

1. Agenda (PDF)

Documents:

[022626_AGENDA.PDF](#)

2. Packet (PDF)

Documents:

[022626_PACKET.PDF](#)

YAMHILL COUNTY BOARD OF COMMISSIONERS

AGENDA

February 26, 2026 10:00 a.m. Formal Session Room 32, Courthouse
535 NE Fifth St.
<https://us06web.zoom.us/j/81867313185>
Webinar ID: 818 6731 3185

Welcome! Thank you for attending today's meeting. Public participation is encouraged. If you wish to address the Commissioners on any item not on the agenda, you may do so as part of the public comment period at the beginning of the meeting. If you desire to speak on any item, please raise your hand to be recognized after the Chair announces the agenda item. Please fill out a public comment card to indicate your intent to speak. NEW – Public participation also includes the ability to attend Formal Session via Zoom. For attendees that are attending the meeting via Zoom, the Chair will ask if any Zoom attendees wish to provide public comment in same manner as provided above. At that time, attendees will be asked to use the “raise hand” function in Zoom and staff will unmute the participant. Meetings will also continue to be available for view via a live stream on the Commissioners’ YouTube channel. Written public comments may be submitted via email at bocinfo@yamhillcounty.gov by 5:00p.m. Wednesday.

- A. CALL TO ORDER**
- B. FLAG SALUTE**
- C. CALENDAR SESSION:** This time is reserved for the review of the commissioner’s joint schedule (if needed).
- D. PUBLIC COMMENT:** This time period is reserved for public comment on any topic other than: 1) agenda items, 2) A quasi-judicial land use matter, or 3) a topic scheduled for public hearing. The Chair may limit the length of individual comments.
- E. DEPARTMENT UPDATES:** None.
- F. WORK SESSION:** This time is reserved for topics of discussion scheduled for the Commissioners in advance. If a work session is not needed, the balance of the meeting will begin at 10:00 a.m.
1. Work Session – None.
- G. CONSENT AGENDA:**
Committees
1. Approval to reappoint Jeff Brown, Chip Mayes and Ryan Webb to the Road Improvement Advisory Committee each to a three-year term to expire on February 26, 2029.
2. Approval to reappoint Gregory Thorsgard to the Yamhill County Budget Committee to a two-year term to expire on June 30, 2027.

H. OLD BUSINESS: None.

I. OTHER BUSINESS (Add-ons and non-consent items):

1. Consideration of approval of Amendment #1 to Agreement #184790 between Yamhill County and the Oregon Health Authority (B.O. 25-038) reinstating Health-Related Social Needs (HRSN) housing benefits retroactive to November 14, 2025 through July 31, 2026. Oracle #HHS25004IGA.

J. PUBLIC HEARINGS:

1. Consideration of a mass gathering permit application for the 2026 Wildwood Music Festival event on June 19-21, 2026.

THE RECORDS FOR PUBLIC HEARINGS CAN BE FOUND AT:

<https://www.yamhillcounty.gov/1190/Public-Hearing-Notices>

K. ANNOUNCEMENTS:

1. For information on county advisory committee vacancies, please refer to the county's website, <https://www.yamhillcounty.gov/765/Boards-and-Committees>, or call the Board of Commissioners' office at 503-434-7501 or 503-554-7801 (toll-free from Newberg).

2. For questions regarding accessibility or to request an accommodation contact the Board of Commissioners' office at (503)-434-7501 or (503)-554-7801 (toll-free from Newberg) or email at bocinfo@yamhillcounty.gov

3. Electronic versions of all meeting agendas and meeting information packets can be found at the county's website: <https://www.yamhillcounty.gov/AgendaCenter>

Agenda Item G1



Yamhill County Public Works Department

2060 Lafayette Avenue, McMinnville, Oregon 97128

Phone 503.434.7515 | Fax 503.472.4068 | Email pubwork@co.yamhill.or.us

YAMHILL COUNTY BOARD OF COMMISSIONERS COVERSHEET

DATE: February 26, 2026
TO: Board of Commissioners
FROM: Mark Lago, Public Works Director
RE: Recommendation to Reappoint Jeff Brown, Chip Mayes, and Ryan Webb to the Road Improvement Advisory Committee (RIAC)

BACKGROUND:

Per the Bylaws, the Road Improvement Advisory Committee (RIAC) is to have nine voting members, as evenly distributed across, or representative of, the geography of the County as is practicable.

Jeff Brown, Chip Mayes, and Ryan Webb represent various areas of the county and have served on RIAC for many years, offering critical advice to the Public Works Department based on their skills and knowledge of county roads. Each has indicated their willingness to continue serving on the committee if reappointed by the Board of Commissioners.

STAFF RECOMMENDATION:

For the Board of Commissioners to reappoint to the Road Improvement Advisory Committee; Jeff Brown, Chip Mayes, and Ryan Webb to a three-year term.

FISCAL IMPACT:

None, this is a public volunteer position.

ATTACHMENTS:

None.

Agenda Item G2

From: [Carolina Rook](#)
To: [Ken Huffer](#); [Kit Johnston](#)
Cc: [Bailey Barnhart](#); [Cale George](#)
Subject: 2/26/26 Agenda Item Request for Committee Reappointment
Date: Thursday, February 19, 2026 11:47:25 AM
Attachments: [image001.png](#)

Hello,

Gregory Thorsgard's term on the Yamhill County Budget Committee expired on June 30, 2025. I'm requesting that his reappointment be added to the 2/26/26 BOC agenda:

"Approval to reappoint Gregory Thorsgard to the Yamhill County Budget Committee for a two-year term to expire June 30, 2027"

Thank you,

Carolina Rook, BOC Office Supervisor
Yamhill County Board of Commissioner's Office
434 NE Evans Street, McMinnville, OR 97128
Ph: 503-434-7501 x3205 / Fax 503-434-7553
rookc@yamhillcounty.gov



Agenda Item I1

From: [Lindsey Manfrin](#)
To: [Ken Huffer](#); [Mary Starrett](#)
Cc: [Layne Pendleton-Baker](#); [Brittany Zylstra-Stanhope](#); [Amanda Kreder](#); [Traci Dawson](#); [Jason Henness](#); [Kaleb Clint Raever](#); [Carolina Rook](#); [Bailey Barnhart](#); [Cale George](#)
Subject: Board Consideration: 184790 OHA Health Related Social Needs (HRSN) Amendment 1
Date: Friday, February 20, 2026 8:56:52 AM
Attachments: [OHA 1915i HRSN 184790-1 44300-00044936.pdf](#)
[image001.png](#)

Hi Mary and Ken,

Attached is amendment #1 to the agreement between Yamhill County and the Oregon Health Authority for the Health-Related Social Needs (HRSN) Housing benefit (BO 25-038). This amendment reinstates and extends the term of the agreement, retroactively effective from November 14, 2025, through July 31, 2026. There were no changes to the award amount.

I recommend the Board approve this amendment as written. Please let me know if you have any questions.

BOC staff, please place this amendment on the next Board Agenda for approval. Suggested Board Agenda language:

“Approval of amendment #1 to agreement #184790 (BO 25-038) between Yamhill County and the Oregon Health Authority reinstating Health-Related Social Needs (HRSN) housing benefits retroactive to November 14, 2025. Oracle #HHS25004IGA.”

Thank you,

Lindsey Manfrin, DNP, RN

Health and Human Services Director

Public Health Administrator

Pronouns: she/her/hers

Yamhill County Health and Human Services|638 NE Davis St McMinnville, OR 97128

Phone: 503-434-7525|Cell: 971-237-2412|Ext. 4719

Fax: [503-474-4907](tel:503-474-4907)|manfrinl@YamhillCounty.gov *please note my email change

Yamhill County Crisis Line (1-844-842-8200)



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Grant Agreement Number 184790
OregonBuys Number PO-44300-00044936

**REINSTATEMENT AND AMENDMENT TO
STATE OF OREGON
GRANT AGREEMENT**

You can get this document in other languages, large print, braille, or a format you prefer free of charge. Contact the Agreement Administrator at the contact information found on page one of the original Agreement, as amended. We accept all relay calls.

This reinstatement is amendment number **1** to Grant Agreement Number **184790/PO-44300-00044936** between the State of Oregon, acting by and through its Oregon Health Authority, hereinafter referred to as “OHA,” and

Yamhill County
Acting by and through its Health & Human Services
638 NW Davis Street
McMinnville, OR 97128
Attention: Traci Dawson
Telephone: 503-434-7523

E-mail address: dawsont@yamhillcounty.gov; manfrinl@yamhillcounty.gov

hereinafter referred to as “**Recipient.**”

RECITALS

WHEREAS, OHA and Agency entered into that certain Agreement number **184790/PO-44300-00044936** effective on November 15, 2024, incorporated herein by this reference (the Agreement);

WHEREAS, OHA and Agency intended to amend the Agreement to extend its effectiveness through July 31, 2026;

WHEREAS, the proposed amendment number **1** to extend the effectiveness of the Agreement and otherwise modify it was not executed by the parties prior to the Agreement’s expiration date;

WHEREAS, the Agreement expired on November 14, 2025 in accordance with its terms; and

WHEREAS, OHA and Agency desire to reinstate the Agreement in its entirety as of November 14, 2025, and to amend the Agreement (once reinstated) to extend its effectiveness through July 31, 2026, as set forth herein.

REINSTATEMENT

- 1. Reinstatement.** OHA and Agency hereby reinstate the Agreement in its entirety as of **November 14, 2025** and agree that the Agreement was and is in full force and effect from its effective date through the date of this Reinstatement and Amendment. OHA and Agency further agree that, upon the amendment of **Section 1. “Effective Date and Duration”** of the Agreement pursuant to Paragraph 2 below, the Agreement was, is and will be in full force and effect from the effective date through the expiration date set forth in **Section 1. “Effective Date and Duration”**, as amended, subject to the termination provisions otherwise set forth in the Agreement.

AMENDMENT

- 2. Amendment.** OHA and Agency hereby amend the Agreement as follows:

The original Agreement number associated with this Grant Agreement, **1844790**, is hereby superseded and restated to read as follows:

Grant Agreement Number 184790
OregonBuys Number PO-44300-00044936

- a.** Contact information for OHA on the cover page (page 1) of this Agreement is hereby superseded and restated entirely as set forth below:

**Medicaid Division
Safety Net Policy
500 Summer Street NE
Salem, Oregon 97301**

Agreement Administrator: Mariah Andrews or delegate

Telephone: 971-348-7349

E-mail address: mariah.f.andrews@oha.oregon.gov

- b.** Amend **Section 1, “Effective Date and Duration”** as follows. Language to be deleted or replaced is ~~struck through~~; new language is **underlined and bold**.
Effective Date and Duration. This Agreement shall become effective on **November 15, 2024** once it is (i) signed by all parties. Unless extended or terminated earlier in accordance with its terms, this Agreement shall expire on ~~November 14, 2025~~ **July 31, 2026**. Agreement termination shall not extinguish or prejudice OHA’s right to enforce this Agreement with respect to any default by Recipient that has not been cured.
- c.** For services provided on and after the effective date of this amendment, **Exhibit A, Part 2, “Disbursement and Financial Reporting”** is hereby superseded and restated in its entirety, as set forth in **Exhibit A, Part 2, “Disbursement and Financial Reporting”**, attached hereto and incorporated herein by this reference.
- d.** **Exhibit C, § 6, “Professional Liability”** *only* is hereby superseded and restated entirely to read as follows:

PROFESSIONAL LIABILITY:

Required Not required

Contractor shall provide Professional Liability Insurance covering any damages caused by an error, omission or any negligent acts related to the services to be provided under this Grant Agreement by the Recipient and Recipient's subcontractors, agents, officers or employees in an amount not less than \$ _____ per claim and not less than \$ _____ annual aggregate limit.

If coverage is provided on a claims made basis, then either an extended reporting period of not less than 24 months shall be included in the Professional Liability insurance coverage, or the Recipient shall provide Continuous Claims Made coverage as stated below.

3. Except as expressly amended above, all other terms and conditions of the original Agreement and any previous amendments are still in full force and effect. Recipient certifies that the representations, warranties and certifications contained in the original Agreement are true and correct as of the effective date of this amendment and with the same effect as though made at the time of this amendment.
4. **Certification.** Without limiting the generality of the foregoing, by signature on this Agreement, the undersigned hereby certifies under penalty of perjury that:
 - a. Recipient is in compliance with all insurance requirements in Exhibit C of this Agreement and notwithstanding any provision to the contrary, Recipient shall deliver to the OHA Agreement Administrator (see page one of original Agreement, as amended) the required Certificate(s) of Insurance within 30 days of execution of this Agreement amendment. By certifying compliance with all insurance as required by this Agreement, Recipient acknowledges it may be found in breach of the Agreement for failure to obtain required insurance. Recipient may also be in breach of the Agreement for failure to provide Certificate(s) of Insurance as required and to maintain required coverage for the duration of the Agreement;
 - b. Recipient acknowledges that the Oregon False Claims Act, ORS 180.750 to 180.785, applies to any "claim" (as defined by ORS 180.750) that is made by (or caused by) the Recipient and that pertains to this Agreement or to the project for which the grant activities are being performed. Recipient certifies that no claim described in the previous sentence is or will be a "false claim" (as defined by ORS 180.750) or an act prohibited by ORS 180.755. The Oregon Attorney General may enforce the liabilities and penalties provided by the Oregon False Claims Act against the Recipient, in addition to any remedies that may be available to OHA under the Agreement;
 - c. The information shown in Section 5.a. "Recipient Information", of the original Agreement, as amended, is Recipient's true, accurate and correct information;
 - d. To the best of the undersigned's knowledge, Recipient has not discriminated against and will not discriminate against minority, women or emerging small

business enterprises certified under ORS 200.055 in obtaining any required subcontracts;

- e.** Recipient and Recipient's employees and agents are not included on the list titled "Specially Designated Nationals" maintained by the Office of Foreign Assets Control of the United States Department of the Treasury and currently found at: <https://www.treasury.gov/resource-center/sanctions/SDN-List/Pages/default.aspx>;
- f.** Recipient is not listed on the non-procurement portion of the General Service Administration's "List of Parties Excluded from Federal procurement or Non-procurement Programs" found at: <https://www.sam.gov/SAM>;
- g.** Recipient is not subject to backup withholding because:
 - (1) Recipient is exempt from backup withholding;
 - (2) Recipient has not been notified by the IRS that Recipient is subject to backup withholding as a result of a failure to report all interest or dividends; or
 - (3) The IRS has notified Recipient that Recipient is no longer subject to backup withholding; and
- h.** Recipient's Federal Employer Identification Number (FEIN) or Social Security Number (SSN) provided to OHA is true and accurate. If this information changes, Recipient shall provide OHA with the new FEIN or SSN within 10 days.

1. **Recipient Information.** Recipient shall provide the information set forth below.

PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION

Recipient Name (exactly as filed with the IRS): _____

Yamhill County

Street address: 535 NE 5th Street

City, state, zip code: McMinnville, OR 97128

Email address: MorenoM@yamhillcounty.gov

Telephone: (503) 474-4911 Fax: ()

Is Recipient a nonresident alien, as defined in 26 USC § 7701(b)(1), a foreign person, or a foreign entity? (Check one box): YES NO

Business Designation. (Check one box):

- | | | |
|--|--|--|
| <input type="checkbox"/> Professional Corporation | <input type="checkbox"/> Nonprofit Corporation | <input type="checkbox"/> Limited Partnership |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Sole Proprietorship |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Partnership | <input checked="" type="checkbox"/> Other |

Recipient Proof of Insurance. Recipient shall provide the following information upon submission of the signed Agreement amendment. All insurance listed herein and required by Exhibit C of the original Agreement, as amended, must be in effect prior to amendment execution.

If Recipient is self-insured for any of the Insurance Requirements specified in Exhibit C of the original Agreement, as amended, Recipient may so indicate by: (i) writing "Self-Insured" on the lines below; and (ii) submitting a certificate of insurance as required by Exhibit C of the original Agreement, as amended.

Commercial General Liability Insurance Company: CityCounty Insurance Services (CIS)

Policy #: 86010992 Expiration Date: 7/1/2026

Network Security and Privacy Liability Company Tokio Marine HCC/ Houston Casualty Company

Policy #: H25NGP257212-00 Expiration Date: 7/1/2026

Workers' Compensation. Does Recipient have any subject workers, as defined in ORS 656.027? (Check one box): YES NO If YES, provide the following information:

Workers' Compensation Insurance Company: SAIF

Policy #: 871736 Expiration Date: 7/1/2026

RECIPIENT, BY EXECUTION OF THIS AMENDMENT, HEREBY ACKNOWLEDGES THAT RECIPIENT HAS READ THIS AMENDMENT, UNDERSTANDS IT, AND AGREES TO BE BOUND BY ITS TERMS AND CONDITIONS.

2. Signatures.

Yamhill County Acting by and through its Health & Human Services

By:

_____	Kit Johnston
Authorized Signature	Printed Name
Chair, County Commissioner	_____
Title	Date

State of Oregon, acting by and through its Oregon Health Authority

By:

_____	_____
Authorized Signature	Printed Name
_____	_____
Title	Date

Approved for Legal Sufficiency:
Exempt per OAR 137-045-0050(2)

Exhibit A
Part 2
Disbursement and Financial Reporting

1. Disbursement of Grant Funds.

- a. During the period specified in **Section 1., “Effective Date and Duration”**, of this Agreement, OHA will disburse to Recipient, a maximum not-to-exceed amount as specified in **Section 3., “Grant Disbursement Generally”** of this Agreement as one lump sum after all signatures to this Agreement have been obtained. Recipient shall use the funds in accordance with the Allowable Activities enumerated in Exhibit A, Part 1, Sections 4 and 5.
- b. Recipient shall submit all requests, and reports to OHA following at the following address:

wassa.dosreis@odhs.oregon.gov
bliss.s.croton@oha.oregon.gov

2. Reporting Requirements

Expenditure Reports for Allowable Activities are required to document how the disbursements were used. Recipient shall submit quarterly Expenditure Reports using the template provided by OHA. Recipient must submit a final report which contains all reported quarters and accounts for all expenses for funds disbursed. If all funds have not been expended, Recipient must return those unexpended funds by **July 31, 2026**. Reports must be submitted to OHA each quarter on the following schedule:

Fiscal Quarter	Due Date
Q4: November 15 – December 31, 2025	14-Feb-25
Q1: January 1 – March 31, 2025	30-Apr-25
Q2: April 1 – June 30, 2025	31-Jul-25
Q3: July 1 – September 30, 2025	31-Oct-25
Q4: October 1 – December 31, 2025	31-Jan-26
Q1: January 1 – March 31, 2026	30-Apr-26
Q2: April 1 – June 30, 2026	31-Jul-26
Final: Close Out Report: Final Comments and Grant Feedback	31-Jul-26

DOCUMENT RETURN STATEMENT

Please complete the following statement and return with the completed signature page and the Contractor Data and Certification page and/or Contractor Tax Identification Information (CTII) form, if applicable.

If you have any questions or find errors in the above referenced Document, please contact the contract specialist.

Document number: 184790-1/PO-44300-00044936 , hereinafter referred to as "Document."

Kit Johnston

Name

Chair, Board of Commissioners

Title

received a copy of the above referenced Document, between the State of Oregon, acting by and through the Department of Human Services, the Oregon Health Authority, and

Yamhill County

by email.

Contractor's name

On January 30, 2026 ,

Date

I signed the electronically transmitted Document without change. I am returning the completed signature page, Contractor Data and Certification page and/or Contractor Tax Identification Information (CTII) form, if applicable, with this Document Return Statement.

Authorizing signature

Date

Please attach this completed form with your signed document(s) and return to the contract specialist via email.

Agenda Item J1



OUTDOOR MASS GATHERING PERMIT APPLICATION

SUBMIT
Clear All

Fill out application form completely. Attach additional pages if necessary.

APPLICANT			PROPERTY OWNER (if different)		
Wildwood Music Fest			Margery E Kendall Trust		
Last Name	First Name	MI	Last Name	First Name	MI
P.O. Box 482			[REDACTED]		
Mailing Address (Street or PO Box)			Mailing Address (Street or PO Box)		
Willamina, OR 97396			[REDACTED]		
City	State	Zip	City	State	Zip
971-241-3173			[REDACTED]		
Phone Number			Phone Number		
wildwoodhotel@gmail.com			N/A		
Email Address			Email Address		

PROPERTY INFORMATION

Tax Lot No. R572200200 Property Zoning: EF-80

Property Physical Address: 41100 Indle Creek Rd. Willamina, OR

Present Use of the Property: Forestry, cattle grazing, residential

Please list the type of buildings that are currently on the property (i.e. residence (type), pole building, agricultural barn or other outbuildings, etc.):

house, shed, gazebo

Is there a septic system on the property? Yes No

How will water be provided for event? Well City Other: spring verified w/ Yamhill County health

EVENT INFORMATION

Type of Event: Music Festival and Campout

Date or Dates of Event (5 max): June 19-21st, 2026

Persons Expected to Attend Event: 500 per day 500 in total

Will Sound Amplification be Used? Yes No
If yes, please explain: a sound system will be used on stage while music is being performed, faces away from neighbors

Will Alcohol be Provided? Yes No
If yes, please explain: Beer and wine service will be authorized w/OLCC

Will Fireworks be Used? Yes No
If yes, please explain: _____

Please include a copy of the following with your application:

- Site Plan
- Fire Protection Plan
- Public Safety Plan
- Health and Medical Plan
- Parking and Traffic Control Plan
- Copy of OLCC Permit (if applicable)
- Proof of Insurance

FILING FEE: Include with your application a check or money order, made payable to Yamhill County, in the following amount:

- Single Event Fee: \$3,154.00
- Multiple Events Fee (max 5): \$3,154.00 + \$100/event

NOTE: Fees are nontransferable and nonrefundable.

CONDITIONS

The Applicant(s) understands and agrees to comply with the following conditions:

- 1) If the application is granted, the applicant(s) will exercise the rights granted in accordance with the terms and subject to all the conditions and limitations of the approval.
- 2) If the application is granted, the applicant(s) will comply with all health and safety laws governing outdoor mass gatherings as provided in ORS 433, including all those rules adopted by the Oregon Department of Human Services.
- 3) If the application is granted, the applicant(s) will comply with all requirements governing mass gatherings as provided in Yamhill County Code 4.20.

DECLARATION

I hereby declare under penalties of false swearing (ORS 162.075 and 162.085) that the above information is true and correct to the best of my knowledge. I understand that issuance of a permit based on this application will not excuse me from complying with other effective laws and regulations, including those regulating the use of the land and buildings.

I understand that Oregon law and local county code require the Yamhill County Board of Commissioners (Board) to refer the application to the Yamhill County Sheriff, the Yamhill County Health Department, the jurisdictional fire chief, and state or local road authorities for their recommended permit conditions. I further understand that the Board can impose reasonable conditions in its Order approving the Outdoor Mass Gathering Permit.

I hereby grant permission for and consent to Yamhill County, its officers, agents, and employees coming upon the above-described property to gather information and inspect the property whenever it is reasonably necessary for the purpose of processing this application.

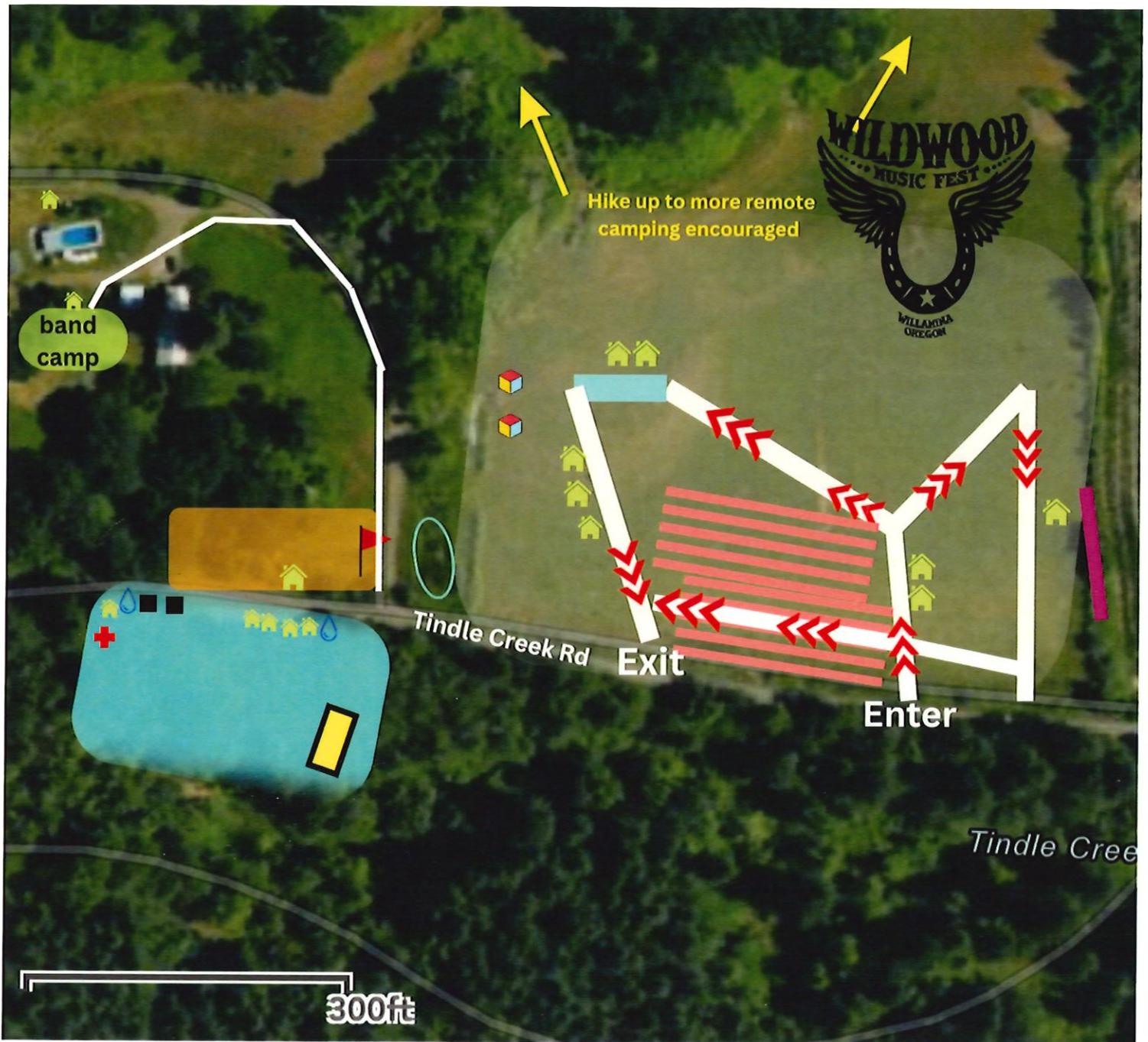
SIGNATURES:

Katie Umson Feb 4, 26
Applicant Date

Margery E Kendall 1-29-26
Property Owner Date

Submit the completed application and all required documentation to:

Yamhill County Mass Gathering Permit
c/o County Counsel's Office
535 NE 5th Street
McMinnville, OR 97128
bocinfo@yamhillcounty.gov



-  music, food & beverage
-  car camping
-  band & temp loading/unloading
-  first aid
-  stage
-  day parking
-  hand washing stations
-  food vendors
-  porta pottie

-  approximately 15,000 gallon holding pond
-  Fire Lanes
-  275 gallon tanks
-  Exit to be used only in case of emergency
-  band camping area
-  band /volunteer check in