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City of St. Helens COUNCIL AGENDA

Wednesday, June 1, 2016

City Council Chambers, 265 Strand Street, St. Helens

City Council Members

Mayor Randy Peterson
Council President Doug Morten
Councilor Keith Locke
Councilor Susan Conn
Councilor Ginny Carlson

Welcome!

All persons planning to address the Council, please sign-in at the back of the room. When invited to provide comment regarding items not on tonight's agenda, please raise your hand to be recognized, walk to the podium in the front of the room to the right, and state your name only. You are not required to give your address when speaking to the City Council. If you wish to address a specific item on the agenda, you should make your request known to the Mayor as soon as possible before the item comes up. The Council has the authority to grant or deny your request. Agenda times and order of items are estimated and are subject to change without notice.

1. **6:30PM – PUBLIC HEARING:** FY2016-17 State Revenue Sharing & Budget Adoption
2. **7:00PM - CALL REGULAR SESSION TO ORDER**
3. **PLEDGE OF ALLEGIANCE**
4. **INVITATION TO CITIZENS FOR PUBLIC COMMENT –** *Limited to five (5) minutes per speaker.*
5. **DELIBERATIONS:** FY2016-17 State Revenue Sharing & Budget Adoption
6. **ORDINANCES – Final Reading**
 - A. **Ordinance No. 3206:** An Ordinance Amending St. Helens Municipal Ordinance No. 3149 to Remove the "Sunset Clause" on the McCormick Park Pet Off-Leash Area (and thus making the off-leash area permanent) by Deleting Section 4 of Said Ordinance
7. **RESOLUTIONS**
 - A. **Resolution No. 1745:** A Resolution Adopting a City of St. Helens Short Term Disability Policy
 - B. **Resolution No. 1746:** A Resolution of the City of St. Helens, Declaring Certain City Owned Property at 1300 Kaster Road Surplus and Designating a Soliciting Agent
8. **APPROVE AND/OR AUTHORIZE FOR SIGNATURE**
 - A. Interagency Agreement Addendum Memorandum of Understanding for Columbia Enforcement Narcotics Team (CENT)
 - B. Contract with Walker|Macy for Columbia View Park Gazebo Replacement Concept Design
9. **APPOINTMENTS TO CITY BOARDS & COMMISSIONS**
10. **CONSENT AGENDA FOR ACCEPTANCE**
 - A. Accounts Payable Bill List
11. **CONSENT AGENDA FOR APPROVAL**
 - A. OLCC Licenses
 - B. Work Session and Regular Session Minutes dated May 18, 2016
 - C. Accounts Payable Bill List
12. **MAYOR PETERSON REPORTS**
13. **COUNCIL MEMBER REPORTS**
14. **DEPARTMENT REPORTS**
15. **ADJOURN**

The St. Helens City Council Chambers are handicapped accessible. If you wish to participate or attend the meeting and need special accommodation, please contact City Hall at 503-397-6272 in advance of the meeting.

Be a part of the vision...get involved with your City...volunteer for a City of St. Helens Board or Commission!
For more information or for an application, stop by City Hall or call 503-366-8217.



City of St. Helens Public Hearing June 1, 2016 Fiscal Year 2016-17 Revenue Sharing Designation Recommended Approved Budget

Facilitated by: Jon Ellis
Finance Director/Budget Officer



Agenda - FY 16 -17 Public Hearings

- **Public Hearing on Revenue Sharing Designation**
 - Overview of State Revenue Sharing
 - Designation
 - Public Comments
- **Public Hearing on Recommended Approved Budget**
 - City Budget Basics
 - Budget Overview
 - Public Comments

Revenue Sharing Funds

Liquor revenue – taxes collected by the State on the sale of liquor

- State shares these revenues with counties and cities
- 20% is allocated to cities based on population
- 14% - known as “Revenue Sharing” is allocated based on a formula comprised on property taxes, per capita income and population

Revenue Sharing funds requirements per ORS 221.770

- Hold public hearing for public comment on proposed use
- Adopt resolution electing to receive funds

Revenue Sharing Designations FY 16 - 17

Resources

Estimated revenue sharing revenues	130,000
Total Resources	<u>130,000</u>

Uses

Support of General Fund Services (Police, Library, Parks, Court, Community Services)	(130,000)
Total Uses	<u>(130,000)</u>

- Equates to
 - 1.5 days of library operations, or
 - 1 Police Officer, or
 - Parks facilities being open, or
 - Having a Municipal Court

Open for Public Comments



City Budget Basics

- 11 Funds
- 5 Departments
 - (2 Departments Merged – Community Development and Administration)
- 65 Full-time positions
- 17 Seasonal/part-time staff (5.95 FTE)
- Serving approximately 13,100 St. Helens citizens

Managing the Checkbooks

- Each fund is a separate checkbook
- The budget determines what checks will be written
- Some departments have multiple checkbooks
- Most checkbooks are shared between various departments

Resources (Revenues) = Uses (Expenditures)

Types of Funds

- Tax Supported
 - General Fund
- Fee Supported
 - Water / Wastewater Utilities
- Special Revenue Supported
 - Streets, Visitor Tourism, Economic Development, Community Development, Capital Improvements, CDBG
- Internal Service Funds
 - Administrative services, Public Works, Fleet

Approved FY 16 -17 Budget

Fund	Resources			Uses		Resources in excess of Uses	Contingency	Unappropriated Fund Balance
	Beginning working capital	Revenues	Transfers	Expenditures	Transfers			
General Fund	1,645,886	4,473,390	22,070	4,596,835	72,600	1,471,911	913,000	558,911
Special Revenue Funds								
Economic Development	-	850,000	549,850	1,159,450	-	240,400	237,290	3,110
Visitor & Tourism	199,241	205,500	-	236,000	30,000	138,741	19,500	119,241
Community Enhancement	556,041	232,364	43,530	305,106	157,560	369,269	80,510	288,759
Capital Improvement	6,137,440	1,752,700	1,967,000	5,080,300	200,000	4,576,840	670,000	3,906,840
CDBG	-	56,680	-	56,680	-	-	-	-
Streets (Gas Tax)	656,813	881,450	-	788,020	54,970	695,273	100,000	595,273
Internal Service Funds								
Administrative Services	154,222	1,489,330	-	1,585,509	-	58,043	58,043	-
Public Works	-	272,030	40,000	272,030	-	40,000	40,000	-
Fleet	33,142	278,000	-	291,980	-	19,162	10,000	9,162
Enterprise Funds								
Water Operating	2,174,955	3,220,780	-	2,804,890	909,580	1,681,265	300,000	1,381,265
Sewer Operating	3,535,238	4,971,500	-	4,425,900	1,197,740	2,883,098	510,000	2,373,098
Grand Total	15,092,978	18,683,724	2,622,450	21,602,700	2,622,450	12,174,002	2,938,343	9,235,659
Total Budget			36,399,152		36,399,152			
Unappropriated fund balance			(15,092,978)		(9,235,659)			
Contingency			0		(2,938,343)			
Transfers			(2,622,450)		(2,622,450)			
Internal Services			(2,103,250)		(2,103,250)			
Net Budget			<u>16,580,474</u>		<u>19,499,450</u>			

Draw on
(2,918,976) reserves

Revenues / Expenditures By Type – All Funds

- 90% of Revenues from 5 revenue categories

- Staffing 70.95 FTE (increase 3.02)

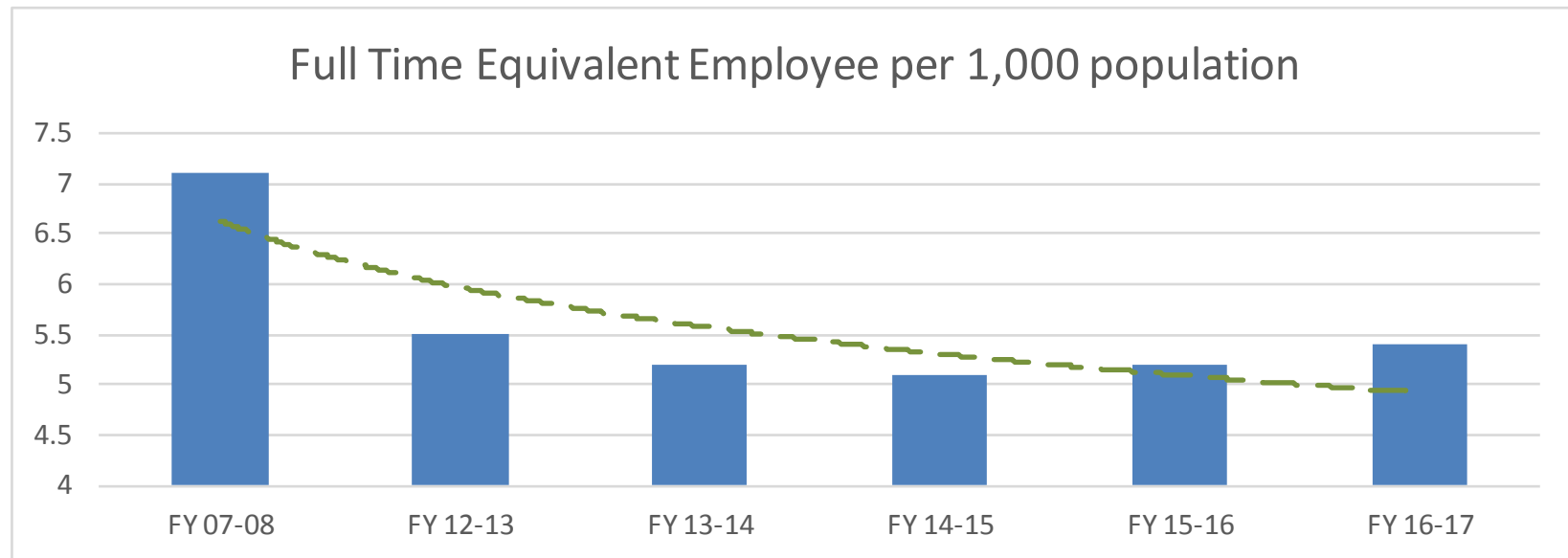
- 1.00-CEO
- .50-Grounds
- .50-Building
- .40-WWTP
- .25-Court
- .20-Library
- .17-Finance

	Budget 2016-17	Percent total	Adjustments to net*	Net Budget	Percent total	Percent current
Resources						
Beginning working capital	15,092,978	41%		15,092,978	48%	0%
Charges for services	8,659,640	24%	(306,280)	8,353,360	26%	50%
Intergovernmental	2,215,255	6%		2,215,255	7%	13%
Property taxes	1,695,890	5%		1,695,890	5%	10%
Franchise fees	1,525,710	4%		1,525,710	5%	9%
Loan Proceeds	1,147,400	3%		1,147,400	4%	7%
Licenses and permits	405,400	1%		405,400	1%	2%
Fines and forfeitures	218,300	1%		218,300	1%	1%
Miscellaneous	826,959	2%		826,959	3%	5%
Motel/hotel	126,000	0%		126,000	0%	1%
Interest earnings	68,200	0%		68,200	0%	0%
Transfers	2,622,450	7%	(2,622,450)	-	0%	0%
Indirect cost allocation - CC	1,796,970	5%	(1,796,970)	-	0%	0%
Current revenues	21,308,174	59%	(4,725,700)	16,582,474	52%	0%
Total resources	36,401,152	100%	(4,725,700)	31,675,452		
Personnel Services	7,565,210	21%		7,565,210	39%	0%
Materials and Supplies	7,132,840	20%	(2,103,250)	5,029,590	26%	0%
Capital Outlay	5,209,300	14%		5,209,300	27%	0%
Debt Service	1,695,350	5%		1,695,350	9%	0%
Transfers	2,622,450	7%	(2,622,450)	-	0%	0%
	24,225,150	67%	(4,725,700)	19,499,450	100%	0%
Contingency	2,938,343	8%	(2,938,343)	-	0%	0%
Ending fund balance	9,235,659	25%	(9,235,659)	-	0%	0%
	36,399,152	100%	(16,899,702)	19,499,450	100%	0%
Net draw on reserves				(2,916,976)		

Expenditures By Department - All Funds

	Budget 2016-17					
Uses by Departments/Programs	Expenditures	Percent	Contingency	Un-appropriated Fund Balances	Total Requirements	FTE
Administration and Community Development						
City Council	84,390					
Administration	1,622,501		58,043	-		
Courts	403,330					
Communitny Development	2,120,425		306,790	186,341		
Administration and Community Development	4,230,646	17.46%	364,833	186,341	4,781,820	17.30
Library	727,630	3.00%	20,510	187,085	935,225	5.50
Police	3,162,374	13.05%	-	-	3,162,374	17.00
Public Works						
Engineering	45,000		-	-		
Equipment	320,000		20,000	237,885		
Fleet	291,980		10,000	9,162		
Operations	227,030		40,000	-		
Parks	444,270		60,000	105,409		
Sewer	7,577,640		910,000	3,883,213		
Streets	2,299,290		200,000	1,554,859		
Water	4,714,470		400,000	2,512,794		
Public Works	15,919,680	65.72%	1,640,000	8,303,322	25,863,002	31.15
Non-Departmental	184,820	0.76%	913,000	558,911	1,656,731	-
Total Requirements	24,225,150	100.00%	2,938,343	9,235,659	36,399,152	70.95

History of Staffing



Department	FY 07-08	FY 12-13	FY 13-14	FY 14-15	FY 15-16	FY 16-17
Admin/CD	18.50	14.50	14.00	14.00	15.30	17.30
Police	24.00	18.00	17.00	17.00	17.00	17.00
Library	6.50	5.65	5.46	5.29	5.30	5.50
Public Works*	36.70	32.80	30.50	29.75	30.25	30.65
Total Staffing	85.70	70.95	66.96	66.04	67.85	70.45

- Just shy FY 12-13 staffing levels
- Between FY 07-08 and FY 14-15 lost 23% of total workforce or 33% of General Fund funded positions

Overall Cost Drivers

- Personnel Services up \$318,750 or 4.4%
 - Merit and COLA increases (\$134,200)
 - Medical insurance increase (\$63,200)
 - Additional Staffing increase
- Materials and supplies up \$613,360 or 9.4%
 - Brownfield grant – Economic Development (\$200,000)
 - Police Justice Grant for Crisis Intervention Team (\$153,930)
 - Pass through of taxes associated with Cascade Lease (\$150,000)
- Capital Improvements
 - Godfrey Park Outfall, Street Lighting, 2MG Reservoir Rehabilitation, S10th Street Pump Station reroute

Capital Improvement Program

Capital Outlay - Summary Project Listing									
Account Description	Adopted 2015-16	Approved 2016-17	Variance	Notes	Account Description	Adopted 2015-16	Approved 2016-17	Variance	Notes
009-Community Enhancement					010 - Capital Projects - 303/304 - Sewer/Storm				
Gateway project - phase I / II	2,000	49,500			Sewer main replacement	300,000	200,000		
Potential Park Property Acquisition	50,100	-			I&I Reduction	-	150,000		
Development opportunities	2,488,430	-			Survey WWTP Dike	-	4,000		
	2,540,530	49,500	(2,491,030)		Man Hole Rehabilitation	-	130,000		
010 - Capital Projects - 301 - Streets					S10 street PS#6 Reroute	-	400,000		
Unimproved paving	25,000	50,000		Carry-over	Meter & Lift Stations	130,000	70,000		
Sidewalk	25,000	25,000			Storm drains	100,000	100,000		
Replace light poles	-	30,000			Godfrey Outfall	1,900,000	800,000		Carry-over
Eisenschmidt Sidewalk-Overlay	40,000	-				2,430,000	1,854,000	(576,000)	
Gable Road	200,000	251,300			010 - Capital Projects - 300 - Parks				
Street Lighting	500,000	825,000		Carry-over	McCormick Park Ped Bridge	69,800	2,000		
Street Overlay	100,000	175,000		Carry-over	Columbia View Park	-	10,000		
	890,000	1,356,300	466,300		Dock Repairs	75,000	75,000		
010 - Capital Projects - 302 - Water					McCormick Park Cover Shelter	-	25,000		
Telemetry System Upgrade	-	-			Fenced Dog Park	-	8,000		
Water main replacement	200,000	200,000				144,800	120,000	(24,800)	
Water meter replacement	200,000	250,000			Various - Other Capital Outlays				
2 MG Reservoir Rehabilitation	300,000	300,000		Carry-over	Heavy equipment	195,000	150,000		
WWF Computer/software upgrade	-	10,000		Carry-over	Crew Pickup	-	50,000		
Purchase land for reservoir	240,000	240,000		Carry-over	Police Vehicle	-	80,000		
	940,000	1,000,000	60,000		Phone System	50,000	-		
					Park Equipment	-	20,000		
					GIS Update	-	100,000		
					Computers, Software	96,000	55,000		
					Potential Infrastructure - Shops	-	350,000		
					Various Bldg./Equipment	18,000	24,500		
						359,000	829,500	470,500	
					Total Capital Outlay	7,304,330	5,209,300	(2,095,030)	



Proposed to Approved Budget

Budget Items	Uses				Sources		
	Appropriations	Contingencies	Ending FB	Total	Beginning FB	Revenues	Total
Proposed Budget	22,564,040	2,938,343	9,775,429	35,277,812	14,780,778	20,497,034	35,277,812
Youth Council	5,000	-	-	5,000	-	5,000	5,000
ICAP Adjustments	-	-	-	-	-	-	-
CIP - Street Lighting	325,000	-	-	325,000	-	325,000	325,000
Debt Service - Street Lighting	-	-	-	-	-	-	-
Potential PW Shops Expansion	350,000	-	-	350,000	-	350,000	350,000
Potential PW Shops Expansion - Transfers	350,000	-	(350,000)	-	-	-	-
Visitor & Tourism projects							
Branding and Way Finding	100,000	-	(50,000)	50,000	-	50,000	50,000
Arts - Gateway Phase 2 (Tourism 008)	20,000	-	(20,000)	-	-	-	-
Arts - Gateway Phase 2 (Com. Enh 009)	-	-	20,000	20,000	-	20,000	20,000
CIP - Parks - Columbia View (Tourism 008)	10,000	-	(10,000)	-	-	-	-
CIP - Parks - Columbia View (CIP 010)	10,000	-	-	10,000	-	10,000	10,000
PEG Access	21,000	-	-	21,000	21,000	-	21,000
PD - Purchase Police Car (GF 001)	40,000	-	(40,000)	-	-	-	-
PD - Purchase Police Car (CIP 010)	40,000	-	-	40,000	-	40,000	40,000
Code Enforcement							
PT to full time (GF 001)	45,300	-	(45,300)	-	-	-	-
PT to full time (Other Funds)	(44,000)	-	44,000	-	-	-	-
PW Back fill Term Limited (Other Funds)	82,310	-	(82,310)	-	-	-	-
Total adjustments to proposed budget made 5-5-16	1,354,610	-	(533,610)	821,000	21,000	800,000	821,000
2 Part-time Seasonal Position (.5 FTE) for Boise							
Property Maintenance	11,520	-	(11,520)	-	-	-	-
Shift Planning Assitant Labor Allocation	-	-	-	-	-	-	-
CIP - McCormick Park Ped Bridge	(12,300)	-	-	(12,300)	(12,300)	-	(12,300)
CIP - Dock Repairs	6,500	-	-	6,500	3,500	3,000	6,500
CIP - Dock Repairs - Marine Board Contribution	-	-	6,140	6,140	-	6,140	6,140
CIP - Godfrey Outfall	300,000	-	-	300,000	300,000	-	300,000
Total adjustments to proposed budget made 5-18-16	305,720	-	(5,380)	300,340	291,200	9,140	300,340
Errors to approved calculations - Posted to LB -1							
Over allocated for seasonal PT	780	-	(780)	-	-	-	-
Total adjustments to proposed budget made 5-5-16	780	-	(780)	-	-	-	-
				-			-
Approved Budget as of 5-18-2016	24,225,150	2,938,343	9,235,659	36,399,152	15,092,978	21,306,174	36,399,152

Open for Public Comments



Next:

Deliberation and Adoption of Budget June 15, 2016

Questions ?

City of St. Helens
ORDINANCE NO. 3206

AN ORDINANCE AMENDING ST. HELENS MUNICIPAL ORDINANCE
NO. 3149 TO REMOVE THE "SUNSET CLAUSE" ON THE
McCORMICK PARK PET OFF-LEASH AREA (AND THUS MAKE THE
OFF-LEASH AREA PERMANENT) BY DELETING SECTION 4 OF
SAID ORDINANCE

WHEREAS, on or about June 1, 2011, the St. Helens City Council adopted Ordinance No. 3149 which set forth rules of conduct in the trial off-leash pet area in McCormick Park which had been established by Resolution No. 1564; and

WHEREAS, City Council had included a "sunset" clause in the ordinance adopting rules for the off-leash park area so that the off-leash area would be established on a trial basis; and

WHEREAS, City Council has decided that the off-leash park area and the rules of conduct therefor should become permanent.

NOW, THEREFORE, THE CITY OF ST. HELENS ORDAINS AS FOLLOWS:

Section 1. Section 4 of St. Helens Municipal Ordinance No. 3149 shall be deleted in its entirety and the editor's notes in Titles 6.04 and 8.24 of the St. Helens Municipal Code referring to a "sunset" clause shall be removed.

Read the first time:	May 18, 2016
Read the second time:	June 1, 2016

APPROVED AND ADOPTED by the City Council this 1st day of June, 2016, by the following vote:

Ayes:

Nays:

Randy Peterson, Mayor

ATTEST:

Kathy Payne, City Recorder

City of St. Helens
RESOLUTION NO. 1745

**A RESOLUTION ADOPTING A CITY OF ST. HELENS
SHORT TERM DISABILITY POLICY**

WHEREAS, the City implemented a self-funded Short Term Disability Policy in July of 2013; and

WHEREAS, on July 18, 2014, the Council approved a Memorandum of Understanding with the AFSCME union regarding the Short Term Disability Policy amending the collective bargaining agreement; and

WHEREAS, the policy was never officially adopted by the Council; and

WHEREAS, the City Council finds it in the best interest of the employees of the City of St. Helens to adopt a Short Term Disability Policy.

NOW, THEREFORE, the City of St. Helens resolves as follows:

Section 1. The Short Term Disability Policy, attached as Exhibit A and incorporated herein by reference, is hereby adopted.

Approved and adopted by the City Council on June 1, 2016, by the following vote:

Ayes:

Nays:

Randy Peterson, Mayor

ATTEST:

Kathy Payne, City Recorder

CITY OF ST. HELENS	
SHORT TERM DISABILITY POLICY	POLICY NUMBER:
EFFECTIVE DATE: JULY 1, 2013	APPROVAL:

I. POLICY:

Self-funded short term disability insurance program.

II. PURPOSE:

The City of St. Helens self-funded short term disability insurance program will provide wage continuation of up to 50% of employee's monthly base wage and maintain health benefits for any qualifying short term disability event. The short term disability benefit only covers a qualifying event and shall not exceed 90 days from the date of incident. After employees exhaust 90 days of this short term disability self-funded City benefit, long term disability insurance benefits cover qualifying employees in accordance with the group insurance policy plan document in effect.

III. PROCEDURES:

- Step 1 Complete a Leave of Absence Request Form
- Step 2 Complete a Short Term Disability Claim Packet

Attachments:

Leave of Absence Request Form
Short Term Disability Program Summary
Short Term Disability Claim Packet



LEAVE OF ABSENCE REQUEST FORM

(FAMILY & OTHER LEAVES EXCLUDING VACATION)

Complete this form for any requests for leave of absence - paid or unpaid - medical, personal, bereavement, family or otherwise, excluding vacation. In the case of advance notice, request forms must be received as soon as you know the time you need to take off. In the case of unplanned leaves of absence, you must notify your supervisor as soon as feasibly possible.

Employee Name _____ Date of Hire _____
 Department _____ Job Title _____ Home Phone _____
 Home Mailing Address _____ Personal Email _____
 City, State, Zip _____ Cell Phone _____
 Employee Class: ☐ Non-exempt
 ☐ Exempt
 Employee Category: ☐ Regular full-time; 40 hours per week
 ☐ Regular part-time; hours per week _____ (At least 20 hours but less than 40)
 Employee Group: ☐ AFSCME
 ☐ Non-represented
 ☐ St. Helens Police Association

I am requesting a leave of absence for:

- ☐ Family Medical Leave for the care of:
- ☐ A child after birth, within the first 12 months of birth [FMLA/OFLA]. Anticipated arrival date: _____
 - ☐ Newly adopted or newly placed foster child [FMLA/OFLA]. Anticipated arrival date: _____
 - ☐ Spouse, child, parent or parent-in-law, same sex domestic partner, grandparent, or grandchild with a serious health condition [FMLA/OFLA]
 - ☐ My own serious health condition (see back for definition) [FMLA/OFLA]
 - ☐ A child with an illness other than a serious health condition [OFLA]
 - ☐ Family member injured while on active military duty [FMLA]
 - ☐ "Qualifying exigency" related to family member's active military duty call-up [FMLA]
- Note: In order to determine whether the leave is FMLA or OFLA, additional information may be required.*
- ☐ Sick Leave. Describe reason on page 2.
- ☐ Personal Leave. Describe reason on page 2.
- ☐ Bereavement Leave. Describe reason on page 2.
- ☐ Military Leave. Describe reason on page 2.
- ☐ Education Leave. Describe reason on page 2.
- ☐ Other Leave. Describe reason on page 2.

Leave beginning date: ____/____/____ Expected return date: ____/____/____

Briefly describe how leave will be taken (e.g. full-time for four weeks, full-time for one week and then intermittent for two weeks, etc.):

I will use the following type of leave:

Must use sick, vacation, compensatory, or administrative leave before unpaid leave may be used.

- ☐ Sick
- ☐ Vacation
- ☐ Compensatory
- ☐ Administrative
- ☐ Unpaid
- ☐ Bereavement

☐ Yes ☐ No It is my wish to keep medical/dental insurance in effect. If my request is for an unpaid leave of absence, I agree to pay medical insurance premiums to the City by the 25th of each month, unless the City is required to pay the premiums as required by FMLA. [Under FMLA, but not OFLA, the City will be responsible for maintaining my medical/dental insurance for the length of leave under the coverage conditions that would have been available in the absence of a leave.]

I certify that the information provided is correct to the best of my knowledge.

Employee Signature _____

Date Signed _____

Submit this to your supervisor as soon as you know you need time off.
 Council Approved Form 11/20/13.

Date Received _____
 Leave is: ☐ Approved
 ☐ Denied
 Supervisor Signature _____
 Dept. Head Signature _____
 City Administrator Signature _____

Provide copy of this document to employee and send original immediately to Kathy Payne for further processing.
 Time is sensitive.

The Family Medical Leave Act (FMLA) and the Oregon Family Leave Act (OFLA) generally describe "Serious Health Condition" as follows:

- Illness, injury, impairment physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee's job, or prevents the qualified family member from participating in school or other daily activities.
- Inpatient care.
- Conditions requiring "constant" or "continuing" care.
- Permanent or long-term incapacity due to a condition for which treatment may not be effective, such as Alzheimer's disease, a severe stroke, or terminal stages of a disease.
- Period of incapacity of more than three (3) consecutive calendar days combined with at least two visits to a health care provider or one visit and a regimen of continuing treatment.
- Incapacity due to pregnancy.
- Incapacity due to chronic condition.

Examples of illnesses which generally do not qualify as "Serious Health Condition":

- The common cold
- Flu
- Ear aches
- Upset stomach
- Routine headaches
- Sore throat
- Routine medical or dental visits

Please describe the reason for your leave request: _____



Short Term Disability – City’s Self-Funded Program

1. For purpose of Short Term Disability (STD), the term “total disability” means complete inability of an employee to engage in his/her regular occupation.
2. Upon receipt by the City of notice and satisfactory proof that an employee shall have become totally disabled as a result of injury or sickness and that during the period of such total disability such employee shall have been under treatment thereof by a physician.
3. STD shall not include injuries incurred on the job – whether working at the City and/or at the employment of others.
4. STD shall not cover injuries incurred by act of war or injuries intentionally self-inflicted.
5. STD shall not cover periods that an employee is confined in any penal or correctional institution in connection with criminal or other public offenses.
6. STD does not cover periods whereby the employee is not regularly seen and treated personally by a physician.
7. STD shall cover maternity leave only to the extent of six weeks after birth, unless determined by physician that longer duration is medically necessary.
8. Benefits - The program will provide wage continuation of up to 50% of employee’s monthly base wage and maintain health benefits for any qualifying short-term disability event. The short-term disability benefit only covers a qualifying event and shall not exceed 90 days from the date of incident. After employees exhaust 90 days of this short-term disability self-funded City benefit, long-term disability insurance benefits cover qualifying employees in accordance with the group insurance policy plan document in effect.
9. In order for you to return to work, you must provide your employer with a doctor’s note releasing you to return to full or partial duty.

Note: An employee eligible for short term disability is ineligible for the donated leave program.



Short Term Disability Insurance Claim Packet Instructions

City of St. Helens ♦ P.O. Box 278, St. Helens, OR 97051 ♦ Phone 503.397.6272 ♦ Fax 503.397.4016

Your Disability Benefit Claim

This packet contains the forms necessary to apply for short term disability benefits provided by the City of St. Helens. It also addresses common questions about disability claims. **Please save this material for your future reference.** If you need other information, please contact City Recorder Kathy Payne at 503-366-8217.

What Is The Benefit

The City of St. Helens self-funded short term disability insurance program will provide wage continuation of up to 50% of employee's monthly base wage and maintain health benefits for any qualifying short term disability event. The short term disability benefit only covers a qualifying event and shall not exceed 90 days from the date of incident. After employees exhaust 90 days of this short term disability self-funded City benefit, long term disability insurance benefits cover qualifying employees in accordance with the group insurance policy plan document in effect.

How To Apply For Benefits

This short term disability claim packet includes claim forms and an Authorization.

1. The City of St. Helens, as employer, should have completed the Employer's Statement on page 2 before giving you the packet.
2. Complete and sign your part of the claim form (on page 3 and top of page 4), and then have your treating physician complete their part of the claim form (the Attending Physician's Statement, page 4). If more than one physician is treating you for your disabling condition, each should complete a form. Additional forms are available from the City. Your physician may return the completed form to you for you to send to the City with the other completed forms, or your physician may mail or fax the completed form to us directly, using the contact information at the top of the form.
3. Read the claim form Fraud Notice.
4. Sign and date the Authorization and send it, along with the completed claim forms, to the City of St. Helens at the above address. This authorization allows us to request further information about your claim, if necessary.

Once we receive your completed claim application, it will take approximately one week to make a claim decision. If we have not reached a decision within one week, you will be notified with the details.

Other Benefits That May Reduce Your Disability Benefits

Other benefits you receive, or may be eligible to receive, may reduce the amount of Disability benefits due you. Examples of other benefits may include, but are not limited to, sick leave, Workers' Compensation, State Disability, Social Security, and Retirement.

To avoid a possible overpayment on your claim, which would need to be repaid to the City of St. Helens, please inform the City if you receive other benefits.

When You Return to Work

Your disability benefits usually stop when you return to work. **Be sure that you notify the City of St. Helens immediately when you plan to return, or have returned to work** to assure no overpayment occurs.



Short Term Disability Insurance

Employer's Statement

City of St. Helens ♦ P.O. Box 278, St. Helens, OR 97051 ♦ Phone 503.397.6272 ♦ Fax 503.397.4016

To Be Completed By Employer

Employee's Full Name		Social Security No.	Job Title <i>(attach job description)</i>		1. Date Employed	
Employee's Home Address			City		State	Zip
Work Location Address			City		State	Zip
2. Is employee insured for Short Term Disability? <input type="checkbox"/> Yes <input type="checkbox"/> No Effective date: _____ Is employee insured for Long Term Disability? <input type="checkbox"/> Yes <input type="checkbox"/> No Effective date: _____			3. Is disability work related? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undetermined 4. Has the employee filed for: Workers' Compensation? <input type="checkbox"/> Yes <input type="checkbox"/> No State Disability? <input type="checkbox"/> Yes <input type="checkbox"/> No Other? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Weekly Amount \$ _____			
5. Employee's Earnings \$ _____ Check one <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annual <input type="checkbox"/> Commission <input type="checkbox"/> Other <input type="checkbox"/> Shift Differential <input type="checkbox"/> Bonuses Date of last increase _____ Earnings prior to increase \$ _____					6. Last active date at work _____ 7. Job status when disability began: <input type="checkbox"/> Full-time (____ hours/week) <input type="checkbox"/> Part-time (____ hours/week)	
8. Date employee returned to work			9. Last date through which sick leave benefits were paid by employer			
10. Last date through which any compensation was paid by employer			What type(s) of compensation was paid on this date?			
11. Is employee subject to: Social Security taxes? <input type="checkbox"/> Yes <input type="checkbox"/> No Medicare taxes? <input type="checkbox"/> Yes <input type="checkbox"/> No			12. What percentage of the STD premium does the employer pay? _____ % What percentage of the LTD premium does the employer pay? _____ % Are employer paid premiums included in the employee's salary? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A IMPORTANT: Remember to calculate the premium contribution percentage information According to the IRS Group Policy (three year averaging) rule.			
13. Are employee premiums paid with pre-tax dollars (IRC Section 125 cafeteria plans)? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Employer Name		Department / Division		Phone No.		
Mailing Address			City		State	Zip
Name of employer representative completing this form <i>(please print)</i>						
<p style="text-align: center;">FRAUD NOTICE</p> <p>Any person who knowingly and with intent to injure, defraud or deceive an insurance company, or other person, files a statement containing false or misleading information concerning any fact material hereto commits a fraudulent insurance act which is subject to civil and/or criminal penalties, depending upon the state. Such actions may be deemed a felony and substantial fines may be imposed.</p>						
ACKNOWLEDGEMENT – I certify that the answers I have made to the above questions are complete and true to the best of my knowledge and belief. I acknowledge that I have read and understand the fraud notice above.						
Signature _____				Date _____		

Short Term Disability Insurance

Employee's Statement

City of St. Helens ♦ P.O. Box 278, St. Helens, OR 97051 ♦ Phone 503.397.6272 ♦ Fax 503.397.4016



To Be Completed By Employee

For prompt review of your claim, ALL of this form must be thoroughly completed.

Full Name		Social Security No.	Birthdate	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Employee's Home Address		City	State	Zip
Home Phone Number	Cell Phone Number		Work Phone Number	
1. Is disability work related? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, have you filed a Workers' Compensation claim? <input type="checkbox"/> Yes <input type="checkbox"/> No				
2. Last date at work before disability _____ Date you returned or expect to return to work _____				
3. Cause of Disability: <input type="checkbox"/> Accident <input type="checkbox"/> Illness <input type="checkbox"/> Pregnancy If accident or illness, please explain including date and location, if applicable:				
4. Please describe all work activity, including self-employment, since the start of your disability. If none, initial here _____.				
5. Have you filed for Family Medical Leave Act (FMLA) and/or Oregon Family Leave Act (OFLA) protection with your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				
FRAUD NOTICE				
Any person who knowingly and with intent to injure, defraud or deceive an insurance company, or other person, files a statement containing false or misleading information concerning any fact material hereto commits a fraudulent insurance act which is subject to civil and/or criminal penalties, depending upon the state. Such actions may be deemed a felony and substantial fines may be imposed.				
ACKNOWLEDGEMENT – I certify that the answers I have made to the above questions are complete and true to the best of my knowledge and belief. I acknowledge that I have read and understand the fraud notice above.				
Signature _____			Date _____	

Short Term Disability Insurance Attending Physician's Statement

City of St. Helens ♦ P.O. Box 278, St. Helens, OR 97051 ♦ Phone 503.397.6272 ♦ Fax 503.397.4016



To Be Completed By Employee

Full Name	Social Security No.	Birthdate	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
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To Be Completed By The Attending Physician

The following information is needed to document the patient's inability to work. The patient is responsible for obtaining a complete form without expense to the City of St. Helens. Please complete this form and mail or fax it to the attention of City Recorder Kathy Payne using the contact information listed above.

1. Diagnosis		2. Symptoms		3. Height Weight B/P	
4. Pregnancy (if applicable) <input type="checkbox"/> Vaginal <input type="checkbox"/> C-section		5. Expected date of delivery		6. Actual date of delivery	
7. Date you recommended the patient stop work		8. When did symptoms appear or accident happen?		9. Has the patient ever had the same or similar condition? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____	
10. Is this condition related to the patient's employment? <input type="checkbox"/> Yes <input type="checkbox"/> No			11. Did you complete a Workers' Compensation claim form? <input type="checkbox"/> Yes <input type="checkbox"/> No		
12. Date of first visit for this condition		13. Frequency of subsequent visits: <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other _____		14. Date of most recent visit	
15. Describe planned course and duration of treatment					
16. Hospitalization? <input type="checkbox"/> Yes <input type="checkbox"/> No		17. Date admitted		18. Date discharged	
				19. Surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No	
20. Date surgery completed/scheduled					
21. Reason/Surgery type			22. Surgery/Post-Surgery Complications <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe _____		
23. Describe patient's physical and/or mental limitations and restrictions (functional capacity) <i>Please attach recent chart notes/pertinent records.</i>					
24. Factors delaying recovery (if applicable)					
25. How long do you expect these limitations and restrictions to impair your patient? <input type="checkbox"/> Date _____ <input type="checkbox"/> Unable to determine, follow up in _____ weeks <input type="checkbox"/> Permanently					
PHYSICIAN INFORMATION <i>Please type or print.</i>					
Name of physician completing this form		Specialty		Phone No.	
Address		City	State	Zip	Fax No.
FRAUD NOTICE					
Any person who knowingly and with intent to injure, defraud or deceive an insurance company, or other person, files a statement containing false or misleading information concerning any fact material hereto commits a fraudulent insurance act which is subject to civil and/or criminal penalties, depending upon the state. Such actions may be deemed a felony and substantial fines may be imposed.					
ACKNOWLEDGEMENT – I certify that the answers I have made to the above questions are complete and true to the best of my knowledge and belief. I acknowledge that I have read and understand the fraud notice above.					
Signature _____				Date _____	

Authorization to Obtain and Release Information

I AUTHORIZE THESE PERSONS having any records or knowledge of me or my health:

- Any physician, medical practitioner or health care provider.
- Any hospital, clinic, pharmacy or other medical or medically related facility or association.
- Kaiser Permanente.
- Any insurance company or annuity company.
- Any employer, policyholder or plan sponsor.
- Any organization or entity administering a benefit or leave program (including statutory benefits) or an annuity program.
- Any educational, vocational or rehabilitation counselor, organization or program.
- Any consumer reporting agency, financial institution, accountant, or tax preparer.
- Any government agency (for example, Social Security Administration, Public Retirement System, Railroad Retirement Board, Workers' Compensation, etc.).

TO GIVE THIS INFORMATION:

- Charts, notes, x-rays, operative reports, lab and medication records and all other medical information about me, including medical history, diagnosis, testing and test results. Prognosis and treatment of any physical or mental condition, including:
 - Any disorder of the immune system, including HIV, Acquired Immune Deficiency Syndrome (AIDS) or other related syndromes or complexes.
 - Any communicable disease or disorder.
 - Any psychiatric or psychological condition, including test results, but excluding psychotherapy notes. Psychotherapy notes do not include a summary of diagnosis, functional status, the treatment plan, symptoms, prognosis and progress to date.
 - Any condition, treatment, or therapy related to substance abuse, including alcohol and drugs.

AND:

- Any non-medical information requested about me, including such things as education, employment history, earnings or finances, return to work accommodation discussions or evaluations and eligibility for other benefits or leave periods including but not limited to claims status, benefit amount, payments, settlement terms, effective and termination dates, plan or program contributions, etc.

TO THE CITY OF ST. HELENS AND ITS AUTHORIZED BENEFIT ADMINISTRATORS AND AUTHORIZED REPRESENTATIVES.

- I acknowledge that any agreements I have made to restrict my protected health information do not apply to this authorization and I instruct the persons and organizations identified above to release and disclose my entire medical record without restriction.
- I understand that the City of St. Helens will gather my information only if they are administering or deciding my disability or leave of absence claim(s), and will use the information to determine my eligibility or entitlement for benefits or leave of absence.
- I understand that I have the right to refuse to sign this authorization and a right to revoke this authorization at any time by sending a written statement to the City of St. Helens, except to the extent the authorization has been relied upon to disclose requested records. A revocation of the authorization, or the failure to sign the authorization, may impair the City of St. Helens' ability to evaluate or process my claim(s), and may be a basis for denying or closing my claim(s) for benefits or leave of absence.
- I understand that in the course of conducting its business the City of St. Helens may disclose to other parties information about me. They may release information to a reinsurer, a plan administrator, plan sponsor, or any person performing business or legal services for them in connection with my claim(s).
- I understand that the City of St. Helens will release information to my supervisor necessary for absence management, for return to work and accommodation discussions, and when performing administration of my employer's self-funded disability plans.
- I understand that the City of St. Helens complies with state and federal laws and regulations enacted to protect my privacy. I also understand that the information disclosed to them pursuant to this authorization may be subject to re-disclosure with my authorization or as otherwise permitted or required by law. Information retained and disclosed by the Companies and Absence Manager may not be protected under the Health Insurance Portability and Accountability Act [HIPAA].
- I understand and agree that this authorization as used to gather information shall remain in force from the date signed below, for the duration of my claim(s) or 24 months, whichever occurs first.
- I understand and agree that the City of St. Helens may share information with my supervisor regarding my disability and leave of absence claim(s). This authorization to share information shall remain valid for 12 months from the date signed below.
- I acknowledge that I have read this authorization and the Fraud Notice. A photocopy or facsimile of this authorization is as valid as the original and will be provided to me upon request.

Name (please print) _____ Social Security No. _____

Signature of Claimant/Representative _____ Date _____

If signature is provided by legal representative (e.g. Attorney in Fact, guardian or conservator), please attach documentation of legal status to act as such.

City of St. Helens
RESOLUTION NO. 1746

**A RESOLUTION OF THE CITY OF ST. HELENS, DECLARING
CERTAIN CITY OWNED PROPERTY AT 1300 KASTER ROAD
SURPLUS AND DESIGNATING A SOLICITING AGENT**

WHEREAS, in August of 2015 the City acquired ownership of the former Boise White Paper mill site located at 1300 Kaster Road; and

WHEREAS, this large and complex property has various scrap metal and other demolition debris to be removed from the site; and

WHEREAS, section 2.040.120(10) of the St. Helens Municipal Code prescribes the process to surplus city owned property.

NOW THEREFORE, the City of St. Helens resolves as follows:

Section 1. To declare certain personal property at 1300 Kaster Road surplus to include scrap metal and demolition debris.

Section 2. Authorize the City Administrator or his designee to identify certain property and act as the soliciting agent to surplus the property consistent with the St. Helens Municipal Code.

Section 3. Such authorization becomes effective upon adoption of this Resolution by the City Council.

Approved and adopted by the City Council on June 1, 2016, by the following vote:

Ayes:

Nays:

Randy Peterson, Mayor

ATTEST:

Kathy Payne, City Recorder

INTERAGENCY AGREEMENT ADDENDUM

MEMORANDUM OF UNDERSTANDING

- I. To preserve and promote the interagency concept of narcotics enforcement and cooperation between all law enforcement agencies within Columbia County the following understanding is given.
- II. That the Columbia Enforcement Narcotics Team (CENT) is an authorized agency, formed in 1991 in an agreement under Oregon State Revised Statute, Chapter 190 entitled Intergovernmental Agreement.
- III. That the primary goal of this interagency team is to detect, pursue and arrest violators of the controlled substance laws of the State of Oregon which are operating through and/or within the County of Columbia, State of Oregon.
- IV. That participating agencies in CENT are concerned about increasing the safety, health and welfare of the citizens of Columbia County.
- V. That organized drug trafficking activity affects our communities in a number of ways that frequently become evident in property crimes and crimes against persons. Investigation of these activities can be labor intensive, complex and require the full time attention of an investigator.
- VI. That many participating agencies have struggled with the declining fiscal condition of Columbia County and faced significant budget shortfalls. This has resulted in the reduction of staff and significant constraints on the ability to fully engage in the efforts of CENT.
- VII. That participating agencies would benefit if the role of CENT was expanded to include other criminal activities that have an impact on the livability of Columbia County.
- VIII. Now therefore it is understood that the role of CENT is expanded to include the investigation, apprehension and prosecution of persons involved in major criminal activity, to include violations of Oregon State Revised Statutes that may have a relationship to controlled substance offenses.

<hr/> Steve Atchison Columbia County District Attorney	<hr/> Date	<hr/> Jeff Dickerson Columbia County Sherriff	<hr/> Date
<hr/> Terry Moss Chief of Police, St. Helens	<hr/> Date	<hr/> Norm Miller Chief of Police, Scappoose	<hr/> Date
<hr/> Gregg Griffith Chief of Police, Rainier	<hr/> Date	<hr/> Stan Grubbs Chief of Police, Clatskanie	<hr/> Date
<hr/> Michael Connor Chief of Police, Vernonia	<hr/> Date	<hr/> Jon Harrington Oregon State Police	<hr/> Date
<hr/> Michael McGlothlin Chief of Police, Columbia City	<hr/> Date		

May 16, 2016

John Walsh
City Administrator
City of St. Helens
265 Strand Street
St. Helens, OR 97051

RE: St. Helens - Columbia View Park Gazebo Replacement

Dear John,

We have enjoyed working with you and the community planning the waterfront in St Helens. Its redevelopment will be catalytic to the revitalization of downtown and further connect community to the Columbia River.

Based on our recent conversations, we have developed the following proposal to assist the City in the redevelopment of the gazebo at Columbia View Park. The upgrade of the area will provide an improved venue for events and gatherings along the water.

PROJECT UNDERSTANDING:

Columbia View Park provides spectacular views of the river and includes an amphitheater and gazebo used for concerts, weddings, receptions and community events. There is also a handicap-access viewing platform, restrooms with showers, a playground and adjacent parking. The City is seeking refinement of a design concept for the replacement of the gazebo, improved site circulation and better integration with adjacent uses. The concept is to be illustrated for presentation and fund raising.

Walker Macy will lead the effort and will be assisted by structural engineer, Bob Grummel, who will provide advice for the new stage's structure sizing.

SCOPE OF WORK:

Based on our understanding of the project, and the information provided, we propose the following scope of work:

1. Concept Design

- 1.1 Attend an initial start-up meeting with the City of St. Helens to review background materials and photograph existing conditions.
- 1.2 Develop alternative concepts for the proposed structure and site plans with corresponding plans and sections/elevations to describe concepts.
- 1.3 Meet with City to review the concepts and select an alternative.
- 1.4 Refine the selected alternative, site plan, perspectives and typical sections/elevations to describe the concept.

1.5 Provide Concept Design Deliverables:

- Illustrative Site Plan
- Illustrative Perspective
- Sections / Elevations
- Image boards describing proposed materials

1.6 Present Concept to City Council

1.7 Present the concept in a Public Forum

FEES:

We propose a fee of \$ 17,000.00 plus expenses for the work.

We propose to bill monthly on a time and materials basis. Expenses will be billed at 1.1 times our cost.

Please contact me if you have any questions, require clarification, or if you wish to adjust the scope and fee to better serve your needs. We look forward to working with you on this effort.

Sincerely,

WALKER MACY

Michael W. Zilis
Principal
(mzilis@walkermacy.com)

Approved:

Name and title

Date

APPOINTMENTS TO ST. HELENS CITY BOARDS AND COMMISSIONS

City Council Meeting ~ June 1, 2016

Pending applications received:

<u>Name</u>	<u>Interest</u>	<u>Date Application Received</u>	<u>Referred by Email To Committee(s)</u>
• Elizabeth Wallace	Bicycle & Pedestrian Commission	1/19/16	2/16/16
• Elizabeth Wallace	Library Board	1/19/16	1/19/16
• Melisa Gaelrun-Maggi	Library Board	4/18/16	4/20/16
• Kimberly O'Hanlon	Arts & Cultural Commission	5/17/16	5/17/16

Arts & Cultural Commission (3-year terms)

- Susie Patterson resigned. Her term expires 9/30/2017.
- Nancy Bowers resigned. Her term expires 9/30/2018.

Status: A press release was sent out on May 2. We have received one application to date.

Next Meeting: May 24, 2016

Recommendation: None at this time.

Bicycle & Pedestrian Commission (3-year terms)

- Dave Ehrenkranz resigned. His term expires 12/31/2015.
- Matt Freeman resigned. His term expires 12/31/2015.
- Ray Scholl resigned. His term expires 12/31/2015.
- Dave Woullet resigned. His term expired 12/31/2014.
- Angela Barlow resigned. Her term expires 12/31/2016.
- Simon Date resigned. His term expires 12/31/2016.
- Martin Kennedy resigned. His term expires 12/31/2016.

Status: Currently, the Commission has 5 members and 5 vacancies. One application has been received.

Next Meeting: June 30, 2016

Recommendation: None at this time.

Library Board (4-year terms)

- An Der Chang will be stepping down after her term expiration on 6/30/16.

Status: We received one new application.

Next Meeting: June 21, 2016

Recommendation: None at this time.

City of St. Helens
RESOLUTION NO. 1648

**A RESOLUTION ESTABLISHING GUIDELINES FOR THE APPOINTMENT
OF ST. HELENS BOARD, COMMITTEE AND COMMISSION MEMBERS,
SUPERSEDING RESOLUTION NO. 1521**

WHEREAS, the City Council wished to establish the same guidelines for recruitment, interviews and appointments for all City boards, committees and commissions, and adopted Resolution No. 1521 on August 12, 2009; and

WHEREAS, Resolution No. 1521 established general recruitment, selection and appointment guidelines for appointments to the City of St. Helens boards, committees and commissions; and

WHEREAS, the Council wishes to update the guidelines adopted in Resolution No. 1521 to better meet the needs of the City.

**NOW, THEREFORE, THE COMMON COUNCIL OF THE CITY OF ST. HELENS RESOLVES AS
FOLLOWS:**

1. The City Recorder shall send a press release to the local newspaper of record announcing all board, committee and commission vacancies as they become available. A "vacancy" is defined as an unoccupied position, resulting from a voluntary resignation or involuntary termination. A member whose term expired does not create a vacancy, unless that member is resigning at the end of his/her term or the majority of the board, committee or commission wishes to terminate said member.
2. Any individual or group is encouraged to submit names for consideration to the City.
3. All new applicants shall submit a written application to the City Recorder's Office.
4. Members wishing to continue their appointment for another term will inform the City Recorder but need not submit a new application. If a member has served two consecutive full terms, a press release shall be sent to the local newspaper of record, each subsequent term expiration thereafter, to solicit new applications for that position. The incumbent may be reappointed at the discretion of the interview panel and City board, committee or commission. If an individual has been off a City board, committee or commission for a year or more, they must complete a new application.
5. The recruitment period to the board, committee or commission shall be for a finite period. At the end of the advertising period, the Council liaison shall determine if the pool of candidates is sufficient to continue with the selection process or may continue the recruitment period for a set or unlimited period until it is determined there is a sufficient pool of candidates.
6. The Council liaison to the board, committee or commission shall be responsible to assemble an interview committee. The interview committee shall be responsible to make recommendations via the Council liaison to the Mayor and City Council.
7. Appointments must comply with any ordinances, bylaws, Charter provisions, or state or federal laws concerning the board, committee or commission. In the event of any inconsistency between these policies and a chapter relating to a specific board, committee or commission, the specific chapter shall control.
8. In order to become more familiar with each applicant's qualifications, the interview committee may interview all or a shortlist of applicants for a position. The number of applicants to be interviewed is at the interview committee's discretion. The interview committee also has the discretion to reject

all applications in favor of re-advertising if no applicants are found to be suitable for the board, committee or commission.

9. Reappointments to a City board, committee or commission shall be considered in accordance with the guidelines listed in this section, together with the type of service the individual has already given to the board, committee or commission and his/her stated willingness to continue.
10. Consideration should be given to residents outside the City when the board, committee or commission or function serves residents outside City boundaries.
11. Board, committee or commission members shall not participate in any proceeding or action in which there may be a direct or substantial financial interest to the member, the member's relative or a business with which the member or a relative is associated, including any business in which the member is serving on their board or has served within the previous two years; or any business with which the member is negotiating for or has an arrangement or understanding concerning prospective partnership or employment. Any actual or potential conflict of interest shall be disclosed at the meeting where the action is being taken.
12. Board, committee or commission vacancies are filled by appointment of the Mayor with the consent of Council. Board, committee or commission members shall serve without compensation except the Planning Commission that may receive a monthly stipend at the discretion of the City Council.
13. Individuals appointed to one City board, committee or commission shall not serve on any other City board, committee or commission during the term of their appointment; provided, that the Council may waive this limitation if it is in the public interest to do so.

PASSED AND ADOPTED by the City Council on this 18th day of December, 2013, by the following vote:

Ayes: Locke, Carlson, Conn, Morten, Peterson

Nays: None

/s/ Randy Peterson
Randy Peterson, Mayor

ATTEST:

/s/ Kathy Payne
Kathy Payne, City Recorder

Accounts Payable

To Be Paid Proof List

User: jenniferj
 Printed: 05/17/2016 - 3:18PM
 Batch: 00008.05.2016 - AP 5/20/16 FY 15-16



Invoice Number	Invoice Date	Amount	Quantity	Payment Date	Task Label	Type	PO #	Close PO	Line #
Account Number	Description				Reference				
<hr/>									
BANKCARD CENTER									
002197									
MAY 2016 4863	4/28/2016	24.63	0.00	05/20/2016				False	0
001-002-502000 Equipment Expense				YEON FRAME CENT.					
MAY 2016 4863	4/28/2016	40.97	0.00	05/20/2016				False	0
001-002-457000 Office Supplies				STAPLES					
MAY 2016 4863	4/28/2016	18.49	0.00	05/20/2016				False	0
001-002-457000 Office Supplies				OFFICE DEPOT					
MAY 2016 4863	4/28/2016	60.37	0.00	05/20/2016				False	0
001-002-457000 Office Supplies				OFFICE DEPOT					
MAY 2016 4863	4/28/2016	100.36	0.00	05/20/2016				False	0
001-002-501000 Operating Materials & Supp				CASH AND CARRY					
MAY 2016 4863	4/28/2016	59.96	0.00	05/20/2016				False	0
001-002-473000 Miscellaneous Expense				KEURIG					
MAY 2016 4863	4/28/2016	19.94	0.00	05/20/2016				False	0
001-002-473000 Miscellaneous Expense				KEURIG					
MAY 2016 4863	4/28/2016	19.00	0.00	05/20/2016				False	0
001-002-473000 Miscellaneous Expense				DOLLAR TREE					
MAY 2016 4863	4/28/2016	124.77	0.00	05/20/2016				False	0
001-002-490000 Police Training/Supplies				RIVER HOUSE KATE WELTER - SICK STILL CHARGE					
MAY 2016 4863	4/28/2016	298.00	0.00	05/20/2016				False	0
001-002-490000 Police Training/Supplies				THE TACTICAL LEADER A. MILTICH					
MAY 2016 4863	4/28/2016	225.00	0.00	05/20/2016				False	0
001-002-490000 Police Training/Supplies				JON EGGERS RECERT TASER COURSE					
MAY 2016 4863	4/28/2016	750.00	0.00	05/20/2016				False	0
001-002-490000 Police Training/Supplies				DUSTIN KING TACTICAL MEDICINE					
MAY 2016 4863	4/28/2016	24.73	0.00	05/20/2016				False	0
001-002-473000 Miscellaneous Expense				AMAZON WATER FILTER					
MAY 2016 4863	4/28/2016	512.52	0.00	05/20/2016				False	0
001-002-490000 Police Training/Supplies				RIVER HOUSE T. MOSS					

Invoice Number	Invoice Date	Amount	Quantity	Payment Date	Task Label	Type	PO #	Close PO	Line #
Account Number	Description			Reference					
MAY 2016 4863	4/28/2016	90.00	0.00	05/20/2016				False	0
001-002-473000 Miscellaneous Expense				RECRUITMENT DOCKSIDE LUNCH					
MAY 2016 4863	4/28/2016	360.95	0.00	05/20/2016				False	0
001-002-457000 Office Supplies				OFFICE DEPOT					
MAY 2016 4863 Total:		2,729.69							
MAY 2016 8267	4/28/2016	50.09	0.00	05/20/2016				False	0
012-101-527000 Communications				FACEBOOK					
MAY 2016 8267	4/28/2016	3.50	0.00	05/20/2016				False	0
001-002-510000 Automobile Expense				DMV					
MAY 2016 8267	4/28/2016	168.58	0.00	05/20/2016				False	0
012-102-526000 Advertisements				INDEED JOB POSTING HITS					
MAY 2016 8267 Total:		222.17							
BANKCARD CENTER To		2,951.86							
BIO-MED TESTING SERVICE, INC.									
003505									
49797	5/5/2016	270.00	0.00	05/20/2016				False	0
012-102-554000 Contractual/consulting serv				S. JAURON C. LEMONT B. LONG E. STIRLING TESTIN					
49797 Total:		270.00							
BIO-MED TESTING SERV		270.00							
CANON SOLUTIONS AMERICA, INC									
021694									
4019054486	5/1/2016	339.18	0.00	05/20/2016				False	0
012-107-502000 Equipment expense				1634867 COPIER CONTRACT					
4019054486 Total:		339.18							
CANON SOLUTIONS AM		339.18							

CODE PUBLISHING, INC.

Invoice Number	Invoice Date	Amount	Quantity	Payment Date	Task Label	Type	PO #	Close PO	Line #
Account Number	Description				Reference				
007162									
53102	5/9/2016	91.80	0.00	05/20/2016				False	0
012-102-554000	Contractual/consulting serv			ST. HELENS MUN CODE					
	53102 Total:	91.80							
	CODE PUBLISHING, INC	91.80							
COLUMBIA COUNTY TRANSFER STATION									
007579									
5270	4/30/2016	38.34	0.00	05/20/2016				False	0
001-005-509000	Marine board expense			17 WASTE DUMP					
	5270 Total:	38.34							
	COLUMBIA COUNTY TR	38.34							
COLUMBIA RIVER P.U.D.									
008325									
1639786	5/12/2016	976.16	0.00	05/20/2016				False	0
011-011-453000	Street Lighting			73638 STREET LIGHTS					
	1639786 Total:	976.16							
	COLUMBIA RIVER P.U.D	976.16							
COMCAST									
COMCAST									
MAY 2016	5/7/2016	94.85	0.00	05/20/2016				False	0
013-403-458000	Telecommunication expense			9144 PUBLIC WORKS INTERNET					
	MAY 2016 Total:	94.85							
	COMCAST Total:	94.85							

Invoice Number	Invoice Date	Amount	Quantity	Payment Date	Task Label	Type	PO #	Close PO	Line #
Account Number				Description	Reference				
DON'S RENTAL									
010700									
485111	5/9/2016	9.03	0.00	05/20/2016				False	0
018-020-501000 Operating Materials & Supplies				PROPANE					
485111	5/9/2016	9.03	0.00	05/20/2016				False	0
018-019-501000 Operating Materials				PROPANE					
485111 Total:		18.06							
DON'S RENTAL Total:		18.06							
FDG - FIRWOOD DESIGN GROUP, LLC									
FDG									
11183	4/28/2016	3,783.63	0.00	05/20/2016				False	0
010-303-653306 Lift station				PROJECT E15-009 S-636 PUMP STATION #7 UPGRADE					
11183 Total:		3,783.63							
FDG - FIRWOOD DESIGN		3,783.63							
FRAPPIER, RIKI									
UB*00695									
APRIL 2016	4/12/2016	569.55	0.00	05/20/2016				False	0
001-103-490000 Professional development				RIKI FRAPPIER 2016 OACA CONFERENCE					
APRIL 2016 Total:		569.55							
FRAPPIER, RIKI Total:		569.55							
HACH COMPANY									
014200									
9912883	5/3/2016	57.08	0.00	05/20/2016				False	0
017-017-501000 Operating Materials & Sup.				CHLORINE					
9912883	5/3/2016	114.16	0.00	05/20/2016				False	0
017-417-472000 Lab testing				CHLORINE					


Invoice Number	Invoice Date	Amount	Quantity	Payment Date	Task Label	Type	PO #	Close PO	Line #
Account Number	Description				Reference				
<hr/>									
9912883 Total:		171.24							
<hr/>									
HACH COMPANY Total:		171.24							
<hr/>									
HARRIS WORKSYSTEMS									
014660									
67283	4/26/2016	81.25	0.00	05/20/2016				False	0
001-002-501000 Operating Materials & Supp					CHAIR REPAIR				
<hr/>									
67283 Total:		81.25							
<hr/>									
HARRIS WORKSYSTEM		81.25							
<hr/>									
KIMBALL MIDWEST									
017526									
4895500	5/10/2016	67.63	0.00	05/20/2016				False	0
015-015-501000 Operating Materials & Supp					MATERIALS				
<hr/>									
4895500 Total:		67.63							
<hr/>									
KIMBALL MIDWEST Tot		67.63							
<hr/>									
MIDWEST TAPE									
020427									
93937775	5/5/2016	267.90	0.00	05/20/2016				False	0
001-004-481000 Visual Materials					DVD				
<hr/>									
93937775 Total:		267.90							
<hr/>									
93937776	5/5/2016	112.30	0.00	05/20/2016				False	0
001-004-481000 Visual Materials					DVD				
<hr/>									
93937776 Total:		112.30							
<hr/>									
MIDWEST TAPE Total:		380.20							

Invoice Number	Invoice Date	Amount	Quantity	Payment Date	Task Label	Type	PO #	Close PO	Line #
Account Number	Description				Reference				
NORTHWEST NATURAL GAS									
021400									
MAY 2016	5/11/2016	7.86	0.00	05/20/2016				False	0
017-017-459000 Utilities				7720					
MAY 2016	5/11/2016	7.86	0.00	05/20/2016				False	0
018-018-459000 Utilites				7720					
MAY 2016	5/11/2016	37.26	0.00	05/20/2016				False	0
013-403-459000 Utilities				8675					
MAY 2016	5/12/2016	15.72	0.00	05/20/2016				False	0
017-417-459000 Utilities				2942					
MAY 2016	5/12/2016	27.13	0.00	05/20/2016				False	0
012-107-459000 Utilitites				5285					
MAY 2016	5/12/2016	36.35	0.00	05/20/2016				False	0
012-107-459000 Utilitites				2848					
MAY 2016	5/12/2016	98.24	0.00	05/20/2016				False	0
001-005-459000 Utilities				8563					
MAY 2016	5/12/2016	204.11	0.00	05/20/2016				False	0
001-004-459000 Utilities				7673					
MAY 2016	5/12/2016	33.33	0.00	05/20/2016				False	0
018-019-459000 Utilites				5750					
MAY 2016	5/12/2016	33.33	0.00	05/20/2016				False	0
018-020-459000 Utilities				5750					
MAY 2016	5/12/2016	41.08	0.00	05/20/2016				False	0
001-002-459000 Utilities				5638					
MAY 2016	5/12/2016	20.79	0.00	05/20/2016				False	0
001-005-459000 Utilities				3047					
MAY 2016 Total:		563.06							
NORTHWEST NATURAL		563.06							
PETTY CASH LIBRARY- SHANNA DUGGAN									
018754									
MAY 2016	5/16/2016	10.00	0.00	05/20/2016				False	0
001-000-318000 Fines- Library				FOUND LOST AND PAID BARBIE AND DIAMON CAS'					
MAY 2016	5/16/2016	45.00	0.00	05/20/2016				False	0
001-004-490000 Schools & Conventions				OLA MEMBERSHIP NICOLE WOODRUFF					

Invoice Number	Invoice Date	Amount	Quantity	Payment Date	Task Label	Type	PO #	Close PO	Line #
Account Number				Description	Reference				
MAY 2016	5/16/2016	45.00	0.00	05/20/2016				False	0
001-004-490000 Schools & Conventions				FUNDRAISING WORKSHOP BARB LINES					
	MAY 2016 Total:	100.00							
	PETTY CASH LIBRARY-	100.00							
PHILLIPS, CYNTHIA									
025515									
MAY 2016	5/12/2016	60.00	0.00	05/20/2016				False	0
012-101-454000 Attorney				CONTRACTING SERVICES CINDY PHILLIPS					
MAY 2016	5/12/2016	50.00	0.00	05/20/2016				False	0
012-101-454000 Attorney				CONTRACTING SERVICES CINDY PHILLIPS					
MAY 2016	5/12/2016	50.00	0.00	05/20/2016				False	0
017-017-454000 Attorney Expense				CONTRACTING SERVICES CINDY PHILLIPS					
MAY 2016	5/12/2016	100.00	0.00	05/20/2016				False	0
001-002-454000 Attorney				CONTRACTING SERVICES CINDY PHILLIPS					
MAY 2016	5/12/2016	160.00	0.00	05/20/2016				False	0
012-101-454000 Attorney				CONTRACTING SERVICES CINDY PHILLIPS					
MAY 2016	5/12/2016	200.00	0.00	05/20/2016				False	0
001-002-454000 Attorney				CONTRACTING SERVICES CINDY PHILLIPS					
MAY 2016	5/12/2016	20.00	0.00	05/20/2016				False	0
009-209-554100 Environmental review				CONTRACTING SERVICES CINDY PHILLIPS					
MAY 2016	5/12/2016	50.00	0.00	05/20/2016				False	0
018-018-454000 Attorney Expense				CONTRACTING SERVICES CINDY PHILLIPS					
	MAY 2016 Total:	690.00							
	PHILLIPS, CYNTHIA Tot	690.00							
PLATT									
025610									
J338594	5/5/2016	37.63	0.00	05/20/2016				False	0
018-020-501000 Operating Materials & Supplies				PHI ALTO 12PK					
	J338594 Total:	37.63							

Invoice Number	Invoice Date	Amount	Quantity	Payment Date	Task Label	Type	PO #	Close PO	Line #
Account Number	Description				Reference				
PLATT Total:		37.63							
PORTLAND GENERAL ELECTRIC									
025702									
MAY 2016	5/16/2016	43.03	0.00	05/20/2016				False	0
009-209-554000 Contract Services				1300 KASTER RD 7687					
MAY 2016	5/16/2016	16.72	0.00	05/20/2016				False	0
009-209-554000 Contract Services				1300 KASTER RD 9275					
MAY 2016 Total:		59.75							
PORTLAND GENERAL E		59.75							
RICOH USA INC									
027295									
5041974025	5/5/2016	92.58	0.00	05/20/2016				False	0
012-107-502000 Equipment expense				IMAGES 15120165					
5041974025 Total:		92.58							
RICOH USA INC Total:		92.58							
STENNER SHEA, CONNIE									
032248									
MAY 16 2016	5/16/2016	12.00	0.00	05/20/2016				False	0
001-000-354000 Misc Revenue				REFUND PUBLIC REC REQUEST 50607					
MAY 16 2016 Total:		12.00							
STENNER SHEA, CONN		12.00							
THE EAR PHONE CONNECTION									
011203									
4052	5/10/2016	847.00	0.00	05/20/2016				False	0
010-305-653558 Police Radios				RADIO EAR PHONES 20					

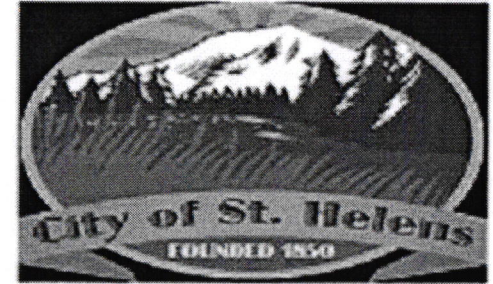
Invoice Number	Invoice Date	Amount	Quantity	Payment Date	Task Label	Type	PO #	Close PO	Line #
Account Number	Description		Reference						
4052 Total:		847.00							
THE EAR PHONE CONN		847.00							
TUALATIN VALLEY WORKSHOP INC 033827									
0022037-IN	4/29/2016	1,354.31	0.00	05/20/2016				False	0
012-107-554000 Contractual/consulting serv					CITY HALL				
0022037-IN Total:		1,354.31							
0022038-IN	4/29/2016	1,318.70	0.00	05/20/2016				False	0
001-004-508000 Janitorial Services					COL CENTER				
0022038-IN Total:		1,318.70							
0022039-IN	4/29/2016	475.14	0.00	05/20/2016				False	0
001-002-508000 Janitorial Services					POLICE				
0022039-IN Total:		475.14							
0022040-IN	4/29/2016	163.96	0.00	05/20/2016				False	0
018-019-470000 Building Expense					WWTP				
0022040-IN	4/29/2016	163.97	0.00	05/20/2016				False	0
018-020-470000 Building Expense					WWTP				
0022040-IN Total:		327.93							
TUALATIN VALLEY WO		3,476.08							
UPS 033900									
00006550XW186	4/30/2016	15.24	0.00	05/20/2016				False	0
013-403-457000 Office supplies					SHIPPING DCBS				
00006550XW186 Total:		15.24							


Invoice Number	Invoice Date	Amount	Quantity	Payment Date	Task Label	Type	PO #	Close PO	Line #
Account Number	Description				Reference				
UPS Total:		15.24							
WEST/MEYER FENCE									
036320									
20018729	5/12/2016	1,687.00	0.00	05/20/2016				False	0
011-011-501000 Operating Materials & Supp				BLACK CHAIN LINK FENCE					
20018729 Total:		1,687.00							
20018730	5/12/2016	1,397.00	0.00	05/20/2016				False	0
011-000-131100 Damage Propertiy Receivable				BLACK CHAIN LINK FENCE REPAIR DAMAGE					
20018730 Total:		1,397.00							
WEST/MEYER FENCE T		3,084.00							
WILCOX & FLEGEL									
037003									
0019627-IN	3/15/2016	97.77	0.00	05/20/2016				False	0
015-015-501000 Operating Materials & Supp				MOBILE GRS FM 10 PK MOBIL DELVAC AF 50/50					
0019627-IN Total:		97.77							
WILCOX & FLEGEL Tota		97.77							
Report Total:		18,908.86							

Accounts Payable

To Be Paid Proof List

User: jenniferj
 Printed: 05/24/2016 - 8:09AM
 Batch: 00011.05.2016 - AP JURY FEES 5/24/16



Invoice Number	Invoice Date	Amount	Quantity	Payment Date	Task Label	Type	PO #	Close PO	Line #
Account Number	Description				Reference				
PETTY CASH - RIKI FRAPPIER									
027959									
MAY 24 2016	5/24/2016	260.00	0.00	05/24/2016				False	0
001-103-465000 Jury / witness fees				JURY FEES					
MAY 24 2016 Total:		260.00							
PETTY CASH - RIKI FRA		260.00							
Report Total:		260.00							

City of St. Helens
Consent Agenda for Approval

OLCC LICENSES

The following businesses submitted a processing fee to the City for a Liquor License:

2016 RENEWALS

<u>Business Name</u>	<u>Applicant Name</u>	<u>Location</u>	<u>Purpose</u>
• Columbia County Brewing	Columbia County Brewing LLC	170 S. 15 th Street	Renewal

City of St. Helens
Consent Agenda for Approval

CITY COUNCIL MINUTES

Presented for approval on this 1st day of June, 2016 are the following Council minutes:

2016

- Work Session and Regular Session Minutes dated May 18, 2016

After Approval of Council Minutes:

- ☐ Scan as PDF Searchable
- ☐ Make one double-sided, hole-punched copy and send to Library Reference
- ☐ Minutes related to hearings and deliberations get copied to working file
- ☐ Save PDF in Minutes folder
- ☐ Update file name of Word document
- ☐ Copy Word document into Council minutes folder on Administration drive
- ☐ Post PDFs to website
- ☐ Email minutes to distribution list
- ☐ Add minutes to HP Trim
- ☐ File Original in Vault

City of St. Helens CITY COUNCIL

Work Session Minutes

May 18, 2016

Members Present: Randy Peterson, Mayor
Doug Morten, Council President
Keith Locke, Councilor
Susan Conn, Councilor
Ginny Carlson, Councilor

Staff Present: John Walsh, City Administrator
Jon Ellis, Finance Director
Kathy Payne, City Recorder
Neal Sheppard, Public Works Operations Director
Sue Nelson, Public Works Engineering Director
Anya Moucha, Mainstreet Program Coordinator

Others: Tina Curry Steve Ruege Larry Hinman

Mayor Randy Peterson called the meeting to order at 1 p.m.

Visitor Comments

♦ Tina Curry. Things are coming together for 4th of July. There will be two sets of raffle winners who will win a helicopter ride for four during the Touch the Trucks event. She asked if the Council is agreeable to SHEDCO being in charge of the raffle ticket sales and keeping the proceeds. Council concurred. Hudson Garbage and Sweet Relief have both agreed to \$5,000 sponsorships. She believes they will raise about \$50,000 in sponsorships this year. She is working with the Building Official to possibly have tiny homes placed on the Waterfront property during October. The additional accommodations are needed during Spirit of Halloweentown activities. Both Mayor Peterson and Councilor Conn voiced their hesitation with placing tiny homes on the property.

Employee Length of Service Awards

We have two employees who have reached big milestones in their employment with the City of St. Helens. The following individuals will receive a certificate and pin.

15 Years

Kathy Payne came to work for the City as a Planning Secretary in April of 2001. In December of 2002, she was promoted to Executive Secretary where she served until January 1, 2008 when she was promoted to City Recorder and still serves in that role.

10 Years

Keith Pendell began working for the City in May of 2006 as a Utility Worker I. In June of 2011, he was moved to Utility Worker II where he has served since. Keith is a great part of the City's Public Works team and his service is most appreciated!

Congratulations to Kathy and Keith, and thank you for your service!

Columbia Pacific Food Bank Request

Postponed to June 15, 2016

Main Street Program 3rd Quarter Report

Anya Moucha, Main Street Program Coordinator, was in attendance to give her 3rd quarter report.

- Spring Clean Up at the end of April.
 - Had approximately 50 volunteers.
 - Cleaned sidewalks.
 - Planted flowers.
 - Pulled weeds.
 - Best spring clean up to date!
- Dog Walk project is moving along.
 - Already have 15 artists lined up to paint the dogs.
 - We have a least 10 breeds of dogs.
 - Will have a float in the St. Helens Kiwanis parade on June 18 titled "Super Heroes of Main Street." All main street businesses are invited to walk.
- 4th of July
 - Will have a vendor booth.
 - Will be selling ice cream from a bicycle cart, made by Steve Topaz.
- Walk & Shop Maps
 - Have been updated.
 - Selling add space now.
 - Should be printed within the next couple months.
- Economic Vitality Committee
 - Updating the vacancy report.
- Working on the Google, "Let's put our cities on the map."
- Keep It Local Columbia County launched a free business directory. They have been helping promote the directory.
- Have also been helping promote the LeTip Better Business series.
- Working on the new website.
- Working on sustainable funding ideas.
- Started a board recruitment.
 - Would like more businesses on board.
- Fiscal partner with the Arts & Cultural Commission for the Gateway Sculpture project.
 - The Kickstarter campaign launches June 1.

Council President Morten asked Anya to join Tina Curry on the KOHI talk show Friday morning. Anya agreed to.

Composites Universal Presentation

Steve Ruege and Larry Hinman from Composites Universal were in attendance to introduce themselves and give a presentation. They distributed business cards and brochures. Composites Universal has been in business over 20 years. They have outgrown their Scappoose airpark location and are moving into the Multnomah Industrial Park in St. Helens, hopefully in June. Their main focus is creating, fabricating and manufacturing aircraft parts. They have between 55-60 employees, have added 10-12 temps in the last six to eight weeks and are looking for another 10-15 right now. There are some big contracts underway right now. This year their revenue was approximately \$5.5 million, they hope to hit \$7.5 million the following year and expect a 15-20% growth rate for the next two to four years. They went on to talk about their business and upcoming projects. Their mission statement is, "Committed to providing the highest quality products and services. Through dedicated team effort, good

communication, and continuous improvement, we seek to develop long-term respectful and mutually beneficial relationships with our employees, suppliers, customers and our surrounding community.”

The Council welcomed Composites Universal to St. Helens.

Department Reports

Public Works Engineering Director Nelson reported...

- She and Sheppard recently attended a Public Works conference that focused on disaster preparedness. Most of our community and staff are probably not very prepared for a disaster. This being National Public Works Week, the Public Works Department is providing emergency kits to City employees and Council. They are to be kept in personal vehicles, so it goes wherever you go.
- Everyone is invited to the Public Works breakfast at the City Shops on Friday.

Police Chief Moss reported...

- He just learned this morning that Sgt. Joe Hogue was selected to attend the FBI National Academy. It's an honor to be selected. The class will be held in October.

Public Works Operations Director Sheppard reported...

- He was asked to participate in a community awareness panel at Dyno Nobel. He has learned a lot about Dyno Nobel and will continue to attend quarterly.

Finance Director Ellis reported...

- The Utility Billing Specialist position will be posted soon. It will close June 15 and they plan to hold interviews the week of June 22 or 28. Depending on the recruitment process, they may need to request to extend the term limited position.
- There is a Budget Committee public hearing at 6 p.m. tonight.
- There are two sewer lateral abatement protests on tonight's regular session agenda.
- Tonight's agenda also includes a resolution on liens for the sewer lateral abatement program. It does not include the two protests.

City Recorder Payne reported...

- Tonight's agenda includes an ordinance to amend the off-leash area rules.
- Tonight's agenda also includes an agreement with the Oregon Cooperative Procurement program. We pay a fee every year to participate.
- Lisa Scholl will be sitting in at tonight's meeting.

Council Reports

Mayor Peterson reported...

- Councilor Conn is probably glad that the campaign is over for County Commissioner. He is happy that she is still here.

Councilor Conn reported...

- Nothing to report.

Council President Morten reported...

- Congratulated Councilor Conn for running a good campaign.
- In terms of emergency preparedness kits, he suggests having cash stashed away. Credit cards and checks won't work during an emergency. Nelson pointed out the checklist in the bag includes having cash.
- He would like someone from Public Works to attend CEPA meetings.

Councilor Carlson reported...

- The NAMI walk was Sunday. Judy's team from Legacy Eye Clinic raised almost \$5,000 this year. They were one of four Columbia County teams.
- They are struggling to get upper-class students involved in Youth Council. They are going to work with the school to offer a half or full credit for participants.
- She is excited to see the handicap swings installed at Campbell Park soon.

Councilor Locke reported...

- The mowers at the parks have been breaking down on an almost daily basis. He asked if we can use money from the Boise fund or Public Works to purchase new mowers.

Department Reports (continued...)

City Administrator Walsh reported...

- Last year, we agreed to participate in KOHI's sponsorship program, which includes the new City Talk program, one year at a time. It's time to renew the contract. The funds are included in the draft budget.
- Open.Gov lead a presentation at the last Budget Committee meeting. It is a good product but staff does not recommend moving forward on the program. Council concurred.
- Matt Brown is the prospective Finance Director. His background check was successful, references were good and a salary was agreed upon. His starting date would be June 20.

Motion: Upon Conn's motion and Locke's second, the Council unanimously hired Matt Brown as the Finance Director.

- He recently returned from the Oregon Brownfields conference. There were state and federal agencies represented, as well as specialized developers. It was very informational. St. Helens gave a presentation to a packed house on the opening day.
- He has a proposal from Walker Macy for the plaza/gazebo reconfiguration. That will be presented in the near future.

Other Business

No other business.

There being no further business, the meeting was adjourned at 1:53 p.m.

Respectfully submitted by Lisa Scholl, Deputy City Recorder.

ATTEST:

Kathy Payne, City Recorder

Randy Peterson, Mayor

City of St. Helens CITY COUNCIL

Regular Session Minutes

May 18, 2016

Members Present: Randy Peterson, Mayor
Doug Morten, Council President
Keith Locke, Councilor
Susan Conn, Councilor
Ginny Carlson, Councilor

Staff Present: John Walsh, City Administrator
Jon Ellis, Finance Director
Kathy Payne, City Recorder
Terry Moss, Police Chief
Neal Sheppard, Public Works Operations Director
Sue Nelson, Public Works Engineering Director

Others: Alicia Turner
Todd Eidem
Ashley Giesbers
Victor Baleno
Jacob Long

7:00PM – Call Regular Session to Order – Mayor Peterson

Pledge of Allegiance – Mayor Peterson

Invitation to Citizens for Public Comment

No comments received.

Protests on Sewer Lateral Abatements

♦ Alicia Turner – 475 S. 14th Street. She believes the charges should be the responsibility of Fannie MAE. She was never told about it prior to the purchase. She had an inspection and sewer scope done. They found that the sewer line was leaking. She paid to have it replaced and a month later she received a bill from the City saying that the nuisance lateral line had been capped off. She knew something took place with the sewer line in September but did not know the charges.

Finance Director Ellis explained the posting process, which is included in the archive meeting packet.

Mayor Peterson informed Alicia that Council will review her protest and get back to her.

♦ Todd Eidem – 135 N. 4th Street. He has concerns with the amount of work that was done and he was billed for. Three years ago, he received a letter in the mail that there was a 16-18 foot piece of pipe under his deck that was bad. He did the repair work himself. He purchased a permit and took photos. The City is saying he never got a permit and he can't find a receipt. He brought the pictures down here and no one would take them. A couple years later, he received a letter that the City was going to make the repairs. He told them it was already done. He met with Public Works Operations Director Sheppard, Public Works Engineering Director Nelson and a contractor. It was determined that only a small portion needed to be repaired.

The contractor stopped him on his way out and asked if he felt comfortable paying \$500 since the work was almost done. The bill includes several inaccuracies. It said we had a two-hour meeting and it was nowhere near that. Todd went on to talk about his bill not being consistent with the work done. He believes he has not always been told the truth and cannot trust the City.

Mayor Peterson asked who did the work and how much was the City charged. Nelson explained that the work was done by the contractor hired by the City. The City paid a substantial amount more than what was charged to Mr. Eidem. Nelson reviewed the charges, which are included in the archive meeting packet.

Mayor Peterson informed Todd that Council will review his protest and get back to him.

Ordinances – First Readings

- A. **Ordinance No. 3206:** An Ordinance Amending St. Helens Municipal Ordinance No. 3149 to Remove the "Sunset Clause" on the McCormick Park Pet Off-Leash Area (and thus make the off-leash area permanent) by Deleting Section 4 of Said Ordinance

Mayor Peterson read Ordinance No. 3206 by title for the first time. The final reading will be held at the next regular session.

Resolutions

- A. **Resolution No. 1743:** A Resolution Authorizing Submittal of a 2016 Transportation Growth Management Program Grant Application

Mayor Peterson read Resolution No. 1743 by title. **Motion:** Upon Locke's motion and Morten's second, the Council unanimously adopted Resolution No. 1743. [Ayes: Locke, Carlson, Conn, Morten, Peterson; Nays: None]

- B. **Resolution No. 1744:** A Resolution Determining Abatement Costs to Abate the Nuisance Upon Property Located with St. Helens, Assessing Such Costs Against Said Property and Creating a Lien

Mayor Peterson read Resolution No. 1744 by title. **Motion:** Upon Morten's motion and Conn's second, the Council unanimously adopted Resolution No. 1744. [Ayes: Locke, Carlson, Conn, Morten, Peterson; Nays: None]

Re-Appoint Margaret Jeffries to Columbia Foundation Board

Motion: Upon Conn's motion and Locke's second, the Council unanimously re-appointed Margaret Jeffries to the Columbia Foundation Board.

Approve and/or Authorize for Signature

- A. Oregon Cooperative Procurement Program Agreement
- B. IGA with St. Helens School District for School Resource Officer
- C. Contract Payments

Motion: Upon Morten's motion and Conn's second, the Council unanimously approved 'A' through 'C' above.

Consent Agenda for Acceptance

- A. Library Board Minutes dated March 15, 2016
- B. Planning Commission Minutes dated April 12, 2016
- C. Accounts Payable Bill List

Motion: Upon Locke's motion and Carlson's second, the Council unanimously accepted 'A' through 'C' above.

Consent Agenda for Approval

- A. Council Executive Session Minutes dated April 13, 2016
- B. Council Work Session, Public Hearing and Regular Session Minutes dated April 20 and May 4, 2016
- C. OLCC Licenses

Motion: Upon Conn's motion and Locke's second, the Council unanimously approved 'A' through 'C' above.

Council Reports

Mayor Peterson reported...

- Nothing to report.

Councilor Conn reported...

- Nothing to report.

Council President Morten reported...

- City Talk will be airing live on Friday at 9 a.m. on KOHI. It re-airs on Sunday morning.

Councilor Carlson reported...

- 13 Nights on the River begins in two weeks. They still need volunteers.

Councilor Locke reported...

- Shout out to County Commissioner Tony Hyde. He has been a great asset to our County. He will be missed. We're losing a lot of history.

Department Reports

Public Works Engineering Director Nelson reported...

- Nothing to report.

Public Works Operations Director Sheppard reported...

- Come to breakfast at the City Shops on Friday.

Finance Director Ellis reported...

- Nothing to report.

Deputy City Recorder Scholl reported...

- Nothing to report.

City Administrator Walsh reported...

- Nothing to report.

Adjourn - There being no further business, the meeting adjourned at 7:30 p.m.



Respectfully submitted by Lisa Scholl, Deputy City Recorder.

ATTEST:

Lisa Scholl, Deputy City Recorder

Randy Peterson, Mayor

Accounts Payable

To Be Paid Proof List

User: jenniferj
 Printed: 05/17/2016 - 3:21PM
 Batch: 00009.05.2016 - AP OVER 10K 5/20/16 FY 15-16



Invoice Number	Invoice Date	Amount	Quantity	Payment Date	Task Label	Type	PO #	Close PO	Line #
Account Number	Description				Reference				
CONSOLIDATED SUPPLY									
009000									
S7740892.001	4/28/2016	12,662.12	0.00	05/20/2016				False	0
010-304-653400	Storm drains			N 9TH ST STORM PIPE / MATERAILS					
	S7740892.001 Total:	12,662.12							
	CONSOLIDATED SUPPL	12,662.12							
MAUL FOSTER ALONGI, INC.									
019555									
25648	5/9/2016	10,132.50	0.00	05/20/2016				False	0
009-209-554100	Environmental review			PROJECT 0830.03.03 WWTP LAGOON ON CALL SERV					
	25648 Total:	10,132.50							
25762	5/10/2016	29,233.47	0.00	05/20/2016				False	0
009-209-554000	Contract Services			PROJECT 0830.04.02 AREA WIDE PALNNING WATERF					
	25762 Total:	29,233.47							
	MAUL FOSTER ALONGI	39,365.97							
	Report Total:	52,028.09							