



# Special City Council Meeting

Monday, August 1, 2022 at 6:00 pm

## Meeting Location

320 N Main St. Falls City, OR 97344 (or Web Application, in writing)

## How to Attend and/or Participate:

1. In Person: 320 N Main St. Falls City, OR 97344
2. Call-in:
  - a. 1-253-215-8782
  - b. Meeting ID: 851 3843 3933
  - c. Passcode: 373050
  - d. You will be muted but may “raise your hand” to indicate you wish to comment.
3. Web Application: Zoom Webinar  
<https://us06web.zoom.us/j/85138433933?pwd=K3l6V3RmMFFFWWEZzM1JTQVA3NnJpQT09>
  - a. Passcode: 373050
  - b. You will be muted but may “raise your hand” to indicate you wish to comment during Public Comments.
4. Write-In: Using regular mail or email.
  - a. [info@fallscityoregon.gov](mailto:info@fallscityoregon.gov); 299 Mill St. Falls City, OR 97344

*The City of Falls City does not discriminate in providing access to its programs, services, and activities on the basis of race, color, religion, ancestry, national origin, political affiliation, sex, age, marital status, physical or mental disability, or any other inappropriate reason prohibited by law or policy of the state or federal government. Should a person need special accommodations or interpretation services, contact the City at 503.787.3631 at least one working day prior to the need for services and every reasonable effort to accommodate the need will be made.*

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### 1. CALL TO ORDER & ROLL CALL

TJ Bailey, Mayor \_\_\_ Dennis Sickles \_\_\_ Lori Jean Sickles \_\_\_  
Jennifer Drill \_\_\_ Tony Meier \_\_\_ Amy Houghtaling \_\_\_ Open Seat \_\_\_

### 2. CONSENT AGENDA

- a. Noise Application
- b. Street Closure
- c. Homelessness MOU

### 3. GOOD OF THE ORDER

### 4. ADJOURN

*Posted \_\_\_\_\_, 2021: Frink's, City Hall, Community Center, Falls City Website*

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Contact: Jeremy Teal, City Recorder (jteal@fallscityoregon.gov 503-787-3631) | Agenda published on  
07/19/2022 at 1:15 PM

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## **STAFF REPORT**

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**TO:** HONORABLE MAYOR, AND CITY COUNCIL  
**FROM:** CITY MANAGER, AJ FOSCOLI  
**SUBJECT:** HOMELESSNESS PREVENTION MOU, PRIDE NOISE PERMIT, PRIDE STREET CLOSURE  
**DATE:** 8/1/2022

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### **SUMMARY**

Council Approval of amended Homelessness Prevention MOU, Pride Festival Noise permit, & Pride Festival Street Closure.

### **BACKGROUND**

The City Council previously voted unanimously to sign the Polk County Homelessness Prevention MOU. Exhibit A is the updated document that the cities' attorneys have redrafted to have consistent language across the 4 Polk County cities.

The City Council has supported and approved Noise Permits and Street Closures for city-wide events, including the Pride festival in previous years.

### **FINANCIAL IMPLICATIONS**

None.

### **STAFF RECCOMENDATION**

Adopt.

### **EXHIBIT**

- A- Noise Permit Application
- B- Street Closure Application
- C- Homelessness Prevention MOU



Staff Use Only

Application/Permit Number

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(Last Name & Date// Season of Event)

### NOISE Application & Permit

Jeremy Gordon 612-865-6823  
 Applicant Full Name Phone Number

180 Norton St. jeremy.j.gordon@psnail.com  
 Applicant Mailing Address Email

Falls City, OR 97344 Is applicant at least 18 years old (circle)?  Yes  No  
 City, State, Zip

**Application Type (Check One):**

Class A- For a single day activity 24 hours or less in duration and taking place within the hours of 7am and 10pm.

- Complete application must be provided to City Hall at least 7 days prior to the City Council Meeting at which it will be heard;
- To be complete the application must be completely filled out, and accompanied by the required \$20 fee;

Class B- For an activity lasting more than 24 hours in duration; OR an event taking place, in any part, between the hours of 10pm and 7am.

- Complete application must be provided to City Hall at least 7 days prior to the City Council Meeting at which it will be heard;
- To be complete the application must be completely filled out, accompanied by the required \$40 fee, and accompanied by the required proof of notice from Resolution 22-2019:

**NOTICE REQUIREMENT FOR CLASS B PERMIT APPLICATIONS**

Class B. Notice and Affidavit Required.

1. The applicant shall provide written notice to neighbors of the proposed noise:
  - a. On a form provided by the City;
  - b. Fully filled out by the applicant;
  - c. The notice may be mailed to the property address, or hand delivered;
    - i. Mailed notices must be sent at least 10 days prior to the City Council Meeting at which the application will be heard;
    - ii. Hand delivered notices must be delivered at least 7 days prior to the City Council Meeting at which the noise permit will be heard.
  - d. Notice must be provided to any person residing, or any owner of a business, within 400 feet of the property line of the location where the sound will be emitted.
2. The applicant shall provide the City of Falls City with proof of the written notice:
  - a. On a form provided by the City;
  - b. Fully filled out by the applicant;
  - c. The applicant must sign and date the bottom of the list in the presence of City Hall Staff, or have it notarized.

1. Date(s), Begin/End Time(s), and Location of the noise (Class B permits may have multiple dates; reasonable description will be accepted (e.g. 2<sup>nd</sup> Friday of each month, the 19<sup>th</sup> of each month...)?

8/6/22 8-12pm @ Board Board

2. Type of event for which permit is sought?

~~music~~ pre-recorded music / performance / drag

3. The physical characteristics of the sound involved?

pre-recorded music / amplifier / MC / performers

4. Any other supporting information?

**All Permits are subject to the following conditions, unless waived, modified, or augmented by the City Council or their designee in writing.**

1. All noise in excess of the city noise ordinance must cease on the date, and at the time approved by the City Council.
2. Maximum Decibel Levels:
  - a. 100db in Commercial/Residential, Public Agency Institutional, Industrial, and Forestry Zones;
  - b. 90db in the Residential Zone.
3. No foul language, cursing, references to violence or abuse, sexual references, Innuendo, and no discriminatory language is allowed under this permit.
  - a. Permit holders shall keep a copy of the permit at the event or activity for which the permit was sought.

*The undersigned applicant, or authorized agent certifies that all information contained in this application is correct and accurate, and that they do have such knowledge, and agrees to comply with all permit conditions and Falls City Ordinances at all times.*



7/12/22

Signature of Applicant or Authorized Agent

Date

The City of Falls City  
Phone: (503) 787-3631  
www.fallscityoregon.gov



# STREET CLOSURE REQUEST FORM

## FALLS CITY MUNICIPAL CODE

Sections 91.02 and 91.03 of the Falls City Municipal Code govern street closures. City Council approval is required for all street closures not part of an emergency response, public works, or utility job.

### Requirements:

1. Provide this form to City Hall for review no later than one week prior to the regular City Council Meeting preceding your requested closure.
2. Provide a non-refundable fee of \$25 per day the street will be closed.
3. Provide a certificate of liability insurance in an amount to be determined based on the nature of your event, but typically not less than \$1 million per occurrence, and \$2 million aggregate. The certificate of liability MUST name the City of Falls City as an additional insured.
4. Agree to maintain a clear passage for emergency vehicles.
5. Provide adequate sanitation facilities and evidence thereof to the city.

## BASIC INFORMATION

Applicant Name: TJ Bailey

Applicant Address: 132 Carey Court Falls City, OR 97344

Applicant Phone: 541-231-7356

Date(s) of Requested Closure: 8/6/2022

Reason for Closure & Activity to be Conducted: Event space staging

Description of the street area to be closed: Alleyway behind the Breadboard

Request Closure Starting: 12:00 AM  PM Ending: 12:00  AM  PM

## REPRESENTATIONS BY APPLICANT

TJB Initials: It is my responsibility to ensure emergency vehicles have a clear passage and immediate access to and through the area approved for street closure.

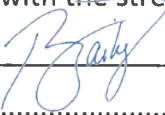
TJB Initials: It is my responsibility, and I agree to place and remove sufficient barricades and signs to ensure the safety of the area approved for street closure and all those within it.

The barricades I will use to block the street are described as follows: Standard Barricades

TJB Initials: I understand that if I require assistance to barricade or remove barricades to the streets, I will be charged for that service and agree to pay the costs enumerated in the City Fee Schedule.

TJB Initials: I understand that it is my responsibility to ensure the area approved for closure is free of all tangible materials that were not there prior to the closure (i.e. clean up after yourself).

By signing below, I agree to abide by all provisions of the Falls City Municipal Code and this application. I further agree to hold harmless and indemnify the City of Falls City, its Officers, Agents, and Assigns for any and all liability associated with the street closure herein and the event for which it was sought.

Applicant Signature  Date 7/19/2022

**INTERNAL USE ONLY**

\$25/day Fee- Cash  Check ; Date \_\_\_\_\_; Amount \_\_\_\_\_; Receipt # \_\_\_\_\_; Received by \_\_\_\_\_.

**Fire Review**

\_\_\_\_\_ Initial: I have reviewed the request and  DO have concerns  DO NOT have concerns.  
Concern \_\_\_\_\_

**Public Works Review**

\_\_\_\_\_ Initial: I have reviewed the request and  DO have concerns  DO NOT have concerns.  
Concern \_\_\_\_\_

**City Manager Review**

\_\_\_\_\_ Initial: I have reviewed the request and  DO have concerns  DO NOT have concerns.  
Concern \_\_\_\_\_

**City Council:**

Vote Tally- Ayes \_\_\_\_\_ Nays \_\_\_\_\_ Abstain \_\_\_\_\_

Approved  Yes  No (approval effective on date of signature by Presiding Official)

Signature of Presiding Official \_\_\_\_\_ Date \_\_\_\_\_

**City Staff:**

**Notification of Approval**

- Falls City Fire
- Public Works
- City Manager
- Sheriff's Office
- Willamette Valley Communications (dispatch)

Name of Staff Completing Notifications \_\_\_\_\_ Date \_\_\_\_\_

## **Memorandum of Understanding**

### **Establishing the Polk County Coordinated Homeless Response System**

WHEREAS, House Bill 4123 (2022) provides grants to local governments to create and establish a coordinated homeless response system, office, and advisory board; and

WHEREAS, Polk County, with input from the other parties to this Agreement, has applied for and received a grant (“the Grant”) to create a coordinated homeless response system, office and advisory board; and

WHEREAS, County, city, tribal members, and non-profit entities participating in this project are required to create an agreement establishing a coordinated homeless response system, office, and advisory board that has representation from all participating entities and establishes participating entities’ roles to support the coordinated homeless response system; an Advisory Board now therefore,

IT IS AGREED AS FOLLOWS:

1. **Effective Date:** This Agreement shall take effect on August 26, 2022, or whenever all participating entities sign this Agreement, whichever occurs last.
2. **Participating Entities:** The following entities are Parties to and Participating Entities in this Agreement: the cities of Dallas, Monmouth, Independence, Willamina, and Falls City; the Confederated Tribes of Grand Ronde; the Mid-Valley Community Action Agency; and Polk County.
3. **Purpose:** The purpose of this Agreement is to establish a coordinated homeless response system that consists of a coordinated homeless response office (“Response Office”) with a centralized point of contact; establish an advisory board comprised of individuals appointed to the advisory board by each Participating Entity; establish roles for each Participating Entity to support the coordinated homeless response office; and coordinate with any local continuum of care receiving funding under 24 C.F.R. part 578.
4. **The Grant Recipient and Administrative Agency:** Polk County Advisory Board shall be known as the Grant recipient, administer the Polk County Homeless Response System (“Response System”), and establish a Response Office and central point of contact. Any employees or contractors retained for the Response System or Response Office shall be employees or contractors of Polk County Advisory Board (“Advisory Board”).
5. **Advisory Board Composition:** The Advisory Board (“Advisory Board”) shall have eight-members consisting of one representative, each, from the Participating Entities. The Participating Entities shall independently select a representative from their entity to serve on the Advisory Board. These representatives shall be either an employee or elected official from each Participating Entity.
6. **The Advisory Roles and Responsibility:** The Advisory Board shall be an advisory body to the Polk County Board of Commissioners. The role of the Advisory Board shall be to:



- a. Establish specific roles for each Participating Entity to support the Advisory Board and Response Office.
- b. Provide input regarding the operations of the Response System.
- c. Review and approve the Polk County Homelessness Strategic Plan and review and make recommendations to the coordinated homeless response system annual budget.
- d. Within one year of receiving the Grant, develop and adopt a five-year strategic plan that identifies and sets goals for addressing:
  - i. Funding to support the ongoing operations of the Response System;
  - ii. Increasing or streamlining resources and support to people at risk of or experiencing homelessness within the Participating Entities;
  - iii. Incorporating national best practices for ending homelessness;
  - iv. Eliminating racial disparities within homeless services within the service area; and
  - v. Creating pathways to permanent and supportive housing that is affordable to local populations experiencing or at risk of homelessness.
- e. No later than November 15, 2023, and September 15, 2024, provide the reports required by House Bill 4123 (2022).

**7. The Advisory Board Chair and Vice Chair:** The Advisory Board shall elect a Chair and a Vice Chair in accordance with its bylaws. The Chair shall establish the agenda for Advisory Board meetings and convene all necessary meetings. The Vice Chair shall perform the Chair’s responsibilities when the Chair is absent.

**8. Advisory Board Decisions:** Each of the eight Advisory Board members shall have one vote. A quorum shall consist of five or more Advisory Board members. Decisions shall require the approval of five or more Advisory Board members. Advisory Board members may attend meetings in person or electronically as permitted by Oregon laws.

**9. Bylaws:** The Advisory Board shall establish bylaws to govern elections of Advisory Board officers; appointment of Advisory Board members; Advisory Board meeting procedures; and other matters the Advisory Board deems appropriate.

**10. Advisory Board, Term, and Termination:** This Agreement may be executed in one or more counterparts which, when combined, shall constitute the entire agreement. This Agreement shall terminate on January 1, 2025. If a Participating Entity wishes to withdraw from this Agreement and Polk County’s Homeless Response System, it may do so by a majority vote of its governing body. In the event a Participating Entity’s governing body elects to withdraw from this Agreement, the remaining Participating Entities may renegotiate the terms of this Agreement as needed.

**11. Mutual Indemnity:** To the extent permitted by the Oregon Constitution and by the Oregon Tort Claims Act, each Party to this Agreement shall indemnify the other Parties against liability for damage to life or property arising from the indemnifying Party's own activities under this Agreement, provided that a Party will not be required to indemnify other Parties for any such liability arising out of the wrongful acts of employees or agents of the other Parties.

**12. Compliance with HB 4123 and Grant Agreement.** All actions of the Advisory Board and the participating entities in carrying out this Agreement will be in compliance with the provisions of HB 4123 and any administrative rules, orders or regulations adopted thereunder, and with the Grant Agreement as well as all other applicable provisions of law.

**13. Amendment:** This Agreement may only be amended by a writing approved by a majority of the Participating Entities' governing bodies.

**The Parties agree to all the terms of this Intergovernmental Agreement by signing below:**

\_\_\_\_\_  
City of Dallas

\_\_\_\_\_  
City of Falls City

\_\_\_\_\_  
City of Monmouth

\_\_\_\_\_  
Confederated Tribes of Grand Ronde

\_\_\_\_\_  
City of Independence

\_\_\_\_\_  
Mid-Valley Community Action Agency

\_\_\_\_\_  
City of Willamina

\_\_\_\_\_  
Polk County