Water Quality Protection
Surface Water Management
Wastewater Collection & Treatment

Gregory L. Geist
Director

January 21, 2016

Board of Directors
Surface Water Management Agency of Clackamas County

Members of the Board:

Approval to Enter a Joinder to Trust Agreement for Insurance Coverage through the Special Districts Association of Oregon for the Surface Water Management Agency of Clackamas County

Purpose/Outcomes	Satisfying Oregon legal requirement for the District to enter into an Intergovernmental Agreement with the Special Districts Association of Oregon to continue receiving Insurance-Related Services.
Dollar Amount and Fiscal Impact	None related to this agreement.
Funding Source	No County General Funds are involved.
Duration	Effective January 21, 2016 with no termination.
Previous Board Action	None
Strategic Plan Alignment	1. WES customers will continue to benefit from a well-managed utility 2. Build public trust through good government
Contact Person	Doug Waugh, Finance Manager WES – 503-742-4564
Contract No.	

BACKGROUND:
The Surface Water Management Agency of Clackamas County (District) has recently entered into an agreement to receive insurance services from the Special Districts Association of Oregon (SDAO). This agreement requires the adoption of the attached Board Order and attached Joinder of Trust agreement by the governing body of the District. If not adopted, the District will lose its insurance coverage at the end of its current term, which is December 31, 2016.

RECOMMENDATION:
Staff recommends the Board approve this agreement and authorizes Greg Geist, WES Director to sign on behalf of the District.

Respectfully submitted,

Greg Geist, Director
Water Environment Services

In the Matter of Authorizing the Tri-City Service District to Enter into a Joinder to Trust Agreement for Insurance Coverage through the Special Districts Association of Oregon

RESOLUTION NO._____

WHEREAS, the Tri-City Service District ("District") recently transitioned from insurance coverage provided by CIS to the Special Districts Association of Oregon ("SDAO");

WHEREAS, the Special Districts Insurance Services Trust has recently adopted a First Restatement of Declaration of Trust; and

WHEREAS, the First Restatement of Declaration of Trust requires participants such as the District to adopt the Joinder to Trust Agreement for Initial Members by resolution;

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS, as the governing body of the Tri-City Service District, that it desires to enter into the Joinder to Trust Agreement for Initial Members attached hereto as Exhibit A and hereby delegates authority to the District Director to execute said agreement on the Board's behalf.

ADOPTED this ____ day of _____, 2016.

BOARD OF COUNTY COMMISSIONERS
Acting as governing body of the
Surface Water Management Agency of
Clackamas County

_____
Chair

_____
Recording Secretary

EXHIBIT A

FORM OF
JOINDER TO TRUST AGREEMENT
FOR INITIAL MEMBERS

By execution of this Joinder, the undersigned public body hereby agrees to become a party to, and is bound by, the First Restatement of Declaration of Trust of the Special Districts Insurance Trust effective as of April 1, 2014 (and as the same may be amended, supplemented or otherwise modified from time to time, the "Agreement"), by and among the Trustees and the Members, in the same manner as if the undersigned were an original signatory to such Agreement.

The undersigned represents and warrants that (i) the undersigned has received a copy of, and has reviewed the terms of, the Agreement and all related or relevant documents and agreements, (ii) undertakes to become a Member of the Special Districts Insurance Trust with all the rights and obligations thereof, and (iii) such undertaking has been duly authorized as an intergovernmental agreement to create a program of self-insurance pursuant to ORS 30.282.

Capitalized terms used but not defined in this Joinder shall have the meanings set forth in the Agreement.

IN WITNESS WHEREOF, the undersigned has executed this Joinder as of this ___ day of _____, 2016.

Surface Water Management Agency of Clackamas County

By:_____

Name: _____
Title: _____

Approved as to form:
Name: _____
Title: _____

Address for Notices:
_____
_____
_____

With copies to:

_____
_____
_____

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