

DESCHUTES COUNTY DOCUMENT SUMMARY

(NOTE: This form is required to be submitted with ALL contracts and other agreements, regardless of whether the document is to be on a Board agenda or can be signed by the County Administrator or Department Director. If the document is to be on a Board agenda, the Agenda Request Form is also required. If this form is not included with the document, the document will be returned to the Department. Please submit documents to the Board Secretary for tracking purposes, and not directly to Legal Counsel, the County Administrator or the Commissioners. In addition to submitting this form with your documents, please submit this form electronically to the Board Secretary.)

Please complete all sections above the Official Review line.

Date: **Department:**

Contractor/Supplier/Consultant Name:

Contractor Contact: **Contractor Phone #:**

Type of Document: IGA # 6194

Goods and/or Services: Specialized probation supervision and services by an Adult Parole & Probation Officer (PPOS) to serve offenders with drug and/or property offenses. Includes one FTE PPO, substance use disorder treatment funds, sober and transitional housing, urinalysis services and county administrative/infrastructure costs.

Background & History: Deschutes County receives a formula allocation from the Department of Corrections (DOC) to serve offenders with drug and/or property offenses. The state has an interest in providing drug and alcohol treatment and specialized supervision to offenders with addictions. Known as "Measure 57", the state has supported counties with additional / supplemental funds for this purpose for several biennia.

Agreement Starting Date: **Ending Date:**

Annual Value or Total Payment:

Insurance Certificate Received (check box)
Insurance Expiration Date:

Check all that apply: N/A

- RFP, Solicitation or Bid Process
- Informal quotes (<\$150K)
- Exempt from RFP, Solicitation or Bid Process (specify – see DCC §2.37)

Funding Source: (Included in current budget? Yes No

If **No**, has budget amendment been submitted? Yes No **In progress.**

Is this a Grant Agreement providing revenue to the County? Yes No

Special conditions attached to this grant: Biennial report on funds expended.
Deadlines for reporting to the grantor: Upon request after end of biennium.

If a new FTE will be hired with grant funds, confirm that Personnel has been notified that it is a grant-funded position so that this will be noted in the offer letter: Yes No

Contact information for the person responsible for grant compliance:

Name: Denise Sitrer

Phone #: (503) 945-9051 _____

Departmental Contact and Title: Deevy Holcomb, Admin & Performance Mgr

Phone #: 541-322-7644

Department Director Approval:


Signature

11/3/21
Date

Distribution of Document: 1 signed original to be returned to Trevor Stephens.

Official Review:

County Signature Required (check one): BOCC Department Director (if <\$25K)

Administrator (if >\$25K but <\$150K; if >\$150K, BOCC Order No. _____)

Legal Review _____ Date _____

Document Number _____