



Clackamas County Sheriff's Office

ANGELA BRANDENBURG
Sheriff

5/4/2022

Board of County Commissioners
Clackamas County

Requesting Approval of an Amendment to the Intergovernmental Agreement (IGA) between the Clackamas County Sheriff's Office (CCSO) and the Oregon Department of Transportation (ODOT) to increase the reimbursement percentage and reduce the matching fund requirement on the Oregon Motor Carrier Safety Action Plan (MCSAP)

Purpose/Outcome	Requesting approval from the Board of County Commissioners to accept the attached amendment for the MCSAP grant, reducing the matching requirement from 14.99% to 5.00%
Dollar Amount and Fiscal Impact	The total project cost remains the same at \$25,000.00. Accepting this amendment increases the reimbursement CCSO will receive to \$23,750.00, originally \$21,252.50, and reduces the matching fund requirement to \$1,250.00, originally \$3,747.50.
Funding Source	Reimbursement funding is passed through ODOT; matching funds will be paid for using existing County General Funds
Safety Impact	Furthers the Board of County Commissioners' strategic priority of ensuring safe, healthy, and secure communities
Duration	The project period is from July 1, 2021, through September 30, 2022
Previous Board Action/Review	The Board of County Commissioners approved the original IGA during the consent agenda on September 30, 2021
Procurement Review	1. <i>Was the item processed through Procurement?</i> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Not applicable 2. <i>If no, provide a brief explanation:</i> Item is an IGA
Contact Person	Michael Morasko, Financial Analyst – mmorasko@clackamas.us
Contract No.	73000-0004096

BACKGROUND:

The Oregon Motor Carrier Safety Action Plan (MCSAP) aims to enhance highway safety through uniform commercial motor vehicle inspections conducted statewide. The goal of the MCSAP is to reduce accidents involving commercial motor vehicles and reduce injuries and fatalities caused by such vehicles. The attached amendment reduces the matching funds required on this IGA, increasing the amount reimbursed to Clackamas County.

RECOMMENDATION:

Staff recommends that the Board of County Commissioners signs and approves this amendment between the Clackamas County Sheriff's Office and the Oregon Department of Transportation.

Respectfully submitted,

Jenna Morrison

Jenna Morrison (May 4, 2022 11:11 PDT)

Jenna Morrison,
Chief Deputy

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AMENDMENT NUMBER 01
INTERGOVERNMENTAL AGREEMENT
Motor Carrier Safety Assistance Program Federal Fiscal Year 2022
Clackamas County Sheriff's Office

This is Amendment No. **01** to the Agreement between the **State of Oregon**, acting by and through its Department of Transportation, Commerce and Compliance Division, hereinafter referred to as "ODOT," and **Clackamas County**, acting by and through the Clackamas County Sheriff's Office, hereinafter referred to as "CCSO," entered into on November 2, 2021.

It has now been determined by ODOT and CCSO that the Agreement referenced above shall be amended to update match requirement, and revise Exhibit D.

1. **Effective Date.** This Amendment shall become effective on the date it is fully executed and approved as required by applicable law.

2. **Amendment to Agreement.**

a. **Exhibit D shall be deleted in its entirety and replaced with the attached Revised Exhibit D. All references to "Exhibit D" shall hereinafter be referred to as "Revised Exhibit D."**

b. **TERMS OF AGREEMENT, Paragraph 2, Page 2, which reads:**

2. Total Project cost is \$25,000, including CCSO's fourteen point ninety-nine (14.99) percent matching fund requirement. ODOT's payments to CCSO under this Agreement will be based on actual costs related to the MCSAP activities. Program payments will be made solely from federal funds and shall not exceed \$21,252.50. No state funds are obligated under this Agreement. CCSO shall be responsible for any nonparticipating costs and Project costs beyond the estimate.

Shall be deleted in its entirety and replaced with the following:

3. Total Project cost is \$25,000, including CCSO's five (5%) percent matching fund requirement. ODOT's payments to CCSO under this Agreement will be based on actual costs related to the MCSAP activities. Program payments will be made solely from federal funds and shall not exceed \$23,750. No state funds are obligated under this Agreement. CCSO shall be responsible for any nonparticipating costs and Project costs beyond the estimate.

c. **CCSO OBLIGATIONS, Paragraph 6, Page 3, which reads:**

6. CCSO shall submit a monthly detailed invoice either of CCSO's own design or using the example in Exhibit D, attached hereto and by this reference made a part hereof. For payroll reimbursement, invoice must include the officer name, hours requested for reimbursement, hourly rate (including salary and

fringe benefits), less 14.99% CCSO match amount, and the total amount. Submission of all inspections, citations and written warnings for the previous month shall be submitted, to ODOT's Project Manager for review and approval, no later than the 20th of each month. Under no conditions shall ODOT's obligations exceed the amount listed under TERMS OF AGREEMENT, Paragraph 2.

Shall be deleted in its entirety and replaced with the following:

6. CCSO shall submit a monthly detailed invoice either of CCSO's own design or using the example in Exhibit D, attached hereto and by this reference made a part hereof. For payroll reimbursement, invoice must include the officer name, hours requested for reimbursement, hourly rate (including salary and fringe benefits), less 5% CCSO match amount, and the total amount. Submission of all inspections, citations and written warnings for the previous month shall be submitted, to ODOT's Project Manager for review and approval, no later than the 20th of each month. Under no conditions shall ODOT's obligations exceed the amount listed under TERMS OF AGREEMENT, Paragraph 2.
3. **Counterparts**. This Amendment may be executed in two or more counterparts (by facsimile or otherwise) each of which is an original and all of which when taken together are deemed one agreement binding on all Parties, notwithstanding that all Parties are not signatories to the same counterpart.
4. **Original Agreement**. Except as expressly amended above, all other terms and conditions of the original Agreement are still in full force and effect. Agency certifies that the representations, warranties and certifications in the original Agreement are true and correct as of the effective date of this Amendment and with the same effect as though made at the time of this Amendment.

THE PARTIES, by execution of this Agreement, hereby acknowledge that their signing representatives have read this Agreement, understand it, and agree to be bound by its terms and conditions.

SIGNATURE PAGE TO FOLLOW

CLACKAMAS COUNTY, by and
through its Sheriff's Office

By _____
Clackamas County Board of
Commissioners

Title _____
Chair

Date _____

CCSO Contact:

Sergeant Marc Griffith
Clackamas County Sheriff's Office
9101 SE Sunnybrook Blvd.
Clackamas, OR 97015
971-275-2452
mgriffith@clackamas.us

ODOT Contact:

Howard Russell
Safety Enforcement Manager
3930 Fairview Industrial Dr SE
Salem, OR. 97302
(503) 373-1979
howard.h.russell@odot.oregon.gov

STATE OF OREGON, by and through
its Department of Transportation

By _____
Carla Phelps, Manager, Commerce &
Compliance Division, Enforcement and Safety
Section

Date _____

APPROVAL RECOMMENDED

By _____
Elisha Brackett, Fiscal Officer, Commerce &
Compliance Division

Date _____

**REVISED EXHIBIT D- Line Item Budget Form to Agreement No. 73000-00004096
 EXAMPLE INVOICE**

	<h2 style="margin: 0;">Grant/Agreement Payment Request</h2>
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Grantee Name: _____	Invoice Date: _____
Remit Address: _____	Effective Date: _____
City: _____	Fed ID No.: _____
State/Zip: _____	Contact Phone: _____
Contact Name: _____	Contact Fax: _____
Vendor Number _____	ODOT Grant/ Agreement/ Invoice Number: _____

BILL TO:

ODOT Office: <u>CCD-Safety Compliance Field Unit</u>	Contact Name: <u>Howard Russell</u>
Address: <u>3930 Fairview Industrial Drive SE</u>	Contact Phone: <u>(503)373-1979</u>
City: <u>Salem</u>	Contact Fax: _____
State/Zip: <u>OR 97302</u>	

Quantity	Description	Unit Price	Total
4 Hours	<i>i.e. Officer Smith [delete and replace with your information. List each officer separately. Unit price includes Salary & Fringe Benefits]</i>	\$75.00	\$300.00
2 Hours	<i>Officer Jones</i>	\$70.00	\$140.00
	<i>Less: 5% Match Requirement</i>		<i>(\$22.00)</i>
Total Grant Payment Request:			\$418.00

CODING

UNIT	EA/SJ	ACT	OBJ DET	AMOUNT	R	QTY	SFO

_____	ODOT CCD Approval Manager Signature Date
_____	ODOT CCD Approval Manager Name