

COOS COUNTY FILING COVER SHEET

TO:	Coos County Clerk - Filing
FROM:	Office of Legal Counsel

Please file the attached document in the County Records using the selected Document type:

- | | | | |
|-------------------------------------|--------------------------|--------------------------|------------------------------|
| <input type="checkbox"/> | Affidavit of Publication | <input type="checkbox"/> | Elections |
| <input type="checkbox"/> | Board of Commissioners | <input type="checkbox"/> | Oaths of Office |
| <input checked="" type="checkbox"/> | Contracts & Agreements | <input type="checkbox"/> | Vacation Proceedings |
| <input type="checkbox"/> | Special Districts | <input type="checkbox"/> | Demand for Just Compensation |

INDEXING INFORMATION

Affected Parties Names:

**Board of Commissioners
Conmed, Inc.
Coos County Sheriff's Office**

Subject of Document: (brief description - minutes, contract, order, etc.)

Ninth Amendment to the Agreement for Jail Medical Services contract

Resolution or Order #:

Date of Meeting or of Document: Signed by BOC 8/2/2016

CONTRACT / GRANT SUMMARY FORM

Clerk's CJ No.: _____ (complete after filed with Clerk) Contract/Agreement/Grant No.: _____

Name/Agency Name and Address: Conmed, Inc. 7250 Parkway Drive, Suite 400, Hanover, MD 21076

Contact Person: John Roth Phone No. 410-567-5537

Amount of Contract/Grant Award: \$ \$475,738.80

Payment Terms: Upon invoice (state lump sum or amount and time of payments)

Start Date: 8/1/2016 End Date: 8/31/2016

County Department and Employee Responsible for Performance: Sheriff Zanni, CCSO

Description: Amendment #9 to extend current contract through August 31, 2016

FINANCIAL INFORMATION

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

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

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

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

- New Renewal Modification
 Previous Amount: \$ Original Amount: \$
 Previous Date: Original Date:
- Automatic Renewal? Yes No Staff Requirements: New Existing Subcontract
 Will unemployment cost be incurred? Yes No

PUBLIC CONTRACTING INFORMATION

Method of Selection:

- Bid None
 Quote Other _____
 Proposal

Type of Contract:

- New (complete sections below)
 Renewal (no need to complete sections below)
 Modification (no need to complete sections below)

Type of Contract:

Goods and Services - If Not Using Bid or Proposal, Mark Exemption:

- | | |
|---|--|
| <input type="checkbox"/> Under \$10,000 | <input type="checkbox"/> Equipment Maintenance |
| <input type="checkbox"/> Under \$50,000 for Quotes | <input type="checkbox"/> Office Supplies |
| <input type="checkbox"/> Under \$150,000 & Approval from Board for Quotes | <input type="checkbox"/> Used Vehicles |
| <input type="checkbox"/> Sole Source | <input type="checkbox"/> State Purchasing |
| <input type="checkbox"/> Contract with Public Agency | <input type="checkbox"/> Other _____ |

Public Improvement - If Not Using Bid, Mark Exemption:

- | | |
|--|---|
| <input type="checkbox"/> Under \$5,000 | <input type="checkbox"/> Alternative Contracting Method Approved by Board |
| <input type="checkbox"/> Under \$50,000 for Quotes | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Under \$100,000 & Not a Transportation Project for Quotes | |

Personal Services Contract - If Not Using Proposal, Mark Exemption:

- Under \$50,000
 Under \$150,000 & Approval from Board

Will project be reported to Bureau of Labor for Prevailing Wages under ORS 279C.800? Yes No

Certificate of insurance required? Yes No

Form of contract: Oral Written (attach the written contract)

Date Approved by BOC: <u>8/2/16</u>	Reviewed by Counsel:
-------------------------------------	----------------------

**NINTH AMENDMENT TO THE AGREEMENT FOR JAIL MEDICAL SERVICES AT
COOS COUNTY, OREGON
(Effective August 1, 2016)**

This Ninth Amendment (this "Amendment") to the Agreement for Inmate Health Care Services dated July 1, 2009, as amended (the "Agreement"), is by and between Conmed, Inc. (hereinafter, "Conmed") and Coos County, a political subdivision of the State of Oregon, acting by and through its Board of Commissioners (hereinafter, the "County").

WHEREAS, the Parties have determined that it is necessary and in the best interest of Covered Persons to extend the term of the existing Agreement by one month.

NOW, THEREFORE, in consideration of the mutual covenants herein contained and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the County and Conmed agree:

1. **RECITALS.** The Parties hereto incorporate the foregoing recitals as a material portion of this Amendment.
2. **AMENDMENT TO EXHIBIT A OF CONTRACT.** The Agreement shall be amended by deleting Section 2 of Exhibit A in its entirety and inserting the following language in lieu thereof:

Section 2 – Term of Contract


The term of this Contract shall be from August 1, 2016 to August 31, 2016.

3. **SEVERABILITY.** If any terms or provisions of this Amendment or the application thereof to any person or circumstance shall to any extent be invalid or unenforceable, the remainder of this Amendment or the application of such term or provision to person or circumstances other than those as to which it is held invalid or unenforceable shall not be affected thereby and each term and provision of this Amendment shall be valid and enforceable to the fullest extent permitted by law.
4. **DEFINITIONS.** Capitalized terms used but not defined herein shall have the meaning ascribed to them under the Agreement.
5. **REMAINING PROVISIONS.** The remaining provisions of the Agreement not amended by this Amendment shall remain in full force and effect.

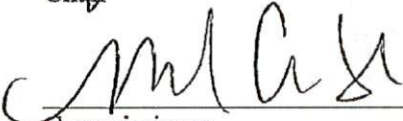
REMAINDER OF PAGE INTENTIONALLY BLANK

IN WITNESS WHEREOF, the Parties have caused this Amendment to be executed in their names or their official acts by their respective representatives, each of whom is duly authorized to execute the same.

Board of Commissioners
Coos County, Oregon



Chair



Commissioner




Commissioner

8/2/16

Date

Conmed, Inc.



Chris Bove
President, Local Detention Division

Date: 8-4-2016
