

IN THE MATTER OF AUTHORIZING)
THE APPLICATION FOR A LOCAL) RESOLUTION NO. 24-2022
GOVERNMENT GRANT FOR HOLCE)
TRAILHEAD RENOVATIONS)

WHEREAS, the Oregon Parks and Recreation Department is accepting applications for the Local Government Grant Program; and

WHEREAS, the General Services Department desires to participate in this grant program to the greatest extent possible as a means of providing needed park and recreation acquisitions, improvements and enhancements; and

WHEREAS, the Board of Commissioners have identified the renovation of the Holce Trailhead as a high priority need in Columbia County; and

WHEREAS, this renovation would include putting in a covered picnic area, vault toilet, parking and repaving a section of the trail;

WHEREAS, the General Services Department has sufficient funds in its budget to meet the local matching funds requirement of this grant should the grant funds be awarded; and

WHEREAS, the General Services Department has adequate funding for on-going operations and maintenance of this park and recreation facility should the grant funds be awarded; and

NOW, THEREFORE, IT IS HEREBY RESOLVED:

1. The Board of Commissioners for Columbia County supports and authorizes the submittal of an application to the Oregon Park and Recreation Department for a Local Government Grant for the renovation of the Holce Trailhead; and
2. The Director of the Columbia County General Services Department is hereby authorized to sign on behalf of the County all documents necessary to make application for the Local Government Grant.

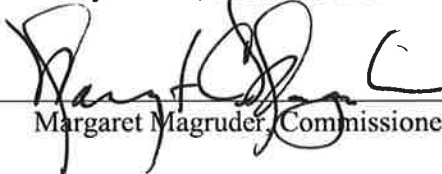
Dated at St. Helens, Oregon, this 27 day of April, 2022

BOARD OF COUNTY COMMISSIONERS
FOR COLUMBIA COUNTY, OREGON

By: 
Henry Heimuller, Chair

By: 
Casey Garrett, Commissioner

Approved as to form
By: 
Office of County Counsel

By: 
Margaret Magruder, Commissioner

COLUMBIA COUNTY PROJECT REQUEST FORM

Department: General Services

Submitted by: Melissa Enright

Date: 4/19/22

Director Signature 

Type of Project:
 Capital Project *
 Non-Capital Project

Project Duration:
START: _____ **END:** _____

Note: If the project includes new personnel, attach a completed Personnel Request Form.

Project Name: Holce Trailhead Improvements

General Description of Project: (Use Additional Sheets As Necessary)
 Pave the parking area and 24,000 sq ft of the trail. Add covered picnic area, vault toilet, info/interpretive signage kiosk.

Need/Justification for Project: (Use Additional Sheets As Necessary)
 Getting the Holce trailhead fully established will improve the quality of the trail and it will enable us to move forward with getting the Crown Z trail fully linked upto the Banks/Vernonia trail.

Relationship to Adopted Budget, Plans or Policy: (Use Additional Sheets As Necessary)
 This is a high priority for the Parks department, we have the funds available in the

PROJECT COSTS:

| | |
|--------------------------------|---------------------|
| 1. Planning/Design/Engineering | _____ |
| 2. Legal\Grant Administration | _____ |
| 3. Property Acquisition | _____ |
| 4. Construction | \$75,660.00 |
| 5. Equipment/Furniture | \$119,374.41 |
| TOTAL | \$195,034.41 |

OPERATION/MAINTENANCE(OM) IMPACT

| | |
|--------------------|---------------|
| Personnel | _____ |
| Contractual | _____ |
| Materials/Supplies | _____ |
| Equipment | _____ |
| Utilities | _____ |
| OM Savings | -(_____) |
| TOTAL | \$0.00 |

| EXPENDITURE SCHEDULE: | USE OF FUNDS (Reference Cost Item #) | SOURCE OF FUNDS | | | | | |
|----------------------------------|--|---------------------------|------------------|----------------|------------------|---------------|-----------|
| | | County | | Grant | | Other | |
| | | Fund | \$ | Grantor | \$ | Source | \$ |
| FY <u>23</u> \$ <u>134,065</u> | <u>Paving (equip, mat, pers)</u> | <u>Bike & Ft path</u> | <u>90,499.71</u> | <u>OPRD</u> | <u>43,565.29</u> | _____ | _____ |
| FY <u>23</u> \$ <u>1,900</u> | <u>Landscaping</u> | <u>Bike & ft path</u> | <u>950.00</u> | <u>OPRD</u> | <u>950.00</u> | _____ | _____ |
| FY <u>23</u> \$ <u>89,069.41</u> | <u>Facilities - picnic area, toilet, kiosk</u> | <u>Bike & ft path</u> | <u>29,534.71</u> | <u>OPRD</u> | <u>29,534.71</u> | _____ | _____ |
| FY _____ \$ _____ | <u>1 Year OM</u> | _____ | _____ | _____ | _____ | _____ | _____ |

ADMINISTRATIVE REVIEW:

Finance Review:
 Date: _____ Finance Director Signature _____ Comments(Page 2)

Legal Review:
 Date: 4/19/2022 County Counsel Signature  Comments(Page 2)

HR Review
 Date: _____ HR Director Signature _____ Comments(Page 2)

IT Review
 Date: _____ IT Director Signature _____ Comments(Page 2)

General Services Review:
 Date: 4/19/22 General Ser. Director Signature  Comments(Page 2)

ADMINISTRATIVE COMMENTS

FINANCE REVIEW:

Date: _____ By:

GENERAL SERVICES REVIEW:

Date: _____ By:

IT REVIEW:

Date: _____ By:

HR REVIEW:

Date: _____ By:

LEGAL REVIEW:

No issues with application but grant contract will need to be reviewed if awarded.

Date: 4/19/2022 By: Ed