Sexually Transmitted Diseases Control Grants
Total Federal Award:	\$3,501,895.00
Project Description:	STD Prevention & Control
Awarding Official:	Cassandra Davis
Indirect Cost Rate:	18.06
Research and Development (T/F):	FALSE
HIPPA	No
PCA:	53192
Index:	50403

Agency	UEI	Amount	Grand Total:
Clatsop	F1HMUWL4TKL5	\$74,232.00	\$74,232.00

**PE12-01 Public Health Emergency Preparedness and Response (PHEP)**

Federal Award Identification Number:	NU90TP922036
Federal Award Date:	06/07/23
Budget Performance Period:	07/01/2023-06/30/2024
Awarding Agency:	CDC
CFDA Number:	93.069
CFDA Name:	Public Health Emergency Preparedness (PHEP)
Total Federal Award:	8,466,536.00
Project Description:	Public Health Emergency Preparedness (PHEP)
Awarding Official:	Ms. Sylvia Reeves
Indirect Cost Rate:	18.06
Research and Development (T/F):	FALSE
HIPPA	No
PCA:	53628
Index:	50407

Agency	UEI	Amount	Grand Total:
Clatsop	F1HMUWL4TKL5	\$74,001.00	\$74,001.00

**PE42-03 MCAH Perinatal General Funds & Title XIX**

Federal Award Identification	00031222	00031222
Federal Award Date:	04/01/23	
Budget Performance Period:	10/01/2022-9/30/2023	10/01/2023-9/30/2024
Awarding Agency:	Medicaid XIX	Medicaid XIX
CFDA Number:	93.778	93.778
CFDA Name:	Medical Assistance Program	Medical Assistance Program
Total Federal Award:	3,142,259,221	TBD
Project Description:	Medical Assistance Program	Medical Assistance Program
Awarding Official:	Samina Panwhar	TBD
Indirect Cost Rate:	18.06	TBD
Research and Development	FALSE	FALSE
HIPPA	No	No
PCA:	52180	TBD
Index:	50336	50336

Agency	UEI	Amount	Amount	Grand Total:
Clatsop	F1HMUWL4TKL5	\$527.00	\$1,580.00	\$2,107.00



**PE42-06 MCAH General Funds & Title XIX**

Federal Award Identification:	00031222	00031222
Federal Award Date:	12/10/21	TBD
Budget Performance Period:	10/01/2022-9/30/2023	10/01/2023-9/30/2024
Awarding Agency:	Medicaid XIX	Medicaid XIX
CFDA Number:	93.778	93.778
CFDA Name:	Medical Assistance Program	Medical Assistance Program
Total Federal Award:	\$2,454,666.00	TBD
Project Description:	Medical Assistance Program	Medical Assistance Program
Awarding Official:	Samina Panwhar	TBD
Indirect Cost Rate:	18.06%	TBD
Research and Development	FALSE	FALSE
HIPPA	No	No
PCA:	52174	TBD
Index:	50336	50336

Agency	UEI	Amount	Amount	Grand Total:
Clatsop	F1HMUWL4TKL5	\$988.00	\$2,964.00	\$3,952.00

**PE42-11 MCAH Title V**

Federal Award Identification:	B0447441
Federal Award Date:	04/06/23
Budget Performance Period:	10/01/2022 - 09/30/2024
Awarding Agency:	DHHS/HRSA
CFDA Number:	93.994
CFDA Name:	Maternal and Child Health Services
Total Federal Award:	4,797,142
Project Description:	Maternal and Child Health Services Block Grant to the States
Awarding Official:	Lewissa Swanson
Indirect Cost Rate:	10%
Research and Development	FALSE
HIPPA	No
PCA:	52355
Index:	50336

Agency	UEI	Amount	Grand Total:
Clatsop	F1HMUWL4TKL5	\$21,479.00	\$21,479.00

**PE43-01 Public Health Practice (PHP) - Immunization Services**

Federal Award Identification:	NH23IP922626
Federal Award Date:	7/12/2023
Budget Performance Period:	07/01/2023-06/30/2024
Awarding Agency:	HHS/CDC
CFDA Number:	93.268
CFDA Name:	Immunization Cooperative Agreements
Total Federal Award:	6,192,977
Project Description:	CDC-RFA-IP19-1901 Immunization and Vaccines for Children
Awarding Official:	Divya Cassity
Indirect Cost Rate:	18.06%
Research and Development (T/F):	FALSE
HIPPA	No
PCA:	53599
Index:	50404

Agency	UEI	Amount	Grand Total:
Clatsop	F1HMUWL4TKL5	\$12,544.00	\$12,544.00

**PE50 Safe Drinking Water (SDW) Program (Vendors)**

Federal Award Identification	State Funds	State Funds	00031223	00031224	98009022	98009023
Federal Award Date:			06/21/23	TBD	09/21/22	TBD
Budget Performance Period:			10/01/2022-09/30/2023	10/01/2023-09/30/2024	10/01/2022-09/30/2025	10/01/2023-09/30/2026
Awarding Agency:			EPA	EPA	EPA	EPA
CFDA Number:			66.432	66.432	66.468	66.468
CFDA Name:			State Public Water System Supervision	State Public Water System Supervision	Capitalization Grants for Drinking Water State Revolving Funds	Capitalization Grants for Drinking Water State Revolving Funds
Total Federal Award:			2516000	TBD	11064000	TBD
Project Description:			OHA State Public Water System Supervision (PWSS) Primacy	OHA State Public Water System Supervision (PWSS) Primacy	Oregon FFY 2022 Drinking Water State Revolving Fund (base)	Oregon FFY 2023 Drinking Water State Revolving Fund (base)
Awarding Official:			Tiffany Eastman	TBD	Megan Browning	TBD
Indirect Cost Rate:			18.06%	TBD	18.06%	TBD
Research and Development	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE
HIPPA	No	No	No	No	No	No
PCA:	51283	51058	51322	TBD2	51835	TBD1
Index:	50204	50204	50204	50204	50204	50204

Agency	UEI	Amount	Amount	Amount	Amount	Amount	Amount	Grand Total:
Clatsop	F1HMUWL4TKL5	\$6,780.00	\$2,260.00	\$1,695.00	\$5,085.00	\$1,695.00	\$5,085.00	\$22,600.00

# Board of Commissioners Clatsop County

## AGENDA ITEM SUMMARY

October 11, 2023

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**Agenda Title:** Lease Agreement with City of Astoria for access to net pen sites  
**Category:** Consent Calendar  
**Presented By:** Steve Meshke, Natural Resources Manager

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**Issue Before the Commission:** Approval of this new Lease Agreement will allow the continued cooperative relationship with the City of Astoria and Clatsop County Fisheries for net-pen access and operations.

**Informational Summary:** Since January 1, 1999 Clatsop County Fisheries and the City of Astoria have cooperated in the usage of the Astoria Yacht Club site for access to the fisheries' net pens, parking, and space for feed and equipment storage and fish marking. This new lease with the City of Astoria will expire on September 30, 2028. The access to the net pen site via this pier is vital to the operations of Clatsop County Fisheries Project in Youngs Bay.

In lieu of rent payments the Fisheries Project will perform all routine maintenance and repair on the fishing Pier as needed. Any major structural repair not otherwise covered by insurance or a third party will be undertaken by mutual agreement between the County and the City.

**Fiscal Impact:** There is no annual cost for this lease agreement. Any pier repairs will be completed with funds identified and budgeted for in our Clatsop County Fisheries budget.

**Requested Action:**

*Approve the Lease Agreement with the City of Astoria for access to the Youngs Bay net pen site and authorize the County Manager to sign the agreement.*

**Attachment List**

- A. City of Astoria Lease Agreement with Clatsop County Fisheries
- B. Exhibit A Access Map

**LEASE AGREEMENT**

DATE:

PARTIES: City of Astoria  
c/o City Manager 1095 Duane Street  
Astoria, Oregon 97103  
(503) 325-5821 ("Lessor")

Clatsop County  
c/o Clatsop County Manager  
800 Exchange St. Suite 410  
Astoria, Oregon 97103  
(503) 325-1000 ("Lessee")

THIS LEASE is made effective this \_\_\_\_ of October 2023 between the City of Astoria, an Oregon Municipal Corporation, hereinafter referred to as Lessor, and Clatsop County, a Political Subdivision of the State of Oregon, hereinafter referred to as Lessee.

**WITNESSETH:**

IN CONSIDERATION of the covenants and stipulations herein contained on the part of Lessee to be paid, kept, and faithfully performed, Lessor does hereby lease to Lessee, AS IS, the Clatsop Net Pen Access Pier (Pier) on the property described in Exhibit A. In addition, Lessor will designate a portion of the upland for Lessee's non-exclusive use as employee parking, location of a feed storage trailer, fish off-loading, fish coding and equipment parking (e.g. a forklift). The demised Premises consists of the Pier only and not the land.

TO HAVE AND TO HOLD the premises for a period commencing with the \_\_\_\_ day of October 2023 and ending at midnight on the 30<sup>th</sup> day of September, 2028. If the Lease has not been terminated and is not in default at the time each option is exercised and at the time the renewal term is to commence, this Lease may be renewed for two successive terms of five (5) years each, as follows: The option shall be exercised by Lessee giving Lessor written notice of its intent to renew at least 120 days before the last day of the expiring term. If Lessor does not wish to renew, Lessor shall then have 90 days to notify Lessee of that decision in writing, otherwise the Lease shall be binding for the renewal term without further act of the parties.

IN CONSIDERATION of this lease, and the mutual agreements herein contained, the parties agree as follows:

**SECTION 1. CONSIDERATION**

In lieu of rent, Lessee shall maintain the Pier in good and safe condition and repair. Major structural repairs not covered by insurance, or not the responsibility of a third party, may be undertaken by mutual agreement between Lessor and Lessee.

If Lessee fails to perform maintenance or make repairs required by this Section 1, Lessor shall provide written notice to Lessee detailing any deficiencies in the piers condition. Lessee shall have 30 days to cure. If lessee fails to cure within 30 days Lessor may immediately terminate the lease.

**SECTION 2. IMPROVEMENTS**

Lessee shall make no improvements to the Premises, nor commit waste or degrade the natural character of the Premises without express permission of Lessor.

### **SECTION 3. LIENS AND ENCUMBRANCES**

Lessee shall not allow any lien or encumbrance of any kind to be imposed upon the Premises. In the event of any such lien Lessor may satisfy the lien and charge its actual costs to Lessee. Such expenditures by shall be reimbursed by Lessee on demand together with interest at the rate of 9% per annum from the date of expenditure by Lessor. .

### **SECTION 4. INSURANCE AND INDEMNITY**

4.1 Lessor shall maintain policies of all-risk property insurance with standard extended coverage endorsements covering all improvements on the Property and provide Lessee with a Certificate of Insurance upon execution of this Agreement and annually thereafter.

4.2 Lessee shall obtain and maintain comprehensive general liability insurance coverage satisfactory to Lessor, naming Lessor as an insured party with \$2,000,000 minimum combined single limit coverage, or its equivalent or such additional amount as may be required to meet coverage requirements under ORS 30.270. Lessee shall provide Lessor with a Certificate of Insurance upon execution of this Agreement and annually thereafter.

4.3 Except for claims arising solely from the negligence of Lessor, its employees or its agents, Lessee agrees to indemnify and hold Lessor harmless from and against all actions, suits, claims and demands for loss or damage, including property damage, personal injury, and wrongful death, arising out of or in connection with Lessee and its lease of the Premises, including any claims for attorney fees and costs.

### **SECTION 5. RIGHT OF ASSIGNMENT**

Neither party will assign, transfer, pledge, hypothecate, surrender, or dispose of this Lease or any interest herein without the written consent of the other.

### **SECTION 6. NO PARTNERSHIP**

Lessor is not by virtue of this agreement a partner or joint venturer with Lessee in connection with the Lessee's operations upon the Pier and shall have no obligation with respect to Lessee's debts or other liabilities.

### **SECTION 7. TERMINATION OF LEASE**

This Lease may be terminated by either party upon 90 days written notice to the other. On termination, Lessee will remove all docks, fish pens, fish, equipment, and personal property from the Premises. If Lessor terminates the lease during the initial five-year term, for a reason not described in Section 9, Lessor may reimburse Lessee part or all of costs associated with regular maintenance and upkeep of the structure. For costs to be considered for reimbursement if lease terminates, Lessee shall track annual maintenance costs associated with Premises and associated elements. Annual report shall be submitted to the Lessor at the end of each year.

### **SECTION 8. MISCELLANEOUS PROVISIONS**

8.1. It shall be lawful for Lessor, its agents, and representatives, at any reasonable time to enter the Premises for the purpose of examining into the condition thereof or any other lawful purpose.

8.2. Any notice required by the terms of this Lease to be given by one party to the other, if desired so to be given, shall be sufficient if in writing, contained in sealed envelope, deposited in the U.S. Certified Mails with postage fully prepaid and if intended for Lessor herein, addressed to Lessor c/o City Manager, City of Astoria, 1095 Duane Street, Astoria,

Oregon 97103 and if intended for Lessee herein, addressed to Lessee c/o Clatsop County Manager, 800 Exchange, Suite 410, Astoria, Oregon 97103. Any such notice shall be deemed conclusively to have been delivered to the addresses thereof 48 hours after deposit of such notice in the U.S. Certified Mails.

8.3. During the term of the Lease Lessor shall allow Lessee to use the restroom facilities in the Park Maintenance Shop for Clatsop County Fisheries Staff in lieu of providing a portable toilet on site. Lessee will provide supplies and assist in cleaning of the restroom facility.

8.4. Lessee shall provide a fishing dock for recreational fishing use and four fish pens for public viewing and interpretation at the end of the access pier for Lessor's non-exclusive use for the duration of the Lease.

8.5. Lessee agrees to obey all Federal, State, County, and City laws, regulations and ordinances pertaining to Lessee's use of the demised Premises.

**SECTION 9. RIGHT OF FIRST REFUSAL**

If Lessor receives an acceptable offer to purchase the property described in Exhibit A at any time that this lease is in effect, then, before accepting the offer, Lessor will give Lessee a copy of the executed offer. When Lessee receives the offer, Lessee will have the option to purchase the property at the same price and on the same terms and conditions as are contained in the offer. The option may only be exercised by notice to Lessor within 30 calendar days after receiving the offer. If Lessee fails to timely exercise its purchase option, then Lessor may sell the property according to the terms of the third-party's offer. If Lessor is unable to sell the property to a third-party within Lessee's failure to exercise its option with respect to a third-party offer, then Lessee's option rights under this will be reinstated. As used in this Section the term *sell* means conveying Lessor's interest in the property to a third party, or any agreement between Lessor and a third party for a future conveyance of Lessor's interest in the property or any transaction that is the substantial equivalent of such a conveyance or agreement for such a conveyance.

**IN WITNESS WHEREOF** the parties hereto have executed this Lease on the date first set out above.

CLATSOP COUNTY

CITY OF ASTORIA

\_\_\_\_\_  
By Don Bohn, its manager

\_\_\_\_\_  
By Scott Spence, its Manager

Approved as to form  
Sep 27, 2023



## EXHIBIT A

Block 37 Olney's Addition to the City of Astoria in Sections 17 and 18, Township 8 North, Range 9 West, Willamette Meridian, Includes vacated Bay Avenue and the West one half vacated 7<sup>th</sup> Street, EXCEPT that portion of vacated Bay Avenue described in book 350, Page 438 Deed Records Clatsop County Oregon.

Also includes the frontage together with tidelands, wharfing rights, water rights easements and privileges South and fronting the channel of Youngs Bay



# Exhibit A Clatsop Net Pen Access Pier & Associated Use Site



- TAXLOT ACCOUNT LINK: [25659](#)
- ORMAP LINK: [8.9.17CC](#)
- Street View Link: [1555 W Marine Dr](#)
- Taxlot Number: 80917CC05000
- Taxlot Account ID: 25659
- City Situs Address: 1555 W. Marine Dr
- County Street Address: 1555 W Marine Dr
- Map Number: 8.9.17CC
- Lot Number:
- GIS Lot Size sq ft: 288988
- GIS Lot Size acres: 6.63
- Year Built: 1969.00000000
- Owner Name 1: Astoria City Of
- Owner Name 2:
- Owner Name 3:
- P.O. Box:
- Unit Number:
- In Care of:
- Mailing Address:
- CITY, ST, ZIP: , ,





# Board of Commissioners Clatsop County

## AGENDA ITEM SUMMARY

October 11, 2023

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**Agenda Title:** Appointment of Board of Property Tax Appeals (BoPTA) Members  
**Category:** Business Agenda  
**Presented By:** Tracie Krevanko, County Clerk

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**Issue Before the Commission:** Appoint County Governing body and non-office holding members to the Board of Property Tax Appeals

**Informational Summary:** Pursuant to ORS 309.067, county governing bodies appoint two pools of individuals by October 15<sup>th</sup> of the year from which the county clerk selects members of the County Board of Property Tax Appeals (BoPTA).

One pool of members consists either of members of the county governing body or of the governing body's designees. The second pool must be comprised of non-office holding residents of the county who are not employees of the county or of any taxing district within the county. The number of names placed in pools shall be sufficient to meet the projected needs for board members for the term of appointment for which the pools are prepared.

Effective September 25, 2023, HB 2237 changed the terms for members appointment to BoPTA from one year to two years.

A call for applications was issued and the deadline to apply was September 13, 2023. We received a total of two applications.

<b>Name</b>	<b>Pool</b>	<b>Prior BoPTA Service</b>
Gregg Freedman	Non-office holding	Yes
David Oser	Non-office holding	Yes
John Toyooka	Office holding	Yes

Commissioner Toyooka was designated to serve as the Office holding board member at the January 27, 2021 work session during liaison appointments.

The term of each member shall begin on the date of appointment and shall end on June 30, 2025.

Effective January 1, 2024, HB 2031 renames the Board of Property Tax Appeals (BoPTA) to the Property Value Appeals Board (PVAB).

**Fiscal Impact:** BoPTA members receive a stipend of \$75 per day.

**Requested Action:**

"I move to approve the appointment of Commissioner Toyooka as the Office holding board member, and appoint Gregg Freedman and David Oser to the Non-office holding pool of the Board of Property Tax Appeals for the 2023-2024 and 2024-2025 year.

**Attachment List**

- A. Applications

SEP 5 REC'D

CLATSOP COUNTY  
BOARD OF PROPERTY TAX APPEALS

BOARD OF PROPERTY TAX APPEALS (BOPTA)  
APPLICATION  
CLATSOP COUNTY

Date: \_\_\_ August 28,  
2023 \_\_\_\_\_

Gregg Freedman  
Name  
P. O. Box 909  
Mailing Address  
Cannon Beach  
City

Street Address: 3820 W. Chinook Avenue, Cannon Beach Email: gfincb@outlook.com

Home Telephone: (626) 278-1944 Other Telephone: (626) 278-1944  
 work  cell phone

Current Occupation: Certified General Real Estate Appraiser

Years Resident of County: \_13 Do you live within the city limits:  Yes  
 No

In which Commission District do you reside:  1  2  3  4  5

Are you currently employed by, or receive compensation from a Tax District? If yes, please provide details.

No  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Prior Criminal Convictions (omit minor traffic violations):  Yes  No

If Yes, Explain: N/A  
(Attach additional pages if needed)

Background (Relevant education, training, experience, etc.):

Certified General Appraiser licensed in both Oregon and California for over 40 years. Qualified Expert witness in Clatsop County (OR) and most California Superior and (CA) Federal Bankruptcy courts. Current on all professional continued education.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe your interest in serving on BOPTA:

I have had the opportunity to serve on the BOPTA for the past several years, with the honor to have been the Chairman. Having previously served gives me an advantage as to knowledge of the procedures, processes and training necessary to serve as a Board member. My professional experience both locally and afield allow me a very specific insight into problems that arise for both the taxpayers as well as the Assessor.

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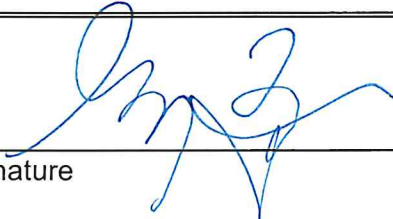
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\_\_\_\_\_  
Signature

**Return Form To:** **Clatsop county Clerk**  
**820 Exchange St, Ste 220**  
**Astoria, OR 97103**  
**Fax: 325-9307**

BOARD OF PROPERTY TAX APPEALS (BOPTA)  
APPLICATION  
CLATSOP COUNTY

Date: August 28, 2023

David Oser  
Name  
254 W. Irving Ave  
Mailing Address  
Astoria  
City

Street Address: Same Email: doser.international@gmail.com

Home Telephone: 503-325-4906 Other Telephone: 847-687-1887

work  cell phone

Current Occupation: Retired

Years Resident of County: 12 Do you live within the city limits:  Yes  No

In which Commission District do you reside:  1  2  3  4  5

Are you currently employed by, or receive compensation from a Tax District? If yes, please provide details.

No

Prior Criminal Convictions (omit minor traffic violations):  Yes  No

If Yes, Explain: \_\_\_\_\_  
(Attach additional pages if needed)

Background (Relevant education, training, experience, etc.):

I worked in banking and finance for over 40 years. Areas of expertise include investments, risk management, budgeting, and accounting. I was a member of executive management in the companies I worked for and was directly involved in strategic and tactical decision-making.

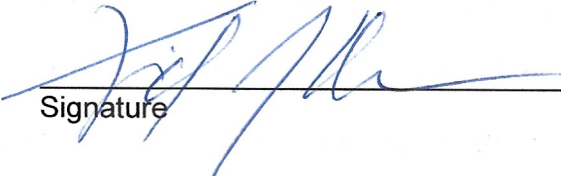
Locally, I have served on numerous civic and non-profit boards including the Northwest Oregon Housing Authority and Clatsop Behavioral Healthcare. I am board president of the chamber of commerce, and serve on the City, County, and College budget committees. I have been member of the College Foundation board for many years. I have a BA from Carleton College and an MA from the University of Chicago.

\_\_\_\_\_  
\_\_\_\_\_

Describe your interest in serving on BOPTA:

I have served on BOPTA for the last four years and learned a lot from my experience. I want to continue putting this learning to good use and continue my service. My expertise in financial matters gives me a strong background for the issues involved.

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Signature

**Return Form To:** **Clatsop county Clerk**  
**820 Exchange St, Ste 220**  
**Astoria, OR 97103**  
**Fax: 325-9307**



# Board of Commissioners Clatsop County

## AGENDA ITEM SUMMARY

October 11, 2023

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**Agenda Title:** Ordinance 23-13: Storage Structures for Emergency Supplies  
**Category:** Public Hearing  
**Presented By:** Gail Henrikson, Community Development Director

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**Issue Before the Commission:** Consider approval of amendments to the *Land and Water Development and Use Code* (LAWDUC), to allow storage structures for emergency supplies in 25 zones.

**Informational Summary:** The Clatsop County Emergency Management Department has recently submitted grant applications to install three emergency supply cache sites in Arch Cape. The proposed cache sites in Arch Cape are zoned Arch Cape Rural Community Residential (AC-RCR). The *Land and Water Development and Use Code* (LAWDUC) specifically calls out “storage structures for emergency supplies” in the Forest-80 (F-80) and Agriculture-Forestry (AF) zones, but does not include this use in any other zoning district. The purpose of this proposed ordinance is to revise LAWDUC to include “storage structures for emergency supplies” in 25 zoning designations in unincorporated Clatsop County.

**Fiscal Impact:** None

**Requested Action:**

Continue the matter to the October 25, 2023 meeting.

**Attachment List**

- A. Ordinance 23-13
- B. Planning Commissioner Cover Memo

# EXHIBIT A

*Ordinance 23-13*



**BEFORE THE BOARD OF COMMISSIONERS  
FOR THE COUNTY OF CLATSOP**

In the Matter of:

**An Ordinance adopting amendments to the Clatsop County *Land and Water Development and Use Code* (LAWDUC) Article 4 – Zoning Regulations, to address storage structures for emergency supplies.**

**ORDINANCE NO. 23-13**

Doc # \_\_\_\_\_

Recording Date: \_\_\_\_\_

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RECITALS

WHEREAS, the Clatsop County Emergency Management Department has completed grant applications for three emergency supply cache sites in Arch Cape; and

WHEREAS, the Clatsop County *Land and Water Development and Use Code* (LAWDUC) only specifically lists storage structures for emergency supplies as an allowed use in the AF (Agriculture-Forestry) and F-80 (Forest-80) zones; and

WHEREAS, Section 1.1040, LAWDUC, limits development of property to uses explicitly listed in the zoning ordinance; and

WHEREAS, the LAWDUC must be amended to expressly include storage structures for emergency supplies in other zones in order to allow the activity; and

WHEREAS, the Planning Commission conducted a public hearing and provided a recommendation to the Board of Commissioners on September 12, 2023; and

WHEREAS, the Board of Commissioners has received and considered the Planning Commission's recommendations on these proposed amendments

**THE BOARD OF COMMISSIONERS OF CLATSOP COUNTY ORDAINS AS FOLLOWS:**

**SECTION 1. ADOPTION**

The Board of County Commissioners hereby adopts amendments to the Clatsop County *Land and Water Development and Use Code* as shown in Exhibit 1, attached hereto and incorporated herein by this reference.

**SECTION 2. SEPARABILITY**

The provisions of this ordinance are severable. If any portion of this ordinance is for any reason held to be invalid, such decision shall not affect the validity of the remaining portions of this ordinance.

**SECTION 3. CONFORMANCE OF STATE LAW**

This Ordinance shall not substitute for nor eliminate the necessity for conformity with any and all laws or rules of the state of Oregon, or its agencies, or any ordinance, rule, or regulation of Clatsop County.

**SECTION 4. INCONSISTENT PROVISIONS**

This Ordinance shall supersede, control and repeal any inconsistent provision of any County Ordinance as amended or any other regulations made by Clatsop County.

**SECTION 5. APPLICABILITY**

This Ordinance shall apply within the unincorporated areas of Clatsop County but shall not apply within the boundaries of any incorporated City.

**SECTION 6. EFFECTIVE DATE**

This Ordinance shall take effect on the 30<sup>th</sup> day following adoption by the Board of Commissioners as provided in Chapter III, Section 8(2) of the Home Rule Chapter for the Government of Clatsop County.

Approved this \_\_\_\_\_ day of \_\_\_\_\_, 2023

THE BOARD OF COUNTY COMMISSIONERS  
FOR CLATSOP COUNTY, OREGON

By \_\_\_\_\_  
Mark Kujala, Chair

Date \_\_\_\_\_

By \_\_\_\_\_  
Theresa Dursse, Recording Secretary

First Reading: October 11, 2023  
Second Reading: October 25, 2023  
Effective Date: November 24, 2023

## EXHIBIT 1

- A. \*\*\* Indicates that non-revised language was not included. Used for document brevity.
- B. Underlined text indicates new language proposed to be added
- C. ~~Strikethrough~~ text indicates text that is proposed for deletion

Ordinance 23-11

1<sup>st</sup> Public Hearing: August 9, 2023

Agenda Item #5. ~~ing: August 23, 2023~~

# ARTICLE 1. INTRODUCTORY PROVISIONS

## Section 1.0100. Title

This Ordinance shall be known as the Clatsop County *Land and Water Development and Use Code (LAWDUC)*.

\*\*\*

## **SECTION 1.0500. DEFINITIONS**

As used in this Ordinance, the following words and phrases shall have the following meanings:

\*\*\*

**EMERGENCY** -- A human created or natural event or circumstance that causes or threatens widespread loss of life, injury to person or property, human suffering or financial loss, including but not limited to:

- (a) Fire, wildfire, explosion, flood, severe weather, landslides or mud slides, drought, earthquake, volcanic activity, tsunamis or other oceanic phenomena, spills or releases of oil or hazardous material, contamination, utility or transportation emergencies, disease, blight, infestation, civil disturbance, riot, sabotage, acts of terrorism and war; **and**
- (b) A rapid influx of individuals from outside this state, a rapid migration of individuals from one part of this state to another or a rapid displacement of individuals if the influx, migration or displacement results from the type of event or circumstance described in paragraph (a) of this subsection. [ORD. 23-13]

**EMERGENCY CONDITIONS IN ESTUARINE AREAS** -- Emergency conditions are limited to activities such as bankline or streamline alteration, dike repair, fill, and shoreline stabilization undertaken during high water and/or storm conditions. Emergency activities affecting removal of material from estuarine aquatic areas or filling of estuarine aquatic areas are those necessary for preventing irreparable harm, injury or damage to persons or property. The Oregon Division of State Lands requires notification within 24 hours following the start of emergency activities. Measures taken as a result of emergency conditions will be inspected following notification and denied or approved. [ORD. 23-13]

\*\*\*

# ARTICLE 4. ZONE REGULATIONS

## SECTION 4.0100. ESTABLISHMENT OF ZONES

The classification system used in the Clatsop County Comprehensive Plan was established and mapped as a management tool to implement the policies and intent of

the Comprehensive Plan. The classifications are defined in the Land Use Planning Element of the Comprehensive Plan and the Development Patterns section of each of the Community Plans.

With each Plan classification, land use zones are established that are appropriate to carry out the intent and purpose of the Plan classification. The zone and district classification within each of the Comprehensive Plan designations for the County are shown in Table 4.1. The zone boundaries are as shown on the Clatsop County "Comprehensive Plan/Zoning Map" and Columbia River Estuary Resource Maps that in their present form are hereby adopted by reference. Where the abbreviated designation is used in this Ordinance, it has the same meaning as the entire classification title.

\*\*\*

#### **SECTION 4.0600. ARCH CAPE RURAL COMMUNITY RESIDENTIAL ZONE (AC-RCR)**

##### **Section 4.0620. Development and Use Permitted**

The following uses and their accessory uses are permitted under a Type I permit procedure subject to applicable development standards.

**17) Storage Structure for Emergency Supplies [ORD. 23-13]**

\*\*\*

#### **SECTION 4.0700. MILES CROSSING, JEFFERS GARDENS AND WESTPORT RURAL COMMUNITY RESIDENTIAL ZONE (RCR)**

##### **Section 4.0720. Development and Use Permitted (RCR)**

The following uses and their accessory uses are permitted under a Type I permit procedure subject to applicable development standards. Combined square footage of commercial uses, including their accessory uses occur in building or buildings that do not exceed the following area standards:

**19) Storage Structure for Emergency Supplies [ORD. 23-13]**

\*\*\*

#### **SECTION 4.1000. KNAPPA AND SVENSEN RURAL COMMUNITY RESIDENTIAL ZONE (KS-RCR).**

##### **Section 4.1020. Development and Use Permitted**

The following uses and their accessory uses are permitted under a Type I permit procedure subject to applicable development standards.

**19) Storage Structure for Emergency Supplies [ORD. 23-13]**

\*\*\*

#### **SECTION 4.1100. RURAL SERVICE AREA-SINGLE FAMILY RESIDENTIAL ZONE (RSA-SFR)**

##### **Section 4.1120. Development and Use Permitted (RSA-SFR)**

The following developments and their accessory developments are permitted under a Type I procedure subject to applicable standards.

**16) Storage Structure for Emergency Supplies [ORD. 23-13]**

\*\*\*

**SECTION 4.1200 RURAL COMMUNITY MULTI-FAMILY RESIDENTIAL ZONE (RC-MFR)**

**Section 4.1220. Development and Use Permitted (RC-MFR)**

The following developments and their accessory developments are permitted under a Type I procedure subject to applicable development standards.

**21) Storage Structure for Emergency Supplies [ORD. 23-13]**

\*\*\*

**SECTION 4.1300. RURAL SERVICE AREA - MULTI-FAMILY RESIDENTIAL ZONE (RSA-MFR)**

**Section 4.1320. Development and Use Permitted (RSA-MFR)**

The following developments and their accessory developments are permitted under a Type I procedure subject to applicable development standards.

**16) Storage Structure for Emergency Supplies [ORD. 23-13]**

\*\*\*

**SECTION 4.1400. RURAL COMMUNITY COMMERCIAL ZONE (RCC)**

**Section 4.1420. Development and Use Permitted**

The following uses and their accessory uses are permitted under a Type I permit procedure subject to applicable development standards.

**10) Storage Structure for Emergency Supplies [ORD. 23-13]**

\*\*\*

**SECTION 4.1500. RURAL COMMUNITY LIGHT INDUSTRIAL ZONE (RCI).**

**Section 4.1520. Development and Use Permitted**

The following uses and their accessory uses are permitted under a Type I permit procedure subject to applicable development standards.

**6) Storage Structure for Emergency Supplies [ORD. 23-13]**

\*\*\*

**SECTION 4.1600. RURAL COMMUNITY COMMERCIAL AND LIGHT INDUSTRIAL ZONE (RCC-LI)**

**Section 4.1620. Development and Use Permitted**

The following uses and their accessory uses are permitted under a Type I permit procedure subject to applicable development standards.

**8) Storage Structure for Emergency Supplies [ORD. 23-13]**

\*\*\*

**SECTION 4.1700. LIGHT INDUSTRIAL ZONE (LI)**

**Section 4.1720. Development and Use Permitted**

The following developments and their accessory developments are permitted under a Type I procedure subject to applicable development standards.

**6) Storage Structure for Emergency Supplies [ORD. 23-13]**

\*\*\*

**SECTION 4.1800. HEAVY INDUSTRIAL ZONE (HI)**

**Section 4.1820. Development and Use Permitted**

The following developments and their accessory developments are permitted under a Type I procedure subject to applicable development standards.

7) Storage Structure for Emergency Supplies [ORD. 23-13]

\*\*\*

**SECTION 4.2200. COASTAL BEACH RESIDENTIAL ZONE (CBR)**

**Section 4.2220. Development and Use Permitted**

The following uses and their accessory uses are permitted under a permit procedure subject to the applicable development standards.

16) Storage Structure for Emergency Supplies [ORD. 23-13]

\*\*\*

**SECTION 4.2300. COASTAL RESIDENTIAL ZONE (CR)**

**Section 4.2320. Development and Use Permitted (CR)**

The following developments and their accessory developments are permitted under a Type I procedure subject to applicable development standards.

17) Storage Structure for Emergency Supplies [ORD. 23-13]

\*\*\*

**SECTION 4.2400. SINGLE FAMILY RESIDENTIAL-1 ZONE (SFR-1)**

**Section 4.2420. Development and Use Permitted (SFR-1)**

The following uses and their accessory uses are permitted under a Type I permit procedure subject to applicable development standards.

15) Storage Structure for Emergency Supplies [ORD. 23-13]

\*\*\*

**SECTION 4.2500. RESIDENTIAL-AGRICULTURE-1 ZONE (RA-1)**

**Section 4.2520. Development and Use Permitted (RA-1)**

The following developments and their accessory developments are permitted under a Type I procedure subject to applicable development standards.

21) Storage Structure for Emergency Supplies [ORD. 23-13]

\*\*\*

**SECTION 4.2600. RESIDENTIAL-AGRICULTURE-2 ZONE (RA-2)**

**Section 4.2620. Development and Use Permitted (RA-2)**

The following developments and their accessory developments are permitted under a Type I procedure subject to applicable development standards.

22) Storage Structure for Emergency Supplies [ORD. 23-13]

\*\*\*

**SECTION 4.2700. RESIDENTIAL-AGRICULTURE-5 ZONE (RA-5)**

**Section 4.2720. Development and Use Permitted (RA-5)**

The following developments and their accessory developments are permitted under a



Type I procedure subject to applicable development standards.

**23) Storage Structure for Emergency Supplies [ORD. 23-13]**

\*\*\*

**SECTION 4.2800. RESIDENTIAL-AGRICULTURE-10 ZONE (RA-10)**

**Section 4.2820. Development and Use Permitted**

The following developments and their accessory developments are permitted under a Type I procedure subject to applicable development standards.

**23) Storage Structure for Emergency Supplies [ORD. 23-13]**

\*\*\*

**SECTION 4.2900. NEIGHBORHOOD COMMERCIAL ZONE (NC)**

**Section 4.2920. Development and Use Permitted**

The following developments and their accessory developments are permitted under a Type I procedure subject to applicable development standards.

**8) Storage Structure for Emergency Supplies [ORD. 23-13]**

\*\*\*

**SECTION 4.3000. GENERAL COMMERCIAL ZONE (GC)**

**Section 4.3030. Development and Use Permitted**

The following developments and their accessory developments are permitted under a Type I procedure subject to applicable development standards.

**12) Storage Structure for Emergency Supplies [ORD. 23-13]**

\*\*\*

**SECTION 4.3100. TOURIST COMMERCIAL ZONE (TC)**

**Section 4.3130. Development and Use Permitted**

The following developments and their accessory developments are permitted under a Type I procedure subject to applicable development standards.

**13) Storage Structure for Emergency Supplies [ORD. 23-13]**

\*\*\*

**SECTION 4.3200. MILITARY RESERVE ZONE (MR)**

**Section 4.3220. Development and Use Permitted**

The following development and their accessory developments are permitted under a Type I procedure subject to applicable development standards:

**9) Storage Structure for Emergency Supplies [ORD. 23-13]**

\*\*\*

**SECTION 4.3400. AGRICULTURE-FORESTRY ZONE (AF)**

**Section 4.3440. Conditional Development and Use**

The following developments and uses and their accessory uses may be permitted under a Type II procedure and Sections 2.4000 to 2.4050, subject to applicable criteria, development standards and site plan review.

**17) Storage structures for emergency supplies to serve communities and households that are located in tsunami inundation zones, subject to the standards in Section**

Ordinance 23-11

1<sup>st</sup> Public Hearing: August 9, 2023

Public Hearing: August 23, 2023

3.9220(1) and 3.9230.if;

- (A) ~~Areas within an urban growth boundary cannot reasonably accommodate the structures;~~
- (B) ~~The structures are located outside tsunami inundation zones and consistent with evacuation maps prepared by DOGAMI or the local jurisdiction;~~
- (C) ~~Sites where the structures could be co-located with an existing use approved under this section are given preference for consideration;~~
- (D) ~~The structures are of a number and size no greater than necessary to accommodate the anticipated emergency needs of the population to be served;~~
- (E) ~~The structures are managed by a city or county government for the single purpose of providing for the temporary emergency support needs of the public; and~~
- (F) ~~Written notification has been provided to the County Office of Emergency Management of the application for the storage structures.~~

\*\*\*

#### **SECTION 4.4300. QUARRY AND MINING ZONE (QM).**

##### **Section 4.4330. Development and Use Permitted**

The following developments and uses and their accessory developments and uses are permitted under a Type I procedure subject to applicable development standards.

- 10) Storage Structure for Emergency Supplies [ORD. 23-13]

\*\*\*

#### **SECTION 4.4400. RURAL COMMUNITY PARKS ZONE (RCP).**

##### **Section 4.4420. Development and Use Permitted**

The following uses and their accessory uses are permitted under a Type I permit procedure subject to applicable development standards.

- 8) Storage Structure for Emergency Supplies [ORD. 23-13]

\*\*\*

#### **SECTION 4.4500. RECREATION MANAGEMENT ZONE (RM).**

\*\*\*

##### **Section 4.4520. Development and Use Permitted**

The following developments are permitted under a Type I procedure subject to the applicable development standards:

- 4) Storage Structure for Emergency Supplies [ORD. 23-13]

\*\*\*

# EXHIBIT B

## *Planning Commission Cover Memo*



# Clatsop County – Land Use Planning

800 Exchange Street, Suite 100  
Astoria, OR 97103  
(503) 325-8611 | (503) 338-3606 (Fax) | comdev@clatsopcounty.gov

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**TO:** Planning Commission Members

**CC:** Land Use Planning Staff

**FROM:** Gail Henrikson, AICP, CFM – Community Development Director

**DATE:** September 12, 2023

**RE:** **ORDINANCE 23-13: STORAGE STRUCTURES FOR EMERGENCY SUPPLIES**

---

## BACKGROUND

The Clatsop County Emergency Management Department has recently submitted grant applications to install three emergency supply cache sites in Arch Cape. The proposed cache sites in Arch Cape are zoned Arch Cape Rural Community Residential (AC-RCR). The *Land and Water Development and Use Code* (LAWDUC) specifically calls out “storage structures for emergency supplies” in the Forest-80 (F-80) and Agriculture-Forestry (AF) zones, but does not include this use in any other zoning district. The purpose of this proposed ordinance is to revise LAWDUC to include “storage structures for emergency supplies” in 25 zoning designations in unincorporated Clatsop County.

## PROPOSED REVISIONS

### ARTICLE 1. INTRODUCTORY PROVISIONS

Section 1.0500, LAWDUC, contains the following definition:

STORAGE STRUCTURES FOR EMERGENCY SUPPLIES -- Structures to accommodate those goods, materials and equipment required to meet the essential and immediate needs of an affected population in a disaster. Such supplies include food, clothing, temporary shelter materials, durable medical goods and pharmaceuticals, electric generators, water purification gear, communication equipment, tools and other similar emergency supplies.

This definition is taken verbatim from OAR 660-006-00005. No change is proposed to this definition as part of these amendments. Section 1.0500, however, only contains a definition of “emergency” that identifies situations when emergency work is permitted in estuarine areas. Staff is therefore proposing to modify the existing definition of “emergency” and add a new definition of “emergency” that address human-created or natural events. The proposed definition is copied directly from Oregon Revised Statutes (ORS) 401.025.

### **ARTICLE 3. STRUCTURE SITING AND DEVELOPMENT STANDARDS**

LAWDUC Article 3 contains standards that are required of certain types of development. Section 3.9220 specifically addresses standards required for Public and Quasi-Public Uses, including storage structures for emergency supplies. OAR 660-006-0025(4)(z) includes standards for emergency storage facilities that must be applied to structures placed on lands zoned for forest or agriculture/forest uses. The existing mandatory standards are shown below.

#### **Section 3.9220. Public and Quasi-public Uses**

- 1) Storage structures for emergency supplies are subject to the following requirements:
  - (A) Areas within an urban growth boundary cannot reasonably accommodate the structures;
  - (B) The structures are located outside tsunami inundation zones and consistent with evacuation maps prepared by Department of Geology and Mineral Industries (DOGAMI) or the local jurisdiction;
  - (C) Sites where the structures could be co-located with an existing use approved under this subsection are given preference for consideration;
  - (D) The structures are of a number and size no greater than necessary to accommodate the anticipated emergency needs of the population to be served;
  - (E) The structures are managed by a local government entity for the single purpose of providing for the temporary emergency support needs of the public; and
  - (F) Written notification has been provided to the County Office of Emergency Management of the application for the storage structures.

While Oregon Administrative Rules (OAR) require the County to apply these standards to structures on forest lands, there is no such requirement that the same standards apply to emergency supply storage structures on non-forest lands. For that reason, staff is not proposing to apply these standards, which would allow structures managed by local community organizations, houses of worship, or other non-governmental entities, to install and maintain facilities on non-forest lands throughout unincorporated Clatsop County.

### **ARTICLE 4. ZONE REGULATIONS**

OAR 660-006-0025(4)(z) requires the County to approve storage structures for emergency supplies on forest lands using a conditional use review process that requires public notice and the opportunity for a public hearing. As discussed above, specific standards must also be met. OAR 660-033-0120 does not permit storage structures for emergency supplies on lands zoned Exclusive Farm Use.

For emergency supply storage structures on non-forest lands, there is no requirement that a conditional use process be used. Staff is proposing to add “storage structures for emergency supplies” as a Type I use to the following zone designations:

- Arch Cape Rural Community Residential (AC-RCR)
- Miles Crossing, Jeffers Gardens and Westport Rural Community Residential (RCR)

For project information and updates, visit us on the web!

[www.clatsopcounty.gov/landuse](http://www.clatsopcounty.gov/landuse)

- Knappa and Svensen Rural Community Residential (KS-RCR)
- Rural Service Area-Single Family Residential (RSA-SFR)
- Rural Community Multi-Family Residential (RC-MFR)
- Rural Service Area – Multi Family Residential (RSA-MFR)
- Rural Community Commercial (RCC)
- Rural Community Light Industrial (RCI)
- Rural Community Commercial and Light Industrial (RCC-LI)
- Light Industrial (LI)
- Heavy Industrial (HI)
- Coastal Beach Residential (CBR)
- Coastal Residential (CR)
- Single-Family Residential (SFR-1)
- Residential-Agriculture-1 (RA-1)
- Residential-Agriculture-2 (RA-2)
- Residential-Agriculture-5 (RA-5)
- Residential-Agriculture-10 (RA-10)
- Neighborhood Commercial (NC)
- General Commercial (GC)
- Tourist Commercial (TC)
- Military Reserve (MR)
- Quarry and Mining (QM)
- Rural Community Parks (RCP)
- Recreation Management (RM)

A Type I review process requires a development permit and can typically be issued at the counter.

In addition to the above proposed amendments, staff is also proposing to remove the list of standards for storage structures for emergency supplies that are included in the Agriculture-Forestry (AF) zone and instead list the code citation where the standards are already located in Article 3. Including the standards in the AF is redundant. No changes are proposed to the Forestry-80 (F-80) zone, as only the applicable code citation and not the actual standards are listed.

Zones such as the Lake and Wetlands (LW), Aquatic Conservaton One (AC-1) and Conservation Shorelands (NS), whose primary purpose is to conserve and protect environmentally-sensitve lands were not included in the proposed amendments. Many of these areas are water or wetland-based and may either be directly impacted by disasters or would not be appropriate locations to store supplies or house displaced persons during an emergency. Likewise, zones that are primarily intended for water-dependent uses such as the Marine Industrial designation, were also excluded from these amendments.

For project information and updates, visit us on the web!

[www.clatsopcounty.gov/landuse](http://www.clatsopcounty.gov/landuse)

**RECOMMENDED ACTION:**

The Planning Commission has several possible actions that it could take on this proposed ordinance:

- Recommend the Board approve the amendments as submitted
- Recommend the Board approve the amendments with further revisions
- Recommend the Board deny the amendments
- Continue the item to a date certain for further discussion and review
- Table the item indefinitely

***Suggested Motion:***

*"I recommend the Board of Commissioners approve Ordinance 23-13 as presented."*