

Port Of Astoria

Contact Information

Please review your district's current key contact information listed below, and make any updates if necessary.

| Key Contact | Changes to Key Contact Information |
|---|------------------------------------|
| Contact Name: Melanie Howard | Name: _____ |
| Title: Finance/HR Director | Title: _____ |
| Mailing Address: 422 Gateway, Suite 100 Astoria, OR 97103 | Mailing Address: _____ |
| Work Phone: 503-741-3343 | Work Phone: _____ |
| Mobile Phone: | Mobile Phone: _____ |
| Home Phone: | Home Phone: _____ |
| Email: mhoward@portofastoria.com | Email: _____ |

Additional Information: Complete or make corrections to the following required information if needed.

Number of District Employees: 33 **Attorney Name:** Northwest Local Government Advisors, LLC
Number of District Volunteers: 0 **Auditor Name:** Talbot, Korvola, & Warwick, LLP

Budget Information

Your district's 2024-2025 budget information is required for calculating your SDIS property/casualty insurance contribution and/or SDAO membership dues. For help completing the budget information, refer to your district's LB-1 form. **If your district does not file an LB-1, please refer to your budget.** Upon completion, please return this form to SDAO with a copy of your LB-1 or budget.

Line Item 9. FY 2024-2025 Budgeted Personnel Services: \$ 3,283,192
All salaries, fringe benefits, and other costs associated with salaries.

Line Item 10. FY 2024-2025 Budgeted Materials and Supplies: \$ 5,993,482
Services, materials, supplies, and other miscellaneous charges. This does not include any pass-through funds such as wholesale power and water purchasing costs, if applicable, or funds for capital constructions or improvements.

Line Item 14. FY 2024-2025 Budgeted Contingencies: \$ 0
Amount set aside for unforeseen events in the budgeted year.
Total of line items 9, 10, and 14 above. \$ 9,276,674

Please return your completed form to SDAO Member Services

| | | |
|--|-----------------------------|--|
| Mail: PO Box 12613 Salem, OR 97309-0613 | Fax: 503-371-4781 | Email: memberservices@sdao.com |
|--|-----------------------------|--|

Port Of Astoria

Your district's current SDAO roster is listed below. Please review each contact and update their information as needed. You may update directly on this form.

SDAO periodically sends communications to all individuals listed with your district. **Please provide an email address for each contact.** If you need to remove an individual, please check the 'Remove From Roster' box.

Name: Stacy Bandy
Title: Enviromental Specialist
Address:
422 Gateway, Suite 100
Astoria, OR 97103
UNITED STATES

Work: 503-741-3300
Home:
Fax: 503-741-3345
Email: sbandy@portofastoria.com

Remove From Roster

Communication Preference: Mail

PC Claims Contact: No
HR Contact: No
Facilities Contact: No

WC Claims Contact: No
Risk Management Contact: No
IT Contact: No

Name: James T. Campbell
Title: Board Member
Address:
422 Gateway, Suite 100
Astoria, OR 97103
UNITED STATES

Work: 503-741-3300
Home: 503-325-4058
Fax: 503-741-3345
Email: jcampbell@portofastoria.com

Remove From Roster

Communication Preference: Email

PC Claims Contact: No
HR Contact: No
Facilities Contact: No

WC Claims Contact: No
Risk Management Contact: No
IT Contact: No

Name: Tim Hill
Title: Board Member
Address:
422 Gateway, Suite 100
Astoria, OR 97103
UNITED STATES

Work: 503-741-3300
Home:
Fax: 503-741-3345
Email: jhboat@gmail.com

Remove From Roster

Communication Preference: Email

PC Claims Contact: No
HR Contact: No
Facilities Contact: No

WC Claims Contact: No
Risk Management Contact: No
IT Contact: No

Name: Melanie Howard
Title: Finance/HR Director
Address:
422 Gateway, Suite 100
Astoria, OR 97103
UNITED STATES

Work: 503-741-3343
Home:
Fax: 503-741-3345
Email: mhoward@portofastoria.com

Remove From Roster

Communication Preference: EMail

PC Claims Contact: Yes
HR Contact: Yes
Facilities Contact: No

WC Claims Contact: Yes
Risk Management Contact: Yes
IT Contact: Yes

Name: Will Isom

Work: 503-741-3332

Title: Executive Director

Home:

Address:

Fax: 503-741-3345

422 Gateway, Suite 100
Astoria, OR 97103
UNITED STATES

Email: wisom@portofastoria.com

Remove From Roster

Communication Preference: EMail

PC Claims Contact: Yes
HR Contact: Yes
Facilities Contact: No

WC Claims Contact: Yes
Risk Management Contact: No
IT Contact: No

Name: Shane Jensen

Work: 503-741-3300

Title: Grant Writer

Home:

Address:

Fax: 503-741-3345

422 Gateway, Suite 100
Astoria, OR 97103
UNITED STATES

Email: shane@grantwriter.us

Remove From Roster

Communication Preference: EMail

PC Claims Contact: No
HR Contact: No
Facilities Contact: No

WC Claims Contact: No
Risk Management Contact: No
IT Contact: No

Name: Nicole Kelly

Work: (503) 741-3300

Title: Executive Assistant

Home:

Address:

Fax: (503) 741-3345

422 Gateway, Suite 100
Astoria, OR 97103
UNITED STATES

Email: admin@portofastoria.com

Remove From Roster

Communication Preference: EMail

PC Claims Contact: No
HR Contact: No
Facilities Contact: No

WC Claims Contact: No
Risk Management Contact: No
IT Contact: No

Name: Matt McGrath

Work: 503-298-0909

Title: Deputy Director

Home:

Address:

Fax:

422 Gateway, Suite 100
Astoria, OR 97103
UNITED STATES

Email: mmcgrath@portofastoria.com

Remove From Roster

Communication Preference: EMail

PC Claims Contact: Yes
HR Contact: No
Facilities Contact: No

WC Claims Contact: Yes
Risk Management Contact: No
IT Contact: No

Name: Dirk Rohne
Title: Board Member
Address:
422 Gateway, Suite 100
Astoria, OR 97103
UNITED STATES

Work: 503-741-3300
Home: 503-741-0479
Fax: 503-741-3345
Email: rohne@peak.org

Remove From Roster

Communication Preference: Email

PC Claims Contact: No
HR Contact: No
Facilities Contact: No

WC Claims Contact: No
Risk Management Contact: No
IT Contact: No

Name: Frank R. Spence
Title: Board Member
Address:
422 Gateway, Suite 100
Astoria, OR 97103
UNITED STATES

Work: 503-741-3300
Home: 503-325-2365
Fax: 503-741-3345
Email: fspence@portofastoria.com

Remove From Roster

Communication Preference: Email

PC Claims Contact: No
HR Contact: No
Facilities Contact: No

WC Claims Contact: No
Risk Management Contact: No
IT Contact: No

Name: Robert Stevens
Title: Board Member
Address:
422 Gateway, Suite 100
Astoria, OR 97103
UNITED STATES

Work: 503-741-3300
Home: 503-741-3300
Fax: 503-741-3345
Email: jfattori@portofastoria.com

Remove From Roster

Communication Preference: Email

PC Claims Contact: No
HR Contact: No
Facilities Contact: No

WC Claims Contact: No
Risk Management Contact: No
IT Contact: No

Name: Susan Transue
Title: Terminal & Customer Support Manager
Address:
422 Gateway, Suite 100
Astoria, OR 97103
UNITED STATES

Work: 503-741-3342
Home: 503-741-3300
Fax: 503-741-3345
Email: stransue@portofastoria.com

Remove From Roster

Communication Preference: Email

PC Claims Contact: No
HR Contact: No
Facilities Contact: Yes

WC Claims Contact: No
Risk Management Contact: Yes
IT Contact: No

District Name: Port of Astoria

Please provide us with the names of board members, district managers or those that should be receiving SDAO communications that are **not already listed** on the enclosed update sheet.

| | | | |
|---|---|--|--|
| Name: <u>Dianna Delgado</u> | | Work Phone: <u>(503) 741-3300</u> | |
| Title: <u>executive Assistant</u> | | Home or Cell Phone: _____ | |
| Mailing Address: <u>422 Gateway Ave Ste 100</u> | | Fax: _____ | |
| City: <u>Astoria</u> State: <u>OR</u> Zip: <u>97103</u> | | E-mail: <u>admin@portofastoria.com</u> | |
| Contact Preference: <input type="checkbox"/> Mail <input checked="" type="checkbox"/> Email <input type="checkbox"/> Both | | | |
| Please mark all applicable for person named above: | | | |
| <input type="checkbox"/> Key Contact for SDAO | <input type="checkbox"/> PC Claims Contact | | |
| <input type="checkbox"/> Board Member | <input type="checkbox"/> Workers' Compensation Claims Contact | | |
| <input checked="" type="checkbox"/> Employee | <input type="checkbox"/> Risk Management Contact | | |
| <input type="checkbox"/> District Manager | <input type="checkbox"/> HR Contact | | |
| <input type="checkbox"/> Business Manager/CFO | <input type="checkbox"/> Facilities Contact | | |
| Name: _____ | | Work Phone: _____ | |
| Title: _____ | | Home or Cell Phone: _____ | |
| Mailing Address: _____ | | Fax: _____ | |
| City: _____ State: _____ Zip: _____ | | E-mail: _____ | |
| Contact Preference: <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Both | | | |
| Please mark all applicable for person named above: | | | |
| <input type="checkbox"/> Key Contact for SDAO | <input type="checkbox"/> PC Claims Contact | | |
| <input type="checkbox"/> Board Member | <input type="checkbox"/> Workers' Compensation Claims Contact | | |
| <input type="checkbox"/> Employee | <input type="checkbox"/> Risk Management Contact | | |
| <input type="checkbox"/> District Manager | <input type="checkbox"/> HR Contact | | |
| <input type="checkbox"/> Business Manager/CFO | <input type="checkbox"/> Facilities Contact | | |
| Name: _____ | | Work Phone: _____ | |
| Title: _____ | | Home or Cell Phone: _____ | |
| Mailing Address: _____ | | Fax: _____ | |
| City: _____ State: _____ Zip: _____ | | E-mail: _____ | |
| Contact Preference: <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Both | | | |
| Please mark all applicable for person named above: | | | |
| <input type="checkbox"/> Key Contact for SDAO | <input type="checkbox"/> PC Claims Contact | | |
| <input type="checkbox"/> Board Member | <input type="checkbox"/> Workers' Compensation Claims Contact | | |
| <input type="checkbox"/> Employee | <input type="checkbox"/> Risk Management Contact | | |
| <input type="checkbox"/> District Manager | <input type="checkbox"/> HR Contact | | |
| <input type="checkbox"/> Business Manager/CFO | <input type="checkbox"/> Facilities Contact | | |