

**FEBRUARY 21, 2017  
MCLEOD COUNTY  
BOARD MEETING WILL  
BE HELD AT  
THE GLENCOE CITY  
CENTER  
1107 11<sup>TH</sup> STREET  
GLENCOE, MN**

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

**1 9:00 CALL TO ORDER**

**PLEDGE OF ALLEGIANCE**

**2 9:03 CONSIDERATION OF AGENDA ITEMS\***

**3 9:08 CONSENT AGENDA\***

- A. February 7, 2017 Meeting Minutes and Synopsis.
- B. February 3, 2017 Auditor's Warrants.
- C. February 10, 2017 Auditor's Warrants.
- D. Approve contract with the City of Winsted for one mobile computer, air card and associated licensed. Total cost is \$5,562.00 over two year period.
- E. Approve gambling permit for Church of the Holy Trinity, 111 Winsted Ave. W., Winsted, MN to conduct pull-tabs on June 8-9-10, 2017 at the Winstock Music Festival located at 230<sup>th</sup> St., Winsted, Minnesota. The application is acknowledged with no waiting period.
- F. Approve application and permit for a 3 day temporary on-sale liquor license for Winstock Country Music Festival, Winsted, Minnesota for their event being held on June 8-9-10, 2017 at 230<sup>th</sup> St., Winsted, Minnesota.
- G. Approve renewal of Consumption & Display Permit for Major Avenue Hunt Club Inc. in Glencoe from April 1, 2017 through March 31, 2018.
- H. Approve Confession of Judgment for Lance and Travis Stradtman on Property ID 04.073.0010 in Glencoe Township.
- I. Approve renewal of Precious Metal Dealer License for Security Coin & Pawn Shop, Inc. in Hutchinson from March 1, 2017 through February 28, 2018.
- J. Adopt Resolution 17-CB-05 Gift and Contributions in the amount of \$20,451.13 for the year ended December 31, 2016.

**4 PAYMENT OF BILLS - COMMISSIONER WARRANT LIST\***

**5 9:10 CONTEGRITY – Construction Manager Sam Lauer**

- A. Construction Update.

**6 9:15 JAIL – Administrator Kate Jones**

- A. Consider approving an amendment to the Contract for Agreement with Aviands Food Service for a total of approximately \$135,616.14 with funding coming from the 2017 Jail budget.\*

Aviands is requesting an increase in services for the 2017 contract year. This would be a flat rate increase to \$255.29 from \$249.55 per day and a per inmate meal increase to \$1.20 from \$1.17. The increase breaks down as follows:

Base flat rate \$255.29/day X 366 days = \$93,436.14 (\$2,100.84 increase)

Per meal rate \$1.20/meal X 35,150 avg. inmate = \$42,180.00 (\$1,054.50 increase).

**7 9:20 HUMAN RESOURCES – Director Mary Jo Wieseler**

- A. Consider approval of February 14, 2017 Personnel Committee Recommendations.\*
- B. Consider approval of the Administrative Services Agreement and Stop Loss Insurance Contact with Medica for 2017.\*

**8 9:30 SOCIAL SERVICES – Director Gary Sprynczynatyk**

- A. Consider approval of contract with Independent Contractor – Dawn Mitchell – to work with parents in the Parent Support Outreach Program (PSOP) at a cost not to exceed \$30,000.\*

This is not a new program, just new provider to contract with. Previous vendor since 2012 ended contract as of 12/31/16. New vendor has agreed to contract to provide these Parent Support Outreach Program services.

**9 9:35 AUDITOR-TREASURER – Auditor-Treasurer Cindy Schultz Ford**

- A. Consider adoption of Resolution 17-CB-06 temporary loan of \$185,000.00 from the General Revenue Fund to the Ditch Fund to cover negative County and Joint Ditch fund balances dated 12/31/16.\*

The interest rate on these loans is to be set by the Board of Commissioners.

- B. Ratify date for Shadow Brook Golf Course Non-Intoxicating 3.2% Liquor License to be effective January 1, 2017 thru December 31, 2017. Shadow Brook paid the license fee to cover the full year and their license reflected March 1, 2017 thru December 31, 2017.\*

**10 10:15 PUBLIC HEARING – County Ditch 16**

- Items to be discussed and considered include:\*
- Discussion on proposal from Reinert Logging & Lumber
- Public comment
- Consider ordering work to be completed
- Other items of business as deemed necessary

**11 COUNTY ADMINISTRATION**

- Review of Commissioners Calendar
- Commissioner reports of committee meetings attended since February 7, 2017.
- A. Consider appointment of Tom Dahl to the Hutchinson Joint Planning Committee.\*
- B. Consider approval of the McLeod-Sibley-Trailblazer Joint Powers Agreement in an effort to comply with the State requirements for being a self-insured health insurance plan.\*
- C. Consider approval of March 7, 2017 County Board Workshop agenda.\*
- D. Acknowledge proposals received from West Central Sanitation, Green Tree and Waste Management for management of the McLeod County Materials Recycling Facility.

E. Discuss Student Government Day.

## **OTHER**

Open Forum  
Press Relations

## **RECESS**

Next board meeting March 7, 2017 at 9:00 a.m. at the Glencoe City Center.

**MCLEOD COUNTY  
BOARD OF COMMISSIONERS  
PROPOSED MEETING MINUTES – February 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. County Administrator Patrick Melvin, Administrative Assistant, Donna Rickeman and County Attorney Michael Junge were also present.

**PLEDGE OF ALLEGIANCE**

Recognition of Nancy Windschitl's retirement and presentation of a plaque in appreciation for her thirty-one years of service as a Social Worker from January 8, 1986 through February 15, 2017.

Recognition of McLeod County Safety Committee chosen for Outstanding Performance in the Property and Casualty Division in 2016 by Minnesota Counties Intergovernmental Trust.

**CONSIDERATION OF AGENDA ITEMS**

- A) Remove under Consent Item N: Approve service agreement extension with West Central Sanitation (Willmar, MN) for the continued service of the McLeod County rural drop-box and township shed recycling sites.

**Krueger/Wright motion carried unanimously to approve the agenda as revised.**

**CONSENT AGENDA**

- A) January 17, 2017 Meeting Minutes and Synopsis.
- B) January 13, 2017 Auditor's Warrants.
- C) January 17, 2017 Auditor's Warrants.
- D) January 20, 2017 Auditor's Warrants.
- E) January 27, 2017 Auditor's Warrants.
- F) Approve gambling permit for Shady Lane Sportsmen's Club, 17656 461<sup>st</sup> Ave., PO Box 41, Glencoe, MN to conduct a raffle on June 16 – 17, 2017 at McLeod County Fairgrounds, 840 Century Ave. SW, Hutchinson, MN. The application is acknowledged with no waiting period.
- G) Approve Community Services Agreement from Hutchinson Health for Biometric Screen Services for the County Wellness Program. We are

providing a screen day in Glencoe with 50 appointments and a day in Hutchinson with 30 appointments. The agreement is based on how many we serve. Each screen is \$32 dollars a person; eighty appointments would be \$2,560.00.

- H) Approve Memorandum of Agreement between Children's Dental Services and McLeod County Public Health. This agreement extends the currently held contract through July 18, 2017. Children's Dental Services operates portable dental clinics on-site at McLeod County Public Health in order to increase access to dental services in McLeod County.
- I) Approve Park Shelter Rental Agreement with the City of Glencoe for the date of July 18, 2017 for an AIS educational event. The cost of the shelter rental is \$75.00 which will be paid to the City of Glencoe with the AIS funds McLeod County received from the State of Minnesota. McLeod County has had wonderful response in the past to public education for AIS prevention, and Environmental Service's will try a new approach by offering a field day at the park for children ages 6-12 in McLeod County. Two events will be offered – one at Piepenburg Park near Hutchinson and the other at Oak Leaf Park in Glencoe. An agreement was not required for event at Piepenburg, but the City of Glencoe requested a signed rental agreement form for the event at Oak Leaf Park. Hosting the day at the local park provides great amenities and space for this kind of event, and the shelter will serve as a meeting point for the various activities.
- J) Approve agreement for remote access to support our Security and Surveillance software and hardware with our vendor UHL.
- K) Approve updated form for Northland Business Systems for the new GPD interview room remote access for support.
- L) Approve 2017 Southwest Metro Drug Task Force Joint Power Agreement.

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

- M) Approve payment of county burial after the fact, and up to the maximum limit of \$2,000 for a cremation. Existing policy requires prior approval, but this originated in Anoka County and it was not provided timely to McLeod County. Had it been, it would have been approved up to \$2,000.

This item was removed from consent to discuss further.

**Krueger/Pohlmeier approved payment of county burial after the fact, and up to the maximum limit of \$2,000 for a cremation.**

## **PAYMENT OF BILLS – COMMISSIONER WARRANT LIST**

Special Revenue Fund

\$373,874.99

**Shimanski/Nagel motion carried unanimously to approve payment of bills totaling \$373,874.99 from the aforementioned funds.**

**SOCIAL SERVICES – Director Gary Sprynczynatyk**

- A) Gary Sprynczynatyk requested approval of Crisis Program Joint Powers Board Agreement with Carver County; and, Business Associate Agreement to exchange certain Protected Health Information (PHI) with Carver County and McLeod County Social Services.

These actions are necessary to support the 2<sup>nd</sup> year of development of the Carver/Scott/McLeod Mental Health Mobile Crisis program, and authorize annual contribution of \$10,000.

**Wright/Shimanski motion carried unanimously to approve Crisis Program Joint Powers Board Agreement with Carver County; and, Business Associate Agreement to exchange certain Protected Health Information (PHI) with Carver County and McLeod County Social Services.**

**ROAD AND BRIDGE – Highway Engineer John Brunkhorst**

- A) John Brunkhorst requested approval to trade a 1999 Sterling tandem axle plow truck (210,000 miles) to the City of Hutchinson for a 1991 RPM loader mounted snow blower at no cost with each piece of equipment valued at \$12,000.

**Wright/Shimanski motion carried unanimously to approve the trade of a 1999 Sterling tandem axle plow truck (210,000 miles) to the City of Hutchinson for a 1991 RPM loader mounted snow blower at no cost with each piece of equipment valued at \$12,000.**

- B) John Brunkhorst requested approval to sell a 1981 Blanchet loader mounted snow blower via sealed bid or MinBid.

**Wright/Pohlmeier motion carried unanimously to sell a 1981 Blanchet loader mounted snow blower via sealed bid or MinBid.**

- C) John Brunkhorst requested approval to purchase a 2018 Mack tandem truck chassis (State Contract T-647(5)) from Nuss Truck and Equipment (Roseville, MN) for \$125,672.41 with funding coming from the 2017 Capital Budget.

**Krueger/Pohlmeier motion carried unanimously to purchase a 2018 Mack tandem truck chassis (State Contract T-647(5)) from Nuss Truck and Equipment (Roseville, MN) for \$125,672.41 with funding coming from the 2017 Capital Budget.**

- D) John Brunkhorst requested approval to purchase a 2018 Mack tandem truck chassis (State Contract T-647(5)) from Nuss Truck and Equipment (Roseville, MN) for \$108,632.41 with funding coming from the 2017 Capital Budget.

This price includes a \$16,000 trade allowance for a 2001 Sterling plow truck with 220,000 miles.

**Wright/Shimanski motion carried unanimously to purchase a 2018 Mack tandem truck chassis (State Contract T-647(5)) from Nuss Truck and Equipment (Roseville, MN) for \$108,632.41 with funding coming from the 2017 Capital Budget.**

- E) John Brunkhorst requested approval to purchase two (2) truck equipment packages (box, plow, scraper, wing, sander, and misc.) (State Contract S-863(5)) from Towmaster, Inc. (Litchfield, MN) for \$112,800 each with funding coming from the 2017 Capital Budget.

**Nagel/Shimanski motion carried unanimously to purchase two (2) truck equipment packages (box, plow, scraper, wing, sander, and misc.) (State Contract S-863(5)) from Towmaster, Inc. (Litchfield, MN) for \$112,800 each with funding coming from the 2017 Capital Budget.**

#### **BUILDING SERVICES – Building Maintenance Supervisor Scott Grivna**

- A) Scott Grivna requested approval of Service Agreement from Honeywell Building Solutions (Golden Valley, MN) for \$40,782.84 with funding coming from the 2017 Building Services budget.

Negotiations and replacement of system at the Health and Human Services building with an open platform which doesn't require the use of Honeywell have led to reductions from previous years. Previous pricing include \$60,000 in 2015 and \$45,000 in 2016.

**Krueger/Wright motion carried unanimously to approve Service Agreement from Honeywell Building Solutions (Golden Valley, MN) for \$40,782.84 with funding coming from the 2017 Building Services budget.**

#### **INFORMATION TECHNOLOGY – Director Vince Traver**

- A) Vince Traver requested approval to purchase network switches from CDW Government (Chicago, IL) quote #HQWK895 for \$14,151.69 with funding coming from card access fee from the Construction Budget.



**Shimanski/Krueger motion carried unanimously to approve the purchase of network switches from CDW Government (Chicago, IL) quote #HQWK895 for \$14,151.69 with funding coming from card access fee from the Construction Budget.**

#### **SHERIFFS OFFICE – Sheriff Scott Rehmann**

- A) Scott Rehmann requested approval to increase construction costs by approximately \$46,000 to create additional office space for staff with funding coming from the 2017 Sheriffs budget.

All changes have been quoted by architect and include: removing wall in sergeant's office to make bigger, put a wall up for the copier/scanner, increase size of conference room to make into an office, replace carpet that was damaged by rain. Quotes are 15% cheaper to include during current construction project rather than a stand-alone project.

**Krueger/Pohlmeier motion carried unanimously to approve an increase in construction costs in the Sheriff's office not to exceed \$46,000 with funding coming from the 2017 Sheriffs budget.**

#### **SOLID WASTE – Interim Director Sarah Young**

- A) Sarah Young requested approval to purchase a refurbished MC266 Mobile grinder from Rotochopper (St. Martin, MN) for \$220,425.00 contingent on signing a grant agreement with Minnesota Pollution Control Agency (MPCA) for release of \$184,902.00.

The MPCA grant is a 75/25% split which requires McLeod County to contribute an additional \$19,583.25 to acquire the whole grant dollar amount with funding coming from the Abatement Fund.

The grinder will be used to process agricultural plastic decreasing contamination and baler wear by grinding material into manageable pieces for processing.

**Wright/Krueger motion carried unanimously to approve the purchase a refurbished MC266 Mobile grinder from Rotochopper (St. Martin, MN) for \$220,425.00 contingent on signing a grant agreement with Minnesota Pollution Control Agency (MPCA) for release of \$184,902.00 plus additional \$19,583.25 from the Abatement Fund.**

- B) Sarah Young requested approval of an Agreement with Mid Minnesota Development Commission to manage the grant writing process to submit a Capital Assistance Fund (CAP) grant application, in the amount of \$1.2 to \$1.5 million, to the Minnesota Pollution Control Agency (MPCA) for building

an auxiliary Solid Waste storage facility on the current Solid Waste Facility site at a cost of \$75.00 an hour and not to exceed \$20,000 with funding coming from the Abatement Fund.

Solid Waste is currently understaffed due to recent resignations and unable to devote the necessary resources to researching and writing this grant.

**Wright/Krueger motion carried unanimously to approve Agreement with Mid Minnesota Development Commission to manage the grant writing process to submit a Capital Assistance Fund (CAP) grant application, in the amount of \$1.2 to \$1.5 million, to the Minnesota Pollution Control Agency (MPCA) for building an auxiliary Solid Waste storage facility on the current Solid Waste Facility site at a cost of \$75.00 an hour and not to exceed \$20,000 with funding coming from the Abatement Fund.**

#### **PLANNING AND ZONING – Administrator Larry Gasow**

- A) Larry Gasow requested approval of Conditional Use Permit 16-19 from Mr. Hal Galvins, representative of ReneSola, in order to construct an essential service of a three (3) Megawatt Community Solar Garden on property owned by Patricia J Karels and to be located within 30 acres of 37.57 acres of the West ½ West ½ in Section 16 of Winsted Township.

Winsted Township did not make a written recommendation. Their verbal disapproval was based on the need for further information. The Planning Advisory Committee unanimously recommended approval with conditions at their January 25, 2017 regular meeting. The City of Winsted, Department of Natural Resources (DNR), County Highway Engineer, County Environmentalist and McLeod County Soil and Water Conservation District Offices were notified.

The conditions are as follows:

- 1) Proof of insurance shall be provided to the Zoning Office prior to any permits being issued.
- 2) A Bond or Letter of Credit in the amount of \$60,000 (3 MW @ \$20,000 = \$60,000) shall be provided to the Zoning Office prior to any permits being issued.
- 3) Applicant shall obtain and record an access easement with property owner Patricia J Karels.
- 4) Applicant will obtain a permit with the County Highway Department for the purpose of widening the driveway and access.
- 5) Applicant shall contact Federal Aviation Administration (FAA) and Winsted Airport to receive comment about future runway expansion and concerns of potential glare during take-off and approaching flight patterns.

- 6) A contact person for noxious weeds, including maintenance, snow removal when drifting is caused by solar facility, and other concerns, shall be identified by placing a sign at the site with contact name and phone number, visible from Cardinal Avenue.
- 7) A landscape buffer plan and vegetative management plan shall be submitted to the Zoning Office prior to any permits being issued. Included in the plan shall be a row of maintained healthy living four foot trees with vegetative shrubbery along Cardinal Avenue and the perimeter property lines.
- 8) Applicant shall meet all National Pollution Discharge Elimination System (NPDES) Permit requirements and provide a copy to the Zoning Office.
- 9) Applicant shall preserve the existing drainage tile and repair if any tile is broken. Repairs shall be performed by a drainage contractor.
- 10) Fencing shall be installed for site safety and security purposes.
- 11) Applicant shall restore the site to its original and natural state once the solar facility is no longer in use.

After further discussion, the County Board made a change to condition #4 (see new wording in above condition).

**Shimanski/Wright motion carried unanimously to approve Conditional Use Permit 16-19 from Mr. Hal Galvins, representative of ReneSola, in order to construct an essential service of a three (3) Megawatt Community Solar Garden on property owned by Patricia J Karels and to be located within 30 acres of 37.57 acres of the West ½ West ½ in Section 16 of Winsted Township with change to condition 4 and return letter to have on file from Federal Aviation Administration stating no issue with obstruction and from Minnesota Aeronautics stating no issue with glare.**

- B) Larry Gasow requested approval of Conditional Use Permit 16-20 from Ron Hansen to lease property to Quick Supply Company, Inc. based out of Des Moines IA, for commercial use at an existing site, previously used as a Demolition Landfill, for the storage of material and equipment in an existing accessory structure as well as exterior storage. There will be two holding magazines (bins) to hold separated dry chemical materials and a metal storage compartment to hold blasting caps to be used in quarry mining operations within Minnesota and neighboring states. Once materials are ordered, it will be transported out. No blasting will take place at this site location. This site will be inspected by Federal and State entities. Quick Supply Company began serving the construction industry in 1936 offering blasting services to limestone quarries throughout the Midwest. The leased area will be located within approximately 8 acres of a 38.75 acre tract in the NE ¼ NW ¼ in Section 5 of Lynn Township.

Lynn Township did not make written recommendation due to needing additional information to better understand the requested use. The Planning Advisory Committee unanimously recommended approval at their January 25, 2017

meeting with conditions. The ATF, (Bureau of Alcohol, Tobacco, Firearms and Explosives) have been notified. The County Sheriff's Office, County Highway Engineer, MN Department of Natural Resources (DNR), County Environmentalist, McLeod County Soil and Water Conservation District, and City and Township Clerks were notified. A letter of favorable recommendation dated December 15, 2016 by Cerro Gordo County Office, Sheriff Kevin Pal, was received at the January 25, 2017 Planning Commission public hearing. A Certificate of Liability Insurance by Quick Supply Company, Inc. providing \$11,000,000 in coverage was provided to the Zoning Office.

The conditions are as follows:

- 1) A secure gate shall be installed at the entrance for site safety and security.
- 2) There shall be a security fence placed at the perimeter of the storage containers with a secured entry.
- 3) "NO TRESPASSING" signs shall be posted.
- 4) Quick Supply Company shall name Hanson Demolition Landfill LLC on their Liability Insurance.
- 5) Applicant shall supply the Zoning Office with a copy of ATF inspections.
- 6) Emergency contact name and information shall be posted on entrance gate.
- 7) Applicant shall provide the Zoning Office with a site plan to ensure the use is not located within Floodplain or Shoreland boundaries.
- 8) Applicant shall notify the McLeod County Sheriff's Office and Hutchinson Fire Department.
- 9) Applicant shall obtain all other State, Federal and or local permits, as required.

**Wright/Pohlmeier motion carried unanimously to approve Conditional Use Permit 16-20 from Ron Hansen to lease property to Quick Supply Company, Inc. based out of Des Moines IA, for commercial use at an existing site, previously used as a Demolition Landfill, for the storage of material and equipment in an existing accessory structure as well as exterior storage.**

## **COUNTY ADMINISTRATION**

- A) Pat Melvin requested approval to hire a full-time Public Health Nurse (grade 170) vacancy due to resignation. If no PHNs apply or are considered, recruit for a Registered Nurse (grade 160). This position does case management for PrimeWest.

**Shimanski/Pohlmeier motion carried unanimously to hire a full-time Public Health Nurse (grade 170) vacancy due to resignation. If no PHNs apply or are considered, recruit for a Registered Nurse (grade 160).**

- B) Pat Melvin requested approval to hire a full-time Eligibility Worker (grade 15) due to resignation.

**Nagel/Wright Shimanski motion carried unanimously to hire a full-time Eligibility Worker (grade 15) due to resignation.**

- C) Pat Melvin requested appointment of Ryan Freitag, Soil and Water Conservation District Program Director, to serve until May 31, 2017 as the McLeod County ditch inspector at a rate of \$30/hour to be charged for work conducted on various ditches.

**Krueger/Wright motion carried unanimously to appoint Ryan Freitag, Soil and Water Conservation District Program Director, to serve until May 31, 2017 as the McLeod County ditch inspector at a rate of \$30/hour to be charged for work conducted on various ditches.**

- D) Pat Melvin requested approval of Ryan Freitag, Soil and Water Conservation District Program Director, to serve until May 31, 2017 in the Environmental Services Department and charging for expenses only wetland related that exceed \$10,000 in cost.

**Wright/Krueger motion carried unanimously to approve Ryan Freitag, Soil and Water Conservation District Program Director, to serve until May 31, 2017 in the Environmental Services Department and charging for expenses only wetland related that exceed \$10,000 in cost.**

- E) Joe Nagel led discussion on a motion to reduce the assessor's fees for 2017 from \$10.50 per parcel down to \$8.50 per parcel. This item was tabled from the December 27th board meeting.

Discussion was held about lowering the counties per parcel fee which would bring the county's rate in line with what is being charged by private assessors.

Discussion was also held about doing some in-house research on what it is actually costing McLeod County and base fees around our cost. Due to the fact that the Assessors 2017 budget did not take this reduction into account it was suggested that more discussion be held and consider a change for 2018.

**Wright/Nagel moved to reduce the assessor's fees for 2017 from \$10.50 per parcel down to \$8.50 per parcel.**

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

**Motion Failed.**

**Krueger/Pohlmeier motion carried to keep appraisal fees same as 2016 at \$10.50 per parcel.**

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

**Krueger moved to prohibit McLeod County Assessors of any private assessing after hours within the county.**

**Motion failed for lack of second.**

F) Pat Melvin requested approval of committee members on the Trails Committee.

The following were changes made during the meeting:

- Chris Schultz removed from District 1
- Bill Arndt removed from District 3

**Krueger/Nagel motion carried unanimously to approve the Trails Committee appointments with the above changes.**

**Nagel/Pohlmeier motion carried unanimously to appoint Commissioner Krueger as liaison to the Trails Committee.**

G) Pat Melvin requested approval of committee member on the Park Commission.

- Replace Jerome Thiemann with James Nowak on Park Commission

**Shimanski/Krueger motion carried unanimously to replace Jerome Thiemann with James Nowak on Park Commission.**

H) Pat Melvin requested approval to set per diems for citizen committee members.

**Wright/Krueger motion carried unanimously to table until this item is brought to the Budget Committee for further discussion.**

I) Pat Melvin requested approval to provide lunch at the February 14<sup>th</sup> meeting for Insurance Joint Powers Agreement meeting which will be held at the North Complex.

Wright/Shimanski motion carried unanimously to approve lunch costs associated with the February 14<sup>th</sup> meeting for Insurance Joint Powers Agreement meeting which will be held at the North Complex.

Wright/Krueger motion carried unanimously to set a Solid Waste Advisory Committee for Tuesday, February 14<sup>th</sup> from 3-5 PM to review request for proposals for recyclable processing and marketing.

Wright/Nagel motion carried unanimously to notify constituents of a meeting to be held on Tuesday February 21<sup>st</sup> at 7:30 PM in the Country Diner to discuss clean out of McCuen Creek.

Shimanski/Pohlmeier motion carried unanimously to recess at 11:35 a.m. until 9:00 a.m. February 21, 2017 at the Glencoe City Center.

ATTEST:

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Joe Nagel, Board Chair

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Patrick Melvin, County Administrator

McLEOD COUNTY  
BOARD OF COMMISSIONERS  
SYNOPSIS – February 7, 2017

1. Commissioners Nagel, Wright, Shimanski, Krueger and Pohmeier were present.
2. Krueger/Wright motion carried unanimously to approve the agenda as revised.
3. Krueger/Wright motion carried unanimously to approve the consent agenda including January 17, 2017 Meeting Minutes and Synopsis; January 13, 2017 Auditor's Warrants; January 17, 2017 Auditor's Warrants; January 20, 2017 Auditor's Warrants; January 27, 2017 Auditor's Warrants; Approve gambling permit for Shady Lane Sportsmen's Club, 17656 461<sup>st</sup> Ave., PO Box 41, Glencoe, MN to conduct a raffle on June 16 – 17, 2017 at McLeod County Fairgrounds, 840 Century Ave. SW, Hutchinson, MN; Approve Community Services Agreement from Hutchinson Health for Biometric Screen Services for the County Wellness Program; Approve Memorandum of Agreement between Children's Dental Services and McLeod County Public Health. This agreement extends the currently held contract through July 18, 2017; Approve Park Shelter Rental Agreement with the City of Glencoe for the date of July 18, 2017 for an AIS educational event. The cost of the shelter rental is \$75.00 which will be paid to the City of Glencoe with the AIS funds McLeod County received from the State of Minnesota; Approve agreement for remote access to support our Security and Surveillance software and hardware with our vendor UHL; Approve updated form for Northland Business Systems for the new GPD interview room remote access for support; Approve 2017 Southwest Metro Drug Task Force Joint Power Agreement.
4. Krueger/Pohlmeier approved payment of county burial after the fact, and up to the maximum limit of \$2,000 for a cremation.
5. Shimanski/Nagel motion carried unanimously to approve payment of bills totaling \$373,874.99 from the aforementioned funds.
6. Wright/Shimanski motion carried unanimously to approve Crisis Program Joint Powers Board Agreement with Carver County; and, Business Associate Agreement to exchange certain Protected Health Information (PHI) with Carver County and McLeod County Social Services.
7. Wright/Shimanski motion carried unanimously to approve the trade of a 1999 Sterling tandem axle plow truck (210,000 miles) to the City of Hutchinson for a 1991 RPM loader mounted snow blower at no cost with each piece of equipment valued at \$12,000.
8. Wright/Pohlmeier motion carried unanimously to sell a 1981 Blanchet loader mounted snow blower via sealed bid or MinBid.
9. Krueger/Pohlmeier motion carried unanimously to purchase a 2018 Mack tandem truck chassis (State Contract T-647(5)) from Nuss Truck and Equipment (Roseville, MN) for \$125,672.41 with funding coming from the 2017 Capital Budget.



10. Wright/Shimanski motion carried unanimously to purchase a 2018 Mack tandem truck chassis (State Contract T-647(5)) from Nuss Truck and Equipment (Roseville, MN) for \$108,632.41 with funding coming from the 2017 Capital Budget.
11. Nagel/Shimanski motion carried unanimously to purchase two (2) truck equipment packages (box, plow, scraper, wing, sander, and misc.) (State Contract S-863(5)) from Towmaster, Inc. (Litchfield, MN) for \$112,800 each with funding coming from the 2017 Capital Budget.
12. Krueger/Wright motion carried unanimously to approve Service Agreement from Honeywell Building Solutions (Golden Valley, MN) for \$40,782.84 with funding coming from the 2017 Building Services budget.
13. Shimanski/Krueger motion carried unanimously to approve the purchase of network switches from CDW Government (Chicago, IL) quote #HQWK895 for \$14,151.69 with funding coming from card access fee from the Construction Budget.
14. Krueger/Pohlmeier motion carried unanimously to approve an increase in construction costs in the Sheriff's office not to exceed \$46,000 with funding coming from the 2017 Sheriffs budget.
15. Wright/Krueger motion carried unanimously to approve the purchase a refurbished MC266 Mobile grinder from Rotochopper (St. Martin, MN) for \$220,425.00 contingent on signing a grant agreement with Minnesota Pollution Control Agency (MPCA) for release of \$184,902.00 plus additional \$19,583.25 from the Abatement Fund.
16. Wright/Krueger motion carried unanimously to approve Agreement with Mid Minnesota Development Commission to manage the grant writing process to submit a Capital Assistance Fund (CAP) grant application, in the amount of \$1.2 to \$1.5 million, to the Minnesota Pollution Control Agency (MPCA) for building an auxiliary Solid Waste storage facility on the current Solid Waste Facility site at a cost of \$75.00 an hour and not to exceed \$20,000 with funding coming from the Abatement Fund.
17. Shimanski/Wright motion carried unanimously to approve Conditional Use Permit 16-19 from Mr. Hal Galvins, representative of ReneSola, in order to construct an essential service of a three (3) Megawatt Community Solar Garden on property owned by Patricia J Karels and to be located within 30 acres of 37.57 acres of the West ½ West ½ in Section 16 of Winsted Township with change to condition 4 and return letter to have on file from Federal Aviation Administration stating no issue with obstruction and from Minnesota Aeronautics stating no issue with glare.
18. Wright/Pohlmeier motion carried unanimously to approve Conditional Use Permit 16-20 from Ron Hansen to lease property to Quick Supply Company, Inc. based out of Des Moines IA, for commercial use at an existing site, previously used as a Demolition Landfill, for the storage of material and equipment in an existing accessory structure as well as exterior storage.

19. Shimanski/Pohlmeier motion carried unanimously to hire a full-time Public Health Nurse (grade 170) vacancy due to resignation. If no PHNs apply or are considered, recruit for a Registered Nurse (grade 160).
20. Nagel/Wright Shimanski motion carried unanimously to hire a full-time Eligibility Worker (grade 15) due to resignation.
21. Krueger/Wright motion carried unanimously to appoint Ryan Freitag, Soil and Water Conservation District Program Director, to serve until May 31, 2017 as the McLeod County ditch inspector at a rate of \$30/hour to be charged for work conducted on various ditches.
22. Wright/Krueger motion carried unanimously to approve Ryan Freitag, Soil and Water Conservation District Program Director, to serve until May 31, 2017 in the Environmental Services Department and charging for expenses only wetland related that exceed \$10,000 in cost.
23. Wright/Nagel moved to reduce the assessor's fees for 2017 from \$10.50 per parcel down to \$8.50 per parcel. Roll Call: Wright – Yes, Pohlmeier – No, Nagel – Yes, Shimanski – No, Krueger – No. Motion Failed.
24. Krueger/Pohlmeier motion carried to keep appraisal fees same as 2016 at \$10.50 per parcel. Roll Call: Wright – No, Pohlmeier – Yes, Nagel – Yes, Shimanski – Yes, Krueger – Yes.
25. Krueger moved to prohibit McLeod County Assessors of any private assessing after hours within the county. Motion failed for lack of second.
26. Krueger/Nagel motion carried unanimously to approve the Trails Committee appointments with the above changes.
27. Nagel/Pohlmeier motion carried unanimously to appoint Commissioner Krueger as liaison to the Trails Committee.
28. Shimanski/Krueger motion carried unanimously to replace Jerome Thiemann with James Nowak on Park Commission.
29. Wright/Krueger motion carried unanimously to table until this item is brought to the Budget Committee for further discussion.
30. Wright/Shimanski motion carried unanimously to approve lunch costs associated with the February 14<sup>th</sup> meeting for Insurance Joint Powers Agreement meeting which will be held at the North Complex.
31. Wright/Krueger motion carried unanimously to set a Solid Waste Advisory Committee for Tuesday, February 14<sup>th</sup> from 3-5 PM to review request for proposals for recyclable processing and marketing.
32. Wright/Nagel motion carried unanimously to notify constituents of a meeting to be held on Tuesday February 21<sup>st</sup> at 7:30 PM in the Country Diner to discuss clean out of McCuen Creek.

Complete minutes are on file in the County Administrator's Office. The meeting recessed at 11:35 a.m. until February 21, 2017.

Attest:

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Joe Nagel, Board Chair

---

Patrick Melvin, County Administrator

DRAFT

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Audit List for Board AUDITOR'S VOUCHERS ENTRIES

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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

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1 GENERAL REVENUE FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

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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				...		
14	2811	CNA GROUP LONG TERM CARE					
		01-000-000-0000-2048		493.14	LONG TERM CARE GENERAL FUND		LONG TERM CARE PAYABLE
					02/01/2017 02/28/2017	0	
	2811	CNA GROUP LONG TERM CARE		493.14	1 Transactions		
26	3755	EYE MED					
		01-000-000-0000-2044		413.17	VISION PREMIUM		VISION INSURANCE PAYABLE
					01/01/2017 01/31/2017	0	
	3755	EYE MED		413.17	1 Transactions		
129	3754	MCLEOD SIBLEY HEALTH INSURANCE					
		01-000-000-0000-2045		63,274.74	MEDICAL PREMIUM		HEALTH IINSURANCE PAYABLE
					01/01/2017 01/31/2017	0	
128		01-000-000-0000-2052		4,898.00	MEDICAL PREMIUM		COBRA HEALTH INSURANCE PAYABLE
					01/01/2017 01/31/2017	0	
	3754	MCLEOD SIBLEY HEALTH INSURANCE		68,172.74	2 Transactions		
220	3028	MINNESOTA CHILD SUPPORT PAYMENT					
		01-000-000-0000-2056		317.48	CHILD SUPPORT	001124208702	CHILD SUPPORT GARNISHMENT PAYABLE
					01/08/2017 01/21/2017	0	
222		01-000-000-0000-2056		117.67	CHILD SUPPORT	001436294701	CHILD SUPPORT GARNISHMENT PAYABLE
					01/08/2017 01/21/2017	0	
219		01-000-000-0000-2056		257.96	CHILD SUPPORT	001447664801	CHILD SUPPORT GARNISHMENT PAYABLE
					01/08/2017 01/21/2017	0	
221		01-000-000-0000-2056		130.13	CHILD SUPPORT	001499730601	CHILD SUPPORT GARNISHMENT PAYABLE
					01/08/2017 01/21/2017	0	
223		01-000-000-0000-2056		327.64	CHILD SUPPORT	001530953002	CHILD SUPPORT GARNISHMENT PAYABLE
					01/08/2017 01/21/2017	0	
	3028	MINNESOTA CHILD SUPPORT PAYMENT		1,150.88	5 Transactions		
0	DEPT Total:			70,229.93	...	4 Vendors	9 Transactions
5	DEPT				BOARD OF COUNTY COMMISSIONERS		
84	3360	GREATER MN COMMUNICATIONS					
		01-005-000-0000-6350		32.00	APPRECIATION PLAQUE-RB	11937	Other Services & Charges
	3360	GREATER MN COMMUNICATIONS		32.00	1 Transactions		
	1909	MADDEN GALANTER HANSEN LLP					

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1 GENERAL REVENUE FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

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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
95	01-005-000-0000-6263	AP	4	4,386.72	LEGAL SVC LABOR RELATIONS		Legal Services
					12/01/2016 12/31/2016	0	
1909	MADDEN GALANTER HANSEN LLP			4,386.72	1 Transactions		
5	DEPT Total:			4,418.72	BOARD OF COUNTY COMMISSIONERS	2 Vendors	2 Transactions
13	DEPT				COURT ADMINISTRATOR'S		
812	GAVIN WINTERS & LONG LTD						
57	01-013-000-0000-6272	AP	4	303.75	COURT APPT TM/EM/MK JV-16-189	20100311-001M	Court Appt Atty-Dep/Neg/Ter
54	01-013-000-0000-6272	AP	4	11.25	COURT APPT HW/RH JV-16-177	20120122-000M	Court Appt Atty-Dep/Neg/Ter
56	01-013-000-0000-6272	AP	4	30.00	COURT APPT BN/DS JV-16-134	20143290-001M	Court Appt Atty-Dep/Neg/Ter
60	01-013-000-0000-6272	AP	4	183.75	COURT APPT KH/TC JV-16-16207	2015003-001M	Court Appt Atty-Dep/Neg/Ter
61	01-013-000-0000-6272			135.00	COURT APPT KH/TC JV-16-16207	2015003-001M	Court Appt Atty-Dep/Neg/Ter
53	01-013-000-0000-6272	AP	4	90.00	COURT APPT NV/DM/EE JV-15-62	20150150-000M	Court Appt Atty-Dep/Neg/Ter
74	01-013-000-0000-6272	AP	4	26.25	COURT APPT JG/PG/CY JV-15-156	20150254-000M	Court Appt Atty-Dep/Neg/Ter
75	01-013-000-0000-6272			37.50	COURT APPT JG/PG/CY JV-15-156	20150254-000M	Court Appt Atty-Dep/Neg/Ter
49	01-013-000-0000-6272	AP	4	37.50	COURT APPT DL/CV JV-15-159	20150334-000M	Court Appt Atty-Dep/Neg/Ter
50	01-013-000-0000-6272			150.00	COURT APPT DL/CV JV-15-159	20150334-000M	Court Appt Atty-Dep/Neg/Ter
52	01-013-000-0000-6272	AP	4	26.25	COURT APPT RT/MJ JV-16-54	20160089-000M	Court Appt Atty-Dep/Neg/Ter
70	01-013-000-0000-6272	AP	4	33.75	COURT APPT HS/RR JV-16-75	20160154-000M	Court Appt Atty-Dep/Neg/Ter
71	01-013-000-0000-6272			93.75	COURT APPT HS/RR JV-16-75	20160154-000M	Court Appt Atty-Dep/Neg/Ter
51	01-013-000-0000-6272	AP	4	123.75	COURT APPT PJ/JH JV-16-88	20160155-000M	Court Appt Atty-Dep/Neg/Ter
62	01-013-000-0000-6272	AP	4	33.75	COURT APPT RA/DA/AB JV-16-116	20160190-000M	Court Appt Atty-Dep/Neg/Ter
63	01-013-000-0000-6272			45.00	COURT APPT RA/DA/AB JV-16-116	20160190-000M	Court Appt Atty-Dep/Neg/Ter
47	01-013-000-0000-6272	AP	4	183.75	COURT APPT JR/MR JV-16-118	20160207-000M	Court Appt Atty-Dep/Neg/Ter
48	01-013-000-0000-6272			30.00	COURT APPT JR/MR JV-16-118	20160207-000M	Court Appt Atty-Dep/Neg/Ter
68	01-013-000-0000-6272	AP	4	15.00	COURT APPT AP/RJ JV-16-140	20160222-000M	Court Appt Atty-Dep/Neg/Ter
69	01-013-000-0000-6272			93.75	COURT APPT AP/RJ JV-16-140	20160222-000M	Court Appt Atty-Dep/Neg/Ter
64	01-013-000-0000-6272	AP	4	15.00	COURT APPT ER/SA JV-16-135	20160236-000M	Court Appt Atty-Dep/Neg/Ter
65	01-013-000-0000-6272			75.00	COURT APPT ER/SA JV-16-135	20160236-000M	Court Appt Atty-Dep/Neg/Ter
66	01-013-000-0000-6272	AP	4	187.50	COURT APPT MA/NP JV-16-175	20160256-000M	Court Appt Atty-Dep/Neg/Ter
67	01-013-000-0000-6272			18.75	COURT APPT MA/NP JV-16-175	20160256-000M	Court Appt Atty-Dep/Neg/Ter
58	01-013-000-0000-6272	AP	4	277.50	CRT APPT JK/AA/MK/TS JV-16-185	20160260-000M	Court Appt Atty-Dep/Neg/Ter
59	01-013-000-0000-6272	AP	4	15.00	COURT APPT AS/TS JV-16-176	20160274-000M	Court Appt Atty-Dep/Neg/Ter
72	01-013-000-0000-6272	AP	4	127.50	COURT APPT DC/JG JV-16-182	20160275-000M	Court Appt Atty-Dep/Neg/Ter
73	01-013-000-0000-6272			15.00	COURT APPT DC/JG JV-16-182	20160275-000M	Court Appt Atty-Dep/Neg/Ter
55	01-013-000-0000-6272	AP	4	303.75	COURT APPT KB/RH JV-16-177	20160276-000M	Court Appt Atty-Dep/Neg/Ter
76	01-013-000-0000-6272	AP	4	502.50	COURT APPT AS/JJ/DB JV-16-209	20160298-000M	Court Appt Atty-Dep/Neg/Ter
77	01-013-000-0000-6272			93.75	COURT APPT AS/JJ/DB JV-16-209	20160298-000M	Court Appt Atty-Dep/Neg/Ter

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Audit List for Board AUDITOR'S VOUCHERS ENTRIES

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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
812	GAVIN WINTERS & LONG LTD			3,315.00	31 Transactions		
3146	MELCHERT HUBERT SJODIN PLLP						
98	01-013-000-0000-6272	AP	4	15.00	COURT APPT RT/MJ JV-16-54	129709	Court Appt Atty-Dep/Neg/Ter
99	01-013-000-0000-6272	AP	4	183.75	COURT APPT HS/RR JV-16-75	129714	Court Appt Atty-Dep/Neg/Ter
100	01-013-000-0000-6272	AP	4	30.00	COURT APPT CP/RB/RW JV-16-90	129715	Court Appt Atty-Dep/Neg/Ter
101	01-013-000-0000-6272	AP	4	30.00	COURT APPT BN/DS JV-16-134	129724	Court Appt Atty-Dep/Neg/Ter
116	01-013-000-0000-6273	AP	4	135.00	COURT APPT JDH FA-14-114	129897	Court Appt Atty-Other
117	01-013-000-0000-6273	AP	4	150.00	COURT APPT BPW FA-08-1558	129898	Court Appt Atty-Other
115	01-013-000-0000-6273	AP	4	15.00	COURT APPT DDR FA-11-625	129903	Court Appt Atty-Other
102	01-013-000-0000-6272	AP	4	225.00	COURT APPT JO/SB JV-14-255	129908	Court Appt Atty-Dep/Neg/Ter
114	01-013-000-0000-6273	AP	4	165.00	CRT APPT D BENTZ PR-16-1905	129911	Court Appt Atty-Other
103	01-013-000-0000-6272	AP	4	337.50	COURT APPT KW/MW/TJ JV-16-37	129912	Court Appt Atty-Dep/Neg/Ter
113	01-013-000-0000-6273	AP	4	157.50	COURT APPT JEG FA-15-892	129914	Court Appt Atty-Other
104	01-013-000-0000-6272	AP	4	60.00	COURT APPT SK/FW JV-16-141	129917	Court Appt Atty-Dep/Neg/Ter
112	01-013-000-0000-6273	AP	4	150.00	COURT APPT GV FA-16-607	129918	Court Appt Atty-Other
105	01-013-000-0000-6272	AP	4	405.00	COURT APPT MA/JT/BM JV-16-165	129919	Court Appt Atty-Dep/Neg/Ter
111	01-013-000-0000-6273	AP	4	45.00	CRT APPT J BETHKE PR-16-1682	129922	Court Appt Atty-Other
106	01-013-000-0000-6272	AP	4	600.00	COURT APPT KB/RH JV-16-177	129923	Court Appt Atty-Dep/Neg/Ter
110	01-013-000-0000-6273	AP	4	187.50	COURT APPT BGS FA-14-1088	129925	Court Appt Atty-Other
109	01-013-000-0000-6273	AP	4	225.00	COURT APPT SC FA-10-1307	129926	Court Appt Atty-Other
108	01-013-000-0000-6273	AP	4	682.50	CRT APPT T HATAZIN PR-16-1771	129927	Court Appt Atty-Other
107	01-013-000-0000-6272	AP	4	15.00	COURT APPT MA/JT/BM JV-16-165	129928	Court Appt Atty-Dep/Neg/Ter
3146	MELCHERT HUBERT SJODIN PLLP			3,813.75	20 Transactions		
13	DEPT Total:			7,128.75	COURT ADMINISTRATOR'S	2 Vendors	51 Transactions
31	DEPT				COUNTY ADMINISTRATOR'S		
1886	BMO						
246	01-031-000-0000-6241			20.00	HERALD JOURNAL	1627	Printing And Publishing
245	01-031-000-0000-6402			49.37	AMAZON	1627	Office Supplies
247	01-031-000-0000-6810			22.60	SUBWAY	1627	REFUNDS AND REIMBURSEMENTS
248	01-031-000-0000-6810			18.66	SUBWAY	1627	REFUNDS AND REIMBURSEMENTS
249	01-031-000-0000-6336			1,181.04	PRICELINE.COM	1650	Meals, Lodging, Parking & Miscellaneous
1886	BMO			1,291.67	5 Transactions		
31	DEPT Total:			1,291.67	COUNTY ADMINISTRATOR'S	1 Vendors	5 Transactions

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Audit List for Board AUDITOR'S VOUCHERS ENTRIES

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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
41	DEPT				COUNTY AUDITOR-TREASURER'S		
	963	MINNESOTA STATE AUDITOR					
154		01-041-000-0000-6269	DTG 6	9,748.52	AUDIT ENDING 12/31/2016	67855	Contracts
	963	MINNESOTA STATE AUDITOR		9,748.52	1 Transactions		
41	DEPT Total:			9,748.52	COUNTY AUDITOR-TREASURER'S	1 Vendors	1 Transactions
65	DEPT				INFORMATION SYSTEMS		
	4669	ISSUETRAK INC					
343		01-065-000-0000-6321		3,510.00	SOFTWARE SUPPORT & MAINT	MCL0217MR	Maintenance Agreements
	4669	ISSUETRAK INC		3,510.00	1 Transactions		
	3699	SUPPORT WAREHOUSE LTD					
187		01-065-000-0000-6321		1,752.00	BACK UP DISK SHELF MAINT	136095	Maintenance Agreements
	3699	SUPPORT WAREHOUSE LTD		1,752.00	1 Transactions		
65	DEPT Total:			5,262.00	INFORMATION SYSTEMS	2 Vendors	2 Transactions
75	DEPT				CENTRAL SERVICES-CHARGE BACKS		
	1886	BMO					
253		01-075-000-0000-6402		33.93	MENARDS	1650	Office Supplies
	1886	BMO		33.93	1 Transactions		
	3384	GRAINGER					
83		01-075-000-0000-6350		185.73	3 FLAT PANEL HEATERS	9330253759	Other Services & Charges
	3384	GRAINGER		185.73	1 Transactions		
	1160	MCLEOD COUNTY AUDITOR TREASURER					
97		01-075-000-0000-6338		16.00	REG 2006 CHEVY TRAILBLAZER		Motor Pool Expenses
	1160	MCLEOD COUNTY AUDITOR TREASURER		16.00	1 Transactions		
	1457	PRO AUTO & TRANSMISSION REPAIR INC					
178		01-075-000-0000-6338		191.57	LOF BATTERY REPLACEMENT	3062602	Motor Pool Expenses
179		01-075-000-0000-6338		220.21	LOF BATTERY REPLACEMENT	3062718	Motor Pool Expenses
237		01-075-000-0000-6338		126.03	POWER STEERING REPAIR	3062790	Motor Pool Expenses
	1457	PRO AUTO & TRANSMISSION REPAIR INC		537.81	3 Transactions		



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	<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>
75	DEPT Total:		773.47	CENTRAL SERVICES-CHARGE BACKS	4 Vendors	6 Transactions
76	DEPT			CENTRAL SERVICES-COUNTY WIDE		
	1886 BMO					
251	01-076-000-0000-6402		120.00	NEOPOST	1650	Office Supplies
258	01-076-000-0000-6205		344.40	USPS	9909	Postage And Postal Box Rental
	1886 BMO		464.40		2 Transactions	
	5918 CENTURY LINK					
13	01-076-000-0000-6203		55.78	CIRCUIT CHARGE	66XCD6-S-17015	Communications
	5918 CENTURY LINK		55.78		1 Transactions	
	5906 CENTURYLINK					
196	01-076-000-0000-6203		312.47	LOCAL SVC	313623769	Communications
195	01-076-000-0000-6203		2,492.39	LOCAL SVC	314019358	Communications
	5906 CENTURYLINK		2,804.86		2 Transactions	
	1857 METRO SALES INC					
125	01-076-000-0000-6321		47.16	COPIER MAINT MPC5503-SHERIFF	INV708317	Maintenance Agreements
126	01-076-000-0000-6321		140.54	COPIER MAINT MPC4504-JAIL	INV711344	Maintenance Agreements
127	01-076-000-0000-6321		284.45	COPIER MAINT MPC6004-AUDITOR	INV711344	Maintenance Agreements
218	01-076-000-0000-6321		27.20	COPIER MAINT MP3054-COURT SVC	INV713516	Maintenance Agreements
	1857 METRO SALES INC		499.35		4 Transactions	
	5771 NU-TELECOM					
233	01-076-000-0000-6203		1,475.10	EXT PRI SW B1	81947232	Communications
				02/01/2017 02/28/2017	0	
	5771 NU-TELECOM		1,475.10		1 Transactions	
76	DEPT Total:		5,299.49	CENTRAL SERVICES-COUNTY WIDE	5 Vendors	10 Transactions
91	DEPT			COUNTY ATTORNEY'S		
	3753 GEHRKE/CHERYL					
78	01-091-000-0000-6280		20.00	WITNESS FEE		Witness Fees
79	01-091-000-0000-6280		20.16	WITNESS MILEAGE		Witness Fees
	3753 GEHRKE/CHERYL		40.16		2 Transactions	
	6009 INNOVATIVE OFFICE SOLUTIONS LLC					

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Vendor	Name	Rpt	Warrant Description	Invoice #	Account/Formula Description
No.	Account/Formula	Accr	Service Dates	Paid On Bhf #	On Behalf of Name
90	01-091-000-0000-6402		OFFICE SUPPLIES	IN1474458	Office Supplies
6009	INNOVATIVE OFFICE SOLUTIONS LLC	34.65			
		34.65	1 Transactions		
3750	NOGA/SCOTT				
170	01-091-000-0000-6280	20.00	WITNESS FEE		Witness Fees
171	01-091-000-0000-6280	11.20	WITNESS MILEAGE		Witness Fees
3750	NOGA/SCOTT	31.20		2 Transactions	
3749	OLSON/ALAN				
175	01-091-000-0000-6280	20.00	WITNESS FEE		Witness Fees
176	01-091-000-0000-6280	10.08	WITNESS MILEAGE		Witness Fees
3749	OLSON/ALAN	30.08		2 Transactions	
3751	SCHRUPP/DAVID				
182	01-091-000-0000-6280	20.00	WITNESS FEE		Witness Fees
183	01-091-000-0000-6280	10.08	WITNESS MILEAGE		Witness Fees
3751	SCHRUPP/DAVID	30.08		2 Transactions	
79	SIBLEY COUNTY SHERIFF				
184	01-091-000-0000-6350	50.00	SVC OF DOC	1421	Other Services & Charges
79	SIBLEY COUNTY SHERIFF	50.00		1 Transactions	
3746	WILER/JUSTIN				
188	01-091-000-0000-6280	20.00	WITNESS FEE		Witness Fees
189	01-091-000-0000-6280	6.16	WITNESS MILEAGE		Witness Fees
3746	WILER/JUSTIN	26.16		2 Transactions	
91	DEPT Total:	242.33	COUNTY ATTORNEY'S	7 Vendors	12 Transactions
101	DEPT		COUNTY RECORDER'S		
1886	BMO				
259	01-101-000-0000-6241	160.23	FRANKLIN PRINTING	9909	Printing And Publishing
1886	BMO	160.23		1 Transactions	
101	DEPT Total:	160.23	COUNTY RECORDER'S	1 Vendors	1 Transactions
103	DEPT		COUNTY ASSESSOR'S		
1886	BMO				

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Audit List for Board AUDITOR'S VOUCHERS ENTRIES

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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
345	01-103-000-0000-6245		500.00	MAAO	9891	Dues And Registration Fees
344	01-103-000-0000-6450		22.86	BEEN VERIFIED	9891	Subscriptions
1886	BMO		522.86	2 Transactions		
103	DEPT Total:		522.86	COUNTY ASSESSOR'S	1 Vendors	2 Transactions
111	DEPT			COURTHOUSE BUILDING		
1886	BMO					
256	01-111-000-0000-6425		28.97	MENARDS	1650	Repair And Maintenance Supplies
1886	BMO		28.97	1 Transactions		
539	CENTER POINT ENERGY					
12	01-111-000-0000-6255	AP 4	4,586.67	GAS BILL CH 11/30/2016 12/31/2016	5969231-9 0	Natural Gas
539	CENTER POINT ENERGY		4,586.67	1 Transactions		
508	CONTINENTAL RESEARCH CORPORATIO					
23	01-111-000-0000-6425	AP 4	254.48	FREE FLOW (DOZEN)	443696-CRC-1	Repair And Maintenance Supplies
508	CONTINENTAL RESEARCH CORPORATIO		254.48	1 Transactions		
869	HILLYARD HUTCHINSON					
202	01-111-000-0000-6415		322.68	CLEANING SUPPLIES-CH	602391899	Cleaning Supplies
203	01-111-000-0000-6415		100.32	AIR FRESHENER CASE-CH	602391900	Cleaning Supplies
869	HILLYARD HUTCHINSON		423.00	2 Transactions		
3361	NAC MECHANICAL & ELECTRICAL SERVI					
155	01-111-000-0000-6303		500.00	ALERTON CERTIFICATION TRAINING	9628-01	Repair And Maintenance Services
3361	NAC MECHANICAL & ELECTRICAL SERVI		500.00	1 Transactions		
4427	NEUBARTH LAWN CARE & LANDSCAPIN					
163	01-111-000-0000-6303		1,555.00	LIGHT SNOW/SALT/SAND-CH 01/09/2017 01/11/2017	11869 0	Repair And Maintenance Services
166	01-111-000-0000-6303		195.00	DRIFTING/SALT/SAND-CH 01/13/2017 01/13/2017	11892 0	Repair And Maintenance Services
169	01-111-000-0000-6303		85.00	SCRAPE ICE/SALT/SAND-CH 01/17/2017 01/17/2017	11893 0	Repair And Maintenance Services
230	01-111-000-0000-6303		120.00	SALT FOR COURTHOUSE	11920	Repair And Maintenance Services
4427	NEUBARTH LAWN CARE & LANDSCAPIN		1,955.00	4 Transactions		

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	No. Account/Formula	Accr		Amount	Service Dates	Paid On Bhf #	On Behalf of Name
111	DEPT Total:			7,748.12	COURTHOUSE BUILDING	6 Vendors	10 Transactions
112	DEPT				NORTH COMPLEX BUILDING		
	1886 BMO						
252	01-112-000-0000-6425			16.98	MENARDS	1650	Repair And Maintenance Supplies
254	01-112-000-0000-6425			8.97	MENARDS	1650	Repair And Maintenance Supplies
	1886 BMO			25.95			2 Transactions
	3384 GRAINGER						
82	01-112-000-0000-6350			61.91	FLAT PANEL HEATER	9329296603	Other Services & Charges
	3384 GRAINGER			61.91			1 Transactions
	3361 NAC MECHANICAL & ELECTRICAL SERVI						
156	01-112-000-0000-6303			400.00	ALERTON CERTIFICATION TRAINING	9628-01	Repair And Maintenance Services
	3361 NAC MECHANICAL & ELECTRICAL SERVI			400.00			1 Transactions
	4427 NEUBARTH LAWN CARE & LANDSCAPIN						
161	01-112-000-0000-6303			685.00	LIGHT SNOW/SALT/SAND-NC	11869	Repair And Maintenance Services
					01/09/2017 01/11/2017	0	
164	01-112-000-0000-6303			250.00	DRIFTING/SALT/SAND-NC	11892	Repair And Maintenance Services
					01/13/2017 01/13/2017	0	
167	01-112-000-0000-6303			185.00	SCRAPE ICE/SALT/SAND-NC	11893	Repair And Maintenance Services
					01/17/2017 01/17/2017	0	
228	01-112-000-0000-6303			120.00	SALT FOR NORTH COMPLEX	11920	Repair And Maintenance Services
	4427 NEUBARTH LAWN CARE & LANDSCAPIN			1,240.00			4 Transactions
	3057 VOSS LIGHTING						
243	01-112-000-0000-6425			185.40	BULBS FOR NORTH COMPLEX	15296771-00	Repair And Maintenance Supplies
	3057 VOSS LIGHTING			185.40			1 Transactions
112	DEPT Total:			1,913.26	NORTH COMPLEX BUILDING	5 Vendors	9 Transactions
115	DEPT				COUNTY BUILDINGS MAJOR REPAIRS		
	46 AKO ELECTRIC INC						
3	01-115-000-0000-6303			863.71	ELECTRICAL PREP CARDREADER	3909	Repair And Maintenance Services
	46 AKO ELECTRIC INC			863.71			1 Transactions

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No.	Account/Formula	Accr	Service Dates	Paid On Bhf #	On Behalf of Name
115	DEPT Total:		COUNTY BUILDINGS MAJOR REPAIRS	1 Vendors	1 Transactions
116	DEPT		HEALTH AND HUMAN SERVICES BUILDII		
869	HILLYARD HUTCHINSON				
204	01-116-000-0000-6415	676.40	CLEANING SUPPLIES-HHS	602391898	Cleaning Supplies
869	HILLYARD HUTCHINSON	676.40	1 Transactions		
3361	NAC MECHANICAL & ELECTRICAL SERVI				
157	01-116-000-0000-6303	500.00	ALERTON CERTIFICATION TRAINING	9628-01	Repair And Maintenance Services
3361	NAC MECHANICAL & ELECTRICAL SERVI	500.00	1 Transactions		
4427	NEUBARTH LAWN CARE & LANDSCAPIN				
162	01-116-000-0000-6303	1,240.00	LIGHT SNOW/SALT/SAND-HHS	11869	Repair And Maintenance Services
			01/09/2017 01/11/2017	0	
165	01-116-000-0000-6303	355.00	DRIFTING/SALT/SAND-HHS	11892	Repair And Maintenance Services
			01/13/2017 01/13/2017	0	
168	01-116-000-0000-6303	215.00	SCRAPE ICE/SALT/SAND-HHS	11893	Repair And Maintenance Services
			01/17/2017 01/17/2017	0	
229	01-116-000-0000-6303	120.00	SALT FOR HHS	11920	Repair And Maintenance Services
4427	NEUBARTH LAWN CARE & LANDSCAPIN	1,930.00	4 Transactions		
116	DEPT Total:	3,106.40	HEALTH AND HUMAN SERVICES BUILDI	3 Vendors	6 Transactions
117	DEPT		FAIRGROUNDS		
1886	BMO				
326	01-117-000-0000-6425	133.40	AIR CLEANING SPECIALIST	1700	Repair And Maintenance Supplies
327	01-117-000-0000-6425	62.94	MENARDS	1700	Repair And Maintenance Supplies
1886	BMO	196.34	2 Transactions		
2825	MENARDS HUTCHINSON				
123	01-117-000-0000-6425	239.92	FLOOR COVER FOR GYM INV#02745	ACCT#31550303	Repair And Maintenance Supplies
124	01-117-000-0000-6425	106.30	FLOOR COVER FOR GYM INV#03836	ACCT#31550303	Repair And Maintenance Supplies
2825	MENARDS HUTCHINSON	346.22	2 Transactions		
117	DEPT Total:	542.56	FAIRGROUNDS	2 Vendors	4 Transactions
121	DEPT		VETERAN SERVICES		
50	NACVSO INC				

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No.	Account/Formula	Accr	Service Dates	Paid On Bhf #	On Behalf of Name
159	01-121-000-0000-6245		2017 MEMBERSHIP DUES-JL	MCELOD2017	Dues And Registration Fees
160	01-121-000-0000-6245		2017 MEMBERSHIP DUES-CC	MCELOD2017	Dues And Registration Fees
50	NACVSO INC		2 Transactions		
121	DEPT Total:	60.00	VETERAN SERVICES	1 Vendors	2 Transactions
201	DEPT		COUNTY SHERIFF'S OFFICE		
1886	BMO				
283	01-201-000-0000-6402	26.31	AMAZON	1536	Office Supplies
280	01-201-201-0000-6360	16.99	AMAZON	1536	Training - Administration
281	01-201-201-0000-6360	156.33	AMAZON	1536	Training - Administration
282	01-201-201-0000-6360	108.60	AMAZON	1536	Training - Administration
284	01-201-204-0000-6360	62.50	GUNDERSEN NCPTC	1536	Training - Investigations
285	01-201-204-0000-6360	50.00	OPEN SOURCE	1536	Training - Investigations
287	01-201-204-0000-6360	250.00	BCA	1536	Training - Investigations
278	01-201-206-0000-6360	250.00	BCA	1536	Training - Patrol
286	01-201-206-0000-6360	250.00	BCA	1536	Training - Patrol
288	01-201-206-0000-6360	250.00	BCA	1536	Training - Patrol
289	01-201-206-0000-6360	250.00	BCA	1536	Training - Patrol
290	01-201-206-0000-6360	50.00	OPEN SOURCE	1536	Training - Patrol
1886	BMO	1,720.73	12 Transactions		
8504	CAMP RIPLEY MESS FUND				
10	01-201-206-0000-6360	702.00	TRAINING CAMP RIPLEY	17-222	Training - Patrol
			04/30/2017 05/05/2017 0		
8504	CAMP RIPLEY MESS FUND	702.00	1 Transactions		
1473	FUN SPORTS OF HUTCHINSON INC				
43	01-201-000-0000-6327	1,092.72	REC #012 REPAIRS/CLUTCH	68888	General Auto Maintenance
44	01-201-000-0000-6327	28.19-	TAX EXEMPT	68888	General Auto Maintenance
45	01-201-000-0000-6327	541.72	REC #991 REPAIR/UPKEEP	68889	General Auto Maintenance
46	01-201-000-0000-6327	13.62-	TAX EXEMPT	68889	General Auto Maintenance
1473	FUN SPORTS OF HUTCHINSON INC	1,592.63	4 Transactions		
1262	GOPHER CAMPFIRE CONSERVATION CLL				
81	01-201-000-0000-6245	1,440.00	32 2017 MEMBERSHIPS		Dues And Registration Fees
1262	GOPHER CAMPFIRE CONSERVATION CLL	1,440.00	1 Transactions		
11678	MARESH FUNERAL HOME				

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No.	Account/Formula	Accr	Service Dates	Paid On Bhf #	On Behalf of Name
96	01-201-000-0000-6215		TRANSPORT OF DECEASED-ST	M17-MISC01	Transportaion Expense For Autopsies
11678	MARESH FUNERAL HOME		1 Transactions		
3524	MINNESOTA HWY SAFETY & RESEARCH (				
151	01-201-206-0000-6360	396.00	EVOC CLASS-A WARD	629430-5526	Training - Patrol
			01/24/2017 01/24/2017	0	
152	01-201-206-0000-6360	396.00	EVOC CLASS-B STILES	629430-5526	Training - Patrol
			01/24/2017 01/24/2017	0	
3524	MINNESOTA HWY SAFETY & RESEARCH (	792.00	2 Transactions		
8564	OFFICE DEPOT INC				
172	01-201-000-0000-6402	10.79	OFFICE SUPPLIES	894945571001	Office Supplies
173	01-201-000-0000-6402	5.00	OFFICE SUPPLIES	894945618001	Office Supplies
174	01-201-000-0000-6402	43.91	OFFICE SUPPLIES	894945619001	Office Supplies
8564	OFFICE DEPOT INC	59.70	3 Transactions		
432	SAMS TIRE SERVICE				
181	01-201-000-0000-6327	552.60	#162 (4) 245/55R18 EAG	127736	General Auto Maintenance
432	SAMS TIRE SERVICE	552.60	1 Transactions		
3752	STAR GROUP LLC				
185	01-201-000-0000-6402	14.90	KEYS	935723	Office Supplies
3752	STAR GROUP LLC	14.90	1 Transactions		
201	DEPT Total:	7,324.56	COUNTY SHERIFF'S OFFICE	9 Vendors	26 Transactions
251	DEPT		COUNTY JAIL		
1886	BMO				
275	01-251-000-0000-6268	54.99	AMAZON	1528	Medical Aid To Prisoners
274	01-251-000-0000-6350	444.54	CHASE ON THE LAKE	1528	Other Services & Charges
273	01-251-000-0000-6360	444.54	CHASE ON THE LAKE	1528	Training
261	01-251-000-0000-6425	19.27	MENARDS	1528	Repair And Maintenance Supplies
264	01-251-000-0000-6460	54.41	AMAZON	1528	Jail Supplies
265	01-251-000-0000-6460	21.38	AMAZON	1528	Jail Supplies
263	01-251-000-0000-6461	29.80	AMAZON	1528	Inmate Supplies
1886	BMO	1,068.93	7 Transactions		
1204	CONSULTING RADIOLOGISTS LTD				
22	01-251-000-0000-6268	AP 4 26.00	X-RAY M ORITZ	CR620943	Medical Aid To Prisoners

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1204	CONSULTING RADIOLOGISTS LTD		26.00	12/28/2016 12/28/2016 1 Transactions	0	
3375	FOSTER MECHANICAL					
198	01-251-000-0000-6303		854.77	REPAIR STOVE FOR JAIL KITCHEN	9023	Repair And Maintenance Services
3375	FOSTER MECHANICAL		854.77	1 Transactions		
2412	GLENCOE REGIONAL HEALTH SERVICES					
80	01-251-000-0000-6268	AP 4	16.09	X RAY M ORTIZ	48000315	Medical Aid To Prisoners
				12/28/2016 12/28/2016 1 Transactions	0	
2412	GLENCOE REGIONAL HEALTH SERVICES		16.09			
566	LAW ENFORCEMENT TECHNOLOGY GRO					
93	01-251-000-0000-6360	AP 4	1,250.00	TRAINING JAIL MODULE	217	Training
94	01-251-000-0000-6402	AP 4	1,250.00	JAIL MODULE	217	Office Supplies
566	LAW ENFORCEMENT TECHNOLOGY GRO		2,500.00	2 Transactions		
2180	PLUMBING AND HEATING BY CRAIG					
177	01-251-000-0000-6303		282.50	CLOG	0000092651	Repair And Maintenance Services
2180	PLUMBING AND HEATING BY CRAIG		282.50	1 Transactions		
251	DEPT Total:		4,748.29	COUNTY JAIL	6 Vendors	13 Transactions
255	DEPT			COUNTY COURT SERVICES		
91	FRANKLIN PRINTING INC					
199	01-255-000-0000-6403		90.54	#10 REG ENVELOPES	170061	Printed Paper Supplies
91	FRANKLIN PRINTING INC		90.54	1 Transactions		
255	DEPT Total:		90.54	COUNTY COURT SERVICES	1 Vendors	1 Transactions
485	DEPT			COUNTY PUBLIC HEALTH NURSING		
1886	BMO					
250	01-485-000-0000-6402		58.15	AMAZON	1650	Office Supplies
255	01-485-000-0000-6612		85.13	MENARDS	1650	Capital - \$100-\$5,000 (Inventory)
293	01-485-000-0000-6336		302.91	HOTELS.COM	7441	Meals, Lodging, Parking & Miscellaneous
298	01-485-000-0000-6245		85.00	SAFE KIDS	9556	Dues And Registration Fees
302	01-485-000-0000-6245		61.80	MN DEPT OF HEALTH	9556	Dues And Registration Fees
303	01-485-000-0000-6350		18.99	AMAZON	9556	Other Services & Charges



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No.	Account/Formula	Accr	Service Dates	Paid On Bhf #	On Behalf of Name
304	01-485-000-0000-6350		GOOD & TWISTED YOGA	9556	Other Services & Charges
294	01-485-000-0000-6402		MENARDS	9556	Office Supplies
295	01-485-000-0000-6402		COBORN	9556	Office Supplies
305	01-485-000-0000-6402		SQ SQ LIFESAVERS	9556	Office Supplies
306	01-485-000-0000-6402		MENARDS	9556	Office Supplies
307	01-485-000-0000-6402		WALMART	9556	Office Supplies
308	01-485-000-0000-6612		VARIDESK	9556	Capital - \$100-\$5,000 (Inventory)
296	01-485-000-0000-6810		TARGET	9556	Refunds And Reimbursements
297	01-485-000-0000-6810		WALMART	9556	Refunds And Reimbursements
299	01-485-000-0000-6810		CASEYS	9556	Refunds And Reimbursements
300	01-485-000-0000-6810		COBORN	9556	Refunds And Reimbursements
301	01-485-000-0000-6810		SHOPKO	9556	Refunds And Reimbursements
1886	BMO	2,309.44	18 Transactions		
3384	GRAINGER				
200	01-485-000-0000-6612	150.69	TABLE LEGS FOR COUNTERTOP	9338187272	Capital - \$100-\$5,000 (Inventory)
3384	GRAINGER	150.69	1 Transactions		
485	DEPT Total:	2,460.13	COUNTY PUBLIC HEALTH NURSING	2 Vendors	19 Transactions
501	DEPT		CULTURE & RECREATION		
3242	SAFE AVENUES				
180	01-501-000-0000-6890	2,200.00	2017 ALLOCATION		ALLOCATION-SAFE AVENUES
3242	SAFE AVENUES	2,200.00	1 Transactions		
183	SOUTHWEST INITIATIVE FOUNDATION				
242	01-501-000-0000-6894	5,897.00	2017 ALLOCATION	#MC124	Allocation-Southwest Minnesota Foundat
183	SOUTHWEST INITIATIVE FOUNDATION	5,897.00	1 Transactions		
501	DEPT Total:	8,097.00	CULTURE & RECREATION	2 Vendors	2 Transactions
520	DEPT		COUNTY PARK'S		
2777	ACE HARDWARE				
1	01-520-000-0000-6425	8.99	SUPPLIES	7855-294957	Repair And Maintenance Supplies
2777	ACE HARDWARE	8.99	1 Transactions		
22210	FORBES AUTO STORE				
42	01-520-000-0000-6425	323.46	2 TIRES PARK TRUCK/SUPPLIES	129008080	Repair And Maintenance Supplies

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No.	Account/Formula	Accr	Service Dates	Paid On Bhf #	On Behalf of Name
22210	FORBES AUTO STORE				
		323.46		1 Transactions	
136	HUTCHINSON CO-OP				
87	01-520-000-0000-6455	40.00	FUEL	700185	Motor Fuels And Lubrication
88	01-520-000-0000-6455	30.00	FUEL	701730	Motor Fuels And Lubrication
86	01-520-000-0000-6455	34.01	FUEL	702924	Motor Fuels And Lubrication
89	01-520-000-0000-6455	22.01	FUEL	705384	Motor Fuels And Lubrication
136	HUTCHINSON CO-OP	126.02		4 Transactions	
2825	MENARDS HUTCHINSON				
118	01-520-000-0000-6425	131.63	STORM DOOR 525 HOUSE INV#03378	ACCT#31550303	Repair And Maintenance Supplies
119	01-520-000-0000-6425	4.25	SUPPLIES INV#03040	ACCT#31550303	Repair And Maintenance Supplies
120	01-520-000-0000-6425	27.67	SUPPLIES INV#02951	ACCT#31550303	Repair And Maintenance Supplies
121	01-520-000-0000-6425	11.69	SUPPLIES INV#02750	ACCT#31550303	Repair And Maintenance Supplies
122	01-520-000-0000-6425	6.72	SUPPLIES INV#02757	ACCT#31550303	Repair And Maintenance Supplies
2825	MENARDS HUTCHINSON	181.96		5 Transactions	
5771	NU-TELECOM				
234	01-520-000-0000-6203	41.04	PIEPENBURG 587-2082	81947232	Communications
5771	NU-TELECOM	41.04		1 Transactions	
520	DEPT Total:	681.47	COUNTY PARK'S	5 Vendors	12 Transactions
603	DEPT		COUNTY EXTENSION		
1886	BMO				
319	01-603-000-0000-6351	63.43	MENARDS	1668	After School Program
320	01-603-000-0000-6351	62.08	MENARDS	1668	After School Program
322	01-603-000-0000-6351	25.77	WALMART	1668	After School Program
325	01-603-000-0000-6351	187.65	EXTENSION E-STORE	1668	After School Program
321	01-603-000-0000-6402	179.98	AMAZON	1668	Office Supplies
323	01-603-000-0000-6402	32.20	BEST BUY	1668	Office Supplies
324	01-603-000-0000-6402	53.96	WALMART	1668	Office Supplies
1886	BMO	605.07		7 Transactions	
6009	INNOVATIVE OFFICE SOLUTIONS LLC				
91	01-603-000-0000-6402	101.46	ENVELOPES/SLEEVE/MOUSE	IN1472550	Office Supplies
92	01-603-000-0000-6402	37.76	ENVELOPES	IN1476144	Office Supplies
6009	INNOVATIVE OFFICE SOLUTIONS LLC	139.22		2 Transactions	

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603	DEPT Total:		COUNTY EXTENSION	2 Vendors	9 Transactions
615	DEPT		ISTS COMMITTEE		
	1886 BMO				
277	01-615-000-0000-6245		U OF M CONTINUING LEARNING	0963	Dues And Registration Fees
	1886 BMO			1 Transactions	
615	DEPT Total:		ISTS COMMITTEE	1 Vendors	1 Transactions
1	Fund Total:		GENERAL REVENUE FUND		216 Transactions

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	<u>No.</u>	<u>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				...		
15	2811	CNA GROUP LONG TERM CARE		131.01	LONG TERM CARE HIGHWAY FUND		LONG TERM CARE PAYABLE
		03-000-000-0000-2048			02/01/2017 02/28/2017	0	
	2811	CNA GROUP LONG TERM CARE		131.01	1 Transactions		
27	3755	EYE MED		55.60	VISION PREMIUM		VISION INSURANCE PAYABLE
		03-000-000-0000-2044			01/01/2017 01/31/2017	0	
	3755	EYE MED		55.60	1 Transactions		
201	3328	GURSTEL CHARGO PA		280.49	GARNISHMENT	683730	GARNISHMENTS PAYABLE
		03-000-000-0000-2055			01/08/2017 01/21/2017	0	
	3328	GURSTEL CHARGO PA		280.49	1 Transactions		
130	3754	MCLEOD SIBLEY HEALTH INSURANCE		1.76	MEDICAL PREMIUM		HSA COUNTY CONTRIBUTION PAYABLE
		03-000-000-0000-2042			01/01/2017 01/31/2017	0	
131		03-000-000-0000-2045		22,709.33	MEDICAL PREMIUM		HEALTH INSURANCE PAYABLE
					01/01/2017 01/31/2017	0	
	3754	MCLEOD SIBLEY HEALTH INSURANCE		22,711.09	2 Transactions		
0	DEPT Total:			23,178.19	...	4 Vendors	5 Transactions
310	DEPT				HIGHWAY MAINTENANCE		
11	3333	CARGILL INC		2,050.23	WINTER SALT 4219 HATS 25.15T	2903202387	Winter Salt
		03-310-000-0000-6505					
	3333	CARGILL INC		2,050.23	1 Transactions		
20	2715	COMPASS MINERALS AMERICA INC		8,394.02	WINTER SALT 4229 GATS-115.35T	71593302	Winter Salt
21		03-310-000-0000-6505		7,702.70	WINTER SALT 4229 GATS-105.85T	71593302	Winter Salt
	2715	COMPASS MINERALS AMERICA INC		16,096.72	2 Transactions		
310	DEPT Total:			18,146.95	HIGHWAY MAINTENANCE	2 Vendors	3 Transactions
320	DEPT				HIGHWAY CONSTRUCTION		

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3 ROAD & BRIDGE FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

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Vendor	Name	Rpt	Warrant Description	Invoice #	Account/Formula Description
No.	Account/Formula	Accr	Service Dates	Paid On Bhf #	On Behalf of Name
1886	BMO				
331	03-320-000-0000-6265	400.00	POLLUTION CONTROL AGENCY	9937	Professional Services
1886	BMO	400.00	1 Transactions		
5469	STONEBROOKE ENGINEERING INC				
186	03-320-000-0000-6265	1,435.25	PRELIM ENG-REPLACE BRIDGE	507.1	Professional Services
5469	STONEBROOKE ENGINEERING INC	1,435.25	1 Transactions		
320	DEPT Total:	1,835.25	HIGHWAY CONSTRUCTION	2 Vendors	2 Transactions
330	DEPT		HIGHWAY ADMINISTRATION		
1886	BMO				
328	03-330-000-0000-6205	1.36	USPS	9937	Postage And Postal Box Rental
336	03-330-000-0000-6205	54.36	USPS	9937	Postage And Postal Box Rental
338	03-330-000-0000-6205	1.19	CASH WISE	9937	Postage And Postal Box Rental
332	03-330-000-0000-6245	109.00	FRONTIER PRECISION INC	9937	Dues And Registration Fees
339	03-330-000-0000-6245	575.00	MINNESOTA STATE COLLEGE	9937	Dues And Registration Fees
329	03-330-000-0000-6336	102.03	COUNTRY INN & SUITES	9937	Meals, Lodging, Parking & Miscellaneous
330	03-330-000-0000-6336	102.03	COUNTRY INN & SUITES	9937	Meals, Lodging, Parking & Miscellaneous
333	03-330-000-0000-6402	29.95	AMAZON	9937	Office Supplies
334	03-330-000-0000-6402	29.50	PAYPAL VISTAPRINT	9937	Office Supplies
335	03-330-000-0000-6402	2.03-	PAYPAL VISTAPRINT	9937	Office Supplies
337	03-330-000-0000-6402	98.77	PAYPAL VISTAPRINT	9937	Office Supplies
1886	BMO	1,101.16	11 Transactions		
1857	METRO SALES INC				
217	03-330-000-0000-6321	136.90	COPER MAINT MPC5503-HWY	INV713517	Maintenance Agreements
1857	METRO SALES INC	136.90	1 Transactions		
3153	MN/DOT COMMISSIONER OF TRANSPOR				
158	03-330-000-0000-6245	50.00	BITUMINOUS MONITOR TRAINING	CONS00022	Dues And Registration Fees
3153	MN/DOT COMMISSIONER OF TRANSPOR	50.00	1 Transactions		
330	DEPT Total:	1,288.06	HIGHWAY ADMINISTRATION	3 Vendors	13 Transactions
340	DEPT		HIGHWAY EQUIPMENT MAINTENANCE		
2709	A R ENGH HEATING & AIR CONDITIONIN				
4	03-340-000-0000-6303	865.48	REPAIR BLOWER MOTOR-SLATS	10096	Repair And Maintenance Services

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3 ROAD & BRIDGE FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

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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
2709	A R ENGH HEATING & AIR CONDITIONIN		865.48		1 Transactions	
2777	ACE HARDWARE					
2	03-340-000-0000-6425		31.17	PARTS	3055-295159	Repair And Maintenance Supplies
2777	ACE HARDWARE		31.17		1 Transactions	
1505	AUTO VALUE					
5	03-340-000-0000-6590		372.50	MECH SHOP SUPPLIES	44065977	Tools & Shop Materials
6	03-340-000-0000-6425		3.03	PARTS	44066359	Repair And Maintenance Supplies
7	03-340-000-0000-6425		2.96	PARTS	44066624	Repair And Maintenance Supplies
8	03-340-000-0000-6425		20.94	PARTS	44066691	Repair And Maintenance Supplies
1505	AUTO VALUE		399.43		4 Transactions	
1886	BMO					
341	03-340-000-0000-6425		200.99	AMAZON	9945	Repair And Maintenance Supplies
342	03-340-000-0000-6425		65.98	AMAZON	9945	Repair And Maintenance Supplies
340	03-340-000-0000-6590		84.50	MN STATE PATROL	9945	Tools & Shop Materials
1886	BMO		351.47		3 Transactions	
1803	FASTENAL COMPANY					
40	03-340-000-0000-6590		150.46	MECH SHOP SUPPLIES	MNHUT132515	Tools & Shop Materials
1803	FASTENAL COMPANY		150.46		1 Transactions	
4367	HOLT MOTORS INC					
85	03-340-000-0000-6425		93.77	PARTS	22010	Repair And Maintenance Supplies
4367	HOLT MOTORS INC		93.77		1 Transactions	
340	DEPT Total:		1,891.78	HIGHWAY EQUIPMENT MAINTENANCE	6 Vendors	11 Transactions
3	Fund Total:		46,340.23	ROAD & BRIDGE FUND		34 Transactions

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5 SOLID WASTE FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

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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
391	DEPT					SOLID WASTE TIP FEE		
	1886	BMO						
257		05-391-000-0000-6410			5.45	MENARDS	1650	BUILDING AND SAFETY SUPPLIES
	1886	BMO			5.45	1 Transactions		
	4917	CITY OF GLENCOE						
197		05-391-000-0000-6960	DTG 6		4,615.38	4TH QTR SITE MONITORING		INTER GOVERNMENTAL PAYMENTS
	4917	CITY OF GLENCOE			4,615.38	1 Transactions		
	3755	EYE MED						
28		05-391-000-0000-2044			5.20	VISION PREMIUM		VISION INSURANCE PAYABLE
						01/01/2017 01/31/2017	0	
	3755	EYE MED			5.20	1 Transactions		
	3754	MCLEOD SIBLEY HEALTH INSURANCE						
132		05-391-000-0000-2045			4,497.00	MEDICAL PREMIUM		HEALTH INSURANCE PAYABLE
						01/01/2017 01/31/2017	0	
	3754	MCLEOD SIBLEY HEALTH INSURANCE			4,497.00	1 Transactions		
391	DEPT Total:				9,123.03	SOLID WASTE TIP FEE	4 Vendors	4 Transactions
393	DEPT					MATERIALS RECOVERY FACILITY		
	1886	BMO						
357		05-393-000-0000-6243			325.00	INGSTAD BROADCASTING	1550	PUBLIC EDUCATION
358		05-393-000-0000-6612			1,115.52	MADISON SEATING	1550	CAPITAL - \$100-\$5,000 (INVENTORY)
	1886	BMO			1,440.52	2 Transactions		
	8197	CENTRAL HYDRAULICS INC						
192		05-393-000-0000-6560			197.76	REPLACEMENT HOSE	0041124	REPAIR AND MAINTENANCE-EQUIPMENT
193		05-393-000-0000-6560			83.52	REPLACEMENT HOSE PARTS	0041124	REPAIR AND MAINTENANCE-EQUIPMENT
194		05-393-000-0000-6560			95.60	REPLACEMENT HOSE PARTS	0041269	REPAIR AND MAINTENANCE-EQUIPMENT
	8197	CENTRAL HYDRAULICS INC			376.88	3 Transactions		
	3755	EYE MED						
29		05-393-000-0000-2044			24.92	VISION PREMIUM		VISION INSURANCE PAYABLE
						01/01/2017 01/31/2017	0	
	3755	EYE MED			24.92	1 Transactions		
	136	HUTCHINSON CO-OP						

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5 SOLID WASTE FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

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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
205	05-393-000-0000-6350			377.46	DIESEL	2936	OTHER SERVICES & CHARGES
206	05-393-000-0000-6350			115.74	LP GAS	704413	OTHER SERVICES & CHARGES
207	05-393-000-0000-6350			155.15	LP GAS	707557	OTHER SERVICES & CHARGES
136	HUTCHINSON CO-OP			648.35	3 Transactions		
4107	K & S ELECTRIC						
210	05-393-000-0000-6561	AP	4	195.00	DOOR ALARM	14068	REPAIR AND MAINTENANCE-OTHER
211	05-393-000-0000-6561			430.91	REDEMPTION SAFETY LIGHT	14076	REPAIR AND MAINTENANCE-OTHER
209	05-393-000-0000-6561	AP	4	208.50	SORTLINE SERVICE REPAIR	14104	REPAIR AND MAINTENANCE-OTHER
208	05-393-000-0000-6561	AP	4	65.00	E STOP REPAIR	14863	REPAIR AND MAINTENANCE-OTHER
4107	K & S ELECTRIC			899.41	4 Transactions		
3754	MCLEOD SIBLEY HEALTH INSURANCE						
133	05-393-000-0000-2042			1.76-	MEDICAL PREMIUM		HSA COUNTY CONTRIBUTION PAYABLE
					01/01/2017 01/31/2017	0	
134	05-393-000-0000-2045			3,711.67	MEDICAL PREMIUM		HEALTH INSURANCE PAYABLE
					01/01/2017 01/31/2017	0	
3754	MCLEOD SIBLEY HEALTH INSURANCE			3,709.91	2 Transactions		
4602	PEACE LUTHERAN CHURCH						
235	05-393-000-0000-6412	AP	4	178.42	PAPER DRIVE OCC 4TH QTR	1000307	FIBER RECOVERY
236	05-393-000-0000-6412	AP	4	162.62	PAPER DRIVE ONP 4TH QTR	1000307	FIBER RECOVERY
4602	PEACE LUTHERAN CHURCH			341.04	2 Transactions		
4170	WASTE MANAGEMENT OF WI MN						
244	05-393-000-0000-6257			940.79	GLASS FIND DISPOSAL	0014199-1702-4	SEWER, WATER AND GARBAGE REMOVAL
4170	WASTE MANAGEMENT OF WI MN			940.79	1 Transactions		
393	DEPT Total:			8,381.82	MATERIALS RECOVERY FACILITY	8 Vendors	18 Transactions
397	DEPT				HOUSEHOLD HAZARDOUS WASTE		
3755	EYE MED						
30	05-397-000-0000-2044			5.20	VISION PREMIUM		VISION INSURANCE PAYABLE
					01/01/2017 01/31/2017	0	
3755	EYE MED			5.20	1 Transactions		
3754	MCLEOD SIBLEY HEALTH INSURANCE						
135	05-397-000-0000-2045			600.00	MEDICAL PREMIUM		HEALTH INSURANCE PAYABLE
					01/01/2017 01/31/2017	0	



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Audit List for Board AUDITOR'S VOUCHERS ENTRIES

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Vendor	<u>Name</u>	<u>Rpt</u>		<u>Warrant Description</u>	<u>Invoice #</u>	<u>Account/Formula Description</u>
No.	<u>Account/Formula</u>	<u>Accr</u>	<u>Amount</u>	<u>Service Dates</u>	<u>Paid On Bhf #</u>	<u>On Behalf of Name</u>
3754	MCLEOD SIBLEY HEALTH INSURANCE		600.00		1 Transactions	
3028	MINNESOTA CHILD SUPPORT PAYMENT					
224	05-397-000-0000-2056		265.80	CHILD SUPPORT	001492611501	CHILD SUPPORT GARNISHMENT PAYABLE
				01/08/2017 01/21/2017	0	
3028	MINNESOTA CHILD SUPPORT PAYMENT		265.80		1 Transactions	
5198	NAHAMMA					
232	05-397-000-0000-6245		90.00	NAHMMA MEMBERSHIP RENEWAL	00911	DUES AND REGISTRATION FEES
231	05-397-000-0000-6245		90.00	NAHMMA MEMBERSHIP RENEWAL	00912	DUES AND REGISTRATION FEES
5198	NAHAMMA		180.00		2 Transactions	
397	DEPT Total:		1,051.00	HOUSEHOLD HAZARDOUS WASTE	4 Vendors	5 Transactions
5	Fund Total:		18,555.85	SOLID WASTE FUND		27 Transactions

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11 HUMAN SERVICE FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

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Vendor	Name	Rpt	Warrant Description	Invoice #	Account/Formula Description
No.	Account/Formula	Accr	Service Dates	Paid On Bhf #	On Behalf of Name
420	DEPT		INCOME MAINTENANCE		
2811	CNA GROUP LONG TERM CARE				
16	11-420-000-0000-2048	210.41	LONG TERM CARE WELFARE FUND		LONG TERM CARE PAYABLE
			02/01/2017 02/28/2017	0	
2811	CNA GROUP LONG TERM CARE	210.41	1 Transactions		
3755	EYE MED				
31	11-420-000-0000-2044	48.29	VISION PREMIUM		VISION INSURANCE PAYABLE
			01/01/2017 01/31/2017	0	
3755	EYE MED	48.29	1 Transactions		
3754	MCLEOD SIBLEY HEALTH INSURANCE				
136	11-420-000-0000-2042	5.36	MEDICAL PREMIUM		HSA COUNTY CONTRIBUTION PAYABLE
			01/01/2017 01/31/2017	0	
137	11-420-000-0000-2045	21,356.55	MEDICAL PREMIUM		HEALTH INSURANCE PAYABLE
			01/01/2017 01/31/2017	0	
3754	MCLEOD SIBLEY HEALTH INSURANCE	21,361.91	2 Transactions		
420	DEPT Total:	21,620.61	INCOME MAINTENANCE	3 Vendors	4 Transactions
430	DEPT		INDIVIDUAL AND FAMILY SOCIAL SERVI		
1886	BMO				
315	11-430-710-1070-6029	98.00	COKATO EYE CENTER	3758	CW Holds-Medical Costs
309	11-430-710-1160-6040	100.00	SA	3758	Social Service Transportation
310	11-430-710-1160-6040	50.00	KWIK TRIP	3758	Social Service Transportation
311	11-430-710-1160-6040	50.00	CASEYS	3758	Social Service Transportation
312	11-430-710-1160-6040	25.00	SA	3758	Social Service Transportation
316	11-430-710-1160-6040	70.00	SA	3758	Social Service Transportation
317	11-430-710-1160-6040	100.00	SA	3758	Social Service Transportation
318	11-430-710-1160-6040	50.00	CASEYS	3758	Social Service Transportation
313	11-430-710-1980-6062	25.59	CASH WISE	3758	Foster Care Licensing & Resource Develop
314	11-430-710-1980-6062	112.74	SUBWAY	3758	Foster Care Licensing & Resource Develop
365	11-430-709-0000-6033	300.00	THE PAINT FACTORY	8075	Mental Hlth Pilot Project-Discretionary
362	11-430-740-4300-6086	31.87	AMAZON	8075	Family Community Support Services
359	11-430-741-4030-6071	20.49	WALMART	8075	Client Outreach - CSP
360	11-430-741-4030-6071	43.91	DOMINOS	8075	Client Outreach - CSP
361	11-430-741-4030-6071	12.52	MCCORMICKS	8075	Client Outreach - CSP
363	11-430-741-4030-6071	1.61	REDBOX	8075	Client Outreach - CSP
364	11-430-741-4030-6071	36.28	WALMART	8075	Client Outreach - CSP

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11 HUMAN SERVICE FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

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Vendor	Name	Rpt	Warrant Description	Invoice #	Account/Formula Description
No.	Account/Formula	Accr	Amount	Service Dates	On Behalf of Name
366	11-430-741-4030-6071		92.84	JOANN'S	8075 Client Outreach - CSP
367	11-430-741-4030-6071		60.73	CULVERS	8075 Client Outreach - CSP
368	11-430-741-4030-6071		63.13	WALMART	8075 Client Outreach - CSP
369	11-430-741-4030-6071		91.06	BUNKER PARK STABLE	8075 Client Outreach - CSP
370	11-430-741-4030-6071		7.48	WALMART	8075 Client Outreach - CSP
371	11-430-741-4030-6071		48.63	WALMART	8075 Client Outreach - CSP
372	11-430-741-4030-6071		185.28	SEALIFE MINNESOTA	8075 Client Outreach - CSP
1886	BMO		1,677.16	24 Transactions	
2811	CNA GROUP LONG TERM CARE				
17	11-430-000-0000-2048		103.02	LONG TERM CARE INC MAINT FUND	Long Term Care Payable
				02/01/2017 02/28/2017	0
2811	CNA GROUP LONG TERM CARE		103.02	1 Transactions	
3755	EYE MED				
32	11-430-000-0000-2044		163.19	VISION PREMIUM	Vison Insurance Payable
				01/01/2017 01/31/2017	0
3755	EYE MED		163.19	1 Transactions	
3754	MCLEOD SIBLEY HEALTH INSURANCE				
138	11-430-000-0000-2042		5.36-	MEDICAL PREMIUM	HSA County Contribution Payable
				01/01/2017 01/31/2017	0
139	11-430-000-0000-2045		63,518.45	MEDICAL PREMIUM	Health Insurance Payable
				01/01/2017 01/31/2017	0
3754	MCLEOD SIBLEY HEALTH INSURANCE		63,513.09	2 Transactions	
3028	MINNESOTA CHILD SUPPORT PAYMENT				
225	11-430-000-0000-2056		276.88	CHILD SUPPORT	001486828601 Child Support Garnishment Payable
				01/08/2017 01/21/2017	0
3028	MINNESOTA CHILD SUPPORT PAYMENT		276.88	1 Transactions	
430	DEPT Total:		65,733.34	INDIVIDUAL AND FAMILY SOCIAL SER	5 Vendors 29 Transactions
11	Fund Total:		87,353.95	HUMAN SERVICE FUND	33 Transactions

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25 SPECIAL REVENUE FUND

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Vendor	Name	Rpt	Warrant Description	Invoice #	Account/Formula Description
No.	Account/Formula	Accr	Service Dates	Paid On Bhf #	On Behalf of Name
15	DEPT		LAW LIBRARY		
6	MATTHEW BENDER & CO INC				
212	25-015-000-0000-6451	149.43	MN FAMILY LAW PRAC MNL REL #59	90594169	Books
6	MATTHEW BENDER & CO INC	149.43	1 Transactions		
15	DEPT Total:	149.43	LAW LIBRARY	1 Vendors	1 Transactions
101	DEPT		COUNTY RECORDER'S		
1886	BMO				
260	25-101-000-0000-6612	379.95	AMBER TECHNOLOGY	9909	Captial - \$100-\$5,000 (Inventory)
1886	BMO	379.95	1 Transactions		
101	DEPT Total:	379.95	COUNTY RECORDER'S	1 Vendors	1 Transactions
121	DEPT		VETERAN SERVICES		
319	FIRST MINNESOTA BANK NA				
41	25-121-000-0000-6403	10.11	DEPOSIT SLIPS-VETS VAN	ACCT#4117054	Printed Paper Supplies
319	FIRST MINNESOTA BANK NA	10.11	1 Transactions		
121	DEPT Total:	10.11	VETERAN SERVICES	1 Vendors	1 Transactions
205	DEPT		CARRY CONCEAL PERMIT		
1886	BMO				
279	25-205-000-0000-6350	100.00	AMAZON	1536	Other Services & Charges
1886	BMO	100.00	1 Transactions		
205	DEPT Total:	100.00	CARRY CONCEAL PERMIT	1 Vendors	1 Transactions
224	DEPT		NEW CANINE ACCOUNT		
1886	BMO				
291	25-224-000-0000-6245	60.00	PAYPAL USPCA REGION 12	1601	DUES AND REGISTRATION FEES
292	25-224-000-0000-6360	50.00	PAYPAL USPCA REGION 12	1601	Training
1886	BMO	110.00	2 Transactions		
224	DEPT Total:	110.00	NEW CANINE ACCOUNT	1 Vendors	2 Transactions
252	DEPT		JAIL CANTEEN ACCOUNT		

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25 SPECIAL REVENUE FUND

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No.	Account/Formula	Accr	Amount	Service Dates	On Behalf of Name
1886	BMO				
262	25-252-000-0000-6460		67.94	AMAZON	1528 Jail Supplies
266	25-252-000-0000-6460		7.07	AMAZON	1528 Jail Supplies
267	25-252-000-0000-6460		7.07-	AMAZON	1528 Jail Supplies
268	25-252-000-0000-6460		15.81	AMAZON	1528 Jail Supplies
269	25-252-000-0000-6460		15.63	AMAZON	1528 Jail Supplies
270	25-252-000-0000-6460		12.59	AMAZON	1528 Jail Supplies
271	25-252-000-0000-6460		8.04	AMAZON	1528 Jail Supplies
272	25-252-000-0000-6460		36.03	AMAZON	1528 Jail Supplies
1886	BMO		156.04	8 Transactions	
252	DEPT Total:		156.04	JAIL CANTEEN ACCOUNT	1 Vendors 8 Transactions
485	DEPT			COUNTY PUBLIC HEALTH NURSING	
3754	MCLEOD SIBLEY HEALTH INSURANCE				
140	25-485-000-0000-2045		566.00	MEDICAL PREMIUM	Health Insurance Payable
				01/01/2017 01/31/2017	0
3754	MCLEOD SIBLEY HEALTH INSURANCE		566.00	1 Transactions	
485	DEPT Total:		566.00	COUNTY PUBLIC HEALTH NURSING	1 Vendors 1 Transactions
612	DEPT			SHORELAND-GRANT	
3755	EYE MED				
33	25-612-000-0000-2044		0.47	VISION PREMIUM	Vision Insurance Payable
				01/01/2017 01/31/2017	0
3755	EYE MED		0.47	1 Transactions	
3754	MCLEOD SIBLEY HEALTH INSURANCE				
141	25-612-000-0000-2045		41.51	MEDICAL PREMIUM	Health Insurance Payable
				01/01/2017 01/31/2017	0
3754	MCLEOD SIBLEY HEALTH INSURANCE		41.51	1 Transactions	
612	DEPT Total:		41.98	SHORELAND-GRANT	2 Vendors 2 Transactions
613	DEPT			WATER RESOURCE MANAGEMENT-GRAI	
1886	BMO				
276	25-613-000-0000-6245		835.00	U OF M CONTINUING LEARNING	0963 Dues And Registration Fees

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25 SPECIAL REVENUE FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

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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
1886	BMO			835.00	1 Transactions		
1475	CROW						
24	25-613-000-0000-6890	AP	4	5,732.00	2016 ALLOCATION		Allocation
25	25-613-000-0000-6890			5,732.00	2017 ALLOCATION		Allocation
1475	CROW			11,464.00	2 Transactions		
3755	EYE MED						
34	25-613-000-0000-2044			0.79	VISION PREMIUM		Vision Insurance Payable
					01/01/2017 01/31/2017	0	
3755	EYE MED			0.79	1 Transactions		
3754	MCLEOD SIBLEY HEALTH INSURANCE						
142	25-613-000-0000-2045			67.09	MEDICAL PREMIUM		Health Insurance Payable
					01/01/2017 01/31/2017	0	
3754	MCLEOD SIBLEY HEALTH INSURANCE			67.09	1 Transactions		
613	DEPT Total:			12,366.88	WATER RESOURCE MANAGEMENT-GR	4 Vendors	5 Transactions
614	DEPT				WETLANDS ADMINISTRATION-GRANT		
3755	EYE MED						
35	25-614-000-0000-2044			1.85	VISION PREMIUM		Vision Insurance Payable
					01/01/2017 01/31/2017	0	
3755	EYE MED			1.85	1 Transactions		
3754	MCLEOD SIBLEY HEALTH INSURANCE						
143	25-614-000-0000-2045			157.83	MEDICAL PREMIUM		Health Insurance Payable
					01/01/2017 01/31/2017	0	
3754	MCLEOD SIBLEY HEALTH INSURANCE			157.83	1 Transactions		
614	DEPT Total:			159.68	WETLANDS ADMINISTRATION-GRANT	2 Vendors	2 Transactions
807	DEPT				DESIGNATED FOR CAPITAL ASSETS		
1116	WOLD ARCHITECTS & ENGINEERS INC						
190	25-807-000-0000-6610			5,336.44	SECURITY IMPROVEMENT PLANNING	51630	Capital - Over \$5,000 (Fixed Assets)
191	25-807-000-0000-6610			5,042.15	SECURITY IMPROVEMENT PLANNING	51985	Capital - Over \$5,000 (Fixed Assets)
1116	WOLD ARCHITECTS & ENGINEERS INC			10,378.59	2 Transactions		

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25 SPECIAL REVENUE FUND

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	<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>
807	DEPT Total:		10,378.59	DESIGNATED FOR CAPITAL ASSETS	1 Vendors	2 Transactions
886	DEPT			COUNTY FEEDLOT PROGRAM		
	3755 EYE MED					
36	25-886-000-0000-2044		2.40	VISION PREMIUM		Vision Insurance Payable
				01/01/2017 01/31/2017	0	
	3755 EYE MED		2.40	1 Transactions		
	3754 MCLEOD SIBLEY HEALTH INSURANCE					
144	25-886-000-0000-2045		1,004.83	MEDICAL PREMIUM		Health Insurance Payable
				01/01/2017 01/31/2017	0	
	3754 MCLEOD SIBLEY HEALTH INSURANCE		1,004.83	1 Transactions		
886	DEPT Total:		1,007.23	COUNTY FEEDLOT PROGRAM	2 Vendors	2 Transactions
25	Fund Total:		25,425.89	SPECIAL REVENUE FUND		28 Transactions

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Audit List for Board AUDITOR'S VOUCHERS ENTRIES

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	Vendor	Name	Rpt	Warrant Description	Invoice #	Account/Formula Description
	No.	Account/Formula	Accr	Service Dates	Paid On Bhf #	On Behalf of Name
848	DEPT			WIC PEER GRANT		
	1886	BMO				
351		82-848-000-0000-6203	379.35	T-MOBILE	0955	COMMUNICATIONS
	1886	BMO	379.35	1 Transactions		
	3755	EYE MED				
37		82-848-000-0000-2044	1.73-	VISION PREMIUM		VISION INSURANCE PAYABLE
				01/01/2017 01/31/2017	0	
	3755	EYE MED	1.73-	1 Transactions		
	3754	MCLEOD SIBLEY HEALTH INSURANCE				
145		82-848-000-0000-2042	2.90	MEDICAL PREMIUM		HSA COUNTY CONTRIBUITION PAYABLE
				01/01/2017 01/31/2017	0	
146		82-848-000-0000-2045	141.96	MEDICAL PREMIUM		HEALTH INSURANCE PAYABLE
				01/01/2017 01/31/2017	0	
	3754	MCLEOD SIBLEY HEALTH INSURANCE	144.86	2 Transactions		
848	DEPT Total:		522.48	WIC PEER GRANT	3 Vendors	4 Transactions
853	DEPT			LOCAL PUBLIC HEALTH GRANT		
	1886	BMO				
352		82-853-000-0000-6336	95.38	EXPEDIA	0955	MEALS,LODGING,PARKING & MISC
354		82-853-000-0000-6336	95.99	COMFORT INN	0955	MEALS,LODGING,PARKING & MISC
355		82-853-000-0000-6360	325.00	GTS EDUCATION	0955	TRAINING
356		82-853-000-0000-6360	50.00	NATIONAL CNCL	0955	TRAINING
347		82-853-000-0000-6402	79.35	AMAZON	0955	OFFICE SUPPLIES
348		82-853-000-0000-6402	203.05	AMAZON	0955	OFFICE SUPPLIES
349		82-853-000-0000-6402	37.57	BEST BUY	0955	OFFICE SUPPLIES
	1886	BMO	886.34	7 Transactions		
	2811	CNA GROUP LONG TERM CARE				
18		82-853-000-0000-2048	10.54	LONG TERM CARE CHS FUND		LONG TERM CARE PAYABLE
				02/01/2017 02/28/2017	0	
	2811	CNA GROUP LONG TERM CARE	10.54	1 Transactions		
	3754	MCLEOD SIBLEY HEALTH INSURANCE				
147		82-853-000-0000-2045	1,611.00	MEDICAL PREMIUM		HEALTH INSURANCE PAYABLE
				01/01/2017 01/31/2017	0	



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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
3754	MCLEOD SIBLEY HEALTH INSURANCE		1,611.00	1 Transactions		
213	222 MEEKER COUNTY TREASURER					
	82-853-000-0000-6871	DTG 6	6,261.85	3RD QTR TANF 2016		TANF
	222 MEEKER COUNTY TREASURER		6,261.85	1 Transactions		
238	314 SIBLEY COUNTY TREASURER					
	82-853-000-0000-6871	DTG 6	4,881.63	3RD QTR TANF 2016		TANF
	314 SIBLEY COUNTY TREASURER		4,881.63	1 Transactions		
853	DEPT Total:		13,651.36	LOCAL PUBLIC HEALTH GRANT	5 Vendors	11 Transactions
854	DEPT			WIC		
3755	EYE MED					
38	82-854-000-0000-2044		12.13	VISION PREMIUM		VISION INSURANCE PAYABLE
				01/01/2017 01/31/2017	0	
	3755 EYE MED		12.13	1 Transactions		
3754	MCLEOD SIBLEY HEALTH INSURANCE					
148	82-854-000-0000-2042		2.90-	MEDICAL PREMIUM		HSA COUNTY CONSTIBUTION PAYABLE
				01/01/2017 01/31/2017	0	
149	82-854-000-0000-2045		1,560.04	MEDICAL PREMIUM		HEALTH INSURANCE PAYABLE
				01/01/2017 01/31/2017	0	
	3754 MCLEOD SIBLEY HEALTH INSURANCE		1,557.14	2 Transactions		
214	222 MEEKER COUNTY TREASURER					
	82-854-000-0000-6856	DTG 6	12,155.69	DEC WIC 2016		Wic
	222 MEEKER COUNTY TREASURER		12,155.69	1 Transactions		
239	314 SIBLEY COUNTY TREASURER					
	82-854-000-0000-6856	DTG 6	7,437.76	DEC WIC 2016		Wic
	314 SIBLEY COUNTY TREASURER		7,437.76	1 Transactions		
854	DEPT Total:		21,162.72	WIC	4 Vendors	5 Transactions
858	DEPT			EARLY HEARING DETECTION & INTERVE		
222	MEEKER COUNTY TREASURER					
373	82-858-000-0000-6850	DTG 6	550.00	EHDI & BDIS ALLOCATION		Collections For Other Agencies

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Vendor	Name	Rpt	Warrant Description	Invoice #	Account/Formula Description
No.	Account/Formula	Accr	Service Dates	Paid On Bhf #	On Behalf of Name
222	MEEKER COUNTY TREASURER		550.00	1 Transactions	
858	DEPT Total:		550.00	EARLY HEARING DETECTION & INTER	1 Vendors 1 Transactions
862	DEPT		SHIP		
1886	BMO				
350	82-862-000-0000-6203		65.00	CONSTANT CONTACT	0955 Communications
1886	BMO		65.00	1 Transactions	
222	MEEKER COUNTY TREASURER				
215	82-862-000-0000-6850	DTG 6	6,146.24	NOV SHIP 2016	Collections For Other Agencies
222	MEEKER COUNTY TREASURER		6,146.24	1 Transactions	
314	SIBLEY COUNTY TREASURER				
240	82-862-000-0000-6850	DTG 6	6,425.65	NOV SHIP 2016	Collections For Other Agencies
314	SIBLEY COUNTY TREASURER		6,425.65	1 Transactions	
862	DEPT Total:		12,636.89	SHIP	3 Vendors 3 Transactions
866	DEPT		EMERGENCY PREPAREDNESS TO BIOTER		
1886	BMO				
353	82-866-000-0000-6402		70.46	AMAZON	0955 OFFICE SUPPLIES
1886	BMO		70.46	1 Transactions	
3755	EYE MED				
39	82-866-000-0000-2044		9.88	VISION PREMIUM	VISION INSURANCE PAYABLE
3755	EYE MED		9.88	01/01/2017 01/31/2017	0
3755	EYE MED			1 Transactions	
3754	MCLEOD SIBLEY HEALTH INSURANCE				
150	82-866-000-0000-2045		567.00	MEDICAL PREMIUM	HEALTH INSURANCE PAYABLE
3754	MCLEOD SIBLEY HEALTH INSURANCE		567.00	01/01/2017 01/31/2017	0
3754	MCLEOD SIBLEY HEALTH INSURANCE			1 Transactions	
866	DEPT Total:		647.34	EMERGENCY PREPAREDNESS TO BIOTI	3 Vendors 3 Transactions
872	DEPT		CHILD & TEEN CHECKUPS (C&TC)		
1886	BMO				

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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
346	82-872-000-0000-6205			22.95	USPS	0955	POSTAGE AND POSTAL BOX RENTAL
1886	BMO			22.95	1 Transactions		
222	MEEKER COUNTY TREASURER						
216	82-872-000-0000-6850	DTG 6		15,946.00	4TH QTR C&TC 2016		Collections For Other Agencies
222	MEEKER COUNTY TREASURER			15,946.00	1 Transactions		
314	SIBLEY COUNTY TREASURER						
241	82-872-000-0000-6850	DTG 6		10,280.93-	4TH QTR C&TC 2016		Collections For Other Agencies
314	SIBLEY COUNTY TREASURER			10,280.93-	1 Transactions		
872	DEPT Total:			5,688.02	CHILD & TEEN CHECKUPS (C&TC)	3 Vendors	3 Transactions
82	Fund Total:			54,858.81	COMMUNITY HEALTH SERVICE		30 Transactions

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86 TRUST & AGENCY FUND

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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
205	DEPT				CARRY CONCEAL PERMIT		
	3781	BUREAU OF CRIMINAL APPREHENSION					
9		86-205-000-0000-6850	DTG 6	1,505.00	PERMIT TO CARRY	43-000051	Collections For Other Agencies
					10/01/2016 12/31/2016	0	
	3781	BUREAU OF CRIMINAL APPREHENSION		1,505.00	1 Transactions		
205	DEPT Total:			1,505.00	CARRY CONCEAL PERMIT	1 Vendors	1 Transactions
936	DEPT				DEED FEES M.S. 282.014		
	6277	COMMISSIONER OF REVENUE					
19		86-936-000-0000-6850	DTG 6	75.00	3 STATE DEEDS		Collections For Other Agencies
	6277	COMMISSIONER OF REVENUE		75.00	1 Transactions		
936	DEPT Total:			75.00	DEED FEES M.S. 282.014	1 Vendors	1 Transactions
957	DEPT				PROCEEDS FROM CONFISCATED PROPEF		
	1639	MINNESOTA DEPARTENT OF FINANCE					
153		86-957-000-0000-6850		21.50	CODY MAYER 43-CR-16-7456		Collections For Other Agencies
	1639	MINNESOTA DEPARTENT OF FINANCE		21.50	1 Transactions		
957	DEPT Total:			21.50	PROCEEDS FROM CONFISCATED PROP	1 Vendors	1 Transactions
975	DEPT				DNR CLEARING ACCOUNT		
	509	MINNESOTA DNR					
227		86-975-000-0000-6850		1,261.00	DNR		Collections For Other Agencies
					01/24/2017 01/30/2017	0	
	509	MINNESOTA DNR		1,261.00	1 Transactions		
975	DEPT Total:			1,261.00	DNR CLEARING ACCOUNT	1 Vendors	1 Transactions
976	DEPT				GAME & FISH CLEARING ACCOUNT		
	509	MINNESOTA DNR					
226		86-976-000-0000-6850		20.00	G & F		Collections For Other Agencies
					01/24/2017 01/30/2017	0	
	509	MINNESOTA DNR		20.00	1 Transactions		

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86 TRUST & AGENCY FUND

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Vendor Name		Rpt	Warrant Description	Invoice #	Account/Formula Description
No.	Account/Formula	Accr	Service Dates	Paid On Bhf #	On Behalf of Name
976	DEPT Total:		GAME & FISH CLEARING ACCOUNT	1 Vendors	1 Transactions
86	Fund Total:		TRUST & AGENCY FUND		5 Transactions
	Final Total:		162 Vendors	373 Transactions	

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Audit List for Board AUDITOR'S VOUCHERS ENTRIES



Recap by Fund	<u>Fund</u>	<u>AMOUNT</u>	<u>Name</u>	
	1	143,698.30	GENERAL REVENUE FUND	
	3	46,340.23	ROAD & BRIDGE FUND	
	5	18,555.85	SOLID WASTE FUND	
	11	87,353.95	HUMAN SERVICE FUND	
	25	25,425.89	SPECIAL REVENUE FUND	
	82	54,858.81	COMMUNITY HEALTH SERVICE	
	86	2,882.50	TRUST & AGENCY FUND	
All Funds		379,115.53	Total	Approved by, .....
				.....
				.....

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Audit List for Board AUDITOR'S VOUCHERS ENTRIES

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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

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1 GENERAL REVENUE FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

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	Vendor	Name	Rpt	Warrant Description	Invoice #	Account/Formula Description
	No.	Account/Formula	Accr	Service Dates	Paid On Bhf #	On Behalf of Name
0	DEPT			...		
	3754	MCLEOD SIBLEY HEALTH INSURANCE				
102		01-000-000-0000-2045		100,705.50		HEALTH IINSURANCE PAYABLE
				02/01/2017 02/28/2017	0	
101		01-000-000-0000-2052		3,492.00		COBRA HEALTH INSURANCE PAYABLE
				02/01/2017 02/28/2017	0	
	3754	MCLEOD SIBLEY HEALTH INSURANCE		104,197.50	2 Transactions	
0	DEPT Total:			104,197.50	1 Vendors	2 Transactions
5	DEPT			BOARD OF COUNTY COMMISSIONERS		
	3360	GREATER MN COMMUNICATIONS				
186		01-005-000-0000-6350		64.00	12009	Other Services & Charges
	3360	GREATER MN COMMUNICATIONS		64.00	1 Transactions	
	658	MCLEOD PUBLISHING INC				
98		01-005-000-0000-6241		118.88		Printing And Publishing
99		01-005-000-0000-6241		24.38		Printing And Publishing
100		01-005-000-0000-6241	AP 4	39.00		Printing And Publishing
	658	MCLEOD PUBLISHING INC		182.26	3 Transactions	
5	DEPT Total:			246.26	2 Vendors	4 Transactions
13	DEPT			COURT ADMINISTRATOR'S		
	11580	CENTURYLINK				
18		01-013-000-0000-6203		36.16	320439463	Communications
				01/21/2017 02/20/2017	0	
	11580	CENTURYLINK		36.16	1 Transactions	
13	DEPT Total:			36.16	1 Vendors	1 Transactions
31	DEPT			COUNTY ADMINISTRATOR'S		
	14	ASSOCIATION OF MINNESOTA COUNTIE:				
6		01-031-000-0000-6245		225.00	46683	Dues And Registration Fees
	14	ASSOCIATION OF MINNESOTA COUNTIE:		225.00	1 Transactions	
	137	HUTCHINSON LEADER				
74		01-031-000-0000-6241		455.67	117363597	Printing And Publishing



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1 GENERAL REVENUE FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

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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
	137 HUTCHINSON LEADER			455.67	1 Transactions		
	658 MCLEOD PUBLISHING INC						
97	01-031-000-0000-6241			221.12	HELP WANTED		Printing And Publishing
	658 MCLEOD PUBLISHING INC			221.12	1 Transactions		
31	DEPT Total:			901.79	COUNTY ADMINISTRATOR'S	3 Vendors	3 Transactions
41	DEPT				COUNTY AUDITOR-TREASURER'S		
	4622 D & T VENTURES						
49	01-041-000-0000-6350			661.50	E-TAX INQUIRY SUPPORT	297700	Other Services & Charges
					02/01/2017 02/28/2017	0	
	4622 D & T VENTURES			661.50	1 Transactions		
41	DEPT Total:			661.50	COUNTY AUDITOR-TREASURER'S	1 Vendors	1 Transactions
65	DEPT				INFORMATION SYSTEMS		
	535 AMERICAN COMMUNICATIONS						
4	01-065-000-0000-6269			5,000.00	ZIX E-MAIL VPM YR 2 OF 3		Contracts
5	01-065-000-0000-6269			800.00	ZIX BRANDED PORTAL		Contracts
	535 AMERICAN COMMUNICATIONS			5,800.00	2 Transactions		
65	DEPT Total:			5,800.00	INFORMATION SYSTEMS	1 Vendors	2 Transactions
75	DEPT				CENTRAL SERVICES-CHARGE BACKS		
	1457 PRO AUTO & TRANSMISSION REPAIR INC						
243	01-075-000-0000-6338			194.06	BATTERY REPLACEMENT 2005 DODGE	3062850	Motor Pool Expenses
	1457 PRO AUTO & TRANSMISSION REPAIR INC			194.06	1 Transactions		
	1083 WEX BANK						
270	01-075-000-0000-6338	AP	4	1,029.68	FUEL MOTOR POOL	48511315	Motor Pool Expenses
					12/01/2016 12/31/2016	0	
271	01-075-000-0000-6338			751.61	FUEL MOTOR POOL	48511315	Motor Pool Expenses
					01/01/2017 01/31/2017	0	
	1083 WEX BANK			1,781.29	2 Transactions		

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	<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>
75	DEPT Total:		1,975.35	CENTRAL SERVICES-CHARGE BACKS	2 Vendors	3 Transactions
76	DEPT			CENTRAL SERVICES-COUNTY WIDE		
	11580 CENTURYLINK					
17	01-076-000-0000-6203		569.31	LONG DISTANCE	320439463	Communications
				01/21/2017 02/20/2017	0	
	11580 CENTURYLINK		569.31	1 Transactions		
	576 FINKEN WATER CENTERS					
179	01-076-000-0000-6350		203.50	WATER COOLER RENTAL	0401513	Other Services & Charges
				02/01/2017 02/28/2017	0	
	576 FINKEN WATER CENTERS		203.50	1 Transactions		
	1857 METRO SALES INC					
224	01-076-000-0000-6321		158.48	COPIER MAINT MPC3503-ZONING	INV716733	Maintenance Agreements
	1857 METRO SALES INC		158.48	1 Transactions		
	49020 NEOPOST USA INC					
226	01-076-000-0000-6350		1,372.17	ECERTIFIED CONFIGURATION FEE	15050173	Other Services & Charges
227	01-076-000-0000-6402		397.83	ENVELOPES FOR CERTIFIED MAIL	15050174	Office Supplies
228	01-076-000-0000-6402		158.75	METER RENTAL-EXT	54583027	Office Supplies
				03/01/2017 05/31/2017	0	
	49020 NEOPOST USA INC		1,928.75	3 Transactions		
76	DEPT Total:		2,860.04	CENTRAL SERVICES-COUNTY WIDE	4 Vendors	6 Transactions
80	DEPT			SAFETY		
	7711 BUSINESS & LEGAL REPORTS INC					
10	01-080-000-0000-6450		519.95	7 MINUTE SAFETY TRAINER	17340149	Subscriptions
	7711 BUSINESS & LEGAL REPORTS INC		519.95	1 Transactions		
80	DEPT Total:		519.95	SAFETY	1 Vendors	1 Transactions
91	DEPT			COUNTY ATTORNEY'S		
	6009 INNOVATIVE OFFICE SOLUTIONS LLC					
203	01-091-000-0000-6402		107.08	OFFICE SUPPLIES	IN1481970	Office Supplies
	6009 INNOVATIVE OFFICE SOLUTIONS LLC		107.08	1 Transactions		

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1 GENERAL REVENUE FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

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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
60963	SEVEN COUNTY PROCESS SERVERS LLC					
249	01-091-000-0000-6350		55.00	SVC OF DOC	20170139	Other Services & Charges
250	01-091-000-0000-6350		55.00	SVC OF DOC	20170140	Other Services & Charges
60963	SEVEN COUNTY PROCESS SERVERS LLC		110.00	2 Transactions		
91	DEPT Total:		217.08	COUNTY ATTORNEY'S	2 Vendors	3 Transactions
107	DEPT			COUNTY PLANNING AND ZONING		
2683	DISTRICT D ZONING ADMINISTRATORS					
177	01-107-000-0000-6245		50.00	2017 ANNUAL DUES		Dues And Registration Fees
2683	DISTRICT D ZONING ADMINISTRATORS		50.00	1 Transactions		
1930	HERALD JOURNAL PUBLISHING INC					
187	01-107-000-0000-6241		64.44	PAC PUBLIC HEARING (KARELS)		Printing And Publishing
1930	HERALD JOURNAL PUBLISHING INC		64.44	1 Transactions		
137	HUTCHINSON LEADER					
202	01-107-000-0000-6241		51.89	PAC LGL PUBL	300846	Printing And Publishing
137	HUTCHINSON LEADER		51.89	1 Transactions		
658	MCLEOD PUBLISHING INC					
215	01-107-000-0000-6241		25.50	LGL PUBL (PAC)		Printing And Publishing
658	MCLEOD PUBLISHING INC		25.50	1 Transactions		
107	DEPT Total:		191.83	COUNTY PLANNING AND ZONING	4 Vendors	4 Transactions
111	DEPT			COURTHOUSE BUILDING		
1202	MEI TOTAL ELEVATOR SOLUTIONS					
219	01-111-000-0000-6303	AP 4	750.00	ELEVATOR SERVICE CALL-CH	687213	Repair And Maintenance Services
				11/28/2016 11/28/2016	0	
220	01-111-000-0000-6303		652.50	ELEVATOR SERVICE CALL-CH	691918	Repair And Maintenance Services
				01/25/2017 01/25/2017	0	
217	01-111-000-0000-6303		135.14	ELEVATOR MONTHLY MAINT-CH	693949	Repair And Maintenance Services
				02/01/2017 02/28/2017	0	
1202	MEI TOTAL ELEVATOR SOLUTIONS		1,537.64	3 Transactions		
4427	NEUBARTH LAWN CARE & LANDSCAPING					
231	01-111-000-0000-6303		790.00	SNOW REMOVAL/SALT/SAND-CH	11948	Repair And Maintenance Services

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Vendor	Name	Rpt	Warrant Description	Invoice #	Account/Formula Description
No.	Account/Formula	Accr	Service Dates	Paid On Bhf #	On Behalf of Name
		Amount			
4427	NEUBARTH LAWN CARE & LANDSCAPING	790.00	01/25/2017 01/26/2017	0	
			1 Transactions		
743	PLUNKETTS PEST CONTROL INC				
240	01-111-000-0000-6303	158.01	PEST CONTROL	5554947	Repair And Maintenance Services
743	PLUNKETTS PEST CONTROL INC	158.01	1 Transactions		
3752	STAR GROUP LLC				
252	01-111-000-0000-6425	4.69	STARTING FLUID	935240	Repair And Maintenance Supplies
3752	STAR GROUP LLC	4.69	1 Transactions		
111	DEPT Total:	2,490.34	COURTHOUSE BUILDING	4 Vendors	6 Transactions
112	DEPT		NORTH COMPLEX BUILDING		
869	HILLYARD HUTCHINSON				
188	01-112-000-0000-6425	35.15	HYDRAULIC VALVE-EXTRACTOR	602407533	Repair And Maintenance Supplies
869	HILLYARD HUTCHINSON	35.15	1 Transactions		
4427	NEUBARTH LAWN CARE & LANDSCAPING				
229	01-112-000-0000-6303	435.00	SNOW REMOVAL/SALT/SAND-NC	11948	Repair And Maintenance Services
			01/25/2017 01/26/2017	0	
4427	NEUBARTH LAWN CARE & LANDSCAPING	435.00	1 Transactions		
743	PLUNKETTS PEST CONTROL INC				
239	01-112-000-0000-6303	100.00	PEST CONTROL	5554947	Repair And Maintenance Services
743	PLUNKETTS PEST CONTROL INC	100.00	1 Transactions		
112	DEPT Total:	570.15	NORTH COMPLEX BUILDING	3 Vendors	3 Transactions
116	DEPT		HEALTH AND HUMAN SERVICES BUILDING		
5967	GLENCOE FLEET SUPPLY INC				
182	01-116-000-0000-6425	7.99	TWIN DRAFT GUARD	26149	Repair And Maintenance Supplies
5967	GLENCOE FLEET SUPPLY INC	7.99	1 Transactions		
1202	MEI TOTAL ELEVATOR SOLUTIONS				
218	01-116-000-0000-6303	148.32	ELEVATOR MONTHLY MAINT-HHS	693880	Repair And Maintenance Services
			02/01/2017 02/28/2017	0	

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Vendor	Name	Rpt	Warrant Description	Invoice #	Account/Formula Description
No.	Account/Formula	Accr	Service Dates	Paid On Bhf #	On Behalf of Name
1202	MEI TOTAL ELEVATOR SOLUTIONS		1 Transactions		
4427	NEUBARTH LAWN CARE & LANDSCAPING				
230	01-116-000-0000-6303	755.00	SNOW REMOVAL/SALT/SAND-HHS	11948	Repair And Maintenance Services
			01/25/2017 01/26/2017	0	
4427	NEUBARTH LAWN CARE & LANDSCAPING	755.00	1 Transactions		
50840	OLSEN FIRE INSPECTION INC				
236	01-116-000-0000-6303	255.00	ANNUAL FIRE SPRINKLER TESTING	11428	Repair And Maintenance Services
50840	OLSEN FIRE INSPECTION INC	255.00	1 Transactions		
743	PLUNKETTS PEST CONTROL INC				
238	01-116-000-0000-6303	100.00	PEST CONTROL	5554947	Repair And Maintenance Services
743	PLUNKETTS PEST CONTROL INC	100.00	1 Transactions		
3752	STAR GROUP LLC				
251	01-116-000-0000-6425	91.96	V BELTS FOR AIR HANDLER	936025	Repair And Maintenance Supplies
3752	STAR GROUP LLC	91.96	1 Transactions		
116	DEPT Total:	1,358.27	HEALTH AND HUMAN SERVICES BUILD	6 Vendors	6 Transactions
117	DEPT		FAIRGROUNDS		
445	GENIE DRAIN CLEANING INC				
56	01-117-000-0000-6303	260.25	UNCLOG DRAIN	G004285	Repair And Maintenance Services
445	GENIE DRAIN CLEANING INC	260.25	1 Transactions		
869	HILLYARD HUTCHINSON				
189	01-117-000-0000-6415	344.96	LINERS/PAPER TOWELS/GLOVES	15367310	Cleaning Supplies
869	HILLYARD HUTCHINSON	344.96	1 Transactions		
136	HUTCHINSON CO-OP				
193	01-117-000-0000-6455	20.64	DIESEL	588131	Motor Fuels And Lubrication
136	HUTCHINSON CO-OP	20.64	1 Transactions		
6009	INNOVATIVE OFFICE SOLUTIONS LLC				
204	01-117-000-0000-6402	11.57	GLUE	IN1485673	Office Supplies
6009	INNOVATIVE OFFICE SOLUTIONS LLC	11.57	1 Transactions		
5771	NU-TELECOM				

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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
140	01-117-000-0000-6203		79.74	PHONE FOR FEBRUARY	81947448	Communications
				02/01/2017 02/28/2017	0	
5771	NU-TELECOM		79.74	1 Transactions		
2180	PLUMBING AND HEATING BY CRAIG					
237	01-117-000-0000-6303		260.25	CABLE URINAL-PULL & RESET BASE	6858	Repair And Maintenance Services
2180	PLUMBING AND HEATING BY CRAIG		260.25	1 Transactions		
743	PLUNKETTS PEST CONTROL INC					
241	01-117-000-0000-6303		304.20	GENERAL PEST CONTROL	5615501	Repair And Maintenance Services
743	PLUNKETTS PEST CONTROL INC		304.20	1 Transactions		
7118	RUNNINGS SUPPLY INC					
149	01-117-000-0000-6425	AP 4	123.14	GREASE/EXTENSION CORDS	4268936	Repair And Maintenance Supplies
150	01-117-000-0000-6425		15.91	PIPE/ELBOWS	4273783	Repair And Maintenance Supplies
151	01-117-000-0000-6425		2.32	PIPE/ELBOWS	4273884	Repair And Maintenance Supplies
7118	RUNNINGS SUPPLY INC		141.37	3 Transactions		
4718	UHL COMPANY					
268	01-117-000-0000-6303		384.75	SECUTIRY ALARM SYSTEM	48858	Repair And Maintenance Services
4718	UHL COMPANY		384.75	1 Transactions		
117	DEPT Total:		1,807.73	FAIRGROUNDS	9 Vendors	11 Transactions
121	DEPT			VETERAN SERVICES		
134	CITY OF HUTCHINSON					
26	01-121-000-0000-6455		237.83	VAN FUEL	0000042023	Motor Fuels And Lubrication
				01/01/2017 01/31/2017	0	
134	CITY OF HUTCHINSON		237.83	1 Transactions		
121	DEPT Total:		237.83	VETERAN SERVICES	1 Vendors	1 Transactions
201	DEPT			COUNTY SHERIFF'S OFFICE		
604	B & B TIRE AND AUTO REPAIR LLC					
7	01-201-000-0000-6327		46.70	#159 OIL CHANGE	11321	General Auto Maintenance
604	B & B TIRE AND AUTO REPAIR LLC		46.70	1 Transactions		
11580	CENTURYLINK					

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Vendor	Name	Rpt	Warrant Description	Invoice #	Account/Formula Description
No.	Account/Formula	Accr	Service Dates	Paid On Bhf #	On Behalf of Name
19	01-201-000-0000-6203		LONG DISTANCE	320439463	Communications
			01/21/2017 02/20/2017	0	
11580	CENTURYLINK		1 Transactions		
134	CITY OF HUTCHINSON				
27	01-201-000-0000-6455		FUEL	0000042022	Motor Fuels and Lubrication
			01/01/2017 01/31/2017	0	
134	CITY OF HUTCHINSON		1 Transactions		
5390	HARLANS AUTO REPAIR				
69	01-201-000-0000-6327		#145 OC/BRAKE FLUID	19352	General Auto Maintenance
5390	HARLANS AUTO REPAIR		1 Transactions		
6009	INNOVATIVE OFFICE SOLUTIONS LLC				
77	01-201-000-0000-6402		OFFICE SUPPLIES	IN1481971	Office Supplies
6009	INNOVATIVE OFFICE SOLUTIONS LLC		1 Transactions		
1102	JAY MALONE MOTORS				
85	01-201-000-0000-6327	AP 4	CREDIT	15484	General Auto Maintenance
84	01-201-000-0000-6327		#140 TEMP SENSOR/R R DOOR LOCK	17808	General Auto Maintenance
1102	JAY MALONE MOTORS		2 Transactions		
162	KEVINS AUTO SERVICE INC				
86	01-201-000-0000-6327		#137 BATTERY	27802	General Auto Maintenance
87	01-201-000-0000-6327		#140 OC/R R HEADLIGHT	27824	General Auto Maintenance
88	01-201-000-0000-6327		#143 OIL CHANGE	27860	General Auto Maintenance
89	01-201-000-0000-6327		#163 OIL CHANGE	27906	General Auto Maintenance
90	01-201-000-0000-6327		#137 OC/TIRE REPAIR & SENSOR	27918	General Auto Maintenance
91	01-201-000-0000-6327		#148 OIL CHANGE	27937	General Auto Maintenance
92	01-201-000-0000-6327		#133 OIL CHANGE	27941	General Auto Maintenance
162	KEVINS AUTO SERVICE INC		7 Transactions		
1160	MCLEOD COUNTY AUDITOR TREASURER				
96	01-201-000-0000-6610		#165 TITLE & TAX FEE		Capital - Over \$5,000 (Fixed Assets)
1160	MCLEOD COUNTY AUDITOR TREASURER		1 Transactions		
5771	NU-TELECOM				
142	01-201-000-0000-6203		111-2290 SPEC ACC VOICE	81947058	Communications
			02/01/2017 02/28/2017	0	

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Vendor	Name	Rpt	Warrant Description	Invoice #	Account/Formula Description
No.	Account/Formula	Accr	Service Dates	Paid On Bhf #	On Behalf of Name
5771	NU-TELECOM		1 Transactions		
432	SAMS TIRE SERVICE				
152	01-201-000-0000-6327	104.00	#142 EXHAUST WORK	127837	General Auto Maintenance
432	SAMS TIRE SERVICE	104.00	1 Transactions		
3752	STAR GROUP LLC				
157	01-201-000-0000-6327	10.66	ARMOR ALL WIPES	936206	General Auto Maintenance
156	01-201-000-0000-6402	14.99	EXTENSION CORD	936206	Office Supplies
3752	STAR GROUP LLC	25.65	2 Transactions		
2342	TRANSUNION RISK & ALTERNATIVE				
161	01-201-000-0000-6265	25.00	DATA PERSON SEARCH	545393	Professional Services
			01/01/2017 01/31/2017	0	
2342	TRANSUNION RISK & ALTERNATIVE	25.00	1 Transactions		
1083	WEX BANK				
164	01-201-000-0000-6455	6,567.61	FUEL THROUGH 01/31/2017	48513990	Motor Fuels and Lubrication
1083	WEX BANK	6,567.61	1 Transactions		
201	DEPT Total:	9,346.55	COUNTY SHERIFF'S OFFICE	13 Vendors	21 Transactions
251	DEPT		COUNTY JAIL		
5983	ADVANCED CORRECTIONAL HEALTHCA				
272	01-251-000-0000-6268	1,968.74	MEDICAL SERVICES	62857	Medical Aid To Prisoners
			03/01/2017 03/31/2017	0	
273	01-251-000-0000-6268	1,600.84	MENTAL HEALTH SERVICES	62857	Medical Aid To Prisoners
			03/01/2017 03/31/2017	0	
274	01-251-000-0000-6268	90.35	ELECTRONIC RECORDS	62857	Medical Aid To Prisoners
			03/01/2017 03/31/2017	0	
5983	ADVANCED CORRECTIONAL HEALTHCA	3,659.93	3 Transactions		
3510	BOB BARKER COMPANY INC				
276	01-251-000-0000-6461	160.54	BOXERS/TROUSERS	UT1000408161	Inmate Supplies
275	01-251-000-0000-6461	111.84	DEODERANT	WEB000465806	Inmate Supplies
3510	BOB BARKER COMPANY INC	272.38	2 Transactions		
10493	CARVER COUNTY				
277	01-251-000-0000-6224	55.00	1 DAY @ \$55	JAILADC965	Prisoner Boarding



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No.	Account/Formula	Accr	Service Dates	Paid On Bhf #	On Behalf of Name
10493	CARVER COUNTY		01/01/2017 01/31/2017	0	
		55.00	1 Transactions		
1050	GARY L FISCHLER & ASSOCIATES PA				
278	01-251-000-0000-6265	545.00	PREEMPLOY PSYCH-SM	8168	Professional Services
1050	GARY L FISCHLER & ASSOCIATES PA	545.00	1 Transactions		
3735	HBD INC				
70	01-251-000-0000-6460	1,802.58	PROPERTY STORAGE RAIL/BOXES	IN00007181	Jail Supplies
3735	HBD INC	1,802.58	1 Transactions		
4275	MINNESOTA SHERIFFS ASSN				
134	01-251-000-0000-6360	215.00	MJPS CONF-K NEUMAN	131530	Training
			04/25/2017 04/27/2017	0	
135	01-251-000-0000-6360	215.00	MJPS CONF-P WILKENS	131530	Training
			04/25/2017 04/27/2017	0	
4275	MINNESOTA SHERIFFS ASSN	430.00	2 Transactions		
8564	OFFICE DEPOT INC				
280	01-251-000-0000-6402	77.11	BATTERIES/Z TAPE/INK	899415214001	Office Supplies
8564	OFFICE DEPOT INC	77.11	1 Transactions		
2140	PHOENIX SUPPLY				
281	01-251-000-0000-6461	104.42	LOTION/TOOTHBRUSHES	11252	Inmate Supplies
2140	PHOENIX SUPPLY	104.42	1 Transactions		
2310	SCOTT COUNTY TREASURER				
282	01-251-000-0000-6224	5,665.00	103 DAYS @ \$55	IN19395	Prisoner Boarding
2310	SCOTT COUNTY TREASURER	5,665.00	1 Transactions		
1101	TIMEKEEPING SYSTEMS INC				
283	01-251-000-0000-6460	143.70	MEMORY BUTTONS/MOUNTS	346602	Jail Supplies
1101	TIMEKEEPING SYSTEMS INC	143.70	1 Transactions		
6393	US HEALTH WORKS MEDICAL GROUP OF				
284	01-251-000-0000-6265	377.00	PREEMPL PHY-SM	0062972-MN	Professional Services
6393	US HEALTH WORKS MEDICAL GROUP OF	377.00	1 Transactions		

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<u>Vendor Name</u>		<u>Rpt</u>	<u>Warrant Description</u>	<u>Invoice #</u>	<u>Account/Formula Description</u>
<u>No.</u>	<u>Account/Formula</u>	<u>Accr</u>	<u>Service Dates</u>	<u>Paid On Bhf #</u>	<u>On Behalf of Name</u>
251	DEPT Total:		COUNTY JAIL	11 Vendors	15 Transactions
255	DEPT		COUNTY COURT SERVICES		
8564	OFFICE DEPOT INC				
144	01-255-000-0000-6402		OFFICE SUPPLIES	894251670015	Office Supplies
8564	OFFICE DEPOT INC			1 Transactions	
255	DEPT Total:		COUNTY COURT SERVICES	1 Vendors	1 Transactions
485	DEPT		COUNTY PUBLIC HEALTH NURSING		
6090	BUSINESSWARE SOLUTIONS				
11	01-485-000-0000-6403		MONTHLY COST PER PRINT	266996	Printed Paper Supplies
6090	BUSINESSWARE SOLUTIONS			1 Transactions	
11580	CENTURYLINK				
20	01-485-000-0000-6203		LONG DISTANCE	320439463	Communications
			01/21/2017 02/20/2017	0	
11580	CENTURYLINK			1 Transactions	
91	FRANKLIN PRINTING INC				
53	01-485-000-0000-6403		PRINTED SUPPLIES WIC	170046	Printed Paper Supplies
91	FRANKLIN PRINTING INC			1 Transactions	
52052	GOLDEN TONGUE CONSULTANTS INC				
183	01-485-000-0000-6269		29.75 HRS JAN @ \$30.84		Contracts
184	01-485-000-0000-6335		56 MLG JAN		Mileage Expense
185	01-485-000-0000-6265		INTERPRETER SERVICES	107852	Professional Services
			02/03/2017 02/03/2017	0	
52052	GOLDEN TONGUE CONSULTANTS INC			3 Transactions	
10856	KOSEK/JEROME				
206	01-485-490-0000-6047		CHORE SERVICE	ID#814714.01	Chore Services
			01/01/2017 01/31/2017	0	
10856	KOSEK/JEROME			1 Transactions	
3763	KUNZE/DAVID				
207	01-485-490-0000-6047	AP 4	CHORE SERVICE	ID#824989.01	Chore Services
			12/01/2016 12/31/2016	0	

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Vendor	Name	Rpt	Warrant Description	Invoice #	Account/Formula Description
No.	Account/Formula	Accr	Service Dates	Paid On Bhf #	On Behalf of Name
208	01-485-490-0000-6047		CHORE SERVICE	ID#824989.01	Chore Services
		90.24	01/01/2017 01/31/2017	0	
3763	KUNZE/DAVID	120.32	2 Transactions		
8191	MEDTOX LABORATORIES				
216	01-485-000-0000-6368	54.60	LEAD BLOOD	0120171695588	MEDICAL AND BLOOD TESTS
			12/27/2016 01/26/2017	0	
8191	MEDTOX LABORATORIES	54.60	1 Transactions		
485	DEPT Total:	1,565.07	COUNTY PUBLIC HEALTH NURSING	7 Vendors	10 Transactions
520	DEPT		COUNTY PARK'S		
5906	CENTURYLINK				
16	01-520-000-0000-6203	76.71	525 CARETAKER OFFICE PHONE	313540758	Communications
15	01-520-000-0000-6203	65.71	525 SHOP	314102204	Communications
5906	CENTURYLINK	142.42	2 Transactions		
136	HUTCHINSON CO-OP				
197	01-520-000-0000-6455	23.00	FUEL	630211	Motor Fuels And Lubrication
195	01-520-000-0000-6455	24.00	FUEL	632933	Motor Fuels And Lubrication
194	01-520-000-0000-6455	20.01	FUEL	708496	Motor Fuels And Lubrication
196	01-520-000-0000-6455	22.01	FUEL	712119	Motor Fuels And Lubrication
136	HUTCHINSON CO-OP	89.02	4 Transactions		
6009	INNOVATIVE OFFICE SOLUTIONS LLC				
205	01-520-000-0000-6402	120.65	MOUSE/COPUTER CASE/PAPER	IN1493401	Office Supplies
6009	INNOVATIVE OFFICE SOLUTIONS LLC	120.65	1 Transactions		
2825	MENARDS HUTCHINSON				
221	01-520-000-0000-6423	7.51	SUPPLIES INV#04220	ACCT#31550303	Landscaping Materials
222	01-520-000-0000-6423	18.23	SUPPLIES INV#03914	ACCT#31550303	Landscaping Materials
223	01-520-000-0000-6423	10.48	SUPPLIES INV#03902	ACCT#31550303	Landscaping Materials
2825	MENARDS HUTCHINSON	36.22	3 Transactions		
1087	O REILLY AUTOMOTIVE INC				
235	01-520-000-0000-6425	91.37	PARTS	1522-400505	Repair And Maintenance Supplies
232	01-520-000-0000-6425	10.73	PARTS	1522-400899	Repair And Maintenance Supplies
233	01-520-000-0000-6425	21.41	PARTS	1522-401422	Repair And Maintenance Supplies
234	01-520-000-0000-6425	21.41	PARTS	1522-401804	Repair And Maintenance Supplies

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No.	Account/Formula	Accr	Amount	Service Dates	Paid On Bhf #	On Behalf of Name
1087	O REILLY AUTOMOTIVE INC		144.92	4 Transactions		
520	DEPT Total:		533.23	COUNTY PARK'S	5 Vendors	14 Transactions
603	DEPT			COUNTY EXTENSION		
576	FINKEN WATER CENTERS					
180	01-603-000-0000-6321		18.50	RENTAL EQUIPMENT	401568	Maintenance Agreements
				02/01/2017 02/28/2017	0	
576	FINKEN WATER CENTERS		18.50	1 Transactions		
603	DEPT Total:		18.50	COUNTY EXTENSION	1 Vendors	1 Transactions
1	Fund Total:		148,717.33	GENERAL REVENUE FUND		119 Transactions

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	<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			...		
	3754 MCLEOD SIBLEY HEALTH INSURANCE					
103	03-000-000-0000-2042		1.97	MEDICAL PREMIUM		HSA COUNTY CONTRIBUTION PAYABLE
				02/01/2017 02/28/2017	0	
104	03-000-000-0000-2045		16,454.60	MEDICAL PREMIUM		HEALTH INSURANCE PAYABLE
				02/01/2017 02/28/2017	0	
	3754 MCLEOD SIBLEY HEALTH INSURANCE		16,456.57	2 Transactions		
0	DEPT Total:		16,456.57	...	1 Vendors	2 Transactions
310	DEPT			HIGHWAY MAINTENANCE		
	6213 ELECTRICAL SERVICES INC					
51	03-310-000-0000-6254	AP 4	3,032.92	REPLACEMENT LIGHT POLE	12063	Intersection Lighting
52	03-310-000-0000-6254		3,664.00	LIGHT POLES	12293	Intersection Lighting
	6213 ELECTRICAL SERVICES INC		6,696.92	2 Transactions		
	273 GOPHER STATE ONE-CALL					
67	03-310-000-0000-6254		9.45	LOCATES 7	7011107	Intersection Lighting
				01/01/2017 01/31/2017	0	
	273 GOPHER STATE ONE-CALL		9.45	1 Transactions		
	172 TOWN OF ACOMA					
254	03-310-000-0000-6850		26,212.63	2017 GAS TAX DISTRIBUTION		Town Road Aid
	172 TOWN OF ACOMA		26,212.63	1 Transactions		
	475 TOWN OF BERGEN					
255	03-310-000-0000-6850		24,915.79	2017 GAS TAX DISTRIBUTION		Town Road Aid
	475 TOWN OF BERGEN		24,915.79	1 Transactions		
	476 TOWN OF COLLINS					
256	03-310-000-0000-6850		14,233.43	2017 GAS TAX DISTRIBUTION		Town Road Aid
	476 TOWN OF COLLINS		14,233.43	1 Transactions		
	501 TOWN OF GLENCOE					
257	03-310-000-0000-6850		13,507.01	2017 GAS TAX DISTRIBUTION		Town Road Aid
	501 TOWN OF GLENCOE		13,507.01	1 Transactions		
	478 TOWN OF HALE					
258	03-310-000-0000-6850		23,591.99	2017 GAS TAX DISTRIBUTION		Town Road Aid

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	<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>On Behalf of Name</u>
	478 TOWN OF HALE		23,591.99	1 Transactions	
	497 TOWN OF HASSAN VALLEY				
259	03-310-000-0000-6850		19,340.17	2017 GAS TAX DISTRIBUTION	Town Road Aid
	497 TOWN OF HASSAN VALLEY		19,340.17	1 Transactions	
	438 TOWN OF HELEN				
260	03-310-000-0000-6850		19,279.50	2017 GAS TAX DISTRIBUTION	Town Road Aid
	438 TOWN OF HELEN		19,279.50	1 Transactions	
	479 TOWN OF HUTCHINSON				
261	03-310-000-0000-6850		24,176.20	2017 GAS TAX DISTRIBUTION	Town Road Aid
	479 TOWN OF HUTCHINSON		24,176.20	1 Transactions	
	480 TOWN OF LYNN				
262	03-310-000-0000-6850		14,297.54	2017 GAS TAX DISTRIBUTION	Town Road Aid
	480 TOWN OF LYNN		14,297.54	1 Transactions	
	481 TOWN OF PENN				
263	03-310-000-0000-6850		14,948.97	2017 GAS TAX DISTRIBUTION	Town Road Aid
	481 TOWN OF PENN		14,948.97	1 Transactions	
	482 TOWN OF RICH VALLEY				
264	03-310-000-0000-6850		20,478.97	2017 GAS TAX DISTRIBUTION	Town Road Aid
	482 TOWN OF RICH VALLEY		20,478.97	1 Transactions	
	483 TOWN OF ROUND GROVE				
265	03-310-000-0000-6850		13,135.43	2017 GAS TAX DISTRIBUTION	Town Road Aid
	483 TOWN OF ROUND GROVE		13,135.43	1 Transactions	
	484 TOWN OF SUMTER				
266	03-310-000-0000-6850		15,663.83	2017 GAS TAX DISTRIBUTION	Town Road Aid
	484 TOWN OF SUMTER		15,663.83	1 Transactions	
	485 TOWN OF WINSTED				
267	03-310-000-0000-6850		23,393.54	2017 GAS TAX DISTRIBUTION	Town Road Aid
	485 TOWN OF WINSTED		23,393.54	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
310	DEPT Total:		273,881.37	HIGHWAY MAINTENANCE	16 Vendors	17 Transactions
330	DEPT			HIGHWAY ADMINISTRATION		
1939	FRONTIER PRECISION INC					
55	03-330-000-0000-6245		575.00	COURSE REGISTRATION AJ AYERS		Dues And Registration Fees
				02/21/2017 02/21/2017	0	
1939	FRONTIER PRECISION INC		575.00	1 Transactions		
658	MCLEOD PUBLISHING INC					
286	03-330-000-0000-6241		5.69	LEGAL NOTICE-WEB SITE NOTICE		Printing And Publishing
				01/31/2017 01/31/2017	0	
658	MCLEOD PUBLISHING INC		5.69	1 Transactions		
385	MINNESOTA TRANSPORTATION ALLIAN					
136	03-330-000-0000-6245		2,150.00	2017 ANNUAL MEMEBERSHIP	P17-1079	Dues And Registration Fees
385	MINNESOTA TRANSPORTATION ALLIAN		2,150.00	1 Transactions		
6263	PRECISE MRM LLC					
145	03-330-000-0000-6321	AP 4	139.35	DEC 2016 DATE FOR GPS UNITS	1011629	Maintenance Agreements
6263	PRECISE MRM LLC		139.35	1 Transactions		
5	RT VISION INC					
146	03-330-000-0000-6321		3,661.65	ANNUAL SUPPORT FOR EPERMITTING	12698	Maintenance Agreements
5	RT VISION INC		3,661.65	1 Transactions		
330	DEPT Total:		6,531.69	HIGHWAY ADMINISTRATION	5 Vendors	5 Transactions
340	DEPT			HIGHWAY EQUIPMENT MAINTENANCE		
134	CITY OF HUTCHINSON					
28	03-340-000-0000-6455		548.94	UNLEADED FUEL	0000042021	Motor Fuels And Lubrication
				01/01/2017 01/31/2017	0	
30	03-340-000-0000-6567		3,027.96	DIESEL FUEL	0000042021	Diesel Fuel & Tax
				01/01/2017 01/31/2017	0	
31	03-340-000-0000-6425		499.77	SHOP SUPPLIES	0000042029	Repair And Maintenance Supplies
				01/01/2017 01/31/2017	0	
32	03-340-000-0000-6425		763.80	SHOP SUPPLIES	0000042029	Repair And Maintenance Supplies
				01/01/2017 01/31/2017	0	
33	03-340-000-0000-6590		12.89	SHOP SUPPLIES	0000042029	Tools & Shop Materials

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Vendor	Name	Rpt	Warrant Description	Invoice #	Account/Formula Description
No.	Account/Formula	Accr	Service Dates	Paid On Bhf #	On Behalf of Name
34	03-340-000-0000-6590		01/01/2017 01/31/2017 SHOP SUPPLIES	0 0000042029	Tools & Shop Materials
35	03-340-000-0000-6590		01/01/2017 01/31/2017 SHOP SUPPLIES	0 0000042029	Tools & Shop Materials
134	CITY OF HUTCHINSON		01/01/2017 01/31/2017 7 Transactions	0	
47	1326 CULLIGAN WATER CONDITIONING 03-340-000-0000-6257		9.00 BOTTLED WATER RENTAL	173X01762600	Sewer, Water And Garbage Removal
	1326 CULLIGAN WATER CONDITIONING		02/01/2017 02/28/2017 1 Transactions	0	
57	6906 GLENCOE CO OP ASSN 03-340-000-0000-6255		525.60 SLATS LP	261244	Natural Gas
58	03-340-000-0000-6255		528.00 SLATS LP	261809	Natural Gas
59	03-340-000-0000-6255		1,386.50 SLATS BROWNTON	262000	Natural Gas
60	03-340-000-0000-6567		821.13 DIESEL SLATS	88100	Diesel Fuel & Tax
61	03-340-000-0000-6567		1,161.69 DIESEL SLATS	88100	Diesel Fuel & Tax
62	03-340-000-0000-6567		89.95 DIESEL SLATS	88100	Diesel Fuel & Tax
63	03-340-000-0000-6567		1,000.66 DIESEL SLATS	88100	Diesel Fuel & Tax
64	03-340-000-0000-6567		963.80 DIESEL BROWNTON	88100	Diesel Fuel & Tax
65	03-340-000-0000-6567		789.92 DIESEL BROWNTON	88100	Diesel Fuel & Tax
66	03-340-000-0000-6567		1,035.56 DIESEL BROWNTON	88100	Diesel Fuel & Tax
6906	GLENCOE CO OP ASSN		8,302.81 10 Transactions		
68	4640 H & L MESABI 03-340-000-0000-6564		60.00 FREIGHT SNOWPLOW RUNNER FLAT	97542	Cutting Edges & Carbids
4640	H & L MESABI		60.00 1 Transactions		
75	32875 HUTCHINSON UTILITIES COMMISSION 03-340-000-0000-6253		88.66 ELECTRIC TEMP STORAGE	31021-045101	Electricity
76	03-340-000-0000-6255		361.07 GAS TEMP STORAGE	31021-045101	Natural Gas
32875	HUTCHINSON UTILITIES COMMISSION		01/01/2017 02/01/2017 2 Transactions	0	
122	2825 MENARDS HUTCHINSON 03-340-000-0000-6425		8.99 PARTS INV#03527	ACCT#31550277	Repair And Maintenance Supplies
123	03-340-000-0000-6590		30.67 SLATS SHOP SUPPLIES INV#04238	ACCT#31550277	Tools & Shop Materials



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No.	Account/Formula	Accr	Service Dates	Paid On Bhf #	On Behalf of Name
124	03-340-000-0000-6590	29.97	BROWNTON SHOP SUPPLIES #03786	ACCT#31550277	Tools & Shop Materials
125	03-340-000-0000-6590	17.98	MECH SHOP SUPPLIES INV#03442	ACCT#31550277	Tools & Shop Materials
126	03-340-000-0000-6590	63.25	MECH SHOP SUPPLIES INV#03775	ACCT#31550277	Tools & Shop Materials
127	03-340-000-0000-6590	24.98	GLENCOE SHOP SUPPLIES #02448	ACCT#31550277	Tools & Shop Materials
128	03-340-000-0000-6590	6.68	GLENCOE SHOP SUPPLIES #03279	ACCT#31550277	Tools & Shop Materials
2825	MENARDS HUTCHINSON	182.52	7 Transactions		
5253	NORTH CENTRAL INTERNATIONAL				
138	03-340-000-0000-6425	4.04	PARTS	163630	Repair And Maintenance Supplies
139	03-340-000-0000-6425	63.37	PARTS	24008	Repair And Maintenance Supplies
5253	NORTH CENTRAL INTERNATIONAL	67.41	2 Transactions		
1312	RUFFRIDGE JOHNSON EQUIP CO INC				
148	03-340-000-0000-6425	701.95-	PARTS	CA00216	Repair And Maintenance Supplies
147	03-340-000-0000-6425	722.51	PARTS	IA05669	Repair And Maintenance Supplies
1312	RUFFRIDGE JOHNSON EQUIP CO INC	20.56	2 Transactions		
1083	WEX BANK				
165	03-340-000-0000-6455	746.98	UNLEADED FUEL JAN	48514472	Motor Fuels And Lubrication
167	03-340-000-0000-6455	44.86-	MISC PREV PER REBATE	48514472	Motor Fuels And Lubrication
166	03-340-000-0000-6567	3,173.95	DIESEL FUEL JAN	48514472	Diesel Fuel & Tax
1083	WEX BANK	3,876.07	3 Transactions		
495	ZIEGLER INC				
169	03-340-000-0000-6425	2,179.98	PARTS	PC001855460	Repair And Maintenance Supplies
172	03-340-000-0000-6425	18.39	PARTS	PC001855902	Repair And Maintenance Supplies
171	03-340-000-0000-6303	672.70	LABOR	SW00201165	Repair And Maintenance Services
170	03-340-000-0000-6425	2,267.27	PARTS	SW00201165	Repair And Maintenance Supplies
495	ZIEGLER INC	5,138.34	4 Transactions		
340	DEPT Total:	22,993.08	HIGHWAY EQUIPMENT MAINTENANCE	10 Vendors	39 Transactions
3	Fund Total:	319,862.71	ROAD & BRIDGE FUND		63 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
391	DEPT					SOLID WASTE TIP FEE		
	2777	ACE HARDWARE						
173		05-391-000-0000-6410			12.99	SUPPLIES-CARPET TAPE	295232	BUILDING AND SAFETY SUPPLIES
	2777	ACE HARDWARE			12.99	1 Transactions		
	11580	CENTURYLINK						
21		05-391-000-0000-6203			8.74	LONG DISTANCE	320439463	COMMUNICATIONS
						01/21/2017 02/20/2017	0	
	11580	CENTURYLINK			8.74	1 Transactions		
	576	FINKEN WATER CENTERS						
181		05-391-000-0000-6350			18.50	WATER COOLER RENTAL	4393912	OTHER SERVICES & CHARGES
						02/01/2017 02/28/2017	0	
	576	FINKEN WATER CENTERS			18.50	1 Transactions		
	869	HILLYARD HUTCHINSON						
190		05-391-000-0000-6561			1,297.80	FLOOR MATS/RUGS	602399526	REPAIR AND MAINTENANCE-OTHER
191		05-391-000-0000-6415			267.58	SUPPLIES	602407560	CLEANING SUPPLIES
	869	HILLYARD HUTCHINSON			1,565.38	2 Transactions		
	2042	HJERPE CONTRACTING INC						
192		05-391-000-0000-6269			725.00	SNOW REMOVAL	6211	CONTRACTS
						01/01/2017 01/31/2017	0	
	2042	HJERPE CONTRACTING INC			725.00	1 Transactions		
	3754	MCLEOD SIBLEY HEALTH INSURANCE						
105		05-391-000-0000-2045			3,642.00	MEDICAL PREMIUM		HEALTH INSURANCE PAYABLE
						02/01/2017 02/28/2017	0	
	3754	MCLEOD SIBLEY HEALTH INSURANCE			3,642.00	1 Transactions		
	743	PLUNKETTS PEST CONTROL INC						
242		05-391-000-0000-6269			378.67	RODENT & FLY CONTROL	5609542	CONTRACTS
	743	PLUNKETTS PEST CONTROL INC			378.67	1 Transactions		
	5792	TAPES PLUS ADVERTISING						
253		05-391-000-0000-6243			450.00	SW RECEIPT ADS	4326	PUBLIC EDUCATION
	5792	TAPES PLUS ADVERTISING			450.00	1 Transactions		

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	<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>
391	DEPT Total:			6,801.28	SOLID WASTE TIP FEE	8 Vendors	9 Transactions
393	DEPT				MATERIALS RECOVERY FACILITY		
	3667 BRET BERGS CONSTRUCTION LLC						
174	05-393-000-0000-6561	AP	4	3,945.00	WALL FRAME	227	REPAIR AND MAINTENANCE-OTHER
	3667 BRET BERGS CONSTRUCTION LLC			3,945.00		1 Transactions	
	8197 CENTRAL HYDRAULICS INC						
175	05-393-000-0000-6560			95.60	REPLACEMENT HOSE BOBCAT	41269	REPAIR AND MAINTENANCE-EQUIPMENT
	8197 CENTRAL HYDRAULICS INC			95.60		1 Transactions	
	11580 CENTURYLINK						
22	05-393-000-0000-6203			4.27	LONG DISTANCE	320439463	COMMUNICATIONS
					01/21/2017 02/20/2017	0	
	11580 CENTURYLINK			4.27		1 Transactions	
	134 CITY OF HUTCHINSON						
29	05-393-000-0000-6350			133.77	DIESEL FUEL	0000042021	OTHER SERVICES & CHARGES
					01/01/2017 01/31/2017	0	
	134 CITY OF HUTCHINSON			133.77		1 Transactions	
	3168 ECO TECH						
178	05-393-000-0000-6259			870.16	E-WATSE RECYCLING SOLID WASTE		RECYCLING
	3168 ECO TECH			870.16		1 Transactions	
	136 HUTCHINSON CO-OP						
198	05-393-000-0000-6350			458.21	DIESEL	29606	OTHER SERVICES & CHARGES
199	05-393-000-0000-6350			115.74	LP GAS	710596	OTHER SERVICES & CHARGES
201	05-393-000-0000-6350			125.00	LIFT	711278	OTHER SERVICES & CHARGES
200	05-393-000-0000-6350	AP	4	125.00	LIFT	711287	OTHER SERVICES & CHARGES
	136 HUTCHINSON CO-OP			823.95		4 Transactions	
	664 LENTSCH TRUCKING						
209	05-393-000-0000-6269	AP	4	595.00	RECYCLABLES PICKED UP		CONTACTS
210	05-393-000-0000-6269	AP	4	1,830.00	RECYCLED MATL SHIPPING		CONTACTS
211	05-393-000-0000-6269			100.00	PAPER DRIVE		CONTACTS
212	05-393-000-0000-6269			1,630.00	RECYCLED MATL SHIPPING		CONTACTS
213	05-393-000-0000-6269			105.00	RECYCLABLES PICKED UP		CONTACTS

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No.	Account/Formula	Accr	Service Dates	Paid On Bhf #	On Behalf of Name
664	LENTSCH TRUCKING		4,260.00	5 Transactions	
1094	MATHESON TRI-GAS INC				
214	05-393-000-0000-6350	41.30	TANK REFILL	14825949	OTHER SERVICES & CHARGES
1094	MATHESON TRI-GAS INC	41.30	1 Transactions		
3754	MCLEOD SIBLEY HEALTH INSURANCE				
106	05-393-000-0000-2042	1.97-	MEDICAL PREMIUM		HSA COUNTY CONTRIBUTION PAYABLE
			02/01/2017 02/28/2017	0	
107	05-393-000-0000-2045	1,939.40	MEDICAL PREMIUM		HEALTH INSURANCE PAYABLE
			02/01/2017 02/28/2017	0	
3754	MCLEOD SIBLEY HEALTH INSURANCE	1,937.43	2 Transactions		
1038	REINER ENTERPRISES INC				
248	05-393-000-0000-6269	3,150.00	RECYCLABLES PICKUP	2583	CONTACTS
244	05-393-000-0000-6269	2,362.50	RECYCLABLES PICKUP	2591	CONTACTS
245	05-393-000-0000-6269	2,625.00	RECYCLABLES PICKUP	2592	CONTACTS
246	05-393-000-0000-6269	225.00	DEM CON	2605	CONTACTS
247	05-393-000-0000-6269	2,512.50	RECYCLABLES PICKUP	2606	CONTACTS
1038	REINER ENTERPRISES INC	10,875.00	5 Transactions		
4170	WASTE MANAGEMENT OF WI MN				
269	05-393-000-0000-6257	519.82	RECYCLING RESIDUE GARBAGE	6998333-1593-9	SEWER, WATER AND GARBAGE REMOVAL
4170	WASTE MANAGEMENT OF WI MN	519.82	1 Transactions		
393	DEPT Total:	23,506.30	MATERIALS RECOVERY FACILITY	11 Vendors	23 Transactions
397	DEPT		HOUSEHOLD HAZARDOUS WASTE		
11580	CENTURYLINK				
23	05-397-000-0000-6203	0.56	LONG DISTANCE	320439463	COMMUNICATIONS
			01/21/2017 02/20/2017	0	
11580	CENTURYLINK	0.56	1 Transactions		
4667	CLIMATE AIR INC				
176	05-397-000-0000-6561	331.25	BLOWER MOTOR/PULLEY REPAIRS	39354	REPAIR AND MAINTENANCE-OTHER
4667	CLIMATE AIR INC	331.25	1 Transactions		
3754	MCLEOD SIBLEY HEALTH INSURANCE				
108	05-397-000-0000-2045	600.00	MEDICAL PREMIUM		HEALTH INSURANCE PAYABLE

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Vendor	<u>Name</u>	<u>Rpt</u>	<u>Warrant Description</u>	<u>Invoice #</u>	<u>Account/Formula Description</u>	
<u>No.</u>	<u>Account/Formula</u>	<u>Accr</u>	<u>Amount</u>	<u>Service Dates</u>	<u>Paid On Bhf #</u>	<u>On Behalf of Name</u>
				02/01/2017	02/28/2017	0
	3754	MCLEOD SIBLEY HEALTH INSURANCE	600.00	1 Transactions		
397	DEPT Total:		931.81	HOUSEHOLD HAZARDOUS WASTE		3 Vendors
						3 Transactions
5	Fund Total:		31,239.39	SOLID WASTE FUND		35 Transactions

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	No.	Account/Formula	Accr		Amount	Service Dates	Paid On Bhf #	On Behalf of Name
420	DEPT					INCOME MAINTENANCE		
	10326	AMAZON						
3		11-420-600-0010-6612	AP	4	166.50	VARIDESK-TO	244785831553	CAPTITAL - \$100-\$5,000 (INVENTORY)
	10326	AMAZON			166.50	1 Transactions		
	6090	BUSINESSWARE SOLUTIONS						
12		11-420-600-0010-6321			20.15	MONTHLY PRINT	266727	MAINTNENACE AGREEMENTS
13		11-420-640-0010-6321			69.20	MONTHLY PRINT	266727	Maintenance Agreements
	6090	BUSINESSWARE SOLUTIONS			89.35	2 Transactions		
	11580	CENTURYLINK						
24		11-420-600-0010-6203			127.86	LONG DISTANCE	320439463	COMMUNICATIONS/POSTAGE
						01/21/2017 02/20/2017	0	
	11580	CENTURYLINK			127.86	1 Transactions		
	4158	HP INC						
73		11-420-600-0010-6612			125.00	MONITOR-AT	58082269	CAPTITAL - \$100-\$5,000 (INVENTORY)
	4158	HP INC			125.00	1 Transactions		
	6009	INNOVATIVE OFFICE SOLUTIONS LLC						
80		11-420-600-0010-6402			11.08	FOLDER	IN1463753	OFFICE SUPPLIES
82		11-420-600-0010-6402			28.96	BUSINESS CARDS	IN1481973	OFFICE SUPPLIES
81		11-420-600-0010-6402			40.40	TONER/DRUM/PORTFOLIO	INV1465632	OFFICE SUPPLIES
	6009	INNOVATIVE OFFICE SOLUTIONS LLC			80.44	3 Transactions		
	38530	LANGUAGE LINE SERVICES						
93		11-420-600-0010-6203	AP	4	332.30	PHONE INTERPRETATION	3978410	COMMUNICATIONS/POSTAGE
	38530	LANGUAGE LINE SERVICES			332.30	1 Transactions		
	3754	MCLEOD SIBLEY HEALTH INSURANCE						
109		11-420-000-0000-2042			1.77	MEDICAL PREMIUM		HSA COUNTY CONTRIBUTION PAYABLE
						02/01/2017 02/28/2017	0	
110		11-420-000-0000-2045			14,670.16	MEDICAL PREMIUM		HEALTH INSURANCE PAYABLE
						02/01/2017 02/28/2017	0	
	3754	MCLEOD SIBLEY HEALTH INSURANCE			14,671.93	2 Transactions		
	1857	METRO SALES INC						
130		11-420-600-0010-6321			20.80	RICOH MP 3554	INV716734	MAINTNENACE AGREEMENTS

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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
1857	METRO SALES INC			20.80	1 Transactions		
420	DEPT Total:			15,614.18	INCOME MAINTENANCE	8 Vendors	12 Transactions
430	DEPT				INDIVIDUAL AND FAMILY SOCIAL SERVI		
10326	AMAZON						
1	11-430-700-0010-6612	AP	4	1,365.00	VARIDESK-AW/NB/KB	244785831553	Capital - \$100-\$5,000 (Inventory)
2	11-430-700-0010-6612	AP	4	388.50	VARIDESK-TO	244785831553	Capital - \$100-\$5,000 (Inventory)
10326	AMAZON			1,753.50	2 Transactions		
6090	BUSINESSWARE SOLUTIONS						
14	11-430-700-0010-6321			2.92	MONTHLY PRINT	266727	Maintenance Agreements
6090	BUSINESSWARE SOLUTIONS			2.92	1 Transactions		
11580	CENTURYLINK						
25	11-430-700-0010-6203			298.37	LONG DISTANCE	320439463	Communications/Postage
					01/21/2017 02/20/2017	0	
11580	CENTURYLINK			298.37	1 Transactions		
6009	INNOVATIVE OFFICE SOLUTIONS LLC						
79	11-430-700-0010-6402			12.61	FOLDER	IN1461745	Office Supplies
80	11-430-700-0010-6402			25.86	FOLDER	IN1463753	Office Supplies
82	11-430-700-0010-6402			67.56	BUSINESS CARDS	IN1481973	Office Supplies
78	11-430-700-0010-6402	AP	4	8.42	BATTERY	INV1383438	Office Supplies
81	11-430-700-0010-6402			94.26	TONER/DRUM/PORTFOLIO	INV1465632	Office Supplies
6009	INNOVATIVE OFFICE SOLUTIONS LLC			208.71	5 Transactions		
1646	INTEGRA TELECOM INC						
83	11-430-700-0010-6203			1,083.35	MAC AGREEMENT & LABOR	120382981	Communications/Postage
1646	INTEGRA TELECOM INC			1,083.35	1 Transactions		
38530	LANGUAGE LINE SERVICES						
94	11-430-700-0010-6203	AP	4	65.80	PHONE INTERPRETATION	3978410	Communications/Postage
38530	LANGUAGE LINE SERVICES			65.80	1 Transactions		
3754	MCLEOD SIBLEY HEALTH INSURANCE						
111	11-430-000-0000-2042			1.77-	MEDICAL PREMIUM		HSA County Contribution Payable
					02/01/2017 02/28/2017	0	
112	11-430-000-0000-2045			47,579.84	MEDICAL PREMIUM		Health Insurance Payable

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11 HUMAN SERVICE FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

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Vendor	Name	Rpt	Warrant Description	Invoice #	Account/Formula Description
No.	Account/Formula	Accr	Service Dates	Paid On Bhf #	On Behalf of Name
3754	MCLEOD SIBLEY HEALTH INSURANCE		02/01/2017 02/28/2017	0	
		47,578.07	2 Transactions		
1857	METRO SALES INC				
129	11-430-700-0010-6321	1,085.03	RICOH MP C5502	INV714285	Maintenance Agreements
131	11-430-700-0010-6321	48.51	RICOH MP 3554	INV716734	Maintenance Agreements
1857	METRO SALES INC	1,133.54	2 Transactions		
430	DEPT Total:	52,124.26	INDIVIDUAL AND FAMILY SOCIAL SER	8 Vendors	15 Transactions
11	Fund Total:	67,738.44	HUMAN SERVICE FUND		27 Transactions



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25 SPECIAL REVENUE FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

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Vendor	Name	Rpt	Warrant Description	Invoice #	Account/Formula Description
No.	Account/Formula	Accr	Service Dates	Paid On Bhf #	On Behalf of Name
223	DEPT		D.A.R.E. PROGRAM		
6257	CREATIVE PRODUCT SOURCING INC DAI				
45	25-223-000-0000-6350		2,128.42 DARE SUPPLIES	100812	Other Services & Charges
46	25-223-000-0000-6350		311.74 DARE SUPPLIES	100813	Other Services & Charges
44	25-223-000-0000-6350		678.85 DARE SUPPLIES	100814	Other Services & Charges
6257	CREATIVE PRODUCT SOURCING INC DAI		3,119.01	3 Transactions	
223	DEPT Total:		3,119.01	D.A.R.E. PROGRAM	1 Vendors 3 Transactions
252	DEPT		JAIL CANTEEN ACCOUNT		
5771	NU-TELECOM				
143	25-252-000-0000-6460		108.89 CABLE	81945850	Jail Supplies
			02/01/2017 02/28/2017	0	
5771	NU-TELECOM		108.89	1 Transactions	
252	DEPT Total:		108.89	JAIL CANTEEN ACCOUNT	1 Vendors 1 Transactions
254	DEPT		ANNAMARIE TUDHOPE DONATION		
3297	THURNBECK STEEL FABRICATION INC				
158	25-254-000-0000-6610	AP 4	1,922.50 CONTRACT PAYMENT	APPLICATION005	Capital - Over \$5,000 (Fixed Assets)
3297	THURNBECK STEEL FABRICATION INC		1,922.50	1 Transactions	
6157	VOS CONSTRUCTION INC				
163	25-254-000-0000-6610	AP 4	10,109.90 CONTRACT PAYMENT	APPLICATION002	Capital - Over \$5,000 (Fixed Assets)
6157	VOS CONSTRUCTION INC		10,109.90	1 Transactions	
254	DEPT Total:		12,032.40	ANNAMARIE TUDHOPE DONATION	2 Vendors 2 Transactions
285	DEPT		E-911 SYSTEM MAINTENANCE - GRANT		
719	BLUE EARTH COUNTY				
8	25-285-000-0000-6350		1,148.74 RADIO BD DUES	10787	Other Services & Charges
719	BLUE EARTH COUNTY		1,148.74	1 Transactions	
5771	NU-TELECOM				
141	25-285-000-0000-6203		588.30 587-0405 E-911	81947443	Communications - Telephone Equipment
			02/01/2017 02/28/2017	0	
5771	NU-TELECOM		588.30	1 Transactions	

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25 SPECIAL REVENUE FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

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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
285	DEPT Total:			1,737.04	E-911 SYSTEM MAINTENANCE - GRAN	2 Vendors	2 Transactions
619	DEPT				CROW RIVER SEPTIC SYSTEM LOANS-7		
	2042 HJERPE CONTRACTING INC						
72	25-619-000-0000-6350	AP	4	13,715.00	SEPTIC SYSTEM P ANDRUS	6103	Other Services & Charges
	2042 HJERPE CONTRACTING INC			13,715.00	1 Transactions		
619	DEPT Total:			13,715.00	CROW RIVER SEPTIC SYSTEM LOANS-	1 Vendors	1 Transactions
807	DEPT				DESIGNATED FOR CAPITAL ASSETS		
	1174 BRAUN INTERTEC CORPORATION						
9	25-807-000-0000-6610	AP	4	2,663.50	PROFESSIONAL SERVICES	B083818	Capital - Over \$5,000 (Fixed Assets)
	1174 BRAUN INTERTEC CORPORATION			2,663.50	1 Transactions		
	3271 CONTEGRITY GROUP						
43	25-807-000-0000-6610			7,218.83	CONSTRUCTION MANAGEMENT FEE	2016211	Capital - Over \$5,000 (Fixed Assets)
36	25-807-000-0000-6610			12,100.00	ON SITE SUPERVISION FEE	2016212	Capital - Over \$5,000 (Fixed Assets)
37	25-807-000-0000-6610			1,800.00	REIMBURSABLES	2016212	Capital - Over \$5,000 (Fixed Assets)
38	25-807-000-0000-6610			450.00	TEMPORARY JOB OFFICE/TRAILER	2016212	Capital - Over \$5,000 (Fixed Assets)
39	25-807-000-0000-6610			180.00	FAN RENTAL	2016212	Capital - Over \$5,000 (Fixed Assets)
40	25-807-000-0000-6610			300.00	BLANKET RENTAL	2016212	Capital - Over \$5,000 (Fixed Assets)
41	25-807-000-0000-6610			133.19	TEMP TELEPHONE	2016212	Capital - Over \$5,000 (Fixed Assets)
42	25-807-000-0000-6610			1,500.34	S LAUER	2016212	Capital - Over \$5,000 (Fixed Assets)
	3271 CONTEGRITY GROUP			23,682.36	8 Transactions		
	1326 CULLIGAN WATER CONDITIONING						
285	25-807-000-0000-6610			9.80	RENTAL SERVICE	173-10758225-1	Capital - Over \$5,000 (Fixed Assets)
					01/01/2017 01/31/2017	0	
48	25-807-000-0000-6610	AP	4	22.10	DRINKING WATER CHARGES	173-10758225-1	Capital - Over \$5,000 (Fixed Assets)
	1326 CULLIGAN WATER CONDITIONING			31.90	2 Transactions		
	3761 HEATER RENTAL SERVICES						
71	25-807-000-0000-6610			1,602.50	HEATER RENTAL	9168	Capital - Over \$5,000 (Fixed Assets)
	3761 HEATER RENTAL SERVICES			1,602.50	1 Transactions		
	253 LIGHT & POWER COMMISSION						
95	25-807-000-0000-6610	AP	4	745.03	ELECTRIC	06-811700-00	Capital - Over \$5,000 (Fixed Assets)
					12/01/2016 12/31/2016	0	

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



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25 SPECIAL REVENUE FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

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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
253	LIGHT & POWER COMMISSION			745.03	1 Transactions		
4117	MINI BIFF INC						
132	25-807-000-0000-6610	AP	4	191.42	PORTA JOHN RENTAL/SERVICES 12/01/2016 12/30/2016	A-84538 0	Capital - Over \$5,000 (Fixed Assets)
4117	MINI BIFF INC			191.42	1 Transactions		
3361	NAC MECHANICAL & ELECTRICAL SERVI						
137	25-807-000-0000-6610	AP	4	4,512.50	CONTRACT PAYMENT	APPL 3	Capital - Over \$5,000 (Fixed Assets)
3361	NAC MECHANICAL & ELECTRICAL SERVI			4,512.50	1 Transactions		
3296	YAMRY CONSTRUCTION						
168	25-807-000-0000-6610			440.00	TEAR DOWN TEMP SHELTER	375	Capital - Over \$5,000 (Fixed Assets)
3296	YAMRY CONSTRUCTION			440.00	1 Transactions		
807	DEPT Total:			33,869.21	DESIGNATED FOR CAPITAL ASSETS	8 Vendors	16 Transactions
886	DEPT				COUNTY FEEDLOT PROGRAM		
3692	MACFO						
133	25-886-000-0000-6245			100.00	MACFO MEMBERSHIP 17 DUES-EG		Dues And Registration Fees
3692	MACFO			100.00	1 Transactions		
3754	MCLEOD SIBLEY HEALTH INSURANCE						
113	25-886-000-0000-2045			660.50	MEDICAL PREMIUM 02/01/2017 02/28/2017	0	Health Insurance Payable
3754	MCLEOD SIBLEY HEALTH INSURANCE			660.50	1 Transactions		
886	DEPT Total:			760.50	COUNTY FEEDLOT PROGRAM	2 Vendors	2 Transactions
25	Fund Total:			65,342.05	SPECIAL REVENUE FUND		27 Transactions

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82 COMMUNITY HEALTH SER

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

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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
848	DEPT			WIC PEER GRANT		
3433	DOHERTY STAFFING SOLUTIONS					
50	82-848-000-0000-6265	AP 4	836.68	STAFFING SERVICES WIC PEER	114767	PROFESSIONAL SERVICES
3433	DOHERTY STAFFING SOLUTIONS		836.68	1 Transactions		
3754	MCLEOD SIBLEY HEALTH INSURANCE					
114	82-848-000-0000-2042		0.19	MEDICAL PREMIUM		HSA COUNTY CONTRIBUITION PAYABLE
				02/01/2017 02/28/2017	0	
115	82-848-000-0000-2045		65.22	MEDICAL PREMIUM		HEALTH INSURANCE PAYABLE
				02/01/2017 02/28/2017	0	
3754	MCLEOD SIBLEY HEALTH INSURANCE		65.41	2 Transactions		
848	DEPT Total:		902.09	WIC PEER GRANT	2 Vendors	3 Transactions
853	DEPT			LOCAL PUBLIC HEALTH GRANT		
91	FRANKLIN PRINTING INC					
54	82-853-000-0000-6241		72.34	LAMINATE SERVICES	079867	PRINTING AND PUBLISHING
91	FRANKLIN PRINTING INC		72.34	1 Transactions		
3645	HUTCHINSON EVENT CENTER					
279	82-853-000-0000-6353		110.00	STAFF TRAINING		MEETING EXPENSE
				01/31/2017 01/31/2017	0	
3645	HUTCHINSON EVENT CENTER		110.00	1 Transactions		
3754	MCLEOD SIBLEY HEALTH INSURANCE					
116	82-853-000-0000-2045		1,351.00	MEDICAL PREMIUM		HEALTH INSURANCE PAYABLE
				02/01/2017 02/28/2017	0	
3754	MCLEOD SIBLEY HEALTH INSURANCE		1,351.00	1 Transactions		
853	DEPT Total:		1,533.34	LOCAL PUBLIC HEALTH GRANT	3 Vendors	3 Transactions
854	DEPT			WIC		
3754	MCLEOD SIBLEY HEALTH INSURANCE					
117	82-854-000-0000-2042		0.19-	MEDICAL PREMIUM		HSA COUNTY CONTRIBUITION PAYABLE
				02/01/2017 02/28/2017	0	
118	82-854-000-0000-2045		1,086.78	MEDICAL PREMIUM		HEALTH INSURANCE PAYABLE
				02/01/2017 02/28/2017	0	

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Audit List for Board AUDITOR'S VOUCHERS ENTRIES

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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
3754	MCLEOD SIBLEY HEALTH INSURANCE			1,086.59	2 Transactions		
222	MEEKER COUNTY TREASURER						
120	82-854-000-0000-6856	DTG 6		60,882.83	FINAL WIC 2016		Wic
121	82-854-000-0000-6856	DTG 6		7,029.42	NOVEMBER WIC 6016		Wic
222	MEEKER COUNTY TREASURER			67,912.25	2 Transactions		
314	SIBLEY COUNTY TREASURER						
153	82-854-000-0000-6856	DTG 6		35,756.59	FINAL WIC 2016		Wic
154	82-854-000-0000-6856	DTG 6		4,342.95	NOVEMBER WIC 2016		Wic
314	SIBLEY COUNTY TREASURER			40,099.54	2 Transactions		
854	DEPT Total:			109,098.38	WIC	3 Vendors	6 Transactions
862	DEPT				SHIP		
2747	VIVID IMAGE INC						
162	82-862-000-0000-6265	AP 4		289.10	WEBSITE RENEWAL	9572	Professional Services
2747	VIVID IMAGE INC			289.10	1 Transactions		
862	DEPT Total:			289.10	SHIP	1 Vendors	1 Transactions
866	DEPT				EMERGENCY PREPAREDNESS TO BIOTER		
3754	MCLEOD SIBLEY HEALTH INSURANCE						
119	82-866-000-0000-2045			552.00	MEDICAL PREMIUM		HEALTH INSURANCE PAYABLE
					02/01/2017 02/28/2017	0	
3754	MCLEOD SIBLEY HEALTH INSURANCE			552.00	1 Transactions		
866	DEPT Total:			552.00	EMERGENCY PREPAREDNESS TO BIOTI	1 Vendors	1 Transactions
82	Fund Total:			112,374.91	COMMUNITY HEALTH SERVICE		14 Transactions

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86 TRUST & AGENCY FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

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	<u>Vendor</u>	<u>Name</u>		<u>Rpt</u>		<u>Warrant Description</u>	<u>Invoice #</u>	<u>Account/Formula Description</u>
	<u>No.</u>	<u>Account/Formula</u>		<u>Accr</u>	<u>Amount</u>	<u>Service Dates</u>	<u>Paid On Bhf #</u>	<u>On Behalf of Name</u>
961	DEPT					MUNICIPAL ASSESSMENTS		
	315	CITY OF SILVER LAKE						
155		86-961-000-0000-6850	DTG	6	3,679.99	SPECIAL ASSESSMENT PAYOFF	19.072.0080	Collections For Other Agencies
	315	CITY OF SILVER LAKE			3,679.99	1 Transactions		
961	DEPT Total:				3,679.99	MUNICIPAL ASSESSMENTS	1 Vendors	1 Transactions
963	DEPT					TOWNSHIP NON-INTOXICATING LICENS		
	476	TOWN OF COLLINS						
159		86-963-000-0000-6850			100.00	BROWNTON ROD & GUN LIC 2017		Collections For Other Agencies
	476	TOWN OF COLLINS			100.00	1 Transactions		
	485	TOWN OF WINSTED						
160		86-963-000-0000-6850			100.00	SHADOWBROOKE LIC 2017		Collections For Other Agencies
	485	TOWN OF WINSTED			100.00	1 Transactions		
963	DEPT Total:				200.00	TOWNSHIP NON-INTOXICATING LICEI	2 Vendors	2 Transactions
975	DEPT					DNR CLEARING ACCOUNT		
	509	MINNESOTA DNR						
225		86-975-000-0000-6850			518.50	DNR		Collections For Other Agencies
						01/31/2017 02/06/2017	0	
	509	MINNESOTA DNR			518.50	1 Transactions		
975	DEPT Total:				518.50	DNR CLEARING ACCOUNT	1 Vendors	1 Transactions
86	Fund Total:				4,398.49	TRUST & AGENCY FUND		4 Transactions
	Final Total:				749,673.32	184 Vendors	289 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	148,717.33	GENERAL REVENUE FUND	
	3	319,862.71	ROAD & BRIDGE FUND	
	5	31,239.39	SOLID WASTE FUND	
	11	67,738.44	HUMAN SERVICE FUND	
	25	65,342.05	SPECIAL REVENUE FUND	
	82	112,374.91	COMMUNITY HEALTH SERVICE	
	86	4,398.49	TRUST & AGENCY FUND	
	All Funds	749,673.32	Total	Approved by, .....
				.....
				.....

## **Contract between McLeod County and the Winsted Police Department**

Whereas, the Winsted Police Department wishes to utilize McLeod County's mobile computing to facilitate officers' ability to use mobile computing from their squad cars and

Whereas, support from the McLeod County Information Systems may be necessary from time to time,

It is hereby agreed between the parties:

### **A. Standard Hardware and Software**

1. McLeod County will provide the computer hardware, air cards and software required that the Winsted Police Department will be leasing to be part of the McLeod County Mobile Network. See Amendment A.
2. Winsted Police Department will provide the squad hardware and installation specified by McLeod County that is required to support the mobile computing.
3. Winsted Police Department will be held responsible for hardware repairs not covered under maintenance and/or warranty do to user's negligence or misuse.
4. If any unapproved hardware or software is installed on the laptop that causes conflict with the county applications, the county has the right to remove the program. Charges of \$95 per hour with a minimum of one hour for correcting the problems incurred will apply. If vendor assistance is required to solve the problem, Winsted Police Department will cover the vendor's costs.
5. McLeod County will attempt to have a spare laptop available to loan to Winsted Police Department in the event a laptop is out-of-service or being repaired.

### **B. Training**

1. McLeod County Information Systems will provide training to user for operation of the communications hardware and software in connecting to the county network.
2. McLeod County Sheriff's Office will provide training to a Winsted PD trainer for operation of the mobile programs.

### **C. Technical Support and Services**

1. McLeod County Information Systems will provide support for all approved laptops and devices connected to the county. This involves maintaining the infrastructure for connecting to the county.
2. Network setup and configuration on an approved laptop to allow connection to the county will be completed by the proper county staff and will be fully supported. This includes installation and configuration within the connectivity software.
3. The county will install Symantec AntiVirus Corporate Edition software on all laptops connecting to the county.



4. It is the responsibility of each person operating a mobile laptop with county communications to ensure:
  - a. The Symantec software is enabled and running properly and that the installed software has received the most current virus definition files. McLeod County Information Systems will assist with this process as necessary.
  - b. The Mobile Update tool is run weekly from the Sheriff's Office parking lot.
5. Normal hours of operations for the McLeod County Information Systems are Monday through Friday, 8 a.m. to 4:30 p.m. with allowances for recognized holidays.
6. At the time of the contract, McLeod County Information Systems does not have on-call rotation shifts. If services are needed, every attempt will be made to contact the appropriate personnel. Users should be aware that McLeod County reserves the right to prioritize service calls. Individual device issues will not be addressed after hours.
7. Users from the Winsted Police Department will contact McLeod County Communications for computer services. In the event McLeod County Communications requires aide, they will contact the appropriate personnel.
8. McLeod County will charge a monthly connection fee. This rate is subject to change as vendor dictates. See amendment A.
9. McLeod County Information Systems is not responsible for supporting non-county owned hardware, non-county operated software and will not provide user training for non-county employees beyond what is necessary to establish network connections.

D. Security

1. The Winsted Police Department will keep all user ID's and passwords confidential and will hold McLeod County harmless for any liability incurred as result of improper disclosure of user ID's and/or passwords. Each user is responsible for the physical security of their portable communications equipment.
2. Any breach of security or suspected breach of security on any piece of equipment connected to the county network will be immediately reported to the McLeod County Information Systems or by notifying dispatch who will in turn notify IS.
3. Should there be any situation that occurs where the McLeod County Information Systems staff feels that a breach of security has occurred, staff have the right to immediately make any necessary configuration changes to cease the communications link for the user and/or the communications equipment. McLeod County Information Systems will notify the McLeod County Sheriff or designee and the Winsted Police Chief of any such actions taken.

E. Acceptable Use Policy

1. McLeod County has in place an Acceptable Use Policy for Computer and Network Systems regarding computer, network, electronic mail, and internet access which was last revised and adopted December 18, 2001. A copy of the Acceptable Use Policy for Computer and Network Systems is attached to this agreement and the Winsted Police Department agrees to abide by this policy, especially as it pertains to the user's responsibilities in computer usage, internet usage, and telecommuting. Each user must sign a copy stating they have read and accepted the terms and conditions in the policy.

F. Winsted Police Department Staff/Equipment Changes

1. The Winsted Police Department agrees to notify the McLeod County Sheriff's Office prior to any additions, replacements, and/or user authority changes so that the proper security changes can be made.
2. The Winsted Police Department agrees to notify the McLeod County Sheriff's Office prior to any additions or replacements of equipment so that the support staff can be aware of any potential additional support needed.

G. Terms and Agreements

1. Winsted Police Department agrees to abide by the payment plan found on Amendment B for Winsted's unit.
2. The McLeod County Sheriff's Office reserves the right to modify and/or amend this agreement after a 90 day notification to the Winsted Police Department.
3. In the event Winsted Police Department should decide to terminate this contract, a 90 day advance notice must be given. If the Winsted Police Department terminates this contract, it agrees to reimburse McLeod County for the outstanding balance owed on all hardware and software that was purchased for this project. McLeod County agrees to reimburse the Winsted Police Department the pro-rated amount for any annual charges that had been paid in full.
4. At the end of this contract, the Winsted Police Department may purchase the leased equipment for \$1.

H. Agreement Signatures


1. All mobile computing users of the Winsted Police Department must provide a signed statement signifying their acceptance of this agreement before a user account will be created for them on the system.

I. Length of Contract

1. Contract will go into effect from the date of the McLeod County Board Chair's signature to February 28, 2021.

Signature:   
Winsted Chief of Police

Date: 02 - 07 - 2017

Signature:   
Winsted Mayor

Date: 02 - 07 - 2017

Signature: \_\_\_\_\_  
McLeod County Sheriff

Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
McLeod County Board Chair

Date: \_\_\_\_\_

## Officer Agreement Signature

As an employee of the Winsted Police Department who will be utilizing mobile computing provided by McLeod County, I agree to abide by the terms as described in this document and those included in the McLeod County Acceptable Use Policy for Computer and Network Systems.

Signature: \_\_\_\_\_  
Officer

Date: \_\_\_\_\_

This page to be reproduced as needed by the Winsted Police Department so that each officer utilizing mobile computing has provided a signature signifying their acceptance.

**AMENDMENT A**  
**LEASE COSTS PER NEW LAPTOP 2017-2020**  
**WINSTED POLICE DEPARTMENT**

Description	Total	Unit Cost	Sub Total	Tax	Qty
<b>LAPTOPS</b>					
Panasonic CF-31 Toughbook	\$3,432.00	3432.00	3432.00	0.00	1
DVD-Multi Drive for CF-31 (included)	\$279.00	279.00	279.00	0.00	1
One year extended warranty	\$171.00	171.00	171.00	0.00	1
Panasonic Port Replicator (docking station)	\$0.00	0.00	0.00	0.00	1
Laptop Subtotal	\$3,882.00				
<b>AIR CARD</b>					
Air Card Connectivity	1680.00	35.00	1680.00		48 months*4 years
Air Card Subtotal for the next four years	\$1,680.00				
<b>Lease Cost</b> (License and Laptops paid over four years)	<b>\$5,562.00</b>				

\*\* Prices along with mount prices, and GPS prices would be included if purchasing a new computer and keeping the current computer.

**ADMENDMENT B**  
**PAYMENT PLAN**  
**WINSTED POLICE DEPARTMENT**

	Unit	Qty	Total
<b>1ST PAYMENT</b>			
Laptops	970.50	1	970.50
Air Card	420.00	1	420.00
<b>Amount Due:</b>			<b>\$1,390.50</b>
<b>Due By:</b>			<b>3/1/2017</b>
<b>2ND PAYMENT</b>			
Laptops	970.50	1	970.50
Air Card	420.00	1	420.00
<b>Amount Due:</b>			<b>\$1,390.50</b>
<b>Due By:</b>			<b>3/1/2018</b>
<b>3RD PAYMENT</b>			
Laptops	970.50	1	970.50
Air Card	420.00	1	420.00
<b>Amount Due:</b>			<b>\$1,390.50</b>
<b>Due By:</b>			<b>3/1/2019</b>
<b>4TH PAYMENT</b>			
Laptops	970.50	1	970.50
Air Card	420.00	1	420.00
<b>Amount Due:</b>			<b>\$1,390.50</b>
<b>Due By:</b>			<b>3/1/2020</b>
<b>TOTAL PAYMENTS</b>			<b>\$5,562.00</b>

**LG230 Application to Conduct Off-site Gambling****No Fee****Organization Information**

Organization name Church of the Holy Trinity License number \_\_\_\_\_  
 Address 111 Winsted Ave. West City Winsted **MN** Zip code 55395  
 County McLeod  
 Gambling manager name Elaine Kahle Daytime phone (952) 688-1995

**Gambling Activity**

- Twelve off-site events are allowed each calendar year not to exceed a total of 36 days.  
 from 06 / 08 / 17 to 06 / 10 / 17
- Check the type of games that will be conducted.  
 \_\_\_\_\_ raffle    ☒ pull-tabs    \_\_\_\_\_ bingo    \_\_\_\_\_ tipboards    \_\_\_\_\_ paddlewheel

**Gambling Premises**

- Name of location where gambling activity will be conducted Winstock Music Festival
- County [where gambling activity will be conducted] McLeod
- Street address and city [or township] .3 miles west of Cty Rd. 1, on 230th St, Winsted Zip code 55395
  - Do not use a post office box.
  - If no street address, write in road designations. Example: 3 miles east of Hwy 63 on County Road 42.
- Does your organization own the gambling premises?  
☒ **Yes** If yes, a lease is not required.  
☐ **No** If no, the lease agreement below must be completed, and signed by the lessor.

**Lease Agreement for Off-site Activity**

A lease agreement is not required for raffles.

- Rent to be paid for the leased area "0" If none, write "0."
- All obligations and agreements between the organization and the lessor are listed below or attached.
  - Any attachments must be dated and signed by both the lessor and lessee.
  - This lease and any attachments is the total and only agreement between the lessor and the organization conducting lawful gambling activities.
  - Other terms, if any \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- Lessor's signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Print lessor's name \_\_\_\_\_

**CONTINUE TO PAGE 2**

# LG230 Application to Conduct Off-site Gambling

5/13 Page 2 of 2

## Acknowledgment by Local Unit of Government: Approval by Resolution

CITY APPROVAL for a gambling premises located within city limits.	COUNTY APPROVAL for a gambling premises located in a township
City name <u>N/A Winsted</u>	County name <u>McLeod</u>
Date approved by city council <u>January 17, 2017</u>	Date approved by county board _____
Resolution number (if none, provide meeting minutes) <u>R-17-03</u>	Resolution number (if none, provide meeting minutes) _____
Signature of city personnel <u>Steve Stoth</u>	Signature of county personnel _____
Title <u>Mayor</u> Date Signed <u>01-17-2017</u>	Title _____ Date Signed _____

## Chief Executive Officer [CEO] Acknowledgment

10. The person signing this application must be your organization's CEO and have their name on file with the Gambling Control Board. If the CEO has changed and the current CEO has not filed a LG200B Organization Officers Affidavit with the Gambling Control Board, he or she must do so at this time.
11. I have read this application, and all information is true, accurate, and complete, and if applicable, agree to the lease terms as stated in this application.

CEO signature Anthony J. Stubeda Date 12-15-16

12. Print CEO name Rev. Anthony J. Stubeda, Pastor Daytime phone (320) 864-5162

## Mail or fax to:

**No attachments required.**

Gambling Control Board  
1711 West County Road B, Suite 300 South  
Roseville, MN 55113  
**FAX: 651-639-4032**

This publication will be made available in alternative format (i.e. large print, Braille) upon request.

**Data privacy notice:** The information requested on this form (and any attachments) will be used by the Gambling Control Board (Board) to determine your organization's qualifications to be involved in lawful gambling activities in Minnesota. Your organization has the right to refuse to supply the information; however, if your organization refuses to supply this information, the Board may not be able to determine your organization's qualifications and, as a consequence, may refuse to issue a permit. If your organization supplies the information requested, the Board will be able to process your organization's application.

Your organization's name and address will be public information when received by the Board. All other information provided will be private data about your organization until the Board issues the permit. When the Board issues the permit, all information

provided will become public. If the Board does not issue a permit, all information provided remains private, with the exception of your organization's name and address which will remain public.

Private data about your organization are available to: Board members, Board staff whose work requires access to the information; Minnesota's Department of Public Safety; Attorney General; Commissioners of Administration, Minnesota Management & Budget, and Revenue; Legislative Auditor, national and international gambling regulatory agencies; anyone pursuant to court order; other individuals and agencies specifically authorized by state or federal law to have access to the information; individuals and agencies for which law or legal order authorizes a new use or sharing of information after this notice was given; and anyone with your written consent.





Minnesota Department of Public Safety  
Alcohol and Gambling Enforcement Division  
445 Minnesota Street, Suite 222, St. Paul, MN 55101  
651-201-7500 Fax 651-297-5259 TTY 651-282-6555

**APPLICATION AND PERMIT FOR A 1 DAY  
TO 4 DAY TEMPORARY ON-SALE LIQUOR LICENSE**

Name of organization		Date organized		Tax exempt number	
Church of The Holy Trinity		Year 1883			
Address		City	State	Zip Code	
111 Winsted Avenue West		Winsted	Minnesota	55395	
Name of person making application		Business phone		Home phone	
Rev. Anthony J. Stubeda		320-485-2182		320-864-5162	
Date(s) of event		Type of organization			
June 8, 9, 10, 2017		<input type="checkbox"/> Club <input type="checkbox"/> Charitable <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other non-profit			
Organization officer's name		City	State	Zip	
<input checked="" type="checkbox"/> Rev. Anthony J. Stubeda		Winsted	Minnesota	55395	
<input type="button" value="Add New Officer"/>					

Location where permit will be used. If an outdoor area, describe.

230th St. Winsted, MN - Winstock Country Music Festival (outdoor concert)

If the applicant will contract for intoxicating liquor service give the name and address of the liquor license providing the service.

Locher Brothers Inc. For the sale of Beer and Wine Only  
18098 365th Ave.  
Green Isle, MN 55338

If the applicant will carry liquor liability insurance please provide the carrier's name and amount of coverage.

Locher Brothers Inc. of Green Isle is providing the liquor liability insurance for the Festival  
Certificate Number: 16-17  
Policy Number: ACP7155247010

**APPROVAL**

APPLICATION MUST BE APPROVED BY CITY OR COUNTY BEFORE SUBMITTING TO ALCOHOL AND GAMBLING ENFORCEMENT

City/County	Date Approved
City Fee Amount	Permit Date
Date Fee Paid	City/County E-mail Address

Signature City Clerk or County Official

Approved Director Alcohol and Gambling Enforcement

CLERKS NOTICE: Submit this form to Alcohol and Gambling Enforcement Division 30 days prior to event.

**PLEASE PROVIDE A VALID E-MAIL ADDRESS FOR THE CITY/COUNTY AS ALL TEMPORARY PERMIT APPROVALS WILL BE SENT BACK VIA EMAIL. E-MAIL THE APPLICATION SIGNED BY CITY/COUNTY TO [AGE.TEMPORARYAPPLICATION@STATE.MN.US](mailto:AGE.TEMPORARYAPPLICATION@STATE.MN.US)**



Minnesota Department of Public Safety  
Alcohol and Gambling Enforcement  
445 Minnesota Street, Suite 222  
St. Paul, MN 55101  
651-201-7512

**RENEWAL OF CONSUMPTION AND DISPLAY PERMIT**  
Permit Fee \$250 (Renewal Date: April 1)

ID#	License Code	CDPBL
Major Ave Hunt Club Inc.		
Major Ave Hunt Club Inc.		
11721 Major Ave		
Glencoe	MN	55336
Business Phone 3208646025		

IF NAME AND ADDRESS  
SHOWN ARE NOT  
CORRECT, MAKE  
CHANGES BELOW

Worker's Comp. Ins. Name NA Policy # — Policy Period —

City/County where permit approved McLeod County

Licensee Name Major Ave Hunt Club

Address, City, State, Zip 11721 Major Ave Glencoe, MN 55336

Business Phone 320-864-6025 Email —

By signing this renewal application, applicant certifies that there has been no change in ownership, corporate officers, bylaws, membership, partners, home addresses, or telephone numbers. If changes have occurred during the past 12 months, please give details on the back of this renewal, then sign below.

Applicant's signature on this renewal confirms the following: Failure to report any of the following will result in fines.

1. Applicant 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.
2. Applicant 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.
3. Applicant 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 the back of this renewal, then sign below.
4. Applicant confirms that workers compensation insurance is in effect for the full license period.
5. Applicant confirms, no club on-sale intoxicating liquor license is held.
6. Applicant confirms business premises are separate from any other business establishment.

Licensee Signature Mary D. Martin Date 2-13-17  
(Signature certifies all application information to be correct and permit has been approved by city/county.)

City Clerk/County Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Signature certifies that a consumptions and display permit has been approved by the city/county as stated above.)

**MAKE CHECKS PAYABLE TO: DIRECTOR ALCOHOL AND GAMBLING ENFORCEMENT  
AND RETURN WITH APPLICATION**

Amount Received \_\_\_\_\_

**Indicate below changes of corporate officers, partners, home addresses or telephone numbers:**

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**Report below details of liquor law violations (civil or criminal) that have occurred within the last five years.**  
**(Dates, offenses fines or other penalties, including alcohol penalties):**

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**Report below details involving any license rejections or revocations:**

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**City/County Comments:**

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# CONFESSION OF JUDGMENT FOR DELINQUENT REAL ESTATE TAXES

State of Minnesota  
McLeod County

District Court  
1st Judicial District

## TO THE ADMINISTRATOR OF THE DISTRICT COURT OF MCLEOD COUNTY:

I, **Lance Stradtman**, owner of the following described parcel of real property located in McLeod County, Minnesota, to-wit:

**Parcel ID #** 04.073.0010

**Municipality:** GLENCOE TOWNSHIP

**Legal Description:**

LOT 1 BLOCK 1 SEC 35 TWP 115 RANGE 028  
HAWTHORNE VIEW ESTATES

upon which there are delinquent taxes for the taxes payable year **2016 and prior years**, as follows:

Year	Taxes	Penalty	Interest*	Cost	Total
2016	472.00	66.08	9.30	20.00	567.38
2015	406.00	56.84	56.33	20.00	539.17
2014	360.00	50.40	93.25	20.00	523.65
2013	448.00	62.72	168.06	20.00	698.78
2012	452.00	63.28	223.03	20.00	758.31
2011	406.00	56.84	249.47	20.00	732.31
				<b>Total</b>	<b>\$3,819.60</b>

\*Interest Figured Through **02/28/2017**

do hereby offer to confess judgment under M.S. 279.37 in the sum of **\$3,819.60** and waive all irregularities in the tax proceedings affecting such taxes and any defense or objections which I may have thereto, and direct judgment to be entered for the amount hereby confessed less the sum of **\$381.96** hereby tendered, being **one-tenth** of the amount of said delinquent taxes, penalties, interest, and costs.

I agree to pay the balance of such judgment in nine equal annual installments, with interest at the rate provided in M.S. 279.03 (**2017 equals 10%**) and payable annually on the installments remaining unpaid. Each annual installment is to be paid on or before December 31 of each year following the year in which this judgment is confessed.

I also agree to pay current taxes on said parcel each year before they become delinquent or within thirty days after final judgment in proceedings to contest such taxes under M.S. 278.01 to 278.13, inclusive.

02/15/2017

Date



Owner Signature

Address: 9232 HAMLET AVE

GLENCOE MN 55336

Telephone No.: 320-510-0379 (cell)

Email Address: [lance.stradtman@gmail.com](mailto:lance.stradtman@gmail.com)

License Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

**APPLICATION FOR PRECIOUS METAL DEALER LICENSE**

I, Darryl Dennis Johnson, as Secretary-Treasurer for and in behalf of Security Coin & Pawn Shop, Inc., a Minnesota corporation, hereby make application pursuant to the provisions of Minnesota Statutes, Chapter 325F, for a license to engage in or transact business as a Precious Metal Dealer in McLeod County.

Applicant's Resident Address: 501 28<sup>th</sup> Ave. SW #311, Willmar, MN 56201.

Applicant's Date of Birth: \_\_\_\_\_

Business Name: Security Coin & Pawn Shop, Inc.

Principal Business Address: 320 SW Litchfield Avenue, Willmar, MN 56201-3353.

Name of Owners of Principal Business: Martin Frank Fulayter and Darryl Dennis Johnson

Dates of birth: \_\_\_\_\_

Resident Address of Owner Fulayter: 651 Fifth Street, Albany, MN 56307

Name of Managers of Principal Business: Martin Frank Fulayter and Darryl Dennis Johnson

Dates of Birth: \_\_\_\_\_

Resident Address of Manager: Matthew J. Johnson, 426 Jefferson Street SE, Hutchinson, MN 55350.

**OTHER BUSINESS LOCATIONS WITHIN MCLEOD COUNTY: (EACH  
BRANCH  
OFFICE SHALL BE OPERATED UNDER THE SAME NAME AS THE  
PRINCIPAL OFFICE).**

1. Branch Office Address: 140 North Main Street, Suite B, Hutchinson, MN 55350

Name of Owners of Business: Same as Principal Business Dates of Birth: Same

Resident Address of Owners: See above.

Name of Manager of Business: Matthew J. Johnson

Date of Birth:

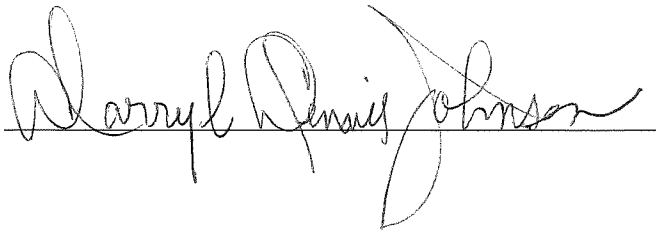
Resident Address of Manager: 426 Jefferson St. SE, Hutchinson, MN 55350

If applicant is a partnership or corporation, list name, position/title, date of birth and phone number of all individuals:

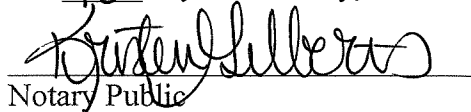
NAME	POSITION	RESIDENT ADDRESS	PHONE	D/O/B
Martin Frank Fulayter	President	651 Fifth Street PO Box 325 Albany, MN 5637	845-2901	
Darryl Dennis Johnson	Sec-Treas.	501 28 <sup>th</sup> Ave. SW #311 PO Box 1153 Willmar, MN 56201-1153	231-3435	

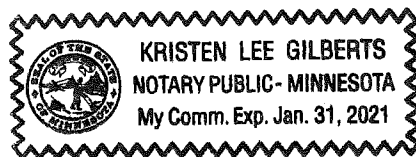
I swear or affirm under oath, under penalties of perjury, that all statements made in the above application are true and correct.

Dated: February 10, 2017.



Subscribed and sworn to before me  
this 10 day of February, 2017.

  
Notary Public





# County of McLeod

830 11th Street East  
Glencoe, Minnesota 55336  
FAX (320) 864-3410

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**COMMISSIONER RON SHIMANSKI**

1st District  
Phone (320) 327-0112  
23808 Jet Avenue  
Silver Lake, MN 55381  
[Ron.Shimanski@co.mcleod.mn.us](mailto:Ron.Shimanski@co.mcleod.mn.us)

**COMMISSIONER RICHARD POHLMEIER**

4th District  
Phone (320) 587-6084  
207 1<sup>st</sup> Ave S  
Brownston, MN 55312  
[Sheldon.Nies@co.mcleod.mn.us](mailto:Sheldon.Nies@co.mcleod.mn.us)

**COMMISSIONER DOUG KRUEGER**

2nd District  
Phone (320) 864-5944  
9525 County Road 2  
Glencoe, MN 55336  
[Kermit.Terlinden@co.mcleod.mn.us](mailto:Kermit.Terlinden@co.mcleod.mn.us)

**COMMISSIONER JOE NAGEL**

5th District  
Phone (320) 587-8693  
20849 196<sup>th</sup> Road  
Hutchinson, MN 55350  
[Jon.Christensen@co.mcleod.mn.us](mailto:Jon.Christensen@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](mailto:Paul.Wright@co.mcleod.mn.us)

**COUNTY ADMINISTRATOR****PATRICK MELVIN**

Phone (320) 864-1363  
830 11th Street East, Suite 110  
Glencoe, MN 55336  
[Pat.Melvin@co.mcleod.mn.us](mailto:Pat.Melvin@co.mcleod.mn.us)

## RESOLUTION 17-CB-05 2016 GIFTS AND CONTRIBUTIONS

**BE IT HEREBY RESOLVED:** The McLeod County Board of Commissioners authorizes the acceptance of gifts and contributions in the amount of \$20,451.13 for the year ending December 31, 2016.

### Veterans Services Gifts & Contributions

25-121-000-0000-5760

<u>Name</u>	<u>Amount</u>	<u>Name</u>	<u>Amount</u>
Barlau, James	\$5.00	Lamprecht, Woody	\$35.00
Beadell, Jeff	\$5.00	Landkammer, Richard	\$57.16
Beltz, Bruce	\$20.00	Latzig, Harold	\$10.00
Bennington, Al	\$15.00	Larson, Glen	\$101.96
Blake, Harry	\$35.50	Lewandowski, Valerian	\$38.82
Braun, Terrance	\$10.00	Libra, Roger	\$82.66
Breyer, Ernest	\$73.82	Litzau, Eugene	\$74.51
Bruckschen, Ernie	\$226.31	Maiers, Stan	\$25.00
Brunkhorst, Larry	\$35.00	Makovsky, Ron	\$10.00
Bunce, Greg	\$5.00	McBride, Earl	\$35.00
Burke, Franklin	\$174.37	Meier, Roger	\$10.00
Bussler, Randall	\$40.00	Miller, Walter	\$45.00
Chmielewski, Edward	\$125.00	Miska, Roy	\$20.00
Christanson, Julius	\$10.00	Miskovsky, Don	\$10.00
Degn, James	\$280.00	Moe, Glenn	\$35.50
Denneson, James	\$46.48	Moren, Sandra	\$5.00
Duenow, Lloyd	\$25.00	Mott, Francis	\$35.00
Duenow, Ralph	\$5.00	Nelson, Gale	\$5.00
Durkhorn, Dwight	\$10.00	O'Brien, Patrick	\$20.00
Ehlers, Jerome	\$25.00	Oie, Arnold	\$10.00
Erickson, Don	\$5.00	Olson, Randy	\$5.00
Fasching, Melvin	\$20.00	Ortloff, Kevin	\$5.00
Fenske, Harry	\$127.50	Phifer, Noel	\$15.00
Fenstrom, Marvin	\$150.00	Precht, Bruce	\$5.00
Freitag, Charles	\$20.00	Quast, Thomas	\$45.00
Gaffman, Chester	\$50.00	Rath, Dennis	\$141.36
Gehrke, LeRoy	\$5.00	Redepenning, Raymond	\$4.00
Graupmann, Orlin	\$41.68	Reilein, Leonard	\$55.00
Guenigsmann, John	\$10.00	Remund, George	\$10.00

<u>Name</u>	<u>Amount</u>
Hagenmiller, Daniel	\$5.00
Hausladen, Conrad	\$35.00
Hawes, Terry	\$42.00
Heidebrink, Dave	\$18.17
Henderson, Matthew	\$238.67
Holfield, Jeanne	\$5.00
Homan, Elvin	\$188.37
Hoodecheck, Clarence	\$1,076.75
Horstmann, Roger	\$5.00
Ingerson, Francis	\$15.00
Jannusch, Charles	\$5.00
Kenney, Layne	\$51.27
Kieser, Marvin	\$30.00
Klaustermeier, Gene	\$15.00
Kluastermeier, Hillard	\$5.00
Klien, Mike	\$123.00
Klima, Linda	\$70.00
Knacke, Leslie	\$42.33
Krueger, Orville	\$37.99
Kubasch, Gordon	\$132.00
Kurth, Gary	\$20.00
Lade, Terry	\$10.00

<u>Name</u>	<u>Amount</u>
Robson, John	\$5.00
Schrupp, Gilbert	\$5.00
Schultz, Donald	\$20.00
Schultz, Gilbert	\$88.75
Schumacher, Don	\$10.00
Soeffker, Gilbert	\$30.00
Sopkowiak, Roger	\$25.00
Steinhaus, Elwood	\$5.00
Stifter, Felix	\$55.61
Stockdill, Mabel	\$35.00
Swantek, Ed	\$35.00
Terlinden, Kenneth	\$5.00
Thieman, Jerome	\$15.00
Thompson, Ron	\$5.00
Thurn, Andrew	\$74.32
Ward, Richard	\$112.05
Wawrzyniak, Gene	\$143.00
Webb, Carl	\$38.00
Weber, Charles	\$50.00
Wigern, Duane	\$175.00
Yerks, Charles	<u>\$83.25</u>
<b>Total</b>	<b><u>\$5,737.16</u></b>

#### **Public Health Gifts & Contributions**

01-485-455-5460-5760

<u>Name</u>	<u>Amount</u>
United Way	<u>\$2,000.00</u>
<b>Total</b>	<b><u>\$2,000.00</u></b>

#### **County Extension Gifts & Contributions**

25-603-000-0000-5750

<u>Name</u>	<u>Amount</u>
MN 4H Foundation	\$1,715.00
McLeod County 4H	<u>\$2,930.00</u>
<b>Total</b>	<b><u>\$4,645.00</u></b>

#### **New Canine Gifts & Contributions**

25-224-000-0000-5750

<u>Name</u>	<u>Amount</u>
Form A Feed	\$5,000.00
Young America Mutual Ins	\$100.00
Worldwide Dispensers	<u>\$50.00</u>
<b>Total</b>	<b><u>\$5,150.00</u></b>

#### **D.A.R.E Gifts & Contributions**

25-223-000-0000-5760

<u>Name</u>	<u>Amount</u>
Penny per Pound Solid Waste	<u>\$2,500.00</u>
<b>Total</b>	<b><u>\$2,500.00</u></b>

#### **Chaplain Program Gifts & Contributions**

25-228-000-0000-5750

<u>Name</u>	<u>Amount</u>
Eden Prairie Assembly of God	\$200.00
Winstock Donation	<u>\$165.00</u>
<b>Total</b>	<b><u>\$365.00</u></b>

#### **Jail Canteen Gifts & Contributions**

25-252-000-0000-5750

<u>Name</u>	<u>Amount</u>
McLeod County Inmates	<u>\$53.97</u>
<b>Total</b>	<b><u>\$53.97</u></b>

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Joe Nagel, Chairman

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Patrick Melvin, County Administrator



**AMENDMENT NUMBER EIGHT  
TO THE FOOD SERVICE MANAGEMENT AGREEMENT BETWEEN  
MCLEOD COUNTY AND A'VIANDS, LLC**

This Amendment Number Eight is made by and between McLeod County, whose address is 801 East 10<sup>th</sup> Street, Glencoe, Minnesota 55336 (hereinafter referred to as "Client"), and A'viands, LLC, whose address is 1751 County Road B West, Suite 300, Roseville, Minnesota 55113 (hereinafter referred to as "A'viands").

**WHEREAS**, A'viands and Client are parties to a Food Service Management Agreement, as amended (hereinafter referred to as "Agreement"), effective April 16, 2008; and

**WHEREAS**, both parties now desire to amend said Agreement upon the terms and conditions stated herein.

**NOW, THEREFORE**, the parties, intending to be legally bound hereby, mutually agree as follows:

**1. Terms of the Agreement**

- b. A'viands shall charge the Client a flat rate of \$255.29 per day plus a meal charge of \$1.20 for each inmate meal ordered. All meals, including bag lunches for work release, shall be included in this total.

This Amendment Number Eight shall be effective as of April 16, 2017. All other terms and conditions of the original Agreement, as modified from time to time, shall remain in full force and effect unless otherwise amended as provided in the Agreement.

**COUNTY OF MCLEOD, MN**

By: \_\_\_\_\_

Name: \_\_\_\_\_

Title: Board Chair

Date: \_\_\_\_\_

By: \_\_\_\_\_

Name: \_\_\_\_\_

Title: Sheriff

Date: \_\_\_\_\_

**A'VIANDS, LLC**

By: 

Name: Mitch Speicher

Title: CFO

Date: 2/2/17

**APPROVED AS TO FORM:**

By: \_\_\_\_\_

Name: \_\_\_\_\_

Title: McLeod County Attorney

Date: \_\_\_\_\_

Personnel Committee

Tuesday, Feb 14, 2017

**AGENDA**

A. Discuss summer workers for Parks/Fairgrounds.

**Recommendation: Hire the following Summer Workers for Parks Department: 2 Summer Worker I at 36 hours per week, 1 Summer Worker II at 36 hours per week, 1 Summer Worker at 20 hours per week and 1 Summer Worker at 14 hours per week and hire 2 Fairgrounds Summer Workers at 40 hours per week. These will be for approximately 12 weeks. The wage will be based on the attached Seasonal Pay Grid.**

B. Discuss summer works for Highway.

**Recommendation: Hire 5 Highway Summer Workers for Highway Department: 1 for GIS, 2 primarily for maintenance/signs, and 2 primarily for engineering. This will be for approximately 12 weeks. The wage will be based on the attached Seasonal Pay Grid.**

C. Discuss staffing needs in Social Services.

No recommendation. Discussion was held on the staffing needs with the Social Service Long-Term Care/Developmental Disabilities Unit. This information will be discussed at a McLeod County Welfare and Social Service Committee meeting.

D. Discuss full-time vacancy for a Social Worker with Child Protection Services due to lateral move.

**Recommendation: Hire full-time Social Worker (grade 22) for the Child Protection Services Unit due to a lateral move of current staff member.**

E. Discuss Office Manager vacancy in Sheriff Office.

**Recommendation: Hire full-time Office Manager (grade 150) in the Sheriff Office due to vacancy.**

F. Discuss temporary clerical help for Attorney's Office.

**Recommendation: Hire temporary office support staff for up to 6 weeks to assist in Attorney's Office during a medical leave. Allow option to contact Temp Agency if appropriate.**

G. Consider wages increases for working out of class for Emily Gable, Environmental Services and Matt Tews, Solid Waste.

No recommendation: Further discussion needed with legal counsel and with Zoning Department to see if staff can assume some of the responsibilities for Environmentalist vacancy.

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*Please note that the Committee Chairperson has responsibility to invite staff  
not copied on this Agenda and expected to attend the meeting.*

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CC: All Commissioners  
All Department Heads  
Mary Jo Wieseler  
Pat Melvin

<p style="text-align: center;"><b>2017</b></p> <p style="text-align: center;"><b>McLEOD COUNTY</b></p> <p style="text-align: center;"><b>SEASONAL/TEMP PAY GRID</b></p>
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	Step 1	Step 2	Step 3	Step 4	Step 5
Pay Grade	Minimum				Maximum
S/T 1	9.50	9.69	9.88	10.08	10.28
S/T 2	9.75	9.95	10.14	10.35	10.55
S/T 3	10.00	10.20	10.40	10.61	10.82
S/T 4	10.25	10.46	10.66	10.88	11.09
S/T 5	10.50	10.71	10.92	11.14	11.37
S/T 6	10.75	10.97	11.18	11.41	11.64
S/T 7	11.00	11.22	11.44	11.67	11.91
S/T 8	12.00	12.24	12.48	12.73	12.99
S/T 9	13.00	13.26	13.53	13.80	14.07
S/T 10	14.00	14.28	14.57	14.86	15.15
S/T 11	15.00	15.30	15.61	15.92	16.24
S/T 12	20.00	20.40	20.81	21.22	21.65

S/T 1

S/T 7

S/T 2

S/T 8

Parks/Frgrds Summer Worker II

S/T 3

Parks/Frgrds Summer Worker I

S/T 9

Highway Summer Worker

S/T 4

S/T 10

S/T 5

S/T 11

S/T 6

S/T 12

**ADMINISTRATIVE SERVICES AGREEMENT  
BETWEEN  
SIBLEY/MCLEOD COUNTY  
AND  
MEDICA SELF-INSURED  
EFFECTIVE  
JANUARY 1, 2017  
GROUP HEALTHCARE COVERAGE**

## ADMINISTRATIVE SERVICES AGREEMENT

This Administrative Services Agreement ("Agreement") is effective January 1, 2017 ("Effective Date") by and between Sibley/McLeod County ("Sponsor"), Plan Administrator, and Medica Self-Insured ("MSI").

WHEREAS, Sponsor has established one or more Plans, as defined below, to provide health care coverage ("Plan") for its employees, their dependents or other eligible persons and Sponsor desires to arrange for MSI to provide certain administrative services in connection with the Plan.

WHEREAS, Sponsor has requested MSI to provide the services found in this Agreement and the Addenda.

WHEREAS, MSI is considered a "business associate" under HIPAA with regard to the certain benefit plans, there is an exhibit to document compliance with HIPAA's privacy, security, and electronic data interchange (EDI) requirements.

NOW THEREFORE, the parties agree as follows:

### SECTION 1. DEFINITIONS.

In addition to the terms defined elsewhere in this Agreement, for purposes of this Agreement and the attached Addendum, the following terms shall have the meanings set forth below. Unless the context otherwise requires, words in the singular number include the plural, and those in the plural include the singular.

**"Addenda"** or **"Addendum"** means the documents attached to this Administrative Services Agreement that more specifically spell out the administrative services for the different Plans adopted by Sponsor.

**"Affordable Care Act"** or **"ACA"** means the Patient Protection and Affordable Care Act, Public Law 111-148, enacted March 23, 2010 and the Health Care and Education Reconciliation Act, Public Law 111-152, enacted March 30, 2010 and implementing regulations.

**"Cafeteria Plan"** means a salary reduction plan established by the Sponsor under Code § 125.

**"Claim"** means a request for payment under an applicable benefit plan or arrangement.

**"COBRA"** means the Consolidated Omnibus Budget Reconciliation Act of 1985, as amended and its implementing regulations.

**"Code"** means the Internal Revenue Code of 1986, as amended and its implementing regulations.

**"Contract Period"** shall have the meaning set forth in Section 6.1 of this Agreement.

**"Covered Employee"** means an employee meeting the requirements set by Sponsor for enrollment under the Plans and enrolled for coverage under the Plans.

**"Dependent"** means a Covered Employee's spouse and dependents, as determined by Plan Sponsor.

**"Group Healthcare Coverage"** means the self-funded plan established by Sponsor for its employees, their dependents or other eligible persons, as that plan currently exists or may be amended in the future.

**“HIPAA”** means the Health Insurance Portability and Accountability Act of 1996, as amended and its implementing regulations.

**“MSI”** means the claims administrator with whom the Sponsor contracts via this Agreement to perform certain limited administrative services with respect to the medical benefits provided through the Plans. This Agreement is for administrative services only.

**“Plan”** means one or more of the following: the Group Healthcare Coverage plan, the Health Reimbursement Arrangement, and the component plans under a Cafeteria Plan through which Covered Employees can elect different benefits. Each is referred to individually as a Plan and collectively as the Plans.

**“Plan Administrator”** means the person or other such entity, as stated in the Plan Documents, that is responsible for the administration of the Plans.

**“Plan Document(s)”** means the document(s) provided to Covered Employees establishing and setting forth the terms and conditions of this Plan and the Plan’s coverage.

**“Premium Equivalent”** means the cost per Covered Employee, or the amount Plan Sponsor would expect to reflect the cost of claims paid, administrative costs and stop-loss premiums.

**“Sponsor”** means the employer group identified in the Plan Documents as the Sponsor of the Plans. Such employer group has financial responsibility for such Plan and has entered into an administrative services agreement with MSI related to such Plan.

**“Tax”** means any taxes, assessments and all other federal, state, local or other governmental charges. Taxes include, but are not limited to, the excise tax on high cost employer-sponsored health coverage under § 4980I of the Code, sometimes referred to as the “Cadillac tax”.

## **SECTION 2. SPONSOR OBLIGATIONS.**

**2.1 Establishment of the Plans.** Sponsor is solely responsible for establishing and maintaining the Plans, including adoption of Plan Document(s) and any Plan amendments. The Sponsor retains all authority to amend, alter, or modify the terms of the Plans. Sponsor may amend the Plan Documents in its sole discretion, but Sponsor shall give MSI written notice of any such amendment at least 60 days before its effective date, unless the parties mutually agree to a different notice period. Plan Administrator is responsible for determining, for regulatory purposes, the number of plans that have been adopted by Sponsor.

**2.2 Fiduciary.** Sponsor is considered the Plan Administrator. Sponsor shall not name MSI or represent that MSI is, and MSI shall not be, the Plan Administrator.

**2.3 Eligibility and Enrollment.** Before the Effective Date of this Agreement and before the beginning of any subsequent Contract Period, Sponsor shall provide MSI with information regarding each Covered Employee and Dependents, on a form satisfactory to both parties, and shall notify MSI of any changes in the eligibility of a Covered Employee and Dependents and any addition or deletion of Covered Employees and Dependents to the Plans. The Plan Administrator shall determine Covered Employee and Dependent eligibility and shall inform MSI of those individuals to be enrolled in or disenrolled from the Plans. MSI shall be entitled to rely on the most current information in its possession regarding eligibility of Covered Employees and Dependents in paying Claims and providing other services under this Agreement.



- 2.4 Plan Documents.** Sponsor shall provide MSI with the Plan Documents adopted by Sponsor, including any amendments, in order that MSI has sufficient direction to administer the Plans, as described in this Agreement.
- 2.5 Records.** Plan Administrator shall maintain records relating to the terms and operation of the Plans, including the identification of eligible persons, payments to MSI and payments for benefits.
- 2.6 Regulatory Compliance.**
- (a) Code.** Sponsor and Plan Administrator shall be solely responsible for compliance with all Internal Revenue Code requirements related to the administration of the Plans, including, but not limited to, required discrimination testing, payment of the Comparative Effectiveness Research fee under the ACA, and any other penalty or fee under the ACA.
  - (b) COBRA.** All duties of the Sponsor and Plan Administrator, including, but not limited to, notifying Covered Employees regarding continuation rights and premium billing and collection, remain the responsibility of Sponsor and Plan Administrator.
  - (c) Election Changes.** Sponsor is solely responsible for determining if election changes are allowed in accordance with the requirements of Code § 125.
  - (d) Affordable Care Act.** Sponsor has sole responsibility for determination of whether any Plan is subject to the ACA. If such Plan is subject to the ACA, Sponsor shall be solely responsible for compliance with the requirements of the ACA.
  - (e) Grandfather Status.** Sponsor has sole responsibility for determining if any Plan is “grandfathered,” as that term is defined in §§ 1251 and 10103(d) of the ACA. In the event Sponsor determines that a plan is grandfathered, MSI will put the appropriate language on Covered Employee communications as required by the ACA and any implementing regulations or regulatory guidance. MSI will provide suggested language for the required disclosure of grandfather status. Sponsor is solely responsible for determining the final content of the required language.
  - (f) Compliance with HIPAA Privacy and Security Regulations.** Compliance with any and all applicable provisions of the privacy and security regulations issued pursuant to HIPAA shall be the responsibility of the Plans. Plan Sponsor and MSI’s obligations under HIPAA are set forth in Exhibit 2.6(f) – Business Associate Agreement attached hereto and incorporated by reference.
  - (g) Medical Support Orders.** Plan Administrator shall be responsible for all aspects of compliance regarding medical support orders. MSI shall be entitled to rely on the information provided by Plan Administrator regarding medical support orders.
  - (h) Covered Employees.** Plan Administrator and Sponsor represent and warrant that the Sponsor, together with any affiliated employers that employ Covered Employees, are not a Multiple Employer Welfare Arrangement (“MEWA”), as that term is defined under state law.

- (i) **Mental Health Parity.** Sponsor and Plan Administrator shall be solely responsible for compliance with the Mental Health Parity and Addiction Equity Act, as codified in, section 2705 of the PHS Act, and section 9812 of the Code ("MHPAEA"), and all implementing regulations. MSI does not perform the quantitative parity testing under MHPAEA.
- (j) **Other Group Health Plan Laws.** Sponsor shall take all other steps necessary to maintain and operate the Plans in compliance with applicable provisions of other applicable federal and state laws.

### **SECTION 3. GENERAL SERVICES PROVIDED BY MSI.**

MSI shall provide only those administrative services described in this Agreement and the Addendum attached hereto and incorporated by reference consistent with the Plan Documents. The parties understand and acknowledge that MSI shall provide its services in accordance with its usual and customary business practices.

**3.1 Limited Duties.** The Plan Sponsor delegates to MSI only non-discretionary authority with respect to assisting Plan Sponsor in the development, maintenance and administration of the Plans as specifically described in this Agreement. MSI cannot provide tax or legal advice with respect to the Plans. Sponsor is solely responsible for consulting with its tax and benefits advisors regarding tax, cafeteria plan, and other legal matters involving the Plans.

**3.2 Administrative Services.** MSI shall provide those administrative services for the benefits as described more fully in the Addendum attached hereto, which by reference are incorporated in this Agreement. Each Addendum describes more specifically the services and requirements for the Plan. Sponsor acknowledges that MSI is not administering any Cafeteria Plan through which certain benefits are provided. In order for MSI to be bound to provide administrative services relating to any amendment to the Plan Documents that would increase or change the nature of the services provided by MSI, MSI must have specifically agreed to provide such services. In the event MSI agrees to provide such additional or changed services, MSI may request renegotiation of the fees paid to MSI pursuant to this Agreement. In the event MSI does not agree to provide the additional or changed services, or the parties cannot agree on a new fee, MSI may terminate this Agreement upon 30 days written notice to Sponsor.

Except as specifically provided in this Agreement, MSI shall have no obligation to provide any services under this Agreement relating to a claim or other event regarding health care delivered before the Effective Date or after the termination date of this Agreement except as set forth in Section 6.3.

**3.3 Licenses.** MSI will obtain and maintain any licenses or regulatory approvals necessary for it to perform its services under this Agreement.

**3.4 Plan Document Drafting.** MSI shall provide Sponsor with draft Plan Document(s) for Sponsor's review and consideration. Sponsor shall be solely responsible for the final content of Sponsor's Plan Document. If MSI determines that the content and format of Sponsor's final Plan Document is substantially similar to the draft document provided by MSI, MSI shall provide Sponsor with an electronic Plan Document. If MSI determines that the content and format of Sponsor's final Plan Document is not substantially similar to the draft document provided by MSI, Sponsor shall produce and shall bear the cost of printing and distributing the Plan Documents.

- 3.5 Employee Meetings.** MSI, upon request, will attend any informational meetings for potential Covered Employees relating to the Plans and shall cooperate with Sponsor's efforts to provide information regarding the Plans.
- 3.6 Customer Service.** MSI shall respond to written or telephone requests for information made during normal business hours by Covered Employees and Dependents insofar as the inquiry can be addressed under the terms of this Agreement or per the Plan Documents.
- 3.7 Recordkeeping.** MSI shall maintain records relating to its responsibilities under this Agreement and shall provide Plan Administrator with records requested by Sponsor and Plan Administrator, subject to Section 4.
- 3.8 Department of Labor Reporting.** In the event Plan Administrator determines that the Plans are required to file a Form 5500 Schedule C, MSI will provide the necessary information to Plan Administrator upon request.

#### **SECTION 4. RECORDS AND REPORTS.**

- 4.1 Records.** Any release of records or access to records under this Section 4.1 is subject to the confidentiality provision in Section 4.4.

Each party may have access to the records, as permitted by law, directly relating to the Plans and maintained by the other party during normal business hours and upon reasonable notice. The party requesting records shall pay the cost of photocopying. The party inspecting or auditing records shall, at the request of the party holding the records, pay (i) for personnel time expended in connection with complying with the inspection or audit, to the extent such personnel time exceeds 24 hours; and (ii) any other costs incurred in complying with the audit or inspection request.

Plan Administrator hereby authorizes MSI to access any Covered Employee information, including information held by any third party, that MSI deems necessary for Plan administration purposes. Sponsor and Plan Administrator acknowledge and agree, on behalf of themselves and the Plans, that subject to the provisions of Exhibit 2.6(f), MSI may use and transfer claims and related medical data in MSI's possession to third parties for purposes of research and analysis.

It is the Plan Administrator's responsibility to maintain all records on behalf of the Plans. However, in the event of the termination of this Agreement, MSI shall provide Plan Administrator with copies of records in MSI's possession relating to the Plans and necessary for the continued operation of the Plans. The copies may be provided in hard copy or machine readable form, in MSI's discretion. All records generated or maintained by MSI as necessary for MSI to provide administrative services relating to the Plans shall be kept for 7 years after the last day of the Plans' year to which the document relates or any applicable period required by law, whichever is longer.

- 4.2 Reports.** Any provision of reports under this Section 4.2 is subject to the confidentiality provision in Section 4.4. Plan Administrator will have access to MSI's on-line reporting tool. In the event Sponsor or Plan Administrator requests that MSI provide information other than information in standard reports, Sponsor shall be responsible for the cost of such reports.

**4.3 Audits.** During the term of this Agreement, and at any time within twelve (12) months following its termination, Sponsor or its designee may audit MSI to determine whether MSI is fulfilling the terms of this Agreement. Sponsor must advise MSI at least forty-five (45) days in advance of its intent to audit. The auditor chosen by Sponsor shall execute a confidentiality agreement with MSI. The place, time, type, duration and frequency of all audits must be reasonable and agreed to by MSI. All audits shall be limited to information relating to the calendar year in which the audit is conducted and/or the immediately preceding calendar year unless the parties agree to a longer time period. In no event, however, shall any audit or inspection of Plan include records dated more than 7 years from the last day of the Plan year to which the audit relates. With respect to Claims services, the audit scope and methodology shall be consistent with generally acceptable auditing standards, including a statistically valid random sample or other acceptable audit technique. Sponsor will provide MSI with a copy of the audit report.

MSI recognizes that regulatory audits may occur outside the timeframes set forth above. MSI shall make available to representatives of the appropriate regulatory agencies, all requested books and records and access to its operating procedures in accordance with regulatory requirements. In no event, however, shall any audit or inspection of Plan include records dated more than 7 years from the last day of the Plan year to which the audit relates.

**4.4 Confidentiality.**

(a) **Proprietary Information.** In order to assist Plan Administrator in administering the Plan, MSI may reveal certain confidential information ("Information") that is not PHI. For purposes of this Section 4.4, "Information" will mean all nonpublic information that is related to the business or operations of MSI, including, but not limited to, information specifically identified as confidential, information generally understood to be confidential, commercial and financial information, and trade secret information. MSI shall not be required to disclose provider payment fee schedules, individually or in the aggregate, or other proprietary or confidential business information unless required under applicable law. Plan Administrator and Sponsor shall not disclose Information to any third party, which includes but is not limited to consultants or third-party vendors, without the prior written consent of MSI. MSI shall not disclose confidential information of Plan Administrator or Sponsor that has been identified in writing as confidential information to any third party, except as permitted elsewhere in this Agreement. Information shall not include: 1) information that is already at the signing of this Agreement in Sponsor or Plan Administrator's possession without any disclosure restrictions; 2) information that has come into the public domain through no fault of or action by Plan Administrator or Sponsor; 3) information that is required to be disclosed in response to official inquiries from any state or federal agency or by court order; 4) information that is obtained after the fact by a third party that has no legal restriction on disseminating such information.

- (b) **Protected Health Information.** Uses and disclosures of PHI are governed by the terms of the Business Associate Agreement attached as Exhibit 2.6(f).

## **SECTION 5. PAYMENTS BY SPONSOR.**

- 5.1 Benefits. Payment from General Assets of Sponsor.** Sponsor shall use funds from its general assets to make payments for benefits and fees to MSI. Sponsor shall not set up a trust or an account in the Plan's name to be used to pay for benefits or fees to MSI. Plan Sponsor acknowledges and agrees that Plan Sponsor is responsible for funding payment for all benefits. Plan Sponsor's financial obligation is not limited to the Premium Equivalent amounts funded through the HRA.

If Sponsor does not make funds available to pay Claims in the required amount and Sponsor fails to provide the required amount of funds within two business days after notice of the need to provide such funds, MSI may immediately terminate this Agreement and its obligations under this Agreement, as provided in Section 6.2 below.

MSI shall forward to Sponsor a report itemizing amounts payable for Claims during that period, and a report setting forth administrative fees due MSI. MSI shall adjust any claim disputes by Sponsor, or errors detected by MSI or Sponsor, in the supporting reports for the next period's payment due after the dispute is resolved or errors identified.

- 5.2 Fees.** Sponsor shall use funds from its general assets to make payments to MSI for administrative fees. The administrative fees are set forth in Exhibit 5.2, attached hereto and incorporated by reference. If MSI's performance under this Agreement is made materially more burdensome or expensive due to (i) a change in federal, state, or local laws or regulations; or (ii) a new application of existing laws or regulations, the parties shall negotiate an appropriate adjustment to the fee paid to MSI. If the parties cannot agree on an adjusted fee within 30 days after MSI sent written notice of the material change and its request to negotiate an adjusted fee to Sponsor, then either party may terminate this Agreement upon 30 days written notice to the other party.

MSI shall forward to Sponsor a report setting forth administrative fees due MSI. MSI shall adjust any fee disputes by Sponsor, or errors detected by MSI or Sponsor, in the supporting reports for the next period's payment due after the dispute is resolved or errors identified.

- 5.3 MSI Access to Plan Data.** Sponsor hereby authorizes MSI to have access to any and all Plan financial information, including without limitation, bank account information, which MSI may deem necessary or convenient for MSI to perform or review the provision of services on behalf of the Plans.

- 5.4 Taxes and Tax Notices.** Sponsor will reimburse Medica for Taxes that are assessed against Medica relating to this Agreement, the Plan, or benefit payments under the Plan. For purposes of this Section 5.4, Taxes do not include taxes on MSI's net income. MSI has the authority and discretion to determine whether any such Tax assessed against Medica should be paid or disputed. MSI will act reasonably in making that determination. Sponsor will also reimburse MSI for a proportionate share of any cost or expense reasonably incurred by MSI

relating to such Tax, including costs and reasonable attorneys' fees incurred in disputing such Tax, and any interest, fines, or penalties relating to such Tax.

In the event that the reimbursement of any benefits to Plan participants in connection with this Agreement is subject to tax reporting requirements, Sponsor is responsible for complying with those requirements.

If Sponsor requests Medica to assist in providing the Covered Employees and Dependents residing in Massachusetts with a Form MA 1099-HC, and if Sponsor certifies in writing that the coverage provided to the Massachusetts residents is minimum creditable coverage, MSI will assist Sponsor in providing the Form MA 1099-HC to Covered Employees and Dependents in Massachusetts. There may be an additional fee for this service.

## **SECTION 6. TERM AND TERMINATION.**

- 6.1 Term.** This Agreement shall become effective on the Effective Date for a one-year period (a "Contract Period") as follows:

Contract Period begins on: January 1, 2017 and ends on: December 31, 2017

unless earlier terminated as provided in this Agreement; provided, however, that this Agreement shall automatically renew for successive Contract Periods, subject to section 6.2(a).

### **6.2 Termination.**

- (a)** This Agreement will terminate at the end of a Contract Period if either party gives the other party written notice of its intent not to renew this Agreement at least 60 days in advance of the commencement of any Contract Period unless a shorter period of time is mutually agreed to by the parties.
- (b)** This Agreement will terminate at the end of a Contract Period if MSI and Sponsor fail to reach agreement on the fees described in Exhibit 5.2 at least 60 days in advance of the commencement of any Contract Period and the parties determine that an agreement is not possible, unless the parties agree otherwise.
- (c)** If Sponsor fails to make any payment to MSI when such payment is due under this Agreement, MSI may terminate this Agreement effective immediately upon written notice to the Sponsor.
- (d)** Either party may terminate this Agreement in the event of a material default, other than a failure to pay described in Section 6.2(c) above, by the other party. Such termination shall be effective 60 days after written notice specifying the default has been given to the defaulting party, unless the default has been cured before the end of the 60-day period.
- (e)** Sponsor may terminate this Agreement effective immediately upon written notice to MSI in the event that MSI fails to obtain or maintain any required licenses or regulatory approvals necessary for it to perform services under this Agreement.
- (f)** Sponsor may terminate this Agreement immediately upon MSI's material breach of the terms of Exhibit 2.6(f) if cure of the breach by MSI is not possible.

- (g) MSI may terminate this Agreement effective immediately upon written notice to Sponsor and Plan Administrator in the event Sponsor ceases to be actively engaged in business or if the Plans are terminated.
- (h) Subject to applicable law, MSI may terminate this Agreement effective immediately upon written notice to Sponsor and Plan Administrator in the event Sponsor admits in writing to its inability to pay its debts, makes a general assignment for the benefit of creditors, is adjudicated insolvent, or is placed in receivership. Sponsor agrees that it shall provide MSI with immediate written notice upon the occurrence of any of the events described in this Section 6.2(h).
- (i) This Agreement may be terminated as provided elsewhere in this Agreement.
- (j) Either Party may terminate this Agreement without cause upon 90 days prior written notice.

### **6.3 Cooperation Upon Termination.**

In the event of termination of this Agreement for any reason:

- (a) MSI shall provide reasonable cooperation to the person or entity selected by Sponsor or Plan Administrator to assume administration of the Plans;
- (b) Sponsor and Plan Administrator shall cooperate with the processing of incurred but not reported claims by MSI, and Sponsor shall provide funds in amounts necessary to pay such Claims and any administrative fee payable to MSI;
- (c) To the extent that following the date of termination, Sponsor pays to MSI (i) all amounts previously due and payable, as described in Section 6.3(b); and (ii) funds in amounts described in Section 5.1 and Exhibit 5.2 of this Agreement, MSI shall process any incurred but not reported claims or other claims existing on the date of termination; provided, however, that in no event shall MSI process any such claims more than 6 months following the date of termination unless a different period is provided for in an Addendum; and
- (d) In addition to funding claims, Sponsor shall pay MSI the administrative fees provided for in Section 5.2 for the 3 months following termination, calculated based upon the number of Covered Employees, determined on the first day of the calendar month in which this Agreement is terminated, unless a different period is provided for in an Addendum.

## **SECTION 7. INDEMNIFICATION.**

- 7.1 MSI's Indemnification Obligations.** MSI will defend, hold harmless and indemnify the Plan Sponsor, the Plan Administrator and any of its officers, agents and employees against any and all claims, liabilities, damages, judgments or expenses (including reasonable attorney's fees) asserted or against, imposed upon or incurred by the Plan Sponsor, the Plan Administrator or any of its officers, agents and employees that arise out of the willful misconduct or negligent acts or omissions of MSI or its employees, agents or representatives in the discharge of its or their responsibilities under this Agreement.

- 7.2 Sponsor's Indemnification Obligations.** Plan Sponsor and Plan Administrator will defend, hold harmless and indemnify MSI and any of its officers, agents and employees against any and all claims, liabilities, damages, judgments or expenses (including reasonable attorney's fees) asserted or against, imposed upon or incurred by MSI or any of its officers, agents and employees that arise out of the willful misconduct or negligent acts or omissions of Plan Sponsor, Plan Administrator or their employees, agents or representatives in the discharge of its or their responsibilities under this Agreement.
- 7.3 Inapplicability/Exceptions to Indemnification Obligations.** The Plan Sponsor shall remain solely responsible for payments for properly owed benefits and MSI shall have no indemnification obligations related to the payment for benefits if the payment of such benefits was required regardless of any acts or omissions of MSI. MSI shall not have any indemnification obligations for its acts or omissions related to the receipt of written instructions, written directives or incomplete, inaccurate or untimely information from the Plan Sponsor, the Plan Administrator, the Employer or any of its authorized agents, representatives or employees. The Plan Sponsor shall not have any indemnification obligations for its acts or omissions related to the receipt of written instructions, written directives or incomplete, inaccurate or untimely information from MSI, its authorized agents, representatives or employees.

## **SECTION 8. DISPUTES AND LITIGATION.**

- 8.1 Disputes.** For the purposes of this section, "Dispute" means any dispute or claim between Sponsor and MSI arising out of or related to the interpretation or application of this Agreement or breach thereof.
- 8.2 Negotiation and Resolution of Disputes.** In the event that any dispute, claim or controversy of any kind or nature relating to this Agreement arises between the parties, the parties agree to meet and make a good faith effort to resolve the dispute. The party requesting the meeting shall provide the other, in advance of the meeting, with written notice of the claimed dispute. Upon receipt of the written notice, representatives for each party shall meet promptly to attempt to resolve the dispute. If a mutually agreeable resolution is not reached within thirty (30) days following receipt of the written notice, either party may pursue legal action in accordance with the terms of this Agreement. The parties may mutually agree to waive the informal dispute resolution process set forth herein. Any such waiver must be in writing and executed by both parties.

## **SECTION 9. GENERAL PROVISIONS.**

- 9.1 Entire Agreement.** This Agreement includes the entire understanding of the parties and supersedes all prior oral and written agreements relating to the same subject matter.
- 9.2 Independent Contractor Relationship.** The relationship between the parties is solely one of independent contractors and nothing in this Agreement shall be construed or deemed to create any other relationship between the parties, including one of employment, agency, or joint venture, unless specifically set forth herein.
- 9.3 Assignment and Delegation.** MSI may assign all or any of its rights and responsibilities under this Agreement to any entity controlling, controlled by or under common control with MSI. If MSI assigns all or any of its rights or



responsibilities under this Agreement, MSI will notify the Plan Administrator in writing of such assignment. MSI may delegate certain of its obligations under this Agreement to persons under contract with MSI. Neither Sponsor nor Plan Administrator shall assign any of their rights and responsibilities under this Agreement to any person or entity without the prior written consent of MSI, which consent shall not be unreasonably withheld.

**9.4 Notices.** All notices required under this Agreement shall be given in writing, signed by the party giving notice and delivered by hand, overnight delivery, or first-class mail and

**(a)** if intended for MSI, then the notice shall be addressed:

Medica Self-Insured  
401 Carlson Parkway  
Minnetonka, MN 55305  
Attn: Vice President & General Manager, Client Retention & Growth

Mailing Address:  
Medica Self-Insured  
P.O. Box 9310  
Minneapolis, MN 55440-9310  
Attn: Vice President & General Manager, Client Retention & Growth

**(b)** if intended for Sponsor, then the notice shall be addressed:

McLeod County  
830 11<sup>th</sup> Street E  
Glencoe, MN 55336  
Attn: County Administrator

Sibley County  
P.O. Box 256  
400 Court Avenue  
Gaylord, MN 55334  
Attn: Human Resource Director

**(c)** if intended for Plan Administrator, then the notice shall be addressed:

McLeod County  
830 11<sup>th</sup> Street E  
Glencoe, MN 55336  
Attn: County Administrator

Sibley County  
P.O. Box 256  
400 Court Avenue  
Gaylord, MN 55334  
Attn: Human Resource Director

or to such other address as any party may have furnished to the other in writing as the place for the service of notice. Each party agrees to notify the other in the event there is a change in the person who is to receive notice or the address where notice should be sent.

- 9.5 Amendment for Regulatory Compliance.** Subject to Section 2.6 of this Agreement, in the event that any state or federal legislative or executive body enacts or promulgates legislation or regulation affecting the obligation of the parties under this Agreement, the parties agree to amend this Agreement in order to comply with any such legislation or regulation.
- 9.6 No Waiver of Rights.** The failure of any party to insist upon the strict observation or performance of any provision of this Agreement or to exercise any right or remedy shall not impair or waive any such right or remedy.
- 9.7 Governing Law.** To the extent that state law applies, this Agreement shall be governed by the laws of the state of Minnesota. Any legal action under this Agreement shall be brought in the federal district court for the district of Minnesota.
- 9.8 Headings.** The section headings contained in this Agreement are inserted for convenience only and shall not affect in any way the meaning or interpretation of this Agreement.
- 9.9 Amendment.** This Agreement may be amended only in writing signed by each of the parties. Notwithstanding the foregoing, Sponsor is solely responsible for establishing and maintaining the Plans, including adoption of a Plan Document and any Plan amendments, as set forth more specifically elsewhere in this Agreement.
- 9.10 Conflict.** If the terms of this Agreement conflict with the terms of any Addendum, the terms of the Addendum shall control administration of the applicable Plan.
- 9.11 Survival.** The provisions of Section 2.6 Regulatory Compliance, Section 4 Records and Reports, Section 6.3 Cooperation Upon Termination, Section 7 Indemnification, and Section 8 Disputes and Litigation survive any termination of this Agreement.

Medica Self-Insured  
P.O. Box 9310  
Minneapolis, MN 55440-9310

By:



**Paul Crowley**  
Vice President & General Manager,  
Client Retention & Growth

**Sponsor**  
Sibley County  
P.O. Box 256  
400 Court Avenue  
Gaylord, MN 55334

By \_\_\_\_\_

Its \_\_\_\_\_

Dated \_\_\_\_\_

**Plan Administrator**  
McLeod County  
830 11<sup>th</sup> Street E  
Glencoe, MN 55336

By \_\_\_\_\_

Its \_\_\_\_\_

Dated \_\_\_\_\_

**SELF-FUNDED GROUP HEALTH PLAN**  
**ADMINISTRATIVE SERVICES ADDENDUM**

1. **Definitions.** These terms apply to this Addendum only.

**“Covered Person”** means a Covered Employee, a Covered Employee's dependent or other eligible person who is covered under the Plan.

**“Health Services”** means the health care services or supplies that are covered by the Plan and are received by Covered Persons.

**“Network Provider”** means a health care provider that has entered into an agreement with MSI, an affiliate of MSI, United HealthServices, Inc. (“UHS”) or an affiliate of UHS, under which the provider has agreed to provide health care services to persons covered by health care coverage plans administered in whole or in part by MSI.

**“Patient Centered Medical Home”** means an approach to primary care where primary providers, families and patients work in partnership to improve quality and value in the health care system, and improve health outcomes for individuals with chronic health conditions and disabilities.

**“Urgent Care Claims”** means a claim for benefits if application of the time periods for making non-urgent care determinations (a) could seriously jeopardize the claimant’s life, health or ability to regain maximum function; or (b) in the opinion of a physician with knowledge of the claimant’s medical condition, would subject the claimant to severe pain that cannot be adequately managed without the care or treatment that is the subject of the claim.
2. **Provider Network Access.** MSI has contracted with or has access to a network of Network Providers. Some or all of those Network Providers shall be available to provide Health Services under the Plan to Covered Persons. MSI shall make the Network Provider directory available to Covered Persons by providing either a paper copy or electronic copy at the time of enrollment. In addition, access to an electronic directory is available to Covered Persons at any time on mymedica.com.
3. **Claims Processing.** MSI shall process or arrange for the processing of claims for Health Services under the Plan as directed by the terms of the Plan Document.
  - (a) **Start of Contract Period and/or Plan Year.**
    - i) **Benefit Installation Documents.** MSI shall provide a Summary of Benefits and Coverage and MSI Recommended Changes grid (collectively referred to as Benefit Installation Documents). Upon receipt of confirmation that Plan Sponsor agrees with the benefits as set forth in the Benefit Installation Documents, on or before a date established by MSI and communicated in advance to Plan Sponsor, MSI will install the group and begin processing claims at the benefit levels described in the Benefit Installation Documents at the start of the Contract Period and/ or Plan Year.
    - ii) In the event Plan Sponsor does not provide such confirmation on or before the date established by MSI, MSI will install the group and begin processing claims at the benefit levels described in the Benefit Installation Documents within 10 business days of receipt by MSI.

- iii) If, after, MSI has begun paying claims pursuant to agreed-upon Benefit Installation Documents, Plan Sponsor changes any benefit levels, MSI will begin processing claims at the benefit levels described in the amended Benefit Installation Documents within 10 business days of receipt by MSI. MSI will not retroactively adjust claims, unless the parties mutually agree otherwise.
- (b) **Claims Submission.** MSI shall arrange for Network Providers to submit claims for Health Services. MSI shall provide or arrange for the provision of standard forms for the submission by Covered Person of claims for Health Services received from non-Network Providers. Plan Administrator appoints MSI a named fiduciary with respect to performing processing a payment.
- (c) **Claim Adjudication and Appeals.**

**Claim Determination and Appeals of Non-Urgent Care Claims.** This section will apply to claims other than Urgent Care Claims as that term is defined in this Addendum. Plan Administrator appoints MSI a named fiduciary with respect to (i) performing claim processing and payment; (ii) performing the fair and impartial review of initial claim determinations; and (iii) performing the fair and impartial review of appeals and denied claims. With respect to these functions, Plan Administrator delegates to MSI the discretionary authority to (i) construe and interpret the terms of the Plan; and (ii) determine the validity of charges submitted to MSI under the Plan. Plan Administrator has the discretionary authority to construe and interpret the terms of the Plan and to make final, binding determinations concerning the availability of the Plan benefits.

If it is determined that the benefit is payable, MSI will issue a check for, or otherwise credit, the benefit payment to the appropriate payee. If MSI denies a Claim, the claimant shall have the appeal rights set forth in the Plan Document, and/or which are required under applicable law. MSI will process the initial appeal and determine whether a Plan benefit is available. If, after the review, MSI determines that the Plan benefit is payable, MSI will notify the claimant. If, after the exhaustion of the initial appeal with MSI, MSI determines that the Plan benefit is still not available, MSI will notify the claimant that the denial has been upheld and of their right to further appeal the denial for a second level of review. This notice will be designed to comply with MSI's standards and applicable requirements for claim denial notices. Under most circumstances, all required levels of review must be completed, described above, before proceeding to external review. External review can proceed without completing the required levels of review if MSI agrees, or if MSI fails to substantially comply with the complaint and review process described in this section, including meeting any required deadlines.

Written requests for external review may be submitted to the Commissioner of Commerce for a full and fair review which will be final and binding on MSI.

Notwithstanding the foregoing, in the event Sponsor or Plan Administrator directs MSI to reverse or modify its procedures or determination of benefits and/or the amounts of the benefits to be paid, Plan Administrator will defend, hold harmless and indemnify MSI, its officers, agents and employees against any and all claims, liabilities, damages, judgments or expenses (including reasonable attorney's fees) asserted against, imposed upon or incurred by MSI that arise out of Sponsor's or Plan Administrator's direction.

**Appeals of Urgent Care Claims.** Except as otherwise provided in this Addendum, Plan Administrator appoints MSI a named fiduciary under the Plan with respect to appeals of Urgent Care Claims as that term is defined in this Addendum. MSI will conduct one review of a denied Urgent Care Claim and issue a final determination as soon as possible but not later than 72 hours from receipt of the request to appeal. Plan Administrator delegates to MSI the discretionary authority to construe and interpret the terms of the Plan and to make final binding determinations concerning the availability of Plan benefits regarding these claims.

- (d) **Administration of Lifetime Maximum Benefit Provisions.** This Section applies if the Plan Document contains provisions setting forth lifetime maximum benefits that apply to benefits a Covered Person receives under the Plan or has previously received under another similar benefit plan or program offered by Sponsor. It is solely the responsibility of Sponsor to obtain historical claims information from previous insurance carriers or third party administrators to support the administration of this Plan provision. MSI is not responsible for obtaining such claims information. Sponsor must provide such claims information to MSI in a format acceptable to MSI or its designee. MSI's obligation to administer such lifetime maximum benefit provisions is contingent on Sponsor's provision of acceptably formatted historical claims information to MSI. MSI is entitled to rely on the historical claims information it is provided when administering the lifetime maximum benefit provision. MSI or its designee will load such historical claims information into its claims system and begin processing claims in accordance with such information within a reasonable time after receipt of acceptably formatted data from Sponsor.

(e) **Reprocessing of Claims.**

- i) **Historical Claims.** In the event Sponsor provides MSI with historical claims data at any time after MSI initially became a third party administrator for the Plan, MSI will not re-process or make retroactive changes to previously processed claims. MSI or its designee will load the historical claims information into its claims processing system and begin processing claims in accordance with such information, including previous claims processed by MSI within a reasonable period of time after receipt of acceptably formatted claims information. In the event it is discovered that certain claims had previously been paid in excess of the lifetime maximum benefit, MSI will not re-process those claims or pursue recovery of excess amounts paid to or on behalf of Covered Persons.
- ii) **Plan Document Changes.** MSI is not obligated to re-process any claims processed both (i) in accordance with the prior year Plan Document; and (ii) before MSI receives a new or amended Plan Document. Notwithstanding the foregoing, the parties mutually agree that MSI will conduct claims re-processing as needed as a result of any changes in the Plan Document for a fee in addition to those set forth herein.

4. **Administrative Forms.** MSI shall prepare and print the forms and other documents necessary for MSI to provide services under this Addendum. Notwithstanding the foregoing, if Sponsor or Plan Administrator requests customized forms or documents, other than inclusion of Sponsor's name and/or logo, Sponsor shall bear the cost of preparing and printing such forms or documents.

5. **Coordination of Benefits.** MSI shall conduct coordination of benefits as directed by the terms of the Plan Document. Sponsor shall provide MSI with any information in its possession regarding the existence of other coverage for a Covered Person. If a Covered Person does not provide other coverage information at the time of enrollment, MSI will notify the Covered Person that MSI requires other coverage information to process the claim. MSI shall have no obligation beyond requesting information from Covered Persons to verify the existence of other coverage. If another plan provides primary coverage for a Health Service, MSI shall direct Network Providers to first seek payment from that plan.
6. **Subrogation.** MSI shall provide subrogation services to the Plan Administrator. Subrogation services shall consist of identifying and seeking recovery of amounts paid by the Plan where payment was also made, or should have been made, by a third party for the same medical expense. This provision also applies to reimbursement claims against a covered party or others to obtain recovery of amounts paid by the Plan.
- Sponsor grants to MSI the discretionary authority to develop and implement standards and practices relating to Plan's subrogation rights. Sponsor agrees that these standards and practices are reasonable if they are consistent with those followed by affiliates of MSI in pursuing their own subrogation rights and are generally consistent with industry practices. This grant of discretionary authority to MSI includes the authority to determine the following:
- Whether to pursue subrogation recovery; and
  - What action, including litigation, should be taken to pursue recovery; and
  - Whether to abandon, negotiate or compromise a claim or settle the claim for less than a full recovery.
- In the exercise of this discretionary authority, MSI may initiate litigation in the name of the Plan without further consent or approval. Sponsor and Plan Administrator agree to cooperate fully with MSI in the prosecution of any litigation.
7. **Utilization Management and Case Management.** MSI shall perform utilization management and case management as directed by the terms of the Plan Document. MSI shall apply its standard utilization management and case management techniques to Health Services received by Covered Persons.
8. **Inquiries and Complaints by Covered Persons.** MSI shall respond to written or telephone requests for information made during normal business hours by Covered Persons insofar as the inquiry can be addressed under the terms of this Addendum or per the Plan Document. Notwithstanding the forgoing, the Plan Administrator is responsible for resolving complaints by Covered Persons.
9. **Identification Cards.** MSI shall provide identification cards to Covered Persons as set forth in the Plan Document.
10. **Providing Funds for Benefits.**
- (a) **Funds for Health Services.** Sponsor hereby designates MSI as Sponsor's agent for payment to Network Providers for Health Services provided to Covered Person. MSI shall process claims of Network Providers, and such providers shall be paid according to the terms and conditions of the Plan. The fee schedules that MSI applies to Network Providers are different from the fee schedules that apply to providers who are part of networks for some of the other health

coverage products offered by MSI and MSI affiliates. If MSI processes claims of non-Network Providers such providers shall be paid according to the terms and conditions of the Plan Document and as set forth in Exhibit 5.2. If a dispute arises between Sponsor and any provider regarding payment of a claim, MSI shall use reasonable efforts to facilitate resolution of the dispute.

**Payment from General Assets of Sponsor.** Sponsor shall use funds from its general assets to make payments for Health Services and fees to MSI. Sponsor shall not set up a trust or an account in the Plan's name to be used to pay for Health Services or fees to MSI.

- (b) Funds Available.** Upon the Effective Date of this Addendum, Sponsor shall (a) maintain a bank account that holds general assets of Sponsor upon which MSI shall have check writing authority to make payments for Health Services and fees to MSI; or (b) maintain a bank account that holds general assets of Sponsor and give MSI the right to initiate automated clearinghouse ("ACH") transfers from such account to make payments for Health Services and fees to MSI; or (c) establish some other method of payment of such claims and fees as is mutually agreeable to both parties.
- (c) Transfers of Funds.** As medical claims are processed for each time period, MSI shall, 48 hours after notice to Sponsor, exercise check writing authority upon Sponsor's account or initiate ACH transfers from Sponsor's account in an amount necessary to pay the claims processed and fees due MSI. MSI shall communicate each amount paid from Sponsor's account via telephone, facsimile or other electronic means as approved by the parties to Sponsor, and shall transfer such amount to an account in MSI's name. Sponsor acknowledges and agrees that the account into which MSI transfers funds received from Sponsor may contain money from one or more other health plans under contract with MSI for administrative services.
- (d) Payments to Providers.** MSI shall pay providers as agent of Sponsor within 2 days of receipt of Sponsor's funds. Sponsor acknowledges that MSI shall therefore hold such funds for only 2 days at most before distributing them to providers in payment for Health Services. The parties anticipate that any and all interest earned on Sponsor's funds while in an MSI account shall be de minimis, and Sponsor agrees that MSI shall be entitled to retain such interest as part of the aggregate administrative fees paid to MSI for the provision of services under this Addendum. Interest amounts retained by MSI under this Section shall be in addition to the other amounts set forth in the Administrative Services Agreement as payment for MSI's administrative services and shall therefore not be considered as payment or partial payment of such other amounts.
- (e) Invoices.** MSI shall forward to Sponsor: (i) a report itemizing amounts payable for Health Services during that period; (ii) an invoice summarizing the claims charges payable for the period and any additional fees due MSI as set forth in Exhibit 5.2; and (iii) a report setting forth administrative fees due MSI. MSI shall adjust any claim disputes by Sponsor, or errors detected by MSI or Sponsor, in the supporting reports for the next period's payment due after the dispute is resolved or errors identified.
- (f) Underfunding.** If Sponsor does not make funds available to pay claims and fees in the required amount and Sponsor fails to provide the required amount of funds within 48 hours after notice of the need to provide such funds, MSI may

immediately terminate this Addendum and its obligations under this Addendum. If MSI terminates this Addendum, as provided in this Section, MSI shall provide notice of such termination to Network Providers. The Network Providers may then bill Sponsor, the Plan and/or Covered Persons directly for such Health Services. Additionally, in the event Sponsor fails or delays in making funds available for claims payment in accordance with the terms of this Section and such failure or delay results in interest due to health care providers under applicable prompt pay laws and/or regulations, such interest shall be the sole responsibility of Sponsor, and Sponsor shall hold harmless and indemnify MSI from liability for any and all such interest payments.

- (g) **Run Out.** When this Addendum terminates, the funding method for Plan benefits will remain in place for six (6) months following the end of the Contract Period. The fees for performing these services are set forth in Exhibit 5.2.

11. **Part D Creditable Coverage Notices.** MSI shall distribute, on behalf of Sponsor, the annual and ongoing Part D creditable coverage notices as required under 42 CFR 423.56(f)(1)-(4), as amended. For those notices that must be distributed to Medicare eligible individuals prior to the effective date of coverage in the Plan, Sponsor must determine whether such individuals should receive such a notice, and MSI will provide copies of notices to Sponsor for inclusion in and distribution by Sponsor in pre-sale and member packet materials. All other notices will be mailed to Covered Persons.
12. **My Health Rewards Program.** MSI will provide a standard value-based benefit program that emphasizes member engagement and personalization. The program is based on a behavior-based model that encourages and motivates members to make better health care decisions. Each Covered Person (18 years of age and older) is eligible to earn points for MSI incentives. Program components are subject to modification from time to time.
13. **Healthy Savings Program.** MSI will provide a grocery program that rewards Covered Employees with discounts on grocery purchases each week. Covered Employees who purchase groceries at participating retailers and scan their Medica Healthy Savings Card will receive the discount of the week. The discount is automatically deducted at checkout with instant savings. The list of participating retailers is available online. Program components are subject to modification from time to time.



**EXHIBIT 2.6(f)**  
**BUSINESS ASSOCIATE AGREEMENT**

Terms used in this 2.6(f), but not otherwise defined in this Business Associate Agreement, shall have the meaning set forth in the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations ("HIPAA"), and the Health Information Technology for Economic and Clinical Health Act provisions of the American Recovery and Reinvestment Act of 2009, 42 U.S.C. §§17921-17954, ("ARRA"), as each is amended from time to time. For purposes of this Business Associate Agreement, MSI shall identify the records in its possession that are components of a Designated Record Set and shall consider those records as a Designated Record Set in satisfying its obligations under this Business Associate Agreement. MSI shall make such determination in accordance with 45 C.F.R. § 164.501.

**1. Obligations and Activities of MSI.** MSI agrees to:

- (a) not use or further disclose Protected Health Information ("PHI") other than as permitted or required by this Business Associate Agreement, the Agreement or as otherwise Required By Law;
- (b) limit its uses and disclosures of PHI, including disclosures to the Plan Administrator, to the minimum necessary PHI needed to perform the functions, activities, or services provided for by the Agreement;
- (c) use appropriate safeguards to prevent use or disclosure of PHI other than as provided for by this Business Associate Agreement, the Agreement or as Required By Law;
- (d) report to the Plan Administrator any use or disclosure of PHI not provided for by this Business Associate Agreement of which it becomes aware, including breaches of unsecured PHI as required by 45 C.F.R. § 164.410;
- (e) ensure that any Subcontractor to whom it provides PHI received from, or created, received, transmitted, or maintained by MSI on behalf of, the Plan Administrator agrees in writing to the same restrictions and conditions that apply through this Exhibit 2.6(f), Business Associate Agreement, to MSI with respect to such information;
- (f) provide access to PHI in a Designated Record Set to an Individual in accordance with 45 C.F.R. § 164.524. In the event an Individual requests a copy of PHI maintained electronically in one or more Designated Record Sets, MSI agrees to provide access, at the request of the Plan Administrator, to the Individual to such PHI in an electronic form and format.
- (g) make any amendment(s) to PHI in a Designated Record Set that the Plan Administrator directs or agrees to pursuant to 45 C.F.R. § 164.526 at the request of the Plan Administrator or an Individual, in order to meet the requirements under 45 C.F.R. § 164.526;
- (h) make available all records, books, and policies and procedures relating to the use and/or disclosure of PHI received from, or created, received, maintained or transmitted by MSI on behalf of, the Plan to the Secretary of HHS ("Secretary"), in a time and manner designated by the Secretary, for purposes of determining the Plan's compliance with the HIPAA privacy regulation, subject to the attorney-client and other applicable legal privileges;

- (i) document such disclosures of PHI and information related to such disclosures by MSI as would be required for the Plan Administrator to respond to a request by an Individual for an accounting of disclosures of PHI in accordance with 45 C.F.R. § 164.528;
- (j) provide to the Plan Administrator or an Individual, in accordance with 45 C.F.R. § 164.528, information collected in accordance with Section 1(i) above, to permit the Plan Administrator to respond to a request for an accounting of disclosures of PHI in accordance with 45 C.F.R. § 164.528. MSI shall provide an accounting of disclosures in accordance with this section and as required by 42 U.S.C. § 17935 if PHI is contained in an Electronic Health Record;
- (k) upon request, provide to the Plan Administrator a draft notice of privacy practices for the Plan Administrator's review and consideration. Notwithstanding the foregoing, the Plan Administrator is solely responsible for the final content of the Plan's notice of privacy practices, for adopting such notice in final form, and for providing notice to Individuals as required by the HIPAA privacy regulation. MSI shall provide services under the Agreement in a manner consistent with any and all policies and processes set forth in the draft notice of privacy practices provided by MSI; and
- (l) in accordance with the security regulations, 45 C.F.R. Part 142, as amended from time to time, MSI agrees to comply with the security regulations and to:
  - i) implement administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity and availability of the electronic PHI that it creates, receives, maintains or transmits on behalf of the Plan;
  - ii) ensure that any Subcontractor to whom it provides electronic PHI agrees in writing to implement reasonable and appropriate safeguards to protect it;
  - iii) report to the Plan Administrator any Security Incident of which it becomes aware;
  - iv) authorize termination of this Business Associate Agreement and the Agreement if the Plan Administrator determines that MSI has violated a material term of this Business Associate Agreement;
  - v) agree to amend and incorporate such amendments as necessary to this Business Associate Agreement to comply with changes to HIPAA, including the security regulations.
- (m) with respect to any use or disclosure of Unsecured PHI not permitted by HIPAA that is caused solely by MSI or its Subcontractor's failure to comply with one or more of its obligations under this Business Associate Agreement, the Plan Administrator hereby delegates to MSI the responsibility for determining when any such incident is a Breach and for providing all legally required notifications to Individuals, HHS and/or the media, on behalf of the Plan Administrator. MSI shall provide these notifications in accordance with the data breach notification requirements set forth in 42 U.S.C. § 17932 and 45 C.F.R. Parts 160 & 164 subparts A, D & E as of their respective compliance dates, and shall pay for the reasonable and actual costs associated with such notifications. In the event of a Breach, without unreasonable delay, and in any event no later than sixty (60)

calendar days after discovery, MSI shall provide the Plan Administrator with written notification that includes a description of the Breach, a list of affected Individuals (unless the Plan Administrator is a plan sponsor ineligible to receive PHI) and a copy of the template notification letter sent to Individuals;

- (n) not directly or indirectly receive remuneration in exchange for any PHI as prohibited by 42 U.S.C. § 17935(d);
- (o) not make or cause to be made any communication about a product or service that is prohibited by 42 U.S.C. § 17936(a);
- (p) not make or cause to be made any written fundraising communication that is prohibited by 42 U.S.C. § 17936(b); and
- (q) comply with any and all privacy regulations that apply to the Plan in the performance of a Plan obligation, to the extent MSI is to carry out a Plan obligation under such privacy regulations.

## **2. Permitted Uses and Disclosures of PHI.**

- (a) Except as otherwise limited in this Business Associate Agreement, MSI may use or disclose PHI to perform functions, activities or services for, or on behalf of, the Plan as specified in the Agreement, provided that such use or disclosure would not violate the HIPAA privacy regulation if done by the Plan or the Plan Administrator on the Plan's behalf and is in compliance with each applicable requirement of 45 C.F.R. § 164.504(e) and the privacy requirements referenced in HIPAA.
- (b) Except as otherwise limited in this Business Associate Agreement, MSI may use PHI for the proper management and administration of MSI or to carry out MSI's legal responsibilities.
- (c) Except as otherwise limited in this Business Associate Agreement, MSI may disclose PHI for the proper management and administration of MSI or to carry out MSI's legal responsibilities, provided that (i) the disclosures are Required By Law; or (ii) MSI obtains reasonable assurances from the recipient that the PHI will remain confidential and be used or further disclosed only as Required By Law or for the purpose for which it was disclosed to the recipient, and the recipient notifies MSI of any instances of which it is aware in which the confidentiality of the information has been breached.
- (d) Except as otherwise limited in this Business Associate Agreement, MSI may use PHI to provide Data Aggregation services to the Plan as permitted by 45 C.F.R. § 164.504(e)(2)(i)(B).
- (e) MSI may de-identify PHI received under this Agreement, provided that the PHI is de-identified in accordance with 45 C.F.R. § 164.514(b), and may use such de-identified data to the extent permitted by and in accordance with state and federal laws governing privacy of health information.
- (f) MSI may use PHI to report violations of law to appropriate federal and state authorities, consistent with 45 C.F.R. § 164.502(j)(1).

## **3. Obligations of the Plan Administrator.** In addition to other obligations under HIPAA:

- (a) The Plan Administrator shall notify MSI of any provisions that the Plan proposes to adopt in its notice of privacy practices that differ from the draft privacy notice provided to the Plan Administrator by MSI or that may limit MSI's use or

disclosure of PHI beyond the restrictions set forth in this Business Associate Agreement. MSI will only be required to comply with such different or additional restrictions upon its specific written agreement to do so, which MSI may grant or withhold in its sole discretion. If MSI's performance under this Business Associate Agreement will be made materially more burdensome or expensive due to such new restrictions, the parties shall negotiate an appropriate adjustment to the fee paid to MSI.

- (b) The Plan Administrator shall notify MSI of any changes in, or revocation of, permission by an Individual to use or disclose PHI, if such changes affect MSI's permitted or required uses and disclosures.
- (c) The Plan Administrator shall notify MSI of any request for a restriction on the use or disclosure of PHI that the Plan Administrator receives in accordance with 45 C.F.R. § 164.522, to the extent that such restriction may affect MSI's use or disclosure of PHI, MSI will only be required to comply with such request upon its specific written agreement to do so, which MSI may grant or withhold in its sole discretion. If MSI's performance under this Business Associate Agreement will be made materially more burdensome or expensive due to such restriction, the parties shall negotiate an appropriate adjustment to the fee paid to MSI.
- (d) The Plan Administrator shall not request MSI to use or disclose PHI in any manner that would not be permissible under HIPAA if done by MSI. An exception shall be if MSI will use or disclose PHI for Data Aggregation or management and administrative activities of MSI.

**4. Disclosures to Plan Sponsor.** MSI may provide to Sponsor, in its capacity as Sponsor, only aggregate data and other reasonably requested information that does not identify either services received by or the medical condition of individual Covered Employees, and that is not otherwise "Protected Health Information" or ("PHI") as that term is defined under HIPAA. However, if the data or information requested identifies either services received by or the medical condition of an individual Covered Employee, or is otherwise PHI, then release by MSI to Sponsor is subject to the following:

- (a) **Plan Document Revisions.** The Plan Administrator acknowledges that the HIPAA privacy regulation, at 45 CFR 164.504(f)(2), requires certification of amendment of plan documents for a group health plan that is a covered entity under HIPAA as a condition to disclosure of PHI to the applicable plan sponsor. Plan Administrator and Sponsor warrant that neither shall request MSI to disclose PHI to Sponsor unless the Plan Documents have been appropriately amended and any required certification to that effect has been provided to Plan Administrator.
- (b) **Termination.** Upon termination of the Administrative Services Agreement, MSI will not use or disclose the PHI except as is necessary for MSI's proper management and administration or to carry out its legal responsibilities. MSI shall extend the protections of this Exhibit 2.6(f) of this Agreement to such PHI and limit further uses and disclosures to those purposes that make the return or destruction infeasible, for so long as MSI maintains such PHI. MSI shall continue to use appropriate safeguards and comply with Subpart C of 45 CFR Part 164 with respect to electronic PHI to prevent use or disclosure of the PHI for as long as MSI retains the PHI.

## EXHIBIT 5.2

### FEES

The terms of this Exhibit 5.2 shall apply to the Contract Period commencing January 1, 2017 and ending December 31, 2017.

**1. Definitions.** These terms apply to this Addendum only.

- (a) **“Copayment, Coinsurance and/or Deductible Amounts”** means the portion of Provider Billed (Retail) Amounts (net of other Disallowed Charges) paid by the Covered Employee directly to the provider. Copayment, Coinsurance and/or Deductible Amounts are calculated pursuant to the terms of the applicable Plan Document.
- (b) **“Disallowed Charges”** means the portion of the Provider Billed (Retail) Amounts that are ineligible for coverage and not paid by Sponsor to the provider. The Disallowed Charges are identified to Sponsor by MSI through claim payment edits that are designed to detect coordination of benefits, duplicate claims or other ineligible benefits or provider charges. Some portion of Disallowed Charges may be the Covered Employee's responsibility, pursuant to the terms of the applicable Plan Document.
- (c) **“Non-Network Provider”** means a provider not under contract as a Network Provider.
- (d) **“Non-Network Provider Reimbursement Amount”** means the amount of payment to a Non-Network Provider for Health Services.
- (e) **“Provider Billed (Retail) Amounts”** means the prices or fees established by a provider and uniformly billed by the provider, without regard to negotiated discounts for Health Services delivered to Covered Persons.

**2. Fees Payable by Sponsor to MSI.**

- (a) Sponsor shall pay MSI a fee for administrative services equal to \$11.56 for each month or part of a month covered by this Agreement, due on the first day of each month. Upon termination of this Agreement, during the period MSI is paying incurred but not reported health plan claims, Sponsor shall pay one hundred percent (100%) of this fee for the first three (3) months after termination and twenty-five percent (25%) for the next three (3) months.
- (b) MSI may arrange for a subcontractor to perform any of the subrogation services. Sponsor agrees that the fee charged by MSI or a subcontractor associated with pursuing subrogation shall be deducted from any recovery. The fee charged by MSI or the subcontractor for the current year is 23.5% of any recovery. Any subrogation recovery shall be forwarded to Sponsor's general account or credited to Sponsor's claims account. No such amount shall be considered to be a Plan asset.
- (c) The fees for broker services, which shall be paid out of Sponsor's general assets, are as follows:
  - 10.0% of both the specific and aggregate premium billed for stop-loss coverage. These amounts are built into the amounts billed for stop-loss coverage.

MSI will remit broker fees, if applicable, to the broker that has provided services in relation to this Agreement.

- (d) **My Health Rewards.** The fee for the My Health Rewards program is included as part of the administration fee indicated in (a) in this section.
- (e) **Healthy Savings Program.** The fee for the Healthy Savings Program is included as part of the administration fee indicated in (a) in this section.
- (f) **Payment for Health Management Program Services.** Sponsor shall, within 30 days of receipt of a quarterly invoice from MSI, pay the fees for health management program services as follows:

After calculating the quarterly group utilization and enrollment for each Affiliated Health Club, MSI shall bill Sponsor up to \$21.25 (for 8 visit requirement) per month for each credit up to a \$20.00 credit made toward the payment of Covered Persons' health club dues. Of the amounts collected from Sponsor, MSI shall remit up to \$20.00 for each up to \$20.00 credit issued to the various Affiliated Health Clubs.

Failure to remit the amount set forth above will result in termination of the health management program services, and may result in termination of the Agreement between the parties.

- (g) **In the event Sponsor or Plan Administrator requests MSI to provide services that differ materially from those described in this Agreement or an Addendum, the additional cost of such services shall be paid by Sponsor at MSI's then-current rates and out-of-pocket expenses.**

### 3. **Health Services Payments by Sponsor to MSI.**

#### (a) **Network Provider Physician and Allied Professional Health Services**

Amounts paid for Health Services as established by the terms of the Network Provider Agreement with MSI, less any Copayment, Coinsurance and/or Deductible Amounts. Payment to providers to provide Patient-Centered Medical Homes will be in addition to claims for medical services. Providers associated with care coordination are subject to statistical evaluation to assess the impact of the patient-centered medical home on clinical outcomes, patient experience and cost. Care coordination fees will be prospectively adjusted accordingly.

#### (b) **Network Provider Inpatient Hospital and Ancillary Facility Health Services**

Amounts paid for Health Services as established by the terms of the Network Provider Agreement with MSI, less any Copayment, Coinsurance and/or Deductible Amounts.

#### (c) **Network Provider Outpatient Hospital and Ancillary Facility Health Services**

Amounts paid for Health Services as established by the terms of the Network Provider Agreement with MSI, less any Copayment, Coinsurance and/or Deductible Amounts.

#### (d) **Network Provider Mental Health and/or Substance Abuse Health Services**

Amounts paid for Health Services as established by the terms of the Network Provider Agreement with MSI, less any Copayment, Coinsurance and/or Deductible Amounts.

**(e) Network Provider Pharmacy Health Services**

The amount paid for Health Services as established by the terms of the Network Provider Agreement with MSI, which is estimated to be the least of (1) the average wholesale price ("AWP") for such pharmaceutical product, less discounts; (2) the maximum allowable cost for such pharmaceutical product ("MAC"); or (3) the ingredient or product cost billed by the Network Provider, in each case plus a dispensing fee and less any Copayment, Coinsurance and/or Deductible. MSI's estimate of its cost for Network Provider Pharmacy Health Services, set forth above, does not include a reduction for any rebates that might result from Health Services to Covered Persons. To the extent that MSI receives credit for any rebates, such credits are reflected in the administrative fee set forth in Section 2(a) above. MSI estimates that for the Contract Period referenced in this Exhibit 5.2, MSI will receive pharmacy rebates in an amount approximating 1.5% of aggregate amounts billed by MSI to certain plan sponsors for Health Services discussed in Items 3(a)-3(f). For purposes of this paragraph, "certain plan sponsors" refers to all plan sponsors who have entered into administrative services agreements with MSI for such Contract Period and who are providing pharmacy benefits to Covered Persons. Sponsor is such a plan sponsor. From time to time, MSI or an intermediary may negotiate with drug manufacturers regarding the payment of Medical Benefit Rebates on applicable prescription drugs dispensed to Covered Persons under the Plan's medical benefit.

**(f) Non-Network Providers**

Pursuant to the terms of the applicable Plan Document, the Non-Network Provider Reimbursement Amount is:

- i) For claims for hospital benefits, the lesser of a) the Provider Billed (Retail) Amount; or b) the amount that the provider and MSI have agreed upon; in either case less any Copayment, Coinsurance and/or Deductible Amounts.
- ii) For claims for non-hospital benefits, the lesser of a) the Provider Billed (Retail) Amount; or b) the amount MSI determines appropriate, with such determination based on marketplace charges for similar services and supplies in the geographic area in which the benefit is provided; in either case less any Copayment, Coinsurance and/or Deductible Amounts.

MSI shall be entitled to an additional fee in consideration for MSI's services in establishing, maintaining and operating a Network Provider network. Such fee shall be approximately equal to or less than 3.8% of the sum of (1) the amounts billed to Sponsor by MSI for Health Services identified in Items 3(a), 3(b), 3(c) and 3(d) above and (2) Copayment, Coinsurance and/or Deductible Amounts paid for Health Services identified in Items 3(a), 3(b), 3(c) and 3(d) above. Amounts billed to Sponsor by MSI for Health Services identified in Items 3(a), 3(b), 3(c) and 3(d) above shall be the total of (1) such fee, and (2) amounts paid to such Item 3(a), 3(b), 3(c) and 3(d) Network Providers by MSI. Upon termination of this Agreement, during the period MSI is paying incurred but not reported claims, Sponsor shall pay one hundred percent (100%) of this fee.

- (g) Alternative Provider Payment Methodologies.** Network Provider contracts may include incentives earned as a condition of meeting standards relating to utilization, quality of care, efficiency measures, compliance with other initiatives

(such as patient-centered medical homes), or other clinical integration or practice transformation standards. An example of such alternative arrangements includes Network Provider contracts using a risk pool. The Network Provider will be paid a negotiated amount and a portion of that Health Services payment, as negotiated with Network Providers is placed at risk to be returned if certain standards are not met. As compensation for negotiating, designing and measuring standards with Network Providers, MSI will retain any amounts Network Providers are required to return to MSI for failure to meet standards. MSI anticipates that such amounts will not exceed one percent (1%) of claims. Sponsor agrees that MSI shall be entitled to retain such amounts as part of the aggregate administrative fees paid to MSI for the provision of services under this Addendum. Plan Administrator agrees and understands that the Network Provider will retain these at-risk amounts and the interest earned on such amounts will be retained by the Network Provider as part of the Health Services fee arrangement. Due to the comprehensive nature of such measures, final determination of meeting criteria may not occur until subsequent Plan years.

MSI reserves the right to use different alternative payment methodologies than the risk pool method described here. In the event MSI enters into other arrangements which would result in a portion of the Health Services payments made under this Section 3 potentially not being earned by Network Providers, MSI will provide information to Plan Administrator regarding the arrangement.

Only the initial Health Services payment to Network Providers will be subject to a Covered Employee or Dependent's Copayment, Coinsurance and/or Deductible Amounts. Subsequent return of a risk pool amount, although attributable to the covered services rendered by the Network Provider during the measurement period, will generally not give rise to a second coinsurance obligation or deductible liability for, or refund to, the Covered Employee or Dependents who received the original covered services.



**STOP LOSS INSURANCE CONTRACT  
BETWEEN  
SIBLEY/MCLEOD COUNTY  
AND  
MEDICA INSURANCE COMPANY (“MIC”)**

**EFFECTIVE  
JANUARY 1, 2017**

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## ARTICLE 1

### STOP LOSS SCHEDULE

Employer Name: Sibley/McLeod County

Employer Group Number(s): 45192, 45193, 45799, 45957, 45958, 53052, 53053, 53441, 80046-80053

Benefit Plan 1- MSI PP 500-30-20%

Benefit Plan 2- MSI PP 1000-40-30%

Benefit Plan 3- MSI PP 3000-0% HSA

Benefit Plan 4- MSI RCN 500-30-20%

Benefit Plan 5- MSI RCN 1000-40-30%

Benefit Plan 6- MSI RCN 3000-0% HSA

Contract Period begins on: January 1, 2017 and ends on: December 31, 2017

Claims Administrator: Medica Self-Insured

#### 1. Specific Stop Loss Insurance

a. Specific deductible:

\$125,000 per Covered Person for all occurrences.

b. MIC's limits of liability: Unlimited

c. Monthly Premium rate Per Covered

<u>Unit</u>	<u>Rate</u>
Single	\$76.59
Family	\$216.48

d. Claims Basis:

Claims Incurred in Contract Period, or during 12 months prior to Contract Period; and  
Claims paid in Contract Period, or incurred in Contract Period and paid within 3 months  
after end of Contract Period.

#### 2. Aggregate Stop Loss Insurance

a. Aggregate Liability	<u>Per Covered</u> <u>Unit</u>	<u>Benefit Plan 1</u>	<u>Benefit Plan 2</u>
		<u>Monthly Factor</u>	<u>Monthly Factor</u>
	Single	\$917.39	\$683.41
	Family	\$2,527.86	\$1,875.09
		<u>Benefit Plan 3</u>	<u>Benefit Plan 4</u>
	<u>Per Covered</u> <u>Unit</u>	<u>Monthly Factor</u>	<u>Monthly Factor</u>
	Single	\$666.32	\$834.82
	Family	\$1,835.98	\$2,300.35
		<u>Benefit Plan 5</u>	<u>Benefit Plan 6</u>
	<u>Per Covered</u> <u>Unit</u>	<u>Monthly Factor</u>	<u>Monthly Factor</u>
	Single	\$621.90	\$606.35
	Family	\$1,706.33	\$1,670.74

- b. Minimum aggregate deductible:  
\$4,063,165.
- c. MIC's limit of liability:  
\$1,000,000 maximum aggregate reimbursement for all Covered Persons per Contract Period.

Any reimbursement payable by MIC under the Specific Stop Loss Insurance shall not be reimbursed again under the Aggregate Stop Loss Insurance and cannot be used in calculating payments toward the aggregate deductible.

- d. Premium: \$3.23 paid per Covered Unit per month.
- e. Claims Basis:  
Claims Incurred in Contract Period, or during 12 months prior to Contract Period; and Claims paid in Contract Period, or incurred in Contract Period and paid within 3 months after end of Contract Period.
- f. Monthly Accommodation: No

## ARTICLE 2

### DEFINITIONS

For purposes of this Contract, the following terms shall have the meanings set forth below:

**Administrative Services Agreement** – the Administrative Services Agreement between Employer and Medica Self-Insured.

**Claims Administrator** – the entity identified in the Stop Loss Schedule, which has been selected by Employer to process claims under the Plan Document. Employer shall not assign any of its rights and responsibilities under this Contract to any person or entity without the prior written consent of MIC, which consent shall not be unreasonably withheld.

**Claims Invoice** – the weekly document that details the claims which have been processed and will be paid in the immediately following week.

**Contract** – the contractual agreement between MIC and Employer which consists of this Stop Loss Insurance Contract and any properly attached exhibits and amendments.

**Contract Anniversary** – the date the Contract Period begins as set forth in the Stop Loss Schedule.

**Contract Period** – the period of time specified in the Stop Loss Schedule. Contract Period also means any fraction of the period if the Contract terminates before the end of the period as specified in the Stop Loss Schedule.

**Covered Person** – an employee of Employer, their dependent or other eligible person who is covered under the Plan Document.

**Covered Unit** – an employee of Employer or an employee with dependents, as identified in the Stop Loss Schedule.

**Eligible Expenses** – the total amounts paid by Employer as Health Services payments under the Administrative Services Agreement, excluding those amounts paid on a capitated basis. An Eligible Expense is considered to be incurred on the date a service is performed or supply is purchased.

**Employer** – the employer or other group to whom MIC has issued this Contract.

**Health Services** – the health care services or supplies that are covered by the Plan and are received by Covered Persons.

**Plan** – that plan of health care coverage established by Employer for its employees, their dependents or other eligible person, as in effect on the Effective Date of this Contract.

**Plan Document** – Employer's self-insured or self-funded health care plan which governs the administration of benefits and provides for the benefit of its Covered Persons.

**Premium Due Date** – (a) for the Specific Stop Loss Insurance, the 15<sup>th</sup> day of each month; and (b) for the Aggregate Stop Loss Insurance, the 15<sup>th</sup> day of each month, or as otherwise specified in the Stop Loss Schedule.

**Stop Loss Schedule** – the schedule shown in Article 1 of this Contract.

**Substantial Change** – a change in the Employer's circumstances that MIC reasonably determines is material to the terms of this Contract, including, but not limited to: (i) Employer's acquisition, layoff, reduction in force, strike or work stoppage, elimination of another health insurance carrier or plan or termination of a business unit; (ii) more than a 10% increase or decrease in the number of Covered Units and/or Covered Persons; and (iii) any changes to the Plan. Employer must provide MIC with 30 days advance written notice prior to the effective date of any circumstances in (i) above in this definition.

### ARTICLE 3

#### COVERAGE UNDER THIS CONTRACT

Medica Insurance Company ("MIC") agrees to provide coverage under the provisions of this Stop Loss Insurance Contract for the Employer, an employer under Minnesota law and other applicable law.

While the stop loss insurance under this Contract is in force, MIC shall provide the coverage specified in the Stop Loss Schedule subject to the terms and conditions of this Contract. This coverage is in consideration of the Employer's request for coverage and payment of premiums when due. A separate Stop Loss Schedule applies for each Contract Period that this Contract is in force.

In the event stop loss insurance coverage becomes payable, subject to all of the terms and conditions of this Contract, MIC shall reimburse Employer the amount of Eligible Expenses Employer has paid which exceed the applicable deductible specified in the Stop Loss Schedule.

### ARTICLE 4

#### SPECIFIC STOP LOSS INSURANCE

**Section 4.1 Claim Basis.** A specific deductible applies to each Covered Person every Contract Period. The specific deductible is satisfied by payments Employer has made for Eligible Expenses for each Covered Person. Eligible Expenses are those claims:

- a. incurred in Contract Period, or during 12 months prior to Contract Period; and
- b. paid in Contract Period, or incurred in Contract Period and paid within 3 months after end of Contract Period.

There is no coverage for payments Employer makes: (i) which have already been reimbursed by MIC or another insurance company or reinsurance company (as stated in Article 10); or (ii) after the Specific Stop Loss Insurance terminates. Eligible Expenses for a Contract Period do not include amounts that are paid in the first three months of the Contract Period but which were incurred in the twelve months prior to the Contract Period and included as Eligible Expenses for the prior Contract Period.

If the Contract terminates during the Contract Period, the Specific Stop Loss Insurance will be determined as if the Contract had remained in effect for the entire Contract Period.

**Section 4.2 Benefit Payment.** Benefits for Specific Stop Loss Insurance shall be paid by MIC upon its receipt and acceptance of proof of loss submitted by Employer or Claims Administrator. Payment shall be made in the manner determined by MIC, as an adjustment to the Claims Invoice directly by check, or as administrative adjustment to an account held by MIC on Employer's behalf in accordance with the Administrative Services Agreement. MIC shall have sole authority to pay or deny claims which exceed the specific deductible stated in the Stop Loss Schedule.

## ARTICLE 5

### AGGREGATE STOP LOSS INSURANCE

**Section 5.1 Effect of Specific Stop Loss Insurance on Aggregate Stop Loss Insurance.** Any reimbursement payable by MIC under the Specific Stop Loss Insurance shall not be reimbursed again under the Aggregate Stop Loss Insurance and cannot be used in calculating payments toward the aggregate deductible. Only payments made by Employer which are used to satisfy a specific deductible amount shall be used to meet the aggregate deductible.

**Section 5.2 Claim Basis.** An aggregate deductible applies each Contract Period as determined in Section 5.3. Subject to Section 5.1, the aggregate deductible is satisfied by payments Employer has made for Eligible Expenses for all Covered Persons. Eligible Expenses are those claims:

- a. incurred in Contract Period, or during 12 months prior to Contract Period; and
- b. paid in Contract Period, or incurred in Contract Period and paid within 3 months after end of Contract Period.

There is no coverage for payments Employer makes: (i) which have already been reimbursed by another insurance company or reinsurance company (as stated in Article 10); or (ii) after the Aggregate Stop Loss Insurance terminates. Eligible Expenses for a Contract Period do not include amounts that are paid in the first 3 months of the Contract Period but which were incurred in the 12 months prior to the Contract Period and included as Eligible Expenses for the prior Contract Period.

**Section 5.3 Contract Period Aggregate Deductible Determination.** The aggregate deductible is determined as the greater of:

- a. The minimum aggregate deductible specified in the Stop Loss Schedule; or
- b. The monthly aggregate deductible calculated by multiplying the number of Covered Units whose effective date falls on or before the first of that month by the monthly factors specified in the Stop Loss Schedule. During a strike, lock-out or work stoppage, the number of Covered Units shall remain the same number as for the month before the work disruption began.

**Section 5.4 Benefit Payment.** Benefits for Aggregate Stop Loss Insurance shall be paid by MIC within 45 days of the end of each Contract Period after its receipt and acceptance of proof of loss submitted by Employer or Claims Administrator. MIC shall have sole authority to pay or deny claims which exceed the aggregate deductible as determined in Section 5.3.

## **ARTICLE 6**

### **CLAIM PROVISIONS**

**Section 6.1 Claims Under the Plan Document.** It is Employer's responsibility, either directly or through the Claims Administrator, to perform the claims function for the Plan Document and to audit, calculate and pay benefits covered by the Plan Document. No one, including Employer, shall process claims for the Plan Document unless named as the Claims Administrator. MIC shall not reimburse Employer for benefits processed by someone other than the Claims Administrator.

**Section 6.2 Audit.** MIC shall have the right to inspect and audit any claims paid under the Plan Document in the event that stop loss insurance coverage becomes payable under this Contract. Employer must provide MIC with any information MIC may require for proof of payment and all reasonable and necessary information and records in the event of a claim under this Contract.

## **ARTICLE 7**

### **RECORDS AND REPORTS**

**Section 7.1 Records and Review.** Any release of records or access to records under this Section 7.1 is subject to the confidentiality provision at Section 7.3.

MIC shall maintain records relating to its responsibilities under this Contract and shall provide to Employer records requested by Employer as provided herein. Plan administrator shall maintain records relating to the terms and operation of the Plan, including the identification of eligible persons, financial arrangements with the Claims Administrator and payments for Eligible Expenses.

Each party may have access to the records directly relating to the Plan and maintained by the other party during normal business hours and upon reasonable notice, provided, however, that MIC shall not be required to disclose proprietary or confidential business information. The party requesting records shall pay the cost of photocopying. The party inspecting or auditing records shall pay (i) the party holding such records at the standard rate for personnel time expended in connection with complying with the inspection or audit, to the extent such personnel time exceeds 24 hours, and (ii) any other costs incurred in complying with the audit or inspection request.

The right of either party to audit the records of the other shall relate solely to the application of the terms of this Contract. Any audit performed pursuant to this Section 7.1 shall be conducted by a third party to be mutually agreed upon by the parties. The third party shall execute a confidentiality agreement as required by the party releasing the information. The request for an audit or inspection must be given within 12 months after termination of this Contract. In no event shall any audit or inspection include records dated more than 3 years before the request.

Employer acknowledges and agrees that, on behalf of itself and the Plan, MIC may use and transfer to third parties for purposes of research and analysis the claims and related medical data in MIC's possession. The parties shall maintain the confidentiality of any information

relating to Covered Persons in accordance with any applicable laws. Neither party shall disclose any confidential business information of the other party without the prior written consent of that party. The provisions of this paragraph shall survive the termination of this Contract.

It is the plan administrator's responsibility to maintain all records on behalf of the Plan. However, in the event of the termination of this Contract, MIC shall provide Employer with copies of records in MIC's possession relating to the Plan and necessary for the continued operation of the Plan. The copies may be provided in hard copy or machine readable form, at MIC's discretion. All records generated or maintained by MIC as necessary for MIC to provide administrative services relating to the Plan shall be kept for 8 years after the date the records were created or any applicable period required by law, whichever is longer.

**Section 7.2 Reports.** Any provision of reports under this Section 7.2 is subject to the confidentiality provision at Section 7.3.

Employer must maintain, or arrange for Claims Administrator to maintain, adequate records and provide any information required by MIC to administer this Contract, including a monthly status report on a form designated by MIC, furnished within 30 days after the end of each month, and preliminary notification when Employer's payments reach 50% of a deductible. MIC may periodically examine and make copies of any of Employer's records which have a bearing on MIC's obligations under this Contract or any claims filed under the Plan Document. Such records shall be open to MIC for inspection during normal business hours for up to five years after termination of this Contract.

In the event MIC requests that Employer provide information other than information contained in the reports listed above, Employer shall be responsible for obtaining written authorizations from Covered Persons to release such information and shall forward such written authorizations to MIC. Employer shall provide additional information upon receipt of the required authorizations.

**Section 7.3 Confidentiality.** MIC may provide to Employer reasonably requested information, including that described in Sections 7.1 and 7.2, that does not identify either services received by or the medical condition of individual Covered Persons. However, if the data or information requested identifies either services received by or the medical condition of an individual Covered Person, then release by MIC to the Employer is subject to the following:

- a. **Valid Consent.** If Employer obtains a valid written authorization, acceptable to MIC, from the Covered Person to release identifiable information to the Employer and forwards such authorization to MIC, then MIC may release identifiable information to Employer. Valid consent must comply with applicable federal and state laws, including the federal regulations governing release of alcohol or substance abuse treatment records.
- b. **Acceptable Request from Employer.** MIC may release identifiable information to Employer only to report claims experience or for Employer's use in conducting an audit, if the information disclosed is reasonably necessary for Employer to conduct a review or audit. MIC may also release identifiable information to Employer related to Covered Persons' appeals of claims denials, if the information disclosed is reasonably necessary for Employer to resolve the Covered Person's appeal.

Employer shall make a request to MIC in writing describing to whom the information should be released, for what purposes, and what types of information are requested. Employer shall only use the requested information for the purposes it stated to MIC in its written request. Employer shall not disclose such information to third parties unless such disclosure is made pursuant to valid consent given by the individual(s) to whom the information pertains or as allowed or required by applicable law. This agreement to hold such information confidential shall also be



binding on plan administrator, all directors, officers, employees, agents, successors and assigns of Employer. Employer shall indemnify and hold MIC harmless from and against any and all claims, liabilities, obligations, damages and expenses resulting from Employer's request for, use of, and disclosure of such information.

**Section 7.4 Release to Agents.** Upon the written request of Employer, information shall be released to an agent of Employer subject to the terms of this Section and only if such agent executes a confidentiality agreement in a form satisfactory to MIC. Employer may elect to appoint an insurance broker as its agent, but in the absence of such an appointment an insurance broker shall be considered a third party and not part of Employer for purposes of receipt of information under this Article 7.

## **ARTICLE 8**

### **LIABILITY AND INDEMNIFICATION**

MIC's obligation to provide coverage under this Contract is limited to indemnifying Employer for Eligible Expenses in accordance with the terms and conditions of this Contract. None of the following shall be considered Eligible Expenses and such charges shall be the sole responsibility of Employer:

- a. Any costs Employer incurs because of any disputes or contested claims under the Plan Document.
- b. Any punitive, exemplary, extra-contractual or consequential damages or other costs or expenses of any kind, including reasonable attorney fees incurred in defending claims or lawsuits brought against MIC by a Covered Person.
- c. Any fees for Employer's participation in any insolvency, guarantee or similar fund.
- d. Any premium tax assessed against MIC in amounts greater than the cost to Employer of the stop loss insurance coverage provided under this Contract.
- e. Any licensing fees or other governmental or regulatory charges of any kind.

Each party to this Contract shall indemnify and hold harmless the other party and the other party's directors, officers, employees and agents from and defend against any and all claims, lawsuits, judgments, settlements and expenses, including reasonable attorney's fees, caused by the negligence or willful misconduct of the other party.

If Employer uses the services of a Claims Administrator to perform any functions for the Plan Document, the Claims Administrator performs as Employer's agent. MIC shall not be held liable for any act or omission of a Claims Administrator.

## **ARTICLE 9**

### **DISPUTES**

In the event that any dispute, claim or controversy of any kind or nature relating to this Contract arises between the parties, the parties agree to meet and make a good faith effort to resolve the dispute. The party requesting the meeting shall provide the other, in advance of the meeting, with written notice of the claimed dispute. Upon receipt of the written notice, representatives for each party shall meet promptly to attempt to resolve the dispute. If a mutually agreeable resolution is not reached within thirty (30) days following receipt of the written notice, either party may pursue legal action in accordance with the terms of this Contract. The parties may

mutually agree to waive the informal dispute resolution process set forth herein. Any such waiver must be in writing and executed by both parties.

## **ARTICLE 10**

### **SUBROGATION AND COORDINATION OF BENEFITS**

Employer may be entitled to recover, directly or indirectly, from third parties for a claim Employer has paid. If Employer recovers from a third party, Employer shall not use the recovered amount to meet any deductible under this Contract. MIC shall not reimburse Employer for the recovered amount. If MIC has reimbursed Employer for all or part of a particular claim and Employer later recovers for that claim, directly or indirectly from a third party, Employer must repay MIC to the extent of MIC's reimbursement, regardless of when payment was made under this Contract or whether this Contract is still in force on the date of such recovery. Employer's repayment may be reduced by the reasonable and necessary expenses Employer has paid in recovering from the third party. Employer must notify MIC of any third party action or obligation affecting MIC's obligations under this Contract.

## **ARTICLE 11**

### **REGULATORY COMPLIANCE**

Employer shall comply, and ensure that the Plan complies with all applicable law and regulations. MIC will obtain and maintain any licenses or regulatory approvals necessary for it to perform its services under this Contract.

If by virtue of this Contract, (i) MIC, Plan or Employer, or (ii) any payments for claims for Health Services or fees to MIC, are subjected to any form of governmental or regulatory charges, including any premium taxes, insolvency fund fees, guarantee fund fees, licensing fees or any similar charges, such charges shall be the sole responsibility of the Employer or the Plan and the Employer shall hold harmless and indemnify MIC from the payment of any such charges.

If MIC's performance under this Contract is made materially more burdensome or expensive due to a change in federal, state or local laws or regulations during the term of this Contract, the parties shall negotiate an appropriate adjustment to the fee paid to MIC. If the parties cannot agree on an adjusted fee within 30 days after MIC sent written notice of the material change and its request to negotiate an adjusted fee to Employer, then MIC may terminate this Contract upon 30 days written notice to Employer.

In the event that any state or federal legislative or executive body enacts or promulgates legislation or regulation affecting the obligation of the parties under this Contract, the parties agree to amend this Contract in order to comply with any such legislation or regulation.

## **ARTICLE 12**

### **GENERAL PROVISIONS**

**Section 12.1 Entire Contract.** This Contract includes the entire understanding of the parties and may not be amended except in writing signed by both parties.

**Section 12.2 Amendments to the Plan Document.** No changes to the Plan Document shall be covered under this Contract unless such changes have first been accepted by MIC.

**Section 12.3 Amendments to this Contract.** This Contract may be amended only in writing signed by each of the parties.

**Section 12.4 Independent Contractor Relationship.** The relationship between the parties is solely one of independent contractors and nothing in this Contract shall be construed or deemed to create any other relationship between the parties, including one of employment, agency or joint venture, unless specifically set forth herein.

**Section 12.5 Notices.** All notices required under this Contract shall be given in writing signed by the party giving notice and delivered by hand, overnight delivery, or first-class mail to the other party at the address set forth below or such other address as has been given by proper notice.

**Section 12.6 No Waiver of Rights.** The failure of any party to insist upon the strict observation or performance of any provision of this Contract or to exercise any right or remedy shall not impair or waive any such right or remedy.

**Section 12.7 Governing Law.** This Contract will be governed by the law of the state of Minnesota. Any legal action arising out of or relating to this Contract shall be brought in state court in Hennepin County, Minnesota.

**Section 12.8 Headings.** The section headings contained in this Agreement are inserted for convenience only and shall not affect in any way the meaning or interpretation of this Agreement.

**Section 12.9 No Third Party Beneficiaries.** No person or entity other than MIC and Employer have any legal or equitable right, remedy or claim under this Contract. It is understood that the provisions of this Contract are for the sole benefit of Employer and MIC and no other person or entity shall be or be deemed a third party beneficiary to this Contract.

**Section 12.10 ERISA.** When the Plan Document provides benefits under a welfare plan governed by the Employee Retirement Income Security Act 29 U.S.C. '1001 et seq. ("ERISA"), MIC is not the plan administrator or named fiduciary of the welfare plan, as those terms are used in ERISA.

**Section 12.11 Clerical Error.** Clerical error shall not change the rights or obligations of Employer or MIC and shall not operate to grant additional coverage to Covered Persons.

**Section 12.12 Payment of Premium.** Premium must be paid on or before the Premium Due Date. The premium rates are specified in the Stop Loss Schedule.

**Section 12.13 Grace Period.** If any premium is not paid on or before the Premium Due Date and Employer has not given MIC written notice of termination of this Contract as stated below, Employer shall be given a grace period of 10 days for paying the premium. The grace period shall begin on the Premium Due Date. The premium must be received by MIC by the 10th day following the Premium Due Date.

**Section 12.14 Premium and Aggregate Factor Changes.** MIC may change the premium rates and aggregate monthly factors for this Contract Period with 30 days advance written notice if it determines there has been a Substantial Change. Advance written notice of premium rates and/or factor changes is not applicable in the case of a Plan Document change in accordance with Section 12.2. If a rate and/or factor change is needed as a result of any circumstances in (i) in the Substantial Change definition in accordance with Article 2, the effective date of the rate and/or factor change will coincide with the effective date of the circumstance in (i) in the Substantial Change definition even if this is retroactive from or during MIC's 30 day advance notice period.

**Section 12.15 Renewal.** This Contract shall automatically renew on each contract anniversary date upon timely payment of premiums at the rates set by MIC. MIC may refuse to renew this Contract by giving Employer 30 days advance written notice.

**Section 12.16 Termination of this Contract.** This Contract shall terminate on the earliest of the following dates:

- a. The date of the expiration of its term, as set forth in the Stop Loss Schedule.
- b. The last day of the last month for which premium has been paid, if the grace period ends and any premium remains unpaid.
- c. The date specified by Employer after at least 30 days prior written notice of termination to MIC.
- d. The date specified by MIC after at least 30 days prior written notice of termination to Employer.
- e. The date the Plan Document ends.
- f. The date the agreement between Employer and Claims Administrator terminates and MIC does not approve of the new Claims Administrator. Such approval shall not be unreasonably withheld by MIC.
- g. The date of Employer's non-compliance with any or all of the provisions of this Contract.
- h. The date Employer fails to make any payment to MIC when such payment is due under this Contract, but not before the expiration of the grace period.
- i. The date specified by MIC in written notice of termination to Employer upon discovery of false, material information relevant to underwriting the risk.
- j. The date written notice is given to Employer in the event Employer ceases to be actively engaged in business or if the Plan is terminated.

**Section 12.17 Survival.** The provisions of Article 7. Records and Reports, Article 8. Liability and Indemnification, and Article 9. Disputes, and Article 10. Subrogation and Coordination of Benefits, survive any termination of this Contract.

In the event that any governmental agency or court of law determines that the coverage provided under this Contract is primary or direct insurance, or makes any similar determination, or determines that any term or condition of this Contract must be changed, this Contract shall automatically terminate on the effective date of such determination.

MIC has, by its Vice President & General Manager, Client Retention & Growth, executed this Contract at its principal office in Minnetonka, Minnesota.

Medica Insurance Company  
P.O. Box 9310  
Minneapolis, MN 55440-9310

By:



**Paul Crowley**  
Vice President & General Manager,  
Client Retention & Growth

By:



**James P. Jacobson**  
Senior Vice President and Assistant Secretary

McLeod County  
830 11<sup>th</sup> Street East  
Glencoe, MN 55336

By \_\_\_\_\_

Its \_\_\_\_\_

Dated \_\_\_\_\_

Sibley County  
P.O. Box 256  
400 Court Avenue  
Gaylord, MN 55334

By \_\_\_\_\_

Its \_\_\_\_\_

Dated \_\_\_\_\_

## **2017 CONTRACT FOR SERVICES BETWEEN McLEOD**

### **SOCIAL SERVICE CENTER and Dawn Mitchell**

The parties of this contract shall be Dawn Mitchell, hereafter referred to as "Independent Contractor," and McLeod Social Service Center, hereafter referred to as the "Agency."

#### **A. DUTIES OF THE INDEPENDENT CONTRACTOR**

The Independent Contractor agrees to furnish Parent Support Outreach Program (PSOP) services to children and families in McLeod County. PSOP services are intended to provide early intervention services to address the needs of families at risk of child maltreatment. Services to families are designed to reduce or remove barriers to child safety, family and child well-being. Specific services to be provided to each child and/or family will be determined by their individual needs. Services to be provided include, but are not limited to:

1. Case management
2. Parent education and activities that enhance parent/child interaction;
3. Referrals to other community agencies;
4. Provision of basic needs of food, clothing and shelter to address risks of future child maltreatment such as neglect;

In addition, the Independent contractor agrees to:

1. Maintain data on the dates and hours that services are provided and submit them to the Agency by the 5<sup>th</sup> of the following month;
2. Provide verbal and written updates as needed
3. Complete PSOP case plans and SDM tools with the family

#### **B. RESPONSIBILITIES OF THE INDEPENDENT CONTRACTOR**

The Independent Contractor agrees to comply with MN Statutes regarding data privacy. The Independent Contractor will not discuss any information about the clients being served with anyone outside the Agency unless an appropriate release is obtained from the clients or client's parent/guardian.

The Contractor provides assurances to the Agency that it will comply with Health Information Portability and Accountability Act (HIPAA) requirements necessary to protect individual identifying health information (IIHI). Use and disclosure will require that all IIHI be:

- Appropriately safeguarded;
- Any misuse of IIHI will be reported to the Agency;
- Secure satisfactory assurances from any subcontractor;
- Grant individuals access and ability to amend their IIHI;
- Make available an accounting of disclosures, release applicable records to the Agency or Department of Human Services if requested; and,
- Upon termination, return or destroy all IIHI in accordance with conventional record destruction practices.

The Independent Contractor agrees to be responsible for insuring that the following are provided for herself and any subcontracted workers:

1. Any desired insurance coverage including, but not limited to, liability, health, workman's compensation and disability;
2. A valid driver's license and at least the minimum automobile insurance coverage required by the Minnesota Statute.

#### **C. DUTIES OF McLEOD COUNTY**

1. The County shall pay the Independent Contractor \$30.00 per hour.
2. The total reimbursable hours permissible under the terms of this agreement shall not exceed 1000.
3. The total amount of the agreement shall not exceed \$30,000.
4. The Contractor shall act as an Independent Contractor and McLeod County agrees to provide a legal defense to the Independent Contractor for any action brought against the Independent Contractor in furtherance of the duties of this contract. McLeod County will not be responsible for any damages awarded or settlement negotiated arising out of any claims made against the Independent Contractor.
5. This contract shall extend from 01-01-17 to 12-31-17.

#### **D. CONTRACT TERMINATION**

This contract may be canceled upon thirty (30) days written notice by either party.

THIS AGREEMENT ENTERED INTO BY McLEOD SOCIAL SERVICE CENTER AND DAWN MITCHELL THIS 21<sup>st</sup> day of February, 2017.

---

Dawn Mitchell  
Independent Contractor

---

Date

---

Gary Sprynczynatyk, Human Service Director  
McLeod County Social Services

---

Date

---

Joe Nagel, Chairperson  
McLeod County Board of County Commissioners

---

Date

---

Patrick Melvin, Administrator  
McLeod County

---

Date

APPROVED AS TO FORM:

---

Michael Junge, Attorney  
McLeod County

---

Date





# County of McLeod

830 11th Street East  
Glencoe, Minnesota 55336  
FAX (320) 864-3410

---

**COMMISSIONER RON SHIMANSKI**

1st District  
Phone (320) 327-0112  
23808 Jet Avenue  
Silver Lake, MN 55381  
[Ron.Shimanski@co.mcleod.mn.us](mailto:Ron.Shimanski@co.mcleod.mn.us)

**COMMISSIONER DOUG KRUEGER**

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Phone (320) 864-5944  
9525 County Road 2  
Glencoe, MN 55336  
[Doug.Krueger@co.mcleod.mn.us](mailto: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](mailto:Paul.Wright@co.mcleod.mn.us)

**COMMISSIONER RICHARD POHLMEIER**

4th District  
Phone (320) 587-6084  
207 1<sup>ST</sup> Ave S.  
Brownton, MN 55312  
[Richard.Pohlmeier@co.mcleod.mn.us](mailto:Richard.Pohlmeier@co.mcleod.mn.us)

**COMMISSIONER JOE NAGEL**

5th District  
Phone (320) 587-8693  
20849 196<sup>TH</sup> Road  
Hutchinson, MN 55350  
[Joe.Nagel@co.mcleod.mn.us](mailto:Joe.Nagel@co.mcleod.mn.us)

**COUNTY ADMINISTRATOR****PATRICK MELVIN**

Phone (320) 864-1363  
830 11th Street East, Suite 110  
Glencoe, MN 55336  
[Pat.Melvin@co.mcleod.mn.us](mailto:Pat.Melvin@co.mcleod.mn.us)

## RESOLUTION 17-CB-06 TEMPORARY LOAN

BE IT RESOLVED, the McLeod County Board of Commissioners authorizes County Auditor-Treasurer Cindy Schultz to make a temporary loan of \$185,000.00 from the General Revenue Fund to the Ditch Fund to cover negative County and Joint Ditch fund balances, transaction date December 31, 2016.

<u>Ditch No.</u>	<u>Ditch Name</u>	<u>Amount</u>
(622)	CD #8	\$1,000.00
(623)	CD #10	\$100.00
(624)	CD #11	\$54,000.00
(625)	CD #12A	\$31,000.00
(631)	CD #18	\$6,600.00
(644)	CD #35	\$500.00
(646)	CD #36	\$46,000.00
(648)	CD #38	\$100.00
(664)	JD #4 MCR	\$2,700.00
(669)	JD #9	\$24,000.00
(675)	JD #14 WMCM	\$4,900.00
(680)	JD #18 SMCC	\$14,000.00
(684)	JD #32 SMC	\$100.00
		<u>\$185,000.00</u>

Adopted this 21st day of February 2017

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Joe Nagel, Chairman

---

Pat Melvin, County Administrator



# McLeod County Auditor-Treasurer

## *Cindy Schultz Ford*

2391 Hennepin Ave. N.  
Glencoe, MN 55336

(320) 864-1210 office (320) 864-3268 fax

E-mail: [cindy.schultz@co.mcleod.mn.us](mailto:cindy.schultz@co.mcleod.mn.us)

STATE OF MINNESOTA

BOARD OF COMMISSIONERS

COUNTY OF MCLEOD

MCLEOD COUNTY DITCH AUTHORITY

In the matter of  
County Ditch No. 16  
Tree Removal

### NOTICE OF HEARING

**WHEREAS**, on the 22<sup>ND</sup> day of September, 2016, an informational meeting was called by McLeod County Commissioners Joe Nagel and Paul Wright and McLeod County Environmentalist Roger Berggren and held at the McLeod County Fairgrounds, Hutchinson, Minnesota, to discuss a possible ditch cleanout and tree removal of County Ditch No. 16, and

**WHEREAS**, Roger Berggren has examined said drainage system and has obtained one proposal for tree removal of County Ditch No. 16 and has provided the proposal to the office of the County Auditor-Treasurer of McLeod County, and

**NOW, THEREFORE, TAKE NOTICE**, that the hearing on said tree removal will be held before the County Ditch Authority on **Tuesday, February 21, 2017 at 10:15 a.m.** in the **Glencoe City Center, South Ballroom, 1107 11<sup>th</sup> Street East, Glencoe, Minnesota.** Items to be discussed and considered include:

1. Discussion on proposal from Reinert Logging & Lumber.
2. Public comment.
3. Consider ordering work to be completed.
4. Other items of business as deemed necessary.

All interested persons are invited to attend and be heard in this matter. If you have any questions, please contact the McLeod County Auditor-Treasurer's Office at 320-864-1210 or [cindy.schultz@co.mcleod.mn.us](mailto:cindy.schultz@co.mcleod.mn.us).

Dated: January 26, 2017

A handwritten signature in black ink that reads "Cindy Schultz Ford".

Cindy Schultz Ford, McLeod County Auditor-Treasurer

Posted: January 26, 2017

Published: February 1, 8 and 15, 2017

Mailed: February 8, 2017

{M.S. 103E. 715, subd 3}

**NOTE THE LOCATION: GLENCOE CITY CENTER**

McLeod CO. CD 16 Tree removal proposal.

Reinert Logging & Lumber would like to propose the following for the tree removal project on CD 16

The trees will be cut as low to the ground as possible, the stumps would be treated to prevent regrowth.

The trees will be burnt or removed from the area. The remaining unburnt material will be buried along the ditch.

#1 The cost for both sides will not exceed \$2,100.00

#2 The cost for the North side will not exceed \$45,000.00

#3 The cost for the South side will not exceed \$33,000.00

#4 The cost for the North side will not exceed \$14,000.00

#5 The cost for the South side will not exceed \$18,000.00

The tree removal project will be scheduled for the winter and spring of 2016/2017.

With the current work load that I have and the unpredictable winter weather we will complete the project as soon as we can.

Mark Reinert

10243 155<sup>th</sup> ST.

Glencoe MN.55336

Phone 320-510-4944






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**McLeod, Sibley, Trailblazer Joint Self-Insurance Pool**  
**JOINT POWERS AGREEMENT**

*Effective January 1, 2016*

---

*Prepared by:*

 **HITESMAN & WOLD** P.A.  
12900 - 63rd Avenue North  
Maple Grove, MN 55369  
Tele. 763-503-6620

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## INTRODUCTION

This Agreement, made by and among the County of McLeod the County of Sibley and Trailblazer Joint Powers Board (collectively referred to as "Members") is effective as of January 1, 2016.

**WHEREAS**, Section 471.59 of the Minnesota Statutes provides that two or more "governmental units" may, by agreement, jointly or cooperatively exercise any power common to them; and

**WHEREAS**, the Members are "governmental units" for purposes of Section 471.59 of the Minnesota Statutes; and

**WHEREAS**, Section 471.617 of the Minnesota Statutes provides that certain governmental entities who together employ more than 100 employees may jointly self-insure employee health benefits; and

**WHEREAS**, the County of McLeod employs more than 100 employees and, as a result, together the Members employ more than 100 employees; and

**WHEREAS**, the Members have jointly established in full force and effect certain self-insurance arrangements to provide certain employee health benefits, including medical benefits, and those arrangements constitute a self-insurance pool under Minnesota law, Including Section 471.617 of the Minnesota Statutes and Chapter 2785 of the Minnesota Rules; and

**WHEREAS**, the Members may, in the future, wish to jointly provide other employee benefits, permitted under applicable law, to their employees; and

**WHEREAS**, Section 471.6175 of the Minnesota Statutes authorizes a "political subdivision or other public entity" to establish a trust to pay postemployment benefits to their employees; and

**WHEREAS**, the Members authorize the Board to act as a joint board for the purpose of exercising certain powers as set forth in this Agreement.

Now, therefore, each Member in exchange for the mutual covenants, promises and obligations contained herein, promises and agrees as follows:

**ARTICLE I.  
ESTABLISHMENT AND PURPOSE OF THE  
JOINT SELF-INSURANCE POOL**

- 1.01** The Members effectively established a joint enterprise (the "Joint Powers Enterprise"), including a joint self-insurance pool known as the McLeod, Sibley, Trailblazer Joint Self-Insurance Pool (the "Pool"). The Joint Powers Enterprise and the Pool have operated since approximately 1981 as further described in Section 19.08.
- 1.02** The purpose of the Joint Powers Enterprise is to cooperatively maintain and administer the Plan(s).
- 1.03** The purpose of the Pool is to provide for the reciprocal assumption of risk among the Members with respect to the provision of health benefits to each Member's eligible current and former employees and their qualified dependents, as determined under the applicable Plan(s).
- 1.04** This document is intended to constitute a joint powers agreement, as required by subdivision 1 of Section 471.59 of the Minnesota Statutes.
- 1.05** This document, combined with the Bylaws, is intended to satisfy the requirements of Section 471.617 of the Minnesota Statutes and Section 2785.0400 of the Minnesota Rules.
- 1.06** It is the Members' intent to comply with applicable legal requirements pertaining to joint self-insurance pools, joint powers arrangements, and with all other applicable state and federal laws.
- 1.07** Unless specifically designated otherwise, references to any state or federal statute or regulations, including Minnesota Rules, shall include any amendments thereto.

**ARTICLE II.  
DEFINITIONS**

In addition to the terms defined elsewhere in the Agreement, each of the following terms shall have the meaning set forth below:

- 2.01 AGREEMENT** – This Joint Powers Agreement, as may be amended from time to time.
- 2.02 BENEFICIARY** – A person designated by a Participant, or by the terms of a Plan, who is or may become entitled to a benefit under that Plan.
- 2.03 BOARD (BOARD OF TRUSTEES)** – The Board (also known as the Board of Trustees) is the governing body of the Joint Powers Enterprise and the Pool, established pursuant to Article III of the Agreement. The Board acts as a joint board authorized to exercise certain powers of the Members, as permitted by Section 471.59, subd. 2, of the Minnesota Statutes and as set forth in this Agreement.
- 2.04 BYLAWS** – A separate document, adopted by the Members, describing the purpose, governance, and administration of Joint Powers Enterprise.
- 2.05 CHAIRPERSON** – Representative who serves as the Chairperson of the Board having been elected by the Board.



- 2.06 COMMISSIONER OR COUNCIL MEMBER**– An elected official that is serving on a Member Board.
- 2.07 FINANCIAL ADMINISTRATOR** – The person(s) or entity(ies) appointed pursuant to Section 3.03(b) who shall perform those duties set forth in Article VI.
- 2.08 FISCAL YEAR** – The twelve (12) month period, commencing on each January 1, on which the Joint Powers Enterprise's books and records are maintained.
- 2.09 INCLUDING** – Including, but not limited to.
- 2.10 INVESTMENT POLICY** – The policy established by the Board in compliance with the provisions of Section 2785.1500 of the Minnesota Rules and Section 118A.04 of the Minnesota Statutes governing investment of the assets of the Trust.
- 2.11 JOINT POWERS ENTERPRISE** – The enterprise jointly created by the Members and reflected in this Agreement.
- 2.12 MEMBERS** – Unless one or more of them have ceased to be Member pursuant to Article XVI or Article XVII, McLeod County, Sibley County, Trailblazer Joint Powers Board and any other governmental entity, permitted by law, who subsequently becomes a Member under Article XX.
- 2.13 MINNESOTA RULES** – The administrative rules adopted by an agency of the State of Minnesota, Including Chapter 2785 of the Minnesota Rules.
- 2.14 OPEB TRUST** - A trust established and funded pursuant to Article VII for the purpose of accumulating funds to pay "other postemployment benefits" (as that term is defined in Statement No. 45 of the Governmental Accounting Standards Board (GASB)). Such an OPEB Trust is separate from, and not part of, the Pool and Trust.
- 2.15 PARTICIPANT** – Any employee or former employee of a Member, or eligible Beneficiary, who is or may become eligible to receive a benefit of any type from a Plan.
- 2.16 PLAN(S)** – One or more benefit plans (1) jointly sponsored and maintained by the Members, pursuant to the provisions of this Agreement, (2) authorized by Minnesota law and able to be provided jointly by Minnesota governmental entities, and (3) that provide benefits for a Member's employees, former employees, Including retirees, and persons covered through them (e.g., dependents) in accordance with the terms and conditions of such benefit plan(s), Including eligibility. The Plans are identified in Appendix B. A Plan may be part of the Pool.
- 2.17 POOL** – The joint self-insurance pool created by the Members under Minnesota law, known as the McLeod, Sibley, Trailblazer Joint Insurance Pool, through which certain Plans are funded and operated. The Pool is a collective group of Members in a given Plan. Absent an agreement expressly to the contrary, a separate Pool shall exist for each such Plan and a separate contract shall exist between the Service Company and the Pool for the rendering of services or benefits for which such Pool is formed.
- 2.18 QUORUM** – A quorum is the required percentage of possible Representatives necessary for the Board to hold a meeting and conduct business, Including Pool business. A Quorum is present when a majority (more than fifty (50%) percent) of the Representatives are physically present at a duly called meeting.
- 2.19 REPRESENTATIVE** – Each Member's designated individual to serve and act on behalf of the Member on the Board. The Representative shall be an elected Commissioner or Council

Member. "Representative" also includes the alternate Representative as described in section 3.02.

**2.20 RESERVES** – Amount established through an excess of contributions over expenses and established to pay run-off claims and/or reduce the volatility of claim fluctuations.

**2.21 SERVICE COMPANY** – The person(s) or entity(ies) appointed pursuant to Section 3.03(b) who shall: (1) be the principal manager of the Pool, (2) supervise and control the day to day operations of the Pool, (3) carry out the purpose of the Pool as directed by this Agreement and as may be directed from time to time by the Board, and (4) perform those duties set forth in Article VI.

**2.22 TRUST** – A trust established and funded pursuant to Article VII for the purposes of: (1) paying the administrative expenses of, and the benefits provided under, the Plan(s); (2) purchasing stop loss insurance; and (3) paying any other expenditures authorized by the terms of this Agreement.

### **ARTICLE III. MEMBERSHIP, AUTHORITY, AND DUTIES OF THE BOARD**

**3.01** The Joint Powers Enterprise shall be managed by the Board pursuant to the terms of this Agreement. The Board shall consist of one Representative from each Member.

**3.02** Each Member shall appoint an alternate to serve with full rights and responsibilities of the Representative if the Representative is unable to serve.

**3.03** In conformance with Section 2785.0500 of the Minnesota Rules, each Member agrees that because (1) the number of seats on the Board equals three (3) and (2) each Member is entitled to one Representative on the Board, the Members, both individually and collectively, have effectively elected the Board. A Representative's term on the Board shall be established by the Member appointing the Representative. The Member shall notify the Board immediately upon designation of a Representative.

**3.04** The Board shall have the authority and duty to accomplish the purposes set forth in Article I above and, in furtherance of such authority and duty, shall:

- (a) Maximize the value of the Members' and Pool's benefit dollars;
- (b) Select, enter into a contract with, and/ or hire one or more service providers, Including Service Companies, Financial Administrators, agents, independent contractors, attorneys, auditors, and such other persons as may be necessary to administer and accomplish the purpose(s) of the Joint Powers Enterprise; provided, however, that the Board shall not have the authority to enter into any collective bargaining agreement on behalf of the Members with employees of the Members;
- (c) Approve the compensation for all such service providers;
- (d) Appoint committees;
- (e) Carry out education and other programs relating to health, accident and other claims management and reductions;
- (f) Direct the collection and payment of funds to be used for the administration of, and the provision of benefits under, the Plan(s);

- (g) Invest funds in accordance with the Investment Policy;
- (h) Select one or more depositories for the funds of the Joint Powers Enterprise in compliance with the provisions of Section 2785.1500 of the Minnesota Rules;
- (i) Cause to be purchased stop loss coverage, in compliance with applicable law, including Section 471.617 of the Minnesota Statutes and Section 2785.1300 of the Minnesota Rules, and other types of insurance reviewed and selected by the Board;
- (j) Review and approve the annual budget of the Joint Powers Enterprise and periodic reports of the financial affairs of the Joint Powers Enterprise;
- (k) Approve and submit to each Member annually an audited report of the financial affairs of the Pool, made by a certified public accountant within one hundred eighty (180) days from the end of each Fiscal Year in accordance with generally accepted auditing principles;
- (l) Ensure the Pool complies with the reporting requirements contained in Section 2785.1600 of the Minnesota Rules;
- (m) Change, amend or modify the Plan(s);
- (n) Cause to be purchased fidelity bonds required by law or otherwise determined to be appropriate by the Board;
- (o) Establish and recommend monthly and supplementary contributions to the Trust;
- (p) Perform any responsibilities assigned to it under the Plan(s);
- (q) In accordance with the provisions of Article XVI, recommend to the Members the expulsion of any individual Member from the Pool for failure to perform its obligations under this Agreement; and
- (r) Carry out such other activities as are necessarily implied or required to carry out the purposes of the Joint Powers Enterprise specified in Article I or the specific activities enumerated in this Article III.

**3.05** As appropriate, for the purpose of conducting day to day business of the Board, the Board may designate one or more designees to act on its behalf. Such designees may include one of the Members, a Representative, or an outside third party service vendor. Such designation shall be made by the Board in writing, including the parameters of the designation, and action taken by a designee must be on behalf of the Board, reflecting Board decisions and authority.

**3.06** The Board may, but is not required to, appoint one or more advisory committees. The purpose of any such committee may include, without limitation, the receipt and processing of information relating to group employee benefits, and the future direction of such benefits as well as other programs and services. The Board shall consider, but is not required to adopt, advisory committee recommendations and proposals.

**3.07** The Board, with due consideration given to recommendations submitted by any advisory committee that may be established, shall, unless otherwise expressly agreed, retain final authority in all matters relative to this Agreement.

**3.08** No one serving on the Board shall receive any compensation or other payment for such services.

**ARTICLE IV.  
MEETINGS OF THE BOARD**

- 4.01** Regular meetings of the Board shall be held as often as necessary to carry out the purposes of the Joint Power Enterprise, but no less than four (4) meetings shall be held in each Fiscal Year.
- 4.02** Special meetings of the Board may be called by its Chairperson or by any two (2) Representatives.
- 4.03** Written notice of regular or special meetings of the Board shall be given to each Representative at least five (5), but no more than ten (10), business days prior to such meeting. An agenda specifying the subject of any special meeting shall accompany such notice. Business conducted at special meetings shall be limited to those items specified in the agenda.
- 4.04** The time, date and location of regular meetings of the Board shall be determined by the Board. The four (4) required regular meetings will be scheduled at the beginning of each Fiscal Year. Additional meetings may be set as needed.
- 4.05** Summary minutes of meetings shall be accomplished pursuant to a policy established by the Board in accordance with applicable law.
- 4.06** Each Member shall be entitled to one (1) vote on the Board through its Representative. No proxy votes or absentee votes shall be permitted. Voting shall be conducted in accordance with the rules of procedure established pursuant to Section 4.09 and the requirements of applicable law.
- 4.07** The Board may establish policies governing its own conduct and procedure, consistent with the Agreement.
- 4.08** Summary minutes of all regular, special and emergency meetings of the Board shall be sent to the Representative of each Member.
- 4.09** All meetings of the Board shall be conducted in the manner required by applicable law, Including Chapter 13D of the Minnesota Statutes. The Chairperson shall cause to be published any schedule or notice of meetings of the Board as required by law.

**ARTICLE V.  
OFFICERS**

- 5.01** Officers of the Joint Powers Enterprise shall consist of a Chairperson, Treasurer and Secretary. Each officer's responsibilities shall be described in the Bylaws. The Board shall elect officers for the coming Fiscal Year at the last regular meeting scheduled during the current Fiscal Year. The Secretary and Treasurer will be elected on even years and serve for two (2) consecutive years. The Board may from time to time establish other offices and may elect a Representative to serve in any of such offices. With the exception of the Chairperson, the Board may fill any vacancies which may occur in such offices for the remainder of the term. The Chairperson is elected as described in Section 2.05.

**ARTICLE VI.**  
**SERVICE COMPANY AND FINANCIAL ADMINISTRATOR**

- 6.01** The Board shall contract with one or more Service Companies and one or more Financial Administrators as required by Section 2785.0800 of the Minnesota Rules.
- 6.02** The Board shall select each Service Company and Financial Administrator in the manner specified in the Bylaws, which shall be consistent with Section 471.6161, subd. 2, of the Minnesota Statutes.
- 6.03** The Board shall review the performance of each Service Company and Financial Administrator on an annual basis and shall make a request for proposal for such positions no less infrequently than every five (5) years. The Board shall review the performance of other service providers at least annually and conduct a market search for such providers on an as needed basis.
- 6.04** The compensation of the Service Company and the Financial Administrator shall be negotiated and approved by the Board and shall be payable pursuant to the contract between the Board and the Service Company or Financial Administrator.
- 6.05** Subject to the oversight of the Board, each Service Company shall be the principle operating manager of the Plan(s) and the Pool and shall supervise and control day-to-day operations of the Plan and the Pool and carry out the purposes of the Plans and the Pool as directed by the Board. The services to be provided by the Service Company shall be determined by the Board and reflected in a service agreement between the parties and shall include, at a minimum, the services identified in Section 2785.0800 of the Minnesota Rules.
- 6.06** The Service Company shall have expertise in, and be appropriately licensed to provide services for, the coverages provided through the Pool.
- 6.07** Subject to the oversight of the Board, pursuant to with Section 2785.0800 of the Minnesota Rules, the Financial Administrator shall invest the Trust's assets in accordance with the Investment Policy and provide other financial and/or accounting services as determined by the Board and reflected in a service agreement between the parties.
- 6.08** The Financial Administrator shall have expertise in, and be appropriately licensed to provide services to the Pool and the Joint Powers Enterprise.

**ARTICLE VII.**  
**TRUSTS**

- 7.01** There shall be established a Trust (under Section 115 of the Internal Revenue Code) for the purpose of holding the assets of the Plan(s) and the Pool in accordance with Section 2785.1500 of the Minnesota Rules. Such Trust may also be used for the purpose of holding the assets of a Plan not part of the Pool. The Trusts shall be divided into sub-accounts, one for each Plan funded through the Trust. Additional subdivisions of the sub-accounts may be established and maintained at the discretion of the Board.
- 7.02** An OPEB Trust may also be established for the purpose of funding postemployment benefits under the Plan(s). For this purpose "establish" Includes assuming responsibility for any trust that may already exist.

- 7.03** Other than as a result of a proper payment or reimbursement from the OPEB Trust to the Trust, the assets of the Trust and an OPEB Trust shall not be combined. The assets of the Trust shall be used to pay benefits provided under the Plan(s) and the administrative expenses of the Plan(s) and the Pool in accordance with applicable law.
- 7.04** Contributions to the Trust shall be determined and administered in accordance with the following:
- (a) The Board shall determine the amount necessary to establish Reserves for the given Fiscal Year for each Plan that is part of the Pool. This Reserves calculation is conducted with respect to each Fiscal Year.
  - (b) Prior to the beginning of each Fiscal Year and considering the recommendations of the Service Company or other service provider, the Board, in accordance with Article X, shall approve (1) an expense budget for each Plan for the coming Fiscal Year, and (2) the monthly premium rates for each Plan.
  - (c) A Member's contribution shall be determined based upon the established premium rates and the number of Participants enrolled in each Plan through such Member.
  - (d) Members shall make monthly contributions to the Trust. Member contributions shall be allocated to the appropriate sub-account within the Trust.
  - (e) Reserves are carried forward each Fiscal Year. Reserves remain unallocated and shall be available to pay benefits and administrative expenses of the applicable Plan funding through the Trust, Including the Pool, as a whole. Notwithstanding the foregoing, if allowed by Section 2785.1100 of the Minnesota Rules, the Board may declare a dividend from the Reserves as described in the Bylaws.
  - (f) With respect to Articles XVI and XVII, a Member participating in the Pool shall have a calculated share of Reserves accumulated during the Member's participation in the particular Plan funded through the Trust, Including the Pool. Any new Member joining a Plan Pool must complete five (5) years of participation in the Plan before such Member is entitled to a calculated share of Reserves resulting from that Member's participation in the Plan funded through the Trust, Including the Pool.
  - (g) A Member's calculated share of Reserves shall be based upon the ratio of cumulative premium payments paid into the Trust with respect to the Plan by a Member to the cumulative premium payments paid into the Trust with respect to the Plan by all Members over the applicable time frame. For example, if a Member is withdrawing effective December 31, 2016, and its cumulative premium payments while a Member account for forty-five percent (45%) of the cumulative premium payments of all Members for that same time frame, that Member's calculated share is forty-five percent (45%) of the Reserves.
  - (h) Sufficient information to determine allocations of the Banked Reserves to each Member shall be maintained as part of the Trust's, Including the Pool's, financial records.
  - (i) If, during any Fiscal Year, the Board determines that the funds available in any sub-account of the Trust may be insufficient to meet a Plan's current or anticipated future claims or administrative expenses, the Board may require a supplementary contribution from the Members. The total supplementary contribution shall be allocated among the Members on a pro-rata basis as determined by the Board.

- 7.05** The Board is responsible for the operation and administration of the OPEB responsibilities of the Plan(s), Including having the unfunded liability calculated, determining the manner in which such unfunded OPEB liability shall be handled, and determining each Member's responsibility for such unfunded liability.
- 7.06** Each Member is jointly and severally liable for all liabilities and expenses of the Pool, including liabilities and expenses incurred during runoff of the Pool prior to final dissolution.
- 7.07** The Board shall monitor the Pool's annualized premium volume. To the extent such premium volume drops below the requirements established in Section 2785.1100 of the Minnesota Rules, the Board shall take such steps to restore an adequate premium value as required by such regulation.

#### **ARTICLE VIII. PLAN(S) OF BENEFITS**

- 8.01** The current Plan(s) at any time are identified in Appendix B.
- 8.02** The Board may, from time to time, amend or terminate a Plan, or adopt new or additional Plan(s).
- 8.03** Any employee or collective bargaining notification regarding the Plan(s) shall be the responsibility of the Member.
- 8.04** In accordance with Section 471.617 of the Minnesota Statutes, a Plan may be self-insured. A self-insurance Pool made available by the Board shall be a pool established and operated by the Board, or by the Board and one or more other joint powers governing boards governed by Section 471.59 of the Minnesota Statutes and Chapter 2785 of the Minnesota Rules.
- 8.05** Any Plan amendment, when approved by the Board, shall result in a re-determination, made on an actuarial basis, of the contributions due to the Trust. The Board shall determine the amount of the increased or reduced payment required in light of the amendment.
- 8.06** A Member's participation in the Plan(s), Including adding and dropping participation in a Plan and the required level of participation (if any), shall be governed by the Bylaws.
- 8.07** Except as otherwise provided with respect to the run-out claims of expelled or withdrawing Members, the Members agree to aggregate claim experience and use a common premium for each Plan.

#### **ARTICLE IX. STOP LOSS INSURANCE**

- 9.01** The Board will cause to be purchased stop loss insurance as required by applicable law, Including Section 2785.1300 of the Minnesota Rules and Section 471.617 of the Minnesota Statutes.
- 9.02** Membership in the Joint Powers Enterprise shall not preclude any Member from purchasing any insurance coverage above those amounts purchased by the Joint Powers Enterprise. The Joint Powers Enterprise shall, when requested, provide any information needed by the Member to obtain quotes for any such insurance coverage.

**ARTICLE X.**  
**MATTERS REQUIRING APPROVAL**

**10.01** The Members shall act on matters requiring approval of the Members by resolution of their governing bodies. The following matters require approval of seventy-five percent (75%), rounded up if a fraction, of all Members:

- (a) Amendments to this Agreement;
- (b) Approval of any proposed new Member(s);
- (c) Merger of the Pool with another Pool;
- (d) Termination of the Pool; and
- (e) Items referred by the Board in accordance with this Agreement.

**10.02** The Board shall act on matters requiring approval of the Board by vote of the Representatives. A Quorum shall be required to hold a Board meeting. Except as otherwise provided in this Section 10.02 and 10.03, the Board may act by majority (more than fifty (50%) percent) vote of the Representatives present at a Board meeting. Notwithstanding the foregoing, the following matters require approval of a majority (more than fifty (50%) percent) of all Representatives (regardless of the number present at the Board meeting):

- (a) Selection of the Service Company, Financial Administrator, and other service providers, (accountants, attorneys, etc.);
- (b) Selection of stop loss coverage and carrier(s);
- (c) Approval of annual budget of the Joint Powers Enterprise, Including the Pool;
- (d) Approval of any Plan amendments; and
- (e) Approval of the reduction or addition any Plan(s).

**10.03** Where specific provisions of this Agreement require a unanimous vote by the Board, but a unanimous vote cannot be obtained, the Board may refer the matter to the Members for determination under Section 10.01 of this Agreement.



**ARTICLE XI.  
OBLIGATIONS OF MEMBERS**

**11.01** The governmental entities have entered into this arrangement to provide, on a joint basis, the benefits described in the Plan(s). In order for the purposes of the joint powers arrangement to be realized, each Member needs to be actively engaged in the management and decision making of the Board with respect to the joint powers entity. The obligations of each Member include the following:

- (a) To appropriate or budget for and, where necessary, to levy for, and pay promptly all monthly and supplementary or other contributions to the Trust within thirty (30) days from notice and in such amounts as are established within the scope of this Agreement;
- (b) To promptly select a Representative to serve on the Board;
- (c) To fully cooperate with the Service Company, the Financial Administrator, the Joint Powers Enterprise's attorneys and auditors and any agent, employee, officer or independent contractor of the Joint Powers Enterprise in any matter relating to the purpose and powers of the Joint Powers Enterprise, including furnishing all reasonably necessary Participant data directly to the Board or its designee;
- (d) To review all proposed changes to a Plan prior to the Board's final vote on such changes;
- (e) To promptly notify all of the Member's Plan Participants of the withdrawal or expulsion of such Member from the Joint Powers Enterprise;
- (f) To promptly act on all matters requiring approval of the Member's governing body and to not withhold such approval unreasonably or arbitrarily; and
- (g) To take such other actions as may be required by the Bylaws.

**11.02** The joint powers entity is not capable or otherwise authorized to act on behalf of a Member with respect to each Members' collective bargaining obligations. Each Member shall be solely responsible for the collective bargaining of benefits to the full extent required by applicable law, and for providing any notices regarding collectively bargained benefits, including the obligation to notify certain union officials regarding the adoption of a self-insured health benefit plan set forth in Section 471.617, subd. 4, of the Minnesota Statutes.

**11.03** At the discretion of the Board, non-performance of Member obligations, whether in whole or in part, may be the basis for a recommendation to expel pursuant to Article XVI.

**ARTICLE XII.  
LIABILITY OF MEMBERS**

**12.01** Unless specifically provided in Section 7.06, a Member is not liable for the acts or omissions of another Member.

**ARTICLE XIII.  
LIABILITY OF REPRESENTATIVES**

**13.01** The Representatives shall discharge their duties solely in the interest of the Plan participants entitled to benefits under any Plan, and:

- (a) For the exclusive purpose of:
  - 1) providing benefits to Participants entitled to benefits under the Plan(s); and
  - 2) defraying reasonable expense of administering the Plan(s) and Trust, Including the Pool.
- (b) With the care, skill, prudence and diligence under the circumstances then prevailing that a prudent person in a like capacity and familiar with such matters would use in the conduct of an enterprise of a like character and with like aims.
- (c) In accordance with the documents and instruments governing the Plan(s) and Trust, Including the Pool, insofar as such documents and instruments are consistent with the law.

**13.02** To the fullest extent permitted by applicable law, the Representatives shall not be liable for any mistake in judgment or other action made, taken or omitted by them in good faith; nor for any action made, taken or omitted by any agent, employee or independent contractor selected with reasonable care, nor for loss incurred through investment of Joint Powers Enterprise funds, or failure to invest. No Representative shall be liable for any action taken or omitted by any other Representative. No Representative shall be required to give a bond or other security to guarantee the faithful performance of his/her duties hereunder except as required by this Agreement or by law. The assets of the Trust shall be used to defend and hold harmless any Representative for actions taken by the Board if performed by the Representative within the scope of his authority. The Joint Powers Enterprise shall purchase insurance providing fiduciary liability coverage for Representatives.

#### **ARTICLE XIV. STANDARDS OF FINANCIAL INTEGRITY AND LOSS EXPERIENCE**

**14.01** The Board shall establish standards of financial integrity and loss experience applicable to participation in the Joint Powers Enterprise (Including the Pool), which shall be described in the Bylaws.

#### **ARTICLE XV. CONTRACTUAL OBLIGATION**

**15.01** The obligations and responsibilities of the Members set forth in this Agreement, including the obligation to take no action inconsistent with this Agreement, as originally written or validly amended, shall remain a continuing obligation and responsibility of each Member. This Agreement may be enforced in law or equity either by the Joint Powers Enterprise itself or by any Member. The consideration for the duties imposed upon the Members by this Agreement is based upon the mutual promises and agreements of the Members set forth herein and the advantages gained by the Members through reduced administrative costs for the processing of employee benefits. Except to the extent of the limited financial contributions to the Joint Powers Enterprise each Member has agreed to make, no Member agrees by this Agreement to be responsible for any claims of any kind against any other Member. The Members intend in the creation of the Joint Powers Enterprise to establish an organization for joint administration of employee benefits within the scope set forth in this Agreement only and do not intend to create between the Members any relationship of partnership, surety, indemnification or liability for the debts of or claims against another.

**ARTICLE XVI.  
EXPULSION OF A MEMBER**

- 16.01** The Board shall, on at least an annual basis, compare the status and experience of each Member with the Joint Powers Enterprise's criteria for expulsion as described in the Bylaws.
- 16.02** Following reasonable efforts to informally resolve a situation, a Member may be expelled from the Joint Powers Enterprise for failing to perform or fulfill the responsibilities assigned to Members under the Agreement or for any other action or failure to act determined by the Board to be detrimental to the interests of the Joint Powers Enterprise, including the Member's failure to satisfy the standards of financial integrity and loss experience described in Article XIII.
- 16.03** The expulsion of a Member must be approved by a unanimous vote of all Members, excluding the Member whose expulsion is being voted upon, as evidenced by resolution of the governing body of each Member. Following reasonable attempts by the Board to resolve the situation, the expulsion proceedings set out below shall be followed.
- 16.04** No Member may be expelled except after written notice from the Board of the reason for the expulsion and after a reasonable opportunity of not less than fifteen (15) days to cure. Within such fifteen (15) day period, the Member may request a hearing before the Board prior to any decision being made as to whether to recommend expulsion. The Board shall set the date for such hearing, which shall not be less than fifteen (15) days after expiration of the time period for correction. The Board may appoint a hearing officer to conduct such hearing and make recommendations to the Board based upon findings of the fact; provided, however, if the hearing is conducted by a hearing officer, the Member may request a further hearing before the full Board. Such request shall be in writing and addressed to the Chairperson. The Board or hearing officer may recommend a decision at the close of the hearing or within fifteen (15) days thereafter. The expulsion of a Member, following the notice and hearing as set forth in this Section, shall be final when approved as specified in Section 16.01 and shall become effective thirty (30) days following such approval, unless a different effective date is agreed to by the Board and the expelled Member. At such a hearing, the appealing Member may not vote or be the hearing officer.
- 16.05** After expulsion, the former Member shall continue to be fully liable for (a) any payment due to the Trust with respect to the period prior to the date of expulsion, (b) any other unfulfilled obligation arising at any time attributable to the period prior to the date of expulsion, and (c) any other unfulfilled obligation as if it was still a Member of the Joint Powers Enterprise.
- 16.06** The Joint Powers Enterprise shall have no obligation with respect to expenses incurred under a Plan by a Participant or Beneficiary covered through an expelled Member after the effective date of such expulsion. No claim under a Plan by a Participant or Beneficiary covered through an expelled Member for an expense that was incurred before the effective date of expulsion shall be paid if not presented to the Plan, or its designated agent, within one hundred twenty (120) days after the effective date of expulsion (i.e., any such claim will not be paid by the Plan). Except as provided below, the obligation of the Joint Powers Enterprise to administer claims for expenses incurred under a Plan by a Participant or Beneficiary covered through an expelled Member prior to the effective date of expulsion ("run-out claims") shall continue for such claims as may have been filed or which are filed within one hundred twenty (120) days after the effective date of the expulsion of the Member. Payment and administration of any claims for expenses incurred prior to the effective date of a Member's expulsion that are submitted for payment after such one hundred twenty (120) day period shall be the sole responsibility of the expelled Member.

- 16.07** The expelled Member shall deposit in each sub-account within the Trust three (3) months of the current premium (the "withdrawal fee"). Such payment shall be made on or before the effective date of the expulsion. If the expelled Member fails to make such payment in a timely manner, the Joint Powers Enterprise's obligation to administer and pay run-out claims shall be extinguished and the expelled Member shall be solely liable and responsible for paying and administering such claims. Notwithstanding anything herein to the contrary, the withdrawal fee shall be used solely to pay run-out claims and any administrative expenses incurred with respect to paying such claims. If the expelled Member's withdrawal fee with respect to a Plan is exhausted before all run-off claims are paid under the Plan, the expelled Member shall deposit in the appropriate sub-account within the Trust a sufficient amount to fund all subsequent run-out claims prior to the payment of any such claims. No later than the latter of (1) Board approval of the Fiscal Year audit, or (2) sixty (60) days after payment of the last run-out claim of expelled Member, any remaining portion of the withdrawal fee shall be repaid to the expelled Member.
- 16.08** Following the close of the Fiscal Year including the effective date of the Member's expulsion, allocation of the accumulated Reserves shall be made as provided in Section 7.04(f) and (g).
- (a) If the expelled Member's calculated share of accumulated Reserves for a Plan is positive, the expelled Member shall be paid such amount in three (3) equal annual installments beginning with the first Fiscal Year in which the allocation of net surplus or deficit is made.
  - (b) If the expelled Member's calculated share of accumulated Reserves for a Plan is negative, the expelled Member shall be liable to the Joint Powers Enterprise for such amount. This amount must be paid to the Joint Powers Enterprise within ninety (90) days of demand by the Joint Powers Enterprise.

## **ARTICLE XVII. VOLUNTARY WITHDRAWAL FROM THE JOINT POWERS ENTERPRISE**

- 17.01** After the initial five (5) year commitment, measured from the Member's initial participation in the Pool, a Member may withdraw effective as of the close of any Fiscal Year upon one hundred twenty (120) days advance written notice to the Joint Powers Enterprise or by such other lesser advance notice of not less than thirty (30) days deemed reasonable by the Board in its sole discretion. Upon the Board's receipt of a notice of withdrawal, the withdrawal of such Member is irrevocable unless such revocation is allowed at the sole discretion of the Board. Upon a Member's submission of a notice of withdrawal, such Member forfeits all of its voting rights in its own right and as a Representative on the Board, unless allowed to vote on any particular matter at the sole discretion of the Board. The rights and duties of the Joint Powers Enterprise with respect to a withdrawing Member in the Joint Powers Enterprise shall be as set forth below.
- 17.02** After voluntary withdrawal, the former Member shall continue to be fully liable for (a) any contribution due to the Trust, Including the Pool, with respect to the period prior to the date of withdrawal, (b) any other unfulfilled obligation arising at any time attributable to the period prior to the date of withdrawal, and (c) any other unfulfilled obligation as if it was still a Member of the Joint Powers Enterprise.
- 17.03** The Joint Powers Enterprise shall have no obligation with respect to claims incurred under a Plan by a Participant or Beneficiary covered through a withdrawing Member after the effective date of such withdrawal. No claim under a Plan by a Participant or Beneficiary covered through a withdrawing Member that was incurred before the effective date of voluntary withdrawal shall be paid if not presented to the Plan, or its designated agent, within one hundred twenty (120) days

after the effective date of the voluntary withdrawal (i.e., any such claim will not be paid by the Plan). Except as provided below, the obligation of the Joint Powers Enterprise to administer claims incurred under the Plan by a Participant or Beneficiary covered through a withdrawing Member prior to the effective date of withdrawal ("run-out claims") shall continue for such claims as may have been filed or which are filed within one hundred twenty (120) days after the effective date of the voluntary withdrawal of the Member. Payment and administration of any claims for expenses incurred prior to the effective date of a Member's voluntary withdrawal that are submitted for payment after such one hundred twenty (120) day period shall be the sole responsibility of the withdrawing Member.

- 17.04** The withdrawing Member shall deposit in each sub-account within the Trust three (3) months of the current premium (the "withdrawal fee"). Such payment shall be made on or before the effective date of the withdrawal. If the withdrawing Member fails to make such payment in a timely manner, the Joint Powers Enterprise's obligation to administer and pay run-out claims shall be extinguished and the withdrawing Member shall be solely liable and responsible for paying and administering such claims. Notwithstanding anything herein to the contrary, the withdrawal fee shall be used solely to pay run-out claims and any administrative expenses incurred with respect to paying such claims. If the withdrawing Member's withdrawal fee with respect to a Plan is exhausted before all run-off claims are paid under the Plan, the withdrawing Member shall deposit in the appropriate sub-account within the Trust a sufficient amount to fund all subsequent run-out claims prior to the payment of any such claims. No later than the latter of (1) Board approval of the Fiscal Year audit, or (2) sixty (60) days after payment of the last run-out claim of withdrawing Member, any portion of the withdrawal fee remaining shall be repaid to the withdrawing Member.
- 17.05** Following the close of the Fiscal Year including the effective date of the Member's withdrawal, allocation of the accumulated Reserves shall be made as provided in Section 7.04(f) and (g).
- (a) If the withdrawing Member's calculated share of accumulated Reserves for a Plan is positive and the Member has been a participant in the Pool for five or more years, the withdrawing Member shall be paid such amount in not more than three (3) equal annual installments beginning with the first Fiscal Year beginning in the Fiscal Year in which the allocation of net surplus or deficit is made as determined by unanimous vote of Board.
  - (b) If the withdrawing Member's calculated share of accumulated Reserves for a Plan is negative, the withdrawing Member shall be liable to the Joint Powers Enterprise for such amount. This amount must be paid to the Joint Powers Enterprise within ninety (90) days of demand by the Joint Powers Enterprise.

## **ARTICLE XVIII. DURATION AND DISSOLUTION**

- 18.01** Pursuant to Section 471.59, subd. 4, of the Minnesota Statutes, but subject to the provisions herein relating to Member withdrawal, this Agreement shall be ongoing.
- 18.02** To the extent not prohibited by applicable law, the Plan(s) and/or Trust, Including the Pool, may merge with any other plan, trust, or pool established under Minnesota law upon a vote of Members described in Article X.
- 18.03** Coverage under the Plan(s) shall cease to be provided through the Pool upon the occurrence of any one of the following events:

- (a) Revocation of the Pool's authority to self-insure by the Minnesota Commissioner of Commerce; or
- (b) A vote of Members described in Article X made in accordance with Section 2785.0700 of the Minnesota Rules.

No Member may withdraw or be expelled from the Pool after revocation of the Pool's authority to self-insure or after the Pool notifies the Minnesota Commissioner of Commerce of its intent to cease providing coverage under the Plans.

**18.04** Upon ceasing to provide coverage through the Plans in accordance with Section 18.03, the Trust, Including the Pool, shall continue to exist as a runoff pool as required under Section 2785.0700 of the Minnesota Rules.

**18.05** Following ceasing to provide coverage through the Plans in accordance with Section 18.03, the Trust, Including the Pool, may dissolve upon authorization of the Minnesota Commissioner of Commerce in accordance with Section 2785.0700 of the Minnesota Rules. To the extent not precluded by applicable law, upon dissolution of the Trust, Including the Pool, the rights and duties of the Joint Powers Enterprise to each Member and the rights and duties of each Member to the Joint Powers Enterprise shall be the same as those with respect to a withdrawing Member as outlined in Article XVII.

## ARTICLE XIX. MISCELLANEOUS

**19.01 Notice.** Any notice required by this Agreement shall be in writing and shall be deemed to have been given when deposited in a United States Post Office, registered or certified mail, postage prepaid, return receipt requested and addressed as follows:

- (a) If to the Joint Powers Enterprise: at the business address of the then current Chairperson of the Board.
- (b) If to a Member: to the address set forth on Appendix A or to such other address as any party to this Agreement may from time to time specify in writing to the other parties and to the Joint Powers Enterprise.
- (c) Notice required by this Agreement may be made electronically as to the extent permitted by the Bylaws.

Any notice required by this Agreement may be waived by the party(ies) to whom such notice is required to be provided hereunder.

**19.02 Section Headings.** The section headings inserted in this Agreement are for convenience only and are not intended to and shall be construed to limit, enlarge or affect the scope or intent of this Agreement or the meaning of any provision hereof.

**19.03 Validity and Savings Clause.** In the event any provision of this Agreement shall be declared by a final judgment of a Court of competent jurisdiction to be unlawful or unconstitutional or invalid as applied to any Member, the lawfulness, constitutionality or validity of the remainder of this Agreement shall not be deemed affected thereby.

- 19.04 Counterparts.** This Agreement and any amendments thereto may be executed in any number of counterparts which taken together constitute a single instrument.
- 19.05 Amendment.** The Members may, in accordance with Section 10.01, amend this Agreement and such amendment shall be evidenced by a writing executed by the Members.
- 19.06 Minnesota Law.** This Agreement shall governed by, and the Joint Powers Enterprise (Including the Plan(s), Pool, and Trusts) shall be operated in accordance with, Minnesota law, Including Chapters 13, 13D, and 471 of the Minnesota Statutes.
- 19.07 Other Applicable Law.** The Plan(s), Pool, and Trusts shall be operated in accordance with applicable federal law, Including the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Consolidation Omnibus Budget Reconciliation Act of 1985 ("COBRA"), as it applies through the Public Health Services Act ("PHSA").
- 19.08 Pre-2010.** The County of McLeod, and the County of Sibley, original Members of this Agreement, have maintained a self-insured health plan (known as the "Group Health Fund") for many years, relating back to approximately 1981. The Trailblazer Joint Powers Board began participating in the Group Health Fund in February 2000. Changes have been made over the years, Including what governmental entities participated, the number of benefit menu options, the content of the menu of benefits, etc. However, the Group Health Fund has stayed substantially the same. It is the intent of this Agreement to appropriately reflect the existence of the Group Health Fund for purposes of compliance with applicable law, Including Section 417.61 of the Minnesota Statutes and Chapter 2785 of the Minnesota Rules.
- 19.09 Entire Agreement** - All the agreements, covenants, representations, and warranties among the Members expressed or implied, oral or written, concerning the subject matter of this Agreement are contained in this Agreement. All prior and contemporaneous conversations, negotiations, agreements, representations, covenants and warranties, concerning the subject matter of this Agreement, are merged into this Agreement. Union contracts, negotiations, etc. are expressly outside the matter of this Agreement, are not merged into this Agreement, and remain the sole responsibility of each Member, not the Joint Powers Enterprise.

## **ARTICLE XX. NEW MEMBERS**

- 20.01** The Joint Powers Enterprise may consider applications from potential additional members under the following conditions and any additional conditions contained in the Bylaws:
- (a) A formal application for consideration must be submitted by the potential member.
  - (b) An application fee may be required after an introductory meeting reviewing the program. This fee is non-refundable and is for the purpose of obtaining stop loss quotes, attending meetings, preparing individualized financial projections, and other administrative matters associate with the consideration of the prospective member's application.
  - (c) An additional fee may be required should the prospective member actually become a Member. This fee is for the cost of enrolling and entering the Member's Participants and Beneficiaries into each Service Company's "system", benefit booklets, identification cards, introductory meetings and any necessary amendments.

- (d) The new Member must agree to an initial five (5) year commitment, subject to the continuation of the Trust, Including the Pool.

**20.02** Addition of a new Member must be made by a vote of the Members as described in Section 10.01.

**20.03** Approved new Members normally enter the program on January 1 (i.e., the beginning of the Fiscal Year). The Board may allow entry at other times and may impose restrictions, limitations, etc. with respect to such entry.

**IN WITNESS WHEREOF**, the Members have caused this Agreement to be executed by their duly authorized officers and their undersigned representatives as of the date above written.

**MCLEOD COUNTY**

By: \_\_\_\_\_  
Board Chair

\_\_\_\_\_  
Date

By: \_\_\_\_\_  
County Attorney

**SIBLEY COUNTY**

By: \_\_\_\_\_  
Board Chair

\_\_\_\_\_  
Date

By: \_\_\_\_\_  
County Attorney

**TRAILBLAZER JOINT POWERS BOARD**

By: \_\_\_\_\_  
Board Chair

\_\_\_\_\_  
Date

By: \_\_\_\_\_  
Legal Counsel



## **APPENDIX A**

### **Members**

#### Initial Members

McLeod County  
Sibley County

#### Members as of February 1, 2000

McLeod County  
Sibley County  
Trailblazer Joint Powers Board

#### Members as of January 1, 2016

McLeod County  
Sibley County  
Trailblazer Joint Powers Board

## **APPENDIX B**

### **Plans**

Medical Plan – see attached copy of the Plan Document and Summary Description

Board Workshop

February 7, 2017

Immediately following Board

**AGENDA**

- A. Discussion about 2018 Health Insurance.
- B. Discussion about County staff contracting as local appraisers.
- C. Discussion about updating Committee schedule to reflect Commissioner districts

CC: Commissioners  
Department Heads