

**NOVEMBER 21, 2017
MCLEOD COUNTY
BOARD MEETING
WILL BE HELD AT
THE GLENCOE
CITY CENTER
1107 11TH STREET
GLENCOE, MN**

**McLEOD COUNTY
BOARD OF COMMISSIONERS
PROPOSED MEETING AGENDA
NOVEMBER 21, 2017**

1 9:00 CALL TO ORDER

PLEDGE OF ALLEGIANCE

2 9:03 CONSIDERATION OF AGENDA ITEMS*

3 9:04 CONSENT AGENDA*

- A. November 7, 2017 Meeting Minutes and Synopsis.
- B. November 3, 2017 Auditor's Warrants.
- C. November 9, 2017 Auditor's Warrants.
- D. Approve renewal of 5 year subscriptions with Thomson Reuters for Westlaw including online access for \$887 a month and library products for \$412.86 a month.
- E. Set a bid closing date for the 2018 Official McLeod County Newspaper and Second Publication for December 27, 2017 by 4:30 PM with the award scheduled for Tuesday, January 2, 2018.
- F. Approve renewal of Off Sale, Sunday, Liquor, Wine, Club or 3.2% Licenses for Crow River Winery in Hutchinson, MN from January 1, 2018 through December 31, 2018.
- G. Approve renewal of Off Sale, Sunday, Liquor, Wine, Club or 3.2% Licenses for Gopher Campfire in Hutchinson, MN from January 1, 2018 through December 31, 2018.
- H. Approve renewal of Off Sale, Sunday, Liquor, Wine, Club or 3.2% Licenses for Lake Marion Supper Club in Brownton, MN from January 1, 2018 through December 31, 2018.
- J. Approve the Sale of Cigarette and other Tobacco Products License for Casey's General Store #3505 in Stewart, MN from January 1, 2018 through December 31, 2018.
- I. Approve the Sale of Cigarette and other Tobacco Products License for Casey's General Store #3474 in Lester Prairie, MN from January 1, 2018 through December 31, 2018.
- J. Approve the Sale of Cigarette and other Tobacco Products License for Big Don's Cathedral, Inc. in Lester Prairie, MN from January 1, 2018 through December 31, 2018.
- K. Approve the Sale of Cigarette and other Tobacco Products License for Krausers Dodge House, Lester Prairie, MN from January 1, 2018 through December 31, 2018.
- L. Approve printing of the 2016 Financial Statement to McLeod Publishing Inc. for the amount of \$765. Additional bid received: Herald Journal \$1,559.65.
- M. Adopt Resolution 17-CB-39 Operational Enhancement Grant Program in the amount of \$10,000 to be used for unbudgeted outreach.
- N. Approval Memorandum of Understanding between Grand Canyon University College of Nursing and McLeod County Public Health to fulfill the Public Health Nursing clinical experience for graduate student Mandy Sturges. This MOU has previously been approved by the County Board for other graduate students at Grand Canyon University.
- O. Amend with the State of Minnesota to allow the installation of an ice shield at the ARMER site in Biscay. This will help prevent damage to the microwave equipment at the Biscay site. There was damage caused to the Hutchinson equipment last year by falling ice.
- P. Approve the 2018 Outside Organizations Budget amounts as proposed by the budget committee totaling \$418,734.

4 PAYMENT OF BILLS - COMMISSIONER WARRANT LIST*

5 9:05 CONTEGRITY – Construction Manager Sam Lauer

A. Construction Update.

6 9:10 PUBLIC HEALTH – Director Jennifer Hauser, CHS Director Allie Elbert and Attorney Consultant Scott Lepak

A. Accept Meeker, McLeod, Sibley Community Health Board Delegation Termination Notice.*

Acceptance of notification of intent to terminate the delegation agreements, as approved by the Meeker-McLeod-Sibley Community Health Board joint powers board – this does not have to be approved by the McLeod County Board, but there should be an acknowledgement by the McLeod County Board that notice has been given and the 1-year countdown has started.

1. At the end of one year, anything that will be a delegated function has to be in a new delegation agreement
2. Anything not delegated will be considered integrated; i.e. if we did “nothing” between now and the 1 year point, MMS Community Health Services would be integrated by nature of the State statute.
3. A subcommittee has been formed to further explore and research cost savings and efficiencies of integration or where delegation is needed. Commissioner Nagel and Public Health Director Jennifer Hauser represent McLeod County.

B. Consider adoption of Resolution 17-CB-41 Amending the Second Amended Joint Powers Agreement between Meeker, McLeod and Sibley Counties Creating the Joint Community Health Board.*

Approval of the amended CHB joint powers agreement, which included the 2 language changes in Article V, sections 5 and 6

1. Initial Administrative Integration Funding (seed money of \$60,000 total; \$29,148 for McLeod County at 48.58% of total, which will come from 2017 Public Health Budget. If the 2017 Public Health budget goes over budget we will do a budget revision). This percentage is based on population.
 - a. This money is needed *regardless* of the delegation agreement outcome.
2. Program Transition Funding

7 9:20 ROAD AND BRIDGE – Engineer John Brunkhorst

A. Consider adoption of Resolution 17-RB08-40 sponsoring the City of Winsted’s application for a Local Road Improvement Program grant for the reconstruction of McLeod Avenue between CSAH 1 and Kingsley Avenue in Winsted.*

MnDOT requires any non-State Aid City to have a County sponsor for any LRIP grant applications. There is no County funding obligation for this; the County just serves as the fiscal agent for any LRIP funding should the City be awarded a grant.

- B. Consider authorizing county labor for the installation of Luce Line Trail guide signs in the City of Winsted. The estimated amount of time involved is 6 hours for an estimated cost of \$750.*

The City of Winsted and Friends of the Luce Line West desire to install some directional signing along County State Aid Highways 1 and 9 to guide Luce Line Trail users around the current gap in the trail.

They are proposing to cover the \$833 cost of signs and posts.

8 9:30 MINNESOTA DEPARTMENT OF TRANSPORTATION – Planning Director Lindsey Bruer

- A. Ten Year Capital Highway Investment Plan (CHIP).

9 9:45 ASSESSORS OFFICE – Assessor Sue Schulz

- A. Market value adjustments information for the 2018 assessment year.

10 10:00 PLANNING AND ZONING – Administrator Larry Gasow

- A. Consider approval of the Minnesota Pollution Control Agency (MPCA) County Feedlot Program Delegation Agreement Work Plan which demonstrates that the County will meet the State requirements. The Feedlot Delegation Agreement Work Plan is a required MPCA document to administer the Feedlot Program and receive State funding.*

Dana Leibfried, Minnesota Pollution Control Agency Feedlot Compliance / Enforcement and Permitting, reviewed the completed Work Plan and approved on November 6, 2017. Michelle Minnesota Pollution Control Agency, County Feedlot Program Development Lead, approved of this completed Work Plan on November 6, 2017.

11 10:10 SOIL AND WATER CONSERVATION DISTRICT – District Manager Ryan Freitag

- A. Consider approval of the following drainage projects:*

CD #5, Project 102, JD #24 Lateral 17, Project 103, CD #64, Branch 2, Project 106, CD #10, Project 107, CD #25, Project 108, CD #64, Project 109 and CD #5, Project 110

12 10:25 ATTORNEYS OFFICE – Attorney Michael Junge

- A. Consider ratification of Agreement between MnCCC and Strategic Technologies Inc. (STI) for the maintenance and support of the Minnesota County Attorney Practice System (MCAPS) program.*

Changed from DocuTech to STI for support and maintenance of the MCAPS Program.

13 10:30 HUMAN RESOURCES – Deputy Administrator Sheila Murphy

- A. Consider approval of November 17, 2017 Personnel Committee Recommendations.*

14 COUNTY ADMINISTRATION

- Review of Commissioners Calendar
- Commissioner reports of committee meetings attended since November 21, 2017.

15 CLOSED MEETING

- A. Discuss union negotiations specific to health insurance.

OTHER

Open Forum
Press Relations

RECESS

Next board meeting December 7, 2017 at 4:30 p.m. in the County Boardroom.

**McLEOD COUNTY
BOARD OF COMMISSIONERS
PROPOSED MEETING MINUTES – November 7, 2017**

CALL TO ORDER

The regular meeting of the McLeod County Board of Commissioners was called to order at 9:00 a.m. by Chair Joe Nagel at the Glencoe City Center. Commissioners Pohlmeier, Shimanski, Wright and Krueger were present. Administrative Assistant Donna Rickeman, County Attorney Michael Junge and Interim County Administrator/County Auditor-Treasurer Cindy Schultz Ford were also present.

PLEDGE OF ALLEGIANCE

CONSIDERATION OF AGENDA ITEMS

Pohlmeier/Krueger motion carried unanimously to approve the agenda.

CONSENT AGENDA

- A) October 17, 2017 Meeting Minutes and Synopsis.
- B) October 13, 2017 Auditor's Warrants.
- C) October 16, 2017 Auditor's Warrants.
- D) October 18, 2017 Auditor's Warrants.
- E) October 20, 2017 Auditor's Warrants.
- F) October 23, 2017 Auditor's Warrants.
- G) October 27, 2017 Auditor's Warrants.
- H) Approve renewal of maintenance agreement with Northland Business systems for maintenance of the Sheriff's Office voice logger for the amount of \$3,771.00.
- I) Approve renewal of contract for Registered Nursing Services between McLeod County Public Health and McLeod Treatment Programs at a contracted hourly rate of \$61.46, which is the same hourly rate as last year. There are no changes to the contract.
- J) Approve annual contract for 2018 with Brown County Evaluation Center (New Ulm, MN) for detoxification and evaluation services. Rate: \$411 per patient per 24-hour period from admission time. Cost reflects 12.6% increase/\$36/day for 2018 while their actual budget increase 2018 is only 1.4%. This is our main Detoxification and Evaluation Service provider. Cost increase is necessary for two reasons:
 - 1. they are now unable to bill Blue Plus insurance as they no longer reimburse detox services as in past; and,
 - 2. BCEC's days of service are down over 200 client days, year to date, resulting in a decrease in their revenue.

- K) Approve Crisis Housing Fund – Employee Dishonesty Certification Agreement.
- L) Approve the Sale of Cigarette and other Tobacco Products License for Dollar General in Silver Lake, MN from January 1, 2018 through December 31, 2018.
- M) Approve the Sale of Cigarette and other Tobacco Products License for Neisen’s Bar & Grill Inc. in Glencoe, MN from January 1, 2018 through December 31, 2018.
- N) Approve Conditional Use Permit 17-20 requested by Randy and Dillan Peterson of Randy’s Bobcat Services for mining, stockpiling and screening on property owned by Gary Hemmann. The restoration will be for wild life purposes. This property is located within 5 Acres of 159.80 Acres of the SE ¼ of the NW ¼ of the SE ¼, Section 16 in Hassan Valley Township. Hassan Valley Township recommended approval on September 12, 2017. The Planning Advisory Committee recommended approval on October 25, 2017 with the following conditions:
 1. The hours of operation shall be 6:00 A.M to 8:00 P.M. Saturdays from 7 A.M. to 12:00 P.M., if needed.
 2. A letter of credit or bond in the amount of \$6,000.00 shall be submitted to the Zoning Office prior to the County Board meeting on November 7, 2017.
 3. The haul route shall be adhered to as presented. Proper dust control must be applied.
 4. No wetland or floodplain impacts shall take place unless prior approval from any agency with jurisdiction.
 5. Applicant shall apply for a DNR Dewatering Permit, if needed.
 6. Applicant shall follow restoration plan with back sloping at a 4:1 grade.
 7. Applicant shall notify Zoning Office as restoration takes place so an inspection can be made.
 8. All other local, State and Federal agencies permits shall be obtained and maintained.

Krueger/Wright motion carried unanimously to approve the consent agenda.

PAYMENT OF BILLS – COMMISSIONER WARRANT LIST

Road and Bridge Fund	\$122,645.72
Solid Waste Fund	\$40,101.09
Special Revenue Fund	\$207,642.41
Capital Projects Fund	\$43,092.25

Shimanski/Pohlmeier motion carried unanimously to approve payment of bills totaling \$413,481.47 from the aforementioned funds.

PUBLIC HEALTH – Director Jennifer Hauser, Public Health Nurse, Health Educator Kerry Ward and Minnesota Department of Health Holly Glaubitz

- A) Holly Glaubitz presented McLeod County Public Health a Breastfeeding Friendly Health Department Award from the Minnesota Department of Health (MDH) for its contributions to the health of mothers and their babies.

The designation acknowledges a county health department's commitment to acting as a model for the community by supporting healthy families and receiving the business benefits of supporting nursing mothers.

MDH recognizes county health departments, workplaces, maternity centers and child care facilities that have demonstrated their commitment to supporting breastfeeding mothers.

SOCIAL SERVICES – Director Gary Sprynczynatyk

- A) Gary Sprynczynatyk requested approval to hire a new Regional Housing Specialist with reimbursement from SW Adult Mental Health Consortium at 105%.

This item was removed from the agenda due to other partnership opportunities being researched.

Shimanski/Pohlmeier motion carried unanimously to hire a new Regional Housing Specialist with reimbursement from SW Adult Mental Health Consortium at 105%.

AUDITOR-TREASURER - Auditor-Treasurer Cindy Schultz Ford

- A) Cindy Schultz requested approval to transfer \$200,000 from the General Fund reserves to the Fairgrounds Capital Repairs special revenue account.

This transfer would help to pay for major repairs to the Fairgrounds buildings such as commercial building floor and pavilion.

Wright/Krueger motion carried unanimously to approve the transfer of \$200,000 from the General Fund reserves to the Fairgrounds Capital Repairs special revenue account.

- B) Cindy Schultz requested approval of \$140 rent per acre for 7.5 acres of property north and west of the Health and Human Services building on Ford Avenue in Glencoe, MN for Mark Ahlbrecht (Lester Prairie, MN) effective Crop-Year 2018 with rent due October 31, 2018.

Mark Ahlbrecht has been renting the property north and west of the Health and Human Services building on Ford Avenue in Glencoe, MN for eight years from the county. His wish is to continue to rent our land in 2018. He owns and operates the land that is adjacent to the county property. The rent agreement is effective November 1, 2017 to October 31, 2018.

Wright/Krueger motion carried unanimously to approve \$140 rent per acre for 7.5 acres of property north and west of the Health and Human Services building on Ford Avenue in Glencoe, MN for Mark Ahlbrecht (Lester Prairie, MN) effective Crop-Year 2018 with rent due October 31, 2018.

ROAD AND BRIDGE – Engineer John Brunkhorst

- A) John Brunkhorst requested approval of an agreement for professional services from Ayres Associates Inc. (Madison, WI) for 4” orthoimagery services at a total cost of \$53,532.60.

Other prices received include: Surdex Corporation (Chesterfield, MO) \$59,200; Sanborn, Inc. (Colorado Springs, CO) \$71,324.37; Continental Mapping Consultants, Inc. (Sun Prairie, WI) \$81,587.15; Mapping Resources Group, Inc. (Flagler Beach, FL) \$105,493.

The cities of Glencoe, Hutchinson, and Silver Lake have committed \$5,685, \$14,328, and \$845 respectively toward this project. Other cities may join in. The Recorder’s Office Compliance Fund has authorized \$34,000 to cover the remaining amount plus unforeseen miscellaneous expenses.

The orthoimagery (high accuracy aerial photos) is heavily used by numerous County Departments, Cities, SWCD, State, the general public, and others. The last time the imagery was updated was 2014.

Shimanski/Pohlmeier motion carried unanimously to approve an agreement for professional services from Ayres Associates Inc. (Madison, WI) for 4” orthoimagery services at a total cost of \$53,532.60 with funding of \$5,685 from Glencoe, \$14,328 from Hutchinson, \$845 from Silver Lake and not to exceed \$34,000 from McLeod County Recorder’s Office Compliance Fund.

- B) John Brunkhorst gave an update on bridge L5809 located on County Road 90 (Koala Road) immediately north of County Road 11. This bridge was closed on October 17, 2017 due to structural concerns that were identified during a recent safety inspection.

Bridge inspectors discovered portions of the wooden substructure were severely decayed and deteriorated, prompting the bridge closure.

Replacement of the wooden bridge with a box culvert would be the most feasible option. Estimated cost to complete is \$150,000 with possible state bridge funds to help accelerate project.

- C) John Brunkhorst requested adoption of Resolution 17-RB06-35 for the 2017-2020 bridge program.

This is required by MnDOT State Aid to obtain funding. It is used by their office to prioritize bridges on a statewide level. It also helps them get a handle on the amount of bridge replacements statewide and the amount of funding needed when they approach the legislature.

Pohlmeier/Shimanski motion carried unanimously to adopt Resolution 17-RB06-35 for the 2017-2020 bridge program.

- D) John Brunkhorst requested authorization to proceed with letting date of November 28, 2017 at 1:00 p.m. for SAP 43-598-015, bridge L5809 replacement on CR 90.

Wright/Krueger motion carried unanimously to authorize letting date of November 28, 2017 at 1:00 p.m. for SAP 43-598-015, bridge L5809 replacement on CR 90.

- E) John Brunkhorst requested authorization for County Engineer and County Auditor/Treasurer to execute the forthcoming MnDOT Local Bridge Replacement Program Grant Agreement for SAP 43-598-015. This is required for the County to obtain State bridge bond funds.

Nagel/Krueger motion carried unanimously to authorize County Engineer and County Auditor/Treasurer to execute the forthcoming MnDOT Local Bridge Replacement Program Grant Agreement for SAP 43-598-015.

- F) John Brunkhorst requested adoption of Resolution 17-RB07-36 for the MnDOT Local Bridge Replacement Program Grant Agreement for SAP 43-598-015.

Resolution states McLeod County will pay any additional amount by which the cost exceeds the estimate, and will return to the Minnesota State Transportation Fund any amount appropriated for the bridge but not required.

Shimanski/Pohlmeier motion carried unanimously to adopt Resolution 17-RB07-36 for the MnDOT Local Bridge Replacement Program Grant Agreement for SAP 43-598-015.

- G) John Brunkhorst requested approval of quote for \$45,680 from Forterra (Maple Grove, MN) for precast box culvert materials for SAP 43-598-015 (bridge L5809 replacement on CR 90); contingent upon authorization and funding approval from MnDOT State Aid.

Additional quote: Hancock Concrete (Hancock, MN) \$53,478.50.

Nagel/Shimanski motion carried unanimously to approve quote for \$45,680 from Forterra (Maple Grove, MN) for precast box culvert materials for SAP 43-598-015 (bridge L5809 replacement on CR 90); contingent upon authorization and funding approval from MnDOT State Aid.

- H) John Brunkhorst requested approval to award SAP 43-598-015 (bridge L5809 replacement on CR 90) to lowest responsible bidder as determined by the Engineer, contingent upon:
- a. Low bid not exceeding \$170,000.
 - b. Engineer returning to a future Board meeting to update the Board on bid results.
 - c. Authorization and funding approval from MnDOT State Aid.

This allows Engineer to authorize the lowest responsible bidder to proceed immediately after bid opening with construction rather than waiting for next Board meeting.

Shimanski/Wright motion carried unanimously to approve award of SAP 43-598-015 (bridge L5809 replacement on CR 90) to lowest responsible bidder as determined by the Engineer contingent on above listed criteria.

PARKS – Director Al Koglin

- A) Al Koglin requested approval of agreement with the State of Minnesota through the DNR to accept grant funding to improve two miles of the Dakota Trail including paving and a bridge replacement.

This grant is for the development of the Dakota trail using Legacy funds which will connect the Dakota trail that starts at the Carver County Line through the City of Lester Prairie ending at County Road 1.

Grant Project # GMRPTC 18-06 will use \$647,000 Legacy funds, \$33,000 local match from the City of Hutchinson and McLeod County for in-kind engineering services for a total grant of \$680,000. Project is estimated to be completed by June 30, 2020.

Constituent Ron Kester brought concerns forward regarding communication to landowners and a construction easement that will need to be addressed.

Al Koglin confirmed the agreement will allow the county to begin finalizing plans for the improvements which will include public meetings with the city of Lester Prairie and property owners as part of the process.

Shimanski/Wright motion carried to approve agreement with the State of Minnesota through the DNR to accept grant funding to improve two miles of the Dakota Trail including paving and a bridge replacement.

Roll Call: Wright – Yes, Pohlmeier – Yes, Nagel – Yes, Shimanski – Yes, Krueger – No.

PLANNING AND ZONING – Administrator Larry Gasow

- A) Larry Gasow requested denial of Conditional Use Permit 17-21 requested by Mitchell Niccum for exterior storage of more than five (5) vehicles and up to forty (40) vehicles kept and stored on-site to be salvaged throughout the year and then disposed of at another facility and to be located within 3.01 AC tract in the NW ¼ of SW ¼ of Section 24 in Hutchinson Township.

The Board of Hutchinson Township recommended approval of this request on September 14, 2017.

The McLeod County Planning Commission recommended denial of the Conditional Use Permit on October 25, 2017. The applicant failed to attend the Public Hearing to address the following concerns; therefore, these findings of fact for denial are as follows:

1. The rear yard area of the 3.01 acre parcel designated for exterior storage is too small for the storage of 40 vehicles.
2. Without a business or operational plan, adequate measures and plans were not addressed as to control and prevent spills of hazardous automotive fluids leaking during the outdoor storage and/or dismantling vehicles.
3. Without addressing the proper collection and disposal of the automotive fluids, there were environmental concerns of neighboring properties which also include the sensitive areas of the Fish and Wild Life and Pheasants Forever property.
4. Due to the topography and elevation of the parcel there was concern of surface sheet flow run off from snow melt and rains directly into the CR #4 road right of way.
5. Traffic concerns for site clearance and other safety concerns on CR #4 for the amount of trailers entering and leaving the site.

6. Difficulty in the visual screening the site due to the elevation change would adversely affect the neighboring property values.
7. The amount of letters received by neighboring property owners in opposition of this request due to there being other existing salvage yards within a short distance of them.

Constituents brought concerns forward regarding number of vehicles on the property and impact to property values.

Nagel/Shimanski motion carried unanimously to refer Conditional Use Permit 17-21 requested by Mitchell Niccum for exterior storage of more than five (5) vehicles and up to forty (40) vehicles back to Planning Commission due to applicant missing the last scheduled meeting.

COUNTY ADMINISTRATION

- A) Joe Nagel requested appointment of Cindy Schultz Ford as the Interim County Administrator due to the resignation of Pat Melvin.

Cindy will perform duties as Clerk to the County Board and other responsibilities as deemed appropriate in the interim role due to the need of her services in her current role as County Auditor-Treasurer.

Wright/Krueger motion carried unanimously to appoint Cindy Schultz Ford as the Interim County Administrator due to the resignation of Pat Melvin.

- B) Joe Nagel requested approval of \$600 per pay period for compensation while Cindy Schultz Ford is the acting Interim County Administrator.

Nagel/Pohlmeier motion carried unanimously to approve \$600 per pay period for compensation while Cindy Schultz Ford is the acting Interim County Administrator.

- C) Cindy Schultz Ford requested approval to set the next Solid Waste Advisory Committee (SWAC) meeting on December 12th at 2 p.m. to discuss updates on contract for GreenForest.

After further discussion it was determined date will not work for all Commissioners. A date will be established and brought back to the November 21st board meeting.

- D) Cindy Schultz Ford requested adoption of Resolution 17-CB-37 Support of Funding for US Highway 212: A Corridor of Commerce, supporting the \$110

million of needed improvements that will complete the highway to a continuous four-lane highway from Cologne to Norwood Young America.

Krueger/Pohlmeier motion carried unanimously to adopt Resolution 17-CB-37 Support of Funding for US Highway 212: A Corridor of Commerce, supporting the \$110 million of needed improvements that will complete the highway to a continuous four-lane highway from Cologne to Norwood Young America.

Shimanski/Pohlmeier motion carried unanimously to recess the meeting until 11:45 a.m. for closed meeting to discuss union negotiations specific to health insurance.

Wright/Pohlmeier motion carried unanimously to open the meeting at 12:28 p.m.

Shimanski/Pohlmeier motion carried unanimously to recess at 12:30 p.m. until 9:00 a.m. November 21, 2017 at the Glencoe City Center.

ATTEST:

Joe Nagel, Board Chair

Cindy Schultz Ford, Interim County Administrator

McLEOD COUNTY
BOARD OF COMMISSIONERS
SYNOPSIS – November 7, 2017

1. Commissioners Nagel, Wright, Krueger, Shimanski and Pohlmeier were present.
2. Pohlmeier/Krueger motion carried unanimously to approve the agenda.
3. Krueger/Wright motion carried unanimously to approve the consent agenda including October 17, 2017 Meeting Minutes and Synopsis; October 13, 2017 Auditor's Warrants; October 16, 2017 Auditor's Warrants; October 18, 2017 Auditor's Warrants; October 20, 2017 Auditor's Warrants; October 23, 2017 Auditor's Warrants; October 27, 2017 Auditor's Warrants; Approve renewal of maintenance agreement with Northland Business systems for maintenance of the Sheriff's Office voice logger for the amount of \$3,771.00; Approve renewal of contract for Registered Nursing Services between McLeod County Public Health and McLeod Treatment Programs at a contracted hourly rate of \$61.46, which is the same hourly rate as last year; Approve annual contract for 2018 with Brown County Evaluation Center (New Ulm, MN) for detoxification and evaluation services; Approve Crisis Housing Fund – Employee Dishonesty Certification Agreement; Approve the Sale of Cigarette and other Tobacco Products License for Dollar General in Silver Lake, MN from January 1, 2018 through December 31, 2018; Approve the Sale of Cigarette and other Tobacco Products License for Neisen's Bar & Grill Inc. in Glencoe, MN from January 1, 2018 through December 31, 2018; Approve Conditional Use Permit 17-20 requested by Randy and Dillan Peterson of Randy's Bobcat Services for mining, stockpiling and screening on property owned by Gary Hemmann.
4. Shimanski/Pohlmeier motion carried unanimously to approve payment of bills totaling \$413,481.47 from the aforementioned funds.
5. Shimanski/Pohlmeier motion carried unanimously to hire a new Regional Housing Specialist with reimbursement from SW Adult Mental Health Consortium at 105%.
6. Wright/Krueger motion carried unanimously to approve the transfer of \$200,000 from the General Fund reserves to the Fairgrounds Capital Repairs special revenue account.
7. Wright/Krueger motion carried unanimously to approve \$140 rent per acre for 7.5 acres of property north and west of the Health and Human Services building on Ford Avenue in Glencoe, MN for Mark Ahlbrecht (Lester Prairie, MN) effective Crop-Year 2018 with rent due October 31, 2018.
8. Shimanski/Pohlmeier motion carried unanimously to approve an agreement for professional services from Ayres Associates Inc. (Madison, WI) for 4" orthoimagery services at a total cost of \$53,532.60 with funding of \$5,685 from Glencoe, \$14,328 from Hutchinson, \$845 from Silver Lake and not to exceed \$34,000 from McLeod County Recorder's Office Compliance Fund.

9. Pohlmeier/Shimanski motion carried unanimously to adopt Resolution 17-RB06-35 for the 2017-2020 bridge program.
10. Wright/Krueger motion carried unanimously to authorize letting date of November 28, 2017 at 1:00 p.m. for SAP 43-598-015, bridge L5809 replacement on CR 90.
11. Nagel/Krueger motion carried unanimously to authorize County Engineer and County Auditor/Treasurer to execute the forthcoming MnDOT Local Bridge Replacement Program Grant Agreement for SAP 43-598-015.
12. Shimanski/Pohlmeier motion carried unanimously to adopt Resolution 17-RB07-36 for the MnDOT Local Bridge Replacement Program Grant Agreement for SAP 43-598-015.
13. Nagel/Shimanski motion carried unanimously to approve quote for \$45,680 from Forterra (Maple Grove, MN) for precast box culvert materials for SAP 43-598-015 (bridge L5809 replacement on CR 90); contingent upon authorization and funding approval from MnDOT State Aid.
14. Shimanski/Wright motion carried unanimously to approve award of SAP 43-598-015 (bridge L5809 replacement on CR 90) to lowest responsible bidder as determined by the Engineer contingent on above listed criteria.
15. Shimanski/Wright motion carried to approve agreement with the State of Minnesota through the DNR to accept grant funding to improve two miles of the Dakota Trail including paving and a bridge replacement. Roll Call: Wright – Yes, Pohlmeier – Yes, Nagel – Yes, Shimanski – Yes, Krueger – No.
16. Nagel/Shimanski motion carried unanimously to refer Conditional Use Permit 17-21 requested by Mitchell Niccum for exterior storage of more than five (5) vehicles and up to forty (40) vehicles back to Planning Commission due to applicant missing the last scheduled meeting.
17. Wright/Krueger motion carried unanimously to appoint Cindy Schultz Ford as the Interim County Administrator due to the resignation of Pat Melvin.
18. Nagel/Pohlmeier motion carried unanimously to approve \$600 per pay period for compensation while Cindy Schultz Ford is the acting Interim County Administrator.
19. Krueger/Pohlmeier motion carried unanimously to adopt Resolution 17-CB-37 Support of Funding for US Highway 212: A Corridor of Commerce, supporting the \$110 million of needed improvements that will complete the highway to a continuous four-lane highway from Cologne to Norwood Young America.
20. Shimanski/Pohlmeier motion carried unanimously to recess the meeting until 11:45 a.m. for closed meeting to discuss union negotiations specific to health insurance.
21. Wright/Pohlmeier motion carried unanimously to open the meeting at 12:28 p.m.

Complete minutes are on file in the County Administrator's Office. The meeting recessed at 12:30 p.m. until November 21, 2017.

Attest:

Joe Nagel, Board Chair

Patrick Melvin, County Administrator

DRAFT

***** McLeod County IFS *****



POOL
11/3/17 12:23PM

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

Print List in Order By:	2	1 - Fund (Page Break by Fund)	Page Break By:	1	1 - Page Break by Fund
		2 - Department (Totals by Dept)			2 - Page Break by Dept
		3 - Vendor Number			
		4 - Vendor Name			

Explode Dist. Formulas Y

Paid on Behalf Of Name
on Audit List?: N

Type of Audit List: D D - Detailed Audit List
S - Condensed Audit List

Save Report Options?: N

***** McLeod County IFS *****



POOL
11/3/17 12:23PM
1 GENERAL REVENUE FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

	<u>Vendor Name</u>	<u>Rpt</u>	<u>Warrant Description</u>	<u>Invoice #</u>	<u>Account/Formula Description</u>	
	<u>No. Account/Formula</u>	<u>Accr</u>	<u>Amount</u>	<u>Service Dates</u>	<u>Paid On Bhf #</u>	<u>On Behalf of Name</u>
0	DEPT			...		
25	3755 EYE MED 01-000-000-0000-2044		446.69	VISION PREMIUM 10/01/2017 10/31/2017	0	VISION INSURANCE PAYABLE
	3755 EYE MED		446.69	1 Transactions		
73	1241 MADISON NATIONAL LIFE INSURANCE C 01-000-000-0000-2041		1,610.45	STD PREMIUM 10/01/2017 10/31/2017	0	SHORT TERM DISABILITY PAYABLE
60	01-000-000-0000-2050		1,340.00	LTD PREMIUM 10/01/2017 10/31/2017	0	LONG TERM DISABILITY PAYABLE
	1241 MADISON NATIONAL LIFE INSURANCE C		2,950.45	2 Transactions		
92	3754 MCLEOD SIBLEY HEALTH INSURANCE 01-000-000-0000-2045		5,324.29	MEDICAL PREMIUM 10/01/2017 10/31/2017	0	HEALTH IINSURANCE PAYABLE
91	01-000-000-0000-2052		6,471.00	MEDICAL PREMIUM 10/01/2017 10/31/2017	0	COBRA HEALTH INSURANCE PAYABLE
	3754 MCLEOD SIBLEY HEALTH INSURANCE		11,795.29	2 Transactions		
106	1360 MINNESOTA MUTUAL 01-000-000-0000-2049		1,025.76	LIFE PREMIUM 10/01/2017 10/31/2017	0	LIFE INSURANCE PAYABLE
121	01-000-000-0000-2053		12.50	LIFE PREMIUM 10/01/2017 10/31/2017	0	COBRA LIFE INSURANCE PAYABLE
	1360 MINNESOTA MUTUAL		1,038.26	2 Transactions		
150	1969 SUN LIFE FINANCIAL 01-000-000-0000-2051		3,180.68	DENTAL PREMIUM 10/01/2017 10/31/2017	C246476 0	DENTAL INSURANCE PAYABLE
151	01-000-000-0000-2054		330.00	DENTAL PREMIUM 10/01/2017 10/31/2017	C246476 0	COBRA DENTAL INSURANCE PAYABLE
	1969 SUN LIFE FINANCIAL		3,510.68	2 Transactions		
165	3093 TRUSTMARK VOLUNTARY BENEFIT SOLI 01-000-000-0000-2049		1,425.76	OCTOBER BILLING		LIFE INSURANCE PAYABLE
	3093 TRUSTMARK VOLUNTARY BENEFIT SOLI		1,425.76	1 Transactions		

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Vendor Name	Rpt	Warrant Description	Invoice #	Account/Formula Description	
No. Account/Formula	Accr	Amount	Service Dates	Paid On Bhf #	On Behalf of Name
0 DEPT Total:		21,167.13	...	6 Vendors	10 Transactions
3 DEPT			COUNTY WIDE		
5281 TASC					
160 01-003-000-0000-6350		436.05	HSA PLAN ADMINISTRATION	IN1122694	OTHER SERVICES & CHARGES
161 01-003-000-0000-6350		405.41	FSA ADMINISTRATION	IN1122694	OTHER SERVICES & CHARGES
162 01-003-000-0000-6350		82.00	FSA CLAIM CARD FEES	IN1122694	OTHER SERVICES & CHARGES
5281 TASC		923.46		3 Transactions	
3 DEPT Total:		923.46	COUNTY WIDE	1 Vendors	3 Transactions
13 DEPT			COURT ADMINISTRATOR'S		
11580 CENTURYLINK					
263 01-013-000-0000-6203		34.98	LONG DISTANCE	320439462	COMMUNICATIONS
			10/21/2017 11/20/2017	0	
11580 CENTURYLINK		34.98		1 Transactions	
13 DEPT Total:		34.98	COURT ADMINISTRATOR'S	1 Vendors	1 Transactions
31 DEPT			COUNTY ADMINISTRATOR'S		
1886 BMO					
271 01-031-000-0000-6336		136.06	MGM GRAND	1627	MEALS, LODGING, PARKING & MISCELLAN
272 01-031-000-0000-6336		26.05	VEGAS WESTERN CAB	1627	MEALS, LODGING, PARKING & MISCELLAN
1886 BMO		162.11		2 Transactions	
31 DEPT Total:		162.11	COUNTY ADMINISTRATOR'S	1 Vendors	2 Transactions
41 DEPT			COUNTY AUDITOR-TREASURER'S		
1672 HEADSETS.COM					
371 01-041-000-0000-6612		478.95	WIRELESS HEADSET SYSTEM	2802913	CAPITAL - \$100-\$5,000 (INVENTORY)
372 01-041-000-0000-6612		478.95	WIRELESS HEADSET SYSTEM	2802913	CAPITAL - \$100-\$5,000 (INVENTORY)
1672 HEADSETS.COM		957.90		2 Transactions	
8564 OFFICE DEPOT INC					
132 01-041-000-0000-6402		51.98	ENVELOPE 11.5X14	1522-445402	OFFICE SUPPLIES
134 01-041-000-0000-6402		25.84	POPOP NOTES	1522-445402	OFFICE SUPPLIES
135 01-041-000-0000-6402		4.53	MANILLA FOLDERS	1522-445402	OFFICE SUPPLIES
136 01-041-000-0000-6402		9.20	POST IT NOTES	1522-445402	OFFICE SUPPLIES

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No. Account/Formula	Accr	Amount	Service Dates	Paid On Bhf #	On Behalf of Name
8564 OFFICE DEPOT INC		91.55	4 Transactions		
41 DEPT Total:		1,049.45	COUNTY AUDITOR-TREASURER'S	2 Vendors	6 Transactions
65 DEPT			INFORMATION SYSTEMS		
6286 GOVERNMENT TRAINING SERVICES					
255 01-065-000-0000-6321		810.00	MN GOVT IT SYMPOSIUM	387894	MAINTENANCE AGREEMENTS
6286 GOVERNMENT TRAINING SERVICES		810.00	1 Transactions		
65 DEPT Total:		810.00	INFORMATION SYSTEMS	1 Vendors	1 Transactions
76 DEPT			CENTRAL SERVICES-COUNTY WIDE		
1886 BMO					
370 01-076-000-0000-6338		319.90	PAYPAL	1635	MOTOR POOL EXPENSES
338 01-076-000-0000-6205		166.25	USPS	9909	POSTAGE AND POSTAL BOX RENTAL
1886 BMO		486.15	2 Transactions		
5918 CENTURY LINK					
19 01-076-000-0000-6203		55.78	CIRCUIT CHARGE	66XCD6-S-17288	COMMUNICATIONS
5918 CENTURY LINK		55.78	1 Transactions		
5906 CENTURYLINK					
15 01-076-000-0000-6203		307.47	LOCAL SVC	313623769	COMMUNICATIONS
5906 CENTURYLINK		307.47	1 Transactions		
11580 CENTURYLINK					
262 01-076-000-0000-6203		727.62	LONG DISTANCE	320439462	COMMUNICATIONS
			10/21/2017	11/20/2017	0
11580 CENTURYLINK		727.62	1 Transactions		
1857 METRO SALES INC					
84 01-076-000-0000-6321		663.94	COPIER MAINT RICOH3260-REC	INV920755	MAINTENANCE AGREEMENTS
1857 METRO SALES INC		663.94	1 Transactions		
1457 PRO AUTO & TRANSMISSION REPAIR INC					
142 01-076-000-0000-6338		766.29	4 WHEEL BRAKE JOB 2008 CHEV	3065982	MOTOR POOL EXPENSES
1457 PRO AUTO & TRANSMISSION REPAIR INC		766.29	1 Transactions		



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No. Account/Formula	Accr	Service Dates	Paid On Bhf #	On Behalf of Name
	Amount			
2693 TECHNICAL SOLUTIONS OF MADISON LA				
163 01-076-000-0000-6610	7,000.04	DATA DROPS FOR COURTROOM #3	5172	CAPITAL - OVER \$5,000 (FIXED ASSETS)
2693 TECHNICAL SOLUTIONS OF MADISON LA	7,000.04	1 Transactions		
1767 US POSTAL SERVICE				
167 01-076-000-0000-6205	20,000.00	POSTAGE ON CALL REFILL		POSTAGE AND POSTAL BOX RENTAL
1767 US POSTAL SERVICE	20,000.00	1 Transactions		
76 DEPT Total:	30,007.29	CENTRAL SERVICES-COUNTY WIDE	8 Vendors	9 Transactions
91 DEPT		COUNTY ATTORNEY'S		
1886 BMO				
309 01-091-000-0000-6402	17.08	AMAZON	1643	OFFICE SUPPLIES
1886 BMO	17.08	1 Transactions		
60963 SEVEN COUNTY PROCESS SERVERS LLC				
147 01-091-000-0000-6350	110.00	SVC OF DOC	20171695	OTHER SERVICES & CHARGES
145 01-091-000-0000-6350	55.00	SVC OF DOC	20171696	OTHER SERVICES & CHARGES
146 01-091-000-0000-6350	55.00	SVC OF DOC	20171697	OTHER SERVICES & CHARGES
60963 SEVEN COUNTY PROCESS SERVERS LLC	220.00	3 Transactions		
79 SIBLEY COUNTY SHERIFF				
148 01-091-000-0000-6350	50.00	SVC OF DOC	1603	OTHER SERVICES & CHARGES
79 SIBLEY COUNTY SHERIFF	50.00	1 Transactions		
91 DEPT Total:	287.08	COUNTY ATTORNEY'S	3 Vendors	5 Transactions
103 DEPT		COUNTY ASSESSOR'S		
1886 BMO				
294 01-103-000-0000-6450	22.86	BEEN VERIFIED	9891	SUBSCRIPTIONS
1886 BMO	22.86	1 Transactions		
8564 OFFICE DEPOT INC				
137 01-103-000-0000-6402	197.85	OFFICE SUPPLIES	970825830001	OFFICE SUPPLIES
8564 OFFICE DEPOT INC	197.85	1 Transactions		
1145 PATCHIN MESSNER & DODD				
139 01-103-000-0000-6350	1,531.25	PRE-TRAIL PREP & TRAIL	31561-B	OTHER SERVICES & CHARGES

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Vendor Name	Rpt	Warrant Description	Invoice #	Account/Formula Description	
No. Account/Formula	Accr	Amount	Service Dates	Paid On Bhf #	On Behalf of Name
1145 PATCHIN MESSNER & DODD		1,531.25	1 Transactions		
103 DEPT Total:		1,751.96	COUNTY ASSESSOR'S	3 Vendors	3 Transactions
111 DEPT			COURTHOUSE BUILDING		
1886 BMO					
275 01-111-000-0000-6303		20.00	MN DLI	1650	REPAIR AND MAINTENANCE SERVICES
274 01-111-000-0000-6425		9.49	MENARDS	1650	REPAIR AND MAINTENANCE SUPPLIES
1886 BMO		29.49		2 Transactions	
3069 PROTECTION SYSTEMS INC					
143 01-111-000-0000-6425		56.00	2 REPLACEMENT BATTERIES	37694	REPAIR AND MAINTENANCE SUPPLIES
3069 PROTECTION SYSTEMS INC		56.00		1 Transactions	
1076 STATE CHEMICAL PRODUCTS					
149 01-111-000-0000-6415		693.32	FRAGRANCE PACKS	900196051	CLEANING SUPPLIES
1076 STATE CHEMICAL PRODUCTS		693.32		1 Transactions	
111 DEPT Total:		778.81	COURTHOUSE BUILDING	3 Vendors	4 Transactions
112 DEPT			NORTH COMPLEX BUILDING		
869 HILLYARD HUTCHINSON					
46 01-112-000-0000-6415		97.02	VACUUM CLEANER PARTS	602742789	CLEANING SUPPLIES
869 HILLYARD HUTCHINSON		97.02		1 Transactions	
112 DEPT Total:		97.02	NORTH COMPLEX BUILDING	1 Vendors	1 Transactions
116 DEPT			HEALTH AND HUMAN SERVICES BUILDII		
1886 BMO					
273 01-116-000-0000-6303		20.00	MN DLI	1650	REPAIR AND MAINTENANCE SERVICES
1886 BMO		20.00		1 Transactions	
116 DEPT Total:		20.00	HEALTH AND HUMAN SERVICES BUILI	1 Vendors	1 Transactions
117 DEPT			FAIRGROUNDS		
1886 BMO					
342 01-117-000-0000-6425		11.55	ACE HARDWARE	1700	REPAIR AND MAINTENANCE SUPPLIES



Vendor No.	Name Account/Formula	Rpt Accr	Amount	Warrant Description Service Dates	Invoice # Paid On Bhf #	Account/Formula Description On Behalf of Name
1886	BMO		11.55		1 Transactions	
50	6009 INNOVATIVE OFFICE SOLUTIONS LLC 01-117-000-0000-6402		44.09	ENVELOPES/PAPER	IN1798847	OFFICE SUPPLIES
	6009 INNOVATIVE OFFICE SOLUTIONS LLC		44.09		1 Transactions	
221	7118 RUNNINGS SUPPLY INC 01-117-000-0000-6425		8.34	BLEACH/LAUNDRY SOAP	4434892	REPAIR AND MAINTENANCE SUPPLIES
222	01-117-000-0000-6425		32.20	VALVE BALL	4435388	REPAIR AND MAINTENANCE SUPPLIES
223	01-117-000-0000-6425		64.40	PIPE WRENCH/PIN	4435565	REPAIR AND MAINTENANCE SUPPLIES
224	01-117-000-0000-6425		10.73	LED BULBS	4442963	REPAIR AND MAINTENANCE SUPPLIES
225	01-117-000-0000-6425		37.47	ANITFREEZE	4449890	REPAIR AND MAINTENANCE SUPPLIES
	7118 RUNNINGS SUPPLY INC		153.14		5 Transactions	
117	DEPT Total:		208.78	FAIRGROUNDS	3 Vendors	7 Transactions
121	DEPT			VETERAN SERVICES		
54	6009 INNOVATIVE OFFICE SOLUTIONS LLC 01-121-000-0000-6402		23.64	OFFICE SUPPLIES TONER	IN1778612	OFFICE SUPPLIES
51	01-121-000-0000-6402		60.13	OFFICE SUPPLIES	IN1804464	OFFICE SUPPLIES
	6009 INNOVATIVE OFFICE SOLUTIONS LLC		83.77		2 Transactions	
121	DEPT Total:		83.77	VETERAN SERVICES	1 Vendors	2 Transactions
143	DEPT			LICENSE BUREAU		
133	8564 OFFICE DEPOT INC 01-143-000-0000-6402		36.78	10X13 ENVELOPE	1522-445402	OFFICE SUPPLIES
	8564 OFFICE DEPOT INC		36.78		1 Transactions	
143	DEPT Total:		36.78	LICENSE BUREAU	1 Vendors	1 Transactions
201	DEPT			COUNTY SHERIFF'S OFFICE		
252	604 B & B TIRE AND AUTO REPAIR LLC 01-201-000-0000-6327		1,009.46	#159 OVERHAUL	12853	GENERAL AUTO MAINTENANCE
253	01-201-000-0000-6327		32.30	#150 O/C	12937	GENERAL AUTO MAINTENANCE
	604 B & B TIRE AND AUTO REPAIR LLC		1,041.76		2 Transactions	
	1886 BMO					

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289	01-201-201-0000-6336		6.63	ARBYS	1577	MEALS, LODGING, PARKING & MISCELLAN
290	01-201-201-0000-6336		159.90	HOLIDAY IN MAPLE GROVE	1577	MEALS, LODGING, PARKING & MISCELLAN
291	01-201-201-0000-6336		11.09	FAMOUS DAVES	1577	MEALS, LODGING, PARKING & MISCELLAN
292	01-201-201-0000-6336		102.26	BEST WESTERN ST CLOUD	1577	MEALS, LODGING, PARKING & MISCELLAN
281	01-201-000-0000-6402		46.77	AMAZON	1585	OFFICE SUPPLIES
282	01-201-000-0000-6402		116.05	AMAZON	1585	OFFICE SUPPLIES
285	01-201-000-0000-6402		30.69	AMAZON	1585	OFFICE SUPPLIES
287	01-201-000-0000-6402		18.59	AMAZON	1585	OFFICE SUPPLIES
284	01-201-000-0000-6612		1,647.00	AMAZON	1585	CAPITAL - \$100-\$5,000 (INVENTORY)
286	01-201-201-0000-6336		97.71	GRAND VIEW LODGE	1585	MEALS, LODGING, PARKING & MISCELLAN
288	01-201-201-0000-6336		8.14	CHICK-FIL-A	1585	MEALS, LODGING, PARKING & MISCELLAN
279	01-201-204-0000-6336		230.00	GRAND VIEW LODGE	1585	MEALS, LODGING, PARKING & MISCELLAN
280	01-201-204-0000-6336		230.00	GRAND VIEW LODGE	1585	MEALS, LODGING, PARKING & MISCELLAN
1886	BMO		2,704.83	13 Transactions		
11580	CENTURYLINK					
264	01-201-000-0000-6203		75.39	LONG DISTANCE	320439462	COMMUNICATIONS
				10/21/2017	11/20/2017	0
11580	CENTURYLINK		75.39	1 Transactions		
1088	COBORNS LITTLE DUKES					
20	01-201-000-0000-6327		250.00	CAR WASHES (GLENCOE)	1063	GENERAL AUTO MAINTENANCE
1088	COBORNS LITTLE DUKES		250.00	1 Transactions		
704	DOBRTAZ HANTGE CHAPEL					
23	01-201-000-0000-6215		590.00	FACILITIES STAFF TRANSPORT		TRANSPORTATION EXPENSE FOR AUTOSF
704	DOBRTAZ HANTGE CHAPEL		590.00	1 Transactions		
5385	GOPHER STATE FIRE EQUIPMENT COMP/					
39	01-201-000-0000-6303		53.00	RECHARGE EXTINGUISHER-SHERIFF	110809	REPAIR AND MAINTENANCE SERVICES
5385	GOPHER STATE FIRE EQUIPMENT COMP/		53.00	1 Transactions		
6009	INNOVATIVE OFFICE SOLUTIONS LLC					
52	01-201-000-0000-6402		82.77	OFFICE SUPPLIES	IN1795750	OFFICE SUPPLIES
53	01-201-000-0000-6402		72.22	OFFICE SUPPLIES	IN1799347	OFFICE SUPPLIES
6009	INNOVATIVE OFFICE SOLUTIONS LLC		154.99	2 Transactions		
1502	KEEPRS INC					
256	01-201-000-0000-6145		193.00	UNIFORM-J MACHABY	359957	UNIFORM ALLOWANCE

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257	01-201-000-0000-6145		119.99	UNIFORM-J MACHABY	359957-01	UNIFORM ALLOWANCE
1502	KEEPRS INC		312.99	2 Transactions		
4256	MARX SMALL ENGINE					
83	01-201-000-0000-6303		67.90	PORTABLE GENERATOR REPAIR	10176	REPAIR AND MAINTENANCE SERVICES
4256	MARX SMALL ENGINE		67.90	1 Transactions		
4275	MINNESOTA SHERIFFS ASSN					
122	01-201-201-0000-6360		295.00	SHERIFFS WINTER CONFERENCE 12/10/2017 12/12/2017	150740 0	TRAINING - ADMINISTRATION
4275	MINNESOTA SHERIFFS ASSN		295.00	1 Transactions		
900	STREICHERS INC					
259	01-201-000-0000-6408		8,394.44	AMMO	11285017	AMMO
900	STREICHERS INC		8,394.44	1 Transactions		
4254	WACONIA FORD					
261	01-201-000-0000-6327		47.23	#161 O/C	FOCS115962	GENERAL AUTO MAINTENANCE
4254	WACONIA FORD		47.23	1 Transactions		
201	DEPT Total:		13,987.53	COUNTY SHERIFF'S OFFICE	12 Vendors	27 Transactions
251	DEPT			COUNTY JAIL		
1886	BMO					
307	01-251-000-0000-6350		33.15	SHOPKO	1528	OTHER SERVICES & CHARGES
308	01-251-000-0000-6402		73.46	AMAZON	1528	OFFICE SUPPLIES
306	01-251-000-0000-6402		93.38	MENARDS	1536	OFFICE SUPPLIES
276	01-251-000-0000-6425		38.24-	MENARDS	1650	REPAIR AND MAINTENANCE SUPPLIES
277	01-251-000-0000-6425		559.76	MENARDS	1650	REPAIR AND MAINTENANCE SUPPLIES
1886	BMO		721.51	5 Transactions		
91	FRANKLIN PRINTING INC					
254	01-251-000-0000-6403		58.43	HUBER LAW CONTRACT	170851	PRINTED PAPER SUPPLIES
91	FRANKLIN PRINTING INC		58.43	1 Transactions		
2412	GLENCOE REGIONAL HEALTH SERVICES					
38	01-251-000-0000-6268		196.37	ER G BARRERA 09/16/2017 09/16/2017	76617353 0	MEDICAL AID TO PRISONERS

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					Service Dates	Paid On Bhf #	On Behalf of Name
2412	GLENCOE REGIONAL HEALTH SERVICES			196.37			
					1 Transactions		
40	5385 GOPHER STATE FIRE EQUIPMENT COMP/	01-251-000-0000-6303		86.00	RECHARGE ANSUL SYSTEM JAIL	110830	REPAIR AND MAINTENANCE SERVICES
	5385 GOPHER STATE FIRE EQUIPMENT COMP/			86.00	1 Transactions		
45	869 HILLYARD HUTCHINSON	01-251-000-0000-6415		327.10	MULTIFOLD TOWELS JAIL	602744054	CLEANING SUPPLIES
	869 HILLYARD HUTCHINSON			327.10	1 Transactions		
55	6009 INNOVATIVE OFFICE SOLUTIONS LLC	01-251-000-0000-6402		49.26	OFFICE SUPPLIES	IN1796171	OFFICE SUPPLIES
	6009 INNOVATIVE OFFICE SOLUTIONS LLC			49.26	1 Transactions		
141	2140 PHOENIX SUPPLY	01-251-000-0000-6461		40.93	TOOTHBRUSHES/CHAP ICE	13108	INMATE SUPPLIES
	2140 PHOENIX SUPPLY			40.93	1 Transactions		
258	2180 PLUMBING AND HEATING BY CRAIG	01-251-000-0000-6303		172.50	MIN TOILET #3 CLOGGED	96672	REPAIR AND MAINTENANCE SERVICES
	2180 PLUMBING AND HEATING BY CRAIG			172.50	1 Transactions		
138	5440 PTS OF AMERICA LLC	01-251-000-0000-6225		2,932.00	TRANSPORT V TORRES	141189	PRISONER TRANSPORTATION
	5440 PTS OF AMERICA LLC			2,932.00	1 Transactions		
260	3931 SUMMIT FOOD SERVICES LLC	01-251-000-0000-6420		10,165.50	MEALS & SUPPLIES	INV2000013784	GROCERIES AND SUPPLIES
	3931 SUMMIT FOOD SERVICES LLC			10,165.50	1 Transactions		
251	DEPT Total:			14,749.60	COUNTY JAIL	10 Vendors	14 Transactions
281	DEPT				EMERGENCY MANAGEMENT		
	1886 BMO						
283	1886 BMO	01-281-000-0000-6402		25.53	AMAZON	1585	OFFICE SUPPLIES
	1886 BMO			25.53	1 Transactions		

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No. Account/Formula	Accr	Amount	Service Dates	On Behalf of Name
			Paid On Bhf #	
281 DEPT Total:		25.53	EMERGENCY MANAGEMENT	1 Vendors 1 Transactions
485 DEPT			COUNTY PUBLIC HEALTH NURSING	
14 ASSOCIATION OF MINNESOTA COUNTIE:				
174 01-485-000-0000-6245		135.00	REG REGIONAL TRAINING-RS	DUES AND REGISTRATION FEES
14 ASSOCIATION OF MINNESOTA COUNTIE:		135.00	1 Transactions	
1886 BMO				
312 01-485-000-0000-6245		25.00	EVENTBRITE	DUES AND REGISTRATION FEES
314 01-485-000-0000-6245		10.25	HEALTH LEARNING	DUES AND REGISTRATION FEES
315 01-485-000-0000-6245		85.00	MN NURSES BOARD	DUES AND REGISTRATION FEES
316 01-485-000-0000-6245		85.00	MN NURSES BOARD	DUES AND REGISTRATION FEES
313 01-485-000-0000-6364		465.21	POSITIVE PROMOTIONS	COUNTY EMPLOYEE WELLNESS COMMITT
310 01-485-000-0000-6402		39.53	AMAZON	OFFICE SUPPLIES
311 01-485-000-0000-6402		26.49	AMAZON	OFFICE SUPPLIES
319 01-485-000-0000-6336		238.81	ARROWWOOD	MEALS, LODGING, PARKING & MISCELLAN
320 01-485-000-0000-6336		238.81	ARROWWOOD	MEALS, LODGING, PARKING & MISCELLAN
321 01-485-000-0000-6336		10.00	IM PARK	MEALS, LODGING, PARKING & MISCELLAN
322 01-485-000-0000-6336		17.21	AMERICAN BURGER BAR	MEALS, LODGING, PARKING & MISCELLAN
317 01-485-000-0000-6364		303.80	WALGREENS	COUNTY EMPLOYEE WELLNESS COMMITT
1886 BMO		1,545.11	12 Transactions	
6090 BUSINESSWARE SOLUTIONS				
178 01-485-000-0000-6403		16.94	MONTHLY COST PER PRINT	PRINTED PAPER SUPPLIES
6090 BUSINESSWARE SOLUTIONS		16.94	1 Transactions	
11580 CENTURYLINK				
265 01-485-000-0000-6203		60.55	LONG DISTANCE	COMMUNICATIONS
			10/21/2017 11/20/2017 0	
11580 CENTURYLINK		60.55	1 Transactions	
52052 GOLDEN TONGUE CONSULTANTS INC				
199 01-485-000-0000-6265		120.00	INTERPRETER SERVICES	PROFESSIONAL SERVICES
			10/25/2017 10/25/2017 0	
52052 GOLDEN TONGUE CONSULTANTS INC		120.00	1 Transactions	
485 DEPT Total:		1,877.60	COUNTY PUBLIC HEALTH NURSING	5 Vendors 16 Transactions

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1 GENERAL REVENUE FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

Vendor No.	Name Account/Formula	Rpt Accr	Amount	Warrant Description Service Dates	Invoice # Paid On Bhf #	Account/Formula Description On Behalf of Name
520	DEPT			COUNTY PARK'S		
1886	BMO					
343	01-520-000-0000-6203		58.94	NORTHLAND CONNECT	1684	COMMUNICATIONS
1886	BMO		58.94	1 Transactions		
5906	CENTURYLINK					
17	01-520-000-0000-6203		82.90	525 CARETAKER OFFICE PHONE	313540758	COMMUNICATIONS
16	01-520-000-0000-6203		66.17	525 SHOP	314102204	COMMUNICATIONS
5906	CENTURYLINK		149.07	2 Transactions		
136	HUTCHINSON CO-OP					
201	01-520-000-0000-6455		49.00	FUEL	819745	MOTOR FUELS AND LUBRICATION
200	01-520-000-0000-6455		20.00	FUEL	870620	MOTOR FUELS AND LUBRICATION
202	01-520-000-0000-6455		55.00	FUEL	871355	MOTOR FUELS AND LUBRICATION
136	HUTCHINSON CO-OP		124.00	3 Transactions		
5555	L & P SUPPLY COMPANY INC					
56	01-520-000-0000-6425		103.70	MOWER PARTS	184372	REPAIR AND MAINTENANCE SUPPLIES
5555	L & P SUPPLY COMPANY INC		103.70	1 Transactions		
1923	LTP ENTERPRISES INC					
58	01-520-000-0000-6303		400.00	BLOW OUT WATERLINE 526-525	23983	REPAIR AND MAINTENANCE SERVICES
1923	LTP ENTERPRISES INC		400.00	1 Transactions		
2825	MENARDS HUTCHINSON					
213	01-520-000-0000-6423		18.75	SUPPLIES INV#22431	ACCT# 31550303	LANDSCAPING MATERIALS
214	01-520-000-0000-6423		10.20	SUPPLIES INV#22700	ACCT# 31550303	LANDSCAPING MATERIALS
2825	MENARDS HUTCHINSON		28.95	2 Transactions		
1087	O REILLY AUTOMOTIVE INC					
218	01-520-000-0000-6425		5.33	OIL FILTER	1522-442623	REPAIR AND MAINTENANCE SUPPLIES
1087	O REILLY AUTOMOTIVE INC		5.33	1 Transactions		
520	DEPT Total:		869.99	COUNTY PARK'S	7 Vendors	11 Transactions
603	DEPT			COUNTY EXTENSION		
1886	BMO					
339	01-603-000-0000-6351		515.39	NATIONAL 4-H SUPPLY SVC	1668	AFTER SCHOOL PROGRAM
340	01-603-000-0000-6351		50.70	WALMART	1668	AFTER SCHOOL PROGRAM

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 1 GENERAL REVENUE FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

	<u>Vendor Name</u>	<u>Rpt</u>	<u>Warrant Description</u>	<u>Invoice #</u>	<u>Account/Formula Description</u>
	<u>No. Account/Formula</u>	<u>Accr</u>	<u>Service Dates</u>	<u>Paid On Bhf #</u>	<u>On Behalf of Name</u>
341	01-603-000-0000-6351		WALMART	1668	AFTER SCHOOL PROGRAM
	1886 BMO				
			3 Transactions		
603	DEPT Total:		COUNTY EXTENSION	1 Vendors	3 Transactions
1	Fund Total:		GENERAL REVENUE FUND		128 Transactions



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3 ROAD & BRIDGE FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

Vendor No.	Name Account/Formula	Rpt Accr	Amount	Warrant Description Service Dates	Invoice # Paid On Bhf #	Account/Formula Description On Behalf of Name
0	DEPT			...		
26	3755 EYE MED 03-000-000-0000-2044		55.60	VISION PREMIUM 10/01/2017 10/31/2017	0	VISION INSURANCE PAYABLE
	3755 EYE MED		55.60	1 Transactions		
74	1241 MADISON NATIONAL LIFE INSURANCE C 03-000-000-0000-2041		73.36	STD PREMIUM 10/01/2017 10/31/2017	0	SHORT TERM DISABILITY PAYABLE
61	03-000-000-0000-2050		185.98	LTD PREMIUM 10/01/2017 10/31/2017	0	LONG TERM DISABILITY PAYABLE
	1241 MADISON NATIONAL LIFE INSURANCE C		259.34	2 Transactions		
93	3754 MCLEOD SIBLEY HEALTH INSURANCE 03-000-000-0000-2045		35,972.00	MEDICAL PREMIUM 10/01/2017 10/31/2017	0	HEALTH INSURANCE PAYABLE
	3754 MCLEOD SIBLEY HEALTH INSURANCE		35,972.00	1 Transactions		
107	1360 MINNESOTA MUTUAL 03-000-000-0000-2049		445.02	LIFE PREMIUM 10/01/2017 10/31/2017	0	LIFE INSURANCE PAYABLE
	1360 MINNESOTA MUTUAL		445.02	1 Transactions		
152	1969 SUN LIFE FINANCIAL 03-000-000-0000-2051		535.00	DENTAL PREMIUM 10/01/2017 10/31/2017	C246476 0	DENTAL INSURANCE PAYABLE
	1969 SUN LIFE FINANCIAL		535.00	1 Transactions		
0	DEPT Total:		37,266.96	...	5 Vendors	6 Transactions
105	DEPT			COUNTY SURVEYING & GIS		
	1886 BMO					
326	03-105-000-0000-6336		243.92	COUNTRY INN & SUITES	9937	Meals, Lodging, Parking & Miscellaneous
327	03-105-000-0000-6336		243.92	COUNTRY INN & SUITES	9937	Meals, Lodging, Parking & Miscellaneous
328	03-105-000-0000-6402		31.86-	HP.COM	9937	Office Supplies
	1886 BMO		455.98	3 Transactions		

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3 ROAD & BRIDGE FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

Vendor Name	Rpt	Warrant Description	Invoice #	Account/Formula Description
No. Account/Formula	Accr	Amount	Service Dates	On Behalf of Name
			Paid On Bhf #	
105 DEPT Total:		455.98	COUNTY SURVEYING & GIS	1 Vendors 3 Transactions
310 DEPT			HIGHWAY MAINTENANCE	
1886 BMO				
330 03-310-000-0000-6245		169.00	MINN NURSEY & LANDSCAPE	9937 DUES AND REGISTRATION FEES
1886 BMO		169.00		1 Transactions
6051 M R SIGN COMPANY INC				
59 03-310-000-0000-6503		228.85	BRIDGE CLOSED SIGN	198044 TRAFFIC SIGNS & POST
6051 M R SIGN COMPANY INC		228.85		1 Transactions
310 DEPT Total:		397.85	HIGHWAY MAINTENANCE	2 Vendors 2 Transactions
320 DEPT			HIGHWAY CONSTRUCTION	
4260 NBW LLC				
126 03-320-000-0000-6265		16,555.25	RW SERVICES JOB 0030	8535 PROFESSIONAL SERVICES
4260 NBW LLC		16,555.25		1 Transactions
320 DEPT Total:		16,555.25	HIGHWAY CONSTRUCTION	1 Vendors 1 Transactions
330 DEPT			HIGHWAY ADMINISTRATION	
1886 BMO				
336 03-330-000-0000-6245		110.00	TRANSPORTATION ALLIANCE	9929 DUES AND REGISTRATION FEES
337 03-330-000-0000-6336		200.19	RUTTIGERS BAY LAKE LODGE	9929 MEALS, LODGING, PARKING & MISCELLAN
323 03-330-000-0000-6205		6.65	USPS	9937 POSTAGE AND POSTAL BOX RENTAL
329 03-330-000-0000-6205		49.00	USPS	9937 POSTAGE AND POSTAL BOX RENTAL
324 03-330-000-0000-6245		120.00	U OF M	9937 DUES AND REGISTRATION FEES
325 03-330-000-0000-6245		300.00	MN STATE COLLEGES	9937 DUES AND REGISTRATION FEES
1886 BMO		785.84		6 Transactions
330 DEPT Total:		785.84	HIGHWAY ADMINISTRATION	1 Vendors 6 Transactions
340 DEPT			HIGHWAY EQUIPMENT MAINTENANCE	
7216 ARNOLDS OF GLENCOE INC				
1 03-340-000-0000-6425		277.93	PARTS	GC38770 REPAIR AND MAINTENANCE SUPPLIES
2 03-340-000-0000-6425		462.25	PARTS	GC39022 REPAIR AND MAINTENANCE SUPPLIES
7216 ARNOLDS OF GLENCOE INC		740.18		2 Transactions

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3 ROAD & BRIDGE FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

Vendor No.	Name Account/Formula	Rpt Accr	Amount	Warrant Description Service Dates	Invoice # Paid On Bhf #	Account/Formula Description On Behalf of Name
1505	AUTO VALUE					
6	03-340-000-0000-6425		160.89	PARTS	44078971	REPAIR AND MAINTENANCE SUPPLIES
7	03-340-000-0000-6425		5.66	PARTS	44079191	REPAIR AND MAINTENANCE SUPPLIES
8	03-340-000-0000-6425		73.66	PARTS	44079689	REPAIR AND MAINTENANCE SUPPLIES
4	03-340-000-0000-6590		151.80	MECH SHOP SUPPLIES	44079690	TOOLS & SHOP MATERIALS
9	03-340-000-0000-6425		128.24	PARTS	44079695	REPAIR AND MAINTENANCE SUPPLIES
10	03-340-000-0000-6425		8.19	PARTS	44080003	REPAIR AND MAINTENANCE SUPPLIES
11	03-340-000-0000-6425		287.96	PARTS	44080265	REPAIR AND MAINTENANCE SUPPLIES
5	03-340-000-0000-6590		32.59	MECH SHOP SUPPLIES	44080341	TOOLS & SHOP MATERIALS
1505	AUTO VALUE		848.99	8 Transactions		
1886	BMO					
331	03-340-000-0000-6303		245.49	HEARTTHROB EXHAUST	9945	REPAIR AND MAINTENANC SERVICES
332	03-340-000-0000-6303		15.79-	HEARTTHROB EXHAUST	9945	REPAIR AND MAINTENANC SERVICES
333	03-340-000-0000-6425		207.01	ORANGE COAST PNEUMATIC	9945	REPAIR AND MAINTENANCE SUPPLIES
334	03-340-000-0000-6425		230.00	MINN TRUCKING ASSOC	9945	REPAIR AND MAINTENANCE SUPPLIES
335	03-340-000-0000-6425		957.12	ALUMITANK	9945	REPAIR AND MAINTENANCE SUPPLIES
1886	BMO		1,623.83	5 Transactions		
5967	GLENCOE FLEET SUPPLY INC					
37	03-340-000-0000-6590		2.34	SIGN SHOP SUPPLIES	31408	TOOLS & SHOP MATERIALS
5967	GLENCOE FLEET SUPPLY INC		2.34	1 Transactions		
5385	GOPHER STATE FIRE EQUIPMENT COMP/					
44	03-340-000-0000-6303		225.50	FIRE EXT INSPECTION-SLATS	110831	REPAIR AND MAINTENANC SERVICES
43	03-340-000-0000-6303		235.25	FIRE EXT INSPECTION-GLENCOE	110832	REPAIR AND MAINTENANC SERVICES
41	03-340-000-0000-6303		272.50	FIRE EXT INSPECTION-BROWNTON	110833	REPAIR AND MAINTENANC SERVICES
42	03-340-000-0000-6303		631.25	FIRE EXT INSPECTION-HUTCH	110834	REPAIR AND MAINTENANC SERVICES
5385	GOPHER STATE FIRE EQUIPMENT COMP/		1,364.50	4 Transactions		
4367	HOLT MOTORS INC					
47	03-340-000-0000-6425		69.05	PARTS	25712	REPAIR AND MAINTENANCE SUPPLIES
4367	HOLT MOTORS INC		69.05	1 Transactions		
5253	NORTH CENTRAL INTERNATIONAL					
129	03-340-000-0000-6425		6.70	PARTS	171655	REPAIR AND MAINTENANCE SUPPLIES
5253	NORTH CENTRAL INTERNATIONAL		6.70	1 Transactions		
1087	O REILLY AUTOMOTIVE INC					

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3 ROAD & BRIDGE FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

Vendor	Name	Rpt	Warrant Description	Invoice #	Account/Formula Description
No.	Account/Formula	Accr	Service Dates	Paid On Bhf #	On Behalf of Name
131	03-340-000-0000-6425		PARTS	1522-445402	REPAIR AND MAINTENANCE SUPPLIES
	1087 O REILLY AUTOMOTIVE INC	6.96			
			1 Transactions		
144	03-340-000-0000-6590	15.18	SIGN SHOP SUPPLIES	4442030	TOOLS & SHOP MATERIALS
	7118 RUNNINGS SUPPLY INC	15.18			
			1 Transactions		
340	DEPT Total:	4,677.73	HIGHWAY EQUIPMENT MAINTENANCE	9 Vendors	24 Transactions
3	Fund Total:	60,139.61	ROAD & BRIDGE FUND		42 Transactions

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5 SOLID WASTE FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

Vendor No.	Name Account/Formula	Rpt Accr	Amount	Warrant Description Service Dates	Invoice # Paid On Bhf #	Account/Formula Description On Behalf of Name
391	DEPT 1886 BMO			SOLID WASTE TIP FEE		
278	05-391-000-0000-6561		113.92	MENARDS	1650	REPAIR AND MAINTENANCE-OTHER
	1886 BMO		113.92		1 Transactions	
266	11580 CENTURYLINK 05-391-000-0000-6203		7.29	LONG DISTANCE	320439462	COMMUNICATIONS
				10/21/2017 11/20/2017	0	
	11580 CENTURYLINK		7.29		1 Transactions	
190	391 CITY OF PLATO 05-391-000-0000-6960		207.00	3RD QTR SITE MONITORING 2017		INTER GOVERNMENTAL PAYMENTS
	391 CITY OF PLATO		207.00		1 Transactions	
27	3755 EYE MED 05-391-000-0000-2044		5.20	VISION PREMIUM		VISION INSURANCE PAYABLE
				10/01/2017 10/31/2017	0	
	3755 EYE MED		5.20		1 Transactions	
203	6009 INNOVATIVE OFFICE SOLUTIONS LLC 05-391-000-0000-6402		105.15	OFFICE SUPPLIES	IN1800971	OFFICE SUPPLIES
	6009 INNOVATIVE OFFICE SOLUTIONS LLC		105.15		1 Transactions	
62	1241 MADISON NATIONAL LIFE INSURANCE C 05-391-000-0000-2050		10.56	LTD PREMIUM		LONG TERM DISABILITY PAYABLE
				10/01/2017 10/31/2017	0	
	1241 MADISON NATIONAL LIFE INSURANCE C		10.56		1 Transactions	
94	3754 MCLEOD SIBLEY HEALTH INSURANCE 05-391-000-0000-2045		2,268.00	MEDICAL PREMIUM		HEALTH INSURANCE PAYABLE
				10/01/2017 10/31/2017	0	
	3754 MCLEOD SIBLEY HEALTH INSURANCE		2,268.00		1 Transactions	
108	1360 MINNESOTA MUTUAL 05-391-000-0000-2049		140.80	LIFE PREMIUM		LIFE INSURANCE PAYABLE
				10/01/2017 10/31/2017	0	
	1360 MINNESOTA MUTUAL		140.80		1 Transactions	
	1969 SUN LIFE FINANCIAL					

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5 SOLID WASTE FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

Vendor No.	Name Account/Formula	Rpt Accr	Amount	Warrant Description Service Dates	Invoice # Paid On Bhf #	Account/Formula Description On Behalf of Name
153	05-391-000-0000-2051		155.00	DENTAL PREMIUM 10/01/2017 10/31/2017	C246476 0	DENTAL INSURANCE PAYABLE
1969	SUN LIFE FINANCIAL		155.00	1 Transactions		
5792	TAPES PLUS ADVERTISING					
228	05-391-000-0000-6243		450.00	SW ADS	5599	PUBLIC EDUCATION
5792	TAPES PLUS ADVERTISING		450.00	1 Transactions		
4170	WASTE MANAGEMENT OF WI MN					
232	05-391-000-0000-6257		51.62	ILLEGAL DUMP	0015072-1701-2	SEWER, WATER AND GARGABE REMOVAL
229	05-391-000-0000-6257		113.39	ILLEGAL DUMP	0015122-1702-5	SEWER, WATER AND GARGABE REMOVAL
4170	WASTE MANAGEMENT OF WI MN		165.01	2 Transactions		
4147	WEST CENTRAL SANITATION INC					
235	05-391-000-0000-6259		832.20	ACOMA TOWNSHIP 09/01/2017 09/30/2017	11018159 0	RECYCLING
236	05-391-000-0000-6259		358.96	BERGEN OCC 09/01/2017 09/30/2017	11018159 0	RECYCLING
237	05-391-000-0000-6259		1,076.88	BERGEN RECYCLING 09/01/2017 09/30/2017	11018159 0	RECYCLING
238	05-391-000-0000-6259		358.96	HASSAN VALLEY RECYCLING 09/01/2017 09/30/2017	11018159 0	RECYCLING
239	05-391-000-0000-6259		358.96	LYNN RECYCLING 09/01/2017 09/30/2017	11018159 0	RECYCLING
240	05-391-000-0000-6259		179.48	LYNN OCC 09/01/2017 09/30/2017	11018159 0	RECYCLING
241	05-391-000-0000-6259		538.44	STEWART RECYCLING 09/01/2017 09/30/2017	11018159 0	RECYCLING
242	05-391-000-0000-6259		358.96	STEWART OCC 09/01/2017 09/30/2017	11018159 0	RECYCLING
243	05-391-000-0000-6259		358.96	HALE OCC 09/01/2017 09/30/2017	11018159 0	RECYCLING
244	05-391-000-0000-6259		717.92	HALE RECYCLING 09/01/2017 09/30/2017	11018159 0	RECYCLING
245	05-391-000-0000-6259		4,664.52	GLENCOE RECYCLING 09/01/2017 09/30/2017	11018159 0	RECYCLING
246	05-391-000-0000-6259		897.40	BROWNTON RECYCLING 09/01/2017 09/30/2017	11018159 0	RECYCLING
247	05-391-000-0000-6259		358.96	BROWNTON OCC	11018159	RECYCLING

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5 SOLID WASTE FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

Vendor No.	Name Account/Formula	Rpt Accr	Amount	Warrant Description Service Dates	Invoice # Paid On Bhf #	Account/Formula Description On Behalf of Name
248	05-391-000-0000-6259		358.96	HELEN RECYCLING 09/01/2017 09/30/2017	0 11018159	RECYCLING
249	05-391-000-0000-6259		179.48	HELEN OCC 09/01/2017 09/30/2017	0 11018159	RECYCLING
250	05-391-000-0000-6259		179.48	LAKE MAARION RECYCLING 09/01/2017 09/30/2017	0 11018159	RECYCLING
251	05-391-000-0000-6259		92.70	FAIRGROUNDS RECYCLING 09/01/2017 09/30/2017	0 11018159	RECYCLING
4147	WEST CENTRAL SANITATION INC		11,871.22	17 Transactions		
391	DEPT Total:		15,499.15	SOLID WASTE TIP FEE	12 Vendors	29 Transactions
393	DEPT			MATERIALS RECOVERY FACILITY		
172	2759 3M 05-393-000-0000-6412		7,119.63	2ND QTR OCC	3000148	FIBER RECOVERY
	2759 3M		7,119.63	1 Transactions		
173	2777 ACE HARDWARE 05-393-000-0000-6402		16.07	SUPPLIES MRF AIRFILTERS	303861	OFFICE SUPPLIES
	2777 ACE HARDWARE		16.07	1 Transactions		
175	593 BENNETT MATERIAL HANDLING 05-393-000-0000-6560		1,599.98	FORKLIFT REPAIRS	01S4541460	REPAIR AND MAINTENANCE-EQUIPMENT
	593 BENNETT MATERIAL HANDLING		1,599.98	1 Transactions		
176	6355 BROWNTON STEWART GIRL SCOUTS 05-393-000-0000-6412		38.70	PAPER DRIVE ONP	3000096	FIBER RECOVERY
177	05-393-000-0000-6412		90.00	PAPER DRIVE OCC	3000096	FIBER RECOVERY
	6355 BROWNTON STEWART GIRL SCOUTS		128.70	2 Transactions		
267	11580 CENTURYLINK 05-393-000-0000-6203		8.54	LONG DISTANCE 10/21/2017 11/20/2017	320439462 0	COMMUNICATIONS
	11580 CENTURYLINK		8.54	1 Transactions		
188	5068 CITI CARGO & STORAGE 05-393-000-0000-6269		690.04-	TRAILER MILEAGE	CM21002017	CONTACTS
189	05-393-000-0000-6269		50.89-	TAX	CM21002017	CONTACTS

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5 SOLID WASTE FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

Vendor Name	Rpt	Warrant Description	Invoice #	Account/Formula Description	
No. Account/Formula	Accr	Amount	Service Dates	Paid On Bhf #	On Behalf of Name
182 05-393-000-0000-6269		2,790.00	TRAILER RENTAL	SI192250	CONTACTS
183 05-393-000-0000-6269		144.04	TRAILER MILEAGE	SI192250	CONTACTS
184 05-393-000-0000-6269		216.39	TAX	SI192250	CONTACTS
185 05-393-000-0000-6269		2,075.00	TRAILER RENTAL	SI193508	CONTACTS
186 05-393-000-0000-6269		104.00	TRAILER MILEAGE	SI193508	CONTACTS
187 05-393-000-0000-6269		160.70	TAX	SI193508	CONTACTS
5068 CITI CARGO & STORAGE		4,749.20	8 Transactions		
3168 ECO TECH					
192 05-393-000-0000-6269		955.32	E-WASTE RECYCLING SOLID WASTE		CONTACTS
			10/13/2017 10/20/2017	0	
3168 ECO TECH		955.32	1 Transactions		
3755 EYE MED					
28 05-393-000-0000-2044		8.20	VISION PREMIUM		VISION INSURANCE PAYABLE
			10/01/2017 10/31/2017	0	
3755 EYE MED		8.20	1 Transactions		
3216 FARM RITE EQUIPMENT INC					
193 05-393-000-0000-6560		533.50	EQUIP REPAIR 2006 BOBCAT	WO9456	REPAIR AND MAINTENANCE-EQUIPMENT
194 05-393-000-0000-6560		926.19	EQUIP PARTS	WO9456	REPAIR AND MAINTENANCE-EQUIPMENT
195 05-393-000-0000-6560		11.16	SHOP SUPPLIES	WO9456	REPAIR AND MAINTENANCE-EQUIPMENT
196 05-393-000-0000-6560		5.50	ENVIRONMENTAL	WO9456	REPAIR AND MAINTENANCE-EQUIPMENT
3216 FARM RITE EQUIPMENT INC		1,476.35	4 Transactions		
10848 FIRST EVANGELICAL LUTHERAN CHURCH					
197 05-393-000-0000-6412		56.40	PAPER DRIVE OCC	3000100	FIBER RECOVERY
198 05-393-000-0000-6412		62.10	PAPER DRIVE ONP	3000100	FIBER RECOVERY
10848 FIRST EVANGELICAL LUTHERAN CHURCH		118.50	2 Transactions		
4107 K & S ELECTRIC					
209 05-393-000-0000-6561		383.75	ELECTRICAL DENSIFIER	12193	REPAIR AND MAINTENANCE-OTHER
210 05-393-000-0000-6561		34.00	ELECTRICAL TIP OH DOOR	12193	REPAIR AND MAINTENANCE-OTHER
4107 K & S ELECTRIC		417.75	2 Transactions		
1241 MADISON NATIONAL LIFE INSURANCE CO					
75 05-393-000-0000-2041		19.50	STD PREMIUM		SHORT TERM DISABILITY PAYABLE
			10/01/2017 10/31/2017	0	
63 05-393-000-0000-2050		14.84	LTD PREMIUM		LONG TERM DISABILITY PAYABLE

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5 SOLID WASTE FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

Vendor No.	Name Account/Formula	Rpt Accr	Amount	Warrant Description Service Dates	Invoice # Paid On Bhf #	Account/Formula Description On Behalf of Name
1241	MADISON NATIONAL LIFE INSURANCE C		34.34	10/01/2017 10/31/2017 2 Transactions	0	
82	4256 MARX SMALL ENGINE 05-393-000-0000-6560		44.84	PRESSURE WASHER REPAIR	10175	REPAIR AND MAINTENANCE-EQUIPMENT
	4256 MARX SMALL ENGINE		44.84	1 Transactions		
95	3754 MCLEOD SIBLEY HEALTH INSURANCE 05-393-000-0000-2045		3,624.00	MEDICAL PREMIUM 10/01/2017 10/31/2017	0	HEALTH INSURANCE PAYABLE
	3754 MCLEOD SIBLEY HEALTH INSURANCE		3,624.00	1 Transactions		
109	1360 MINNESOTA MUTUAL 05-393-000-0000-2049		25.29	LIFE PREMIUM 10/01/2017 10/31/2017	0	LIFE INSURANCE PAYABLE
	1360 MINNESOTA MUTUAL		25.29	1 Transactions		
219	3996 PLATO WOODWORKING 05-393-000-0000-6412		64.44	2ND QTR 2017	3000089	FIBER RECOVERY
	3996 PLATO WOODWORKING		64.44	1 Transactions		
220	517 PRIDE SOLUTIONS 05-393-000-0000-6412		39.46	2ND QTR 2017 COMMERCIAL OCC	3000093	FIBER RECOVERY
	517 PRIDE SOLUTIONS		39.46	1 Transactions		
226	6219 ST JOHNS LUTHERAN SCHOOL 05-393-000-0000-6412		218.79	PAPAER DRIVE ONP	3000031	FIBER RECOVERY
227	05-393-000-0000-6412		208.32	PAPAER DRIVE OCC	3000031	FIBER RECOVERY
	6219 ST JOHNS LUTHERAN SCHOOL		427.11	2 Transactions		
154	1969 SUN LIFE FINANCIAL 05-393-000-0000-2051		59.98	DENTAL PREMIUM 10/01/2017 10/31/2017	C246476 0	DENTAL INSURANCE PAYABLE
	1969 SUN LIFE FINANCIAL		59.98	1 Transactions		
233	4170 WASTE MANAGEMENT OF WI MN 05-393-000-0000-6257		621.35	GLASS FIND DISPOSAL	0015072-1701-2	SEWER, WATER AND GARBAGE REMOVAL
234	05-393-000-0000-6257		181.49	ILLEGAL DUMP	0015072-1701-2	SEWER, WATER AND GARBAGE REMOVAL
230	05-393-000-0000-6257		629.66	GLASS FIND DOSPOSAL	0015122-1702-5	SEWER, WATER AND GARBAGE REMOVAL

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5 SOLID WASTE FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

Vendor No.	Name Account/Formula	Rpt Accr	Amount	Warrant Description Service Dates	Invoice # Paid On Bhf #	Account/Formula Description On Behalf of Name
231	05-393-000-0000-6257		4,607.59	RECYCLING RESIDUE GARBAGE	0015122-1702-5	SEWER, WATER AND GARBAGE REMOVAL
	4170 WASTE MANAGEMENT OF WI MN		6,040.09	4 Transactions		
393	DEPT Total:		26,957.79	MATERIALS RECOVERY FACILITY	20 Vendors	38 Transactions
397	DEPT			HOUSEHOLD HAZARDOUS WASTE		
	1886 BMO					
293	05-397-000-0000-6245		250.00	U OF M	2812	DUES AND REGISTRATION FEES
	1886 BMO		250.00	1 Transactions		
	11580 CENTURYLINK					
268	05-397-000-0000-6203		1.71	LONG DISTANCE	320439462	COMMUNICATIONS
				10/21/2017 11/20/2017	0	
	11580 CENTURYLINK		1.71	1 Transactions		
	3168 ECO TECH					
191	05-397-000-0000-6269		1,450.20	BATTERY RECYCLING		CONTRACTS
	3168 ECO TECH		1,450.20	1 Transactions		
	3755 EYE MED					
29	05-397-000-0000-2044		10.40	VISION PREMIUM		VISION INSURANCE PAYABLE
				10/01/2017 10/31/2017	0	
	3755 EYE MED		10.40	1 Transactions		
	3064 LOU'S OIL COMPANY					
211	05-397-000-0000-6269		90.00	OIL FILTER DISPOSAL	76404	CONTRACTS
	3064 LOU'S OIL COMPANY		90.00	1 Transactions		
	1241 MADISON NATIONAL LIFE INSURANCE C					
76	05-397-000-0000-2041		81.36	STD PREMIUM		SHORT TERM DISABILITY PAYABLE
				10/01/2017 10/31/2017	0	
64	05-397-000-0000-2050		17.70	LTD PREMIUM		LONG TERM DISABILITY PAYABLE
				10/01/2017 10/31/2017	0	
	1241 MADISON NATIONAL LIFE INSURANCE C		99.06	2 Transactions		
	3754 MCLEOD SIBLEY HEALTH INSURANCE					
96	05-397-000-0000-2045		2,400.00	MEDICAL PREMIUM		HEALTH INSURANCE PAYABLE
				10/01/2017 10/31/2017	0	

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5 SOLID WASTE FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

Vendor No.	Name	Accr	Rpt	Amount	Warrant Description	Service Dates	Invoice #	Paid On Bhf #	Account/Formula Description	On Behalf of Name
3754	MCLEOD SIBLEY HEALTH INSURANCE			2,400.00						
110	1360 MINNESOTA MUTUAL 05-397-000-0000-2049			46.30	LIFE PREMIUM	10/01/2017 10/31/2017		0		LIFE INSURANCE PAYABLE
	1360 MINNESOTA MUTUAL			46.30				1 Transactions		
155	1969 SUN LIFE FINANCIAL 05-397-000-0000-2051			50.00	DENTAL PREMIUM	10/01/2017 10/31/2017		C246476 0		DENTAL INSURANCE PAYABLE
	1969 SUN LIFE FINANCIAL			50.00				1 Transactions		
397	DEPT Total:			4,397.67	HOUSEHOLD HAZARDOUS WASTE			9 Vendors		10 Transactions
5	Fund Total:			46,854.61	SOLID WASTE FUND					77 Transactions



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11 HUMAN SERVICE FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

Vendor No.	Name Account/Formula	Rpt Accr	Amount	Warrant Description Service Dates	Invoice # Paid On Bhf #	Account/Formula Description On Behalf of Name
420	DEPT			INCOME MAINTENANCE		
1886	BMO					
345	11-420-600-0007-6336		169.67	EMBASSY SUITES	9531	MEALS LODGING & PARKING-FINANCIAL
346	11-420-600-0007-6336		438.60	SHERATON MINNEAPOLIS	9531	MEALS LODGING & PARKING-FINANCIAL
347	11-420-600-0007-6336		438.60	SHERATON MINNEAPOLIS	9531	MEALS LODGING & PARKING-FINANCIAL
348	11-420-600-0010-6612		1,862.00	THE HUMAN SOLUTIONS	9531	CAPTITAL - \$100-\$5,000 (INVENTORY)
344	11-420-640-0010-6336		204.52	BEST WESTERN PLUS	9531	MEALS, LODGING & PARKING EXPENSE
1886	BMO		3,113.39	5 Transactions		
6090	BUSINESSWARE SOLUTIONS					
179	11-420-600-0010-6321		32.22	MONTHLY PRINT	279579	MAINTNENACE AGREEMENTS
180	11-420-640-0010-6321		101.33	MONTHLY PRINT	279579	MAINTENANCE AGREEMENTS
6090	BUSINESSWARE SOLUTIONS		133.55	2 Transactions		
11580	CENTURYLINK					
269	11-420-600-0010-6203		124.72	LONG DISTANCE	320439462	COMMUNICATIONS/POSTAGE
				10/21/2017 11/20/2017	0	
11580	CENTURYLINK		124.72	1 Transactions		
3755	EYE MED					
30	11-420-000-0000-2044		48.32	VISION PREMIUM		VISION INSURANCE PAYABLE
				10/01/2017 10/31/2017	0	
3755	EYE MED		48.32	1 Transactions		
6009	INNOVATIVE OFFICE SOLUTIONS LLC					
207	11-420-600-0010-6402		35.91	PENS/HIGHLIGHTER/MARKER	IN1803161	OFFICE SUPPLIES
6009	INNOVATIVE OFFICE SOLUTIONS LLC		35.91	1 Transactions		
1241	MADISON NATIONAL LIFE INSURANCE C					
77	11-420-000-0000-2041		269.21	STD PREMIUM		SHORT TERM DISABILITY PAYABLE
				10/01/2017 10/31/2017	0	
65	11-420-000-0000-2050		233.07	LTD PREMIUM		LONG TERM DISABILITY PAYABLE
				10/01/2017 10/31/2017	0	
1241	MADISON NATIONAL LIFE INSURANCE C		502.28	2 Transactions		
205	MARCO INC					
212	11-420-600-0010-6402		51.05	SHARP TONER/DEVELOPER	INV4675794	OFFICE SUPPLIES
205	MARCO INC		51.05	1 Transactions		

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11 HUMAN SERVICE FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

Vendor No.	Name	Account/Formula	Rpt	Accr	Amount	Warrant Description	Service Dates	Invoice #	Paid On Bhf #	Account/Formula Description	On Behalf of Name
3754	MCLEOD SIBLEY HEALTH INSURANCE	11-420-000-0000-2045			30,924.45	MEDICAL PREMIUM	10/01/2017 - 10/31/2017		0	HEALTH INSURANCE PAYABLE	
97							1 Transactions				
3754	MCLEOD SIBLEY HEALTH INSURANCE				30,924.45						
1360	MINNESOTA MUTUAL	11-420-000-0000-2049			626.75	LIFE PREMIUM	10/01/2017 - 10/31/2017		0	LIFE INSURANCE PAYABLE	
111							1 Transactions				
1360	MINNESOTA MUTUAL				626.75						
1969	SUN LIFE FINANCIAL	11-420-000-0000-2051			869.53	DENTAL PREMIUM	10/01/2017 - 10/31/2017	C246476	0	DENTAL INSURANCE PAYABLE	
156							1 Transactions				
1969	SUN LIFE FINANCIAL				869.53						
420	DEPT Total:				36,429.95	INCOME MAINTENANCE		10 Vendors		16 Transactions	
430	DEPT					INDIVIDUAL AND FAMILY SOCIAL SERVI					
1886	BMO										
350		11-430-709-0000-6033			64.98	SHOPKO		0940		MENTAL HLTH PILOT PROJECT-DISCRETI	
355		11-430-709-0000-6033			30.11	TARGET		0940		MENTAL HLTH PILOT PROJECT-DISCRETI	
360		11-430-709-0000-6033			65.96	TARGET		0940		MENTAL HLTH PILOT PROJECT-DISCRETI	
352		11-430-709-0008-6245			75.65	MN ASSN CHILD MN		0940		Dues and Registration Fees - MH Unit	
349		11-430-741-4030-6071			39.71	CASH WISE		0940		Client Outreach - CSP	
351		11-430-741-4030-6071			65.92	WALMART		0940		Client Outreach - CSP	
353		11-430-741-4030-6071			40.14	WALMART		0940		Client Outreach - CSP	
354		11-430-741-4030-6071			28.93	TARGET		0940		Client Outreach - CSP	
356		11-430-741-4030-6071			160.00	HUTCH THEATRE		0940		Client Outreach - CSP	
357		11-430-741-4030-6071			30.62	DOLLAR TREE		0940		Client Outreach - CSP	
358		11-430-741-4030-6071			43.27	WALMART		0940		Client Outreach - CSP	
359		11-430-741-4030-6071			28.99	TARGET		0940		Client Outreach - CSP	
361		11-430-741-4030-6071			12.86	DAIRY QUEEN		0940		Client Outreach - CSP	
302		11-430-710-1160-6040			50.00	COBORNS		3758		Social Service Transportation	
303		11-430-710-1160-6040			20.00	CASEYS		3758		Social Service Transportation	
305		11-430-710-1160-6040			50.00	KWIK TRIP		3758		Social Service Transportation	
304		11-430-710-1450-6027			7.50	MNHUNT FISH		3758		Social & Recreational	
297		11-430-710-1980-6062			27.63	CASH WISE		3758		Foster Care Licensing & Resource Develop	
298		11-430-710-1980-6062			6.98	CASH WISE		3758		Foster Care Licensing & Resource Develop	
299		11-430-710-1980-6062			42.95	SUBWAY		3758		Foster Care Licensing & Resource Develop	

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11 HUMAN SERVICE FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

Vendor No.	Name Account/Formula	Rpt Accr	Amount	Warrant Description Service Dates	Invoice # Paid On Bhf #	Account/Formula Description On Behalf of Name
295	11-430-720-2980-6062		26.50	WALMART	3758	Day Care Licensing & Resource Developm
296	11-430-720-2980-6062		102.00	CROW RIVER FLORAL	3758	Day Care Licensing & Resource Developm
300	11-430-720-2980-6062		46.87	CASH WISE	3758	Day Care Licensing & Resource Developm
301	11-430-720-2980-6062		1,064.05	DAYS IN	3758	Day Care Licensing & Resource Developm
1886	BMO		2,131.62	24 Transactions		
6090	BUSINESSWARE SOLUTIONS					
181	11-430-700-0010-6321		2.08	MONTHLY PRINT	279579	MAINTENANCE AGREEMENTS
6090	BUSINESSWARE SOLUTIONS		2.08	1 Transactions		
11580	CENTURYLINK					
270	11-430-700-0010-6203		291.01	LONG DISTANCE 10/21/2017	320439462 0	COMMUNICATIONS/POSTAGE
11580	CENTURYLINK		291.01	1 Transactions		
3755	EYE MED					
31	11-430-000-0000-2044		177.68	VISION PREMIUM 10/01/2017	0	VISION INSURANCE PAYABLE
3755	EYE MED		177.68	1 Transactions		
453	HUTCH AUTO & TRUCK PARTS					
48	11-430-709-0000-6033		350.00	ANGELA SONGER	2983	MENTAL HLTH PILOT PROJECT-DISCRETI
453	HUTCH AUTO & TRUCK PARTS		350.00	1 Transactions		
6009	INNOVATIVE OFFICE SOLUTIONS LLC					
204	11-430-700-0010-6402		10.30	PADHOLDER TLM	IN1792491	OFFICE SUPPLIES
205	11-430-700-0010-6402		106.39	CALENDARS LTC DD	IN1794486	OFFICE SUPPLIES
208	11-430-700-0010-6402		157.44	CALENDARS CP UNIT	IN1803040	OFFICE SUPPLIES
206	11-430-700-0010-6402		76.32	PENS	IN1803161	OFFICE SUPPLIES
207	11-430-700-0010-6402		83.79	PENS/HIGHLIGHTER/MARKER	IN1803161	OFFICE SUPPLIES
6009	INNOVATIVE OFFICE SOLUTIONS LLC		434.24	5 Transactions		
1241	MADISON NATIONAL LIFE INSURANCE C					
78	11-430-000-0000-2041		1,287.87	STD PREMIUM 10/01/2017	0	SHORT TERM DISABILITY PAYABLE
66	11-430-000-0000-2050		441.95	LTD PREMIUM 10/01/2017	0	LONG TERM DISABILITY PAYABLE
1241	MADISON NATIONAL LIFE INSURANCE C		1,729.82	2 Transactions		

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11 HUMAN SERVICE FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

Vendor	Name	Rpt	Warrant Description	Invoice #	Account/Formula Description		
No.	Account/Formula	Accr	Amount	Service Dates	Invoice #	Account/Formula Description	On Behalf of Name
212	205 MARCO INC						
	11-430-700-0010-6402		119.13		SHARP TONER/DEVELOPER	INV4675794	OFFICE SUPPLIES
	205 MARCO INC		119.13	1 Transactions			
98	3754 MCLEOD SIBLEY HEALTH INSURANCE						
	11-430-000-0000-2045		99,379.55		MEDICAL PREMIUM		HEALTH INSURANCE PAYABLE
				10/01/2017 10/31/2017		0	
	3754 MCLEOD SIBLEY HEALTH INSURANCE		99,379.55	1 Transactions			
215	1857 METRO SALES INC						
	11-430-700-0010-6321		1,228.69		RICOH MP C5502 2ND FLOOR	INV920499	MAINTENANCE AGREEMENTS
	1857 METRO SALES INC		1,228.69	1 Transactions			
112	1360 MINNESOTA MUTUAL						
	11-430-000-0000-2049		1,882.23		LIFE PREMIUM		LIFE INSURANCE PAYABLE
				10/01/2017 10/31/2017		0	
	1360 MINNESOTA MUTUAL		1,882.23	1 Transactions			
157	1969 SUN LIFE FINANCIAL						
	11-430-000-0000-2051		4,565.47		DENTAL PREMIUM	C246476	DENTAL INSURANCE PAYABLE
				10/01/2017 10/31/2017		0	
	1969 SUN LIFE FINANCIAL		4,565.47	1 Transactions			
430	DEPT Total:		112,291.52		INDIVIDUAL AND FAMILY SOCIAL SER	12 Vendors	40 Transactions
11	Fund Total:		148,721.47		HUMAN SERVICE FUND		56 Transactions

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20 COUNTY DITCH FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

Vendor Name	Rpt	Warrant Description	Invoice #	Account/Formula Description
No. Account/Formula	Accr	Amount	Service Dates	On Behalf of Name
			Paid On Bhf #	
633 DEPT		COUNTY DITCH #20 REDETERMINED		
739 KAHNKE BROTHERS TREE FARM				
373 20-633-000-0000-6302		582.47 TREE AND PLANTING	19324	Construction And Repairs
374 20-633-000-0000-6302		37.47- TAX EXEMPT	19324	Construction And Repairs
739 KAHNKE BROTHERS TREE FARM		545.00		2 Transactions
633 DEPT Total:		545.00	COUNTY DITCH #20 REDETERMINED	1 Vendors 2 Transactions
20 Fund Total:		545.00	COUNTY DITCH FUND	2 Transactions

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21 SWCD FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

Vendor No.	Name Account/Formula	Rpt Accr	Amount	Warrant Description Service Dates	Invoice # Paid On Bhf #	Account/Formula Description On Behalf of Name
696	DEPT			SWCD		
1886	BMO					
362	21-696-000-0000-6336		168.56	CRAGUNS LODGE & GOLF	3564	MEALS, LODGING, PARKING & MISCELLAN
1886	BMO		168.56		1 Transactions	
3755	EYE MED					
33	21-696-000-0000-2044		14.52	VISION PREMIUM		VISION INSURANCE PAYABLE
3755	EYE MED		14.52		10/01/2017 10/31/2017 1 Transactions	0
1241	MADISON NATIONAL LIFE INSURANCE C					
67	21-696-000-0000-2050		4.40	LTD PREMIUM		LONG TERM DISABILITY PAYABLE
1241	MADISON NATIONAL LIFE INSURANCE C		4.40		10/01/2017 10/31/2017 1 Transactions	0
3754	MCLEOD SIBLEY HEALTH INSURANCE					
99	21-696-000-0000-2045		3,150.00	MEDICAL PREMIUM		HEALTH INSURANCE PAYABLE
3754	MCLEOD SIBLEY HEALTH INSURANCE		3,150.00		10/01/2017 10/31/2017 1 Transactions	0
1360	MINNESOTA MUTUAL					
113	21-696-000-0000-2049		20.80	LIFE PREMIUM		LIFE INSURANCE PAYABLE
1360	MINNESOTA MUTUAL		20.80		10/01/2017 10/31/2017 1 Transactions	0
696	DEPT Total:		3,358.28	SWCD		5 Vendors 5 Transactions
697	DEPT			DRAINAGE INSPECTOR		
1241	MADISON NATIONAL LIFE INSURANCE C					
79	21-697-000-0000-2041		37.70	STD PREMIUM		SHORT TERM DISABILITY PAYABLE
68	21-697-000-0000-2050		25.52	LTD PREMIUM		LONG TERM DISABILITY PAYABLE
1241	MADISON NATIONAL LIFE INSURANCE C		63.22		10/01/2017 10/31/2017 2 Transactions	0
3754	MCLEOD SIBLEY HEALTH INSURANCE					
100	21-697-000-0000-2045		582.00	MEDICAL PREMIUM		HEALTH INSURANCE PAYABLE
					10/01/2017 10/31/2017	0

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21 SWCD FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

Vendor	Name	Rpt	Amount	Warrant Description	Invoice #	Account/Formula Description
No.	Account/Formula	Accr		Service Dates	Paid On Bhf #	On Behalf of Name
3754	MCLEOD SIBLEY HEALTH INSURANCE		582.00		1 Transactions	
1360	MINNESOTA MUTUAL					
114	21-697-000-0000-2049		11.50	LIFE PREMIUM		LIFE INSURANCE PAYABLE
				10/01/2017 10/31/2017	0	
1360	MINNESOTA MUTUAL		11.50		1 Transactions	
697	DEPT Total:		656.72	DRAINAGE INSPECTOR	3 Vendors	4 Transactions
21	Fund Total:		4,015.00	SWCD FUND		9 Transactions

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25 SPECIAL REVENUE FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

Vendor No.	Name Account/Formula	Rpt Accr	Amount	Warrant Description Service Dates	Invoice # Paid On Bhf #	Account/Formula Description On Behalf of Name
220	DEPT			BOAT & WATER SAFETY-GRANT		
80	1241 MADISON NATIONAL LIFE INSURANCE C 25-220-000-0000-2041		0.31	STD PREMIUM 10/01/2017 10/31/2017	0	Short Term Disability Payable
69	25-220-000-0000-2050		1.56	LTD PREMIUM 10/01/2017 10/31/2017	0	Long Term Disability Payable
	1241 MADISON NATIONAL LIFE INSURANCE C		1.87	2 Transactions		
101	3754 MCLEOD SIBLEY HEALTH INSURANCE 25-220-000-0000-2045		27.70	MEDICAL PREMIUM 10/01/2017 10/31/2017	0	Health Insurance Payable
	3754 MCLEOD SIBLEY HEALTH INSURANCE		27.70	1 Transactions		
115	1360 MINNESOTA MUTUAL 25-220-000-0000-2049		1.85	LIFE PREMIUM 10/01/2017 10/31/2017	0	Life Insurance Payable
	1360 MINNESOTA MUTUAL		1.85	1 Transactions		
220	DEPT Total:		31.42	BOAT & WATER SAFETY-GRANT	3 Vendors	4 Transactions
224	DEPT			NEW CANINE ACCOUNT		
32	3755 EYE MED 25-224-000-0000-2044		0.33-	VISION PREMIUM 10/01/2017 10/31/2017	0	VISION INSURANCE PAYABLE
	3755 EYE MED		0.33-	1 Transactions		
224	DEPT Total:		0.33-	NEW CANINE ACCOUNT	1 Vendors	1 Transactions
285	DEPT			E-911 SYSTEM MAINTENANCE - GRANT		
49	161 INDEPENDENT EMERGENCY SERVICES 25-285-000-0000-6203		315.52	TECH LABOR ADDED 2 LINES	81211	Communications - Telephone Equipment
	161 INDEPENDENT EMERGENCY SERVICES		315.52	1 Transactions		
285	DEPT Total:		315.52	E-911 SYSTEM MAINTENANCE - GRAN	1 Vendors	1 Transactions
807	DEPT			DESIGNATED FOR CAPITAL ASSETS		
3	3261 AUGUSTA ELECTRIC INC 25-807-000-0000-6610		19,936.70	CONTRACT PAYMENT	17	Capital - Over \$5,000 (Fixed Assets)



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25 SPECIAL REVENUE FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

Vendor No.	Name Account/Formula	Rpt Accr	Amount	Warrant Description Service Dates	Invoice # Paid On Bhf #	Account/Formula Description On Behalf of Name
3261	AUGUSTA ELECTRIC INC		19,936.70		1 Transactions	
13	3413 BARTLEY SALES COMPANY INC 25-807-000-0000-6610		3,263.25	CONTRACT PAYMENT	APPLICATION004	Capital - Over \$5,000 (Fixed Assets)
	3413 BARTLEY SALES COMPANY INC		3,263.25		1 Transactions	
14	1174 BRAUN INTERTEC CORPORATION 25-807-000-0000-6610		2,079.00	PROFESSIONAL SERVICES	B107394	Capital - Over \$5,000 (Fixed Assets)
	1174 BRAUN INTERTEC CORPORATION		2,079.00		1 Transactions	
18	5906 CENTURYLINK 25-807-000-0000-6610		133.10	LOCAL SVC	454660690	Capital - Over \$5,000 (Fixed Assets)
	5906 CENTURYLINK		133.10		1 Transactions	
21	3674 COM TEC SECURITY LLC 25-807-000-0000-6610		13,820.60	CONTRACT PAYMENT	1129895	Capital - Over \$5,000 (Fixed Assets)
	3674 COM TEC SECURITY LLC		13,820.60		1 Transactions	
22	1326 CULLIGAN WATER CONDITIONING 25-807-000-0000-6610		9.80	WATER RENTAL		Capital - Over \$5,000 (Fixed Assets)
	1326 CULLIGAN WATER CONDITIONING		9.80		1 Transactions	
24	4556 DRAIN PROS INC 25-807-000-0000-6610		145.00	CLEAR TOILET LINE		Capital - Over \$5,000 (Fixed Assets)
	4556 DRAIN PROS INC		145.00		1 Transactions	
36	4041 FRANSEN DECORATING INC 25-807-000-0000-6610		8,825.12	CONTRACT PAYMENT	APPL 5	Capital - Over \$5,000 (Fixed Assets)
	4041 FRANSEN DECORATING INC		8,825.12		1 Transactions	
57	253 LIGHT & POWER COMMISSION 25-807-000-0000-6610		42.10	ELECTRIC 09/01/2017 10/02/2017	06-811700-00 0	Capital - Over \$5,000 (Fixed Assets)
	253 LIGHT & POWER COMMISSION		42.10		1 Transactions	
85	4117 MINI BIFF INC 25-807-000-0000-6610		171.02	PORTA JOHN RENTAL/SERVICE 08/19/2017 09/15/2017	A-90465 0	Capital - Over \$5,000 (Fixed Assets)
86	25-807-000-0000-6610		171.02	PORTA JOHN RENTAL/SERVICE	A-91545	Capital - Over \$5,000 (Fixed Assets)



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25 SPECIAL REVENUE FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

Vendor No.	Name Account/Formula	Rpt Accr	Amount	Warrant Description Service Dates	Invoice # Paid On Bhf #	Account/Formula Description On Behalf of Name
4117	MINI BIFF INC		342.04	09/16/2017 10/13/2017 2 Transactions	0	
123	3841 MULTIPLE CONCEPTS INTERIOR 25-807-000-0000-6610		16,245.71	CONTRACT PAYMENT	APPLICATION 6	Capital - Over \$5,000 (Fixed Assets)
	3841 MULTIPLE CONCEPTS INTERIOR		16,245.71	1 Transactions		
124	3361 NAC MECHANICAL & ELECTRICAL SERVI 25-807-000-0000-6610		3,325.00	CONTRACT PAYMENT	APPL 10	Capital - Over \$5,000 (Fixed Assets)
125	25-807-000-0000-6610		712.50	CONTRACT PAYMENT	APPL 11	Capital - Over \$5,000 (Fixed Assets)
	3361 NAC MECHANICAL & ELECTRICAL SERVI		4,037.50	2 Transactions		
127	3262 NATIONAL CONSTRUCTION RENTALS 25-807-000-0000-6610		571.20	ADDED LENGTH OF SERVICE	4839683	Capital - Over \$5,000 (Fixed Assets)
128	25-807-000-0000-6610		2,603.04	ADDED LENGTH OF SERVICE	4851161	Capital - Over \$5,000 (Fixed Assets)
	3262 NATIONAL CONSTRUCTION RENTALS		3,174.24	2 Transactions		
130	6027 NORTHERN STATES SUPPLY INC 25-807-000-0000-6610		9,691.90	CONTRACT PAYMENT	4	Capital - Over \$5,000 (Fixed Assets)
	6027 NORTHERN STATES SUPPLY INC		9,691.90	1 Transactions		
140	4208 PEOPLEREADY 25-807-000-0000-6610		49.36	CLEANING SUPPLIES	22705913	Capital - Over \$5,000 (Fixed Assets)
	4208 PEOPLEREADY		49.36	1 Transactions		
164	2693 TECHNICAL SOLUTIONS OF MADISON LA 25-807-000-0000-6610		8,453.99	CONTRACT PAYMENT	5	Capital - Over \$5,000 (Fixed Assets)
	2693 TECHNICAL SOLUTIONS OF MADISON LA		8,453.99	1 Transactions		
166	1177 TWIN CITY GARAGE DOOR 25-807-000-0000-6610		19,600.00	SMOKE CURTAINS	467023	Capital - Over \$5,000 (Fixed Assets)
	1177 TWIN CITY GARAGE DOOR		19,600.00	1 Transactions		
168	4255 VCI ENVIRONMENTAL INC 25-807-000-0000-6610		3,490.00	ASBESTOS SERVICES	6688-1	Capital - Over \$5,000 (Fixed Assets)
	4255 VCI ENVIRONMENTAL INC		3,490.00	1 Transactions		
807	DEPT Total:		113,339.41	DESIGNATED FOR CAPITAL ASSETS	18 Vendors	21 Transactions

***** McLeod County IFS *****



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25 SPECIAL REVENUE FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

Vendor No.	Name Account/Formula	Rpt Accr	Amount	Warrant Description Service Dates	Invoice # Paid On Bhf #	Account/Formula Description On Behalf of Name
886	DEPT			COUNTY FEEDLOT PROGRAM		
3754	MCLEOD SIBLEY HEALTH INSURANCE					
102	25-886-000-0000-2045		1,336.01	MEDICAL PREMIUM		Health Insurance Payable
				10/01/2017 10/31/2017	0	
	3754 MCLEOD SIBLEY HEALTH INSURANCE		1,336.01	1 Transactions		
1360	MINNESOTA MUTUAL					
116	25-886-000-0000-2049		1.24	LIFE PREMIUM		Life Insurance Payable
				10/01/2017 10/31/2017	0	
	1360 MINNESOTA MUTUAL		1.24	1 Transactions		
1969	SUN LIFE FINANCIAL					
158	25-886-000-0000-2051		47.49	DENTAL PREMIUM	C246476	Dental Insurance Payable
				10/01/2017 10/31/2017	0	
	1969 SUN LIFE FINANCIAL		47.49	1 Transactions		
886	DEPT Total:		1,384.74	COUNTY FEEDLOT PROGRAM	3 Vendors	3 Transactions
25	Fund Total:		115,070.76	SPECIAL REVENUE FUND		30 Transactions

***** McLeod County IFS *****



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82 COMMUNITY HEALTH SER

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

Vendor No.	Name Account/Formula	Rpt Accr	Amount	Warrant Description Service Dates	Invoice # Paid On Bhf #	Account/Formula Description On Behalf of Name
848	DEPT			WIC PEER GRANT		
1886	BMO					
365	82-848-000-0000-6203		150.79	T-MOBILE	0955	COMMUNICATIONS
318	82-848-000-0000-6336		89.80	AMERICINN	7441	MEALS, LODGING, PARKING & MISCELLAN
1886	BMO		240.59		2 Transactions	
3755	EYE MED					
34	82-848-000-0000-2044		1.22	VISION PREMIUM 10/01/2017	10/31/2017 0	VISION INSURANCE PAYABLE
3755	EYE MED		1.22		1 Transactions	
1241	MADISON NATIONAL LIFE INSURANCE C					
70	82-848-000-0000-2050		2.52	LTD PREMIUM 10/01/2017	10/31/2017 0	LONG TERM DISABILITY PAYABLE
1241	MADISON NATIONAL LIFE INSURANCE C		2.52		1 Transactions	
3754	MCLEOD SIBLEY HEALTH INSURANCE					
103	82-848-000-0000-2045		190.82	MEDICAL PREMIUM 10/01/2017	10/31/2017 0	HEALTH INSURANCE PAYABLE
3754	MCLEOD SIBLEY HEALTH INSURANCE		190.82		1 Transactions	
1360	MINNESOTA MUTUAL					
117	82-848-000-0000-2049		1.31	LIFE PREMIUM 10/01/2017	10/31/2017 0	LIFE INSURANCE PAYABLE
1360	MINNESOTA MUTUAL		1.31		1 Transactions	
848	DEPT Total:		436.46	WIC PEER GRANT	5 Vendors	6 Transactions
852	DEPT			PROJECT HARMONY GRANT		
1886	BMO					
368	82-852-000-0000-6350		33.61	AMAZON	0955	Other Services & Charges
1886	BMO		33.61		1 Transactions	
9820	MINNESOTA COUNTIES COMPUTER COO					
90	82-852-000-0000-6360		285.00	TRAINING	2Y1710206	Training
9820	MINNESOTA COUNTIES COMPUTER COO		285.00		1 Transactions	



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82 COMMUNITY HEALTH SER

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

Vendor No.	Name Account/Formula	Rpt Accr	Amount	Warrant Description Service Dates	Invoice # Paid On Bhf #	Account/Formula Description On Behalf of Name
852	DEPT Total:		318.61	PROJECT HARMONY GRANT	2 Vendors	2 Transactions
853	DEPT			LOCAL PUBLIC HEALTH GRANT		
12	3525 BARNA, GUZY & STEFFEN LTD 82-853-000-0000-6265		1,200.00	JPA AGREEMENT CONSULTATION	178183	PROFESSIONAL SERVICES
	3525 BARNA, GUZY & STEFFEN LTD		1,200.00		1 Transactions	
363	1886 BMO 82-853-000-0000-6336		339.63	AMERICAINN	0955	MEALS,LODGING,PARKING & MISC
367	82-853-000-0000-6336		204.08	COMFORT INN	0955	MEALS,LODGING,PARKING & MISC
	1886 BMO		543.71		2 Transactions	
81	1241 MADISON NATIONAL LIFE INSURANCE C 82-853-000-0000-2041		46.40	STD PREMIUM 10/01/2017 10/31/2017	0	SHORT TERM DISABILITY PAYABLE
71	82-853-000-0000-2050		30.80	LTD PREMIUM 10/01/2017 10/31/2017	0	LONG TERM DISABILITY PAYABLE
	1241 MADISON NATIONAL LIFE INSURANCE C		77.20		2 Transactions	
104	3754 MCLEOD SIBLEY HEALTH INSURANCE 82-853-000-0000-2045		2,702.00	MEDICAL PREMIUM 10/01/2017 10/31/2017	0	HEALTH INSURANCE PAYABLE
	3754 MCLEOD SIBLEY HEALTH INSURANCE		2,702.00		1 Transactions	
87	9820 MINNESOTA COUNTIES COMPUTER COO 82-853-000-0000-6265		4,489.66	4TH QTR PH DOC SOFTWARE	2Y1710037	PROFESSIONAL SERVICES
89	82-853-000-0000-6265		114.11	3RD QTR MEETING EXPENSES	2Y1710135	PROFESSIONAL SERVICES
	9820 MINNESOTA COUNTIES COMPUTER COO		4,603.77		2 Transactions	
118	1360 MINNESOTA MUTUAL 82-853-000-0000-2049		77.68	LIFE PREMIUM 10/01/2017 10/31/2017	0	LIFE INSURANCE PAYABLE
	1360 MINNESOTA MUTUAL		77.68		1 Transactions	
159	1969 SUN LIFE FINANCIAL 82-853-000-0000-2051		115.00	DENTAL PREMIUM 10/01/2017 10/31/2017	C246476 0	DENTAL INSURANCE PAYABLE
	1969 SUN LIFE FINANCIAL		115.00		1 Transactions	

***** McLeod County IFS *****



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Audit List for Board AUDITOR'S VOUCHERS ENTRIES

Vendor No.	Name Account/Formula	Rpt Accr	Amount	Warrant Description Service Dates	Invoice # Paid On Bhf #	Account/Formula Description On Behalf of Name
171	2747 VIVID IMAGE INC 82-853-000-0000-6350		120.00	EMAIL ACCOUNTS	10892	OTHER SERVICES & CHARGES
	2747 VIVID IMAGE INC		120.00	1 Transactions		
853	DEPT Total:		9,439.36	LOCAL PUBLIC HEALTH GRANT	8 Vendors	11 Transactions
854	DEPT			WIC		
35	3755 EYE MED 82-854-000-0000-2044		3.98	VISION PREMIUM 10/01/2017 10/31/2017	0	VISION INSURANCE PAYABLE
	3755 EYE MED		3.98	1 Transactions		
72	1241 MADISON NATIONAL LIFE INSURANCE C 82-854-000-0000-2050		8.28	LTD PREMIUM 10/01/2017 10/31/2017	0	LONG TERM DISABILITY PAYABLE
	1241 MADISON NATIONAL LIFE INSURANCE C		8.28	1 Transactions		
105	3754 MCLEOD SIBLEY HEALTH INSURANCE 82-854-000-0000-2045		1,561.18	MEDICAL PREMIUM 10/01/2017 10/31/2017	0	HEALTH INSURANCE PAYABLE
	3754 MCLEOD SIBLEY HEALTH INSURANCE		1,561.18	1 Transactions		
119	1360 MINNESOTA MUTUAL 82-854-000-0000-2049		8.09	LIFE PREMIUM 10/01/2017 10/31/2017	0	LIFE INSURANCE PAYABLE
	1360 MINNESOTA MUTUAL		8.09	1 Transactions		
854	DEPT Total:		1,581.53	WIC	4 Vendors	4 Transactions
856	DEPT			FPSP		
369	1886 BMO 82-856-000-0000-6402		5.81	WALMART	0955	Office Supplies
	1886 BMO		5.81	1 Transactions		
88	9820 MINNESOTA COUNTIES COMPUTER COO 82-856-000-0000-6265		2,000.00	4TH QTR PH DOC SOFTWARE	2Y1710037	Professional Services
	9820 MINNESOTA COUNTIES COMPUTER COO		2,000.00	1 Transactions		

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82 COMMUNITY HEALTH SER

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

Vendor Name	Rpt	Warrant Description	Invoice #	Account/Formula Description	
No. Account/Formula	Accr	Amount	Service Dates	Paid On Bhf #	On Behalf of Name
169 2747 VIVID IMAGE INC		10,000.00	100 PRE PAID PLAN	11124	Other Services & Charges
2747 VIVID IMAGE INC		10,000.00	1 Transactions		
856 DEPT Total:		12,005.81	FPSP	3 Vendors	3 Transactions
859 DEPT			HEALTHY COMMUNITIES ACTIVITIES		
170 2747 VIVID IMAGE INC		720.00	HEALTHY COMMUNITIES WEBSITE	10892	Other Services & Charges
2747 VIVID IMAGE INC		720.00	1 Transactions		
859 DEPT Total:		720.00	HEALTHY COMMUNITIES ACTIVITIES	1 Vendors	1 Transactions
862 DEPT			SHIP		
366 1886 BMO		65.00	CONSTANT CONTACT	0955	Communications
1886 BMO		65.00	1 Transactions		
862 DEPT Total:		65.00	SHIP	1 Vendors	1 Transactions
866 DEPT			EMERGENCY PREPAREDNESS TO BIOTER		
120 1360 MINNESOTA MUTUAL		2.50	LIFE PREMIUM		LIFE INSURANCE PAYABLE
1360 MINNESOTA MUTUAL		2.50	10/01/2017 10/31/2017	0	
			1 Transactions		
866 DEPT Total:		2.50	EMERGENCY PREPAREDNESS TO BIOTI	1 Vendors	1 Transactions
872 DEPT			CHILD & TEEN CHECKUPS (C&TC)		
364 1886 BMO		9.66	USPS	0955	POSTAGE AND POSTAL BOX RENTAL
1886 BMO		9.66	1 Transactions		
872 DEPT Total:		9.66	CHILD & TEEN CHECKUPS (C&TC)	1 Vendors	1 Transactions
82 Fund Total:		24,578.93	COMMUNITY HEALTH SERVICE		30 Transactions

***** McLeod County IFS *****



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86 TRUST & AGENCY FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

Vendor Name	Rpt	Warrant Description	Invoice #	Account/Formula Description
No. Account/Formula	Accr	Amount	Service Dates	On Behalf of Name
			Paid On Bhf #	
975 DEPT				DNR CLEARING ACCOUNT
509 MINNESOTA DNR				
217 86-975-000-0000-6850		487.50		DNR Collections For Other Agencies
				10/24/2017 10/30/2017 0
509 MINNESOTA DNR		487.50		1 Transactions
975 DEPT Total:		487.50		DNR CLEARING ACCOUNT 1 Vendors 1 Transactions
976 DEPT				GAME & FISH CLEARING ACCOUNT
509 MINNESOTA DNR				
216 86-976-000-0000-6850		106.00		G & F Collections For Other Agencies
				10/24/2017 10/30/2017 0
509 MINNESOTA DNR		106.00		1 Transactions
976 DEPT Total:		106.00		GAME & FISH CLEARING ACCOUNT 1 Vendors 1 Transactions
86 Fund Total:		593.50		TRUST & AGENCY FUND 2 Transactions
Final Total:		490,022.68		217 Vendors 376 Transactions

***** McLeod County IFS *****

Audit List for Board AUDITOR'S VOUCHERS ENTRIES



Recap by Fund	<u>Fund</u>	<u>AMOUNT</u>	<u>Name</u>
	1	89,503.80	GENERAL REVENUE FUND
	3	60,139.61	ROAD & BRIDGE FUND
	5	46,854.61	SOLID WASTE FUND
	11	148,721.47	HUMAN SERVICE FUND
	20	545.00	COUNTY DITCH FUND
	21	4,015.00	SWCD FUND
	25	115,070.76	SPECIAL REVENUE FUND
	82	24,578.93	COMMUNITY HEALTH SERVICE
	86	593.50	TRUST & AGENCY FUND

All Funds	490,022.68	Total	Approved by,
		
		

***** McLeod County IFS *****



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Audit List for Board AUDITOR'S VOUCHERS ENTRIES

Print List in Order By:	2	1 - Fund (Page Break by Fund)	Page Break By:	1	1 - Page Break by Fund
		2 - Department (Totals by Dept)			2 - Page Break by Dept
		3 - Vendor Number			
		4 - Vendor Name			

Explode Dist. Formulas Y

Paid on Behalf Of Name
on Audit List?: N

Type of Audit List: D D - Detailed Audit List
S - Condensed Audit List

Save Report Options?: N

***** McLeod County IFS *****



POOL

11/9/17 11:10AM

1 GENERAL REVENUE FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

Vendor No.	Name Account/Formula	Rpt Accr	Amount	Warrant Description Service Dates	Invoice # Paid On Bhf #	Account/Formula Description On Behalf of Name
0	DEPT			...		
152	4187 COAST PROFESSIONAL INC 01-000-000-0000-2055		326.82	GARNISHMENT 10/15/2017 10/28/2017	683730 0	GARNISHMENTS PAYABLE
	4187 COAST PROFESSIONAL INC		326.82	1 Transactions		
161	3028 MINNESOTA CHILD SUPPORT PAYMENT 01-000-000-0000-2056		317.48	CHILD SUPPORT 10/15/2017 10/28/2017	00124208702 0	CHILD SUPPORT GARNISHMENT PAYABLE
163	01-000-000-0000-2056		117.67	CHILD SUPPORT 10/15/2017 10/28/2017	001436294701 0	CHILD SUPPORT GARNISHMENT PAYABLE
160	01-000-000-0000-2056		257.96	CHILD SUPPORT 10/15/2017 10/28/2017	001447664801 0	CHILD SUPPORT GARNISHMENT PAYABLE
162	01-000-000-0000-2056		130.13	CHILD SUPPORT 10/15/2017 10/28/2017	001499730601 0	CHILD SUPPORT GARNISHMENT PAYABLE
164	01-000-000-0000-2056		329.48	CHILD SUPPORT 10/15/2017 10/28/2017	001530953002 0	CHILD SUPPORT GARNISHMENT PAYABLE
	3028 MINNESOTA CHILD SUPPORT PAYMENT		1,152.72	5 Transactions		
0	DEPT Total:		1,479.54	...	2 Vendors	6 Transactions
5	DEPT			BOARD OF COUNTY COMMISSIONERS		
155	1909 MADDEN GALANTER HANSEN LLP 01-005-000-0000-6263		3,380.66	LEGAL SERVICES LABOR RELATIONS 09/01/2017 09/30/2017	0	LEGAL SERVICES
	1909 MADDEN GALANTER HANSEN LLP		3,380.66	1 Transactions		
158	658 MCLEOD PUBLISHING INC 01-005-000-0000-6241		165.76	MEETING MINUTES		PRINTING AND PUBLISHING
159	01-005-000-0000-6241		9.76	PUBLIC HEARING		PRINTING AND PUBLISHING
	658 MCLEOD PUBLISHING INC		175.52	2 Transactions		
5	DEPT Total:		3,556.18	BOARD OF COUNTY COMMISSIONERS	2 Vendors	3 Transactions
13	DEPT			COURT ADMINISTRATOR'S		
46	812 GAVIN WINTERS DONLEY & OSTLUND LT 01-013-000-0000-6272		15.00	COURT APPT AS/BS JV-17-12	2007980-002M	COURT APPT ATTY-DEP/NEG/TER
40	01-013-000-0000-6272		15.00	CRT APT NJ/EF/AC/JF 16-84/17-8	20080409-002M	COURT APPT ATTY-DEP/NEG/TER



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1 GENERAL REVENUE FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

Vendor	Name	Rpt	Warrant Description	Invoice #	Account/Formula Description
No.	Account/Formula	Accr	Service Dates	Paid On Bhf #	On Behalf of Name
42	01-013-000-0000-6272		COURT APPT KH/TC JV-16-207	20150003-001M	COURT APPT ATTY-DEP/NEG/TER
37	01-013-000-0000-6272		COURT APPT PJ/JH JV-16-88	20160155-000M	COURT APPT ATTY-DEP/NEG/TER
49	01-013-000-0000-6272		COURT APPT JR/MR JV-16-118	20160207-000M	COURT APPT ATTY-DEP/NEG/TER
32	01-013-000-0000-6272		COURT APPT AP/RJ JV-16-140	20160222-000M	COURT APPT ATTY-DEP/NEG/TER
31	01-013-000-0000-6272		COURT APPT MA/NP JV-16-175	20160256-000M	COURT APPT ATTY-DEP/NEG/TER
39	01-013-000-0000-6272		COURT APPT CG/SR/JB JV-16-190	20160267-000M	COURT APPT ATTY-DEP/NEG/TER
47	01-013-000-0000-6272		COURT APPT AS/JJ/DB JV-16-209	20160298-000M	COURT APPT ATTY-DEP/NEG/TER
33	01-013-000-0000-6272		COURT APPT KO/MO JV-16-228	20160300-001M	COURT APPT ATTY-DEP/NEG/TER
48	01-013-000-0000-6272		COURT APPT JR/NR JV-17-6	20170009-000M	COURT APPT ATTY-DEP/NEG/TER
36	01-013-000-0000-6272		COURT APPT MK/MN/LK/JH JV-17-5	20170010-000M	COURT APPT ATTY-DEP/NEG/TER
38	01-013-000-0000-6272		COURT APPT MH/JH JV-17-172	2017004-000M	COURT APPT ATTY-DEP/NEG/TER
44	01-013-000-0000-6272		COURT APPT JW/MB JV-17-50	20170056-000M	COURT APPT ATTY-DEP/NEG/TER
56	01-013-000-0000-6273		COURT APPT D BAUNE PR-17-437	20170075-000M	COURT APPT ATTY-OTHER
43	01-013-000-0000-6272		COURT APPT AC/JS JV-17-67	20170098-000M	COURT APPT ATTY-DEP/NEG/TER
35	01-013-000-0000-6272		COURT APPT RD/GL JV-17-72	20170100-000M	COURT APPT ATTY-DEP/NEG/TER
54	01-013-000-0000-6273		COURT APPT N RIEMER PR-17-760	20170111-000M	COURT APPT ATTY-OTHER
34	01-013-000-0000-6272		COURT APPT RM/PF/DM JV-15-92	20170161-000M	COURT APPT ATTY-DEP/NEG/TER
41	01-013-000-0000-6272		COURT APPT BE/BP JV-17-136	20170165-001M	COURT APPT ATTY-DEP/NEG/TER
50	01-013-000-0000-6272		COURT APPT MT/EB JV-17-62	20170190-000M	COURT APPT ATTY-DEP/NEG/TER
55	01-013-000-0000-6273		COURT APPT L FENSKE PR-17-1405	20170202-000M	COURT APPT ATTY-OTHER
53	01-013-000-0000-6273		COURT APPT A BURMIS PR-17-1251	20170222-000M	COURT APPT ATTY-OTHER
52	01-013-000-0000-6273		COURT APPT A HAHN PR-17-1511	20170223-000M	COURT APPT ATTY-OTHER
45	01-013-000-0000-6272		COURT APPT GS/JS JV-16-225	20170227-000M	COURT APPT ATTY-DEP/NEG/TER
51	01-013-000-0000-6273		COURT APPT JRJ FA-08-2108	20170235-000M	COURT APPT ATTY-OTHER
812	GAVIN WINTERS DONLEY & OSTLUND L1		3,255.00	26 Transactions	
283	GLENCOE LAW OFFICE				
63	01-013-000-0000-6272		COURT APPT AP/FJ JV-16-140	1096	COURT APPT ATTY-DEP/NEG/TER
66	01-013-000-0000-6272		COURT APPT HM/DJ/JB JV-16-201	1097	COURT APPT ATTY-DEP/NEG/TER
65	01-013-000-0000-6272		COURT APPT MM/CC JV-16-1	1098	COURT APPT ATTY-DEP/NEG/TER
64	01-013-000-0000-6272		COURT APPT TM/EM/MK JV-16-189	1099	COURT APPT ATTY-DEP/NEG/TER
283	GLENCOE LAW OFFICE		3,753.75	4 Transactions	
13	DEPT Total:		7,008.75	COURT ADMINISTRATOR'S	2 Vendors 30 Transactions
31	DEPT			COUNTY ADMINISTRATOR'S	
1930	HERALD JOURNAL PUBLISHING INC				
153	01-031-000-0000-6241		240.00	ADV HELP WANTED	PRINTING AND PUBLISHING

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Audit List for Board AUDITOR'S VOUCHERS ENTRIES

Vendor No.	Name	Account/Formula	Rpt	Accr	Amount	Warrant Description	Service Dates	Invoice #	Paid On Bhf #	Account/Formula Description	On Behalf of Name
1930	HERALD JOURNAL PUBLISHING INC				240.00		1 Transactions				
154	137 HUTCHINSON LEADER	01-031-000-0000-6241			874.89	ADV HELP WANTED		1017363597		PRINTING AND PUBLISHING	
	137 HUTCHINSON LEADER				874.89		1 Transactions				
157	658 MCLEOD PUBLISHING INC	01-031-000-0000-6241			484.66	HELP WANTED				PRINTING AND PUBLISHING	
	658 MCLEOD PUBLISHING INC				484.66		1 Transactions				
31	DEPT Total:				1,599.55	COUNTY ADMINISTRATOR'S		3 Vendors		3 Transactions	
41	DEPT					COUNTY AUDITOR-TREASURER'S					
18	4622 D & T VENTURES	01-041-000-0000-6350			661.50	NOV 2017 E-TAX INQUIRY SUPPORT		298298		OTHER SERVICES & CHARGES	
	4622 D & T VENTURES				661.50		1 Transactions				
184	107 GLENCOE OIL COMPANY INC	01-041-000-0000-6810			1,241.12	INTEREST				REFUNDS AND REIMBURSEMENTS	
	107 GLENCOE OIL COMPANY INC				1,241.12		1 Transactions				
172	658 MCLEOD PUBLISHING INC	01-041-000-0000-6241			53.63	NONAG TAX REMINDER				PRINTING AND PUBLISHING	
						10/04/2017 10/04/2017		0			
173	658 MCLEOD PUBLISHING INC	01-041-000-0000-6241			53.63	NONAG TAX REMINDER				PRINTING AND PUBLISHING	
						10/11/2017 10/11/2017		0			
	658 MCLEOD PUBLISHING INC				107.26		2 Transactions				
41	DEPT Total:				2,009.88	COUNTY AUDITOR-TREASURER'S		3 Vendors		4 Transactions	
65	DEPT					INFORMATION SYSTEMS					
179	134 CITY OF HUTCHINSON	01-065-000-0000-6321			500.00	FIBER CONNECTION FAIRGROUNDS		0000042382		MAINTENANCE AGREEMENTS	
						11/04/2017 11/30/2017		0			
	134 CITY OF HUTCHINSON				500.00		1 Transactions				
71	5362 GRAYBAR	01-065-000-0000-6404			408.81	FIBER TESTER CABLES		9300687686		COMPUTER SUPPLIES	



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Vendor Name	Rpt	Warrant Description	Invoice #	Account/Formula Description
No. Account/Formula	Accr	Amount	Service Dates	On Behalf of Name
			Paid On Bhf #	
72 01-065-000-0000-6404		878.08	FIBER TESTER CABLES	9300687688 COMPUTER SUPPLIES
5362 GRAYBAR		1,286.89	2 Transactions	
984 MN OFFICE OF ENTERPRISE TECHNOLOG				
182 01-065-000-0000-6321		1,700.00	MNET COLLAB & HATS	DV17100459 MAINTENANCE AGREEMENTS
			10/01/2017 10/31/2017	0
984 MN OFFICE OF ENTERPRISE TECHNOLOG		1,700.00	1 Transactions	
65 DEPT Total:		3,486.89	INFORMATION SYSTEMS	3 Vendors 4 Transactions
76 DEPT			CENTRAL SERVICES-COUNTY WIDE	
576 FINKEN WATER CENTERS				
21 01-076-000-0000-6350		203.50	WATER COOLER RENTAL	0401513 OTHER SERVICES & CHARGES
			11/01/2017 11/30/2017	0
576 FINKEN WATER CENTERS		203.50	1 Transactions	
1857 METRO SALES INC				
94 01-076-000-0000-6321		588.51	COPIER MAINT MPC4504-EXTENSION	INV925707 MAINTENANCE AGREEMENTS
95 01-076-000-0000-6321		36.04	COPIER MAINT MP3504-COURT SVC	INV925709 MAINTENANCE AGREEMENTS
96 01-076-000-0000-6321		63.10	COPIER MAINT MPC5503-SHERIFF	INV925710 MAINTENANCE AGREEMENTS
97 01-076-000-0000-6321		243.02	COPIER MAINT MPC4504-JAIL	INV925711 MAINTENANCE AGREEMENTS
98 01-076-000-0000-6321		699.34	COPIER MAINT MPC6004-A/T	INV925711 MAINTENANCE AGREEMENTS
1857 METRO SALES INC		1,630.01	5 Transactions	
49020 NEOPOST USA INC				
104 01-076-000-0000-6350		423.50	POSTAL METER MAINT/RENTAL-NC	55276815 OTHER SERVICES & CHARGES
			11/27/2017 02/26/2018	0
49020 NEOPOST USA INC		423.50	1 Transactions	
63420 SPEE DEE DELIVERY				
139 01-076-000-0000-6205		207.99	SPEEDEE CHARGES	3395753 POSTAGE AND POSTAL BOX RENTAL
			10/01/2017 10/31/2017	0
140 01-076-000-0000-6205		50.85	SPEEDEE CHARGES	3396051 POSTAGE AND POSTAL BOX RENTAL
			10/01/2017 10/31/2017	0
63420 SPEE DEE DELIVERY		258.84	2 Transactions	
1083 WEX BANK				
149 01-076-000-0000-6338		1,295.57	MOTOR POOL FUEL	51830404 MOTOR POOL EXPENSES
			10/01/2017 10/31/2017	0



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Vendor No.	Name Account/Formula	Rpt Accr	Amount	Warrant Description Service Dates	Invoice # Paid On Bhf #	Account/Formula Description On Behalf of Name
1083	WEX BANK		1,295.57		1 Transactions	
76	DEPT Total:		3,811.42	CENTRAL SERVICES-COUNTY WIDE	5 Vendors	10 Transactions
91	DEPT			COUNTY ATTORNEY'S		
91	658 MCLEOD PUBLISHING INC 01-091-000-0000-6241		31.68	AD RE HIGGINS CHIPS		PRINTING AND PUBLISHING
	658 MCLEOD PUBLISHING INC		31.68		1 Transactions	
112	8564 OFFICE DEPOT INC 01-091-000-0000-6402		33.45	OFFICE SUPPLIES	973001047001	OFFICE SUPPLIES
113	01-091-000-0000-6402		9.65	OFFICE SUPPLIES	973001363001	OFFICE SUPPLIES
114	01-091-000-0000-6402		33.29	OFFICE SUPPLIES	973001364001	OFFICE SUPPLIES
	8564 OFFICE DEPOT INC		76.39		3 Transactions	
135	60963 SEVEN COUNTY PROCESS SERVERS LLC 01-091-000-0000-6350		220.00	SVC OF DOC	20171740	OTHER SERVICES & CHARGES
	60963 SEVEN COUNTY PROCESS SERVERS LLC		220.00		1 Transactions	
136	79 SIBLEY COUNTY SHERIFF 01-091-000-0000-6350		45.00	SVC OF DOC	1607	OTHER SERVICES & CHARGES
	79 SIBLEY COUNTY SHERIFF		45.00		1 Transactions	
91	DEPT Total:		373.07	COUNTY ATTORNEY'S	4 Vendors	6 Transactions
101	DEPT			COUNTY RECORDER'S		
178	6009 INNOVATIVE OFFICE SOLUTIONS LLC 01-101-000-0000-6402		475.77	TONER CARTRIDGES	IN1804306	OFFICE SUPPLIES
177	01-101-000-0000-6402		438.15	DZ PENS/RECORDING LABELS	IN1813220	OFFICE SUPPLIES
	6009 INNOVATIVE OFFICE SOLUTIONS LLC		913.92		2 Transactions	
101	DEPT Total:		913.92	COUNTY RECORDER'S	1 Vendors	2 Transactions
107	DEPT			COUNTY PLANNING AND ZONING		
76	6009 INNOVATIVE OFFICE SOLUTIONS LLC 01-107-000-0000-6402		34.02	OFFICE SUPPLIES	IN1801383	OFFICE SUPPLIES
	6009 INNOVATIVE OFFICE SOLUTIONS LLC		34.02		1 Transactions	

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Vendor No.	Name Account/Formula	Rpt Accr	Amount	Warrant Description Service Dates	Invoice # Paid On Bhf #	Account/Formula Description On Behalf of Name
107	DEPT Total:		34.02	COUNTY PLANNING AND ZONING	1 Vendors	1 Transactions
111	DEPT			COURTHOUSE BUILDING		
28	3375 FOSTER MECHANICAL 01-111-000-0000-6303		919.61	R & R FAN COIL UNITE	10413	REPAIR AND MAINTENANCE SERVICES
	3375 FOSTER MECHANICAL		919.61		1 Transactions	
57	5967 GLENCOE FLEET SUPPLY INC 01-111-000-0000-6425		24.98	TAPE MEASURE/LIGHT BULBS	31386	REPAIR AND MAINTENANCE SUPPLIES
58	01-111-000-0000-6425		20.94	AIR FILTERS	31528	REPAIR AND MAINTENANCE SUPPLIES
59	01-111-000-0000-6425		5.99	FOAM MOUNTING TAPE	31547	REPAIR AND MAINTENANCE SUPPLIES
60	01-111-000-0000-6425		11.97	LITHIUM BATTERY FOR LIGHTS	31574	REPAIR AND MAINTENANCE SUPPLIES
62	01-111-000-0000-6425		14.57	ADHESIVE/WALL HOOK/DOOR STOP	31706	REPAIR AND MAINTENANCE SUPPLIES
	5967 GLENCOE FLEET SUPPLY INC		78.45		5 Transactions	
105	4427 NEUBARTH LAWN CARE & LANDSCAPING 01-111-000-0000-6303		40.00	SPREAD SALT-CH 10/27/2017 10/27/2017	12462 0	REPAIR AND MAINTENANCE SERVICES
	4427 NEUBARTH LAWN CARE & LANDSCAPING		40.00		1 Transactions	
133	1595 SCHWICKERTS TECTA AMERICA 01-111-000-0000-6303		1,108.00	ROOF REPAIR REAR COURTROOM#3	S510026869	REPAIR AND MAINTENANCE SERVICES
	1595 SCHWICKERTS TECTA AMERICA		1,108.00		1 Transactions	
111	DEPT Total:		2,146.06	COURTHOUSE BUILDING	4 Vendors	8 Transactions
112	DEPT			NORTH COMPLEX BUILDING		
106	4427 NEUBARTH LAWN CARE & LANDSCAPING 01-112-000-0000-6303		65.00	SPREAD SALT-NC 10/27/2017 10/27/2017	12462 0	REPAIR AND MAINTENANCE SERVICES
	4427 NEUBARTH LAWN CARE & LANDSCAPING		65.00		1 Transactions	
131	432 SAMS TIRE SERVICE 01-112-000-0000-6303		64.00	TIRE REPLACEMENT/LAWN TRACTOR	135277	REPAIR AND MAINTENANCE SERVICES
	432 SAMS TIRE SERVICE		64.00		1 Transactions	
112	DEPT Total:		129.00	NORTH COMPLEX BUILDING	2 Vendors	2 Transactions

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116	DEPT					HEALTH AND HUMAN SERVICES BUILDII					
5967	GLENCOE FLEET SUPPLY INC	01-116-000-0000-6245			30.08	MISC HARDWARE/HACKSAW		31655		DUES AND REGISTRATION FEES	
61	5967	GLENCOE FLEET SUPPLY INC			30.08	1 Transactions					
4427	NEUBARTH LAWN CARE & LANDSCAPING	01-116-000-0000-6303			125.00	SPREAD SALT-HHS/ANNEX	10/27/2017 10/27/2017	12462	0	REPAIR AND MAINTENANCE SERVICES	
107	4427	NEUBARTH LAWN CARE & LANDSCAPING			125.00	1 Transactions					
116	DEPT Total:				155.08	HEALTH AND HUMAN SERVICES BUILDII		2 Vendors		2 Transactions	
117	DEPT					FAIRGROUNDS					
4117	MINI BIFF INC	01-117-000-0000-6303			38.94	RENT & SERVICE		A-92140		REPAIR AND MAINTENANCE SERVICES	
101	4117	MINI BIFF INC			38.94	10/16/2017 10/31/2017		0			
4117	MINI BIFF INC				38.94	1 Transactions					
5771	NU-TELECOM	01-117-000-0000-6203			80.24	PHONE		82155357		COMMUNICATIONS	
108	5771	NU-TELECOM			80.24	11/01/2017 11/30/2017		0			
5771	NU-TELECOM				80.24	1 Transactions					
117	DEPT Total:				119.18	FAIRGROUNDS		2 Vendors		2 Transactions	
121	DEPT					VETERAN SERVICES					
134	CITY OF HUTCHINSON	01-121-000-0000-6455			331.71	VAN FUEL		0000042374		MOTOR FUELS AND LUBRICATION	
14	134	CITY OF HUTCHINSON			331.71	10/01/2017 10/31/2017		0			
134	CITY OF HUTCHINSON				331.71	1 Transactions					
121	DEPT Total:				331.71	VETERAN SERVICES		1 Vendors		1 Transactions	
201	DEPT					COUNTY SHERIFF'S OFFICE					
1424	ALPHA WIRELESS COMMUNICATIONS	01-201-000-0000-6321			674.68	500VA UPS SMART 120V		204068		MAINTENANCE AGREEMENTS	
6	1424	ALPHA WIRELESS COMMUNICATIONS			674.68	1 Transactions					

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Vendor No.	Name Account/Formula	Rpt Accr	Amount	Warrant Description Service Dates	Invoice # Paid On Bhf #	Account/Formula Description On Behalf of Name
6057	CARS ON PATROL SHOP LLC					
12	01-201-000-0000-6327		399.00	#146 FOB/STARTER REPAIR	10500	GENERAL AUTO MAINTENANCE
13	01-201-000-0000-6327		70.00	#154 MT & BAL TIRES	10669	GENERAL AUTO MAINTENANCE
6057	CARS ON PATROL SHOP LLC		469.00	2 Transactions		
134	CITY OF HUTCHINSON					
15	01-201-000-0000-6455		151.95	FUEL 10/01/2017 10/31/2017	0000042372 0	MOTOR FUELS AND LUBRICATION
134	CITY OF HUTCHINSON		151.95	1 Transactions		
5390	HARLANS AUTO REPAIR					
73	01-201-000-0000-6327		75.95	#145 ROTATE TIRES & O/C	419031	GENERAL AUTO MAINTENANCE
5390	HARLANS AUTO REPAIR		75.95	1 Transactions		
1129	KDUZ AM KARP FM RADIO					
84	01-201-000-0000-6241		67.00	GSL HOMECOMING	35689-1	PRINTING AND PUBLISHING
85	01-201-000-0000-6241		67.00	BULLY PREVENTION	35862-1	PRINTING AND PUBLISHING
1129	KDUZ AM KARP FM RADIO		134.00	2 Transactions		
162	KEVINS AUTO SERVICE INC					
88	01-201-000-0000-6327		55.74	#168 MT & BAL TIRES & O/C	29445	GENERAL AUTO MAINTENANCE
89	01-201-000-0000-6327		49.32	#157 O/C	29483	GENERAL AUTO MAINTENANCE
162	KEVINS AUTO SERVICE INC		105.06	2 Transactions		
5771	NU-TELECOM					
110	01-201-000-0000-6203		143.68	111-2290 SPEC ACC VOICE 11/01/2017 11/30/2017	82154984 0	COMMUNICATIONS
5771	NU-TELECOM		143.68	1 Transactions		
2006	RIDGEWATER COLLEGE					
123	01-201-206-0000-6360		34.00	EMR REFRESH-D CATURIA 09/28/2017 09/28/2017	00217545 0	TRAINING - PATROL
124	01-201-206-0000-6360		34.00	EMR REFRESH-A DEMEYER 09/28/2017 09/28/2017	00217545 0	TRAINING - PATROL
125	01-201-206-0000-6360		34.00	EMR REFRESH-B STILES 09/28/2017 09/28/2017	00217545 0	TRAINING - PATROL
126	01-201-206-0000-6360		34.00	EMR REFRESH-S OLSON 09/28/2017 09/28/2017	00217545 0	TRAINING - PATROL
127	01-201-206-0000-6360		34.00	EMR REFRESH-S WAWRZYNIAC 09/28/2017 09/28/2017	00217545 0	TRAINING - PATROL

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2006	RIDGEWATER COLLEGE		170.00	09/28/2017 09/28/2017	0	
				5 Transactions		
132	432 SAMS TIRE SERVICE 01-201-000-0000-6327		570.20	#154 TIRES COPS INSTALLED	135566	GENERAL AUTO MAINTENANCE
	432 SAMS TIRE SERVICE		570.20	1 Transactions		
142	4274 SUBURBAN TIRE WHOLESALE INC 01-201-000-0000-6327		594.20	245/55R18 V EAGLE UG GW3	10149208	GENERAL AUTO MAINTENANCE
	4274 SUBURBAN TIRE WHOLESALE INC		594.20	1 Transactions		
146	2342 TRANSUNION RISK & ALTERNATIVE 01-201-000-0000-6265		58.80	DATA PERSON SEARCH	545393	PROFESSIONAL SERVICES
				10/01/2017 10/31/2017	0	
	2342 TRANSUNION RISK & ALTERNATIVE		58.80	1 Transactions		
201	DEPT Total:		3,147.52	COUNTY SHERIFF'S OFFICE	11 Vendors	18 Transactions
251	DEPT			COUNTY JAIL		
	5983 ADVANCED CORRECTIONAL HEALTHCA					
5	01-251-000-0000-6268		197.06-	CREDIT 3RD QTR ADP	69846	MEDICAL AID TO PRISONERS
2	01-251-000-0000-6268		2,011.07	MEDICAL SERVICES	70730	MEDICAL AID TO PRISONERS
				12/01/2017 12/31/2017	0	
3	01-251-000-0000-6268		1,648.86	MENTAL HEALTH SERVICES	70730	MEDICAL AID TO PRISONERS
				12/01/2017 12/31/2017	0	
4	01-251-000-0000-6268		3,004.66	MEDS OVARAGE CHARGE	70731	MEDICAL AID TO PRISONERS
				09/01/2017 09/30/2017	0	
	5983 ADVANCED CORRECTIONAL HEALTHCA		6,467.53	4 Transactions		
119	1457 PRO AUTO & TRANSMISSION REPAIR INC 01-251-000-0000-6327		125.25	#149 OC/ROTATE TIRES/FILTER	3066142	GENERAL AUTO MAINTENANCE
	1457 PRO AUTO & TRANSMISSION REPAIR INC		125.25	1 Transactions		
251	DEPT Total:		6,592.78	COUNTY JAIL	2 Vendors	5 Transactions
255	DEPT			COUNTY COURT SERVICES		
	8564 OFFICE DEPOT INC					
115	01-255-000-0000-6402		585.74	OFFICE SUPPLIES	8747498650016	OFFICE SUPPLIES

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Audit List for Board AUDITOR'S VOUCHERS ENTRIES

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No. Account/Formula	Accr	Amount	Service Dates	On Behalf of Name
			Paid On Bhf #	
116 01-255-000-0000-6402		21.58	OFFICE SUPPLIES	9747499770011 OFFICE SUPPLIES
8564 OFFICE DEPOT INC		607.32	2 Transactions	
255 DEPT Total:		607.32	COUNTY COURT SERVICES	1 Vendors 2 Transactions
485 DEPT			COUNTY PUBLIC HEALTH NURSING	
2412 GLENCOE REGIONAL HEALTH SERVICES				
67 01-485-000-0000-6350		2,361.94	DP&C (CONFIDENTIAL)	OTHER SERVICES & CHARGES
2412 GLENCOE REGIONAL HEALTH SERVICES		2,361.94	1 Transactions	
52052 GOLDEN TONGUE CONSULTANTS INC				
68 01-485-000-0000-6269		1,888.95	61.25 HRS OCT @ \$30.84	CONTRACTS
69 01-485-000-0000-6335		19.60	56 MILEAGE OCT	MILEAGE EXPENSE
70 01-485-000-0000-6265		115.00	INTERPRETER SERVICES	PROFESSIONAL SERVICES
			10/17/2017 10/17/2017	0
52052 GOLDEN TONGUE CONSULTANTS INC		2,023.55	3 Transactions	
6009 INNOVATIVE OFFICE SOLUTIONS LLC				
80 01-485-000-0000-6402		35.27	SUPPLIES (ADMIIN)	IN1799281 OFFICE SUPPLIES
79 01-485-000-0000-6402		16.56	SUPPLIES (ADMIIN)	IN1804639 OFFICE SUPPLIES
6009 INNOVATIVE OFFICE SOLUTIONS LLC		51.83	2 Transactions	
8191 MEDTOX LABORATORIES				
92 01-485-000-0000-6368		21.84	LEAD BLOOD	1020171695588 MEDICAL AND BLOOD TESTS
8191 MEDTOX LABORATORIES		21.84	1 Transactions	
1796 SILUS/CAROL				
138 01-485-000-0000-6364		150.00	FITNESS CLASSES (HLTH PROMO)	COUNTY EMPLOYEE WELLNESS COMMITT
1796 SILUS/CAROL		150.00	1 Transactions	
5281 TASC				
144 01-485-000-0000-6350		541.73	TRUE UP S BAKER	IN1127343 OTHER SERVICES & CHARGES
5281 TASC		541.73	1 Transactions	
67501 TRAILBLAZER TRANSIT				
145 01-485-000-0000-6350		8.00	4 TOKENS FOR CLIENT	2017-09-579 OTHER SERVICES & CHARGES
67501 TRAILBLAZER TRANSIT		8.00	1 Transactions	
5451 WESTERN RESERVE DISTRIBUTING INC				

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Vendor No.	Name	Account/Formula	Rpt	Accr	Amount	Warrant Description	Invoice #	Account/Formula Description
						Service Dates	Paid On Bhf #	On Behalf of Name
148		01-485-000-0000-6402			86.28	CARSEAT LEVELERS	316728	OFFICE SUPPLIES
	5451	WESTERN RESERVE DISTRIBUTING INC			86.28	1 Transactions		
485	DEPT Total:				5,245.17	COUNTY PUBLIC HEALTH NURSING	8 Vendors	11 Transactions
603	DEPT					COUNTY EXTENSION		
	576	FINKEN WATER CENTERS						
22		01-603-000-0000-6321			18.50	RENTAL EQUIPMENT	401568	MAINTENANCE AGREEMENTS
						11/01/2017 11/30/2017	0	
	576	FINKEN WATER CENTERS			18.50	1 Transactions		
	1129	KDUZ AM KARP FM RADIO						
86		01-603-000-0000-6203			172.50	4-H WEEL RADIO ADS	35582-1	COMMUNICATIONS
	1129	KDUZ AM KARP FM RADIO			172.50	1 Transactions		
603	DEPT Total:				191.00	COUNTY EXTENSION	2 Vendors	2 Transactions
615	DEPT					ISTS COMMITTEE		
	4132	SCOTT COUNTY ENVIRONMENTAL SERV						
134		01-615-000-0000-6350			504.92	SSTS CONTRACT WORK		OTHER SERVICES & CHARGES
	4132	SCOTT COUNTY ENVIRONMENTAL SERV			504.92	1 Transactions		
615	DEPT Total:				504.92	ISTS COMMITTEE	1 Vendors	1 Transactions
1	Fund Total:				43,442.96	GENERAL REVENUE FUND		123 Transactions

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3 ROAD & BRIDGE FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

Vendor Name	Rpt	Warrant Description	Invoice #	Account/Formula Description
No. Account/Formula	Accr	Service Dates	Paid On Bhf #	On Behalf of Name
320 DEPT		HIGHWAY CONSTRUCTION		
4067 S. M. HENTGES & SON INC				
129 03-320-000-0000-6646		PAYMENT #3 HAMLET AVE BRIDGE	291070	BRIDGE BONDING
130 03-320-000-0000-6644		PAYMENT #3 HAMLET AVE BRIDGE	291080	TOWN BRIDGE
128 03-320-000-0000-6647		PAYMENT #3 HAMLET AVE BRIDGE	291090	JOINT ROAD PROJECTS
4067 S. M. HENTGES & SON INC		3 Transactions		
320 DEPT Total:		HIGHWAY CONSTRUCTION	1 Vendors	3 Transactions
340 DEPT		HIGHWAY EQUIPMENT MAINTENANCE		
4372 MN DEPARTMENT OF LABOR & INDUSTR				
102 03-340-000-0000-6303		PRESSURE VESSEL/BOILER REG	ABR01754731	REPAIR AND MAINTENANC SERVICES
4372 MN DEPARTMENT OF LABOR & INDUSTR		1 Transactions		
340 DEPT Total:		HIGHWAY EQUIPMENT MAINTENANCE	1 Vendors	1 Transactions
3 Fund Total:		ROAD & BRIDGE FUND		4 Transactions



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5 SOLID WASTE FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

Vendor No.	Name Account/Formula	Rpt Accr	Amount	Warrant Description Service Dates	Invoice # Paid On Bhf #	Account/Formula Description On Behalf of Name
391	DEPT			SOLID WASTE TIP FEE		
180	134 CITY OF HUTCHINSON 05-391-000-0000-6561		500.00	FIBER CONNECTION SOILD WASTE 11/01/2017 11/30/2017	0000042382 0	REPAIR AND MAINTENANCE-OTHER
	134 CITY OF HUTCHINSON		500.00	1 Transactions		
23	576 FINKEN WATER CENTERS 05-391-000-0000-6350		18.50	WATER COOLER RENTAL 11/01/2017 11/30/2017	4785722 0	OTHER SERVICES & CHARGES
	576 FINKEN WATER CENTERS		18.50	1 Transactions		
87	1129 KDUZ AM KARP FM RADIO 05-391-000-0000-6243		152.00	ILLEGAL DUMPING	35663-1	PUBLIC EDUCATION
	1129 KDUZ AM KARP FM RADIO		152.00	1 Transactions		
103	4372 MN DEPARTMENT OF LABOR & INDUSTR 05-391-000-0000-6303		10.00	PRESSURE VESSEL/BOILER REG	ABR01774171	REPAIR AND MAINTENANCE SERVICES
	4372 MN DEPARTMENT OF LABOR & INDUSTR		10.00	1 Transactions		
137	3324 SIMPLEX GRINNELL INC 05-391-000-0000-6561		1,054.63	SPRINKLER SYSTEMS INSPECTION	79767151	REPAIR AND MAINTENANCE-OTHER
	3324 SIMPLEX GRINNELL INC		1,054.63	1 Transactions		
143	2571 SWANA 05-391-000-0000-6245		60.00	FACILITY TOUR REGISTRATION		DUES AND REGISTRATION FEES
	2571 SWANA		60.00	1 Transactions		
147	6157 VOS CONSTRUCTION INC 05-391-000-0000-6561		215.00	ROOF LEAK REPAIR	17123-1	REPAIR AND MAINTENANCE-OTHER
	6157 VOS CONSTRUCTION INC		215.00	1 Transactions		
391	DEPT Total:		2,010.13	SOLID WASTE TIP FEE	7 Vendors	7 Transactions
393	DEPT			MATERIALS RECOVERY FACILITY		
1	340 ADULT TRAINING AND HABILITATION II 05-393-000-0000-6259		373.65	CAR SEATS	152108	RECYCLING
	340 ADULT TRAINING AND HABILITATION II		373.65	1 Transactions		
	593 BENNETT MATERIAL HANDLING					

***** McLeod County IFS *****



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5 SOLID WASTE FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

Vendor No.	Vendor Name	Account/Formula	Rpt Accr	Amount	Warrant Description	Service Dates	Invoice #	Paid On Bhf #	Account/Formula Description	On Behalf of Name
9		05-393-000-0000-6560		533.20	FORKLIFT SUPPLIES		01S4556640		REPAIR AND MAINTENANCE-EQUIPMENT	
8		05-393-000-0000-6560		1,173.41	FL TIRES 115		01S4562740		REPAIR AND MAINTENANCE-EQUIPMENT	
7		05-393-000-0000-6560		1,298.41	FL TIRES 141		01S4562750		REPAIR AND MAINTENANCE-EQUIPMENT	
	593	BENNETT MATERIAL HANDLING		3,005.02		3 Transactions				
	210	BETHEL LUTHERAN CHURCH								
10		05-393-000-0000-6412		12.60	PAPER DRIVE OCC		3000102		FIBER RECOVERY	
11		05-393-000-0000-6412		46.44	PAPER DRIVE ONP		3000102		FIBER RECOVERY	
	210	BETHEL LUTHERAN CHURCH		59.04		2 Transactions				
	3514	FIVE STAR								
27		05-393-000-0000-6412		338.62	COMMERCIAL OCC 2ND QTR		3000154		FIBER RECOVERY	
	3514	FIVE STAR		338.62		1 Transactions				
	3375	FOSTER MECHANICAL								
29		05-393-000-0000-6561		55.00	HVAC		10408		REPAIR AND MAINTENANCE-OTHER	
	3375	FOSTER MECHANICAL		55.00		1 Transactions				
	2355	HELPING HAND OF OLIVIA, INC								
74		05-393-000-0000-6412		21.78	2ND QTR COMMERCIAL 2017 OCC		3000149		FIBER RECOVERY	
	2355	HELPING HAND OF OLIVIA, INC		21.78		1 Transactions				
	6218	KNIGHTS OF COLUMBUS								
90		05-393-000-0000-6412		429.00	PAPER DRIVE OCC		3000101		FIBER RECOVERY	
	6218	KNIGHTS OF COLUMBUS		429.00		1 Transactions				
	4370	MCLEOD COUNTY ALUMINUM REDEMPT								
156		05-393-000-0000-6411		7,115.32	REPLENISH CHECKS 35934-36150		Q		ALUMINUM RECOVERY	
					08/25/2017	10/31/2017	0			
	4370	MCLEOD COUNTY ALUMINUM REDEMPT		7,115.32		1 Transactions				
	3028	MINNESOTA CHILD SUPPORT PAYMENT								
165		05-393-000-0000-2056		174.43	CHILD SUPPORT		001555467301		CHILD SUPPORT GARNISHMEN PAYABLE	
					10/15/2017	10/28/2017	0			
	3028	MINNESOTA CHILD SUPPORT PAYMENT		174.43		1 Transactions				
	4170	WASTE MANAGEMENT OF WI MN								
170		05-393-000-0000-6257		627.28	GLASS FIND DISPOSAL		0015172-1702-0		SEWER, WATER AND GARBAGE REMOVAL	
171		05-393-000-0000-6257		6,294.67	RECYCLING RESIDUE GARBAGE		7076771-1593-3		SEWER, WATER AND GARBAGE REMOVAL	

***** McLeod County IFS *****



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5 SOLID WASTE FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

Vendor No.	Name Account/Formula	Rpt Accr	Amount	Warrant Description Service Dates	Invoice # Paid On Bhf #	Account/Formula Description On Behalf of Name
4170	WASTE MANAGEMENT OF WI MN		6,921.95		2 Transactions	
150	495 ZIEGLER INC 05-393-000-0000-6560		1,262.83	PARTS CATERPILLAR HARNESS	SW140159130	REPAIR AND MAINTENANCE-EQUIPMENT
	495 ZIEGLER INC		1,262.83		1 Transactions	
393	DEPT Total:		19,756.64	MATERIALS RECOVERY FACILITY	11 Vendors	15 Transactions
397	DEPT			HOUSEHOLD HAZARDOUS WASTE		
16	4667 CLIMATE AIR INC 05-397-000-0000-6269		515.63	HVAC MAINTENCE AGREEMENT	41172	CONTRACTS
	4667 CLIMATE AIR INC		515.63		1 Transactions	
26	6217 FIRST STATE TIRE RECYCLING INC 05-397-000-0000-6269		150.00	TIRE TRAILER RENTAL 10/01/2017 10/31/2017	106426 0	CONTRACTS
	6217 FIRST STATE TIRE RECYCLING INC		150.00		1 Transactions	
75	136 HUTCHINSON CO-OP 05-397-000-0000-6350		21.79	LP GAS	871868	OTHER SERVICES & CHARGES
	136 HUTCHINSON CO-OP		21.79		1 Transactions	
93	2825 MENARDS HUTCHINSON 05-397-000-0000-6402		63.91	VERMICULITE INV#22922	ACCT#31550331	OFFICE SUPPLIES
	2825 MENARDS HUTCHINSON		63.91		1 Transactions	
166	3028 MINNESOTA CHILD SUPPORT PAYMENT 05-397-000-0000-2056		268.57	CHILD SUPPORT 10/15/2017 10/28/2017	001492611501 0	CHILD SUPPORT GARNISHMENT PAYABLE
	3028 MINNESOTA CHILD SUPPORT PAYMENT		268.57		1 Transactions	
120	268 QUADE ELECTRIC INC 05-397-000-0000-6410		199.00	LED LIGHTING	95447	BUILDING AND SAFETY SUPPLIES
	268 QUADE ELECTRIC INC		199.00		1 Transactions	
397	DEPT Total:		1,218.90	HOUSEHOLD HAZARDOUS WASTE	6 Vendors	6 Transactions
5	Fund Total:		22,985.67	SOLID WASTE FUND		28 Transactions

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11 HUMAN SERVICE FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

Vendor No.	Name Account/Formula	Rpt Accr	Amount	Warrant Description Service Dates	Invoice # Paid On Bhf #	Account/Formula Description On Behalf of Name
420	DEPT			INCOME MAINTENANCE		
24	576 FINKEN WATER CENTERS 11-420-600-0010-6321		11.10	WATER COOLER RENTAL 11/01/2017 11/30/2017	4785602 0	MAINTNENACE AGREEMENTS
	576 FINKEN WATER CENTERS		11.10	1 Transactions		
30	91 FRANKLIN PRINTING INC 11-420-600-0010-6402		34.45	CASE MAPPING	170863	OFFICE SUPPLIES
	91 FRANKLIN PRINTING INC		34.45	1 Transactions		
81	6009 INNOVATIVE OFFICE SOLUTIONS LLC 11-420-600-0010-6402		7.78	SANITIZER	IN1810094	OFFICE SUPPLIES
	6009 INNOVATIVE OFFICE SOLUTIONS LLC		7.78	1 Transactions		
99	1857 METRO SALES INC 11-420-600-0010-6321		26.19	RICHO MP3554 FRONT DESK	INV925712	MAINTNENACE AGREEMENTS
	1857 METRO SALES INC		26.19	1 Transactions		
117	8564 OFFICE DEPOT INC 11-420-600-0010-6402		18.48	PORTFOLIO/PACKETS	973856556001	OFFICE SUPPLIES
	8564 OFFICE DEPOT INC		18.48	1 Transactions		
141	63420 SPEE DEE DELIVERY 11-420-600-0010-6203		42.31	SPEEDEE CHARGES	3396079	COMMUNICATIONS/POSTAGE
	63420 SPEE DEE DELIVERY		42.31	1 Transactions		
420	DEPT Total:		140.31	INCOME MAINTENANCE	6 Vendors	6 Transactions
430	DEPT			INDIVIDUAL AND FAMILY SOCIAL SERVI		
25	576 FINKEN WATER CENTERS 11-430-700-0010-6321		25.90	WATER COOLER RENTAL 11/01/2017 11/30/2017	4785602 0	MAINTENANCE AGREEMENTS
	576 FINKEN WATER CENTERS		25.90	1 Transactions		
30	91 FRANKLIN PRINTING INC 11-430-700-0010-6402		80.39	CASE MAPPING	170863	OFFICE SUPPLIES
	91 FRANKLIN PRINTING INC		80.39	1 Transactions		
	6009 INNOVATIVE OFFICE SOLUTIONS LLC					

***** McLeod County IFS *****



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11 HUMAN SERVICE FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

Vendor	Name	Rpt	Warrant Description	Invoice #	Account/Formula Description	
No.	Account/Formula	Accr	Amount	Service Dates	Paid On Bhf #	On Behalf of Name
81	11-430-700-0010-6402		18.14	SANITIZER	IN1810094	OFFICE SUPPLIES
82	11-430-700-0010-6402		5.07	CALENDARS TD	IN1810094	OFFICE SUPPLIES
6009	INNOVATIVE OFFICE SOLUTIONS LLC		23.21			2 Transactions
1857	METRO SALES INC					
100	11-430-700-0010-6321		61.11	RICHO MP3554 FRONT DESK	INV925712	MAINTENANCE AGREEMENTS
1857	METRO SALES INC		61.11			1 Transactions
3028	MINNESOTA CHILD SUPPORT PAYMENT					
167	11-430-000-0000-2056		230.73	CHILD SUPPORT	001486828601	CHILD SUPPORT GARNISHMENT PAYABLE
				10/15/2017 10/28/2017	0	
3028	MINNESOTA CHILD SUPPORT PAYMENT		230.73			1 Transactions
8564	OFFICE DEPOT INC					
117	11-430-700-0010-6402		43.12	PORTFOLIO/PACKETS	973856556001	OFFICE SUPPLIES
118	11-430-700-0010-6402		58.15	PAD/MANILLA/ENVELOPES	973856556001	OFFICE SUPPLIES
8564	OFFICE DEPOT INC		101.27			2 Transactions
63420	SPEE DEE DELIVERY					
141	11-430-700-0010-6203		98.72	SPEEDEE CHARGES	3396079	COMMUNICATIONS/POSTAGE
63420	SPEE DEE DELIVERY		98.72			1 Transactions
430	DEPT Total:		621.33	INDIVIDUAL AND FAMILY SOCIAL SER	7 Vendors	9 Transactions
11	Fund Total:		761.64	HUMAN SERVICE FUND		15 Transactions

***** McLeod County IFS *****



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21 SWCD FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

Vendor	Name	Rpt	Warrant Description	Invoice #	Account/Formula Description
No.	Account/Formula	Accr	Service Dates	Paid On Bhf #	On Behalf of Name
696	DEPT		SWCD		
6009	INNOVATIVE OFFICE SOLUTIONS LLC				
77	21-696-000-0000-6402		OFFICE SUPPLIES	IN1801383	OFFICE SUPPLIES
6009	INNOVATIVE OFFICE SOLUTIONS LLC				
				1 Transactions	
4253	RENVILLE SOIL & WATER CONSERVATIO				
122	21-696-000-0000-6610		RAIN SIMULATOR	58	CAPITAL - OVER \$5,000 (FIXED ASSETS)
4253	RENVILLE SOIL & WATER CONSERVATIO				
				1 Transactions	
696	DEPT Total:		SWCD	2 Vendors	2 Transactions
21	Fund Total:		SWCD FUND		2 Transactions

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25 SPECIAL REVENUE FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

Vendor Name	Rpt	Warrant Description	Invoice #	Account/Formula Description	
No. Account/Formula	Accr	Amount	Service Dates	Paid On Bhf #	On Behalf of Name
15 DEPT				LAW LIBRARY	
3408 RELX INC					
121 25-015-000-0000-6451		369.77		USE CHARGES	3091184300 Books
				10/01/2017 10/31/2017	0
3408 RELX INC		369.77		1 Transactions	
15 DEPT Total:		369.77		LAW LIBRARY	1 Vendors 1 Transactions
223 DEPT				D.A.R.E. PROGRAM	
6257 CREATIVE PRODUCT SOURCING INC DAI					
17 25-223-000-0000-6350		811.80		DARE SUPPLIES	106961 Other Services & Charges
6257 CREATIVE PRODUCT SOURCING INC DAI		811.80		1 Transactions	
223 DEPT Total:		811.80		D.A.R.E. PROGRAM	1 Vendors 1 Transactions
252 DEPT				JAIL CANTEEN ACCOUNT	
8127 ENTERTAINMENT WEEKLY					
20 25-252-000-0000-6450		40.00		2 YEAR SUBSCRIPTION/100 ISSUES	0456520063 Subscriptions
8127 ENTERTAINMENT WEEKLY		40.00		1 Transactions	
5771 NU-TELECOM					
111 25-252-000-0000-6460		113.39		CABLE	82153744 Jail Supplies
				11/01/2017 11/30/2017	0
5771 NU-TELECOM		113.39		1 Transactions	
252 DEPT Total:		153.39		JAIL CANTEEN ACCOUNT	2 Vendors 2 Transactions
255 DEPT				COUNTY COURT SERVICES	
977 MIDWEST MONITORING & SURVEILLANC					
181 25-255-000-0000-6350		1,010.73		OCT LAB & SUPPLIES	Other Services & Charges
977 MIDWEST MONITORING & SURVEILLANC		1,010.73		1 Transactions	
255 DEPT Total:		1,010.73		COUNTY COURT SERVICES	1 Vendors 1 Transactions
285 DEPT				E-911 SYSTEM MAINTENANCE - GRANT	
161 INDEPENDENT EMERGENCY SERVICES					
83 25-285-000-0000-6203		457.76		TECH SERVICE ADDED 3 LINES	81218 Communications - Telephone Equipment

***** McLeod County IFS *****



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25 SPECIAL REVENUE FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

Vendor	Name	Rpt	Warrant Description	Invoice #	Account/Formula Description
No.	Account/Formula	Accr	Service Dates	Paid On Bhf #	On Behalf of Name
		Amount			
	161 INDEPENDENT EMERGENCY SERVICES	457.76		1 Transactions	
5771	NU-TELECOM				
109	25-285-000-0000-6203	588.30	587-0405 E-911	82155353	Communications - Telephone Equipment
			11/01/2017 11/30/2017	0	
5771	NU-TELECOM	588.30		1 Transactions	
285	DEPT Total:	1,046.06	E-911 SYSTEM MAINTENANCE - GRAN	2 Vendors	2 Transactions
613	DEPT		WATER RESOURCE MANAGEMENT - GRAI		
6009	INNOVATIVE OFFICE SOLUTIONS LLC				
78	25-613-000-0000-6402	14.34	OFFICE SUPPLIES	IN1801383	Office Supplies
6009	INNOVATIVE OFFICE SOLUTIONS LLC	14.34		1 Transactions	
613	DEPT Total:	14.34	WATER RESOURCE MANAGEMENT - GR	1 Vendors	1 Transactions
619	DEPT		CROW RIVER SEPTIC SYSTEM LOANS-7		
4262	C J CARLSON EXCAVATING & TRUCKING				
151	25-619-000-0000-6350	9,920.00	SEPTIC SYSTEM M STOCKMANN	1133	Other Services & Charges
4262	C J CARLSON EXCAVATING & TRUCKING	9,920.00		1 Transactions	
619	DEPT Total:	9,920.00	CROW RIVER SEPTIC SYSTEM LOANS-	1 Vendors	1 Transactions
885	DEPT		ESCROW DEPOSITS		
107	GLENCOE OIL COMPANY INC				
183	25-885-000-0000-6350	46,641.61	CLEAN UP GAAS STATION FINAL		Other Services & Charges
107	GLENCOE OIL COMPANY INC	46,641.61		1 Transactions	
885	DEPT Total:	46,641.61	ESCROW DEPOSITS	1 Vendors	1 Transactions
25	Fund Total:	59,967.70	SPECIAL REVENUE FUND		10 Transactions

***** McLeod County IFS *****



POOL
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74 FORFEITED TAX FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

Vendor Name	Rpt	Warrant Description	Invoice #	Account/Formula Description
No. Account/Formula	Accr	Service Dates	Paid On Bhf #	On Behalf of Name
987 DEPT		FORFEITED TAX SALE		
658 MCLEOD PUBLISHING INC				
174 74-987-000-0000-6241		PUBLISH NOTICE OF PUBLIC SALE		Printing And Publishing
658 MCLEOD PUBLISHING INC		1 Transactions		
987 DEPT Total:		240.50 FORFEITED TAX SALE	1 Vendors	1 Transactions
74 Fund Total:		240.50 FORFEITED TAX FUND		1 Transactions

***** McLeod County IFS *****



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82 COMMUNITY HEALTH SER

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

Vendor Name	Rpt	Warrant Description	Invoice #	Account/Formula Description
No. Account/Formula	Accr	Amount	Service Dates	Paid On Bhf # On Behalf of Name
856 DEPT		FPSP		
2412 GLENCOE REGIONAL HEALTH SERVICES				
175 82-856-000-0000-6261		62.53	EXAMS MMS CHS	ACCT#42806 Physical Examinations
176 82-856-000-0000-6261		125.77	EXAMS MMS CHS	ACCT#42806 Physical Examinations
2412 GLENCOE REGIONAL HEALTH SERVICES		188.30	2 Transactions	
856 DEPT Total:		188.30	FPSP	1 Vendors 2 Transactions
859 DEPT			HEALTHY COMMUNITIES ACTIVITIES	
11616 DASSEL/COKATO COMMUNITY ED				
19 82-859-000-0000-6350		25.00	HCC RX FOR HEALTH	Other Services & Charges
11616 DASSEL/COKATO COMMUNITY ED		25.00	1 Transactions	
859 DEPT Total:		25.00	HEALTHY COMMUNITIES ACTIVITIES	1 Vendors 1 Transactions
82 Fund Total:		213.30	COMMUNITY HEALTH SERVICE	3 Transactions

***** McLeod County IFS *****



POOL
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86 TRUST & AGENCY FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

Vendor Name	Rpt	Warrant Description	Invoice #	Account/Formula Description
No. Account/Formula	Accr	Amount	Service Dates	On Behalf of Name
			Paid On Bhf #	
975 DEPT				
509 MINNESOTA DNR				
169 86-975-000-0000-6850		382.50		Collections For Other Agencies
			10/31/2017 11/06/2017	
509 MINNESOTA DNR		382.50	1 Transactions	
975 DEPT Total:		382.50	1 Vendors	1 Transactions
976 DEPT				
509 MINNESOTA DNR				
168 86-976-000-0000-6850		452.00		Collections For Other Agencies
			10/31/2017 11/06/2017	
509 MINNESOTA DNR		452.00	1 Transactions	
976 DEPT Total:		452.00	1 Vendors	1 Transactions
86 Fund Total:		834.50		2 Transactions
Final Total:		175,450.62	118 Vendors	188 Transactions

***** McLeod County IFS *****

Audit List for Board AUDITOR'S VOUCHERS ENTRIES



Recap by Fund	<u>Fund</u>	<u>AMOUNT</u>	<u>Name</u>
	1	43,442.96	GENERAL REVENUE FUND
	3	40,261.48	ROAD & BRIDGE FUND
	5	22,985.67	SOLID WASTE FUND
	11	761.64	HUMAN SERVICE FUND
	21	6,742.87	SWCD FUND
	25	59,967.70	SPECIAL REVENUE FUND
	74	240.50	FORFEITED TAX FUND
	82	213.30	COMMUNITY HEALTH SERVICE
	86	834.50	TRUST & AGENCY FUND

All Funds	175,450.62	Total	Approved by,
		
		



Order Form

Order ID: Q-00111480

Contact your representative karl.pollard@thomsonreuters.com with any questions. Thank you.

Account Address

Account #: 1000196738
MCLEOD COUNTY ATTORNEY
COURTHOUSE
830 11TH ST E STE 112
GLENCOE
MN, 55336-2200
US

Shipping Address

Account #: 1000196738
MCLEOD COUNTY ATTORNEY
COURTHOUSE
830 11TH ST E STE 112
GLENCOE
MN, 55336-2200
US

Billing Address

Account #: 1000196738
MCLEOD COUNTY ATTORNEY
COURTHOUSE
830 11TH ST E STE 112
GLENCOE
MN, 55336-2200
US

This Order Form is a legal document between West Publishing Corporation and Subscriber. West Publishing Corporation also means “West”, “we” or “our” and Subscriber means “you”, or “I”. Subscription terms, if any, follow the ordering grids below.

ProFlex Products See Attachment for details

Service Material	Product	Monthly Charges	Minimum Term (Months)	Year Over Year Increase During Minimum Term
40757482	WEST PROFLEX	\$887.00	60	1%

Minimum Terms

Online/ Practice Solution/Software/ProFlex Products : Monthly Charges begin on the date we process your order and continue for the number of complete calendar months listed in the Minimum Term column above. The percent increases for multi-year orders appear in the Term Increases column above

For Window Products: Monthly Charges begin on the date we process your order and will continue for the number of complete calendar months in the Minimum Term column above. The percent increases for multi-year orders appear in the Term Increases column above. Monthly Charges are due regardless of the level of your usage. Transactional usage charges that exceed the Monthly Charges are waived up to the Monthly Window amount stated above. In addition to the Monthly Charges you are responsible for transactional usage charges in excess of the Monthly Window. Transactional charges are calculated based upon our then-current Schedule A rates. You are also responsible for all Excluded Charges. Excluded Charges are charges for accessing a service that is not included in your subscription. Excluded Charges may change after at least 30 days written or online notice.

To apply Window charges to a specific month, the request must be submitted at least five (5) business days prior to the end of the month.

Post Minimum Terms

For NON-ProFlex Online/Practice Solutions/Software Products: Your subscription will change to a month-to-month status at the end of the Minimum Term, and your Monthly Charges will be billed at up to our then-current retail rate. Thereafter, we may modify the Monthly Charges after at least 30 days notice. You are also responsible for all Excluded Charges. Excluded Charges may change after at least 30 days written or online notice. Either of us may cancel the month-to-month subscription by sending at least 30 days written notice. Send your notice of cancellation to Customer Service, 610 Opperman Drive, P.O. Box 64833, Eagan MN 55123-1803

Post Renewal Term for ProFlex Products . Your subscription will change to a month-to-month status at the end of the Minimum Term, and your Monthly Charges will increase by 7%. Thereafter, the Monthly Charges will increase 7% every 12 months unless we notify you of a different rate at least 60 days before the annual increase. You are also responsible for all Excluded Charges. Excluded Charges may change after at least 30 days written or online notice. Either of us may cancel the month-to-month subscription by sending at least 30 days written notice. Send your notice of cancellation to Customer Service, 610 Opperman Drive, P.O. Box 64833, Eagan, MN 55123-1803

Automatic Renewal Term for Window Products. Your subscription will change to a month-to-month status at the end of the Minimum Term and your Monthly Charges will be billed at up to our then-current rate. Thereafter, we may modify the Monthly Charges after at least 30 days notice. The Monthly Window will remain unchanged. Monthly Charges are due regardless of the level of your usage. Transactional usage charges that exceed the Monthly Charges are waived up to the Monthly Window. In addition to the Monthly Charges, you are responsible for transactional usage charges in excess of the Monthly Window. Transaction charges are calculated based upon our then-current Schedule A rate. You are also responsible for all Excluded Charges. Excluded Charges may change after 30 days written or online notice. Either of us may

cancel the month-to-month subscription by sending at least 30 days written notice. Send your notice of cancellation to Customer Service, 610 Opperman Drive, P.O. Box 64833, Eagan MN 55123-1803.

To apply Window charges to a specific month, the request must be submitted at least five (5) business days prior to the end of the month.

Federal Government Subscribers Optional Minimum Term. Federal government subscribers that chose a multi-year Minimum Term, those additional months will be implemented at your option pursuant to federal law.

Miscellaneous

Charges, Payments & Taxes. You agree to pay all charges in full within 30 days of the date of invoice. You are responsible for any applicable sales, use, value added tax (VAT), etc. unless you are tax exempt. If you are a non-government subscriber and fail to pay your invoiced charges, you are responsible for collection costs including attorneys' fees.

Credit Verification. If you are applying for credit as an individual, we may request a consumer credit report to determine your creditworthiness. If we obtain a consumer credit report, you may request the name, address and telephone number of the agency that supplied the credit report. If you are applying for credit on behalf of a business, we may request a current business financial statement from you to consider your request.

Auto Charge Credit Card/Electronic Funds Transfer Election Payment Terms. You may authorize us to automatically charge a credit card, debit card or electronic fund transfer to pay charges due. Contact Customer Service at 1-800-328-4880 for authorization procedures. If you have previously authorized us to bill a credit card, debit card or make electronic fund transfers for West subscriptions on an ongoing basis, or authorizing the same as part of this order, no further action is needed.

Returns and Refunds. You may return a print product to us within 45 days of the original shipment date if you are not completely satisfied. Assured Print Pricing, Library Savings Plan, West Complete, Library Maintenance Agreements, ePack, WestPack, Westlaw, CLEAR, Monitor Suite, ProView eBook, Software, West LegalEdcenter, Practice Solutions, TREWS and Serengeti charges are not refundable. Please see <http://static.legalsolutions.thomsonreuters.com/static/returns-refunds.pdf> or contact Customer Service at 1-800-328-4880 for additional details regarding our policies on returns and refunds.

Applicable Law. This Order Form will be interpreted under Minnesota state law. Any claim by one of us may be brought in the state or federal courts in Minnesota. If you are a state or local governmental entity, your state's law will apply and any claim may be brought in the state or federal courts located in your state. If you are a United States Federal Government subscriber, United States federal law will apply and any claim may be brought in any federal court.

Excluded Charges. If you access services that are not included in your subscription you will be charged our then-current rate ("Excluded Charges"). Excluded Charges will be invoiced and due with your next payment. For your reference, the current Excluded Charges schedules are located at the links below. Excluded Charges may change after at least 30 days written or online notice.

<http://static.legalsolutions.thomsonreuters.com/static/agreement/plan-2-pro-govt-agencies.pdf>

<http://static.legalsolutions.thomsonreuters.com/static/agreement/sch-a-caselogistix.pdf>

The General Terms and Conditions, apply to all products ordered, except print and is located at <http://static.legalsolutions.thomsonreuters.com/static/general-terms-conditions.pdf>

The General Terms and Conditions for Federal Subscribers are located at <http://static.legalsolutions.thomsonreuters.com/static/federal-general-terms-conditions.pdf>. In the event that there is a conflict of terms between the General Terms and Conditions and this Order Form, the terms of this Order Form control. This Order Form is subject to our approval.

Banded Product Subscriptions You certify the total number of attorneys (partners, shareholders, associates, contract or staff attorneys, of counsel, and the like), corporate users, personnel or full-time-equivalent students is indicated in the applicable Quantity column. Our pricing for banded products is made in reliance upon your certification. If we learn that the actual number is greater, we reserve the right to increase your charges as applicable

Product Specific Terms. The following products have specific terms which are incorporated by reference and made part of this Order Form if they apply to your order. They can be found at <http://static.legalsolutions.thomsonreuters.com/static/product-specific-terms.pdf>. If the product is not part of your order, the product specific terms do not apply. If there is a conflict between product specific terms and the Order Form, the product specific terms control.

- Campus Research
- Contract Express
- Hosted Practice Solutions
- ProView eBooks
- Time and Billing
- Westlaw Doc & Form Builder
- West km Software
- West LegalEdcenter
- Westlaw Paralegal
- Westlaw Patron Access
- Westlaw Public Records

Additional Order Form Terms and Conditions

For Law Enforcement Agencies and Correctional Facilities Only – No Inmate Westlaw or CLEAR Access (direct or indirect)

I certify, on behalf of Subscriber, that I understand and accept the security limits of Westlaw or CLEAR ; Subscriber's responsibility for controlling Westlaw, CLEAR, internet and network access; and, how Subscriber will be using Westlaw or CLEAR. I acknowledge Subscriber's responsibility for providing West with prompt written notice if Subscriber's type of use changes.

Only non-inmates/administrative staff will access Westlaw or CLEAR with no direct Westlaw research results provided to inmates (including work product created as part of inmates' legal representation) In no event shall anyone other than Subscriber's approved employees be provided access to or control of any terminal with access to Westlaw or Westlaw Data.

Functionality of Westlaw or CLEAR cannot and does not limit access to non-West internet sites. It is Subscriber's responsibility to control access to the internet.

Subscriber will provide its own firewall, proxy servers or other security technologies as well as desktop security to limit access to the Westlaw Or CLEAR URL and West software (including CD-ROM orders). Subscriber will design, configure and implement its own security configuration.

Subscriber will not use any data nor distribute any data to a third party for use, in a manner contrary to or in violation of any applicable federal, state, or local law, rule or regulation or in any manner inconsistent with the General Terms and Conditions.

Subscriber will maintain the most current version of the West software to access CD-ROM Products for security purposes.

ACKNOWLEDGEMENT

I have read all pages and attachments to this Order Form and I accept the terms on behalf of Subscriber. I warrant that I am authorized to sign this Order Form on behalf of the Subscriber.

Signature of Authorized Representative for order

Title

Printed Name

Date

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This Order Form will expire and will not be accepted after 12/15/2017.



Attachment

Order ID: Q-00111480

Contact your representative karl.pollard@thomsonreuters.com with any questions. Thank you.

Order ID: Q-00111480

Payment, Shipping, and Contact Information

Payment Method:

Payment Method: Bill to Account
Account Number: 1000196738
PO Number:
SA ID:
GSA Funding:

Order Confirmation Contact (#28)

Contact Name: Michael Junge
Email: michael.junge@state.mn.us

Shipping Information:

Shipping Method: Ground Shipping - U.S. Only

ProFlex Multiple Location Details

Account Number	Account Name	Account Address	Action
1000196738	MCLEOD COUNTY ATTORNEY	830 11TH ST E STE 112 GLENCOE MN, 55336-2200	New

ProFlex Product Details

Quantity	Unit	Service Material #	Description
4	Attorneys	42077751	Gvt National Primary Core
4	Attorneys	42077868	Gvt State Analytical
4	Attorneys	41984151	Gvt - Trial Court Orders For Government (Westlaw PRO™)

Online Contact Information

User	Email Address	Contact Description
MICHAEL JUNGE	michael.junge@co.mcleod.mn.us	EML PSWD CONTACT

IP Address

From IP Address	To IP Address	From IP Address	To IP Address	From IP Address	To IP Address



THOMSON REUTERS

Order Form

Contact your representative Dave.King@thomsonreuters.com with any questions. Thank you.

Order ID: **877088**

Subscriber Information

Account Address:

Account #: **1000196738**
MCLEOD COUNTY ATTORNEY
COURTHOUSE
830 11TH ST E STE 112
GLENCOE, MN 55336
US
320-864-1322

Shipping Address:

Account #: **1000196738**
MCLEOD COUNTY ATTORNEY
COURTHOUSE
830 11TH ST E STE 112
GLENCOE, MN 55336
US
320-864-1322

Billing Address:

Account #: **1000196738**
MCLEOD COUNTY ATTORNEY
COURTHOUSE
830 11TH ST E STE 112
GLENCOE, MN 55336
US
320-864-1322

This Order Form is a legal document between West Publishing Corporation and Subscriber. West Publishing Corporation also means "West", "we" or "our" and Subscriber means "you", "my" or "I".

Online/Practice Solutions/Software and Print/ProView eBooks Programs

Print/ProView eBooks Programs

Svc Mat #	Product	Qty	Unit	Program Details	Program Code	List	Other	Monthly Charges	Minimum Term (Months)	Term and Increase
40666420	West Complete Library <div style="border: 1px dashed black; padding: 2px; width: fit-content;">See Attachment for product details</div>	1	Package	601817H47593- WCMP Exception	601817H47593	\$412.86		\$412.86	60	Year2-3% Year3-3% Year4-3% Year5-3%

Subscription Services for Print /ProView eBook Programs

During your subscription terms, you will receive subscription services consisting of automatic shipments of updates and supplements to the print products, including but not limited to pocket parts, pamphlets, replacement volumes, or loose-leaf pages. eBooks that are updated receive updates to the most current version of each edition of the eBooks which are available during your subscription terms.

Your West sales representative will provide frequency of updates upon request. Transportation charges, return and refund information is in the "Miscellaneous" section below.

If West Complete is designated above and you terminate any West Complete Print product during the Minimum Term or subsequent Renewal Term, the Monthly Charges will not be adjusted.

If West Complete designated above and it includes ProView eBook titles, during your subscription terms, you will receive subscription services consisting of automatic shipments of updates and supplements to the print product, including but not limited to pocket parts, pamphlets, replacement volumes, or loose-leaf pages. For eBook products you will receive updates to the most current version of each edition of the eBooks which are available during your subscription term. If you terminate any West Complete Print products during the Minimum Term or subsequent Renewal Term, the Monthly Charges will not be adjusted.

Minimum Terms

Monthly Charges begin on the date West Publishing Corporation ("West", "we" or "our") processes your order and will be prorated for the number of days remaining in that month, if any. Your Monthly Charges will continue for the following number of complete calendar months listed in the Minimum Term column above. Based on above terms listed you agree to the length and year over year increases.

Post Minimum Terms

Initials for Automatic Renewal Term for Print/ProView eBook Programs. I request West to continue subscription

services for the products designated above after the Minimum Term. Each Automatic Renewal Term will be 12 months in length ("Automatic Renewal Term") and include a 7% price increase unless we notify you of a different rate at least 60 days before each Automatic Renewal Term begins. Each Renewal Term will be twelve months in length. Renewal Monthly Charges will be 7% over the Monthly Charges in effect the month before the Renewal Term starts unless we notify you of a different rate at least 60 days before the Renewal Term. Either of us may cancel in writing at least 30 days before an Automatic Renewal Term starts. Send your notice of cancellation to Customer Service, 610 Opperman Drive, P.O. Box 64833, Eagan MN 55123-1803.

Order charges for print/eBook products not on subscription:	N/A
Initial order charges for print/eBooks products with updates billed upon shipment:	N/A
Initial Monthly Charges for Products under 60 month Minimum Term:	\$412.86

Totals above do not reflect applicable taxes and transportation charges or updates billed upon shipment. Please see the Miscellaneous section below for details.

These Monthly Charges show the first year's Monthly Charges (and are combined if multiple products are ordered) with the same contract term and are subject to increase per the terms of this agreement.

Miscellaneous

Charges, Payments Taxes. You agree to pay all charges in full within 30 days of the date of invoice. You are responsible for any applicable sales, use, value added tax (VAT), etc. unless you are tax exempt. If you are a non-government subscriber and fail to pay your invoiced charges, you are responsible for collection costs including attorneys' fees.

Credit Verification. If you are applying for credit as an individual, we may request a consumer credit report to determine your creditworthiness. If we obtain a consumer credit report, you may request the name, address and telephone number of the agency that supplied the credit report. If you are applying for credit on behalf of a business, we may request a current business financial statement from you to consider your request.

Auto Charge Credit Card/Electronic Funds Transfer Election Payment Terms. You may authorize us to automatically charge a credit card or debit and electronic fund transfer to pay charges due. Contact Customer Service at 1-800-328-4880 for authorization procedures. If you are authorizing, as part of this order, or have already authorized us to bill a credit card or debit card or make electronic fund transfer for West subscriptions on an ongoing basis, no further action is needed.

Returns and Refunds. You may return a print or CD-ROM/DVD product to us within 45 days of the original shipment date if you are not completely satisfied. Different policies apply to print products you receive as part of a program such as Assured Print Pricing, Library Savings Plan, West Complete, Library Maintenance Agreements, ePack and WestPack. Westlaw, CLEAR, Monitor Suite, ProView eBook, Software, West LegalEdcenter, Practice Solutions, TREWS and Serengeti charges are not refundable. Please see <http://static.legalsolutions.thomsonreuters.com/static/returns-refunds.pdf> or contact Customer Service at 1-800-328-4880 for additional details regarding our policies on returns and refunds.

Applicable Law. This Order Form will be interpreted under Minnesota state law. Any claim by one of us may be brought in the state or federal courts in Minnesota. If you are a state or local governmental entity, your state's law will apply and any claim may be brought in the state or federal courts located in your state. If you are a United States Federal Government customer, United States federal law will apply and any claim may be brought in any federal court.

The General Terms and Conditions, apply to all products ordered, except print and is located at <http://static.legalsolutions.thomsonreuters.com/static/general-terms-conditions.pdf>. The General Terms and Conditions for Federal Subscribers, is located at <http://static.legalsolutions.thomsonreuters.com/static/federal-general-terms-conditions.pdf>. In the event of a conflict between the General Terms and Conditions and this Order Form, the terms of this Order Form control. This Order Form is subject to our approval.

Product Specific Terms. The following products have specific terms which are incorporated by reference and made part of this Order Form if they apply to your order. They can be found at <http://static.legalsolutions.thomsonreuters.com/static/product-specific-terms.pdf>. If the product is not part of your order, the product specific terms do not apply. If there is a conflict between product specific terms and the Order Form, the product specific terms control.

- Contract Express
- Hosted Practice Solutions
- ProView eBooks
- Time and Billing
- West km software
- West LegalEdcenter
- Westlaw Doc and Form Builder
- Westlaw Paralegal
- Westlaw Patron Access
- Campus Research

- ProView eBooks
- Weslaw Public Records

For questions regarding this order, please contact West Customer Service at 1-800-328-4880.

Signature for Order ID: 877088

Signature of Authorized Representative for order

Title

Printed Name

Date

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THOMSON REUTERS

Attachment

Contact your representative Dave.King@thomsonreuters.com with any questions. Thank you.

Order ID: 877088

Payment and Shipping Information

Payment Method:

Payment Method: WestAccount
Account Number: 1000196738

Shipping Information:

Shipping Method: Ground Shipping - U.S. Only

Additional Information

Created By: 6026313
Order Source: 27
Revenue Channel: 12
Order Date: 11/6/2017 1:55:37 PM
P.O. Number:

West Complete Products

Material #	Products	Quantity	
		Exist	New
16751539	MN PRACTICE V10-10A JURY INSTRUCTION GUIDES CRIMINAL SUB	1	0
13831767	MN PRACTICE V12-13 JUVENILE LAW AND PRACTICE SUB	1	0
17532577	MN COURT RULES STATE AND FEDERAL V.I-II SUB	1	0
17532577	MN COURT RULES STATE AND FEDERAL V.I-II SUB	1	0
17532577	MN COURT RULES STATE AND FEDERAL V.I-II SUB	1	0
22042609	MN STAT ANNO SUB	1	0

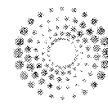
Order Contact Information

First Name	Last Name	Email Address	Contact Description	Contact Number
Michael	Junge	Michael.Junge@co.mcleod.mn.us	Order Confirmation Contact	28

Office Use Only

■ Worksheet West Complete: [https://ordermation.west.thomson.com/esigs/of.aspx?
pordergroupid=889878d5cb8041368ce18416a51876e4&pfv=true](https://ordermation.west.thomson.com/esigs/of.aspx?ordergroupid=889878d5cb8041368ce18416a51876e4&pfv=true)

■ OF Ver: [https://ordermation.west.thomson.com/esigs/ofversion.aspx?
pfv=true&ordergroupid=bdc99288c1044e74912a0558a68835b9&isofview=yes](https://ordermation.west.thomson.com/esigs/ofversion.aspx?pfv=true&ordergroupid=bdc99288c1044e74912a0558a68835b9&isofview=yes)



Government Accounts Only

Non Availability of Funds Addendum to Order Form for West Complete, Assured Print Pricing and Library Savings Plan Orders

Subscriber: MCLEOD COUNTY ATTORNEY

Account #: 1000196738

Date of Order Form: 11/6/2017

Non Availability of Funds. After the initial 12 months, you may cancel with 30 days written notice if you do not receive sufficient appropriation of funds. Your notice must include an official document (e.g., executive order, an officially printed budget, or other official communication) certifying the non-availability of funds. You will be invoiced for all charges incurred up to the effective date of the cancellation.

All other terms and conditions of the Order Form will remain unchanged. Please have this document signed by your authorized representative and returned to us along with the signed Order Form.

West Publishing Corporation



Subscriber

Signed _____

Accepted By _____

Name (please print) _____

Title _____

Title _____

Date _____

Date _____



**Minnesota Department of Public Safety
Alcohol and Gambling Enforcement**
445 Minnesota Street, Suite 222
St. Paul, MN 55101
651-201-7500

RENEWAL OF LIQUOR, WINE, CLUB OR 3.2% LICENSES

No license will be approve or released until the \$20 Retailer ID Card fee is received by Alcohol and Gambling Enforcement

Licensee: Please verify your license information contained below. Make corrections if necessary and sign. City Clerk/County Auditor should submit this signed renewal with completed license and licensee liquor liability for the new license period. City Clerk/County Auditor are also required by M.S. 340A.404 S.3 to report any license cancellation.

License Code CTONSS License Period Ending 12/31/2017 ID# _____
 ISSUING AUTHORITY McLeod Co
 Licensee Name Crow River Winery LLC
 Trade Name Crow River Winery
 City, State, Zip Code *14848 Hwy 7 E
Hutchinson MN 55350
 Business Phone 3205872922
 License Fees: Off Sale \$200 On Sale \$2,000 Sunday \$100

By signing this renewal application, applicant certifies that there has been no change in ownership on the above named licensee. For changes in ownership, the licensee named above, or for new licensees, full applications should be used. See back of this application for further information needed to complete this renewal.

Applicant's signature on this renewal confirms the following: Failure to report any of the following may result in civil penalties.

1. Licensee confirms it has no interest whatsoever, directly or indirectly in any other liquor establishments in Minnesota. If so, give details on back of this application.
2. Licensee confirms that it has never had a liquor license rejected by any city/township/county in the state of Minnesota. If ever rejected, please give details on the back of this renewal, then sign below.
3. Licensee confirms that for the past five years it has not had a liquor license revoked for any liquor law violation (state or local). If a revocation has occurred, please give details on the back of this renewal, then sign below.
4. Licensee confirms that during the past five years it or its employees have not been cited for any civil or criminal liquor law violations. If violations have occurred, please give details on back of this renewal, then sign below.
5. Licensee confirms that during the past license year, a summons has not been issued under the Liquor Liability Law (Dram Shop) MS 340A.802. If yes, attach a copy of the summons, then sign below.
6. Licensee confirms that Workers Compensation insurance will be kept in effect during the license period.

Licensee has attached a liquor liability insurance certificate that corresponds with the license period in city/county where license is issued. \$100,000 in cash or securities or \$100,000 surety bond may be submitted in lieu of liquor liability. (3.2& liquor licenses are exempt if sales are less than \$25,000 at on sale, or \$50,000 at off sale).

Licensee Signature Michael J. Brady DOB _____ SS# _____ Date 10-4-2017
 (Signature certifies all above information to be correct and license has been approved by city/county.)

City Clerk/County Auditor Signature Craig Schmelz Date 10/12/17
 (Signature certifies that renewal of a liquor, wine or club license has been approved by the city/county as stated above.)

County Attorney Signature [Signature] Date 10-19-17
 County Board issued licenses only (Signature certifies licensee is eligible for license).

Police/Sheriff Signature [Signature] Date 10-18-17
 Signature certifies licensee or associates have been checked for any state/local liquor law violations (criminal/civil) during the past five years. Report violations on back, then sign here.



Minnesota Department of Public Safety
 Alcohol and Gambling Enforcement Division (AGED)
 444 Cedar Street, Suite 222, St. Paul, MN 55101-5133
 Telephone 651-201-7507 Fax 651-297-5259 TTY 651-282-6555

Certification of an On Sale Liquor License, 3.2% Liquor license, or Sunday Liquor License

Cities and Counties: You are required by law to complete and sign this form to certify the issuance of the following liquor license types:
 1) City issued on sale intoxicating and Sunday liquor licenses
 2) City and County issued 3.2% on and off sale malt liquor licenses

Name of City or County Issuing Liquor License McLeod License Period From: 1-1-2018 To: 12-31-218

Circle One: New License License Transfer _____ Suspension Revocation Cancel _____
 (former licensee name) (Give dates)

License type: (circle all that apply) On Sale Intoxicating Sunday Liquor 3.2% On sale 3.2% Off Sale

Fee(s): On Sale License fee: \$2,000 Sunday License fee: \$100 3.2% On Sale fee: \$ _____ 3.2% Off Sale fee: \$ _____

Licensee Name: Crow River Winery, LLC DOB _____ Social Security # _____
 (corporation, partnership, LLC, or individual)

Business Trade Name Crow River Winery Business Address 14848 Highway 7 E City Hutchinson

Zip Code 55350 County McLeod Business Phone 320-589-2922 Home Phone 952-461-1554

Home Address 20801 Fern Drive City Lakeville, MN Licensee's MN Tax ID # _____
 (To Apply call 651-296-6181)

Licensee's Federal Tax ID # _____
 (To apply call 1-800-829-4933)

If above named licensee is a corporation, partnership, or LLC complete the following for each partner/officer:

Michael J. McBrady
 Partner/Officer Name (First Middle Last)

20801 Fern Drive, Lakeville
 Home Address

Erin E. Rupe
 (Partner/Officer Name (First Middle Last)

5249 27th Ave South, Minnetonka
 Home Address

Colton J. McBrady
 Partner/Officer Name (First Middle Last)

22661 Woodhill Drive, Lakeville
 Home Address

DOB _____ Social Security # _____

Intoxicating liquor licensees must attach a certificate of Liquor Liability Insurance to this form. The insurance certificate must contain all of the following:

- 1) Show the exact licensee name (corporation, partnership, LLC, etc) and business address as shown on the license.
- 2) Cover completely the license period set by the local city or county licensing authority as shown on the license.

Circle One: (Yes No) During the past year has a summons been issued to the licensee under the Civil Liquor Liability Law?

Workers Compensation Insurance is also required by all licensees: Please complete the following:

Workers Compensation Insurance Company Name: SFM Mutual Insurance Policy # 53625.206

I certify that this license(s) has been approved in an official meeting by the governing body of the city or county.
 City Clerk or County Auditor Signature Craig Schindler Clerk Date 10/12/17
 (title)

On Sale Intoxicating liquor licensees must also purchase a \$20 Retailer Buyers Card. To obtain the application for the Buyers Card, please call 651-201-7504, or visit our website at www.dps.state.mn.us.



Minnesota Department of Public Safety
Alcohol and Gambling Enforcement Division (AGED)
 444 Cedar Street, Suite 222, St. Paul, MN 55101-5133
 Telephone 651-201-7507 Fax 651-297-5259 TTY 651-282-6555

Certification of an On Sale Liquor License, 3.2% Liquor license, or Sunday Liquor License

Cities and Counties: You are required by law to complete and sign this form to certify the issuance of the following liquor license types:
 1) City issued on sale intoxicating and Sunday liquor licenses
 2) City and County issued 3.2% on and off sale malt liquor licenses

Name of City or County Issuing Liquor License McLeod License Period From: 01-01-2018 To: 12-31-2018

Circle One: New License License Transfer _____ Suspension Revocation Cancel _____
(former licensee name) (Give dates)

License type: (circle all that apply) On Sale Intoxicating Sunday Liquor 3.2% On sale 3.2% Off Sale

Fee(s): On Sale License fee: \$ _____ Sunday License fee: \$ _____ 3.2% On Sale fee: \$ 100 3.2% Off Sale fee: \$ _____

Licensee Name: Gopher Composite Unit DOB _____ Social Security # _____
(corporation, partnership, LLC, or Individual)

Business Trade Name Gopher Composite Business Address 24718 Co. Rd 7 City Hutchinson

Zip Code 55350 County McLeod Business Phone 320-587-4868 Home Phone 320-583-9041

Home Address _____ City _____ Licensee's MN Tax ID # _____
(To Apply call 651-296-6181)

Licensee's Federal Tax ID # _____
(To apply call IRS 800-829-4933)

If above named licensee is a corporation, partnership, or LLC. complete the following for each partner/officer:

<u>Craig Alan Schmeling</u>	_____	_____	<u>1250 Hwy 72</u>	<u>Hutchinson</u>
Partner/Officer Name (First Middle Last)			Home Address	
<u>Carl Jon Melin</u>	_____	_____	<u>24455 Oak Ave</u>	<u>Hutchinson</u>
Partner/Officer Name (First Middle Last)			Home Address	
<u>Mark Bradley Benning</u>	_____	_____	<u>730 Oak St</u>	<u>Hutchinson</u>
Partner/Officer Name (First Middle Last)	DOB	Social Security #	Home Address	

Intoxicating liquor licensees must attach a certificate of Liquor Liability Insurance to this form. The insurance certificate must contain all of the following:

- 1) Show the exact licensee name (corporation, partnership, LLC, etc) and business address as shown on the license.
- 2) Cover completely the license period set by the local city or county licensing authority as shown on the license.

Circle One: (Yes No) During the past year has a summons been issued to the licensee under the Civil Liquor Liability Law?

Workers Compensation Insurance is also required by all licensees: Please complete the following:

Workers Compensation Insurance Company Name: N/A Policy # _____

I Certify that this license(s) has been approved in an official meeting by the governing body of the city or county.

City Clerk or County Auditor Signature _____ Date _____
(title)

On Sale Intoxicating liquor licensees must also purchase a \$20 Retailer Buyers Card. To obtain the application for the Buyers Card, please call 651-201-7504, or visit our website at www.dps.state.mn.us.



Minnesota Department of Public Safety
Alcohol and Gambling Enforcement

445 Minnesota Street, Suite 222
St. Paul, MN 55101
651-201-7500

RENEWAL OF LIQUOR, WINE, CLUB OR 3.2% LICENSES

No license will be approved or released until the \$20 Retailer ID Card fee is received by Alcohol and Gambling Enforcement

Licensee: Please verify your license information contained below. Make corrections if necessary and sign. City Clerk/County Auditor should submit this signed renewal with completed license and licensee liquor liability for the new license period. City Clerk/County Auditor are also required by M.S. 340A.404 S.3 to report any license cancellation.

License Code CT3.2ONSS License Period Ending 12/31/2017 ID#

ISSUING AUTHORITY McLeod Co

Licensee Name Gopher Campfire Club

Trade Name Gopher Campfire

City, State, Zip Code 24718 Co Rd 7

Hutchinson MN 55350

Business Phone 3205879254

License Fees: Off Sale \$0 On Sale \$100 Sunday \$0

By signing this renewal application, applicant certifies that there has been no change in ownership on the above named licensee. For changes in ownership, the licensee named above, or for new licensees, full applications should be used. See back of this application for further information needed to complete this renewal.

Applicant's signature on this renewal confirms the following: Failure to report any of the following may result in civil penalties.

- 1. Licensee confirms it has no interest whatsoever, directly or indirectly in any other liquor establishments in Minnesota. If so, give details on back of this application.
2. Licensee confirms that it has never had a liquor license rejected by any city/township/county in the state of Minnesota. If ever rejected, please give details on the back of this renewal, then sign below.
3. Licensee confirms that for the past five years it has not had a liquor license revoked for any liquor law violation (state or local). If a revocation has occurred, please give details on the back of this renewal, then sign below.
4. Licensee confirms that during the past five years it or its employees have not been cited for any civil or criminal liquor law violations. If violations have occurred, please give details on back of this renewal, then sign below.
5. Licensee confirms that during the past license year, a summons has not been issued under the Liquor Liability Law (Dram Shop) MS 340A.802. If yes, attach a copy of the summons, then sign below.
6. Licensee confirms that Workers Compensation insurance will be kept in effect during the license period.

Licensee has attached a liquor liability insurance certificate that corresponds with the license period in city/county where license is issued. \$100,000 in cash or securities or \$100,000 surety bond may be submitted in lieu of liquor liability. (3.2 & liquor licenses are exempt if sales are less than \$25,000 at on sale, or \$50,000 at off sale).

Licensee Signature [Signature] Treasurer DOB [] SS# [] Date 10/3/17
(Signature certifies all above information to be correct and license has been approved by city/county.)

City Clerk/County Auditor Signature [] Date []
(Signature certifies that renewal of a liquor, wine or club license has been approved by the city/county as stated above.)

County Attorney Signature [Signature] Date 10-17-17
County Board issued licenses only (Signature certifies licensee is eligible for license).

Police/Sheriff Signature [Signature] Date 10-06-17
Signature certifies licensee or associates have been checked for any state/local liquor law violations (criminal/civil) during the past five years. Report violations on back, then sign here.



Minnesota Department of Public Safety
Alcohol and Gambling Enforcement

445 Minnesota Street, Suite 222
St. Paul, MN 55101
651-201-7500

RENEWAL OF LIQUOR, WINE, CLUB OR 3.2% LICENSES

No license will be approve or released until the \$20 Retailer ID Card fee is received by Alcohol and Gambling Enforcement

Licensee: Please verify your license information contained below. Make corrections if necessary and sign. City Clerk/County Auditor should submit this signed renewal with completed license and licensee liquor liability for the new license period. City Clerk/County Auditor are also required by M.S. 340A.404 S.3 to report any license cancellation.

License Code CTCMBS License Period Ending 12/31/2017 ID#

ISSUING AUTHORITY McLeod Co

Licensee Name Lake Marion Sup Club/Brownton Inc.

Trade Name Lake Marion Supper Club/Brownton

City, State, Zip Code 11387 State Hwy 15

Brownton MN 55312

Business Phone 3203284111

License Fees: Off Sale \$200 On Sale \$2,000 Sunday \$100

By signing this renewal application, applicant certifies that there has been no change in ownership on the above named licensee. For changes in ownership, the licensee named above, or for new licensees, full applications should be used. See back of this application for further information needed to complete this renewal.

Applicant's signature on this renewal confirms the following: Failure to report any of the following may result in civil penalties.

- 1. Licensee confirms it has no interest whatsoever, directly or indirectly in any other liquor establishments in Minnesota. If so, give details on back of this application.
2. Licensee confirms that it has never had a liquor license rejected by any city/township/county in the state of Minnesota. If ever rejected, please give details on the back of this renewal, then sign below.
3. Licensee confirms that for the past five years it has not had a liquor license revoked for any liquor law violation (state or local). If a revocation has occurred, please give details on the back of this renewal, then sign below.
4. Licensee confirms that during the past five years it or its employees have not been cited for any civil or criminal liquor law violations. If violations have occurred, please give details on back of this renewal, then sign below.
5. Licensee confirms that during the past license year, a summons has not been issued under the Liquor Liability Law (Dram Shop) MS 340A.802. If yes, attach a copy of the summons, then sign below.
6. Licensee confirms that Workers Compensation insurance will be kept in effect during the license period.

Licensee has attached a liquor liability insurance certificate that corresponds with the license period in city/county where license is issued. \$100,000 in cash or securities or \$100,000 surety bond may be submitted in lieu of liquor liability. (3.2& liquor licenses are exempt if sales are less than \$25,000 at on sale. or \$50,000 at off sale)

Licensee Signature [Signature] DOB [] SS# [] Date 10/3/17
(Signature certifies all above information to be correct and license has been approved by city/county.)

City Clerk/County Auditor Signature [Signature] Collins Clerk Date 10/10/17
(Signature certifies that renewal of a liquor, wine or club license has been approved by the city/county as stated above.)

County Attorney Signature [Signature] Date 11-6-17
County Board issued licenses only (Signature certifies licensee is eligible for license).

Police/Sheriff Signature [Signature] Date 10-25-17
Signature certifies licensee or associates have been checked for any state/local liquor law violations (criminal/civil) during the past five years. Report violations on back, then sign here.



Minnesota Department of Public Safety
Alcohol and Gambling Enforcement Division (AGED)
 444 Cedar Street, Suite 222, St. Paul, MN 55101-5133
 Telephone 651-201-7507 Fax 651-297-5259 TTY 651-282-6555

Certification of an On Sale Liquor License, 3.2% Liquor license, or Sunday Liquor License

Cities and Counties: You are required by law to complete and sign this form to certify the issuance of the following liquor license types:
 1) City issued on sale intoxicating and Sunday liquor licenses
 2) City and County issued 3.2% on and off sale malt liquor licenses

Name of City or County Issuing Liquor License MAcLeod License Period From: 1/1/18 To: 12/31/2018

Circle One: New License License Transfer Suspension Revocation Cancel
(former licensee name) (Give dates)

License type: (circle all that apply) On Sale Intoxicating Sunday Liquor 3.2% On sale 3.2% Off Sale

Fee(s): On Sale License fee: \$ _____ Sunday License fee: \$ _____ 3.2% On Sale fee: \$ _____ 3.2% Off Sale fee: \$ _____

Licensee Name: Lake Martin Sup Club / Brewton Inc. DOB _____ Social Security # _____
(corporation, partnership, LLC, or Individual)

Business Trade Name Lake Martin Sup Club / Brewton Business Address 11387 87415 City Brownie MN

Zip Code 55312 County MacLeod Business Phone 320 328 4111 Home Phone 320 583 0470

Home Address 361 7th Ave City Buffalo LK mn Licensee's MN Tax ID # _____
(To Apply call 651-296-6181)

Licensee's Federal Tax ID # _____
(To apply call IRS 800-829-4933)

If above named licensee is a corporation, partnership, or LLC, complete the following for each partner/officer:
Daniel E. Schroeder 361 7th Ave Buffalo LK MN 55311

Partner/Officer Name (First Middle Last)	DOB	Social Security #	Home Address

Intoxicating liquor licensees must attach a certificate of Liquor Liability Insurance to this form. The insurance certificate must contain all of the following:

- 1) Show the exact licensee name (corporation, partnership, LLC, etc) and business address as shown on the license.
- 2) Cover completely the license period set by the local city or county licensing authority as shown on the license.

Circle One: (Yes No). During the past year has a summons been issued to the licensee under the Civil Liquor Liability Law?

Workers Compensation Insurance is also required by all licensees: Please complete the following:
 Workers Compensation Insurance Company Name: _____ Policy # _____

I Certify that this license(s) has been approved in an official meeting by the governing body of the city or county.
 City Clerk or County Auditor Signature _____ Date _____
(title)

On Sale Intoxicating liquor licensees must also purchase a \$20 Retailer Buyers Card. To obtain the application for the Buyers Card, please call 651-201-7504, or visit our website at www.dps.state.mn.us.

License Application to Make Retail Sales of Cigarette and Other Tobacco Products

To be completed by applicant when applying for a license with a city or county.

FOR MUNICIPAL USE ONLY

Applicant's Minnesota Tax ID Number

The Minnesota Tax ID must be issued in the same legal name of the licensee below.

License Authority
License Number
Period Covered
Date of Issuance

Cigarettes/tobacco products will be sold (a separate license is required for each location or vending machine):

Over Counter Through Vending Machine Both

Print or Type

Licensee's Legal Name CASEY'S RETAIL COMPANY	County STEWART	City STEWART, MN 55385	State MN	ZIP Code 55385	Daytime Phone 515-965-6517
Business Trade Name (doing business as) CASEY'S GENERAL STORE #3505	Complete Address of Business Location (permit location) 261 SOUTH STREET, PO BOX 184	Other Phone Number 320-562-0107	Fax Number 515-965-6205		
Mailing Address (if different than business address) ATTN: MIKAEL LAGE, PO BOX 3001, ANKENY, IA 50021	City ANKENY, IA	State IA	ZIP Code 50021	Email Address mikael.ahrens@caseys.com	

Type of legal organization (check one):

Sole proprietor Minnesota corporation: Enter date of incorporation _____
 Partnership Out-of-state corporation: State of incorporation **IOWA**
 Other (describe) _____ Are you registered to do business in Minnesota? Yes No

Corporate officers or partners (attach a list if necessary)

Name PLEASE SEE ATTACHED OFFICER'S LIST	Title
Address	City State ZIP Code
Name	Title
Address	City State ZIP Code

Business Information

As a licensed tobacco products or cigarette retailer, I understand that:

- I can purchase cigarettes only from a Minnesota distributor or subjobber who holds a license with the Minnesota Department of Revenue.
- I must obtain a tobacco products distributor license if I purchase untaxed tobacco products from an out-of-state company.
- I may not sell cigarettes affixed with Minnesota Native American stamps unless my retail business is located on a reservation that has a tax agreement with the State of Minnesota.
- I may not purchase from or exchange cigarettes or tobacco products with another retailer.
- I must keep complete and legible cigarette and tobacco products invoices on the licensed premises, or make invoices available within one hour of request, for at least one year after the date of the purchase.
- I know that the Minnesota Department of Revenue and/or law enforcement may conduct cigarette and tobacco inspections of the premises, including inspections of inventory, invoices and licenses, and I understand that a refusal to allow an inspection is grounds for revocation of my license.
- I know that failure to comply with all requirements can result in criminal penalties, including the loss of cigarettes and tobacco products.

Statement of Understanding

Licensee Signature <i>Julia L. Jackowski</i>	Title JULIA L. JACKOWSKI, SECRETARY FOR CASEY'S RETAIL COMPANY	Print Name	Date	Daytime Phone 515-965-6517
Licensing Agent's Signature	Title	Print Name	Date	Daytime Phone

Sign Here

License applicant: Submit this form to the licensing authority along with the license application.

Licensing authority: Mail, email or fax to:
 Minnesota Revenue, Mail Station 3331, St. Paul, MN 55146-3331.
 Fax: 651-556-5236. Email: cigarette.tobacco@state.mn.us

License Application to Make Retail Sales of Cigarette and Other Tobacco Products

To be completed by applicant when applying for a license with a city or county.

FOR MUNICIPAL USE ONLY

Number

The Minnesota Tax ID must be issued in the same legal name of the licensee below.

License Authority
License Number
Period Covered
Date of Issuance

Cigarettes/tobacco products will be sold (a separate license is required for each location or vending machine):

Over Counter Through Vending Machine Both

Print or Type

Licensee's Legal Name CASEY'S RETAIL COMPANY				Employer (FEIN)
Business Trade Name (doing business as) CASEY'S GENERAL STORE #3474				Telephone Number 515-965-6517
Complete Address of Business Location (permit location) 1018 CENTRAL AVENUE		County MCLEOD	Other Phone Number 320-395-4388	
City LESTER PRAIRIE, MN 55354	State	ZIP Code	Fax Number 515-965-6205	
Mailing Address (if different than business address) ATTN: MIKAEL LAGE, PO BOX 3001, ANKENY, IA 50021	City	State	ZIP Code	Email Address mikael.ahrens@caseys.com

Type of legal organization (check one):

Sole proprietor Minnesota corporation: Enter date of incorporation _____

Partnership Out-of-state corporation: State of incorporation IOWA

Other (describe) _____ Are you registered to do business in Minnesota? Yes No

Corporate officers or partners (attach a list if necessary)

Name	Title		
PLEASE SEE ATTACHED OFFICER'S LIST			
Address	City	State	ZIP Code
Name	Title		
Address	City	State	ZIP Code

Business Information

As a licensed tobacco products or cigarette retailer, I understand that:

1. I can purchase cigarettes only from a Minnesota distributor or subjobber who holds a license with the Minnesota Department of Revenue.
2. I must obtain a tobacco products distributor license if I purchase untaxed tobacco products from an out-of-state company.
3. I may not sell cigarettes affixed with Minnesota Native American stamps unless my retail business is located on a reservation that has a tax agreement with the State of Minnesota.
4. I may not purchase from or exchange cigarettes or tobacco products with another retailer.
5. I must keep complete and legible cigarette and tobacco products invoices on the licensed premises, or make invoices available within one hour of request, for at least one year after the date of the purchase.
6. I know that the Minnesota Department of Revenue and/or law enforcement may conduct cigarette and tobacco inspections of the premises, including inspections of inventory, invoices and licenses, and I understand that a refusal to allow an inspection is grounds for revocation of my license.
7. I know that failure to comply with all requirements can result in criminal penalties, including the loss of cigarettes and tobacco products.

Statement of Understanding

Licensee Signature <i>Julia L. Jackowski</i>	Title JULIA L. JACKOWSKI, SECRETARY FOR CASEY'S RETAIL COMPANY	Print Name	Date	Daytime Phone 10/18/2017 515-965-6517
Licensing Agent's Signature	Title	Print Name	Date	Daytime Phone

Sign Here

License applicant: Submit this form to the licensing authority along with the license application.

Licensing authority: Mail, email or fax to:
Minnesota Revenue, Mail Station 3331, St. Paul, MN 55146-3331.
Fax: 651-556-5236. Email: cigarette.tobacco@state.mn.us

License Application to Make Retail Sales of Cigarette and Other Tobacco Products

To be completed by applicant when applying for a license with a city or county.

FOR MUNICIPAL USE ONLY

Applicant's Minnesota Tax ID Number

The Minnesota Tax ID must be issued in the same legal name of the licensee below.

License Authority
License Number
Period Covered
Date of Issuance

Cigarettes/tobacco products will be sold (a separate license is required for each location or vending machine):

Over Counter Through Vending Machine Both

Licensee's Legal Name Big Don's Cathedral	Federal Employer Identification Number (FEIN)
Business Trade Name (doing business as)	Daytime Phone 3203952214
Complete Address of Business Location (permit location) 601 Central Ave	Other Phone Number
City Lester Prairie State MN ZIP Code 55354	Fax Number 3203952944
Mailing Address (if different than business address)	Email Address Kari@bigdonscathedral.com

Type of legal organization (check one):

Sole proprietor Minnesota corporation: Enter date of incorporation **11/1/00**

Partnership Out-of-state corporation: State of incorporation _____

Other (describe) _____ Are you registered to do business in Minnesota? Yes No

Corporate officers or partners (attach a list if necessary)

Name Donald Artmann	Title President
Address 3252 190th St	City Lester Prairie State MN ZIP Code 55354
Name Kari Artmann	Title Treas
Address 3252 190th St	City Lester Prairie State MN ZIP Code 55354

As a licensed tobacco products or cigarette retailer, I understand that:

- I can purchase cigarettes only from a Minnesota distributor or subjobber who holds a license with the Minnesota Department of Revenue.
- I must obtain a tobacco products distributor license if I purchase untaxed tobacco products from an out-of-state company.
- I may not sell cigarettes affixed with Minnesota Native American stamps unless my retail business is located on a reservation that has a tax agreement with the State of Minnesota.
- I may not purchase from or exchange cigarettes or tobacco products with another retailer.
- I must keep complete and legible cigarette and tobacco products invoices on the licensed premises, or make invoices available within one hour of request, for at least one year after the date of the purchase.
- I know that the Minnesota Department of Revenue and/or law enforcement may conduct cigarette and tobacco inspections of the premises, including inspections of inventory, invoices and licenses, and I understand that a refusal to allow an inspection is grounds for revocation of my license.
- I know that failure to comply with all requirements can result in criminal penalties, including the loss of cigarettes and tobacco products.

Licensee Signature Kari Artmann	Title Treas	Print Name Kari Artmann	Date 9/18/17	Daytime Phone 3204206795
Licensing Agent's Signature	Title	Print Name	Date	Daytime Phone

License applicant: Submit this form to the licensing authority along with the license application.

Licensing authority: Mail, email or fax to:
Minnesota Revenue, Mail Station 3331, St. Paul, MN 55146-3331.
Fax: 651-556-5236. Email: cigarette.tobacco@state.mn.us

License Application to Make Retail Sales of Cigarette and Other Tobacco Products

To be completed by applicant when applying for a license with a city or county.

FOR MUNICIPAL USE ONLY

Applicant's Minnesota Tax ID Number

The Minnesota Tax ID must be issued in the same legal name of the licensee below.

License Authority
License Number
Period Covered
Date of Issuance

Cigarettes/tobacco products will be sold (a separate license is required for each location or vending machine):

Over Counter Through Vending Machine Both

Print or Type

Licensee's Legal Name <i>Krawse LLC</i>	Federal Employer ID Number (FEIN)
Business Trade Name (doing business as) <i>Krawse's Dodge House</i>	Daytime Phone <i>320-395-2877</i>
Complete Address of Business Location (permit location) <i>22 Juniper St. PO Box 247</i>	Other Phone Number <i>612-423-0019</i>
City <i>Lester Prairie MN</i>	Fax Number
Mailing Address (if different than business address) <i>Lester Prairie MN</i>	Email Address <i>Krawse8@hotmail.com</i>

Business Information

Type of legal organization (check one):

Sole proprietor Minnesota corporation: Enter date of incorporation _____

Partnership Out-of-state corporation: State of incorporation _____

Other (describe) _____

Are you registered to do business in Minnesota? Yes No

Corporate officers or partners (attach a list if necessary)

Name <i>Gary Krause</i>	Title <i>Owner</i>
Address <i>613 10th Ave PO Box 245</i>	City <i>Howard Lake</i>
	State <i>MN</i>
	ZIP Code <i>55349</i>
Name <i>Dan Krause</i>	Title <i>Owner</i>
Address <i>844 church st sw</i>	City <i>Hutchinson</i>
	State <i>MN</i>
	ZIP Code <i>55350</i>

Statement of Understanding

As a licensed tobacco products or cigarette retailer, I understand that:

- I can purchase cigarettes only from a Minnesota distributor or subjobber who holds a license with the Minnesota Department of Revenue.
- I must obtain a tobacco products distributor license if I purchase untaxed tobacco products from an out-of-state company.
- I may not sell cigarettes affixed with Minnesota Native American stamps unless my retail business is located on a reservation that has a tax agreement with the State of Minnesota.
- I may not purchase from or exchange cigarettes or tobacco products with another retailer.
- I must keep complete and legible cigarette and tobacco products invoices on the licensed premises, or make invoices available within one hour of request, for at least one year after the date of the purchase.
- I know that the Minnesota Department of Revenue and/or law enforcement may conduct cigarette and tobacco inspections of the premises, including inspections of inventory, invoices and licenses, and I understand that a refusal to allow an inspection is grounds for revocation of my license.
- I know that failure to comply with all requirements can result in criminal penalties, including the loss of cigarettes and tobacco products.

Sign Here

Licensee Signature <i>[Signature]</i>	Title <i>owner/applicant</i>	Print Name <i>[Name]</i>	Date <i>10/31/17</i>	Daytime Phone <i>612-423-0019</i>
Licensing Agent's Signature	Title	Print Name	Date	Daytime Phone

License applicant: Submit this form to the licensing authority along with the license application.

Licensing authority: Mail, email or fax to:
Minnesota Revenue, Mail Station 3331, St. Paul, MN 55146-3331.
Fax: 651-556-5236. Email: cigarette.tobacco@state.mn.us



County of McLeod

830 11th Street East
Glencoe, Minnesota 55336
FAX (320) 864-1809

COMMISSIONER RON SHIMANSKI
1st District
Phone (320) 327-0112
23808 Jet Avenue
Silver Lake, MN 55381
Ron.Shimanski@co.mcleod.mn.us

COMMISSIONER DOUG KRUEGER
2nd District
Phone (320) 864-5944
9525 County Road 2
Glencoe, MN 55336
Doug.Krueger@co.mcleod.mn.us

COMMISSIONER PAUL WRIGHT
3rd District
Phone (320) 587-7332
15215 County Road 7
Hutchinson, MN 55350
Paul.Wright@co.mcleod.mn.us

COMMISSIONER RICH POHLMEIER
4th District
Phone (320) 587-6084
207 1st Ave S
Brownton, MN 55312
Rich.Pohlmeier@co.mcleod.mn.us

COMMISSIONER JOE NAGEL
5th District
Phone (320) 587-8693
20849 196th Road
Hutchinson, MN 55350
Joseph.Nagel@co.mcleod.mn.us

**COUNTY ADMINISTRATOR - INTERIM
CINDY SCHULTZ FORD**
Phone (320) 864-1363
830 11th Street East, Suite 110
Glencoe, MN 55336
Cindy.Schultz@co.mcleod.mn.us

RESOLUTION 17-CB-39 OF MCLEOD COUNTY Operational Enhancement Grant Program

BE IT RESOLVED by **McLeod County** that the County enter into the attached **Grant Contract** with the Minnesota Department of Veterans Affairs (MDVA) to conduct the following Program: **County Veterans Service Office Operational Enhancement Grant Program**. The grant must be used to provide outreach to the County's veterans; to assist in the reintegration of combat veterans into society; to collaborate with other social services agencies, educational institutions, and other community organizations for the purposes of enhancing services offer to veterans; to reduce homelessness among veterans; and to enhance the operations of the County Veterans Service office, as specified in Minnesota Laws 2017 Chapter 4, Article 1, Section 38, Subdivision 2. This grant should not be used to supplant or replace other funding.

BE IT FURTHER RESOLVED by the **McLeod County Board of Commissioners** that **JAMES LAUER**, the **VETERANS SERVICE OFFICER**, be authorized to execute the attached Grant Agreement for the above-mentioned Program on behalf of the County.

WHEREUPON the above resolution was adopted at the regular meeting of the County Board this twenty first day of November 2017.

County Board Chair

Authorized Signature and Title

Date

STATE OF MINNESOTA
MCLEOD COUNTY

I CINDY SCHULTZ FORD, do hereby certify that I am the custodian of the minutes of all proceedings had and held by the County Board of said McLeod County, that I have compared the above resolution with the original passed and adopted by the County Board of said McLeod County at a regular meeting thereof held on the twenty first day of November 2017 at 9:00 am, that the above constitutes a true and correct copy thereof, that the same has not been amended or rescinded and is in full force and effect.

IN WITNESS WHEREOF, I have hereunto placed my hand and signature this twenty first day of November 2017, and have hereunto affixed the seal of the County.

County Administrator

Authorized Signature and Title

STATE OF MINNESOTA
MINNESOTA DEPARTMENT OF VETERANS AFFAIRS

COUNTY VETERANS SERVICE OFFICE OPERATIONAL ENHANCEMENT GRANT PROGRAM

GRANT AGREEMENT

This Grant Agreement is between the State of Minnesota, acting through its Commissioner of the **MINNESOTA DEPARTMENT OF VETERANS AFFAIRS** ("State" or "MDVA") and **MCLEOD COUNTY**, 2381 Hennepin Avenue North, Glencoe, MN, 55336 ("Grantee").

Recitals

1. Under Minnesota Statutes §197.608, as amended by Minnesota Laws 2017, Chapter 4, Article 1, Section 38, Subdivision 2, the State is empowered to enter into this grant.
2. The State is in need of enhancing the operation of the County Veterans Service Offices (CVSO). This grant must be used to enhance the operations of the Grantee's CVSO under Minnesota Statutes §197.608, Subdivision 4(a), and should not be used to supplant or replace other funding.
3. The Minnesota Legislature has funded grants to the counties through MDVA for many years. The established practice has been to provide advanced payments of the full grant amount to the Grantee. This has been done to ensure that the counties have sufficient funds available to conduct programming and complete the tasks required by the grants. These counties often have limited cash reserves and do not have the financial capabilities to make grant expenditures first and wait for reimbursements from the State. MDVA is confident that the Grantee will be able to account for the grant funds and abide by the terms of the Grant Agreement, based on their past performance.
4. The Grantee represents that it is duly qualified and agrees to perform all services described in this Grant Agreement to the satisfaction of the State. Pursuant to Minnesota Statutes §16B.98 Subdivision 1, the Grantee agrees to minimize administrative costs as a condition of this grant.

Grant Agreement

1. Term of Grant Agreement

- 1.1 **Effective date:** July 1, 2017 or the date the State obtains all required signatures under Minn. Stat. §16B.98, Subd. 5, whichever is later. Per, Minn. Stat. § 16B.98 Subd. 7, no payments will be made to the Grantee until this grant agreement is fully executed. The Grantee must not begin work under this grant agreement until this agreement is fully executed and the Grantee has been notified by the State's Authorized Representative to begin the work except as permitted by Minnesota Statutes §16B.98, Subdivision 11.
- 1.2 **Expiration date:** June 30, 2018, or until all obligations have been satisfactorily fulfilled, whichever occurs first.
- 1.3 **Survival of Terms:** The following clauses survive the expiration or cancellation of this Grant Agreement: 8. Liability; 9. State Audits; 10. Government Data Practices and Intellectual Property; 12. Publicity and Endorsement; 13. Governing Law, Jurisdiction, and Venue; and 15 Data Disclosure.

2. Grantee's Duties

The Grantee, who is not a state employee, will:

- 2.1 Comply with required grants management policies and procedures set forth through Minn. Stat. §16B.97, Subd. 4 (a) (1).

- 2.2 Conduct this grant only as authorized under Minnesota Statute 197.608, Subd.5. This grant must not be used to supplant any existing funding, or to duplicate any programs or services available to Veterans from other agencies or organizations.
- 2.3 Conduct the CVSO Operational Enhancement Grant Program (“Program”) by purchasing one, or more, of the allowable goods and services as specified in the CVSO Operational Enhancement Grant Items Approved/Disapproved for Fiscal Year 2018, identified as Attachment A, which is attached and incorporated into this Grant Agreement.
 - 2.3.1 If the Grantee wishes to purchase a good or service not listed on the approved items list of the CVSO Operational Enhancement Grant Items Approved/Disapproved, Attachment A, they must submit an email request to the MDVA State Authorized Representative listing the item, the estimated cost, and how the item will benefit county Veterans. The item may only be purchased with grant funds upon receipt of written approval from MDVA State Authorized Representative.
- 2.4 Comply with the requirements as specified in the MDVA Grants Manual (Rev. 3), Attachment B, which is incorporated into this grant agreement by reference and available on the MDVA Website – Grants Page: <http://mn.gov/mdva/resources/federalresources/grants/>.) In the event that any provision of the MDVA Grants Manual (Rev. 3), Attachment B is not consistent with any language of the grant agreement, then the terms of this grant agreement supersede the inconsistent provision.
- 2.5 Upon executing the grant agreement, the Grantee must:
 - 2.5.1 Submit to the State Authorized Representative for approval a proposed Work Plan and Budget Expenditure Spreadsheet, in Excel format, an example of which is shown in Attachment C. The Workplan (Section One) must be a brief narrative paragraph providing background and context for the *proposed* Budget Expenditure Spreadsheet (Section Two). The Grantee must submit Attachment C to the State Authorized Representative consistent with the requirements specified in the MDVA Grants Manual (Rev. 3), Attachment B.
 - 2.5.2 Submit to the State Authorized Representative the current annual County Budget for the County Veterans Service Office Operational Enhancement Program to MDVA along with the signed FY2017 Grant Agreement at the beginning of the grant period (Ref: Attachment E – CVSO County Budget Example.) This grant is to be used only as authorized under Minnesota Statute 197.608, Subd.5.
 - 2.5.3 Submit to the State Authorized Representative page 1 of the Conflict of Interest Disclosure Form incorporated in the MDVA Grants Manual (Rev. 3). If at any time during administering the grant, a personal or professional Conflict of Interest situation becomes apparent, the Grantee shall disclose that conflict immediately to the State Authorized Representative in writing as provided for in the MDVA Grants Manual (Rev. 3), Attachment B to determine if corrective action is necessary.

- 2.6 Upon the conclusion of this Project, the Grantee must submit to the State Authorized Representative a Final Report and Budget Expenditure Spreadsheet, Attachment D, in Excel format, a sample of which is attached and incorporated into this grant agreement. The Final Report (Section One) must be a brief narrative paragraph providing background and context for the *actual* budget expenditures listed on the Budget Expenditure Spreadsheet (Section Three). Section Two – CVSO Metrics must also be completed. The Grantee must submit the Final Report, CVSO Metrics and Budget Expenditure Spreadsheet to the State Authorized Representative consistent with the requirements specified in the MDVA Grants Manual (Rev. 3), Attachment B in sufficient detail and to the satisfaction of the State, in order to account for all grant funds expended.
- 2.7 In the event that any provision of the Grantee’s charter or mission, incorporated into this Grant Agreement by reference, is not consistent with any portion of the Grant Agreement, then the terms of this Grant Agreement supersede the inconsistent provision.
- 2.8 Allow the State, at any time, to conduct periodic site visits and inspections to ensure work progress as specified in the MDVA Grant Manual (Rev. 3), Attachment D including a final inspection upon grant completion.

3. Time

The Grantee must comply with all the time requirements described in this Grant Agreement. In the performance of this Grant Agreement, time is of the essence.

4. Consideration and Payment

4.1 **Consideration.** Consideration for all services performed by Grantee pursuant to this Grant Agreement shall be paid by the State as follows:

4.1.1 **Compensation.** The Grantee will be paid an Advanced Payment lump sum of **\$10,000.00** and must utilize funds for allowable goods and services as specified in the CVSO Operational Enhancement Grant Items Approved/Disapproved for Fiscal Year 2017, Attachment A.

4.1.2 **Travel Expenses.** Travel and subsistence expenses actually and necessarily incurred by the Grantee as a result of this Grant Agreement is an allowable expense. The total Travel Budget may comprise all or a portion of the Total Obligation referenced in Section 4.1.3 below. The Grantee will report all travel-related expense on the Travel Log, (as provided in the MDVA Grant Manual (Rev. 3), Attachment B in no greater amount than provided in the current "Commissioner’s Plan" promulgated by the Commissioner of Minnesota Management and Budget (MMB).

Travel and subsistence expenses incurred outside Minnesota in neighboring States is allowed, when necessary for the accomplishment of routine tasks (e.g. transporting Veterans to medical appointments, attending conferences etc.) related to the CVSO work.

4.1.3 **Total Obligation.** The total obligation of the State for all compensation and reimbursements to the Grantee under this Grant Agreement will not exceed **\$10,000.00, (Ten Thousand Dollars and No Cents).**

4.2 Payment

- 4.2.1 **Invoices.** The State will promptly pay the Grantee an Advance Payment lump sum payment as specified in Clause 4.1.3 upon execution of this Grant Agreement.
- 4.2.2 **Eligible Costs.** In order to be eligible for grant funds, costs must be reasonable, necessary, and allocated to the grant, permitted by appropriate State cost principles, approved by the State and determined to be eligible pursuant Minnesota Statutes §197.608, as amended by Minnesota Laws 2017, Chapter 4, Article 1, Section 38, Subdivision 2 and this Grant Agreement.
- 4.2.3 **Unexpended Funds.** If the work specified in the Grantee's Duties is not completed, or is completed without expending the budgeted total of MDVA grant funds, the Grantee shall apply MDVA grant funds towards the total cost properly expended on the Tasks specified in the Grantee's Duties, and shall promptly return to the MDVA any funds greater than \$25.00 not so expended. All advance payments on the grant must be reconciled within 12 months of issuance or within 60 days of the end of the grant period, whichever comes first.

4.3 Contracting and Bidding Requirements

All Contracting and Bidding quotes must be documented in writing and submitted to the State Authorized Representative on the "Contracting and Bidding Log" as specified in the MDVA Grants Manual (Rev. 3). Attachment B.

- 4.3.1 Any services and/or materials that are expected to cost \$25,000 or more must undergo a formal notice and bidding process.
- 4.3.2 Any services and/or materials that are expected to cost between \$10,000 and \$24,999 must be scoped out in writing and offered to a minimum of three (3) bidders.
- 4.3.3 Any services and/or materials that are expected to cost between \$5,000 and \$9,999 must be competitively based on a minimum of three (3) verbal quotes.
- 4.3.4 Support documentation of the bidding process utilized to contract services must be included in the Grantee's financial records, including support documentation justifying a single/sole source bid, if applicable.
- 4.3.5 For projects that include construction work of \$25,000 or more, prevailing wage rules apply per Minn. Stat. §177.41 through 177.44 consequently, the bid request must state the project is subject to prevailing wage. These rules require that the wages of laborers and workers should be comparable to wages paid for similar work in the community as a whole. A prevailing wage form should accompany these bid submittals.

5. Conditions of Payment

All services provided by the Grantee under this Grant Agreement must be performed to the State's satisfaction, as determined at the sole discretion of the State's Authorized Representative and in accordance with all applicable federal, state, and local laws, ordinances, rules, and regulations. The Grantee will not receive payment, or will return payment already received, for work found by the State to be unsatisfactory or performed in violation of federal, state, or local law. The Grantee will be bound by the MDVA Grant Manual, (Rev. 3), Attachment B as provided by the State.

6. Authorized Representative

The State's Authorized Representative is **Liz Kelly**, Grants Specialist, Minnesota Department of Veterans Affairs, Veterans Service Building, 20 West 12th Street, St. Paul, Minnesota 55155, 651-201-8225, liz.kelly@state.mn.us or his/her successor, and has the responsibility to monitor the Grantee's performance and the authority to accept the services provided under this Grant Agreement.

The Grantee's Authorized Representative is **James Lauer**, CVSO, McLeod County, 2381 Hennepin Avenue North, Glencoe, MN, 55336, (320) 864-1211 james.lauer@co.mcleod.mn.us, or his/her successor. If the Grantee's Authorized Representative changes at any time during this Grant Agreement, the Grantee must immediately notify the State.

7. Assignment, Amendments, Waiver, and Grant Agreement Complete

- 7.1 **Assignment.** The Grantee shall neither assign nor transfer any rights or obligations under this Grant Agreement without the prior written consent of the State, approved by the same parties who executed and approved this Grant Agreement, or their successors in office.
- 7.2 **Amendments.** Any amendments to this Grant Agreement must be in writing and will not be effective until it has been executed and approved by the same parties who executed and approved the original Grant Agreement, or their successors in office.
- 7.3 **Waiver.** If the State fails to enforce any provision of this Grant Agreement, that failure does not waive the provision or the State's right to enforce it.
- 7.4 **Grant Agreement Complete.** This Grant Agreement contains all negotiations and agreements between the State and the Grantee. No other understanding regarding this Grant Agreement, whether written or oral, may be used to bind either party.

8. Liability

The Grantee must indemnify, save, and hold the State, its agents, and employees harmless from any claims or causes of action, including attorney's fees incurred by the State, arising from the performance of this Grant Agreement by the Grantee or the Grantee's agents or employees. This clause will not be construed to bar any legal remedies the Grantee may have for the State's failure to fulfill its obligations under this Grant Agreement.

9. State Audits

Under Minn. Stat. § 16B.98, Subd.8, the Grantee's books, records, documents, and accounting procedures and practices of the Grantee or other party relevant to this Grant Agreement or transaction are subject to examination by the State and/or the State Auditor or Legislative Auditor, as appropriate, for a minimum of six years from the end of this Grant Agreement, receipt and approval of all final reports, or the required period of time to satisfy all state and program retention requirements, whichever is later.

10. Government Data Practices and Intellectual Property

- 10.1 **Government Data Practices.** The Grantee and State must comply with the Minnesota Government Data Practices Act, Minn. Stat. Ch. 13, as it applies to all data provided by the State under this Grant Agreement, and as it applies to all data created, collected, received, stored, used, maintained, or disseminated by the Grantee under this Grant Agreement. The civil remedies of Minn. Stat. §13.08 apply to the release of the data referred to in this clause by either the Grantee or the State. If the Grantee receives a request to release the data referred to in this Clause, the Grantee must immediately notify the State. The State will give

the Grantee instructions concerning the release of the data to the requesting party before the data is released. The Grantee's response to the request shall comply with applicable law.

10.2 **Intellectual Property Rights**

10.2.1 **Intellectual Property Rights.** The State owns all rights, title, and interest in all of the intellectual property rights, including copyrights, patents, trade secrets, trademarks, and service marks in the works and documents *created and paid for under this Grant Agreement*. The "works" means all inventions, improvements, discoveries (whether or not patentable), databases, computer programs, reports, notes, studies, photographs, negatives, designs, drawings, specifications, materials, tapes, and disks conceived, reduced to practice, created or originated by the Grantee, its employees, agents, and subcontractors, either individually or jointly with others in the performance of this Grant Agreement. "Works" includes documents. The "documents" are the originals of any databases, computer programs, reports, notes, studies, photographs, negatives, designs, drawings, specifications, materials, tapes, disks, or other materials, whether in tangible or electronic forms, prepared by the Grantee, its employees, agents, or subcontractors, in the performance of this Grant Agreement. The documents will be the exclusive property of the State and all such documents must be immediately returned to the State by the Grantee upon completion or cancellation of this Grant Agreement. To the extent possible, those works eligible for copyright protection under the United States Copyright Act will be deemed to be "works made for hire." The Grantee assigns all right, title, and interest it may have in the works and the documents to the State. The Grantee must, at the request of the State, execute all papers and perform all other acts necessary to transfer or record the State's ownership interest in the works and documents.

10.2.2 **Obligations**

10.2.2.1 **Notification.** Whenever any invention, improvement, or discovery (whether or not patentable) is made or conceived for the first time or actually or constructively reduced to practice by the Grantee, including its employees and subcontractors, in the performance of this Grant Agreement, the Grantee will immediately give the State's Authorized Representative written notice thereof, and must promptly furnish the State's Authorized Representative with complete information and/or disclosure thereon.

10.2.2.2 **Representation.** The Grantee must perform all acts, and take all steps necessary to ensure that all intellectual property rights in the works and documents are the sole property of the State, and that neither Grantee nor its employees, agents, or subcontractors retain any interest in and to the works and documents. The Grantee represents and warrants that the works and documents do not and will not infringe upon any intellectual property rights of other persons or entities. Notwithstanding Clause 8, the Grantee will indemnify; defend, to the extent permitted by the Attorney General; and hold harmless the State, at the Grantee's expense, from any action or claim brought against the State to the extent that it is based on a claim that all or part of the works or documents infringe upon the intellectual property rights of others. The Grantee will be responsible for payment of any and all such claims, demands, obligations, liabilities, costs,

and damages, including but not limited to, attorney fees. If such a claim or action arises, or in the Grantee's or the State's opinion is likely to arise, the Grantee must, at the State's discretion, either procure for the State the right or license to use the intellectual property rights at issue or replace or modify the allegedly infringing works or documents as necessary and appropriate to obviate the infringement claim. This remedy of the State will be in addition to and not exclusive of other remedies provided by law.

11. Workers' Compensation

The Grantee certifies that it is in compliance with Minn. Stat. §176.181, Subd. 2, pertaining to workers' compensation insurance coverage. The Grantee's employees and agents will not be considered State employees. Any claims that may arise under the Minnesota Workers' Compensation Act on behalf of these employees and any claims made by any third party as a consequence of any act or omission on the part of these employees are in no way the State's obligation or responsibility.

12. Publicity and Endorsement

12.1 **Publicity.** Any publicity regarding the subject matter of this Grant Agreement must identify the State as the sponsoring agency and must not be released without prior written approval from the State's Grants Specialist. For purposes of this provision, publicity includes notices, informational pamphlets, press releases, research, reports, signs, and similar public notices prepared by or for the Grantee individually or jointly with others, or any subcontractors, with respect to the program, publications, or services provided resulting from this Grant Agreement.

All projects primarily funded by state grant appropriation must publicly credit the Minnesota Department of Veterans Affairs, and list MDVA as a Sponsor on the Grantee's website when practicable.

12.2 **Endorsement.** The Grantee must not claim that the State endorses its products or services.

13. Governing Law, Jurisdiction, and Venue

13.1 Minnesota law, without regard to its choice-of-law provisions, governs this Grant Agreement. Venue for all legal proceedings out of this Grant Agreement, or its breach, must be in the appropriate state or federal court with competent jurisdiction in Ramsey County, Minnesota.

14. Termination

14.1 **Termination by the State.** The State may immediately terminate this Grant Agreement with or without cause, upon 30 days' written notice to the Grantee. Upon termination, the Grantee will be entitled to payment, determined on a pro rata basis, for services satisfactorily performed.

14.2 **Termination for Cause.** The State may immediately terminate this Grant Agreement if the State finds that there has been a failure to comply with the provisions of this Grant Agreement, that reasonable progress has not been made or that the purposes for which the funds were granted have not been or will not be fulfilled. The State may take action to protect the interests of the State of Minnesota, including the refusal to disburse additional funds and requiring the return of all or part of the funds already disbursed. If the Grantee does not commence the grant project within six (6) months of the effective date of this

Grant Agreement, as evidenced by the incurrence of documented expenses for eligible grant costs, then this Grant Agreement shall be reviewed by MDVA, and may be terminated and the funds returned to MDVA to be reallocated.

14.3 Termination for Insufficient Funding. The State may immediately terminate this Grant Contract if:

14.3.1 It does not obtain funding from the Minnesota Legislature;

14.3.2 Or, if funding cannot be continued at a level sufficient to allow for the payment of the services covered here. Termination must be by written or fax notice to the Grantee. The State is not obligated to pay for any services that are provided after notice and effective date of termination. However, the Grantee will be entitled to payment, determined on a pro rata basis, for services satisfactorily performed to the extent that funds are available. The State will not be assessed any penalty if the Agreement is terminated because of the decision of the Minnesota Legislature, or other funding source, not to appropriate funds. The State must provide the Grantee notice of the lack of funding within a reasonable time of the State's receiving that notice.

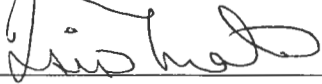
15. Data Disclosure

Under Minn. Stat. § 270C.65, Subd. 3, and other applicable law, the Grantee consents to disclosure of its social security number, federal employer tax identification number, and/or Minnesota tax identification number, already provided to the State, to federal and state tax agencies and state personnel involved in the payment of state obligations. These identification numbers may be used in the enforcement of federal and state tax laws which could result in action requiring the Grantee to file state tax returns and pay delinquent state tax liabilities, if any.

APPROVED:

1. STATE ENCUMBRANCE VERIFICATION

Individual certifies that funds have been encumbered as required by Minn. Stat. " 16A.15 and 16C.05 Subd. 2 (a) (3).

Signed: 

Date: 7/13/17 3-31206

SWIFT Contract/PO No(s). _____

3. STATE AGENCY

By: _____
(with delegated authority)

Title: _____

Date: _____

2. GRANTEE – McLeod County

The Grantee certifies that the appropriate person(s) have executed the grant agreement on behalf of the Grantee as required by applicable articles, bylaws, resolutions, or ordinances.

By: _____

Title: COUNTY BOARD CHAIR

Date: _____

By: _____

Title: COUNTY ADMINISTRATOR

Date: _____

Distribution:

Agency

Grantee

State's Authorized Representative

ATTACHMENT A CVSO Grant - Items Approved/Disapproved – FY2018

Minnesota Statute § 197.608, as amended, provides that this grant may be utilized for the following general purposes.

- To provide outreach to the county's veterans.
- To assist in the reintegration of combat veterans into society.
- To collaborate with other social service agencies, educational institutions, and other community organizations for the purposes of enhancing services offered to veterans.
- To reduce homelessness among veterans.
- To enhance the operations of the county veterans service office.

Only the items approved on this form are authorized for purchase using grant funds. The MDVA will seek recovery from your county for any items not on this list that have been purchased with grant funds.

Expenses must be incurred before the end of the grant period (June 30, 2018)

EQUIPMENT & SUPPLIES

Monitors and Dual monitor video cards	Teleconferencing equipment
Laptops/Tablet PC's/I-Pad (<i>including accessories</i>)	Paper shredders or shredding contracts
Personal computers - Desktop	TV /DVD combinations
Printers/Scanners	Mobile broadband data access device/Hotspot
Phone & Internet Service/Cellular Phones/Smart Phones	Fax machines and installation of initial phone line
Photo copiers (<i>or 12 month lease</i>) (<i>Including user maintenance agreements.</i>)	Digital Cameras
Digital Video Recorders	Digital Projectors – LCD/DLP
Office Furniture that <i>is necessary</i> and is directly related to *new/increased staffing (desk, chair, cubicles, etc.). * Locking filing cabinets OK anytime Note: New staff expenses may also be applied to CVSO grant in subsequent years	Office Furniture that <i>is necessary</i> and is directly related to computerization and organization efforts (required furniture for newly purchased equipment such as computer desk, printer stand, scanner table, etc. or other items to increase organization like filing cabinets, etc.). Office Supplies related to administering the CVSO grant (e.g. copy paper, toner cartridges, ink cartridges, etc.).
Headsets – Phone ONLY	Label printers and supplies

SOFTWARE & COMPUTER TRAINING

Webinars	Trainings (Microsoft Office – WORD, Excel) etc.
Veterans Information/Case Management Systems and Software (<i>Including user maintenance agreements.</i>)	

MARKETING

*Marketing expenses (Display boards, TV airtime and newspaper ads, radio airtime, billboards, CVSO shirts & jackets (<i>every ad must reference LinkVet and include the logo, phone # or web address</i>))	Publicity Items (<i>Magnets, Brochures, Challenge Coins – must include reference to LinkVet inc. phone # or web address</i>) up to a maximum of 15% of the annual CVSO grant amount. (e.g. Total Grant Amount \$7,500 = \$1,125 publicity items.)
---	---

***Maximum of \$500.00 for CVSO staff clothing and \$25.00 each maximum for giveaway items without prior approval.**

VETERANS SERVICES

<p>Expenses related to the goal of reducing Veteran homelessness <i>(Must be pre-approved)</i></p>	<p>Staff expenses for new/increased staff or to fund staff that were previously hired utilizing this grant that provide direct services to veterans.</p>
<p>Training at local colleges – Includes all staff in CVSO Office and must relate to the position of CVSO. <i>(Must be pre-approved)</i></p>	<p>Travel expenses related to MACVSO / MDVA/ USDVA sponsored training events. <i>(Including transportation, lodging and registration fees)</i></p>
<p>Transportation expenses related to the transport of Veterans needing to access their benefits <i>(Including van/vehicle purchases/lease for this primary purpose, maintenance, fuel, etc.)</i></p>	<p>Required NACVSO Accreditation/CEU/CVA Training – Must provide a “Certificate of Completion” after training. <i>(Transportation, Lodging and Registration)</i></p>
<p>Medical Expenses to pay for 2nd opinions on previously denied VA disability claims.</p>	<p>“Outreach” Expenses such as benefits fairs, town halls and seminars <u>are</u> allowed however the primary purpose of the event must be to provide information about Veterans benefits. <i>Refreshments & food over \$500.00 must be pre-approved)</i></p>
<p>Expenses related to the reintegration of returning service members <i>(Including travel expenses to official reintegration events)</i></p>	<p>TRAINING * NACVSO Accreditation/CEU/CVA Training – Must provide a “Certificate of Completion” after training. <i>(Transportation, Lodging and Registration)</i></p>
<p><u>Veteran Medallion Samples (VA Marker)</u> (three sizes) to display in the office <u>Veteran Cemetery Markers/Flag Holders</u> <i>(Replacement of damaged/stolen MDVA supplied)</i> <u>Veteran Cemetery Markers/Flag Holders</u> <i>(New for Veterans not eligible for MDVA supplied)</i></p>	<p>*Training at local colleges – Includes all staff in CVSO Office and must relate to the position of CVSO/ACVSO. <i>(Must be pre-approved)</i></p> <p>Admin Staff Training MACVSO Assistant and Secretaries Conference</p> <p><i>* Allowed for CVSOs and ACVSOs who are qualified under <u>MS 197.601</u>.</i></p>
<p>Gift Cards (gas, food, bus, hotel etc.) All Gift Card purchases applied to a grant in a given year must be logged on the Gift Certificate Log and <u>be distributed to Veterans within the same grant period.</u></p>	<p>Employee Meals related to official travel for required training are allowable as specified in Chapter 15 – Expense Reimbursement per the State of Minnesota “Commissioner’s Plan” located at www.mn.gov/mmb Website.</p>
<p>Expenses related to the collaboration with other social service agencies, educational institutions, and other community organizations for the purposes of enhancing services offered to veterans.</p>	
<p><i>Note: A detailed Account Activity Statement including 1) Veteran Name, 2) Total Dollars, 3) Payee info and 4) Description is required for the Final Closeout Report.</i></p>	

Also Approved:

- Reference materials (medical dictionaries, VA rules and regulations manuals, etc.).
- Up to one year of extended warranties/extended maintenance contracts on equipment and related software purchased during this grant cycle ONLY.
- Payments made to a third party on behalf of a veteran, their survivors or their dependents, such as mortgage, rent, auto loans, insurance, credit cards, etc. with prior State approval.

***NOTE: The maximum purchase price for certain items does NOT include tax or shipping charges.**

Items Not Approved:

- Direct cash assistance payments to Veterans, their survivors or dependents.
- Donations (includes contributions to organizations that “advertise” donors

Attachment B

MDVA Grant Manual Rev. 3 (available on the MDVA Website - Grants Page:
<https://mn.gov/mdva/resources/federalresources/grants/>)

Attachment C – Section One

	A	B	C	D
1	CVSO Workplan & <i>proposed</i> Budget Expenditures Spreadsheet			
2	County Name:			
3	CVSO Authorized Representative Name:			
4	Project Name:		County Veterans Service Office Operational Enhancement Grant Program	
5	Legal Citation:			
6	Period Covered by Request: FY2018 (July 1, 2017 - June 30, 2018)			
7	SECTION ONE - Workplan			
8	Please provide describe how the grant, including background and context (e.g. gaps in County funding, changes in Veteran population etc.)			
9				

Sample

10	SECTION TWO - <i>proposed</i> Budget Expenditures Spreadsheet		
11	Instructions:		
12	Column B - Enter your proposed Budget Items		
13	Column C - Enter your <i>estimated</i>		
14	Column D - Subtotal by Budget		
	<p>Budget Definitions</p> <p>Administration: In general, administration is defined as: general expenses such as the director's office, accounting, personnel, information management, and all other types of expenditures not included under the categories below. Do not include staff costs for case management or supervision of case management staff, or space/facility costs, unless incurred for a non-program specific purpose.</p> <p>Operations: Costs associated with the operation of the organization. Examples include rent, utilities, travel, marketing, etc. If this is a supportive services only project, operations/space costs are those incurred to pay for the space where supportive services are provided.</p> <p>Support Services: Costs associated with staff who provide case management and other support services to program participants, or management staff when involved in direct supervision of support services staff. Support services costs also include direct aid to participants, including transportation or costs associated with assisting participants.</p>		
15			
16	Table I - Budget		
17	<i>The proposed Budget Expenditure Spreadsheet is pre-programmed to calculate totals.</i>		
18	Budget Category	Budget Item (e.g. Publicity, Travel)	Budget Amount
19	ADMINISTRATION		
20			
21			
22			
22			\$ -
23	OPERATIONS		
24			
25			
26			
27			
27			\$ -
28	SUPPORT SERVICES		
29			
30			
30			\$ -
31	Column Total		\$ -

Attachment D – (Sections One & Two)

	A	B	C	D	E
1	CVSO Final Report and Budget Expenditure Report				
2	Grantee's Name: _____				
3	CVSO's Name: _____				
4	Project Name: <u>County Veterans Service Office Operational Enhancement Grant Program</u>				
5	Legal Citation: Period Covered				
6	by Request: <u>FY2018 (July 1, 2017 - June 30, 2018)</u>				
7					
8	SECTION ONE - CVSO Progress Report/Summary Statement				
	Grant Expenditure Summary Statement				
	In 1-2 paragraphs, please describe the background/context for this years' CVSO grant expenditures. For instance:				
	<ul style="list-style-type: none"> • Do grant expenditures address a particular "gap" in services unique to your County? • Are grant expenditures related to new programming this year? • Has the County Veteran population changed? 				
9					
10					
11					
12	SECTION TWO - CVSO Metrics				
13	1. Total number of Full-time (% FTE) CVSO Staff (filled): _____				
14	2. Total number of Full-time (% FTE) CVSO Staff (open): _____				
15	3. Total County CVSO Program Budget: _____				
16	4. Total Number Veteran/Family Office Visits: _____				
17	5. Total Number Veteran/Family Outreach Visits: _____				

Attachment D – (Section Three)

Table I - Original Budget SAMPLE.			
Budget Category	Budget Item (e.g. Publicity, Travel etc.)	Budget Amount (Original)	Budget Category Sub-Total
ADMINISTRATION	NEW CVSO Salary Expense	\$ 2,500.00	\$ 3,060.00
	Photo Copier Lease	\$ 560.00	
OPERATIONS	Advertising	\$ 1,575.00	\$ 2,780.00
	Equipment	\$ 421.00	
	Conference	\$ 784.00	
SUPPORT SERVICES	Veteran Events	\$ 1,660.00	\$ 1,660.00
Column Total	Column Total	\$ 7,500.00	\$ 7,500.00

Table II - Budget Expenditures Spreadsheet (FY2018) SAMPLE				
Budget Category	Budget Item	*Page #	Itemized Expenditures (e.g. Receipts)	TOTAL EXPENDITURES by Budget Item
				FY2018
ADMINISTRATION	NEW CVSO Salary Expense	4 - 8	\$ 2,815.00	\$ 3,293.32
	Photo Copier Lease	9 - 12	\$ 478.32	
OPERATIONS	Advertising - Star Tribune	13-16	\$ 543.00	\$ 3,114.80
	Advertising - Pioneer Press	17 - 21	\$ 389.12	
	Equipment (iPhone)	22 - 24	\$ 689.25	
	Conference (Cmdr Task Force)	25	\$ 86.94	
	Conference (Computer training)	26 - 30	\$ 386.68	
	Conference (NACVSO Conf. Deposit)	31	\$ 146.52	
	Conference (NACVSO Conf.)	32 - 38	\$ 873.29	
SUPPORT SERVICES	Veteran Events (Aug 16 - refreshments)	39 - 41	\$ 350.00	\$ 851.26
	Veteran Events Nov 4 - Conference Center)	42 - 46	\$ 501.26	
Column Total			\$ 7,259.38	\$ 7,259.38
Amount Owed to the State		\$	(240.62)	

Attachment E

County Budget EXAMPLE - County Veteran Service Office Program

Report ID: LABAREG1 - AR08-01 Rev 06/20/11
Run Date: 04/12/2016 9:11 AM

County of
Revenues and Expenses by Unit - Budget Vs Actual for FY 2016
Thru Period: 3/2016

Page 1 of 3

Fund: 0101 - Human Services Fund		Dept: 0611 - Veterans Services				Unit: 1931 - Veterans Services		Budget Vs. Actual	
Code	Object Class	Current Period		Year To Date		Current Budget	Amount Available	Percent Available	
		Expenses/Revenue	Total Unallocated Revenue	Expenses/Revenue	Total Committed Revenue				
Expenses - Appr AA1 Salaries & Benefits									
6111	Full-Time Salaries	\$70,092.00	\$70,092.00	\$45,204.21	\$45,204.21	\$70,775	\$103,461.56	77.23%	
6113	Overtime Salaries					40	30.00	0.00%	
6116	On-Call					123,500	129,900.00	100.00%	
6120	Vacation	\$2,101.79	\$2,101.79	\$3,280.10	\$5,280.10	40	\$3,200.00	0.00%	
6121	Holiday			\$3,070.30	\$3,070.30	40	\$3,070.30	0.00%	
6122	Sick Leave	\$443.04	\$443.04	\$1,193.15	\$1,193.15	10	\$1,193.15	0.00%	
6124	Non-Prod/Unproductive					10	10.00	0.00%	
6100	Salaries Management			\$54,714.49	\$54,714.49	128,211	\$108,518.07	76.83%	
6100	Salary Expenses Subtotal	128,558.79	128,558.79	64,714.49	64,714.49	128,211	\$108,518.07	76.83%	
6101	Life Insurance			\$12,274	\$12,274	8770	30,100.00	84.15%	
6103	Health Insurance	\$1,410.50	\$1,290.50	\$11,733.50	\$11,733.50	212,264	\$27,851.54	54.08%	
6102	Paid County Share	\$1,218.79	\$1,228.78	\$4,246.12	\$4,246.12	114,027	\$10,180.79	10.53%	
6103	Paid County Share	\$1,236.07	\$1,229.57	\$4,241.43	\$4,241.43	110,223	\$10,963.51	72.10%	
6106	Other Paid Emp. Benefits					10,017	\$2,817.00	100.00%	
6107	Benefits Administration					11,574	\$1,274.00	100.00%	
6108	Dental Insurance	\$65.00	\$65.00	\$300.00	\$0.00	11,518	\$1,015.00	8.67%	
6102	LT Disability Ins			\$45.27	\$45.27	948	\$20.00	95.02%	
Appr AA1 Total:		\$8.00	\$20,141.86	\$39,141.89	\$0.00	\$76,634.37	\$76,614.07	100.00%	
Expenses - Appr AA3 Computer, Equipment & Supplies									
6208	Staff Development			\$1,373.44	\$1,373.44	13,000	\$2,215.00	61.23%	
6211	Telephone & Communications	\$170.81	\$169.81	\$404.50	\$404.50	12,000	\$1,095.00	70.73%	
6212	Printing & Repro	\$210.24	\$210.24	\$61.73	\$61.73	13,500	\$2,807.27	81.73%	
6220	Office & Binding					1,000	\$400.00	100.00%	
6221	Printing & Advertising	\$292.57	\$292.50	\$222.80	\$292.00	1,000	\$2,200.00	100.00%	
6222	Memberships & Dues			\$280.00	\$280.00	800	\$1,000.00	77.19%	
6202	Equipment Repair & Maintenance			\$1,615	\$1,615	11,500	\$1,185.00	100.00%	
6201	Insurance	\$142.04	\$182.34	\$407.22	\$437.02	11,000	\$1,400.00	75.81%	
6203	Office Supplies & Stationery	\$119.72	\$119.72	\$113.72	\$119.72	11,200	\$1,210.28	80.02%	
6401	Books & Periodicals					500	\$250.00	100.00%	
6401	Gasoline & Other Fuel	\$234.74	\$234.74	\$292.19	\$292.19	10,352	\$8,713.24	94.01%	
6404	Other Vehicle Repairs & Maint			\$107.27	\$107.07	12,500	\$2,192.80	95.34%	
Appr AA3 Total:		\$8.00	\$1,388.58	\$1,353.16	\$0.00	\$4,287.18	\$3,633.44	84.11%	
Expenses - Appr AA6 Computer, Equipment & Furniture									
6800	Furniture & Equipment					10	\$0.00	0.00%	
6801	Computer Equipment					10	\$0.00	0.00%	
Appr AA6 Total:		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	
Expenses - Appr AA1 Salaries & Benefits									
6111	Full-Time Salaries	\$4,305.20	\$4,305.20	\$12,128.01	\$12,128.01	126,101	\$47,133.06	73.11%	
6113	Overtime	\$400.00	\$400.00	\$675.84	\$675.84	10	\$475.84	0.00%	
6121	Holiday			\$1,803.82	\$1,803.82	10	\$1,803.82	0.00%	
6124	Non-Prod/Unproductive					10	\$0.00	0.00%	
6100	Salaries Management			\$14,410.07	\$14,410.07	149,386	148,485.80	78.91%	
6100	Salary Expenses Subtotal	\$1,336.08	\$1,336.08	\$14,410.07	\$14,410.07	149,386	148,485.80	78.91%	
6101	Life Insurance			\$48.00	\$48.00	833	\$328.69	84.64%	
6103	Health Insurance	\$228.50	\$228.50	\$1,911.90	\$1,911.90	40	\$1,011.00	0.00%	
6102	Paid County Share	\$137.80	\$237.82	\$1,172.13	\$1,172.13	14,341	\$3,165.54	72.80%	
6103	Paid County Share	\$231.00	\$231.00	\$1,148.34	\$1,148.34	14,511	\$3,454.34	74.87%	
6106	Other Paid Emp. Benefits					374	\$774.00	100.00%	
6107	Benefits Administration					358	\$2,520.00	100.00%	
6108	Dental Insurance	\$25.00	\$25.00	\$128.10	\$128.10	1,000	\$464.18	75.41%	
6102	LT Disability Ins			\$19.21	\$19.21	1,000	\$185.10	84.08%	
Appr AA1 Total:		\$8.00	\$7,892.18	\$7,892.18	\$0.00	\$14,488.61	\$14,488.61	100.00%	
Expenses - Appr AA3 Computer & Services									
6208	Staff Development			\$208.73	\$666.72	\$3,100	\$2,419.28	77.95%	
6211	Telephone & Communications	\$23.61	\$23.61	\$11.85	\$74.65	80	\$11.62	93.00%	
6215	Telephone Calls	\$22.22	\$26.02	\$38.04	\$22.24	1,119	\$288.00	82.37%	
6220	Memberships & Dues			\$120.00	\$120.00	\$700	\$170.00	65.67%	
6210	Office Supplies & Stationery			\$75.00	\$75.00	80	\$75.00	100.00%	
Appr AA3 Total:		\$0.00	\$101.83	\$698.63	\$0.00	\$1,018.81	\$5,119.39	73.64%	
Expenses - Appr AA8 Intra-Governmental									
6902	USFVS	\$101.75	\$60,170	\$1,121.47	\$1,121.47	13,000	\$3,877.63	76.43%	
6904	US-CAT/US-Resort	\$119.00	\$419.00	\$1,257.00	\$1,257.00	19,000	\$3,773.00	71.91%	
Appr AA8 Total:		\$0.00	\$1,220.75	\$1,220.75	\$0.00	\$2,448.47	\$10,995	57.80%	
Revenue - Unit 1931 Expenses Total:									
		\$0.00	\$1,150.29	\$1,153.28	\$1.00	\$12,383.04	\$2,512.04	11.72%	
Revenue - GDS & Contributions									
1901	GDS & Contributions						\$3,402	\$3,402.00	100.00%
Unit 1931 Revenue Total:		\$0.00	\$0.00	\$0.00	\$0.00	\$2.00	\$3,402	\$3,402.00	100.00%
Tax Levy:									
			\$4,263.01		\$12,782.81		\$51,078		
Total Revenue, including Tax Levy			\$4,263.01		\$12,784.81		\$54,480		
Net Burden / (Surplus)			(\$4,883.23)		(\$5,994.82)				
Revenue - Appr AA3 Intra-Governmental									
6907	US-LEAP	\$178.00	\$775.00	\$878.10	\$878.10	\$3,912	\$2,334.00	74.00%	
6907	US-Central Services						\$7,000.00	100.00%	
6902	US-ITB	\$1,410.00	\$2,100.00	\$4,801.24	\$4,801.24	\$15,206	\$10,374.78	68.23%	
6904	US-CAT/US-Resort	\$1,258.00	\$1,258.00	\$2,714.20	\$2,714.20	\$10,051	\$11,317.00	74.80%	
Appr AA3 Total:		\$0.00	\$3,846.00	\$3,846.00	\$0.00	\$10,883.54	\$38,001	\$38,001.78	72.78%
Revenue - Unit 1931 Revenue Total:									
		\$0.00	\$3,846.00	\$3,846.00	\$0.00	\$10,883.54	\$38,001.78	72.78%	
Revenue - FTS - Non-Enhancement Grant									
4202	FTS - Non-Enhancement Grant				\$7,520.00	\$17,520.00	\$0	\$17,520.00	0.00%
6110	Revenue Line - LEAP						\$9,492.00	\$9,492.00	100.00%
Unit 1931 Revenue Total:		\$0.00	\$3,846.00	\$3,846.00	\$0.00	\$17,520.00	\$17,520.00	100.00%	
Tax Levy:									
			\$28,246.68		\$84,139.71		\$328,148		
Total Revenue, including Tax Levy			\$28,246.68		\$84,139.71		\$328,148		
Net Burden / (Surplus)			(\$1,098.43)		(\$1,064.28)				



3300 West Camelback Road, Phoenix, Arizona 85017 602.639.7500 Toll Free 800.800.9776 www.gcu.edu

Memorandum of Understanding between

McLeod County Public Health

(referred to as “facility”)

and

Grand Canyon Education, Inc., (d/b/a Grand Canyon University)

(referred to as “GCU”)

The purpose of this Memorandum of Understanding is to confirm the arrangement for Grand Canyon University College of Nursing and Health Care Professions student, Mandy Sturges, (referred to as “student”) and qualified representative of facility, Jennifer Hauser, (referred to as “preceptor/mentor”) to work collaboratively to fulfill the clinical/practicum/practice immersion experience (referred to as “field experience”).

The time periods will be mutually arranged and agreed upon by the preceptor/mentor and the student within the dates of the field experience course(s).

GCU assures that the student is:

- 1) Expected to respect and perform within facility policies;
- 2) Licensed in the state in which they are doing the field experience (if applicable)

Facility, preceptor/mentor and GCU agree to mutually:

- 1) Arrange schedules for learning activities;
- 2) Select appropriate learning activities consistent with field experience objectives and experiences the facility can provide.
- 3) Determine student progress and benefit from learning experiences.

While student is at facility, GCU:

- 1) Expects student to be regarded as volunteers who are not eligible for compensation, fringe benefits, and workman's compensation for this experience.
- 2) Regards the student as being accountable for their actions.
- 3) Expects facility to consider the student as part of the covered work force for Protected Health Information (PHI) under the Health Insurance Portability Accountability Act (HIPAA). The student has also signed a form indicating their compliance with the Health Insurance Portability Accountability Act (HIPAA).
- 4) Assumes that the facility maintains ultimate accountability and responsibility for the student/client and the service(s) being delivered to him/her.

(Memorandum of Understanding continues on following page.)

The Parties agree to protect the participants' educational records in accordance with the Family Educational Rights and Privacy Act, 20 U.S.C. 1232g and any applicable policy of the Parties. To the extent permitted by law, the Parties may share information from participants' educational records with each other so that each can perform its respective responsibilities under this Agreement but shall not disclose or share education records with any third party.

Nothing in this agreement shall be construed as an indemnification by one party of the other for liabilities of a party or third persons for property loss or damage or death or personal injury arising out of the performance of this agreement. Any liabilities or claims for property loss or death or personal injury by a party or its agents, employees, contractors or assigns or by third persons, arising out of and during this agreement shall be determined according to applicable law.

This Memorandum of Understanding serves as a statement of the current arrangement. Should GCU students continue to utilize the facility, both parties should consider a more formal agreement.

FACILITY:

Address: McLeod County Public Health
1805 Ford Ave N, Ste 200
Glencoe, MN 55336
Name: Jennifer Hauser
Phone: 1-320-864-3185
Email: Jennifer.Hauser@co.mcleod.mn.us

GCU:

GRAND CANYON UNIVERSITY
3300 W. Camelback Road
Phoenix, AZ 85017
ATTN: CONHCP – OFE
602-639-8401

The undersigned parties have caused this Memorandum of Understanding to become effective on the date when executed by both parties and will terminate upon completion of the field experience course(s).

FACILITY:

By: _____
Title: _____
Date: _____

GCU:

By: _____
Title: Dr. Lisa Smith, Dean CONHCP
Date: _____

STATE OF MINNESOTA
COMMUNICATIONS FACILITY
USE AGREEMENT AMENDMENT

Agreement #98029
Amendment 2
Biscay Tower

THIS AMENDMENT, by and between State of Minnesota, Department of Transportation, hereinafter referred to as Mn/DOT, and County of McLeod, hereinafter referred to as COUNTY;

WHEREAS, the Commissioner of Transportation is empowered by Minnesota Statute 174.70, Subd. 2 to enter into agreements to permit non-state owned communications equipment on Mn/DOT owned communications towers, land, buildings or other structures which are under the jurisdiction of the Commissioner of Transportation, and

WHEREAS, Mn/DOT and the COUNTY entered into Agreement No. 98029, dated December 9, 2010, and Amendment 1, dated August 21, 2012, involving the use of antenna space on Mn/DOT's Tower and a designated location in Mn/DOT's communications shelter located at 14276 MN Hwy. 22 near the city of Biscay, MN;

WHEREAS, MN/DOT and COUNTY deem certain amendments and additional terms and conditions mutually beneficial for the effective continuation of said Agreement;

NOW THEREFORE, MN/DOT and COUNTY agree to substitution and/or addition of the following terms and conditions, which shall become a part of Agreement No. 98029, effective as of the date set forth hereinafter.

WHEREAS, COUNTY has proposed to add one (1) one (4) foot ice shield to the Communications tower, as agreed to in said Lease Section 8., COUNTY'S proposal shall be included herein by Amendment hereto;

NOW, THEREFORE, in consideration of the foregoing and in consideration of the mutual covenants herein contained, which each of the parties hereto acknowledge as adequate and sufficient, it is hereby agreed as follows:

Except as modified by the provisions of this Amendment, said Lease is ratified and confirmed as originally written.

ATTACHMENTS

Revised Exhibit B1 – Tower Diagram with COUNTY Antenna Locations
Exhibit F – Ice Shield Assembly Drawing

IN WITNESS WHEREOF, the parties have set their hands on the date(s) indicated below intending to be bound thereby.

MCLEOD COUNTY:

COUNTY certifies that the appropriate person(s) have executed the Use Agreement on behalf of COUNTY as required by applicable articles, bylaws, resolutions or ordinances

By _____

Print Name: _____

Title: _____
(Print or type)

Date _____

By _____

Print Name: _____

Title: _____
(Print or type)

Date: _____

By _____

Print Name: _____

Title: _____
(Print or type)

Date: _____

Mn/DOT:

STATE OF MINNESOTA
DEPARTMENT OF TRANSPORTATION
OFFICE OF STATEWIDE RADIO
COMMUNICATIONS

By _____

Mukhtar Thakur

Title Director

Date _____

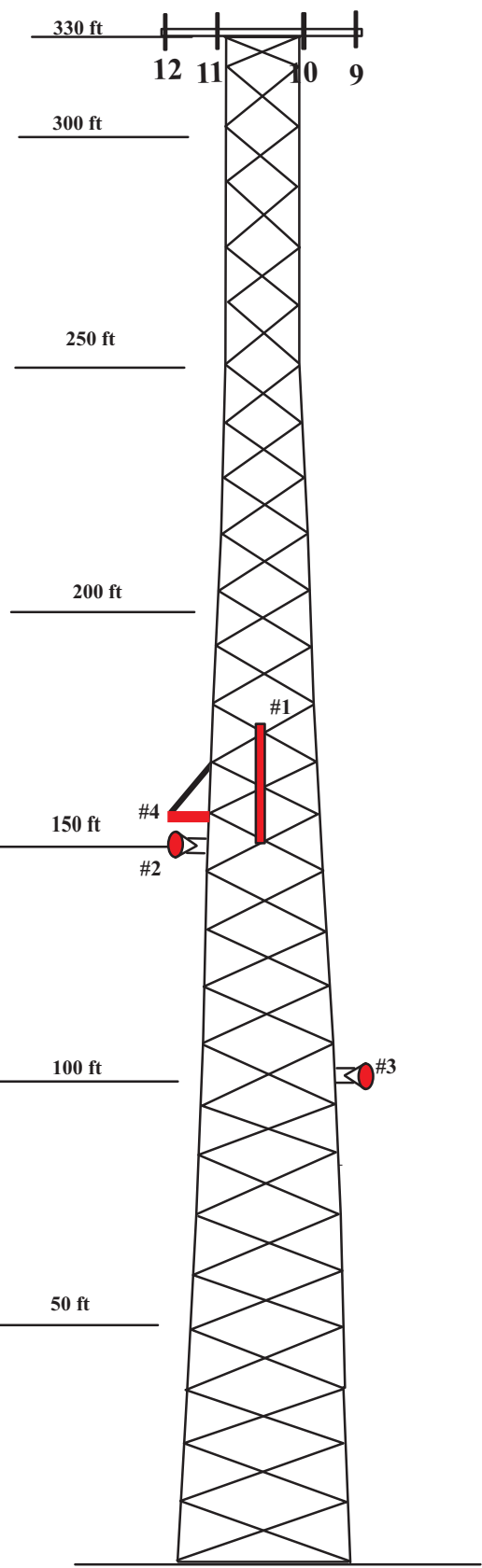
APPROVED:
MNDOT CONTRACT MANAGEMENT

By _____

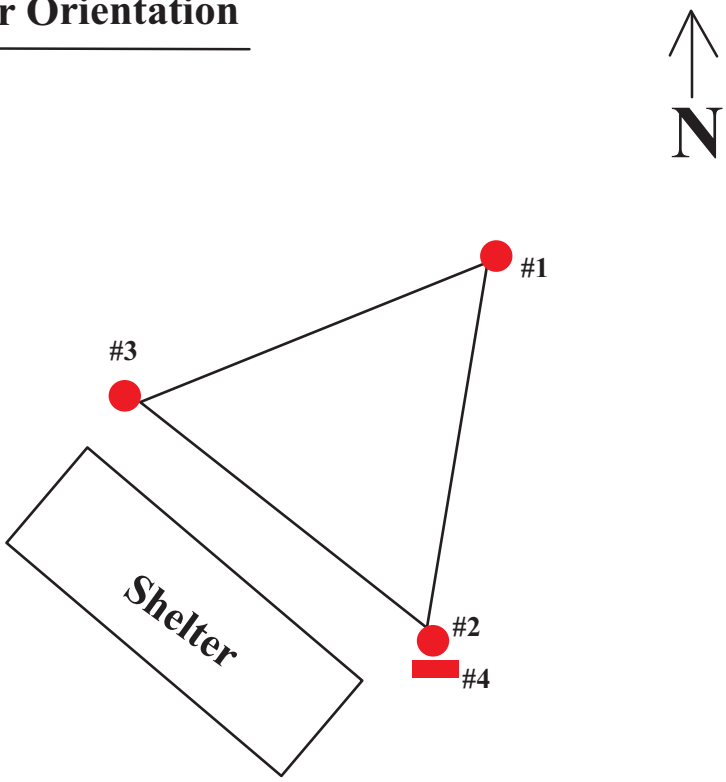
Title _____

Date _____

Amendment 2 ANTENNA KEY - Mcleod County Antennas				
#	Model	Ht to Tip	Pipe or Leg	Coax
1	Celwave PD220-3BN	170'	NE Leg	7/8" Helix
2	RFS SB4107CC 4' dish	150' CL	SE Leg	EWP90
3	RFS SB4107CC 4' dish	100' CL	W Leg	EWP90
4	ISDM4 4ft. Ice Shield	155' CL	SE Leg	N/A
EQUIPMENT IN SHELTER - Mcleod County				
Equip.	Description			
Motorola Base Station	MTR2000			
Motorola Base Station	MTR2000			
Cambium Networks	PTP 11800			
Cambium Networks	PTP 11800			
Sinclair	Pc2213			
FREQUENCY INFORMATION				
Transmit = 154.415 Mhz	Tone/Code = 146.2	Receive = 154.415 Mhz	Tone/Code = 146.2	
Transmit = 154.295 Mhz	Tone/Code = N/A	Receive = 154.295 Mhz	Tone/Code = N/A	
Transmit = 10715.00 MHz	Tone/Code = N/A	Receive = 11205.00 Mhz	Tone/Code = N/A	
Transmit = 10730.00 MHz	Tone/Code = N/A	Receive = 11220.00 Mhz	Tone/Code = N/A	



Tower Orientation



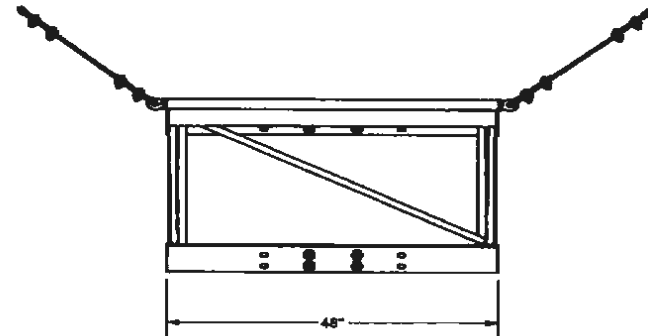
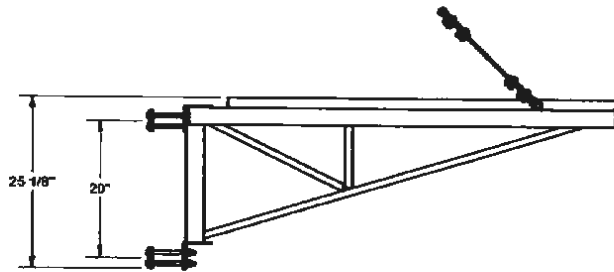
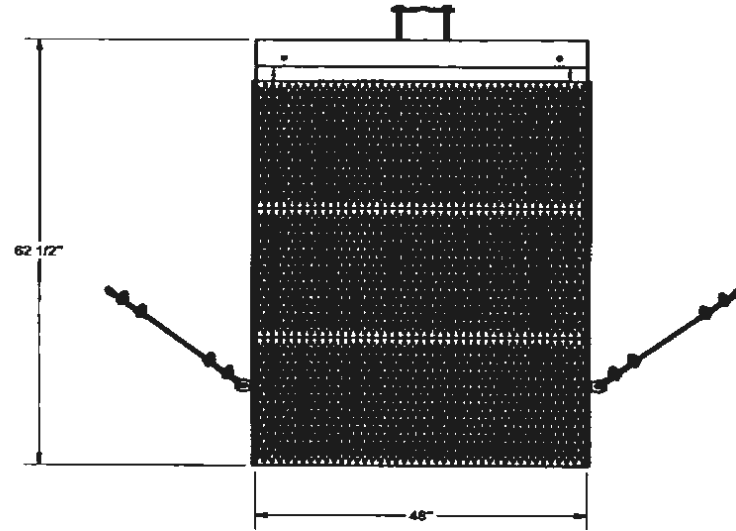
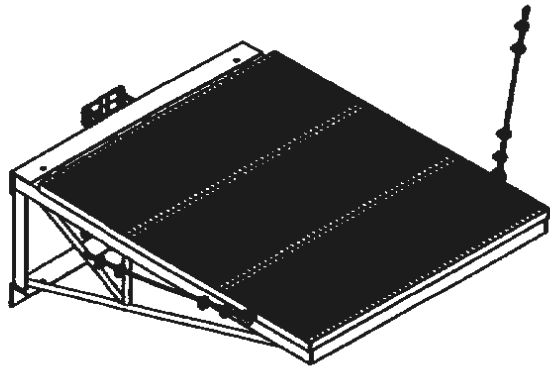
Biscay Tower **Minnesota Department of Transportation**

November 2, 2017
 Agreement #98029 Amendment 2
 Mcleod County

Exhibit B1

Tower Elevation

Scale = None



TOLERANCE NOTES

TOLERANCES ON DIMENSIONS, UNLESS OTHERWISE NOTED ARE:
 SAWED, SHEARED AND GAS CUT EDGES (± 0.005)
 DRILLED AND GAS CUT HOLES (± 0.005) - NO CONING OF HOLES
 LASER CUT EDGES AND HOLES (± 0.010) - NO CONING OF HOLES
 BENDS ARE $\pm 1/2$ DEGREE
 ALL OTHER MACHINING (± 0.005)
 ALL OTHER ASSEMBLY (± 0.005)

PROPRIETARY NOTE:
 THE DATA AND TECHNIQUES CONTAINED IN THIS DRAWING ARE PROPRIETARY INFORMATION OF VALMOUNT
 WEAPONS AND CONSIDERED A TRADE SECRET. ANY USE OR DISCLOSURE WITHOUT THE CONSENT OF
 VALMOUNT WEAPONS IS STRICTLY PROHIBITED.

DESCRIPTION
 4' ICE SHIELD
 FOR DISHES

SITE PRO
 A valmont company

Locations:
 New York, NY
 Atlanta, GA
 Los Angeles, CA
 Plymouth, IN
 Salem, OR
 Dallas, TX

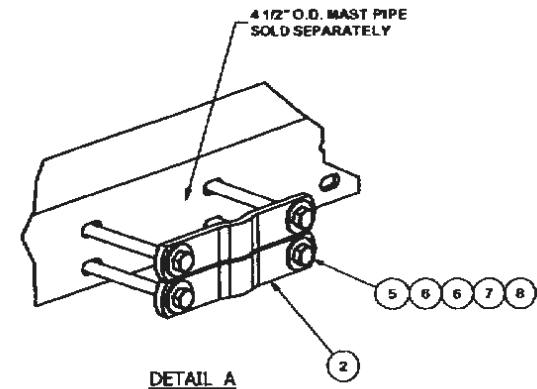
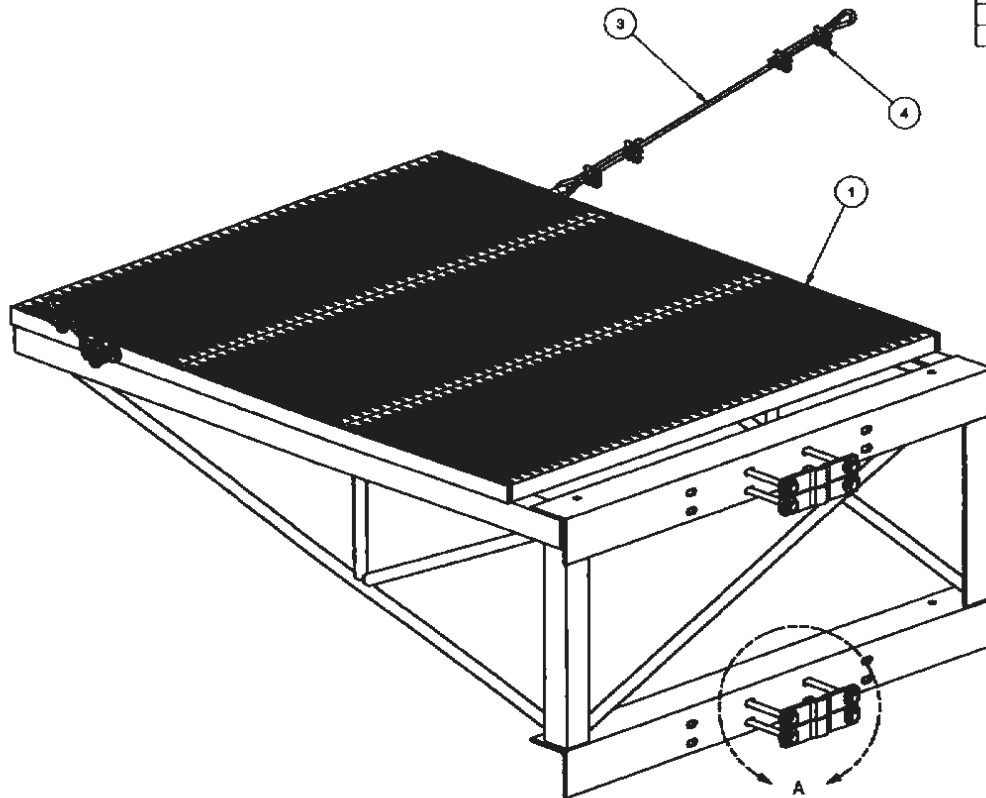
Engineering
 Support Team:
 1-888-753-7446

CPD NO. 4937	DRAWN BY RH18 4/20/2011	ENG. APPROVAL
CLASS 01	SUB 01	DRAWING USAGE CUSTOMER
		CHECKED BY BMC 10/28/2011

PART NO. ISMD4	PAGE 2 OF 2
DWG. NO. ISMD4	

Exhibit F

PARTS LIST						
ITEM	QTY	PART NO.	PART DESCRIPTION	LENGTH	UNIT WT.	NET WT.
1	1	X-108585	4' ICE SHIELD FOR DISHES WELDMENT - SITE PRO 1		269.24	269.24
2	4	X-104223	CLAMP (8-5/8" V-CLAMP) GALVANIZED		1.35	5.41
3	1	218751	5/16" GALV. EHS CABLE 7 WIRE (45' LENGTH)		12.00	12.00
4	8	320152-1	5/16" CABLE CLAMP		1.32	10.52
5	8	G12065	1/2" x 5-1/2" HDG HEX BOLT GR5 FULL THREAD		0.41	3.28
6	16	G12FW	1/2" HDG USS FLATWASHER		0.03	0.54
7	8	G12LW	1/2" HDG LOCKWASHER		0.01	0.11
8	8	G12NUT	1/2" HDG HEAVY 2H HEX NUT		0.07	0.57
					TOTAL WT. #	299.92



TOLERANCE NOTES

TOLERANCES ON DIMENSIONS, UNLESS OTHERWISE NOTED ARE:
 SAWED, SHEARED AND GAS CUT EDGES (± 0.0307)
 DRILLED AND GAS CUT HOLES (± 0.0307) - NO CORING OF HOLES
 LASER CUT EDGES AND HOLES (± 0.0107) - NO CORING OF HOLES
 BENDS ARE $\pm 1/2$ DEGREE
 ALL OTHER MACHINING (± 0.0307)
 ALL OTHER ASSEMBLY (± 0.0307)

PROPRIETARY NOTE:
 THE DATA AND TECHNOLOGIES CONTAINED IN THIS DRAWING ARE PROPRIETARY INFORMATION OF HELIXCUT
 INDUSTRIES AND CONSIDERED A TRADE SECRET. ANY USE OR DISCLOSURE WITHOUT THE CONSENT OF
 HELIXCUT INDUSTRIES IS STRICTLY PROHIBITED.

DESCRIPTION
**4' ICE SHIELD
 FOR DISHES**



Locations:
 New York, NY
 Atlanta, GA
 Los Angeles, CA
 Plymouth, IN
 Salem, OR
 Dallas, TX

Engineering
 Support Team:
 1-888-753-7446

A valmont COMPANY

CPD NO. 4937	DRAWN BY RH18 4/20/2011	ENL. APPROVAL
CLASS 81	SUB 01	DRAWING USAGE CUSTOMER
CHECKED BY BMC 10/28/2011		

PART NO. ISMD4	PAGE 1 OF 2
DWG. NO. ISMD4	

Organization Allocations

Code	Organization	2018 Budget Allocation
<i>Culture & Recreation</i>		
501-6870	McLeod For Tomorrow	17,800 *
501-6873	Safe Avenues	2,200
501-6875	Memorial Day Costs	2,700
501-6876	Southwest Minnesota Arts & Humanities Council	1,000
501-6877	Pioneerland Library System	198,217
501-6887	United Community Action Partnership	7,000
501-6881	McLeod Alliance for Victims of Domestic Violence	7,500
501-6879	McLeod County Historical Society	69,102
501-6894	Southwest Minnesota Foundation	5,900
501-6898	Common Cup (Back Pac Program)	5,000 **
501-6899	McLeod Emergency Food Shelf	5,000
Totals		<u><u>321,419</u></u>
<i>Conservation & Natural Resources</i>		
601-6893	McLeod County Soil & Water District	82,750
Totals		<u><u>82,750</u></u>
<i>Social Services</i>		
11	McLeod County Treatment Program - Visitation/Exchange Center	4,725
Totals		<u><u>4,725</u></u>
<i>Water Resource Management Grant</i>		
25-613	Crow River Joint Powers	6840
25-613	Silver Lake Sportsmen's Club	1000
25-613	Winsted Watershed Lake Association	1000
25-613	Brownston Rod & Gun Club	1000
Totals		<u><u>9,840</u></u>
<p>* Previously paid out of Administration budget for employee wages. ** Previously paid from Solid Waste budget.</p>		

***** McLeod County IFS *****



POOL
11/15/17 11:53AM

Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES

Page 1

Print List in Order By: 2 1 - Fund (Page Break by Fund) Page Break By: 1 1 - Page Break by Fund
2 - Department (Totals by Dept) 2 - Page Break by Dept
3 - Vendor Number
4 - Vendor Name

Explode Dist. Formulas Y

Paid on Behalf Of Name
on Audit List?: N

Type of Audit List: D D - Detailed Audit List
S - Condensed Audit List

Save Report Options?: N

***** McLeod County IFS *****



POOL
11/15/17 11:53AM
3 ROAD & BRIDGE FUND

Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES

Vendor Name	Rpt	Warrant Description	Invoice #	Account/Formula Description
No. Account/Formula	Accr	Service Dates	Paid On Bhf #	On Behalf of Name
320 DEPT		HIGHWAY CONSTRUCTION		
4264 LAND PRIDE CONSTRUCTION INC				
1 03-320-000-0000-6641		PAYMENT #1 BR 92470 REPLACE	291010	STATE AID-REGULAR CONSTRUCTION
2 03-320-000-0000-6646		PAYMENT #1 BR 92470 REPLACE	291070	BRIDGE BONDING
4264 LAND PRIDE CONSTRUCTION INC		2 Transactions		
320 DEPT Total:		HIGHWAY CONSTRUCTION	1 Vendors	2 Transactions
3 Fund Total:		ROAD & BRIDGE FUND		2 Transactions



POOL
11/15/17 11:53AM
5 SOLID WASTE FUND

Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES

Vendor No.	Name Account/Formula	Rpt Accr	Amount	Warrant Description Service Dates	Invoice # Paid On Bhf #	Account/Formula Description On Behalf of Name
391	DEPT			SOLID WASTE TIP FEE		
4147	WEST CENTRAL SANITATION INC					
3	05-391-000-0000-6258		1,627.94	CNTY & SCHOOL COLLECTION 10/01/2017 10/31/2017	11043746 0	SCHOOL RECYCLING
	4147 WEST CENTRAL SANITATION INC		1,627.94	1 Transactions		
391	DEPT Total:		1,627.94	SOLID WASTE TIP FEE	1 Vendors	1 Transactions
393	DEPT			MATERIALS RECOVERY FACILITY		
4147	WEST CENTRAL SANITATION INC					
4	05-393-000-0000-6259		31.40	RURAL RDU COLLECTION 10/01/2017 10/31/2017	11043746 0	RECYCLING
5	05-393-000-0000-6259		141.30	BISCAY COLLECTION 10/01/2017 10/31/2017	11043746 0	RECYCLING
6	05-393-000-0000-6259		992.24	BROWNTON COLLECTION 10/01/2017 10/31/2017	11043746 0	RECYCLING
7	05-393-000-0000-6259		7.05	VALET 1609 KNIGHT 10/01/2017 10/31/2017	11043746 0	RECYCLING
8	05-393-000-0000-6259		286.67	GLENCOE MUD COLLECTION 10/01/2017 10/31/2017	11043746 0	RECYCLING
9	05-393-000-0000-6259		7,024.18	GLENCOE COLLECTION 10/01/2017 10/31/2017	11043746 0	RECYCLING
10	05-393-000-0000-6259		7.05	VALET 2660 1ST AVE 10/01/2017 10/31/2017	11043746 0	RECYCLING
11	05-393-000-0000-6259		7.05	VALET 435 WASHINGTON 10/01/2017 10/31/2017	11043746 0	RECYCLING
12	05-393-000-0000-6259		7.05	VALET 450 DALE 10/01/2017 10/31/2017	11043746 0	RECYCLING
13	05-393-000-0000-6259		7.05	VALET 512 KAY ST 10/01/2017 10/31/2017	11043746 0	RECYCLING
14	05-393-000-0000-6259		7.05	VALLET 656 JUUL 10/01/2017 10/31/2017	11043746 0	RECYCLING
15	05-393-000-0000-6259		7.05	VALET 968 HAYDEN 10/01/2017 10/31/2017	11043746 0	RECYCLING
16	05-393-000-0000-6259		7.05	VALET 1023 LEWIS 10/01/2017 10/31/2017	11043746 0	RECYCLING
17	05-393-000-0000-6259		7.05	VALET 1229 BRAD 10/01/2017 10/31/2017	11043746 0	RECYCLING
18	05-393-000-0000-6259		7.05	VALLET 332 HWY 7	11043746	RECYCLING



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5 SOLID WASTE FUND

Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES

Vendor No.	Name Account/Formula	Rpt Accr	Amount	Warrant Description Service Dates	Invoice # Paid On Bhf #	Account/Formula Description On Behalf of Name
19	05-393-000-0000-6259		7.05	VALET 336 HWY 7 10/01/2017 10/31/2017	0 11043746	RECYCLING
20	05-393-000-0000-6259		7.05	VALET 420 GROVE 10/01/2017 10/31/2017	0 11043746	RECYCLING
21	05-393-000-0000-6259		7.05	VALET 456 SHADY 10/01/2017 10/31/2017	0 11043746	RECYCLING
22	05-393-000-0000-6259		7.05	510 MANOR 10/01/2017 10/31/2017	0 11043746	RECYCLING
23	05-393-000-0000-6259		14.10	VALET 546 SCHOOL RD 10/01/2017 10/31/2017	0 11043746	RECYCLING
24	05-393-000-0000-6259		7.05	VALET 168 HAYDEN 10/01/2017 10/31/2017	0 11043746	RECYCLING
25	05-393-000-0000-6259		7.05	VALET 495 OTTER 10/01/2017 10/31/2017	0 11043746	RECYCLING
26	05-393-000-0000-6259		3,451.56	MUD COLLECTION 10/01/2017 10/31/2017	0 11043746	RECYCLING
27	05-393-000-0000-6259		18,676.72	RDU COLLECTION 10/01/2017 10/31/2017	0 11043746	RECYCLING
28	05-393-000-0000-6259		7.05	VALET 1108 JEFFERSON 10/01/2017 10/31/2017	0 11043746	RECYCLING
29	05-393-000-0000-6259		14.10	VALET 1127 LEWIS 10/01/2017 10/31/2017	0 11043746	RECYCLING
30	05-393-000-0000-6259		7.05	VALET 1169 OAKWOOD 10/01/2017 10/31/2017	0 11043746	RECYCLING
31	05-393-000-0000-6259		7.05	VALET 352 SCHOOL RD 10/01/2017 10/31/2017	0 11043746	RECYCLING
32	05-393-000-0000-6259		7.05	VALET 384 LARSON 10/01/2017 10/31/2017	0 11043746	RECYCLING
33	05-393-000-0000-6259		7.05	VALET 430 GROVE 10/01/2017 10/31/2017	0 11043746	RECYCLING
34	05-393-000-0000-6259		7.05	VALET 539 HURON 10/01/2017 10/31/2017	0 11043746	RECYCLING
35	05-393-000-0000-6259		7.05	VALET 561 GLEN 10/01/2017 10/31/2017	0 11043746	RECYCLING
36	05-393-000-0000-6259		7.05	VALET 851 MAIN 10/01/2017 10/31/2017	0 11043746	RECYCLING
37	05-393-000-0000-6259		7.05	VALET 926 HASSAN 10/01/2017 10/31/2017	0 11043746	RECYCLING



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5 SOLID WASTE FUND

Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES

Vendor No.	Vendor Name Account/Formula	Rpt Accr	Amount	Warrant Description Service Dates	Invoice # Paid On Bhf #	Account/Formula Description On Behalf of Name
38	05-393-000-0000-6259		7.05	VALET 1005 PRAIRIE 10/01/2017 10/31/2017	11043746 0	RECYCLING
39	05-393-000-0000-6259		7.05	VALET 1119 LEWIS 10/01/2017 10/31/2017	11043746 0	RECYCLING
40	05-393-000-0000-6259		7.05	VALET 1223 BRAD 10/01/2017 10/31/2017	11043746 0	RECYCLING
41	05-393-000-0000-6259		7.05	VALET 132 COLLE 10/01/2017 10/31/2017	11043746 0	RECYCLING
42	05-393-000-0000-6259		7.05	VALET 168 FLORIDA 10/01/2017 10/31/2017	11043746 0	RECYCLING
43	05-393-000-0000-6259		7.05	VALET 177 4TH 10/01/2017 10/31/2017	11043746 0	RECYCLING
44	05-393-000-0000-6259		7.05	VALET 201 4TH 10/01/2017 10/31/2017	11043746 0	RECYCLING
45	05-393-000-0000-6259		7.05	VALET 325 WASHINGTON 10/01/2017 10/31/2017	11043746 0	RECYCLING
46	05-393-000-0000-6259		7.05	VALET 362 SCHOOL 10/01/2017 10/31/2017	11043746 0	RECYCLING
47	05-393-000-0000-6259		10.52	LP MUD COLLECTION 10/01/2017 10/31/2017	11043746 0	RECYCLING
48	05-393-000-0000-6259		2,100.66	LP RDU COLLECTION 10/01/2017 10/31/2017	11043746 0	RECYCLING
49	05-393-000-0000-6259		7.05	VALET 200 JUNIPER 10/01/2017 10/31/2017	11043746 0	RECYCLING
50	05-393-000-0000-6259		445.88	PLATO RDU COLLECTION 10/01/2017 10/31/2017	11043746 0	RECYCLING
51	05-393-000-0000-6259		14.10	PLATO VALET 8 & 16 MCLE 10/01/2017 10/31/2017	11043746 0	RECYCLING
52	05-393-000-0000-6259		7.05	VALET 313 GROVE 10/01/2017 10/31/2017	11043746 0	RECYCLING
53	05-393-000-0000-6259		63.12	SL MUD COLLECTION 10/01/2017 10/31/2017	11043746 0	RECYCLING
54	05-393-000-0000-6259		1,117.84	SL RDU COLLECTION 10/01/2017 10/31/2017	11043746 0	RECYCLING
55	05-393-000-0000-6259		728.48	STEWART RDU COLLECTION 10/01/2017 10/31/2017	11043746 0	RECYCLING
56	05-393-000-0000-6259		105.20	WINSTED MUD COLLECTION 10/01/2017 10/31/2017	11043746 0	RECYCLING
57	05-393-000-0000-6259		2,942.18	WINSTED RDU COLLECTION 10/01/2017 10/31/2017	11043746	RECYCLING

***** McLeod County IFS *****



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5 SOLID WASTE FUND

Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES

Vendor No.	Name Account/Formula	Rpt Accr	Amount	Warrant Description Service Dates	Invoice # Paid On Bhf #	Account/Formula Description On Behalf of Name
58	05-393-000-0000-6259		73.64	10/01/2017 10/31/2017 BROWNTON MUD COLLECTION	0 11043746	RECYCLING
59	05-393-000-0000-6259		7.05	10/01/2017 10/31/2017 VALET 556 LYNN RD	0 11043746	RECYCLING
4147	WEST CENTRAL SANITATION INC		38,494.74	10/01/2017 10/31/2017 56 Transactions	0	
393	DEPT Total:		38,494.74	MATERIALS RECOVERY FACILITY	1 Vendors	56 Transactions
5	Fund Total:		40,122.68	SOLID WASTE FUND		57 Transactions
	Final Total:		170,254.27	3 Vendors	59 Transactions	

***** McLeod County IFS *****



Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES

Recap by Fund	<u>Fund</u>	<u>AMOUNT</u>	<u>Name</u>
	3	130,131.59	ROAD & BRIDGE FUND
	5	40,122.68	SOLID WASTE FUND
All Funds		170,254.27	Total

Approved by,
.....
.....



County of McLeod

830 11th Street East
Glencoe, Minnesota 55336
FAX (320) 864-1809

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**COUNTY ADMINISTRATOR - INTERIM
CINDY SCHULTZ FORD**
Phone (320) 864-1363
830 11th Street East, Suite 110
Glencoe, MN 55336
Cindy.Schultz@co.mcleod.mn.us

RESOLUTION 17-CB-41 AMENDING THE SECOND AMENDED JOINT POWERS AGREEMENT BETWEEN MEEKER, MCLEOD AND SIBLEY COUNTIES CREATING THE JOINT COMMUNITY HEALTH BOARD

WHEREAS, Meeker, McLeod and Sibley Counties comprise the Member Counties of the Meeker, McLeod and Sibley Community Health Board (hereinafter referred to as the Community Health Board; and

WHEREAS, the Community Health Board operates pursuant to a Second Amended Joint Powers Agreement between Meeker, McLeod and Sibley Counties Creating the Joint Community Health Board (hereinafter referred to as the Joint Powers Agreement) and By-Laws (hereinafter referred to as the By-Laws); and

WHEREAS, the Community Health Board has recommended the following changes to the Joint Powers Agreement:

Article V (Budget and Funds). Add the following Sections 5 and 6:

5. Initial Administrative Integration Funding. Each Member County shall make a contribution to a Joint Community Fund for initial integrated administrative operations for budget year This total Member contribution will be sixty thousand dollars (\$60,000). Each Member County will pay the following percentage based upon July 1, 2016 population estimates:

	Percentage	Amount
McLeod County	48.58%	\$29,148
Meeker County	31.32%	\$18,792
Sibley County	20.1%	\$12,060

This amount will be paid by each Member County in a lump sum no later than December 1,2017.

6. Program Transition Funding. CHS will receive all grants and third party payments that are tied to a service or program that transition from a Member County to CHS. In addition, each Member County that transitions an existing service or program to CHS shall make transition payments to CHS to reflect the diminished County cost over time because of said transition. In the first full budget year in which the transition occurs, the transitioning Member County shall pay to CHS the prior year actual costs associated with the service or program (including but not limited to all personnel costs) that will be transitioned plus an inflationary amount equivalent to the twelve month change to the Consumer Price Index for Urban - All Cities as measured from July of the preceding year. This transition cost will exclude any amounts that will continue to be paid by continued grant funds or third party payments. This transition cost will further exclude any amounts that will continue to be borne by the Member County such as continued physical space for such service or program operations. In the second full budgeted year following the transition, the Member County shall pay to CHS two-thirds (2/3) of the initial transition amount. In the third full budgeted year following the transition, the Member County shall pay to CHS one-third (1/3) of the initial transition amount. The Member County will not be required to pay additional amounts for said services in and after the fourth year. Said payments are in addition to the Quarterly Payment of Budgeted Amounts noted in Section 1 but may be made on the same quarterly basis as outlined in Section 1.

WHEREAS, these changes will be incorporated into a Third Amended Joint Powers Agreement between Meeker, McLeod and Sibley Counties creating the Joint Community Health Board; and

NOW, THEREFORE, BE IT RESOLVED that the County Board approves and ratifies the changes to the Joint Powers Agreement recommended by the Community Health Board as noted above.

BE IT FURTHER RESOLVED that the County Board Chair and other appropriate County officials are authorized and directed to execute the original Third Joint Powers Agreement with the changes as noted above.

BE IT FURTHER RESOLVED that the Third Joint Powers Agreement shall be effective upon the last of the ratifications by each Member County comprising the Meeker, McLeod and Sibley Community Health Board.

Adopted this 17th day of November, 2017.

Joseph Nagel, Chairman

Cindy Schultz Ford, Interim County Administrator



Public Health
Prevent. Promote. Protect.

Meeker McLeod Sibley
Community Health Services

Meeker-McLeod-Sibley Community Health Services

1805 Ford Avenue, Suite 200
Glencoe, Minnesota 55336

Direct Line (507) 766-3531
Fax Number (320) 864-1484

October 24, 2017

Joe Nagel
McLeod County Board Chair
830 11th Street E
Glencoe MN 55336

Beth Oberg
Meeker County Board Chair
325 Sibley Avenue N
Litchfield, MN 55355

Gary Kruggel
Sibley County Board Chair
400 Court Ave
Gaylord, MN 55334

Re: Intent to Terminate Delegation Agreement Between the Meeker-McLeod-Sibley
Community Health Board and Each Local Health Board.
Service Upon Board Chair

Dear Board Chair:

This letter will serve as the Notice by the Meeker-McLeod-Sibley Community Health Board (the Community Health Board) that on October 12, 2017 it voted to terminate the current Delegation Agreement Between the Meeker-McLeod-Sibley Community Health Board and Each Local Health Board. This Notice is made pursuant to Section 5 of said agreement and will begin the one year period referenced in that Delegation Agreement. A copy of the Delegation Agreement is attached for your reference.

The Community Health Board has appointed a subcommittee to address issues related to integration and delegation of administrative and program services going forward. This subcommittee includes a County Commissioner from your County.

Sincerely,

Allie Elbert

MMS Community Health Services Administrator



Public Health
Prevent. Promote. Protect.

Meeker McLeod Sibley
Community Health Services

Meeker-McLeod-Sibley Community Health Services

1805 Ford Avenue, Suite 200
Glencoe, Minnesota 55336

Direct Line (507) 766-3531
Fax Number (320) 864-1484

ENC: Delegation Agreement

cc: Meeker County Attorney Brandi Schiefelbein, 325 Sibley Ave N., Litchfield 55355
McLeod County Attorney Michael Junge, 830 11th St E, Glencoe 55336
Sibley County Attorney Dave Schauer, 307 N. Pleasant Ave Po Box H, Winthrop 55396

**SECOND AMENDED
JOINT POWERS AGREEMENT BETWEEN
MEEKER, MCLEOD AND SIBLEY COUNTIES
CREATING THE JOINT COMMUNITY HEALTH BOARD**

**ARTICLE 1
ENABLING AUTHORITY**

THIS AGREEMENT (hereinafter referred to as the Agreement) is made by and between Meeker, McLeod and Sibley Counties (each hereinafter referred to as a Member County). Each Member County is a political subdivision and governmental unit. These Member Counties shall hereinafter collectively be referred to as the Member Counties or the parties.

This Agreement amends and supersedes the Joint Powers Agreement originally dated April 19, 1990 and first amended August 8, 2006.

This Agreement is established pursuant to the authority granted pursuant to the Minnesota Constitution, laws of the State of Minnesota and, more specifically, Minnesota Statutes, Section 471.59 regarding joint powers entities and Minnesota Statutes, Section 145A regarding community health boards.

**ARTICLE II
PURPOSE**

By this Agreement, the parties have determined that they are jointly able to provide better and more efficient local public health services than as individual counties and that their powers under Minnesota Statutes and other applicable law may best be exercised jointly.

Accordingly, the parties desire to enter into this Agreement to establish the method by which this purpose shall be accomplished and the manner in which its powers shall be exercised.

**ARTICLE III
NAME OF ORGANIZATION AND BOUNDARIES**

Name of Organization. The parties do hereby establish a joint community health board to be called the "Meeker, McLeod and Sibley Community Health Board." This shall hereinafter be referred to as the Health Board.

Area of Organization. The area covered by the Agreement is the area contained within the boundaries of the parties. This area shall hereinafter be referred to as the Community Health Service Area.

**ARTICLE IV
JOINT POWERS COMMUNITY HEALTH BOARD**

A Joint Powers Community Health Board (hereinafter referred to as “the Board”) is hereby created.

1. Board Composition. The Board shall consist of six (6) members:
 - a. Two members and one alternate shall be annually appointed by the County Board of each Member County from its membership to serve until replaced by the County Board of that County.
 - i. In the event that a County does not appoint a board member or alternate, the County’s prior designated individual shall continue to serve until such time as a new individual is appointed.
 - ii. Vacancies in the position of board member or alternate shall be promptly filled by the County Board of that County.
 - c. The Board shall annually select the following Officers from Board Members: a Chair, Vice Chair and Secretary. Each Member County shall be represented among the Chair, Vice Chair and Secretary. These three Officers shall serve as an Executive Committee.
 - i. The Chair shall be a revolving annual appointment so that each Member County representative serves as Board Chair once every three (3) years. This shall be determined by a representative from the Member County who served as the Vice Chair in the prior year assuming the position of Chair the following year. A representative from the Member County who served as the Secretary in the prior year shall then assume the Vice Chair the following year. A representative from the Member County who served as the Chair in the prior year shall assume the Secretary position.
 - d. The Board shall annually appoint a Treasurer by either:
 1. selecting a Board member to serve in such capacity
 2. appointing a combined Secretary-Treasurer.
 3. utilizing an employee of a Member County with experience in finances; or
 4. contracting said services

In the event that the Board utilizes an employee of a Member County or contracts for said services, the Treasurer shall not be a voting member.
 - e. The Chair, or in the Chair’s absence, the Vice – Chair shall preside at meetings of the Health Board and sign or authorize an agent to sign contracts and other documents requiring signatures on behalf of the Health Board.

2. Vacancies defined. Vacancies shall occur upon:

- a. The resignation, retirement or death of the member or alternate.
- b. The member or alternate being removed as a Board member for the appointing Member County.
- c. The member or alternate ceasing to be a County Commissioner.
- d. The member or alternate being removed by motion and at least three (3) affirmative votes of the other Board members.

3. Duties of the Board. The Board shall have the powers and duties of a Community Health Board, including but not limited to those powers and duties outlined in Minn. Stat. Sec. 145A as now enacted or as may be amended. The Board shall also have the powers and duties common to the parties as is necessary and proper to fulfill its purposes and perform its duties, including those which are the same except for the territorial limits within which they may be exercised. Such authority shall include the specific powers enumerated in this Agreement or in the bylaws.

Specific powers of the Board include the following:

- a. To control and direct the administration of the affairs of the Health Board.
- b. To adopt and amend By-Laws consistent with this Agreement.
- c. To employ or contract with a Community Health Services Administrator, other administrators, officers, employees, agents, consultants, contractors and such other individuals as may be determined by the Board as qualified to provide services for the Health Board and as necessary to carry out the provisions of this Agreement and the requirements of Minn. Stat. Sec. 145A.
- d. To acquire, by any lawful means, including gifts, purchase, lease or transfer of custodial control, such lands, buildings, facilities and equipment necessary and incident to the accomplishment of the purposes of Minn. Stat. Sec. 145A.
- e. To accept gifts, grants and subsidies from any lawful source.
- f. To apply for and accept local, state and federal funds.
- g. To establish and collect reasonable fees for community health services to the extent permitted by law.
- h. To enter into contracts on behalf of the Health Board.
- i. To make recommendations to the County Boards of the Member Counties relating to the Health Board.

- j. In the event that an appropriation from each Member County is required, to submit a proposed annual Health Board budget to the governing body of each Member County before July 1 in the applicable year. The budget of the Health Board shall be established in January of the applicable year.
 - k. To authorize the expenditure of subjected funds for the applicable fiscal year.
 - l. To delegate to the Executive Board the authority to purchase supplies and equipment necessary for the proper operation, care, maintenance and preservation of Health Board facilities and equipment, provided that such purchases do not exceed budgeted amounts in the Health Board's budget.
 - m. To lease and purchase capital equipment included within the Health Board's budget.
 - n. To sell, lease or dispose of surplus property.
 - o. To act as paying agent for any bonds, contracts of indebtedness and loans made in the name of the Health Board.
 - p. To cause an annual audit to be made of its accounts, books, vouchers and funds.
 - q. To appoint one or more Member County as financial, human resources and/or other administrative services agent for the Health Board and to compensate the Member County serving as agent for said services.
 - r. To enter into insurance agreements providing for liability and property insurance and such other insurance as the Health Board deems necessary as otherwise provided in this Agreement.
 - s. To enter into a Delegation Agreement with the Member Counties to the extent that such delegation is permitted by applicable law.
 - t. To ensure that community health services are accessible to all persons on the basis of need and to ensure that no one shall be denied services because of race, color, sex, age, language, religion, nationality, inability to pay, political persuasion or place of residence.
4. Board Meetings. The Board shall meet at least quarterly in each calendar year. The Board may meet more frequently as provided in the By-laws.
- a. A quorum for the purposes of conducting board business shall consist of one member or alternate from each Member County.
 - b. Procedures of the board shall generally follow Robert's Rules of Order except that the board may adopt other rules of procedure as it deems fit and consistent with this agreement. Failure to strictly adhere to procedural rules other than the

required number of votes and required notice of meetings shall not invalidate any resulting decision.

- c. The Board shall adopt written procedures in its Bylaws for transacting business and shall keep a public record of its transactions, findings, and determinations.
- d. Members may receive a per diem plus travel and other eligible expenses while engaged in official duties.

ARTICLE V BUDGET AND FUNDS

1. Quarterly Payment of Budgeted Amounts. On the first business day of January, April, July, and October of each year, each Member County shall pay to a joint Community fund an amount equal to one quarter of that Member County's share of the annual budget, if any. A Member County may choose to pay its share at one time or every six months rather than quarterly.
2. Accrual of Interest. Interest accruing to the Health Board funds shall become part of the fund. Funds on hand at year end shall be reserved for future Health Board operations.
3. Reports. The Health Board shall ensure strict accountability for all funds of the organization and shall require reports on all receipts and disbursements made to, or on behalf of the Health Board. The Board Chair shall cause a written quarterly financial report and such other reports as may be directed by the Board to be prepared and submitted to the Board for review and approval.
4. Deposit of funds. Fees and payments from all Health Board contracts and other services rendered shall be deposited into the joint operating Health Board fund upon receipt. Fees and payments for Health Board contracts and other services rendered shall be estimated for the following budget year before the annual assessment for each governmental unit, if any, is computed.

ARTICLE VI OWNERSHIP OF JOINT EQUIPMENT

The Member Counties shall acquire an undivided interest in any jointly purchased property and equipment in proportion to the amount that each has contributed to the cost. A master Community Health Board inventory of all newly purchased non-disposable or consumable items shall be maintained. The inventory shall indicate a description of the item, identification or serial numbers, Community Health Board inventory number, the year of purchase, and the total cost of the item. When jointly purchased equipment is traded or sold, the trade-in value or sale price shall be credited back to the Joint Community Health Board fund for use in equipment purchases.

**ARTICLE VII
REAL ESTATE, BUILDINGS AND FACILITIES**

Each Member County shall be responsible for providing adequate office space and facilities, including telephone services and internet connectivity, as may be determined by the Board. This may include the Member County or Member Counties purchasing necessary land and for the cost of construction of buildings necessary for housing the Health Board operations and services. Adequate and Necessary as used in this paragraph shall be determined by the Board.

Land and buildings in each Member County utilized for Health Board services and operations shall remain the property of the Member County in which it lies and shall be returned to the Member County upon withdrawal or dissolution. Remodeling and all repairs to said land and buildings shall be the responsibility of the Member County in which the land or structure lies.

Each Member County shall provide, at no cost to the Health Board, office cleaning, grounds maintenance, snow and ice control services and such other services common to business operation.

This article does not apply to land and buildings that may be purchased by the Health Board.

**ARTICLE VIII
INSURANCE AND LIABILITY**

1 Applicability. The Health Board shall be considered a separate and distinct public entity to which the Parties have transferred all responsibility and control for actions taken pursuant to this Agreement. The Health Board shall comply with all laws and rules that govern a public entity in the State of Minnesota and shall be entitled to the protection of M.S. 466.

2 Indemnification and Hold Harmless. The Health Board shall fully defend, indemnify and hold harmless the Member Counties against all claims, losses, liability, suits, judgments, costs and expenses by reason of the action or inaction of the Board and/or employees and/or the agents of the Health Board. This Agreement to indemnify and hold harmless does not constitute a waiver by any participant of limitations on liability provided under Minnesota Statutes, Section 466.04.

To the full extent permitted by law, actions by the Parties pursuant to this Agreement are intended to be and shall be construed as a “cooperative activity” and it is the intent of the Parties that they shall be deemed a “single governmental unit” for the purpose of liability, as set forth in Minnesota Statutes, Section 471.59, subd. 1a(a); provided further that for purposes of that statute, each Party to this Agreement expressly declines responsibility for the acts or omissions of the other Party.

The Parties of this Agreement are not liable for the acts or omissions of the other participants to this Agreement except to the extent to which they have agreed in writing to be responsible for acts or omissions of the other Parties.

3. Insurance. The Health Board shall procure its own insurance as an independent entity. Insurance for jointly owned equipment and costs/liabilities associated with the Health Board's employment of individuals, shall be paid for out of the Health Board fund. This shall include but not be limited to the payment of workers compensation and all other mandated employer contributions.

Insurance on individual County-owned buildings or facilities shall be the responsibility of the Member County owning the buildings.

ARTICLE IX DATA PRACTICES COMPLIANCE

The books and records, including minutes and fully executed Agreements of the Board shall be subject to the provisions of the Minnesota Government Data Practices Act (Minn. Stat. Sec. 13). Said data shall be maintained at the primary office of the Health Board. Records, accounts and reports shall be maintained by the Community Health Services Administrator.

ARTICLE X PROVISION FOR AMENDMENTS TO JOINT POWERS AGREEMENT

This agreement may be amended, including the provision for adding new members, upon recommendation of the Board and by ratification by the County Board of each Member County.

ARTICLE XI DISSOLUTION AND WITHDRAWAL

1. Perpetual Duration Unless Dissolved. Unless dissolved pursuant to this Agreement, the duration of this Agreement shall be perpetual.
2. Dissolution. This Agreement shall be dissolved upon unanimous written agreement of all parties.
 - a. Said dissolution shall occur following a two (2) year period during which the Health Board shall continue to operate and attempt to reach agreement upon the distribution of assets and liabilities, discharge of obligations and such other matters as may be needed to be addressed.
 - b. The Board shall continue to exist after dissolution as long as is necessary to wind up and conclude the affairs subject to this Agreement.
3. Dissolution Process. Upon dissolution, all Health Board debts and expenses shall be satisfied prior to distribution of any assets to the Member Counties.
 - a. This paragraph shall not apply to real property and buildings that remained the property of the Member County. Real property purchased by the Health Board and any improvements, buildings and fixtures upon said property shall have a fair market

value established by appraisal prior to the effective date of the dissolution. The Member County in which said real property is located shall have the first right to purchase for the appraised price. In the event that the Member County in which the property is located does not exercise its right to purchase within three (3) months of the effective date of the dissolution, the real property shall be sold and the net proceeds shall be distributed according to the percentage that each Member County contributed to the last budget for the Health Board. If no Member County contributed to the last budget for the Health Board, said distribution shall occur evenly.

- b. An inventory of all Health Board personal property and equipment shall be compiled by June 30 in the year preceding the dissolution. Values for said personal property and equipment shall be established by appraisal or, upon agreement of all Member Counties, any other commercially reasonable method.
- c. The property and equipment shall be distributed to each Member County as follows:
 - i. Each Member County shall be assigned an available credit amount based upon the total value of the property and equipment established above multiplied by the percentage that each Member County contributed to the last annual budget for the Board. If no Member County contributed to the last budget for the Health Board, said distribution shall occur evenly.

For example, if a Member County contributed 40% of the last annual budget and the total value of the property and equipment was \$100,000, the Member County would have an available credit of \$40,000.

- ii. Each Member County shall alternate selecting items with the initial order selected by drawing numbers. Selection shall occur as follows:
 - 1. The Member County with the first selection in the first round shall select last in the second round, first in the third round, etc.
 - 2. The Member County with the second selection in the first round shall select second to last in the second round, second in the third round, etc.
 - 3. The Member County with the third selection in the first round shall select first in the second round, third in the third round, etc.
 - 4. A Member County may pass on its turn at any given point in the process.
- d. Each selection shall be charged against the available credit amount for the selecting Member County and subsequent rounds shall occur until all property and equipment is distributed or each Member County declines to select the property and equipment.
 - i. Member County may exceed the available credit available on the purchase of one piece of capital equipment or one other equipment item of the Board. In the event a Member County exceeds its available credit, the

Member County hereby agrees that it shall reimburse the other Member Counties said excess amount (hereinafter called an excess payment) upon said selection.

- ii. Said excess payment shall be distributed to the other Member Counties based upon the same percentage of the total budget that the other Member County contributed excluding the Member County making the excess payment. If no Member County contributed to the last budget for the Health Board, said distribution shall occur evenly.
 - e. Property and equipment that is not selected following this process shall be declared surplus and sold with the proceeds distributed according to the percentage of available funds each Member County had when all Member Counties passed on the remaining equipment.
 - i. Property that is not sold after 60 calendar days of it being declared surplus shall be deemed to have a value of \$0 and may be disposed of in any reasonable manner.
4. Withdrawal. Member Counties may withdraw from this Agreement only in accordance with this Article. Unless there is a mutual written agreement from all Member Counties permitting earlier withdrawal, any party wishing to withdraw from this Joint Powers Agreement must give at least two calendar years advance notice to the other parties to this Agreement and the Commissioner of Health. In such instance, withdrawal shall occur on the January 1 that is at least two (2) years after said notice. Any Member County giving notice of withdrawal may rescind said notice and determine to stay in the Health Board only upon consent of the remaining Member Counties.
- a. Withdrawal Damages. Any Member County that withdraws shall forfeit all interest, claim or ownership to any Community Health Board owned equipment. In addition, the withdrawing Member County shall pay a withdrawal amount equal to one-half (1/2) its annual contribution in the prior budget year, if any.
 - b. Effect of Withdrawal. The Member County that withdraws shall have no liability or obligation to the Health Board after the effective date of withdrawal for debts or claims incurred after the effective date of withdrawal.

ARTICLE XII GENERAL PROVISIONS

1. Counterparts. This Agreement may be executed in several counterparts and all so executed shall constitute one agreement, binding on all of the parties hereto notwithstanding that all of the parties may not be signatories to the original or the same counterparts. Counterparts shall be filed with, and maintained by the office of the Public Health Administrator.


2. Severability. In the event that any provision of this Agreement is held to be contrary to law, that provision shall be deemed severed from this Agreement and the balance of this Agreement shall remain in force between the parties to the fullest extent permitted by law.
3. Modification. Any amendments, alterations, modifications or waivers of the provisions of this Agreement shall be valid only when they have been reduced to writing and duly signed by the parties.
4. Minnesota Law. The law of the State of Minnesota shall govern all questions as to the validity, performance and enforcement of this contract. This Agreement shall be interpreted and constructed according to the laws of the State of Minnesota.
5. Notice. All notices, requests, demands and other communications hereunder shall be in writing and shall be deemed to have been duly given if delivered or mailed (registered or certified mail, postage prepaid, return receipt requested) to each County Board Chair at the Government Center for that County .
6. Headings. Section and subsection headings are not to be considered part of this Agreement, are included solely for convenience, and are not intended to be full or accurate descriptions of the content thereof.

**ARTICLE XIII
TERM AND EFFECTIVE DATE**

This Agreement shall become effective upon approval by each party and shall remain in effect until dissolved as noted above.

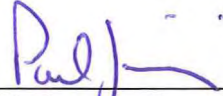
In Witness Whereof, the parties have caused this Agreement to be executed by the persons authorized to act for their respective Parties on the dates show below.

COUNTY OF MEEKER

By: 
County Board Chair

Date:

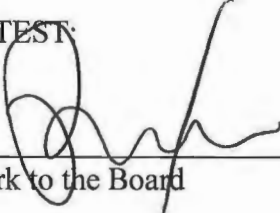
ATTEST: .


Clerk to the Board

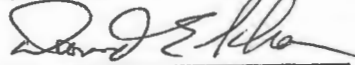
COUNTY OF SIBLEY

By: 
County Board Chair

Date:

ATTEST:

Clerk to the Board

Approved as to form and execution:


David E. Schauer
Sibley County Attorney

| 631354-v1
678602-v5

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COUNTY OF MCLEOD

By: Paul [Signature]
County Board Chair

Date:

ATTEST:

Patrick Mehin
Clerk to the Board

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678602-v5



MEEKER-McLEOD-SIBLEY COMMUNITY HEALTH BOARD Meeting Minutes
Thursday, February 23rd, 2017
McLeod County Household Hazardous Waste Building, Hutchinson

Board Members

Beth Oberg..... present	Joe Tacheny.....absent	Ron Shimanski.....present
Joe Nagel..... present	Bill Pinske.....present	Bobbie Harder.....present
Mike Housman.....present	Doug Krueger.....absent	Joy Cohrs.....absent

Staff Present

Diane Winter.....present	Jennifer Hauser.....present	Allie Freidrichs.....present
John Glisczinski ...present	Rachel Fruhwirth.....present	Colleen Robeck....absent
Kerry Ward.....present		

Guests: Scott Lepak -Attorney at Law, Paul Viring Meeker County Administrator, Roxy Traxler Sibley County Administrator.

1. **Meeting called to order**
2. **Welcome and Introductions**
3. **Additions to the Agenda** Motion made by Ron Shimanski to approve the February 23, 2017 agenda, seconded by Beth Oberg, motion passed.
4. **Approval of January 12th 2017 meeting minutes*** Motion made by Beth Oberg to approve the January 12th, 2017 CHB meeting minutes, seconded by Ron Shimanski, motion passed.
5. **Administrative Items** Brief explanation was provided on both administrative items. The first grant agreement (Letter A) is to host a Growing Great Kids home visiting workshop for staff. The second grant agreement (Letter B) is an agreement to offer the Project Harmony program which, includes home visiting, case management, Licensed Alcohol and Drug Counselor (LADC) and Recovery Coach services. This program is for women pregnant or with children up to age 10 with a substance use disorder.
 - a. Minnesota Department of Health contract agreement to host Growing Great Kids training in the amount of \$2,500 for the time period of 2/1/17-6/30/17
 - b. Minnesota Department of Human Services contract agreement for Project Harmony grant for \$150,000 each year for the time period of 11/1/16-6/30/19.
 Motion made by Ron Shimanski to approve both grant agreements as presented, seconded by Bill Pinkse, motion passed.
6. **Resignation of Emergency Preparedness Coordinator** The MMS CHS Emergency Preparedness Coordinator has resigned effective March 17th. After a brief discussion on the amount of the grant, salary, and required job duties, a motion was made by Bill Pinske to replace the full time MMS Emergency Preparedness Coordinator, seconded by Beth Oberg, motion passed.



Meeker-McLeod-Sibley Community Health Services

1805 Ford Avenue, Suite 200
Glencoe, Minnesota 55336

Direct Line (507) 766-3531
Fax Number (320) 864-1484

7. **Delegation Discussion – Scott M. Lepak, Attorney at Law** – Proposal prepared by Scott Lepak was reviewed. Distinction was made between CHS Administrative services and delivery of programs and services.

Motion made by Joe Nagel and seconded by Beth Oberg to build the infrastructure framework for administrative services of the CHS, with the following components:

- a. Development of classification and compensation plans
- b. Develop an agreement for a MMS CHS Medical Consultant. *(McLeod County Medical Consultant is considering being the CHS Medical Director)*
- c. Research health insurance options
- d. Obtain EIN number
- e. Research IT, HR and payroll services.
- f. Research office locations for CHS employees that will create a central location and assist with a separate identify for MMS CHS.
- g. Develop personnel policies for the CHS. *(Can reference policies from Supporting Hands Nurse Family Partnership organization.)*

Motion passed

8. **Adjourn** Motion made by Ron Shimanski to adjourn the meeting, seconded by Bill Pinske, motion passed.

Attachments:

- January 12th 2017 Meeting minutes
- MMS CHS Administrative Services Grid
- Keystone Proposal
- Springsted Proposal
- CDS Proposal
- Paychex Proposal

2017 Meeting Dates

April 13th 9-11:
July 13th 9-11
October 12th 9-11
Large Conference Room
McLeod Solid Waste Bldg



Mike Housman, Secretary

DELEGATION AGREEMENT BETWEEN
THE MEEKER-McLEOD-SIBLEY COMMUNITY HEALTH BOARD
AND EACH LOCAL HEALTH BOARD

THIS AGREEMENT, made effective this 8th day of August, 2006, by and among the Meeker-McLeod-Sibley Community Health Board (hereinafter designated Community Health Board), and the Local Health Boards of Meeker County (hereinafter designated Meeker County Local Health Board.), and McLeod County (hereinafter designated McLeod County Local Health Board.), and Sibley County (hereinafter designated Sibley County Local Health Board.), shall be for the purpose of delegating certain powers and duties from the Community Health Board to the Meeker County Local Health Board, McLeod County Local Health Board, and Sibley County Local Health Board, respectively.

Section 1. Definitions. The terms used in this Agreement shall have those definitions described in the attached Joint Powers Agreement between Meeker, McLeod, and Sibley Counties.

Section 2. Each such local board of health shall be delegated all of the powers and duties of a health board under Minnesota Statutes 145A and all powers and duties which may be delegated to such local boards under any other laws, except insofar as certain powers and duties may not be delegated by the Community Health Board, as specified in MINNESOTA STATUTES 145A

Section 3. The criteria that the Community Health Board shall use to determine if the performance of each of the local health boards meets appropriate standards and is sufficient to replace performance by the Community Health Board will be as follows:

- A. The Local Health Board shall avail itself of medical consultation services secured by the Community Health Board.
- B. The Local Health Board shall distribute vaccine in accordance with MDH policy.

- C. The Local Health Board shall ensure proper reporting and control of communicable diseases.
- D. The Local Health Board shall enforce public health nuisance laws, ordinances, and rules.
- E. The Local Health Board shall prepare reports on its expenditures and activities.
- F. The Local Health Board shall provide matching funds as required by MINNESOTA STATUTES 145A.
- G. The MDH Document "Summary of Powers and Duties" provides additional information about the powers and duties of a Board of Health and a Community Health Board and is attached to this agreement as Exhibit B.

Section 4. It is understood and agreed that the Meeker County Local Health Board, the McLeod County Local Health Board, and the Sibley County Local Health Board. shall not perform licensing, inspection, or enforcement duties under this Agreement in territory outside their respective jurisdictions, unless such activities are approved by the governing body for such outside territory by separate agreement.

Section 5. This Agreement shall be of indefinite duration, subject to a one year notice of intent to terminate the Agreement by any party, served upon the chairman of the board of the other parties. Termination of this Agreement in relation to one local health board shall not affect the delegation of powers and duties to the other local boards.

Section 6. During the course of the Agreement, the Community Health Board shall not perform any of the delegated duties specified herein, except inspections necessary to monitor compliance with this Agreement, unless the parties otherwise agree in writing that the Community Health Board may perform certain specified duties.

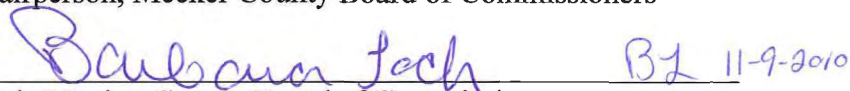
Section 7. The Community Health Board shall consult with, advise, and assist each local board as needed, or as requested, in the performance of the duties of such local boards under this Agreement.

Section 8. This Agreement does not alter the responsibility of the Community Health Board for the performance of duties which it must undertake and maintain by law.

IN WITNESS WHEREOF,

Adopted by the Meeker County Board of Commissioners on this 1st day of August 2006.

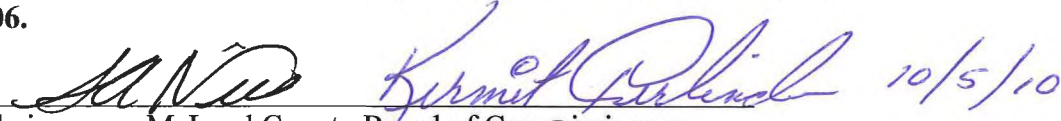

Chairperson, Meeker County Board of Commissioners 8/9/10


Clerk, Meeker County Board of Commissioners 8/11/10

Approved as to form and content


Meeker County Attorney 8/11/10

Adopted by the McLeod County Board of Commissioners on this 8th day of August 2006.


Chairperson, McLeod County Board of Commissioners 10/5/10


Clerk, McLeod County Board of Commissioners 10/5/10

Approved as to form and content


McLeod County Attorney 12-2-10

Adopted by the Sibley County Board of Commissioners on this 8th day of August 2006.

Bruce R. [Signature]
Chairperson, Sibley County Board of Commissioners

By: [Signature]

Title: Sibley County Board Chair

[Signature]
Clerk, Sibley County Board of Commissioners

Date: 11-23-10

Approved as to form and content

[Signature]
Sibley County Attorney

Attest by: [Signature] 11/23/2010
Lisa Pfarr, Sibley County Auditor Date

Approved as to form and execution:
[Signature] 11/23/10
David E. Schauer, Sibley County Attorney Date

Adopted by the Meeker-McLeod-Sibley Community Health Board on this 12th day of October 2006.

[Signature]
Chairperson, Meeker-McLeod-Sibley Community Health Board

[Signature] 11/12/2010

Approved as to form and content

[Signature]
McLeod County Attorney, Attorney for the Community Health Board

12-2-10

Approved by the Commissioner, Minnesota Department of Health

[Signature]
Dr. Sanne Magnan

10/26/2010
Date



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Meeker McLeod Sibley
Community Health Services

Meeker-McLeod-Sibley Community Health Services

1805 Ford Avenue, Suite 200
Glencoe, Minnesota 55336

Direct Line (507) 766-3531
Fax Number (320) 864-1484

October 24, 2017

Joe Nagel
McLeod County Board Chair
830 11th Street E
Glencoe MN 55336

Beth Oberg
Meeker County Board Chair
325 Sibley Avenue N
Litchfield, MN 55355

Gary Kruggel
Sibley County Board Chair
400 Court Ave
Gaylord, MN 55334

Re: Recommendation to Amend the Second Amended Joint Powers Agreement Between
Meeker, McLeod and Sibley Counties Creating the Joint Community Health Board

Dear Board Chair:

On October 12, 2017, the Meeker-McLeod-Sibley Community Health Board (the Community Health Board) voted to recommend that each Member County amend the existing Second Amended Joint Powers Agreement Between the Meeker, McLeod and Sibley Counties Creating the Joint Community Health Board (the Joint Powers Agreement). Pursuant to Article X of the Joint Powers Agreement, it may be amended upon ratification by the County Board of each Member County.

The Community Health Board's proposed language changes are as follows:

Article V (Budget and Funds). Add the following Sections 5 and 6:

5. Initial Administrative Integration Funding. Each Member County shall make a contribution to a Joint Community Fund for initial integrated administrative operations for budget year 2018. This total Member contribution will be sixty thousand dollars (\$60,000). Each Member County will pay the following percentage based upon July 1, 2016 population estimates:

	<u>Percentage</u>	<u>Amount</u>
McLeod County	48.58%	\$29,148
Meeker County	31.32%	\$18,792
Sibley County	20.1%	\$12,060



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This amount will be paid by each Member County in a lump sum no later than December 1, 2017.

6. Program Transition Funding. CHS will receive all grants and third party payments that are tied to a service or program that transition from a Member County to CHS. In addition, each Member County that transitions an existing service or program to CHS shall make transition payments to CHS to reflect the diminished County cost over time because of said transition. In the first full budget year in which the transition occurs, the transitioning Member County shall pay to CHS the prior year actual costs associated with the service or program (including but not limited to all personnel costs) that will be transitioned plus an inflationary amount equivalent to the twelve month change to the Consumer Price Index for Urban – All Cities as measured from July of the preceding year. This transition cost will exclude any amounts that will continue to be paid by continued grant funds or third party payments. This transition cost will further exclude any amounts that will continue to be borne by the Member County such as continued physical space for such service or program operations. In the second full budgeted year following the transition, the Member County shall pay to CHS two-thirds (2/3) of the initial transition amount. In the third full budgeted year following the transition, the Member County shall pay to CHS one-third (1/3) of the initial transition amount. The Member County will not be required to pay additional amounts for said services in and after the fourth year. Said payments are in addition to the Quarterly Payment of Budgeted Amounts noted in Section 1 but may be made on the same quarterly basis as outlined in Section 1.

The Community Health Board's proposed addition of Article V Section 5 is intended to obtain funding for the costs that will be incurred by establishing an organizational structure independent of McLeod County. As you are aware, the prior arrangement by which McLeod County informally operated as a host county for the Health Board will be discontinued. Identified costs include leasing space, furniture, equipment, information technology services, payroll services, employee costs (including wages and benefits) and other matters arising from establishing a legally and physically independent entity. While the Community Health Board has certain budgeted funds for some of these items, the Board has determined that additional funding is needed for this initial start up of independent operations.

The Community Health Board's proposed addition of Article V Section 6 is to identify a mechanism to pay for costs associated with future integration of operations and services. As you know from a prior communication, the Community Health Board has formed a subcommittee reviewing options related to future integration or delegation of programs and services. Section 6 is intended to operate in those instances (if any) that integration occurs and the Community Health Board absorbs the costs of those services formerly provided by the County. In reviewing its options related to future integration and/or delegation, the subcommittee will be reviewing planned efficiencies that can be gained from consolidation of operations and services. To the extent that services currently performed by Member Counties transfer to the Community Health Board, the proposed language is intended to provide required funding to the Community Health Board while maintaining an initial budget neutral contribution (with an allowance for inflation)



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to the Member County. Subsequent Member County contributions would diminish as noted over the second and third year.

A proposed resolution to accomplish this Amendment is attached. Please let me know if you have any questions, concerns or would like to discuss the matter further. Please also place this matter before your Board of Commissioners for consideration and potential approval. Thank you for your consideration of this issue.

Sincerely,

Allie Elbert
Executive Director

ENC: Joint Powers Agreement
October 12, 2017 Resolution by Community Health Board
Proposed Resolution

cc: Meeker County Attorney Brandi Schiefelbein, 325 Sibley Ave N., Litchfield 55355
McLeod County Attorney Michael Junge, 830 11th St E, Glencoe 55336
Sibley County Attorney Dave Schauer, 307 N. Pleasant Ave Po Box H, Winthrop 55396

726186-v1

**MEEKER - MCLEOD - SIBLEY
COMMUNITY HEALTH SERVICES**

**REPORT ON REVISIONS TO THE MEEKER-MCLEOD-SIBLEY COMMUNITY HEALTH
SERVICES OPERATING DOCUMENTS AND STRUCTURAL RECOMMENDATIONS
RELATED TO ADMINISTRATION AND OPERATIONS**

I. ASSIGNMENTS

This report documents a review of the Meeker-McLeod-Sibley Community Health Services (CHS) operations performed by our law firm. Our involvement in this matter occurred in two phases:

Phase I consisted of reviewing and revising the Joint Powers Agreement to better conform to state law and provide a framework for future changes to operations. This phase also included the development of Bylaws to implement specific elements of the Joint Powers Agreement and provide for greater flexibility and efficiencies in administrative operations.

Phase II consisted of exploring all options related to the provision of CHS services. This phase included a review of current issues facing the CHS Board of Directors such as management of in-kind service, staff sharing, CHS employment issues, delivery of services and programs.

II. BACKGROUND AND RESULT OF PHASE I.

Phase I was completed with the member Counties adopting a revised Joint Powers Agreement and CHS adoption of the By-Laws. This revised structure and operations are currently in place. These documents are attached to this report as **Exhibit A** and **Exhibit B**.

III. BACKGROUND ON PHASE II.

Phase II consisted of initially meeting with the following groups:

- Representatives of each County's policy making and administrative services group (3 meetings total)
- Representative employees that perform the CHS services in each County (3 meetings total)
- Representatives of the CHS employees

In the course of performing this Phase II assignment, I also attended various CHS Board meetings including a CHS Board (CHB) meeting where representatives from the State Board of Health presented on CHS obligations and matters.

My initial report to the CHS Board occurred on February 23, 2017. A copy is at **Exhibit C**. In that meeting, the Board discussed various options related to building a more defined administrative infrastructure as the next step in the process.

IV. CURRENT ADMINISTRATIVE ISSUES

There is a consensus that the current model of McLeod County hosting administrative services should be replaced by a more independent model.

The Community Health Board is currently reviewing options related to implementing physical and legal separation. Creating a truly separate entity is the initial step that must occur before detailed consideration can be given to integration/delegation issues at the program level.

Areas currently under consideration are:

- Obtaining an Employee Identification Number.

This is generally a ministerial function. CHS has already filled out the questionnaire. There is a planned meeting with McLeod County to discuss the impact of the CHS having a separate tax identification number, such as separate bank accounts, check stock and other unique identity issues.

- Identifying distinct physical facilities apart from McLeod County.

The current focus is on a physical facility separate from McLeod County. The focus is currently on a facility in Hutchinson. This would assist in the separate identity goal. In discussing various issues with existing CHS and County staff who are performing CHS work, having a separate location provides a better sense of separate identity both for the employees and the clients receiving services*.

*One area that was identified as a concern from staff was that CHS services involve gaining trust and access. Concerns have been expressed about too closely identifying with a County or Social Services group that may be viewed as a more threatening enforcement entity than a Health Services entity.

- Obtaining Information Technology Services apart from McLeod County.

There is a strong push to seek a single company apart from the existing McLeod County services model to meet all of the CHS needs. This includes hosting the PH.Doc servers. This is also a necessary step to take in order to meet the CHS reporting obligations to the State and to comply with the requirements of the MN Government Data Practices Act.

As a side note, this issue needs to be coordinated with the physical space determination.

- Identifying outside service providers.

Given the initial size of CHS, utilization of outside vendors for common services is being explored. For example, CHS is in the early stages of exploring payroll services. Other areas to be explored would include service providers for financial, billing, legal and human resources management services. One potential avenue for exploring these options would be through a request for proposal in the identified areas.

- Identifying equipment and capital needs – furniture, computers, telephone, copiers, supplies.

Movement from McLeod County will mean the need for a capital budget.

- Separating identified personnel from their current McLeod County status and placing them with CHS

The existing model of having CHS administrative employees operating as McLeod County employees is proving increasingly unworkable. Board consensus is that the existing recognized CHS employees should become true CHS employees.

Transfer of employees to the CHS entity cannot occur until CHS obtains its Employer Identification Number.

The core issues associated with this transfer are currently being addressed:

- CHS is waiting for the results of a classification and compensation study to utilize in developing a pay plan.

Given the existing pay is based on the McLeod County pay plan and the consultant will be doing a study that should line up with the McLeod County pay plan, CHS appears to have a strong starting point for a pay plan.

This is particularly beneficial in that Minn. Stat. Sec. 145A.04 provides that persons employed by a county whose functions and duties are assumed by a community health board shall become employees of the board without loss in benefits, salaries or rights.

- CHS is exploring its options related to health insurance for CHS employees

This is in the early stages and CHS is seeking a broker to explore options. This benefit needs to be identified at the earliest possible stage. Transition from the County plan to a CHS plan can be accomplished at a later date but should be before the continuation option (separated County employees can continue with County insurance for a period of time after separation) expires.

Given the open enrollment issues coming up at the end of the year, it would be optimal to have this issue addressed in 2017.

- o CHS is in the early stages of exploring possible personnel policies for CHS employees.

As noted above, with employees already operating under McLeod County benefits programs, developing CHS policies and benefits programs with McLeod County as a model would be beneficial – particularly because benefit levels may not be reduced.

V. CURRENT COST CONSIDERATIONS

Movement from the McLeod County facilities and services will increase the cost of operating the CHS. To date, CHS has operated through outside funding grants without additional amounts being required from the member counties. A copy of the 2016 CHS integrated budget is attached as **Exhibit D**.

My recommendation is that CHS pursue contracts to provide services under both Prime West Health (Meeker and McLeod) and South Country Health Alliance (Sibley) as a formalized funding source for programs and services that CHS may offer.

In addition, the costs associated with the separation as noted above creates the strong potential that member counties will need to contribute toward a larger CHS budget.

Member contributions are addressed in the Joint Powers Agreement as follows:

Article IV(3)(J) provides as follows:

In the event that an appropriation from each Member County is required, to submit a proposed annual Health Board budget to the governing body of each Member County before July 1 in the applicable year. The budget of the Health Board shall be established in January of the applicable year.

Article V(1) requires quarterly payments:

1. Quarterly Payment of Budgeted Amounts. On the first business day of January, April, July, and October of each year, each Member County shall pay to a joint Community fund an amount equal to one quarter of that Member County's share of the annual budget, if any. A Member County may choose to pay its share at one time or every six months rather than quarterly.

Initial Member Funding (seed money):

Given that the July 1 deadline has already passed, consensus of the three Counties will need to be obtained before the initial contribution can be collected. In addition, the capital needs may require expenditures that do not follow the quarterly payment of budgeted amounts. In short, each Member County will need to approve the initial contribution and timing of the contribution payments.

A contribution formula will need to be developed. In developing contribution formulas for joint powers entities, a number of factors may be applicable. Population tends to be a primary consideration. Other considerations may include total market value of each County or utilization measurements. In reviewing the MMS service areas with staff, the consensus was that there was not an effective current measurement that was service related. Accordingly, the recommendation is to develop a contribution formula with the sole focus on population.

Population estimates from the U.S. Census Bureau Quick Facts report for July 1 of the year preceding the budget setting year (for example the 2018 budget will be based on July 1, 2016 population estimates). July 1, 2016 population estimates under this formula are as follows:

	<u>Population</u>	<u>Percentage</u>
McLeod County	35,842	48.58%
Meeker County	23,110	31.32%
Sibley County	14,827	20.1%
Total:	73,779	100%

My recommendation is to amend the Joint Powers Agreement to add the following Section 5 to Article V (Budget and Funds):

5. Initial Administrative Integration Funding. Each Member County shall make a contribution to a Joint Community Fund for initial integrated administrative operations for budget year 2018. This total Member contribution will be \$_____. Each Member County will pay the following percentage based upon July 1, 2016 population estimates:

	<u>Percentage</u>	<u>Amount</u>
McLeod County	48.58%	
Meeker County	31.32%	
Sibley County	20.1%	

This amount will be paid by each Member County in a lump sum no later than _____, 2018.

Amending the Joint Powers Agreement requires recommendation of the CHS Board and ratification by the County Board of each Member County (Article X of the Joint Powers Agreement). The ratification Resolution for this change is at **Exhibit E**.

Subsequent Year Funding:

Funding for subsequent years can utilize the existing language in the Joint Powers Agreement with the July 1 budget requirement and quarterly payment schedule.

In addition to administrative funding, the CHS Board should address a funding mechanism should an existing County funded program transition to CHS. Recognizing that the cost of the

program initially borne by the County will transition to CHS, my recommendation is to adopt a transitional funding formula. A suggested method could include the following:

6. Program Transition Funding. CHS will receive all grants and third party payments that are tied to a service or program that transition from a Member County to CHS. In addition, each Member County that transitions an existing service or program to CHS shall make transition payments to CHS to reflect the diminished County cost over time because of said transition. In the first full budget year in which the transition occurs, the transitioning Member County shall pay to CHS the prior year actual costs associated with the service or program (including but not limited to all personnel costs) that will be transitioned plus an inflationary amount equivalent to the twelve month change to the Consumer Price Index for Urban – All Cities as measured from July of the preceding year. This transition cost will exclude any amounts that will continue to be paid by continued grant funds or third party payments. This transition cost will further exclude any amounts that will continue to be borne by the Member County such as continued physical space for such service or program operations. In the second full budgeted year following the transition, the Member County shall pay to CHS two-thirds (2/3) of the initial transition amount. In the third full budgeted year following the transition, the Member County shall pay to CHS one-third (1/3) of the initial transition amount. The Member County will not be required to pay additional amounts for said services in and after the fourth year. Said payments are in addition to the Quarterly Payment of Budgeted Amounts noted in Section 1 but may be made on the same quarterly basis as outlined in Section 1.

VI. CONTINUED INTEGRATION/DELEGATION ISSUES

After CHS establishes its independent administrative operations, the next step in the process is for the Community Health Board to discuss points of commonality between providing of public health services via the CHS and potentially explore the option of integration in certain programs.

My initial recommendation in this area is to require standardization of forms and written data tools. This will assist in CHS meeting its various reporting obligations, assisting when hackup is needed from County to County and provide a better “apples to apples” comparison of service measurables.

My recommendation is to continue to utilize delegation agreements for the following areas:

- 1) Case Management
- 2) School Programs and services
- 3) Jail Programs and services
- 4) Enforcement of Public Health Nuisance Laws, Ordinances and Rules

These areas appear to be best served and administered by the individual Member Counties at this time. A sample delegation agreement is at **Exhibit F**.

As a practical matter, Emergency Preparedness appears to be fully integrated.

My recommendation is to pursue integration of four other primary areas at this time. Those areas are:

- 1) Health Educators
- 2) Women, Infants and Children (WIC)
- 3) Fiscal
- 4) Formalized backup services

The first three areas would involve transition of existing County staff to CHS. The current vacancies in WIC appear to present a good opportunity to integrate at this time. The funding associated with such transition would be as noted in the Current Cost Considerations noted in the Section above. Practical issues associated with such integration would need to be developed once CHS has established its separate legal and physical identity.

The fourth area would formalize the existing backup system but introduce a mechanism for recovering staffing and other costs associated with providing the backup.

SUMMARY OF RECOMMENDATIONS AND ACTION ITEMS

- Continue current plans to create a stand alone separate CHS.
- Enter into Employment Agreement with CHS Administrator.
- Enter into agreement with Medical Consultant.
- Pursue contracts to provide services under both Prime West Health and South Country Health Alliance as a formalized funding source for programs and services that CHS may offer.
- Identify how much each Member County will need to contribute toward this stand alone and separate CHS.
- Formally recommend to each Member County that the Joint Powers Agreement be revised as follows:

Add the following Section 5 to Article V (Budget and Funds):

5. Initial Administrative Integration Funding. Each Member County shall make a contribution to a Joint Community Fund for initial integrated administrative operations for budget year 2018. This total Member contribution will be \$ _____. Each Member County will pay the following percentage based upon July 1, 2016 population estimates:

	<u>Percentage</u>	<u>Amount</u>
McLeod County	48.58%	
Mecker County	31.32%	
Sibley County	20.1%	

This amount will be paid by each Member County in a lump sum no later than _____, 2018.

Add the following Section 6 to Article V (Budget and Funds):

6. Program Transition Funding. CHS will receive all grants and third party payments that are tied to a service or program that transition from a Member County to CHS. In addition, each Member County that transitions an existing service or program to CHS shall make transition payments to CHS to reflect the diminished County cost over time because of said transition. In the first full budget year in which the transition occurs, the transitioning Member County shall pay to CHS the prior year actual costs associated with the service or program (including but not limited to all personnel costs) that will be transitioned plus an inflationary amount equivalent to the twelve month change to the Consumer Price Index for Urban – All Cities as measured from July of the preceding year. This transition cost will exclude any amounts that will continue to be paid by

continued grant funds or third party payments. This transition cost will further exclude any amounts that will continue to be borne by the Member County such as continued physical space for such service or program operations. In the second full budgeted year following the transition, the Member County shall pay to CHS two-thirds (2/3) of the initial transition amount. In the third full budgeted year following the transition, the Member County shall pay to CHS one-third (1/3) of the initial transition amount. The Member County will not be required to pay additional amounts for said services in and after the fourth year. Said payments are in addition to the Quarterly Payment of Budgeted Amounts noted in Section 1 but may be made on the same quarterly basis as outlined in Section 1.

- Develop standardization of forms and written data tools.
- Develop and utilize delegation agreements for case management, school programs and services, jail programs and services and enforcement of public health nuisance laws, ordinances and rules at this time.
- Recognize integration of Emergency Preparedness (EP)
- Pursue integration of the following areas upon CHS becoming a separate legal and physical entity:
 - 1) Health Educators
 - 2) Women, Infants and Children (WIC)
 - 3) Fiscal
 - 4) Formalized backup services

710562-v1



County of McLeod

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Glencoe, Minnesota 55336
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COUNTY ADMINISTRATOR - INTERIM
CINDY SCHULTZ FORD
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830 11th Street East, Suite 110
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RESOLUTION 17-RB08-40 Sponsorship for City of Winsted McLeod Avenue Local Road Improvement Program Grant

WHEREAS, Local Road Improvement Program (LRIP) funds are available for local agency projects meeting Routes of Regional Significance or Rural Road Safety criteria; and

WHEREAS, Non-state aid cities and townships must have a county sponsor to apply for LRIP funding; and

WHEREAS, The City of Winsted has requested that McLeod County sponsor its application for the reconstruction of McLeod Avenue between CSAH 1 and Kingsley Street; and

WHEREAS, The City of Winsted understands that it will be responsible for all costs not covered by LRIP funding including all engineering and any construction costs over the funding cap; and

WHEREAS, The City of Winsted will maintain McLeod Avenue for the lifetime of the improvements.

NOW, THEREFORE, BE IT RESOLVED: That the County of McLeod hereby sponsors the application for LRIP funding for the reconstruction of McLeod Avenue between CSAH 1 and Kingsley Street.

Adopted this 21st day of November, 2017

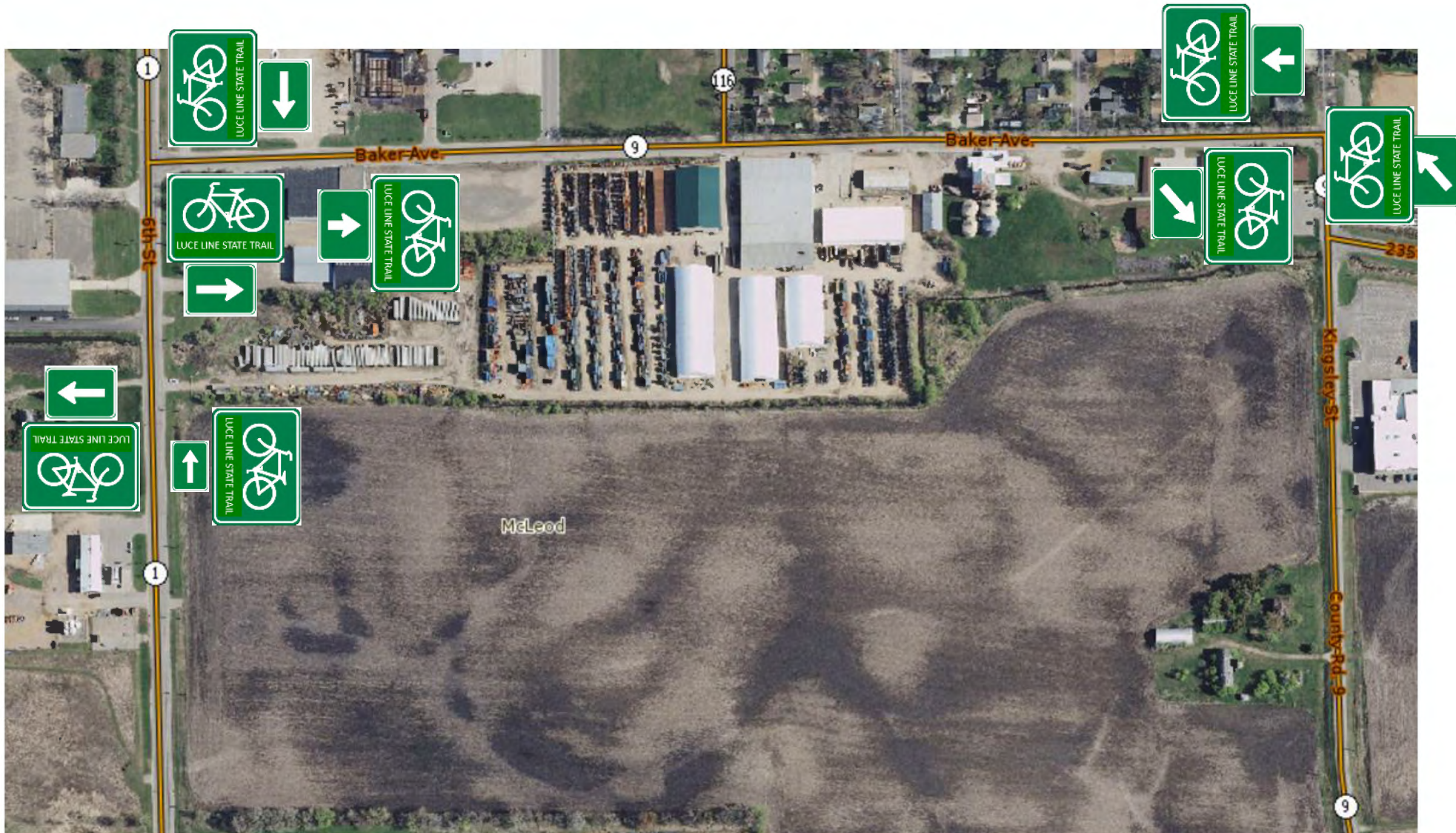
McLeod County Board Chair

CERTIFICATION

I do hereby certify that the foregoing resolution is a true and correct copy of a resolution presented and adopted by the McLeod County Board of Commissioners at a duly authorized meeting thereof, on the 21st day of November, 2017.

Conceptual Luce Line Signing—Winsted CSAH 1 & CSAH 9

11/1/17





<u>SIGN</u>	<u>LEGEND</u>	<u>SIZE</u>	<u>QUANTITY NEEDED</u>
D11-1C	LUCE LINE STATE TRAIL w/ bike symbol	24" wide x 18" tall or taller to fit letters	8
M6-1	Left or right arrow	12" x 9"	4
M6-3	Up arrow	12" x 9"	2
M6-2	Diagonal arrow	12" x 9"	2

MMUTCD D11-1C

Size: 24" wide x 18" tall (or taller to fit letters)

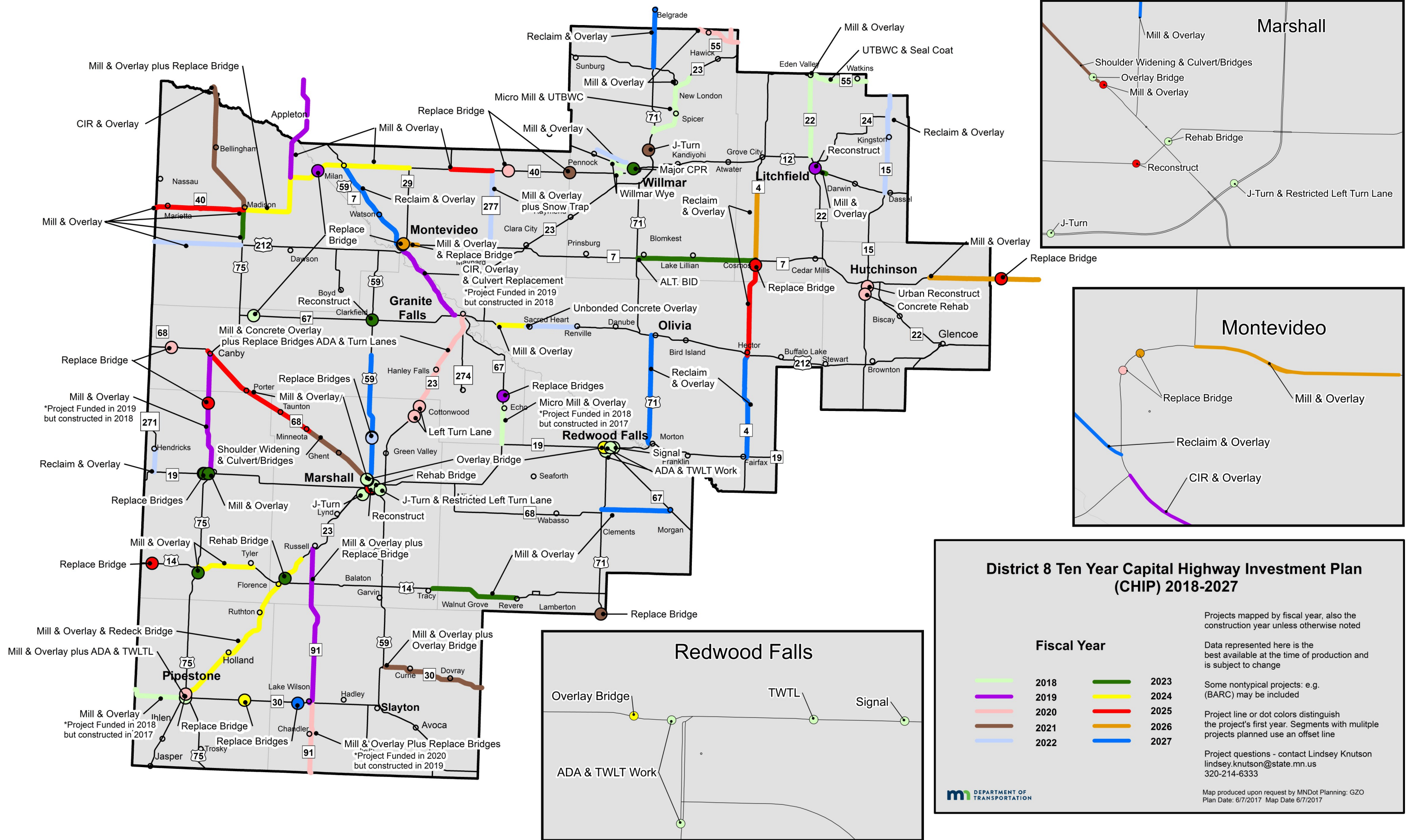
With standard green arrow plaques below (M5 or M6)

Size: 12" x 9"

ALL SHEETING FOR ARROWS AND SIGNS: DG3 or approved equal



District 8's Ten Year Capital Highway Investment Plan (CHIP) 2018-2027



Residential	2016-2017	
	Number of Sale	Ratio
Acoma	15	87.00
Bergen	6	97.99
Collins	3	88.85
Glencoe Twp	2	90.55
Hale	6	90.69
Hassan Valley	10	99.49
Helen	3	81.47
Hutchinson Twp	13	86.86
Lynn	3	83.56
Penn	1	76.70
Rich Valley	4	83.55
Round Grove	5	104.37
Sumter	7	79.67
Winsted Twp	8	84.94
Biscay	1	61.73
Brownton	8	100.51
Glencoe City	75	88.86
Hutchinson City	268	87.66
Lester Prairie	24	84.23
Plato	9	80.99
Silver Lake	14	86.16
Stewart	10	85.12
Winsted City	34	80.92
	529	
Agricultural	21	131.00
Commerical	10	104.30

State requirement is to be in-between 90% to 105%

**MCLEOD COUNTY BOARD
AGENDA REQUEST**

Board meeting date: November 21, 2017 Originating department: Planning & Zoning
Consent or regular agenda: Regular Preferred agenda time: 10:00 AM
Amount of time needed: Funding source (if applicable):
Contact person for more info: Larry Gasow Are funds in Dept. budget:
Representative (present at the meeting to discuss): Larry Gasow X-1218

MOTION REQUESTED:

Larry Gasow, Interim County Feedlot Officer requests approval of the 2018-2019 MPCA County Feedlot Program Delegation Agreement Work Plan which demonstrates that the County will meet the State requirements. The Feedlot Delegation Agreement Work Plan is a required MPCA document to administer the Feedlot Program and receive State funding.

JUSTIFICATION FOR MOTION:

Dana Leibfried, Minnesota Pollution Control Agency Feedlot Compliance / Enforcement and Permitting, reviewed the completed Work Plan and approved on November 6, 2017. Michelle Oie, Minnesota Pollution Control Agency, County Feedlot Program Development Lead, approved of this completed Work Plan on November 6, 2017.

MPCA County Feedlot Program Delegation Agreement Work Plan

Delegation Agreement Years: 2018-19

County: McLeod County, Minnesota

County Feedlot Officer(s): Larry Gasow (Interim)

Primary Contact Person: Larry Gasow (Interim)

Telephone Number(s): 320-864-1218

E-mail Address(es): Larry.gasow@co.mcleod.mn.us

Amendment Number: _____

(Please see Appendix A for help completing this document.)

The revised rules adopted on October 23, 2000 and updated in January 2015, require a Delegated County (County) to prepare a Delegation Agreement that describes the County's plans, strategies and goals for administration and implementation of the Feedlot Program. This Delegation Agreement Work Plan satisfies the Minnesota Rule Chapter 7020 requirement that the Delegation Agreement must be reviewed and approved by the County and the Minnesota Pollution Control Agency (MPCA) annually.

Minnesota legislative appropriation language (Minnesota Statutes 116.0711) contains provisions for reducing grants to Counties if they do not meet minimum program requirements (MPRs) as set forth in this document. Counties that fail to meet the minimum 7% inspection rate MPR and/or 90% of non-inspection MPRs are subject to base grant reductions and/or loss of eligibility for a performance credit award.

For any feedlot in which a County employee or a member of the County employee's immediate family has an ownership interest, the County employee will not:

- (a) Be involved in making preliminary or final decisions to issue a permit, authorization, zoning approval, or any other governmental approval for the feedlot; and
- (b) Conduct or review inspections for the feedlot.

This MPCA County Feedlot Program Delegation Agreement Work Plan has been prepared by the County for the period of January 1, 2018 – December 31, 2019. The County agrees with the terms and conditions established in this Delegation Agreement Work Plan and will use feedlot grant funds in conjunction with the required local match dollars and in-kind contributions to carry out the goals, plans and minimum program requirements described herein. The County understands that this Delegation Agreement Work Plan will be reviewed by the MPCA after completion of the first year and, if necessary, be revised.

Signature of Chair of Board of County Commissioners	Date

A. STRATEGIES

MN Rules 7020.1600, Subp. 3a. states a County must develop annual plans and goals in accordance with registration, inspection, compliance and owner assistance responsibilities as well as permit goals, complaint response and staffing levels.

Registration Strategy

1. Please indicate the method(s) the County will use to provide a feedlot owner with a registration receipt:
 - a. A 30-day registration receipt letter
 - b. A 30-day inspection letter that contains confirmation of re-registration
 - c. A permit cover letter or Certificate of Registration that contains confirmation of re-registration
 - d. Verbal notification of re-registration as documented by a log

A. Post registration, the feedlot owner will be notified by mail with a Registration Receipt Letter within 30 days or less.

2. Please indicate the type of registration form used by the County.
 - a. MPCA standard registration form
 - b. County designed form (A copy of the form must be attached.)

A. McLeod County continues to utilize the MPCA Standard Registration Form

3. Please describe how the County will address facilities that upon re-registration show an increase in animal units, a change or addition to animal types or a change or addition to manure storage (i.e. liquid storage when it wasn't previously included).

An amendment or change in the feedlot operation requires a new registration form to be submitted to the County with all appropriate changes and additional forms that may be required due to the changes. Any new construction animal holding area(s) or manure storage area(s) will have a production site inspection performed. These changes will then be updated in the database once compliance is met.

4. Please describe the strategy and timeline that the County intends to follow to address facilities that have not met the re-registration deadline by January 1, 2018 and/or any continuous registration strategy over the next two years.

Our goal is very close to being met of re-registrations for the January 1, 2018 deadline. McLeod County will re-register feedlots as an on-going process when changes occur over the next two years.

Inspection Strategy

For assistance with completing this part of the Delegation Agreement Work Plan please see Appendix A. A County must have an inspection strategy for the purpose of identifying pollution hazards and determining compliance with discharge standards, rules and permit conditions.

Using the table below, please complete an inspection strategy. The strategy must include required goals, as applicable to the County, for conducting inspections at the following sites.

Required Inspection Strategies

Strategy Goal	Inspection Goal 2018*	Inspection Goal 2019*
Sites proposing construction or expansion	4	4
Sites with an Interim (at sites required to be registered) or Construction Short Form (CSF) permit w/ ≥300AU.	3	3
Sites with signed open lot agreements (OLA) that have never been inspected	0	0
Sites required to be registered that have never been inspected	1	1
Total	8	8

**If applicable, enter a number or range for the number of sites the County predicts will be completed for each required strategy goal. If not applicable, simply enter N/A. There will not be a penalty if the County does not meet strategy goal numbers as long as there is a valid reason and the County communicates with the MPCA regional staff in a timely manner.*

The County's inspection strategy shall also include goals, **as applicable**, for conducting inspections at high risk/high priority sites and/or low risk/low priority sites. The County may choose from the provided examples or write their own strategy in the space provided below.

HIGH RISK/HIGH PRIORITY SITES

- a) Sites within shoreland, a Drinking Water Supply Management Area (DWSMA), Watershed Restoration and Protection Strategy (WRAPS), a TMDL and/or BWSR One Watershed One Plan (1W1P). (See Appendix A for 1W1P link.)
- b) Sites that, according to previous inspections, have not been maintaining adequate land application records and/or manure management plans.
- c) Sites that have an OLA and/or an open lot without runoff controls.
- d) Conduct phosphorus inspections within a formally designated area such as a TMDL, WRAPs or BWSR 1W1P. (See Appendix A for BWSR 1W1P link.)
- e) Conduct in-field land application inspections within a formally designated area such as a TMDL, WRAPs or BWSR 1W1P. (See Appendix A for BWSR 1W1P link.)
- f) Alternative Strategy

LOW RISK/LOW PRIORITY SITES

- a) Sites within a specified size category (i.e. 300 – 499 AU). Please specify.
- b) Sites within a watershed, township or other formally designated area.
- c) Conduct phosphorus inspections within a specific watershed, township or other formally designated area.
- d) Conduct in-field land application inspections within a specific watershed, township or other formally designated area.
- e) Conduct phosphorus inspections as part of a compliance inspection.
- f) Conduct in-field land application inspections as part of a compliance inspection or at non-NPDES sites >300 AU.
- g) Conduct inspections at all sites in the County on a five year or less rotating basis.
- h) Alternative Strategy

Inspection Strategies

Inspection Strategy	Inspection Goal 2018*	Inspection Goal 2019*
Inspect FL not inspected since 2003	18	19
Inspect feedlot sites within Shoreland	3	4
Inspect sites, (according to previous inspections) that have not maintained adequate land application records and/or manure management plans.	2	5
County goal is to perform a Level II Land Application Inspection review as part of any compliance inspection conducted at Non-NPDES Sites >300 A.U.	2	2
Total	25	30

*Enter the number of inspections the County predicts will be completed for each category.

Note: Numbers entered for in-field land application goals must be quantified by feedlot sites and not individual farm fields.

Inspection Strategy Totals

	Inspection Goal 2018*	Inspection Goal 2019*
Total	33	38

*Enter the total inspections from both the Required Inspection Strategies and Inspection Strategies tables above.

Please describe the type of documentation the County will use to document inspections by inspection type. (See Appendix A.)

Compliance Inspection: Will adhere to the MPCA Feedlot Inspection Form Guidelines (wq-f8-91) and Compliance Inspection Form.

Construction Inspection: Document the Feedlot Facility information, location, parcel info, date of Inspection, history of the feedlot such as most recent inspection, any or all enforcement action, permit issuance date, animal units including registered and onsite animal numbers, any A.U. or species changes, changes in manure storage areas, etc.

Complaint Inspection: McLeod County will document the type of facility, caller information-keeping name and complaint confident, description of the conditions, what is occurring, when and where and will respond within 48 hours. Appropriate follow up will depend on the type of complaint.

Phosphorus/Desk-top Nitrogen & Phosphorus Record Inspection: MPCA MMP Requirements and Checklist.

In-Field Land Application Inspection: Document General Facility Info, date of inspection, history, etc, utilizing the MPCA Inspection Checklist form.

Stockpile Inspection: As for stockpile inspections, McLeod County will document the location of each stockpile, the date it was piled and the volume of manure in the stockpile, including phosphorus and nitrogen content of the manure and the date when the stockpile was land applied.

Compliance Strategy

1. Please state the various method(s) and practice(s) that the County will use in response to **compliance inspections** that result in non-compliance, including facilities that have failed to meet OLA timelines:
 - a. Include corrective actions in the inspection results notification letter, where corrective actions can be completed in 30 days or less.
 - b. Issue a Letter of Warning (LOW) or a Notice of Violation (NOV) that will include corrective actions and deadlines.
 - c. Issue an Interim Permit that includes timelines for corrective actions.
 - d. Document in a letter to the owner that another agency (NRCS or SWCD) is working to correct identified pollution hazards.
 - e. Other strategies, as described in the space below.

During a Site Inspection, if Non-compliance is detected, the County will send the Feedlot Owner a letter with corrective action measures identified to be brought into compliance within 30 days from the date of inspection. If a longer time period is required, a LOW or NOV will be written that lists corrective actions and a timeline identified; an Interim Permit will be issued for feedlots that have timelines of more than 6 months.

2. Please indicate the various method(s) and practice(s) that the County will use in response to **land application inspections** that result in non-compliance:
 - a. Address non-compliance at the same time the facility non-compliance is addressed. See above.
 - b. Include corrective actions in the inspection results notification letter, where corrective actions can be completed in 30 days or less.
 - c. Issue an LOW or NOV that will include corrective actions and deadlines.
 - d. Document in a letter to the owner that another agency (NRCS or SWCD) is working to correct identified pollution hazards.
 - e. Other strategies, as described in the space below.

For non-compliant sites found during land application inspections, a LOW or NOV will be mailed to the feedlot owner along with corrective actions and deadlines identified in the letter.

3. Please state the timelines (scheduled compliance goals) that the County intends to meet when using the methods and practices identified under Item 1 and Item 2 above:

a. Notification of inspection results informing the producer of non-compliance including the listing of any corrective action that can be completed within 30 days. Follow-up contact/communication to evaluate producer progress.

b. Decision to escalate compliance action where progress on corrective actions is not forthcoming.

Feedlot owners will be notified within 30 days of the results of the site or land application inspection. Minor non-compliance issues will be identified and given 30 days from date of inspection with a corrective action letter or, if up to 6 months is needed, a LOW or NOV will be written with the corrective actions listed. For non-compliance issues found during a site production inspection that requires >6 months to correct, a 2-year Interim Permit will be issued. At least one contact will be made during the 6 month or 2-year timeline to check on the progress. Compliance action will be escalated if corrective actions are not done according to the timeline identified. The type of compliance will be based on the degree of non-compliance and the reasons why compliance is not or was not met.

Owner Assistance Strategy

1. Please describe the type of activities you plan to conduct and how many of each. (Examples: group education events; newsletters; newspaper articles; producer surveys; distribution of manure sample containers; help with MMP writing.)

We are in the process of hiring a new Environmental Feedlot Officer/Technician. Our focus will be to offer one manure group education meeting per year, two newspaper articles per year, and hand out at least 8 manure sample containers per year.

2. Please state the number of producers you expect will attend training and education activities if any are proposed.

We expect, at a minimum, 10 Feedlot Owners per year attending one of your group education meetings.

3. Will you be keeping track of the number of producer contacts? If so, how?

Yes. Started in 2016, a digital log of all contact with producers will be kept in the form of an Excel spreadsheet. It includes contact dates, method of contact (phone, letter, email, site visits or otherwise) and a brief synopsis of what was discussed with the Producer.

B. DELEGATED COUNTY MPRs

MN Stat. 116.0711 Subd. 2. (c) states that 25% of the total appropriation must be awarded according to the terms and conditions of the following MPRs.

Inspection MPRs

A County must inspect 7% or more of their State required registered feedlots annually, as determined by the table in Appendix B, to be eligible for the Inspection MPR award. A compliance inspection, a desk-top nitrogen and phosphorus record inspection or an in-field land application inspection may only count once towards the minimum 7% inspection rate. A second inspection done at the same site in the same year would be counted towards performance credits. At least half of the 7% inspections should be compliance inspections. The remaining half can be a combination of construction/interim permit inspections, desk-top nitrogen and phosphorus record inspections or in-field land application inspections.

Inspection MPRs	Jan. 1 – Dec. 31, 2018	Jan. 1 –Dec 31 2019
1. Agency-approved number of feedlots required to be registered by the State. (Enter the number of feedlots for your County found in Appendix B.)	329	(Leave blank)

2. County–Agency agreed upon inspection rate. (Enter "7%" for 2018 and 2019 unless a different inspection rate percentage was negotiated.)	7%	7%
3. County–Agency agreed upon inspection number for the identified time period. (Calculate 7% of the number from item 1 and enter it here.)	24	(Leave blank)

Non-Inspection MPRs

Registration MPRs	YES	NO
<p>1. The County will register and maintain registration data in the Tempo database (MN R. Ch. 7020.0350 Subp. 1 and 7020.1600, Subp. 2. C).</p> <p><i>A County program review should indicate that the County uses the MPCA standard feedlot registration form or has been approved to use a County-designed registration form and the County updates Tempo with the registration information acquired from registration forms and/or permit applications. Tempo fields that must be updated include shoreland status, DWSMA and OLA as agreed to by FMT-MACFO in 2013.</i></p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p>2. The County issues a registration receipt to the feedlot owner within 30 days of receipt of the registration form (7020.0350, Subp. 5).</p> <p><i>A file review should indicate the County has fulfilled the registration receipt requirement as stated in their Delegation Agreement Work Plan Registration Strategy.</i></p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Inspection MPRs	YES	NO
<p>3. The County maintains a record of all compliance inspection results, including land application inspections, conducted at feedlots required to be registered. At a minimum, counties must maintain on file (electronic or paper) a completed copy of the latest Minnesota Feedlot Inspection Checklist (7020.1600, Subp. 2. H.).</p> <p><i>A file review should indicate that the County uses and maintains on file inspection documentation as stated in their Delegation Agreement Work Plan Inspection Strategy.</i></p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p>4. The County enters data from all feedlot inspections at feedlots required to be registered into Tempo by February 1 of the year following the end of the program year (7020.1600, Subp. 2. H.).</p> <p><i>A Tempo database query should indicate that inspection checklist data was entered into Tempo within required parameters.</i></p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p>5. The County's Inspection Strategy has been approved by the agency (7020.1600, Subp. 3a.B.(1-2)).</p> <p><i>The County's Annual CFO Report Supplemental Information Page should indicate the County initiated inspection plans and goals as stated in their Delegation Agreement Work Plan Inspection Strategy.</i></p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Compliance MPRs	YES	NO
<p>6. The County will notify the producer, in writing, of the results of any compliance inspection. (See Appendix A). The notification must include a completed copy of the Minnesota Feedlot Inspection Checklist (7020.1600, Subp. 3a.B. (5)(a)).</p> <p><i>A file review should indicate the County has notified the producer(s) of compliance inspection results. Notification must be in writing either by letter or document, signed by the producer, that he/she has viewed and agrees with the completed inspection report and waives any further notification of results by mail.</i></p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

<p>7. The County will bring feedlot operations into compliance through the implementation of scheduled compliance goals as stated in the County's Delegation Agreement Work Plan Compliance Strategy (7020.1600, Subp. 3a.B.(5)).</p> <p><i>A file review should indicate that the County brought non-compliant feedlot operations into compliance as stated in their Delegation Agreement Work Plan Compliance Strategy.</i></p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p>8. The County maintains documentation and correspondence for any return to compliance from a documented non-compliance status (7020.1600, Subp. 2.H.).</p> <p><i>When a County records a corrective action in Tempo the file should contain documentation by either the County or another party verifying that the corrective action was implemented and/or installed.</i></p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Permitting MPRs	YES	NO
<p>9. The County will issue permits within the 60/120 day time period according to Minn. Stat. 15.99 (7020.0505, Subp. 5.C.).</p> <p><i>A file review should indicate that the County date stamps all application components and if applicable uses letters to notify producers of incomplete applications. An application component received by the County electronically (via e-mail) does not need a date stamp provided the dated e-mail is saved with the document.</i></p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p>10. The County will make sure all permit applications are complete (7020.1600, Subp. 2.C.).</p> <p><i>A file review should indicate that the County uses an agency-approved application checklist and that applications are complete.</i></p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p>11. The County will ensure producer compliance with required notifications (7020.2000, Subp. 4 and Subp. 5).</p> <p><i>Public notifications for new or existing feedlots with a capacity of ≥ 500 AU proposing to construct or expand must include the following information:</i></p> <ul style="list-style-type: none"> <i>a. Owners' names or legal name of the facility;</i> <i>b. Location of facility - county, township, section, and quarter section;</i> <i>c. Species of livestock and total animal units;</i> <i>d. Types of confinement buildings, lots, and areas at the animal feedlot; and</i> <i>e. Types of manure storage areas.</i> <p><i>Public notification is completed by equal or greater notification of one of the following:</i></p> <ul style="list-style-type: none"> <i>a. Newspaper (affidavit in file);</i> <i>b. Delivery by mail or in person; or</i> <i>c. As part of a county/township permitting process (CUP).</i> 	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p>12. The County will issue the appropriate permit after completion of required notifications (7020.2000, Subp. 4, 5).</p> <p><i>A file review should indicate that permits have been issued after the appropriate number of business days (20) following public notifications.</i></p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p>13. The County will ensure that MMP (manure management plan) conditions have been met according to 7020.2225, Subp. 4.D. prior to permit issuance (7001.0140).</p> <p><i>A file review should indicate that a MMP and a MMP checklist completed by the County is on file for any Interim permit issued for a site >100 AU; that a MMP and a MMP checklist completed by the County is on file for any CSF permit issued for a feedlot where manure is non-transferred; and that a completed copy of the document "MMP When Ownership of Manure is Transferred" is on file for a feedlot ≥ 300 AU where manure is transferred.</i></p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

<p>14. The County will ensure that a producer who submits a permit application that includes a liquid manure storage area (LMSA) meets the requirements in 7020.2100.</p> <p><i>A file review should indicate that the County uses an agency-approved LMSA checklist and that plans and specifications are complete.</i></p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p>15. The County will ensure that any pollution problem existing at a producer's site will be resolved before the permit is issued or will be addressed by the permit (7020.0535 Subp.7. and 7001.0140).</p> <p><i>A file review should indicate the County issues Interim permits in appropriate situations and conducts an inspection prior to permit issuance.</i></p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Complaint Response MPR	YES	NO
<p>16. The County maintains a record of all complaint correspondence. (7020.1600, Subp. 2.H. and Subp. 2.J.(6))</p> <p><i>The County maintains a complaint log and promptly reports to the MPCA any complaints that represent a possible health threat, a significant environmental impact or indicate a flagrant violation. The complaint log should include:</i></p> <ul style="list-style-type: none"> <i>a. Type of complaint;</i> <i>b. Location of complaint;</i> <i>c. Date and time complaint was made;</i> <i>d. Facts and circumstances related to the complaint; and</i> <i>e. A statement describing the resolution of the complaint.</i> 	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Owner Assistance MPR	YES	NO
<p>17. The County's Owner Assistance Strategy has been approved by the agency. (7020.1600, Subp. 2.J.(5) and Subp. 3a.B.(7))</p> <p><i>The year-end review should indicate that the County initiated their plans as stated in their Delegation Agreement Work Plan Owner Assistance Strategy.</i></p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Staffing Level and Training MPR	YES	NO
<p>18. The CFO (and other feedlot staff) attend training necessary to perform the duties of the feedlot program and is consistent with the agency training recommendations. (7020.1600, Subp. 2.K.)</p> <p><i>The County should complete a minimum of 18 continuing education units (CEUs). Each unit consists of one hour of training related to MN Rules Ch. 7020 competency areas: regulating new construction, conducting inspections and evaluating compliance, handling complaints and reported spills, responding to air quality complaints, resolving identified pollution problems, communicating with farmers and the agricultural community. All training sessions attended by the County must be submitted using the Annual CFO Report Supplemental Information Page.</i></p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Air Quality MPR	YES	NO
<p>19. The County maintains a record of all notifications received from feedlot owners claiming air quality exemptions including the days exempted and the cumulative days used. (7020.1600, Subp. 2.1.)</p> <p><i>The County should maintain a pumping notification log. The log should include:</i></p> <ul style="list-style-type: none"> a. <i>Names of the owners/legal facility name;</i> b. <i>Location of the facility (county, township, section, quarter);</i> c. <i>Facility permit number; and</i> d. <i>Start date and number of days to removal.</i> 	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Web Reporting Requirement	YES	NO
<p>20. The County maintains an active website listing detailed information on the expenditure of County program grant funds and measureable outcomes as a result of the expenditure of funds. (86th Legislature, 2009 MN Session Laws, Chapter 37 – H. F No. 2123, Article 1, Section 3, Subdivision 1)</p> <p><i>As of July 1 of the current program year the Annual CFO Report and MPCA Financial Report from the previous program year should be on the County's website.</i></p> <p>https://www.revisor.mn.gov/laws/?year=2009&type=0&doctype=Chapter&id=37</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

2018 County Feedlot Program Delegation Agreement Work Plan Review

A. County Resource Request (Request any resources the MPCA can provide to help administer the County feedlot program in your County.)

MPCA Response to County Resource Request

B. Documentation of Delegation Agreement Work Plan Revisions and/or Alternate Methods for Meeting MPRs (Any Delegation Agreement Work Plan revisions, including alternate methods for meeting MPRs agreed to by MPCA and the County, must be documented here.)

C. Delegation Agreement Approval

The 2018 Delegation Agreement Work Plan has been reviewed and satisfactorily addresses Delegation Agreement Work Plan requirements. Yes No

<p>The comments as recorded above together with the signatures of represented parties constitute that review of the Delegation Agreement Work Plan has been conducted and agreement of County duties and strategies by the MPCA and the County for the January 1 – December 31, 2018 period has been achieved.</p>	<p><i>Larry Gasow</i></p>
	<p>County Feedlot Officer</p>
	<p><i>Larry Gasow</i> <i>11-7-17</i></p>
	<p>Signature of County Feedlot Officer Date</p>
	<p><i>Michelle Cie</i></p>
	<p>MPCA County Feedlot Program Development Lead</p>
	<p><i>Michelle Cie</i> <i>11-6-17</i></p>
	<p>Signature of MPCA County Feedlot Program Development Lead Date</p>

Amendment: _____

2019 County Feedlot Program Delegation Agreement Work Plan Review

- A. **County Resource Request** (Request any resources the MPCA can provide to help administer the County feedlot program in your county.)

MPCA Response to County Resource Request

- B. **Documentation of Delegation Agreement Work Plan Revisions and/or Alternate Methods for Meeting MPRs** (Any Delegation Agreement Work Plan revisions, including alternate methods for meeting MPRs agreed to by MPCA and the County, must be documented here.)

- C. **Delegation Agreement Approval**

The 2019 Delegation Agreement Work Plan has been reviewed and satisfactorily addresses Delegation Agreement Work Plan requirements.

Yes No

<p>The comments as recorded above together with the signatures of represented parties constitute that review of the Delegation Agreement Work Plan has been conducted and that agreement of County duties and strategies by the MPCA and the County for the January 1 – December 31, 2019 period has been achieved.</p>		
	County Feedlot Officer	
	Signature of County Feedlot Officer	Date
	MPCA County Feedlot Program Development Lead	
	Signature of MPCA County Feedlot Program Development Lead	Date

Amendment: _____

Appendix A

2018–19 Delegation Agreement Work Plan Guidance

This Delegation Agreement Work Plan applies to feedlots that are required to be registered under MN R. Ch 7020.

If a Delegated County (County) will not be able to meet their registration, inspection, compliance and/or owner assistance strategies during the year the County needs to communicate this with the MPCA in a timely manner. If a County is unable to meet expectations they risk losing funding. If a County does not meet the minimum 7% inspection rate they also risk losing funding.

NEW!

Nitrogen Inspection replaces a Level 1 land application inspection. A compliance inspection now requires more than just verifying if application records are being kept. Inspection of the records to verify nitrogen application requirements is now also required as part of a compliance inspection.

Phosphorus/Desk-top Nitrogen & Phosphorus Record Inspection replaces a Level 2 land application inspection.

In-field Land Application Inspection replaces a Level 3 land application inspection.

Stockpile inspection

TYPES OF INSPECTIONS

(Please refer to the new Minnesota Feedlot Inspection Checklist (Checklist) to learn more about a feedlot inspection.)

Compliance Inspection is an onsite, full facility inspection during which all parts of the feedlot are inspected. When inspecting a site registered for ≥ 100 AU the nitrogen section of the Checklist must be filled out for the inspection to be complete. When entering an inspection of this type into Tempo select *FE Compliance Inspection* as the Compliance Evaluation Type.

Construction Inspection is an onsite inspection completed at a feedlot site that is constructing. A construction inspection typically involves just inspecting the construction activity that is taking place and does not require inspection of other parts of the feedlot. When entering an inspection of this type into Tempo select *FE Construction Inspection* as the Compliance Evaluation Type.

Complaint Inspection is an inspection conducted in response to a complaint. A complaint inspection typically involves just inspecting the portion of the feedlot relating to the complaint and does not require inspection of other parts of the feedlot. When entering an inspection of this type into Tempo select *FE Complaint Inspection* as the Compliance Evaluation Type.

Stockpile Inspection is an onsite inspection conducted to inspect one or more stockpiles. A stockpile inspection typically involves just inspecting the portion of the feedlot relating to the stockpile(s) and does not require inspection of other parts of the feedlot. The stockpile section(s) of the Checklist must be filled out for the inspection to be complete. When entering an inspection of this type into Tempo select *FE Stockpile Inspection* as the Compliance Evaluation Type

Land Application Inspections

- **Phosphorus Inspection** is an inspection of the phosphorus portion of land application records that is conducted in conjunction with a compliance inspection of a site registered for ≥ 300 AU. The phosphorus section of the Checklist must be filled out for the inspection to be complete. When entering an inspection of this type in Tempo both *FE Compliance Inspection* and *FE Phosphorus* are selected as Compliance Evaluation Types.

- **Desk-top Nitrogen & Phosphorus Record Inspection** is an inspection of both nitrogen and phosphorus land application records of a site registered for ≥ 300 AU. This is an independent inspection conducted without inspecting other parts of the feedlot. The nitrogen and phosphorus sections of the Checklist must be filled out for the inspection to be complete. This inspection typically would be conducted in the office after requesting and receiving application records but it could also be conducted onsite. When entering an inspection of this type into Tempo select *FE Desk-top Nitrogen & Phosphorus Record Inspection* as the Compliance Evaluation Type.
- **In-field Land Application Inspection** is an onsite/in-field inspection that focuses on land application practices including but not limited to discharges and setback requirements. The in-field land application inspection section of the Checklist must be filled out for the inspection to be complete. When entering an inspection of this type into Tempo select *FE In-field Land Application Inspection* as the Compliance Evaluation Type.

A Special Note about Inspections at Facilities Designated as a Large CAFO or Operating Under an NPDES or SDS Permit

County inspections conducted at NPDES/SDS/CAFO sites DO NOT count towards the minimum 7% inspection rate. If the inspection was requested of the County by MPCA feedlot program staff the County can add that inspection to the Annual CFO Report to obtain performance credits.

INSPECTION DOCUMENTATION

Required

Each compliance inspection must be documented. A Checklist must be used for all compliance inspections as applicable (MPR 3). The results of compliance and land application inspections are to be documented and communicated in writing to the feedlot owner (MPR 6). It is not necessary to do this for a construction or complaint inspection unless compliance issues are discovered as a result of the inspection. Both the Checklist and the written communication of inspection results to the feedlot owner need to be either in the County's file or uploaded into Tempo. It is a future goal of the MPCA feedlot program to require Counties to upload this inspection documentation into Tempo. Documentation in the file must include the Checklist, written communication of inspection results to the feedlot owner and at least one of the following suggested pieces of documentation.

Suggested

The following are suggestions for documenting an inspection. This documentation should be either in the County's file or uploaded into Tempo.

- **Compliance Inspection** – aerial photos, maps, camera photos, notes (on non-compliance, record review calculations), copies or photos of contents of the owner's feedlot files or records, nitrogen record review worksheets, manure and/or soil test results
- **Construction Inspection** - aerial photos, maps, camera photos, notes, copies or photos of contents of the owner's feedlot files or records, as-built documentation
- **Complaint Inspection** - aerial photos, maps, camera photos, notes, copies or photos of contents of the owner's feedlot files or records, land ownership records, nitrogen and phosphorus record review worksheets, manure and/or soil test results
- **Stockpile Inspection** - aerial photos, maps, camera photos, notes, locations of nearby sensitive features requiring setbacks, soil information (slope/depth to seasonal water table/texture).
- **Land application Inspections** - aerial photos, maps, camera photos, notes, copies or photos of contents of the owner's feedlot files or records, land ownership records, nitrogen and phosphorus record review worksheets, manure and/or soil test results

For all inspection types except Construction and Complaint:

- Inspection checklist must be used.
- Results must be entered in Tempo.
- A follow-up letter needs to be sent to the feedlot owner. The letter should include Checklist section(s) where non-compliance was identified (or a copy of the entire Checklist) and corrective actions/time frames for addressing non-compliance if applicable.
- Inspection documentation needs to be in County files or uploaded into Tempo.

For Construction and Complaint inspections:

- Inspection checklist can be used.
- Results must be entered in Tempo.
- Inspection documentation should be in County files or uploaded into Tempo.

HOW INSPECTIONS COUNT TOWARDS THE MINIMUM SEVEN PERCENT (7%) INSPECTION RATE

Compliance and Construction Inspections count toward the minimum 7% inspection rate as one (1) inspection.

Desk-top Nitrogen & Phosphorus Record Inspection (conducted independent of a compliance inspection) at a feedlot site ≥ 300 AU counts as one (1) inspection. Credit will be given only if there are records available and if those records are sufficient to meet the nitrogen record requirement first and then the phosphorus record requirement second. Therefore, looking at both nitrogen and phosphorus records during a desk-top nitrogen and phosphorus inspection counts as one (1) inspection.

In-field Land Application Inspection at a feedlot site that is required to be registered or at a feedlot site that receives manure from a site required to be registered counts as one half (0.5) an inspection. In order for the in-field land application inspection to count towards the minimum 7% inspection rate, the feedlot that is the source of the manure is required to be registered and should not be considered a large CAFO or operating under an NPDES or SDS permit.

It is important to note that only one inspection can be counted toward the minimum 7% inspection rate for any given feedlot site during the program year. For example, if a County completes a compliance inspection and an in-field land application inspection at the same feedlot site during the same program year, the in-field land application inspection cannot be counted towards the minimum 7% inspection rate. However, any additional inspections completed for the same feedlot site during the same program year may count towards performance credits.

INSPECTION STRATEGY

As part of developing a realistic inspection strategy the County needs to consider all of their strategies (compliance and land application) and the time commitment required. The County should not design their inspection goals to simply meet the minimum 7% inspection rate. Rather, the County is urged to set inspection goals according to their inspection needs such as feedlots that have never been inspected or feedlots with OLAs that have not been inspected.

Supplemental Information Page

A County must write an annual inspection strategy progress report. This is included in the Supplemental Information Page of the year-end Annual CFO Report. The County needs to be realistic with their inspection strategy because they will be required to initiate and work towards these strategy goals (MPR 5).

Recommended Approach for Developing an Inspection Strategy

Step 1. The first step is to calculate the number of feedlots the County intends to inspect annually. The County needs to set a goal of inspecting at least 7% of the total number of feedlots required to be registered in the County. Given this formula, a County with 300 feedlots would need to conduct 21 compliance inspections or a combination of 21 compliance/construction/desk-top nitrogen and phosphorus record/in-field land application inspections

annually. One in-field land application “inspection” counts as one half (0.5) inspection towards the minimum 7% inspection rate.

Step 2. The second step is to calculate the number of sites in the County that are subject to the four required inspection strategy categories (see “Required Inspection Strategies” on page 2). For example, a County may estimate based on past experience they need to inspect 15 sites as a result of permit issuance requirements, 10 sites with signed OLAs that have never been inspected and 50 sites required to be registered that have never been visited. In this case 75 sites need to be inspected.

Step 3. The third step is to decide how many inspections the County can conduct in each of the required categories over the next two years. The County must plan to inspect all sites each year where permits are being issued. However, Counties may be able to complete only a fraction of the inspections over the next two years at feedlots that have never been inspected or with signed OLAs that have never been inspected. The reason is that some Counties still have many sites that have never been inspected or with signed OLAs that have never been inspected. In the example used, the County has determined that they will do a total of 21 inspections annually (Step 1) and that 15 of them will be due to permit issuances (Step 2). This leaves six inspections available for sites that are required to be registered but have never been inspected and sites with signed OLAs that have never been visited.

Step 4. Counties may choose inspection strategies in addition to those that are required (see “Inspection Strategies” on page 3). Counties are encouraged to inspect sites in the BWSR One Watershed One Plan (see link below). Remember that inspections require follow-up and possible enforcement for non-compliant sites. Follow-up calls, letters, assistance and enforcement do not count towards the minimum 7% inspection rate.

WATERSHED CONTACTS



Interagency

Watershed Core Team



1W1P_watershed_lea

ds_map5.pdf

BWSR ONE WATERSHED ONE PLAN (1W1P)

1W1P website link: <http://bwsr.state.mn.us/planning/1W1P/index.html>

APPENDIX B**2018 County Program Base Grant Award Feedlot Number**

Delegated County	Feedlots Eligible for Funding
Big Stone	40
Blue Earth	363
Brown	386
Carver	238
Clay	105
Cottonwood	257
Douglas	420
Faribault	362
Fillmore	737
Freeborn	285
Goodhue	685
Houston	414
Jackson	330
Kandiyohi	445
Kittson	18
Lac Qui Parle	194
Lake of the Woods	25
Le Sueur	172
Lincoln	414
Lyon	282
McLeod	329
Marshall	41
Martin	474
Meeker	253
Morrison	618
Mower	381
Murray	425
Nicollet	316
Nobles	432
Norman	45
Pennington	38
Pipestone	451
Polk	77
Pope	294
Red Lake	38
Renville	288
Rice	287
Rock	512
Sibley	289
Stearns	1,491
Steele	251
Stevens	130
Swift	157
Todd	682
Traverse	34
Wadena	99
Waseca	234
Watonwan	184
Winona	555
Wright	263
Yellow Medicine	271

Oie, Michelle (MPCA)

From: Sandy Posusta <Sandra.Posusta@co.mcleod.mn.us>
Sent: Monday, November 06, 2017 3:28 PM
To: Oie, Michelle (MPCA)
Cc: Leibfried, Dana (MPCA)
Subject: RE: Work Plan
Attachments: 2018-2019 Delegation Agreement (2).docx

Importance: High

Greetings, Michelle,

Attached is the 2018-2019 Delegation Agreement for McLeod County. Dana reviewed it and felt it looked good and I could forward the Plan your way.

I want to share that Dana has been very helpful with the Feedlot Work Plan. She provided us with copies of our previous work plans and processes of how things work. Some of our information is "hiding" with all of the staff changes we have had this past year. Dana was very patient and professional! We are thankful.

Thank you to you both for assisting us and providing emails to keep us on track. We hope that next year we will be appropriately staffed again.

Wishing you both a wonderful week!

Sandy Posusta | Secretary
McLeod County P & Z, SWCD, ENV. SVS.
(320) 864-1291 | Sandra.Posusta@co.mcleod.mn.us

**SWCD Drainage Inspector Report
11/21/2017 McLeod County Board Meeting**

JD #24 Lateral 17, Project #103

Description: Reinstalling approximately 2,850' of 15" and 10" CPE Dual wall pipe for JD #24 Lateral 17.

Quotes Sent/ Received:

Hjerpe Contracting	Did not receive a quote
Eckberg Tiling	Did not receive a quote
Litzau Farm Drainage	Did not receive a quote
Ewert Tiling	51,109.00

CD #5, Project #102

Description: Beaver Dam Removal

Quotes Sent/Received:

Bob Mathews	475.00
-------------	--------

CD #5, Project #110

Description: Beaver removal (trapping)

Quotes Sent/ Received:

Tyler Schwartz	100.00
----------------	--------

CD #64 Branch 2, Project #106

Description: Replace approximately 657' of 10" dual wall and 668' 12" dual wall corrugated pipe

Quotes Sent/ Received:

Hjerpe Contracting	Did not receive quote
Eckberg Tiling	Did not receive quote
Litzau Farm Drainage	Did not receive quote
Ewert Tiling	22,071.00
Luedtke Contracting	Did not receive quote
Morris Excavating	Did not receive quote

CD #10, Project #107

Description: Culvert Blockage

Quotes Sent/ Received - Verbal

Bob Mathews	565.00
-------------	--------

CD #25, Project #108

Description: Inspection pipes

Quotes Sent/ Received

Hjerpe Contracting	Did not receive quote
Rickert Excavating	Did not receive quote
Luedtke Contracting	Did not receive quote
Morris Excavating	Did not receive quote
Wuetherich Drainage Inc.	3820.00

CD #64, Project #109

Description: Tree Removal / Treatment of stumps (approximately 60 trees)

Quotes Sent/ Received

Castle Rock Contracting & Tree Service	20,500.00
Tree Top Clearing Inc	19,960.00
Central Applicators	97,150.00

CONSTRUCTION QUOTE SCHEDULE

Ditch Project Information											
Project Name:	JD 24 Lateral 17										
Project Number:	2017-103										
Project Information	Reinstall Lateral 17										
Document Date:	October 11, 2017										
Contractor Information											
Name:	Ewert Bros Inc										
Date Recieved:	11-02-2017										
Phone Number:	320-583-3799										
Drainage Inspector Information											
Name:	Adam Leske										
Address:	SWCD McLeod County 830 11th st E Glencoe MN, 55336										
Office Phone Number:	320-864-1215										
Cell Phone Number:	507-766-1572										
E-Mail:	adam.leske@co.mcleod.mn.us										
Authorized Representative(s):	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px dashed black; padding: 5px;">Ryan Freitag</td> <td style="padding: 5px;">(320) 864-1214 Office</td> </tr> <tr> <td style="border-bottom: 1px dashed black; padding: 5px;"></td> <td style="padding: 5px;">(320) 583-5893 - Cell</td> </tr> <tr> <td style="border-bottom: 1px dashed black; padding: 5px;"></td> <td style="padding: 5px;">Ryan.freitag@co.mcleod.mn.us</td> </tr> <tr> <td style="border-bottom: 1px dashed black; padding: 5px;"></td> <td style="padding: 5px;"></td> </tr> <tr> <td style="border-bottom: 1px dashed black; padding: 5px;"></td> <td style="padding: 5px;"></td> </tr> </table>	Ryan Freitag	(320) 864-1214 Office		(320) 583-5893 - Cell		Ryan.freitag@co.mcleod.mn.us				
Ryan Freitag	(320) 864-1214 Office										
	(320) 583-5893 - Cell										
	Ryan.freitag@co.mcleod.mn.us										
Commissioner District Information											
Name:	Paul Wright										
District #	3										
Township:	Round Grove										
E-mail:	Paul.Wright@co.mcleod.mn.us										

QUOTE FORM

Project Name: JD #24 Lateral 17	Project No: 2017-103
--	-----------------------------

CONTRACTOR INFORMATION		
Contractor/Company Name: Ewert Bros Inc	Business Phone No.:	Cell Phone No.: (320) 983-3799
Address: Po Box 582	City/State/Zip Code: Hutchinson, MN. 55350	E-MAIL: jewertchutchtel.net

Item No.	Description of Bld Item	Pay Unit	Estimated Quantity	Unit Price	Sub Total Cost
1	Mobilization	L.S.	1.0	1000	1,000
2	F & I 15" CPE Dual Wall (perforated)	L.F.	1610.0	1840	29,624
3	F & I 15" CPE Dual Wall (non-perforated)	L.F.	200.0	1840	3,680
4	F & I 10" CPE Dual Wall (perforated)	L.F.	1042.0	1560	16,255
5	F & I 15" CPE Pipe to 7" concrete tee connection	Each	5.0	80	400
6	F & I concrete end plug or cap	Each	5.0	10	50
7	F & I 15" to 10" CPE Reducer	Each	1.0	50	50
8	F & I Rodent guard on end (15")	Each	1.0	50	50
9		Cu.Y.			
10		L.S.			
11		L.S.			
12		L.S.			
13					
14					
15					
16					

Quotes Due By: October 24, 2017 3:00pm

John Ewert
11/02/2017

TOTAL

\$ 51,109.08

MCLEOD COUNTY DRAINAGE INSPECTION REPORT

Ditch: JD #24 Lateral #17 Township: Round Grove Section: 19,30



Met with Jon Maiers regarding drainage issues on the farm that he rents from Marie Stockman. Looking into some history and talking with Wayne Burke who has land north of the Stockman land and received information regarding some history on Lateral 17 on JD #24. Wayne mentioned that the line was not functioning back in the middle 1970s and that he was told to replace it himself, instead of replacing the county tile line Wayne put in his own line, and leaving the old county tile line. The line that runs from the Stockman property through Wayne Burke property is not functioning and should be re-installed to drain the stockman property. A map is provided to show where Lateral 17 is on JD #24. It is recommended that the line be reinstalled to drain the stockman property to allow for better drainage.

JD #24 Lateral 17



Disclaimer: McLeod County does not warrant or guarantee the accuracy of the data.
The data is meant for reference purposes only and should not be used for official decisions.
If you have questions regarding the data presented in this map, please contact the McLeod County GIS Department.

This information is to be used for reference purposes only.

Project # 103

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CONSTRUCTION QUOTE SCHEDULE

Ditch Project Information							
Project Name:	CD #5						
Project Number:	2017-102						
Project Information	Beaver Dam Removal						
Document Date:	October 1, 2017						
Contractor Information							
Name:	Mathews Drainage & Excavating						
Address:	12897 Falcon Av. Glencoe, MN. 55336						
Phone Number:	320-864-6060 cell 320-282-5313						
Drainage Inspector Information							
Name:	Adam Leske						
Address:	SWCD McLeod County 830 11th st E Glencoe MN, 55336						
Office Phone Number:	320-864-1215						
Cell Phone Number:	507-766-1572						
E-Mail:	adam.leske@co.mcleod.mn.us						
Authorized Representative(s):	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Ryan Freitag</td> <td style="border: none;">(320) 864-1214 Office</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">(320) 583-5893 - Cell</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">Ryan.freitag@co.mcleod.mn.us</td> </tr> </table>	Ryan Freitag	(320) 864-1214 Office		(320) 583-5893 - Cell		Ryan.freitag@co.mcleod.mn.us
Ryan Freitag	(320) 864-1214 Office						
	(320) 583-5893 - Cell						
	Ryan.freitag@co.mcleod.mn.us						
Commissioner District Information							
Name:	RON SHIMANSKI						
District #	1						
Township:	BERGEN						
E-mail:	Ron.Shimanski@co.mcleod.mn.us						

CD #5

Project Number: 2017-102

10/1/2017

QUOTE FORM

Project Name: CD #5	Project No: 2017-102
----------------------------	-----------------------------

CONTRACTOR INFORMATION		
Contractor/Company Name: Mathews Drainage & Excavating	Business Phone No.: 320-864-6060	Cell Phone No.: 320-282-5313
Address: 12897 Falcon Av.	City/State/Zip Code: Glencoe, MN. 55336	E-MAIL: bobmathews@embarqmail.com

Item No.	Description of Bid Item	Pay Unit	Estimated Quantity	Unit Price	Sub Total Cost
1	Beaver Dam Removal	L.S.	1.0		\$ 475.00
2		L.S.			
3		L.S.			
4		L.S.			
5		L.S.			
6		L.F.			
7		L.F.			
8		L.S.			
9		L.F.			
10		Each			
11		L.S.			
12		L.S.			
13		S.F.			
14		L.S.			
15		L.S.			
16		L.S.			

Quotes Due By:

TOTAL

\$ 475.00

McLEOD COUNTY DRAINAGE SYSTEM INSPECTION REPORT

Report No: 2017-102

Request Date: 9-28-17

Name: <u>Jon Dammann</u>			Phone #: <u>320-510-1367</u>		
Township: <u>Bergen</u>	District: <u>1</u>	e-Mail:			
Coordinates: Address: <u>4677 165th St Lester Prairie</u>					
Reason for Request: <u>Obstruction in channel - Beaver Dam</u>					
Drainage System Inspected: <u>CD #5</u>					
Date of Inspection: <u>9-28-17</u>			Scheduled or <u>Requested</u> :		

Excessive Broadleaf Weed visible in Sections:	
GPS Coordinates:	
Suggested Corrective Action:	
Estimated Cost:	

Trees Growing in Sections:	
GPS Coordinates:	
Suggested Corrective Action:	
Estimated Cost:	

The 16.5' Grass Strip has been partially or completely impaired in the following Sections:	
GPS Coordinates:	
Suggested Corrective Action:	
Estimated Cost:	

Sediment Deposits are visible in the Channel in Sections:	
<u>Obstruction in channel - Beaver Dam - obstructing Flow</u>	
GPS Coordinates:	
Suggested Corrective Action:	<u>Remove Beaver Dam - Trap or Hunt Beaver</u>
Estimated Cost:	

CD 5 Access to beaver dam



Disclaimer: McLeod County does not warrant or guarantee the accuracy of the data.
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MCLEOD COUNTY DRAINAGE INSPECTION REPORT

Ditch: CD #5 Township: Bergen Section: 21



Jon Dammann called to report a beaver dam obstruction on CD #5 in Bergen township, section 21. Jon mentioned that they removed the dam once and that the dam was rebuilt in a couple days. I contacted Tyler Schwartz about the beavers and he agreed to trap them, after the beavers are trapped Bob Mathews will take care of the removal of obstruction in the channel. A map shows where the beaver dam is located.

COMMISSIONER CONSTRUCTION QUOTE SCHEDULE

Ditch Project Information		
Project Name:	CD #5	
Project Number:	2017-110	
Project Information	Beaver removal (trapping)	
Document Date:	November 6, 2017	
Contractor Information		
Name:	Tyler Schwartz	
Date Received:	11/7/17	
Phone Number:	763-213-3517	
Drainage Inspector Information		
Name:	Adam Leske	
Address:	SWCD McLeod County 830 11th st E Glencoe MN, 55336	
Office Phone Number:	320-864-1215	
Cell Phone Number:	507-766-1572	
E-Mail:	adam.leske@co.mcleod.mn.us	
Authorized Representative(s):	Ryan Freitag	(320) 864-1214 Office
		(320) 583-5893 - Cell
		Ryan.freitag@co.mcleod.mn.us
Commissioner District Information		
Name:	RON SHIMANSKI	
District #	1	
Township:	BERGEN	
E-mail:	Ron.Shimanski@co.mcleod.mn.us	

QUOTE FORM

Project Name: CD #5	Project No: 2017-110
----------------------------	-----------------------------

CONTRACTOR INFORMATION		
Contractor/Company Name: <div style="border: 1px solid black; padding: 2px;">Tyler Schwartz</div>	Business Phone No.: <div style="border: 1px solid black; padding: 2px;">763-213-3517</div>	Cell Phone No.: <div style="border: 1px solid black; padding: 2px;">763-213-3517</div>
Address: <div style="border: 1px solid black; padding: 2px;">1219 Chandler Ave N</div>	City/State/Zip Code: <div style="border: 1px solid black; padding: 2px;">Glencoe MN 55336</div>	E-MAIL: <div style="border: 1px solid black; padding: 2px;">tschwartz@Senecafoods.com</div>

Item No.	Description of Bid Item	Pay Unit	Estimated Quantity	Unit Price	Sub Total Cost
1	Removal of Beavers <i>(trapping)</i>	L.S.	2.0	50.00	100.00
2		L.S.			
3		L.S.			
4		L.S.			
5		L.S.			
6		L.F.			
7		L.F.			
8		L.S.			
9		L.F.			
10		Each			
11		L.S.			
12		L.S.			
13		S.F.			
14		L.S.			
15		L.S.			
16		L.S.			

Quotes Due By:

TOTAL

\$ 100.00

MCLEOD COUNTY DRAINAGE INSPECTION REPORT

Ditch: CD #5 Township: Bergen Section: 21



Jon Dammann called to report a beaver dam obstruction on CD #5 in Bergen township, section 21. Jon mentioned that they removed the dam once and that the dam was rebuilt in a couple days. I contacted Tyler Schwartz about the beavers and he agreed to trap them, after the beavers are trapped Bob Mathews will take care of the removal of obstruction in the channel. A map shows where the beaver dam is located.

CONSTRUCTION QUOTE SCHEDULE

Ditch Project Information											
Project Name:	CD 64 Branch 2										
Project Number:	2017-106										
Project Information	Repair Branch #2 on CD #64										
Document Date:	October 23, 2017										
Contractor Information											
Name:											
Date Recieved:											
Phone Number:											
Drainage Inspector Information											
Name:	Adam Leske										
Address:	SWCD McLeod County 830 11th st E Glencoe MN, 55336										
Office Phone Number:	320-864-1215										
Cell Phone Number:	507-766-1572										
E-Mail:	adam.leske@co.mcleod.mn.us										
Authorized Representative(s):	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; padding: 5px;">Ryan Freitag</td> <td style="padding: 5px;">(320) 864-1214 Office</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;">(320) 583-5893 - Cell</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;">Ryan.freitag@co.mcleod.mn.us</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> </tr> </table>	Ryan Freitag	(320) 864-1214 Office		(320) 583-5893 - Cell		Ryan.freitag@co.mcleod.mn.us				
Ryan Freitag	(320) 864-1214 Office										
	(320) 583-5893 - Cell										
	Ryan.freitag@co.mcleod.mn.us										
Commissioner District Information											
Name:	Paul Wright										
District #	3										
Township:	Collins										
E-mail:	Paul.Wright@co.mcleod.mn.us										

QUOTE FORM

Project Name: CD #64 Branch #2	Project No: 2017-106
---------------------------------------	-----------------------------

CONTRACTOR INFORMATION		
Contractor/Company Name: Ewert Bros. INC	Business Phone No.:	Cell Phone No.: (320) 583-3799
Address: Po Box 582	City/State/Zip Code: Hutchinson, Mo. 65350	E-MAIL: jewert@hutchtel.net

Item No.	Description of Bid Item	Pay Unit	Estimated Quantity	Unit Price	Sub Total Cost
1	Mobilization	L.S.	1.0	500	500
2	F & I 10" CPE Dual Wall Corrugated Pipe	L.F.	657.0	15 ⁶⁰	10,249
3	F & I 12" CPE Dual Wall Corrugated Pipe	L.F.	668.0	16 ⁸⁰	11,222
4	F & I 10" Bar Guard/Trash Basket	QTY	1.0	50	50
5	F & I 12" Rodent Guard	L.S.	1.0	50	50
6		L.F.			
7		L.F.			
8		L.S.			
9		L.F.			
10		Each			
11		L.S.			
12		L.S.			
13		S.F.			
14		L.S.			
15		L.S.			
16		L.S.			

Quotes Due By: 10/31/17

John Ewert
11/02/2017

TOTAL

\$ 22,071.00

MCLEOD COUNTY DRAINAGE INSPECTION REPORT

Ditch: CD 64 Branch 2 Township: Collins Section: 28

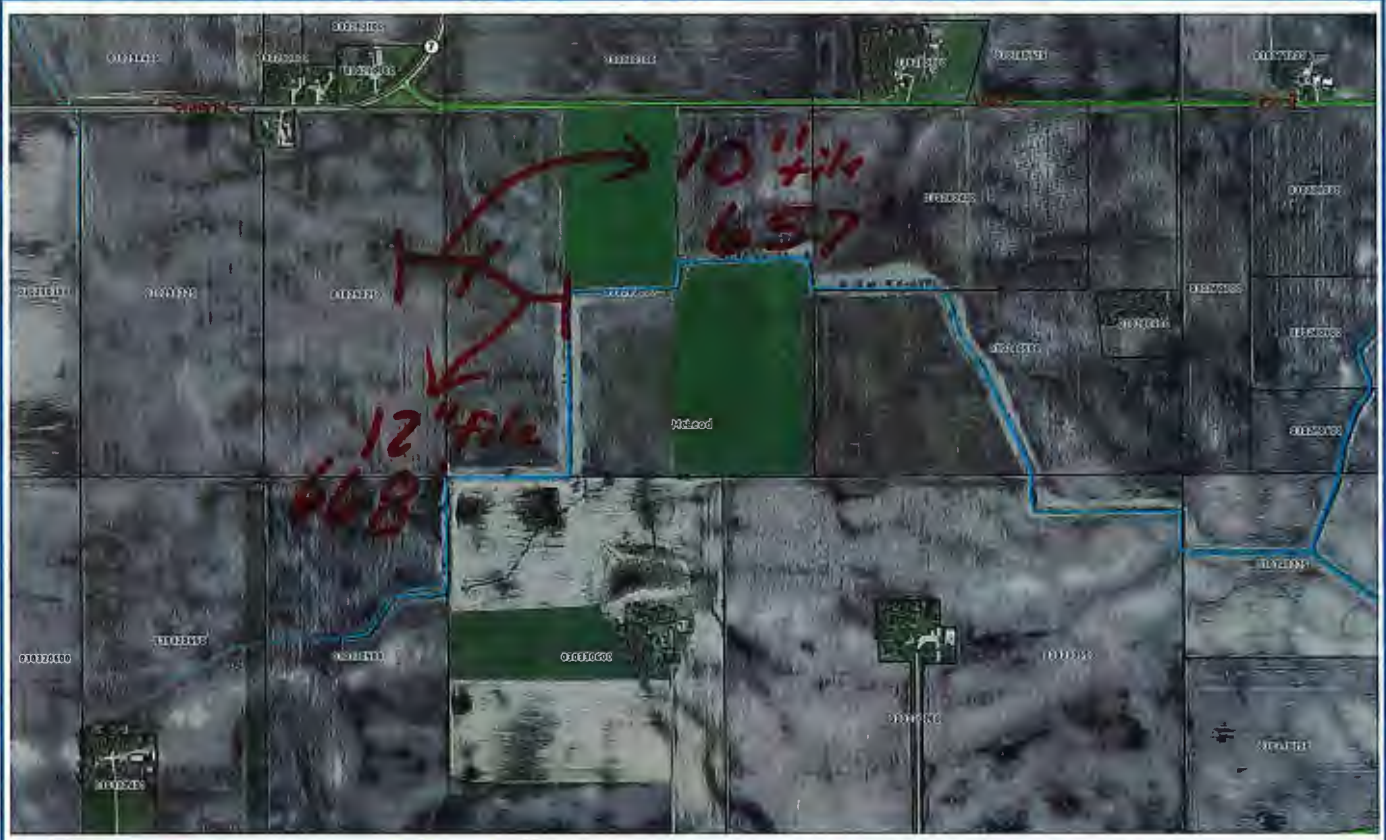


Ewert tiling scoped Branch 2 on CD #64 to see what condition the tile line is in. After viewing the video of the tile line, it was evident that it needed to be replaced. There are numerous locations in the line where the tile is cracked or broken, and places where obstructions limited the advancement of the camera. I recommend Branch 2 be replaced with dual wall cpe pipe. The line is highlighted in red.

Adam Leske - McLeod County Ditch Inspector

DATE _11-13-2017

CD.64 Branch 2



Disclaimer: McLeod County does not warrant or guarantee the accuracy of the data.
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Project # 106

COMMISSIONER CONSTRUCTION QUOTE SCHEDULE

Ditch Project Information											
Project Name:	CD #10										
Project Number:	2017-107										
Project Information	Culvert Blockage										
Document Date:	October 23, 2017										
Contractor Information											
Name:											
Date Received:											
Phone Number:											
Drainage Inspector Information											
Name:	Adam Leske										
Address:	SWCD McLeod County 830 11th st E Glencoe MN, 55336										
Office Phone Number:	320-864-1215										
Cell Phone Number:	507-766-1572										
E-Mail:	adam.leske@co.mcleod.mn.us										
Authorized Representative(s):	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; padding: 5px;">Ryan Freitag</td> <td style="padding: 5px;">(320) 864-1214 Office</td> </tr> <tr> <td style="padding: 5px;"> </td> <td style="padding: 5px;">(320) 583-5893 - Cell</td> </tr> <tr> <td style="padding: 5px;"> </td> <td style="padding: 5px;">Ryan.freitag@co.mcleod.mn.us</td> </tr> <tr> <td style="padding: 5px;"> </td> <td style="padding: 5px;"> </td> </tr> <tr> <td style="padding: 5px;"> </td> <td style="padding: 5px;"> </td> </tr> </table>	Ryan Freitag	(320) 864-1214 Office		(320) 583-5893 - Cell		Ryan.freitag@co.mcleod.mn.us				
Ryan Freitag	(320) 864-1214 Office										
	(320) 583-5893 - Cell										
	Ryan.freitag@co.mcleod.mn.us										
Commissioner District Information											
Name:	RON SHIMANSKI										
District #	1										
Township:	Winsted										
E-mail:	Ron.Shimanski@co.mcleod.mn.us										

MCLEOD COUNTY DRAINAGE INSPECTION REPORT

Ditch: CD 10 Township: Winsted Section: 29



Received email from Ron Shimanski regarding a culvert blockage west of Florence Klaustermeier farm place. Tree branches and debris are blocking the culvert blocking the flow.

Adam Leske - McLeod County Drainage Inspector

DATE: 11-13-2017

McLEOD COUNTY DRAINAGE SYSTEM INSPECTION REPORT

Report No: _____

Request Date: 10-23-17

Name: <u>Florence K</u>	Phone #:
Township: <u>Winsted</u>	District: <u>1</u>
Coordinates: <u>117-27-Section 29</u>	
Reason for Request: <u>Culvert Blockage</u>	
Drainage System Inspected: <u>CD-10</u>	
Date of Inspection: <u>10-23-17</u>	Scheduled or Requested: <u> </u>

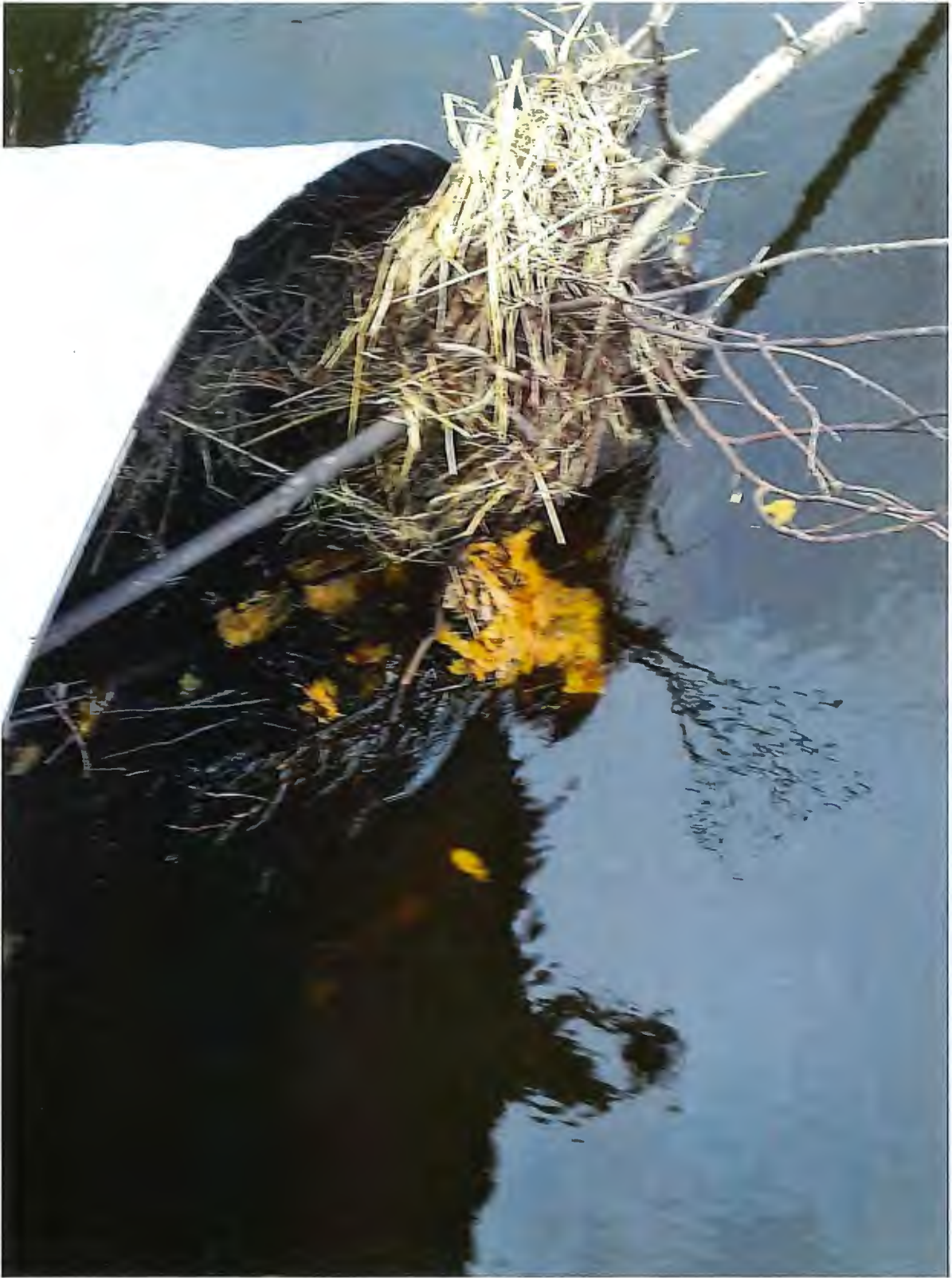
Excessive Broadleaf Weed visible in Sections:	
GPS Coordinates:	
Suggested Corrective Action:	
Estimated Cost:	

Trees Growing in Sections:	
GPS Coordinates:	
Suggested Corrective Action:	
Estimated Cost:	

The 16.5' Grass Strip has been partially or completely impaired in the following Sections:	
GPS Coordinates:	
Suggested Corrective Action:	
Estimated Cost:	

Sediment Deposits are visible in the Channel in Sections:	
GPS Coordinates:	
Suggested Corrective Action:	
Estimated Cost:	





CD #10 Florence Klauster Culvert Blockage



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Project # 107



COMMISSIONER CONSTRUCTION QUOTE SCHEDULE

Ditch Project Information		
Project Name:	CD #25	
Project Number:	2017-108	
Project Information	Inspection Pipe Install	
Document Date:	October 31, 2017	
Contractor Information		
Name:	Brian Wetherich	
Date Received:	11-8-2017	
Phone Number:	612-360-1578	
Drainage Inspector Information		
Name:	Adam Leske	
Address:	SWCD McLeod County 830 11th st E Glencoe MN, 55336	
Office Phone Number:	320-864-1215	
Cell Phone Number:	507-766-1572	
E-Mail:	adam.leske@co.mcleod.mn.us	
Authorized Representative(s):	Ryan Freitag	(320) 864-1214 Office
		(320) 583-5893 - Cell
		Ryan.freitag@co.mcleod.mn.us
Commissioner District Information		
Name:	Paul Wright	
District #	3	
Township:	Lynn	
E-mail:	Paul.Wright@co.mcleod.mn.us	

QUOTE FORM

Project Name: CD #25	Project No: 2017-108
-----------------------------	-----------------------------

CONTRACTOR INFORMATION		
Contractor/Company Name: Wuetherich Drainage Inc.	Business Phone No.: 612-360-1578	Cell Phone No.: <input style="width: 90%;" type="text"/>
Address: 13380 Hwy 5 & 25	City/State/Zip Code: Norwood MN 55368	E-MAIL: <input style="width: 90%;" type="text"/>

Item No.	Description of Bid Item	Pay Unit	Estimated Quantity	Unit Price	Sub Total Cost
1	Mobilization	L.S.	1.0	700.00	700.00
2	F & I Inspection pipes on North and South side of CSAH #18 <i>include--(2) 12" Tees and 10' non corrugated CPE for risers</i>	L.S.	1.0	2720.00	2720.00
3	F & I 12" Heavy Duty Yellow Bar Guards on both sides <i>(agri-Drain corporation or equivalent)</i>	Each	2.0	200.00	400.00
4		L.S.			
5		L.S.			
6	***Price includes straw blanking and seeding of excavated area*****	L.F.			
7		L.F.			
8		L.S.			
9	*****Wuetherich Drainage will have time in December or Spring to due project.*****	L.F.			
10		Each			
11		L.S.			
12		L.S.			
13		S.F.			
14		L.S.			
15		L.S.			
16		L.S.			

Quotes Due By: 11/9/17

TOTAL

\$ 3820.00

Section 25+26

CD #25 Inspection pipe install - Lynn Township



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Project # 108



COMMISSIONER CONSTRUCTION QUOTE SCHEDULE

Ditch Project Information	
Project Name:	CD #64
Project Number:	2017-109
Project Information	Tree Removal/ Treatment of stumps(Approximately 60 trees)
Document Date:	October 31, 2017
Contractor Information	
Name:	Castle Rock Contracting and TREE Service
Date Received:	11-2-17
Phone Number:	651-463-2268
Drainage Inspector Information	
Name:	Adam Leske
Address:	SWCD McLeod County 830 11th st E Glencoe MN, 55336
Office Phone Number:	320-864-1215
Cell Phone Number:	507-766-1572
E-Mail:	adam.leske@co.mcleod.mn.us
Authorized Representative(s):	Ryan Freitag (320) 864-1214 Office (320) 583-5893 - Cell Ryan.freitag@co.mcleod.mn.us
Commissioner District Information	
Name:	Paul Wright
District #	3
Township:	Collins
E-mail:	Paul.Wright@co.mcleod.mn.us

CD #64
Project Number: 2017-109

10/31/2017

QUOTE FORM

Project Name: CD #64	Project No: 2017-109
-----------------------------	-----------------------------

CONTRACTOR INFORMATION		
Contractor/Company Name: Castle Rock Cont Tree LLC	Business Phone No.: 651-463-2268	Cell Phone No.: 612-867-9134
Address: 4455 280th St. W #514	City/State/Zip Code: Castle Rock MN 55010	E-MAIL: castlerockcontractingllc@gmail.com

Item No.	Description of Bid Item	Pay Unit	Estimated Quantity	Unit Price	Sub Total Cost
1	Mobilization	L.S.	1.0	3,000 ⁰⁰	3,000 ⁰⁰
2	Tree Removal along the embankment <i>(includes, treatment of stumps, chipping/hauling away logs and chips.)</i>	L.S.	1.0	17,500 ⁰⁰	17,500 ⁰⁰
3		L.S.			
4		L.S.			
5		L.S.			
6		L.F.			
7		L.F.			
8		L.S.			
9		L.F.			
10		Each			
11		L.S.			
12		L.S.			
13		S.F.			
14		L.S.			
15		L.S.			
16		L.S.			

Quotes Due By: 11/7/17

TOTAL

\$ 20,500⁰⁰

COMMISSIONER CONSTRUCTION QUOTE SCHEDULE

Ditch Project Information	
Project Name:	CD #64
Project Number:	2017-109
Project Information	Tree Removal/ Treatment of stumps(Approximately 60 trees)
Document Date:	October 31, 2017
Contractor Information	
Name:	TREE TOP CLEARING INC
Date Received:	10/31/17
Phone Number:	763 972 3988
Drainage Inspector Information	
Name:	Adam Leske
Address:	SWCD McLeod County 830 11th st E Glencoe MN, 55336
Office Phone Number:	320-864-1215
Cell Phone Number:	507-766-1572
E-Mail:	adam.leske@co.mcleod.mn.us
Authorized Representative(s):	<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 60%;"> Ryan Freitag </div> <div style="width: 35%;"> (320) 864-1214 Office (320) 583-5893 - Cell Ryan.freitag@co.mcleod.mn.us </div> </div>
Commissioner District Information	
Name:	Paul Wright
District #	3
Township:	Collins
E-mail:	Paul.Wright@co.mcleod.mn.us

QUOTE FORM

Project Name: CD #64	Project No: 2017-109
-----------------------------	-----------------------------

CONTRACTOR INFORMATION		
Contractor/Company Name: Tree Top Clearing	Business Phone No.: 763 972 3988	Cell Phone No.: 612 751 5626
Address: 4683 65th St SE	City/State/Zip Code: Delano MN 55328	E-MAIL: Paul@tree-top-clearing.com

Item No.	Description of Bid Item	Pay Unit	Estimated Quantity	Unit Price	Sub Total Cost
1	Mobilization <i>W/A unless called back to do more after work</i>	L.S.	1.0		
2	Tree Removal along the embankment <i>leave</i> <i>(includes, treatment of stumps, chipping/hauling away logs and chips.)</i>	L.S.	1.0	19960.00	19960.00
3		L.S.			
4		L.S.			
5		L.S.			
6		L.F.			
7		L.F.			
8		L.S.			
9		L.F.			
10		Each			
11		L.S.			
12		L.S.			
13		S.F.			
14		L.S.			
15		L.S.			
16		L.S.			

Quotes Due By: 11/7/17

TOTAL

\$ 19 960.00

COMMISSIONER CONSTRUCTION QUOTE SCHEDULE

Ditch Project Information			
Project Name:	CD #64		
Project Number:	2017-109		
Project Information	Tree Removal/ Treatment of stumps(Approximately 60 trees)		
Document Date:	October 31, 2017		
Contractor Information			
Name:	<i>Central Applicators</i>		
Date Received:	<i>11-7-17</i>		
Phone Number:	<i>320-968-8076</i>		
Drainage Inspector Information			
Name:	Adam Leske		
Address:	SWCD McLeod County 830 11th st E Glencoe MN, 55336		
Office Phone Number:	320-864-1215		
Cell Phone Number:	507-766-1572		
E-Mail:	adam.leske@co.mcleod.mn.us		
Authorized Representative(s):	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Ryan Freitag</td> <td style="border: none;">(320) 864-1214 Office (320) 583-5893 - Cell Ryan.freitag@co.mcleod.mn.us</td> </tr> </table>	Ryan Freitag	(320) 864-1214 Office (320) 583-5893 - Cell Ryan.freitag@co.mcleod.mn.us
Ryan Freitag	(320) 864-1214 Office (320) 583-5893 - Cell Ryan.freitag@co.mcleod.mn.us		
Commissioner District Information			
Name:	Paul Wright		
District #	3		
Township:	Collins		
E-mail:	Paul.Wright@co.mcleod.mn.us		

QUOTE FORM

Project Name: CD #64	Project No: 2017-109
-----------------------------	-----------------------------

CONTRACTOR INFORMATION		
Contractor/Company Name: Central Applicators	Business Phone No.: 320 968 8076	Cell Phone No.: 320 247 2285
Address: PO Box 279	City/State/Zip Code: Foley MN 56329	E-MAIL: bryanb@centralapplicators.com

Item No.	Description of Bid Item	Pay Unit	Estimated Quantity	Unit Price	Sub Total Cost
1	Mobilization	L.S.	1.0		2,575
2	Tree Removal along the embankment <i>(includes, treatment of stumps, chipping/hauling away logs and chips.)</i>	L.S.	1.0		94,575
3		L.S.			
4		L.S.			
5		L.S.			
6		L.F.			
7		L.F.			
8		L.S.			
9		L.F.			
10		Each			
11		L.S.			
12		L.S.			
13		S.F.			
14		L.S.			
15		L.S.			
16		L.S.			

Quotes Due By: 11/7/17

TOTAL

\$ 97,150

MCLEOD COUNTY DRAINAGE INSPECTION REPORT

Ditch: CD 64 Township: Collins Section: 28,32,33



Met with Doug Benson regarding the condition of CD #64, the ditch has approximately 60 trees on the embankment and a couple close to the channel that need to be removed. The ditch will also need a clean out and some embankment improvements. I recommend that we start with tree removal this winter and then a ditch clean out this spring.

Adam Leske - McLeod County Ditch Inspector

DATE _11-13-2017

BOARD RATIFICATION STATEMENT

The Board of _____ has ratified the PROFESSIONAL SERVICES AGREEMENT BETWEEN MINNESOTA COUNTIES COMPUTER COOPERATIVE And STRATEGIC TECHNOLOGIES INCORPORATED for the maintenance and support of MCAPS.

The Agreement will be effective January 1, 2018 through December 31, 2022. This Agreement commits the participating members for the term of the contract and the financial obligations associated with this contract.

Signed: _____
Board Chair

Date: _____

Attest: _____

Title: _____

Date: _____

**AGREEMENT TO PROVIDE PROFESSIONAL SERVICES BETWEEN
MINNESOTA COUNTIES COMPUTER COOPERATIVE**

And

STRATEGIC TECHNOLOGIES INCORPORATED

1/1/2018

This Agreement dated and to be effective as of the date set forth above by and between the Minnesota Counties Computer Cooperative, organized and doing business under Minnesota's joint exercise of power statute (MN Stats § 471.59), with principal offices at 100 Empire Drive, Suite 201, St. Paul, Minnesota, 55103, for the benefit of and use by its participating end user members ("MnCCC") and **Strategic Technologies Incorporated**, a **Minnesota corporation** with principal offices at **9905 45th Avenue North, Suite 220, Plymouth, MN 55442** ("VENDOR").

WITNESSETH

WHEREAS, MnCCC wishes to retain VENDOR to provide certain professional services and expertise to obtain computer programming and technical assistance for the maintenance and support of MnCCC's copyrighted, proprietary and confidential computer software system known as the **Minnesota County Attorney Practice System™** software ("MCAPS"); and

WHEREAS, VENDOR has and will be expected to render substantial services and expertise hereunder.

NOW THEREFORE, in consideration of the mutual promises and agreements contained herein, and for other good and valuable consideration, the parties agree as follows:

I. Systems to be Supported

VENDOR agrees to provide the computer programming, technical assistance, and related professional services to support and maintain the systems and systems components of MCAPS, in exchange for MnCCC's payment of certain fees as summarized in **Attachment A**, which is attached and incorporated by reference.

II. Definition of Included Support Services

The software support fees paid by MnCCC are identified in **Attachment A - MCAPS Support Fee Schedule**. These fees shall fully compensate VENDOR for the following Services:

A. General MCAPS Support Activities (All MCAPS Users)

1. Track MCAPS support incidents and report out to the County Attorney Executive Committee per the MCAPS Service Level Agreement (SLA) attached and incorporated by reference as **Attachment B**.
2. Provide supporting documentation for County Attorney Executive Committee meetings (up to 12 times per year) with respect to MCAPS bugs/fixes and open MCAPS Enhancement Requests (including categories Approved, Completed, New, Committee, Tabled, Denied, Withdrawn and Research statuses).
3. Provide any MCAPS revisions necessitated by changes in applicable Minnesota statutes, laws or regulations. MnCCC will advise VENDOR of any requested changes to MCAPS as necessitated by changes in Minnesota statutes, laws, or regulations and provide sufficient details to support VENDOR in making the changes. Further, these changes will be subject to written work order as described in Section II – E.1.
4. Revisions necessitated by change in underlying MCAPS operating systems.
5. Revisions necessitated by changes in current state reporting requirements (609.11 Report, MCCVS Report, or other reporting tools established in MCAPS (new tools would require an enhancement request)
6. Training. Provide eighty (80) hours of training per year, with up to thirty (30) hours available to rollover from year to year. Preparation of training materials and presentations are included in the eighty (80) hours. Training will include webinars and in person training. Travel for in person training will be billable as defined in Section IV.F. In addition to the eighty (80) hours, VENDOR will also provide up to two-days (16 hours) training including preparation time at the MnCCC Annual Conference and an additional optional one-day User training session at a time and location selected by MnCCC.
7. Preparation work and attendance at MCAPS Executive, Enhancement, Technology, and Standards Committee meetings or other MCAPS Committees as recommended by the MCAPS Executive Committee.
8. Bug fix work in MCAPS or related applications and services for legacy code not originally developed by the VENDOR.
9. System design, prototyping, estimating, meeting time, and project management related to the planning of new enhancements or new system initiatives.
10. Consulting and product management services as needed with other criminal justice partners.
11. Sales Support. VENDOR will support MnCCC in any MCAPS marketing efforts at the direction of MnCCC, including but not limited to conference calls, responding to RFPs/RFIs and software demos. Travel time for such support is not subject to the fee support, and shall be billable to MnCCC at the discounted rates and in the manner identified in Section IV.F.
12. Other activities as approved by the MCAPS Executive Committee.

B. Level 1 Software Support

Logging of, and responding to, email and phone support requests from MCAPS users regarding MCAPS application usage. Each support request is to be logged as to the nature of the request/issue and county/agency/department that originated the request. Level 1 support will resolve basic user issues for the MCAPS users and escalate more complex issues to Level 2 support.

C. Level 2 Support

Engage with MCAPS users on more complex support issues escalated from Level 1 support. Will resolve issues that can be addressed via ad hoc training; by providing alternate approaches to resolving issue; or by documenting the issue more fully so that it can be addressed by Level 3 support as a MCAPS bug or enhancement request. Level 2 support will provide direction to MCAPS users and to Level 3 support in terms of whether or not the MCAPS functionality is working as designed, or appearing to be a code bug that needs to be addressed by Level 3. If it is determined that the code is functioning as designed, then the MCAPS user will be instructed to submit an enhancement request through the VENDOR's helpdesk.

D. Level 3 Support

Perform MCAPS code analysis, programming, testing and project management related to bugs, as escalated from Level 2 support. Level 3 support for bugs escalated from Level 2 support is included in the fees identified in **Attachment A**.

Level 3 support will also include the following:

1. Estimating of MCAPS Enhancement Requests, based on the documented requirements as submitted by MnCCC and Level 2 support.
2. Technical Design of approved Enhancement Requests, with review and sign-off by MnCCC prior to all coding activities.
3. On-going design, development, technical testing and deployment as described in "MCAPS Infrastructure Modernization" Section II – H below.

Additional programming, coding and testing services identified in Section II.D(1) – (3) above will be performed by VENDOR and chargeable to MnCCC if and as approved in a Work Order negotiated and signed by the parties. No additional Level 3 charges will be made without prior authorization by MnCCC.

E. Enhancements

Requirement of Work-Orders: With the exception of provision of pre-priced, fee support and maintenance services as designated as Support, VENDOR shall provide all

professional services hereunder as specified and pre-authorized by MnCCC in a written Work Order in substantially the form of **Attachment C**.

1. Written Work Orders shall document the scope and timelines for any Enhancements, and shall contain at a minimum the following:
 - a. a maximum cost to MnCCC for the specified work (MnCCC or any other party hereunder has no obligation to pay any amount in excess of the amount specified unless so pre-authorized in writing by MnCCC. Additionally, any incremental payments must be specified in the Work Order, and must be related to the accomplishment of specified tasks);
 - b. identification of the software version that the Enhancements will be made to;
 - c. specifications as to what services are to be performed;
 - d. identification of any third party software or freeware needed, along with associated costs;
 - e. a description of the work, software code, documentation and other relevant deliverables;
 - f. the due date for completion of the services to be provided, including a schedule for development and testing;
 - g. identification of two or three users that will provide beta testing of the enhancement and any expectations regarding such beta testing, unless this requirement is expressly waived by the MnCCC Executive Committee or its designee;
 - h. a schedule of status reports, if any, of the services being performed and the progress made;
 - i. the criteria, process and means that the Enhancements deliverables are to be accepted as complete and satisfactory;
 - j. identification of applicable performance milestones and payment terms.
 - k. a means for both parties to sign and evidence their binding agreement to the Work Order specifications and terms. Changes to Work Orders can only be made by mutual consent, documented in writing and signed by the parties.

2. Types of Work Orders: Work orders shall be either global or participatory. Global work orders are for work on the MCAPS system as a whole, for all users, and for which County Attorney User Group funds shall be used. Participatory work orders are for work performed for one or more specified users and for which the specified users shall be liable for. All Work Orders must be approved in writing by MnCCC prior to initiation of any work by VENDOR. A sample Work Order is attached to this Agreement as **Attachment C**.

F. Installation Support

For users not able or interested in performing their own MCAPS updates or new release installations, or who do not have another provider, VENDOR will perform the

installations as part of this optional support element. A minimum hourly fee for such installation support services will be charged per installation, and as set forth in **Attachment A**.

Installation support will be performed by VENDOR via a signed Work Order, and chargeable only to users who choose this option.

G. MCAPS Project Coordinator

The VENDOR will assign a MCAPS Project Coordinator position that will regularly engage in MCAPS project management and will serve as the MCAPS lead contact and liaison.

H. MCAPS Infrastructure Modernization

With the specific activity as agreed to and as pre-approved by MnCCC, VENDOR will work ongoing on the underlying architecture of MCAPS as part of Level 3 support, and in order to remain current with respect to the "code stack" that supports the functional capabilities of MCAPS, and which will take up to 5,000 person hours to complete. The code stack generally refers to, but is not limited to: source code, SQL database, third-party products, security layer, web browser, web server, .NET framework, software and scripting language, web services, integrations with external systems, and other interfaces. In addition to this activity, infrastructure modernization also includes designing and creating new capabilities to support a more automated installation of MCAPS updates and new releases, and on-going technical documentation updates. Technical documentation requirements shall be defined on a regular basis with MnCCC and prioritized along with code update activity. Examples of technical documentation include:

1. Detailed documentation on the database structure and core application design, interfaces and Microsoft AD integration.
2. Documentation on all application module usage and code levels, including any registrations or licensing. Develop a plan to keep these current, patched and up to date.

The MCAPS infrastructure modernization fund is to include 5,000 person hours during the term of this Agreement, initially allocated at 1,000 hours for each calendar year, with monthly report out on specific progress made against approved plans and hours logged. Should 1,000 hours annually be insufficient for the demand/needs in this area, then additional hours may be authorized by MnCCC during a calendar year, including the reallocation of hours from future years, and/or new hours chargeable at then-current **Attachment A** time and materials rates.

Should VENDOR fail to provide 1,000 hours in support of MCAPS infrastructure

modernization during a given calendar year, then any unused hours will be rolled into the next calendar year(s) for as long as this Agreement remains in force. If a Renewal Term is agreed to by the parties, an additional 3,000 hours shall be added to the MCAPS infrastructure modernization fund, initially allocated at 1,000 hours for each year of the Renewal Term. During the Initial Term of this Agreement or in any Renewal Term of this Agreement, if the balance of hours required for MCAPS infrastructure support, based on actual activity, is projected to be greater than remaining hours required to support known modernization activities, then hours may be shifted to MCAPS Enhancements, in order to “consume” available hours or pay for Software Support overages. Up to 150 hours of work by the VENDOR may be charged to infrastructure support for hours incurred in the fourth quarter of 2017 in preparation for product management.

MCAPS modernization will be performed by VENDOR only and associated costs are included in the Software Support fees payable this Agreement.

I. Additional Requirements

1. VENDOR must obtain written permission from MnCCC to add any VENDOR or third party plug-ins or code proposed to be incorporated into the MCAPS system. This includes, but is not limited to, any “freeware” or “shareware”, which shall be avoided where possible. Once approved, those plug-ins or third party code will be included, maintained and updated as part of this Agreement, unless a special support addendum is executed and attached to this Agreement. VENDOR shall provide to MnCCC within 90 days of contract signing, a detailed list specifying all third party code and plug-ins used in the existing MCAPS application. MnCCC acknowledges and agrees that pre-existing plug-ins and third party code incorporated into the MCAPS system are accepted, and shall remain subject to full MCAPS support hereunder.
2. For new software development performed after 4/1/2018, VENDOR shall provide current, full and detailed database and application design and programming documentation for all parts of the MCAPS application including third party code ~~add ons~~, per provision in Section II – G above.
3. VENDOR shall follow the MnCCC source code and documentation policy.
4. VENDOR shall obtain and/or maintaining BCA certification (BCA Vendor Vetting and agreements for access to a CJDN restricted network).

J. Service Level Agreement, Priorities and Escalation – See *Attachment B*.

K. Virus, Malware, Unapproved and/or Unauthorized Code

1. VENDOR shall retain sole responsibility and liability for delivering all electronic files and other deliverables to MnCCC under this Agreement, free of any Virus, Malware or Unapproved and/or Unauthorized Code. VENDOR warrants and represents that

any data, programs, hardware or firmware provided, or sourced, by VENDOR to MnCCC shall be free, at the time of receipt, of any computer Virus, Malware, Unapproved and/or Unauthorized Code.

2. "Virus, Malware, Unapproved and/or Unauthorized Code" for purpose of this Agreement means any harmful or hidden programs or data incorporated therein with malicious or mischievous intent, including any code, program or device that would shut off, limit or interfere with the full, unrestricted access and use by MnCCC, its user members and other end user licensees. This would also include, but not limited to, the entering of any illegal, virus, malware, unapproved and/or any unauthorized code containing or triggering any unauthorized, mentally disturbing, vulgar, adult or porn type, virus, malware, trojans, bugs, tracking or reporting code or device, or potentially malicious data into MnCCC and / or member systems or networks.

L. Governing Law; Compliance with Laws

This Agreement shall be governed by and construed in accordance with the internal substantive and procedural laws of the State of Minnesota, without giving effect to the principles of conflict of laws. All proceedings related to this Agreement, to be commenced by VENDOR shall be venued in the applicable federal or state courts located in Ramsey County, Minnesota, and VENDOR hereby irrevocably consents to the jurisdiction and venue of such courts, and agrees to commence any actions solely in such courts.

The parties shall each abide by all applicable Federal, State or local laws, statutes, ordinances, rules and regulations now in effect, or here after adopted, pertaining to this Agreement or the subject matter of this Agreement. This shall include VENDOR obtaining all licenses, permits or other rights required for the provision of services contemplated by this Agreement.

M. Ownership, Proprietary Considerations and Data Security

1. VENDOR agrees to ensure confidentiality of all work performed pursuant to this Agreement, including source code development and all documentation pertaining to the MCAPS system design, to avoid pirating or other unauthorized use of MnCCC's confidential, valuable assets. VENDOR hereby irrevocably assigns to MnCCC and its successors and assigns, and MnCCC shall solely own any MCAPS inventions, discoveries, data, databases, programs, documentation interfaces or other deliverables and work product developed or modified by VENDOR or its personnel providing services under this Agreement.
2. MnCCC and VENDOR agree that all materials and information developed under this Agreement shall become the sole property of MnCCC automatically and irrevocably as of initial creation, per the irrevocable assignment in this Section M.
3. VENDOR agrees to protect the security of and to keep confidential all data

information and materials received or produced under the provisions of this Agreement, and shall not disclose them to any third parties, or make any internal use thereof, without the prior written consent of MnCCC, as provide in the assignment in this Section M.

4. Procedures and software created by VENDOR pursuant to this Agreement, or modifications made to existing software to meet the specifications herein, shall be included in the assignment identified in Section M.1. above. VENDOR shall not disclose or otherwise make said software available to third parties, or utilize such assets in any other non-related applications without the prior written consent of and written license agreement from MnCCC.
5. VENDOR shall not disclose to any party any information identifying, characterizing, or relating to any risk, threat, vulnerability, weakness or problem regarding MCAPS and/or any data security in users' computer systems, or to any safeguard, countermeasure, contingency plan, policy or procedure for data security contemplated or implemented by MnCCC and/or MnCCC members, without MnCCC's prior express written authorization. The provisions of this Section shall survive the expiration or termination of this Agreement.
6. VENDOR retains its ownership rights to its propriety software products, technology, user interface designs, and software libraries and development/utility tools it utilizes to create or support the software developed hereunder. This retained ownership shall in no way alter, prevent or limit MnCCC from exercising its full and sole ownership rights, and the ability to assign, transfer, license or commercialize any of the modifications, enhancements or other work product and deliverables created by VENDOR under this Agreement for MnCCC's propriety software products, technology, user interface designs, and software libraries. In order to facilitate such free and unrestricted use, VENDOR grants an irrevocable, perpetual, world-wide, royalty-free, transferable license by MnCCC and its licensees, transferees, successors and assigns to use all of such proprietary/third party software products, technology, user interface designs, and software libraries.

III. Items Not Included

This Agreement does not include support for non-MCAPS issues. Below are some examples of items not included in this support agreement, which will be identified and disclosed by VENDOR to MnCCC as non-included services, in order to provide an opportunity for MnCCC (and in certain cases, MnCCC's user) to accept or decline the provision by VENDOR or such non-included services in writing and prior to initial performance by VENDOR in each case:

- A. Any third party software (fees or support), this does not include a third party code or plug-ins used in the application.
- B. Server migrations and server setup.
- C. Operating system updates or troubleshooting (Windows servers).
- D. Applying application server and/or web server updates.
- E. Networking issues internal to county or agency.

- F. PC issues or PC troubleshooting.
- G. User network remote connection issues.
- H. Other support for non-MCAPS applications or county systems.
- I. Future third party fees (if any) for what is currently "freeware" embedded within MCAPS.

IV. Billings of Charges and Costs

- A. VENDOR shall bill MnCCC for services and costs at the rates set forth in **Attachment A**.

The minimum fees to be paid to VENDOR for support services for MCAPS support over the term of this Agreement is defined in **Attachment A**. Any expenditure in addition to those specified above must be pre-authorized in writing by MnCCC. Additional services will be provided at the hourly rates and specifications defined in Sections C and D below.

"Calendar quarter" shall mean three (3) consecutive calendar months and the quarter shall commence with, respectively, the months of January, April, July, and October, of each calendar year. VENDOR shall invoice MnCCC, and MnCCC shall invoice and collect quarterly support fees from its users.

- B. Invoices pursuant to Section IV – A, above, shall be billed in advance to MnCCC on a quarterly basis and shall be paid by MnCCC within sixty (60) days of the date of the invoice, other than any portion(s) disputed in good faith by MnCCC.
- C. The chargeable hourly rates by VENDOR during the duration of this Agreement for project management, technical work and training personnel shall be as defined in **Attachment A**.
- D. For additional services pre-authorized by MnCCC, the breakdown of the actual hours worked shall be tracked and reported by VENDOR to MnCCC, which reserves the right to inspect and copy VENDOR's time records to substantiate charges and costs.
- E. Direct Support (projects outside of this support Agreement) will also be available to users at the annual rates specified in **Attachment A**. MnCCC shall compensate VENDOR following receipt of VENDOR's invoice and other documentation requested for charges and expenses incurred for other services, provided that such additional, non-flat fee prepaid work has been authorized, completed, and accepted without dispute by MnCCC and according to the specifications set forth in a Work Order and/or otherwise as authorized and specified herein. Charges shall be reimbursed to VENDOR at the agreed upon hourly rate listed in **Attachment A**, all to be tracked and billed in quarter hour increments, with any billable travel time to be charged at one-half the hourly rate. Any

proposed travel or other reimbursable expenses will be at actual reasonable costs, as pre-approved in a Work Order. MnCCC and VENDOR may agree in a Work Order to a fixed price for providing a service or delivery of a product. Further, MnCCC and VENDOR may agree to different hourly rates for a specific engagement, if so stated in the authorizing Work Order. MnCCC shall not be liable for any charges that were not pre-authorized in writing by a Work Order. MnCCC shall reimburse VENDOR within forty-five (45) days upon receipt of properly documented charges and expenses for services and deliverables that have been completed and accepted in accordance with the applicable Work Order. For any work which MnCCC disputes as not being authorized by the Work Order or incomplete under the standards and conditions as set forth in either this Agreement or in the Work Order, MnCCC shall be liable to pay only the amounts pertaining to the work accepted by MnCCC. VENDOR shall continue to perform services expeditiously, and in a good-faith effort to ensure that all remaining portions are promptly completed as agreed, until such disputes are resolved and the services and work product tested and accepted by MnCCC. VENDOR agrees to keep and maintain accurate, sufficient and complete time records for all work hereunder for at least one year following the provision of such services, and to provide such records to MnCCC at no charge upon request.

- F. For non-fixed fee services pre-authorized and performed pursuant to this Agreement, VENDOR is authorized to bill for time incurred in actual travel and at the discounted rates identified in **Attachment A**, and for all reasonable transportation and overnight travel expenses. Automobile mileage shall be billable per the then-current US General Services Administrative Schedule.
- G. Non-payment and remedies of VENDOR: In the event that MnCCC does not pay VENDOR within sixty (60) days of the date of the invoice (other than any portion disputed in good faith), VENDOR shall have the option to terminate this Agreement upon at least ninety (90) days' written notice thereof.
- H. Right to Withhold Payment.
 - a. MnCCC may withhold payment of the whole or part of any amount due to or claimed by Vendor to such extent as may be necessary to protect MnCCC from loss on account of:
 - a. defective work not remedied or guarantees not met;
 - b. failure of Vendor to complete any part of its work in accordance with any permit, binding agreement or completion schedules established in or made a part of this Contract;
 - c. claims filed or reasonable evidence indicating probable filing of claims; and/or
 - d. damage to another Contractor.

In the event MnCCC withholds payment, then no interest penalty shall accrue against MnCCC for non-payment of disputed claims. Vendor may not exercise its right to termination as stated in section IV, sub G, for any payment withheld under this clause.

MnCCC will notify Vendor within 15 days as to the reason for the payment being withheld.

V. Representations, Warranties and Indemnifications of the Parties

- A. Each party represents and warrants that it has the right to enter into this Agreement.
- B. Except as expressly provided in this Agreement, neither party makes any warranty, either express or implied, with respect to the MCAPS computer software system or services provided herein, their quality, merchantability, or fitness for a particular purpose. Except as expressly provided in this Agreement, there are no warranties, either express or implied, regarding the MCAPS computer software system or services provided hereunder, and any and all such warranties are hereby disclaimed and negated. No oral or written information or advice given by either party or its employees shall create a warranty or make any modification, extension or addition to this warranty.
- C. VENDOR further represents, warrants and agrees as follows:
1. VENDOR represents and warrants that any modifications, enhancements, or related products furnished pursuant to Section I above will be designed and developed in a skilled, ethical, professional and lawful manner, and are designed to and will meet the functional and performance specifications and standards to be agreed upon by the parties and will execute on utilized servers and networks (or mutually agreed upon future modernizations).
 2. VENDOR further warrants that these services will not alter or diminish or otherwise adversely alter the characteristics and/or the underlying performance of the existing MCAPS software system.
 3. VENDOR represents and warrants that the modifications or enhancements and related products are, or shall be when completed and delivered hereunder, original work products, that are each hereby irrevocably assigned to and shall be owned by MnCCC on assignment, that neither the modifications, enhancements, and related products nor any of their elements nor the use thereof shall violate or infringe upon any patent, copyrights, trade secret or other third party legal rights, or contain, at the time of receipt, any computer Virus, Malware, Unapproved and/or Unauthorized Code.
 4. VENDOR will provide true, correct and complete copies of the then-current MCAPS source code to MnCCC and at no charge at least twice per calendar year, and at other times upon MnCCC's reasonable request. MnCCC will provide VENDOR with written source code media, logistics, and delivery instructions from time to time.
- D. MnCCC further represents, warrants and agrees as follows:
1. MnCCC represents, warrants, and covenants that it will provide the cooperation

and assistance of its personnel, as reasonably required, and as would be necessary for the completion of VENDOR's services hereunder, to the extent that the services are being rendered for MnCCC and for the MnCCC activity or system involved.

2. MnCCC represents and warrants that it will make prompt and full disclosure to VENDOR of any unpublished information it receives regarding the government requirements and regulations related to the government program which the system services, in order to assist VENDOR with its ongoing contractual obligations to monitor Minnesota legislative and administrative activities, and to update MCAPS, in order to accommodate applicable changes in Minnesota laws.

VI. Other Conditions

A. Entire Agreement

Requirement of a Writing: It is understood and agreed that the entire agreement of the parties is contained herein, and that this Agreement (including all Attachments and any other documents incorporated by reference in an amendment signed by the parties) supersedes all oral agreements and negotiations between the parties relating to the subject matter hereof, as well as any previous agreement presently in effect between the parties relating to the subject matter hereof.

Any alterations, amendments, deletions, or waivers of the provisions of this Agreement shall be valid only when expressed in writing and duly signed by the authorized representatives of the parties.

B. Non-Assignment

VENDOR shall not assign any interest in the Agreement without the prior written consent of MnCCC thereto, provided, however, that claims for money due or to become due to VENDOR from MnCCC under this Agreement may be assigned to a bank, trust company, or other financial institutions without such approval. Subject to the foregoing, this Agreement shall be enforceable by the parties and their respective successors and permitted assigns.

C. Conflicts of Interest

VENDOR covenants that it presently has no interest and shall not acquire any interest, direct or indirect, which would conflict in any manner or degree with its full and unrestricted performance under this Agreement. VENDOR further covenants that in the performance of this Agreement, no persons having any such conflicting interest shall be employed.

D. Subcontracting

None of the work or services covered by this Agreement, and properly authorized by MnCCC, shall be subcontracted without prior written approval of MnCCC.

Said written consent shall not be unreasonably withheld in the event that VENDOR shall reasonably request the authority to delegate or subcontract or consult regarding services to be provided hereunder and shall do so in writing except in the event of emergency, and shall request such authority only as to qualified personnel or entities, all of which shall be without any release of the full responsibility and liability of VENDOR hereunder to MnCCC.

Furthermore, such third party subcontractor(s) shall produce an expressed agreement acknowledging receipt of a copy of this Agreement and such third party's agreement to be bound by its provisions as if an original party thereof, as well as any nondisclosure or other agreements or obligations then in force between VENDOR and MnCCC.

E. Expenses Incurred

No payment shall be made under this Agreement for any expenses incurred in a manner contrary to any provision contained herein or in a manner inconsistent with any federal, state, or local law, rule, or regulation.

F. Independent Contractor

For the purpose of this Agreement, VENDOR is an independent contractor. Any and all employees, members, or associates or other persons, while engaged in the work or services required to be performed by VENDOR under this Agreement, shall in no event be considered employees or personnel of MnCCC; and any and all claims that may or might arise on behalf of said employees or other persons as a consequence of any act or omission on the part of said employees, other professionals of VENDOR, shall in no way be the obligation, liability or responsibility of MnCCC.

G. Insurance. VENDOR, for the benefit of itself and MnCCC, at all times during the term of this Agreement, shall maintain and keep in full force and effect the following:

1. A single limit, combined limit, or excess umbrella automobile liability insurance policy, if applicable, covering agency-owned, non-owned, and hired vehicles used regularly in the provision of services under this Agreement, in an amount of not less than one million five hundred thousand dollars (\$1,500,000) per accident for combined single limit.
2. A single limit or combined limit or excess umbrella general liability insurance policy of an amount of not less than one million dollars (\$1,000,000) for property

damage arising from one (1) occurrence, one million dollars (\$1,000,000) for total bodily injury including death and/or damages arising from one (1) occurrence, and one million dollars (\$1,000,000) for total personal injury and/or damages arising from one (1) occurrence. Such policy shall also include contractual liability coverage.

3. Statutory Worker's Compensation Insurance.
4. Professional liability (errors and omissions) insurance in an amount of not less than two million dollars (\$2,000,000).
5. VENDOR will provide MnCCC with certificates of insurance by the end of the first month of the Agreement. The certificate of insurance shall provide that the insurance carrier will notify MnCCC in writing at least thirty (30) days prior to any reduction, cancellation, or material alteration in VENDOR's required minimum insurance coverage. MnCCC shall be named as an additional insured party in each policy required to be maintained hereunder.

H. Local Alterations

For the system supported under this Agreement, the version maintained by VENDOR shall be designated the "Base System". The parties to this Agreement agree to accept the base system and modifications to the base system as approved by MnCCC. VENDOR shall not be liable for claims arising from any and all versions that include local alterations. The term "Local Alterations" shall include, but not be limited to, any software modification, and any modification to system operations contrary to those specified in the MCAPS system documentation.

I. Data Practices

Data collected, created, received, maintained, disseminated or used for any purposes in the course of VENDOR's performance of this Agreement is subject to the Minnesota Government Data Practices Act, Minn. Stat. Chapter 13, and any other applicable state statutes and rules adopted to implement the Act as well as other applicable state and federal laws, including those on data privacy. VENDOR agrees to abide by these statutes, rules and regulations currently in effect and as they may be amended. VENDOR designates Dan Musser, as its initial "responsible authority" pursuant to the Minnesota Government Data Practices Act for purposes of this Agreement, the individual responsible for the collection, reception, maintenance, dissemination, and use of any data on individuals and other government data including summary data. Any replacement of VENDOR's responsible authority with a suitable qualified individual satisfactory to MnCCC will be effective on MnCCC's receipt of written notice thereof given by VENDOR.

J. Force Majeure

VENDOR shall not be held responsible for delay or failure to perform when such

delay or failure is due to any of the following uncontrollable circumstances: fire, flood, epidemic, strikes, wars, acts of God, unusual severe weather, acts of public authorities, or delays or defaults caused by public carriers.

K. Severability

The provisions of this Agreement are severable. If any paragraph, section, subdivision, sentence, clause, or other phrase of this Agreement is, for any reason, held to be contrary to the law or contrary to any rule or regulation having the force and effect of law, such decision shall not affect the remaining provisions of this Agreement, which shall remain in full force and effect.

L. Non-Discrimination

In carrying out the terms of this Agreement, VENDOR shall not discriminate against any employee, applicant for employment, or other person, supplier, or contractor, because of race, color, religion, sex, marital status, national origin, disability, or public assistance.

M. Document Examination

All books, records, documents and accounting procedures and practices of VENDOR relative to this Agreement are subject to periodic examination and copying by MnCCC or its designees, and either by the legislative auditor or the state auditor as appropriate, in accordance with the provisions of Minn. Stat. Section 16B.06, Subd. 4.

N. Performance Review

VENDOR and the County Attorney User Group Chair, or their designee, shall meet at least annually to review the terms of this Agreement and each party's performance of its terms.

VII. Term and Termination

A. Term

This Agreement is legally binding as of the Effective Date and shall continue until terminated as provided for herein.

1. Initial Term

The Initial Term of this Agreement shall be for a period of five (5) years. The first two (2) years thereof shall be a Probationary Period, and subject to early termination as provide in Section B.1. below.

2. Renewal Term

This Agreement may be renewed by the written agreement of both parties for one period of three (3) years, beginning upon the conclusion of the Initial Term, or upon the earlier execution of an agreement to renew. Should services continue beyond the Initial Term into the Renewal Term, Maintenance and Service Fees will be negotiated at mutually agreeable terms.

3. Additional Renewal Term(s)

This Agreement may be renewed for unlimited additional three (3) year periods beginning at the end of the Initial Renewal Term, upon mutually agreeable Maintenance and Services Fees.

B. Termination

1. Termination for Convenience

a. Probationary Period

During the Probationary Period, either party may terminate the Agreement for convenience by providing written notice as provided herein. VENDOR must provide MnCCC at least one hundred eighty (180) days' prior written notice of intent to terminate. MnCCC must provide VENDOR at least ninety (90) days' prior written notice of intent to terminate.

b. Initial Term or Renewal Term

During the balance of the Initial Term or during the Renewal Term either party may terminate the Agreement for convenience by providing adequate notice. VENDOR must provide MnCCC at least one (1) year's prior written notice of intent to terminate, with the termination to take effect as of the expiration of the Initial Term or Renewal Term, unless MnCCC agrees in writing to an earlier date. MnCCC must provide vendor at least ninety (90) days' prior written notice of its intent to terminate during the Initial Term or Renewal Term.

2. Termination for Cause

If either party materially breaches any of its duties or obligations hereunder and such breach is not cured, or the breaching party is not diligently pursuing a cure to the non-breaching party's sole satisfaction, within thirty (30) calendar days after written notice of the breach, the non-breaching party may terminate this Agreement for cause as of a date specified in such notice.

3. Transition Services

Provided that this Agreement has not been terminated by VENDOR due to MnCCC's failure to pay any undisputed amount due VENDOR, VENDOR will provide to MnCCC and/or to any future vendor selected by MnCCC (hereinafter "Successor") assistance reasonably requested by MnCCC to effect the orderly transition of the Services (hereinafter "Transition Services"), in whole or in part, to MnCCC or to Successor following the termination of this Agreement, in whole or in part. Transition Services shall be provided on a time and materials basis and may include: (a) developing a plan for the orderly transition of the terminated Services from VENDOR to MnCCC or Successor; (b) if required, transferring the Subscriber Data to Successor; (c) using commercially reasonable efforts to assist MnCCC in acquiring any necessary rights to legally and physically access and use any third-party technologies and documentation then being used by VENDOR in connection with the Services; (d) using commercially reasonable efforts to make available to MnCCC, pursuant to mutually agreeable terms and conditions, any third-party services then being used by VENDOR in connection with the Services; and, (e) such other activities as may be reasonably necessary or desirable to complete the transition, or such other services as the parties may agree.

Notwithstanding the foregoing, should MnCCC terminate this Agreement due to VENDOR's material breach, MnCCC may elect to use the Services for a period of no greater than six (6) months from the date of termination at a reduced rate of twenty (20%) percent off of the then-current Services fees for the terminated Services. All applicable terms and conditions of this Agreement shall apply to the Transition Services, and this Section shall expressly survive the termination of this Agreement, until all Transition Services have been successfully provided.

3. Payments Upon Termination

Within thirty (30) days following the termination of this Agreement MnCCC shall pay to VENDOR all undisputed amounts due and payable hereunder, if any, and VENDOR shall pay to MnCCC all amounts due and payable hereunder, if any. Should this Agreement be terminated for cause or convenience prior to the expiration of the Initial Term or Renewal Term, any amounts due and payable shall be equitably prorated.

2. Return of Subscriber Data

Upon the termination of this Agreement VENDOR shall, within one (1) business day following the termination of this Agreement, provide MnCCC without charge and without any conditions or contingencies whatsoever (including, but not limited to, payment of any fees due to VENDOR), with a final copy of the source code of the most current software version, and all then-current documentation. VENDOR shall also certify to MnCCC the destruction of any/all data or software versions within the

possession or control of VENDOR, but such destruction shall occur only after the current version source code has been returned to MnCCC and verified as fully functional. This Section shall survive the termination of this Agreement.

IN WITNESS WHEREOF, the parties have caused this Agreement to be executed in duplicate or counterpart originals, all of which when taken together shall constitute a single original agreement, entered into by their respective undersigned duly authorized representatives, and intending to be bound thereby.

VENDOR ~~Systems~~ *Gen 207 MA*

By: *Carl Hill*

Title: *President*

Date: *10/18/2017*

MnCCC

By: *[Signature]*

Title: *Board Chair*

Date: *October 12, 2017*

MnCCC

By: *[Signature]*

Title: *Executive Director*

Date: *October 12, 2017*

MnCCC

By: *Terri L. Janssen*

Title: *County Attorney User Group Chair*

Date: *10-18-17*

ATTACHMENT A

MCAPS Support Agreement Fee Schedule: MnCCC will pay STI a quarterly fee as described in the "MCAPS Support Fee Schedule" table below for all support services described in section II.A.-D. If the total support hours in any quarter exceeds 432 hours, STI will be compensated for the additional hours on a time and materials basis in quarter hour increments computed at the applicable hourly rate. At the discretion of the MCAPS Executive Committee, support overages may also be charged against the Infrastructure Modernization Hours. If the total support hours are less than 432 hours in any one-quarter, MnCCC will receive an hour-for-hour credit up to 72 hours, computed at the rates in the "MCAPS Support Fee Schedule". These hours will be banked and will be used at the discretion of the MCAPS Executive Committee or credited against future support overages. The quarterly fee and support hours requirements may be adjusted annually by mutual agreement of both parties in a Work Order format.

The MCAPS Support Fee Schedule:

Contract Year	Annual Support Fee	Quarterly Support Fee	Hourly Rate for Billable Enhancements and Project Work
Year 1	\$450,000	\$112,500.00	\$165.00
Year 2	\$463,500	\$115,875.00	\$170.00
Year 3	\$477,405	\$119,351.25	\$175.00
Year 4	\$491,727	\$122,931.75	\$180.00
Year 5	\$506,479	\$126,619.75	\$185.00

Other Fees/Reimbursements:

- Travel time hourly rate is 1/2 of the applicable billable rate.
- For the contract term, STI's incurred mileage would be reimbursable at the appropriate annual IRS approved rate.
- All other travel expenses would be reimbursed at cost.
- Onsite fee for installation work is a minimum of four (4) hours.

ATTACHMENT B

Service Level Agreement (SLA) Obligations and Procedures – MCAPS Support

This Agreement defines the SLA requirements referred in the Agreement for all Included Support Services as identified in Section II thereof.

Severity Levels, Prioritization, and Response Time Requirements

- Each Support request will be logged into VENDOR's support tracking system and assigned a unique tracking number.
- New Support Requests will be given a label regarding Severity:
 - Severity 1: Critical Business Impact** - MCAPS system is not accessible
 - Severity 2: Significant Business Impact** – An MCAPS component is unavailable to users
 - Severity 3: Some Business Impact** - MCAPS system is fully available, but a significant issue is causing delays or workarounds
 - Severity 4: Minimal Business Impact** - MCAPS system is fully available, but minor issue requires assistance
- Highest priority will be given to Severity 1 issues, with Severity 2, 3, and 4 in descending priority sequence.
- STI will assign initial severity, a MCAPS user can adjust severity designation with MnCCC's approval.
- Response Time Goals:
 - Severity 1** – Within one hour for initial response, with all available VENDOR resources to support until MCAPS system is up and running again. VENDOR resources will work 7 days a week, 24 hours a day until all Severity 1 issues are solved. VENDOR will provide regular updates to the MCAPS user on the status and resolution of Severity 1 issues. MnCCC and the affected MCAPS user shall be notified if the issue is not resolved in 4 hours. The notification shall include an expected time to resolution. This update notification shall occur every 4 hours until the issue is resolved.
 - Severity 2** – Within two hours for initial response, subject to ongoing Severity 1 priorities, with all available resources to support issue resolution until the issue is solved. Regular updates (at least at every 20 hour work interval) will be provided by VENDOR to MCAPS user. Escalation to designated MnCCC and VENDOR management-personnel is required after 20 working hours if the issue has not been resolved. VENDOR will work on these issues during normal business hours.

Severity 3 – Within four hours for initial response, subject to ongoing Severity 1 and 2 priorities. Regular updates (at least at every 40 hour work interval) will be provided by VENDOR to MCAPS user. Escalation to designated MnCCC and client personnel is required after 60 working hours if the issue has not been resolved. VENDOR will work on these issues during normal business hours.

Severity 4 – Within eight hours for initial response, subject to ongoing Severity 1, 2 and 3 priorities. VENDOR will work on during normal business hours. These issues are expected to be resolved within a commercially reasonable time. No escalation of these types of issues is required unless the issue has not been resolved to MnCCC's satisfaction within three months. After three months escalation of the issue must be made to MnCCC, and the affected MCAPS user.

Hours of Service

VENDOR Support for MCAPS will be staffed and available from 8:00 A.M. to 5:00 P.M. central time, Monday through Friday, excluding federal government holidays, day after Thanksgiving, or other holidays as established.

Boundaries of Service

The focus of VENDOR's support is the MCAPS systems and while many other factors can affect the availability and performance of MCAPS, VENDOR will engage and assist in problem determination until an acceptable resolution is reached. Issues not covered by MCAPS support services may include:

- Internal county/agency IT responsible systems
- Another vendor/application support not related to MCAPS
- Microsoft core operating systems, except as related to Microsoft standard updates that MCAPS must operate under/or with.
- Billable services from VENDOR (for a project outside of MCAPS Support Agreement)

Examples of services not covered under the MCAPS Support Agreement:

- 3rd party software fees or support unless the 3rd party software is part of the MCAPS application.
- Server migrations and server setup.
- Operating System updates or troubleshooting (servers), except as related to standard updates that MCAPS must operate under / or with.

- Applying OS updates to application and/or web server updates.
- Networking issues internal to county or agency.
- PC issues or PC troubleshooting, except as related to standard updates that MCAPS must operate under / or with.
- MCAPS user's network remote connection issues.
- Issues controlled by State of Minnesota (other than modifications required to conform MCAPS to applicable Minnesota law compliance requirements).
- Issues caused or initiated by county/agency that impact MCAPS that require VENDOR assistance to resolve (i.e. user error - approving budget prematurely and needing to manually "fix" data).
- Support for non-MCAPS applications or other user systems.
- Future 3rd party fees (if any) for what is currently "freeware" embedded within MCAPS (i.e. need examples, etc.) These must be identified ASAP by VENDOR by a written report supplied to MnCCC within 90 days of contract signing.

Customer Responsibilities

- MCAPS users will support their own requests for support with timely communication during and after problem resolution.
- MCAPS users will provide a high speed remote access capability to VENDOR, as needed, to help resolve support issues. VENDOR agrees to follow the individual and user requirements for this connectivity.
- MCAPS users will beta test releases and sign off prior to general release, unless the beta testing requirement is expressly waived for a specific release by the County Attorney Executive Committee or committee authorized by the County Attorney User Group Executive Committee.
- Users need to supply as much detail of the issue to the VENDOR help desk as possible. Examples of information needed is:
 - Knowing if the issue is isolated, or happening multiple times and to different MCAPS users.
 - If the problem can readily be recreated, knowing the specific steps that caused the issue.
 - Knowing if any changes have occurred in the local system/network environment (new levels of operating system, or hardware, or web server, etc.).
 - If any local diagnostics were run, being able to share them with VENDOR.
 - Sharing screen shots of issue, or error code.

Reporting

- VENDOR will provide MnCCC approved reports to MnCCC concerning the following aspects of MCAPS Support. These reports shall be supplied at least monthly, or on a different schedule mutually agreed to by MnCCC, and VENDOR
 - Volume of Support Issues (new vs. resolved).
 - Resolution Type for Support Issues.
 - Volume of Issues by reporting agencies.
 - Trends in support.
 - Severity 1, 2, 3, 4 issues reported/resolved.
 - "Bugs" fixed/pending.
 - Enhancements completed/pending.
 - Modernization activities status and hours usage.

ATTACHMENT C
Sample Work Order

MCAPS Work Order
(PROJECT TITLE)
Work Order Number: (insert number)

Objective: (describe project objective)

Scope of Services: (describe project scope, including things that are and are not included)

Deliverables: (describe deliverables to be provided upon completion)

Description of Work to be Performed:

Software Version to be Enhanced: (starting point version)

Design Process: (describe the process by which the project will be designed, including the number of hours expected)

Design Process Completion Date:

Development Process: (describe the development process, including the number of hours expected)

Development Completion Date:

Testing Process: (describe the testing process)

Alpha Testing: (describe the alpha testing process, including the number of hours expected)

Alpha Testing Completion Date:

Beta Testing: (describe the beta testing process, including any hours expected)

Beta Testing Completion Date:

Documentation: (describe the documentation process, including the number of hours expected)

Reporting: (describe the schedule of status and other reports for this project)

Acceptance Criteria:

The completion date for this project is (insert project completion date). On or before that date the following acceptance criteria shall have been met:

1. (insert project specific criteria)
2. All beta testers have signed off that the objective has been met and any/all bugs and errors have been resolved.
3. Any herein described documentation received by MnCCC.
4. VENDOR accounting of hours and other costs received by MnCCC.

Costs and Payment Terms:

Costs:

(insert project costs)

Maximum costs for this Work Order are described herein and no additional costs shall be authorized without an amendment to this Work Order. Any additional design, development and/or testing hours required to meet the specified scope that are not herein described shall be at VENDOR's expense.

Payment Terms: VENDOR shall receive 25 percent of the payment of the anticipated costs upon approval of this Work Order. VENDOR shall receive payment of all remaining costs based on meeting defined project deliverables up to the total amount described in this Work Order.

The parties agree to this Work Order. Changes to this Work Order can only be made by mutual consent, documented in writing and signed by the parties.

Date

Signature
Executive Committee Chair

Date

Signature
MnCCC

Date

Signature
VENDOR

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AGENDA

- A. Review Planning/Zoning/SWCD staffing

Recommendation: Previously added Secretary II position in Zoning, change to Administrative Assistant to reflect current job duties in the department. The Administrative Assistant position was reviewed by the evaluation and personnel committees; we are proposing a grading of 140.

Recommendation: Previously approved and posted environmental position to be updated to Environmentalist II to reflect desired job duties in this role. The Environmentalist II position was reviewed by the evaluation and personnel committees; we are proposing a grading of 160.

- B. Discuss possibility of full-time PHN/RN transferring to current part-time opening and replacement for full-time opening this will cause

Recommendation: Approve transfer of Public Health Nurse RN from current full-time role into open part-time role. Existing external candidates for the open part-time position will be notified of the full-time opening and the position will be posted internally and externally.

- C. Extend temporary PHN contract through March 2018 if needed in order to provide coverage during the recruitment and training period for vacant WIC positions

Recommendation: Approve extension of temporary Public Health Nurse contract through March 2018 to provide coverage during the recruitment and training period for vacant WIC positions related to CHS.

Recommendation: Approve Public Health to hire a temporary employee if need be to backfill open position by employee who is on leave for 12 weeks unexpectedly (Office Aide position).

- D. Hybrid engineering tech position

Recommendation: Approve the Highway Department to not fill the vacant Maintenance Worker position; the department will request a hybrid of this position at a board meeting in the near future after the job description has been updated.

