



May 16, 2024

BCC Agenda Date/Item: _____

Board of County Commissioners
 Clackamas County

Approval of a FY24-25 Work and Financial Plan with US Department of Agriculture for wildlife management services. Agreement value is \$88,733 for 1 year. Funding is through budgeted County General Funds.

Previous Board Action/Review	5-Year Cooperative Service Agreement approved 06/01/2023 FY23-24 Work and Financial Plan approved 06/01/2023 Briefed at Issues – May 14, 2024		
Performance Clackamas	Ensure safe, healthy, and secure communities Honor, utilize, promote, and invest in our natural resources		
Counsel Review	Yes	Procurement Review	No
Contact Person	Tony Mayernik	Contact Phone	503-742-5920

EXECUTIVE SUMMARY: Clackamas County contracts with the US Department of Agriculture’s Animal and Plant Health Inspection Service-Wildlife Services (APHIS-WS) to provide technical advice on and management of wildlife. APHIS-WS aids public and private property owners where wild animals including coyotes, bears, cougars and other predator animals may carry disease, damage property, or threaten injury to residents. The County entered into a 5-year master agreement in June of 2023 and this contract would provide for services from July 1, 2024 to June 30, 2025.

RECOMMENDATION: Staff recommends the BCC approve the FY24-25 Work and Financial Plan.

Respectfully submitted,

Gary Schmidt
 County Administrator

For Filing Use Only

APHIS SALES ORDER REQUEST FORM

State Office: Date:

Agreement Number: Amendment: Number

Cooperator Name: FMMI
Customer #

A/P Mailing Address: (Billing address) Category:

Cooperator Financial POC: Cooperator PO #:

Sales Order Type:

Budget Period: FMMI PO (if a USDA Agency):

WBS Element: TAS:

Agreement Performance Period:

Amount of This SO Request: Total Amount to Date:

Overhead Rate: WS Pooled Job Costs: Frequency of Billing:

Previously on OSEC OSEC Date: Species Managed:

Location of Work:

Additional Comments:

For WRO Use Only:

Received in WRO OSEC Report Overhead Calc.

ACMS

Agr.Spec.

Mail Distribution Date

No. & State

Routing Notes:

MIPR Agreement CSA WFP 7600 W9

Mod Waiver DEOB

Attached

MRP SHC

Scan Date:

Sent to:

USDA APHIS WILDLIFE SERVICES WORK AND FINANCIAL PLAN

COOPERATOR:	CLACKAMAS COUNTY
COOPERATIVE AGREEMENT NO.:	24-7341-5111-RA
ACCOUNT WBS:	AP.RA.RX41.73.0550
AGREEMENT DATES:	July 1, 2024 – June 30, 2025
AGREEMENT AMOUNT:	\$88,733.00

Pursuant to Cooperative Service Agreement No. 23-7341-5111-RA between Clackamas County and the United States Department of Agriculture, Animal and Plant Health Inspection Service, Wildlife Services (APHIS-WS), this Work and Financial Plan defines the objectives, plan of action, resources, and budget for cooperative wildlife services program.

OBJECTIVES/GOALS

APHIS-WS objective is to provide professional wildlife damage management assistance to reduce or manage damage or threats caused by coyotes, cougars, bears and other wildlife to protect agriculture, property and human health and safety.

Specific goals are:

1. To provide direct assistance for Clackamas County from wildlife conflicts or damage.
2. To provide direct assistance in the form of educational information.

PLAN OF ACTION

The objectives of the wildlife damage management program will be accomplished in the following manner.

1. APHIS-WS will provide technical assistance and or direct management at times and locations for where it is determined there is a need to resolve problems caused by wildlife. Management efforts will be directed towards specific offending individuals or local groups of animals. Method selection will be based on an evaluation of selectivity, humaneness, human safety, effectiveness, legality, and practicality.

Technical Assistance: APHIS-WS' personnel may provide verbal or written advice, recommendations, information, demonstrations, or training to use in managing wildlife damage problems. Generally, implementation of technical assistance recommendations is the responsibility of the resource/property owner.

Direct Management: Direct management is usually provided when the resource/property owner's efforts have proven ineffective and or technical assistance alone is inadequate. Direct management methods/techniques may include trap equipment, shooting, and other methods as mutually agreed upon.

2. APHIS-WS District Supervisor, Brian Thomas, in Salem, Oregon, will supervise this project, (541) 221-7582. This project will be monitored by Kevin Christensen, WS-Oregon State Director, in Portland, Oregon, (503) 820-2751.
3. APHIS-WS will invoice Clackamas County monthly for actual costs incurred in providing service, provided there are billable expenses posted at the time of billing for the month of service. The combined monthly billings for the performance period in this Work and Financial Plan will not exceed \$88,733.00. In some cases, the work is done during the period of performance, but expenses post outside of the agreement end date, resulting in a final invoice one month after the period of performance has ended.
4. In accordance with the Debt Collection Improvement Act (DCIA) of 1996, bills issued by APHIS-WS are due and payable within 30 days of the invoice date. The DCIA requires that all debts older than 120 days be forwarded to debt collection centers or commercial collection agencies for more aggressive action. Debtors have the option to verify, challenge and compromise claims, and have access to administrative appeals procedures which are both reasonable and protect the interests of the United States.

PROCUREMENT

Clackamas County understands that additional supplies and equipment may need to be purchased under this agreement to replace consumed, damaged, or lost supplies/equipment. Any items remaining at the end of the agreement will remain in the possession of APHIS-WS.

STIPULATIONS AND RESTRICTIONS:

1. All operations shall have the joint concurrence of APHIS-WS and Clackamas County and shall be under the direct supervision of APHIS-WS. APHIS-WS will conduct the program in accordance with its established operating policies and all applicable state and federal laws and regulations.
2. APHIS-WS will cooperate with the Oregon Department of Fish and Wildlife, the U.S. Fish and Wildlife Service, Oregon Department of Transportation, Oregon Fire marshal’s Office, county and local city governments, and other entities to ensure compliance with Federal, State, and local laws and regulations.
3. Wildlife Damage Management: A Work Initiation Document for Wildlife Damage Management (WS Form 12A), a Work Initiation Document for Wildlife Damage Management – Multiple Resource Owners (WS Form 12B) or a Work Initiation Document for Management of Wildlife Damage on Urban Properties (WS Form 12C) will be executed between APHIS-WS and the landowner, lessee, or administrator before any APHIS-WS work is conducted.

COST ESTIMATE FOR SERVICES:

Salary, including possible overtime, benefits, vehicle, supplies, and material costs are charged at actual cost. The distribution of the budget for this work plan may vary as necessary to accomplish the purpose of this Agreement.

AUTHORIZATION:

CLACKAMAS COUNTY
2051 Kaen Rd
Oregon City, OR 97045

Representative, Clackamas County
TIN# 93-6002286

Date

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

Kevin Christensen, State Director, Oregon

Date

Wendy Anderson, Director, Western Region

Date

FINANCIAL PLAN
 For the disbursement of funds from
CLACKAMAS COUNTY
 to
USDA APHIS Wildlife Services
 for
Livestock/Property Wildlife Damage Management
 from
July 1, 2024
 to
June 30, 2025

Cost Element	Cost to Cooperator	Estimated Cost Share (Federal and State)	Full Cost
Personnel Compensation	\$ 54,191.47	\$ 24,021.75	\$ 78,213.22
Travel	\$ -	\$ -	\$ -
Vehicles	\$ 5,226.85	\$ 4,804.35	\$ 10,031.20
Other Services	\$ 1,777.10	\$ 3,202.90	\$ 4,980.00
Supplies and Materials	\$ 8,590.67	\$ -	\$ 8,590.67
Equipment	\$ -	\$ -	\$ -

Subtotal (Direct Charges)	\$ 69,786.08	\$ 32,029.00	\$ 101,815.08
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Pooled Job Costs	11.00%	\$ 7,676.47		\$ 7,676.47
Indirect Costs	16.15%	\$ 11,270.45		\$ 11,270.45
Aviation Flat Rate Collection		\$ -		\$ -
Agreement Total		\$ 88,733.00	\$ 32,029.00	\$ 120,762.00

The distribution of the budget from this Financial Plan may vary as necessary to accomplish the purpose of this agreement, but may not exceed: \$88,733.00. The Cost Share amount is \$32,029.00. This is an estimate based on available State and Federal funding and may be adjusted accordingly.

Request for Taxpayer Identification Number and Certification

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give Form to the
requester. Do not
send to the IRS.**

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. COUNTY OF CLACKAMAS, OREGON	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input checked="" type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
5 Address (number, street, and apt. or suite no.) See instructions. 2051 KAEN ROAD	Requester's name and address (optional)
6 City, state, and ZIP code OREGON CITY, OREGON 97045	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number																										
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Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here

Signature of U.S. person ▶

Elizabeth Comfort

Date ▶ 7-27-2022

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

APPROVAL FOR FISCAL YEAR 2024 AGREEMENTS

Initiative Title: WS PROTECTION OF AGRICULTURE

Proposed funding level: \$ 23,918,074

What is the purpose of the initiative/agreement and how does it align with the Agency's and Secretary's priorities?

Wildlife Services (WS) protects agriculture resources associated with farming and ranching, and associated industries including livestock, crops, rangeland and timber, aquaculture, agricultural animal feed, and animal products. WS integrated wildlife management activities to protect agriculture include technical assistance and predation damage management to protect livestock, alleviation of bird damage, and to reduce crop and feed damage. Livestock producers experiencing problems with predation can request WS assistance to trap, harass, and remove predators. WS assist producers before calving season to obtain federal permits to harass or remove migratory birds, particularly black vultures. WS works with dairy producers to prevent birds from consuming feed and contaminating final products. In rangelands, WS employ 'range riders' and fence technicians to protect grazing livestock from predation. WS protects aquaculture farms from fish eating birds and potential diseases through coordinated large-scale hazing operations. WS assist timber producers by removing beavers and dams to prevent flooding and damage to timber lots. WS personnel conduct wildlife disease surveillance to detect diseases in wildlife may infect or impact domestic livestock. This initiative supports USDA goal 2 and APHIS objective 2.4

Previous year funding level: \$ 22,779,118

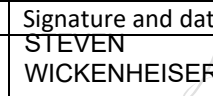

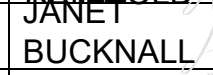

<Prior year details for initiatives can be found on an attached spreadsheet>

Historic instruments used to accomplish the initiatives goals

Cooperative Agreement (CA)	Grant (GR)	Interagency Agreement (IA)	Incoming Fund Agreement (RA/TF/OTC)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Signatures:

Approving official:

Title	Name	Signature and date		
Program Manager/ADODR	Steven Wickenheiser	 STEVEN WICKENHEISER <small>Digitally signed by STEVEN WICKENHEISER Date: 2024.01.17 09:45:26 -05'00'</small>	Signature needed	<input checked="" type="checkbox"/>
Signatory or Delegate	David Reinhold	 DAVID REINHOLD <small>Digitally signed by DAVID REINHOLD Date: 2024.01.17 09:52:30 -05'00'</small>	Signature needed	<input checked="" type="checkbox"/>
SES	Janet Bucknall	 JANET BUCKNALL <small>Digitally signed by JANET BUCKNALL Date: 2024.01.19 09:52:30 -05'00'</small>	≥ \$250,000	<input checked="" type="checkbox"/>
Agreement/Grant Specialist	Debra Martin	 DEBRA MARIN <small>Digitally signed by DEBRA MARIN Date: 2024.01.22 10:54:57 -05'00'</small>	Signature needed	<input type="checkbox"/>