

**MARCH 7, 2017
MCLEOD COUNTY
BOARD MEETING WILL
BE HELD AT
THE GLENCOE CITY
CENTER
1107 11TH STREET
GLENCOE, MN**

**McLEOD COUNTY
BOARD OF COMMISSIONERS
PROPOSED MEETING AGENDA
MARCH 7, 2017**

1 9:00 CALL TO ORDER

PLEDGE OF ALLEGIANCE

2 9:03 CONSIDERATION OF AGENDA ITEMS*

3 9:08 CONSENT AGENDA*

- A. February 21, 2017 Meeting Minutes and Synopsis.
- B. February 17, 2017 Auditor's Warrants.
- C. February 24, 2017 Auditor's Warrants.
- D. Approve gambling permit for Gopher Campfire Club, 24718 County Road 7, Hutchinson, MN to conduct a raffle on May 29, 2017. The application is acknowledged with no waiting period.
- E. Approve gambling permit for Gopher Campfire Club, 24718 County Road 7, Hutchinson, MN to conduct a raffle on August 13, 2017. The application is acknowledged with no waiting period.
- F. Approve purchase of additional licensing and software for ongoing document imaging for the three (3) Social Service Units for a total cost of \$29,606. However, \$8,000 is in 2017 budget for this. After reallocation from unspent 2017 Equipment of \$4,400, seek authority to spend \$17,216 not in 2017 budget but from banked Child Welfare Targeted Case Management moneys, before any reimbursements. The McLeod County Welfare and Social Service Committee already approved this request.
- G. Approve Confession of Judgment for Leonard & Charlene Krueger on Property ID 17.050.0810 in the City of Lester Prairie.
- H. Approve Confession of Judgment for Amy Jo Yurek on Property ID 06.014.0400 in the Township of Hassan Valley.
- I. Approve McLeod County Public Health grant application for 2017 United Way of McLeod County Community Grant Funding to support the ongoing Universal Contact/New Baby Visit Program. The funding request is \$6,000 for the grant period of 4/1/2017 – 12/31/2017.
- J. Approve HID Global Corporation Credential Program License Agreement.

4 PAYMENT OF BILLS - COMMISSIONER WARRANT LIST*

5 9:05 ROAD AND BRIDGE – Highway Engineer John Brunkhorst

- A. Consider approval of the 2017-2021 highway and bridge construction plan.*

The 5-Year Plan is developed by the County Engineer and Highway Department staff to aid with budgeting, planning, programming, and construction. Numerous factors are considered when developing the Plan, below are the most essential:

- Traffic Volume (ADT=Average Daily Traffic). The higher ADT routes will typically receive higher priority.

- **Crash Data.** Segments with higher numbers of crashes will be analyzed and given higher consideration.
- **Sufficiency Rating.** Bridge projects are generally prioritized based on condition.
- **Pavement Condition.** Roads with poor surface condition and/or ride quality are typically given higher consideration.
- **Alignment.** Bridges and roads with poor vertical and horizontal alignment are taken into consideration as well.
- **Fund Availability.** Most projects require local money; there must be a local commitment in place before a project is added to the plan.

This is only a plan; Funding levels change and County Board directives can change. It is the goal of the Highway Department to maintain this schedule to the best of our ability with the resources given to us.

- B. Consider authorizing Engineer to proceed with letting dates for the following projects:*
- CP 17-000-01, Countywide pavement marking
 - CP 17-000-02, Countywide sealcoating
 - CP 17-000-03, Bridge deck maintenance on various County bridges
 - CP 17-004-01, Replay® Seal on County State Aid Highway 4 between CSAH 11 and TH 7
 - CP 17-054-01, Cement stabilization and sealcoat on County Road 54 from Sunset Circle to 1 mile north
 - CP 17-062-01, Centerline drain tile installation on County Road 62 from CR 70 to TH 22
 - SP 43-070-012, Countywide 6" pavement marking with Federal safety funds
 - SAP 43-599-043, Glencoe Township bridge replacement on Hamlet Avenue over Buffalo Creek
 - SAP 43-603-30/31, reconstruction on County State Aid Highway 3 between CSAH 1 and east county line
 - SAP 43-603-32, Concrete overlay on County State Aid Highway 3 from CR 75 to west limits of Glencoe
 - SAP 43-615-14, reconstruction on County State Aid Highway 15 between CSAH 22 and TH 7

These are the projects programmed for 2017 from the 5-year plan.

- C. Consider approval to hire Erickson Engineering (Bloomington, MN) to perform construction engineering on SAP 43-599-043, Glencoe Township bridge replacement on Hamlet Avenue. Compensation based on a Cost Plus basis, not to exceed \$66,624. *

This engineering expense is covered by Glencoe Township and the State Aid Town Bridge fund. Due to project workload our Highway Department staff is not able to perform this work.

6 9:25 ATTORNEYS OFFICE – Attorney Mike Junge

Consider adoption of Resolution 17-CB-07 for Condemnation of CSAH 3.*

7 9:30 MCLEOD ALLIANCE FOR VICTIMS OF DOMESTIC VIOLENCE – Legal Advocate Jill Barrell

- A. Consider adoption of Resolution 17-CB-09 a Day of Action to End Domestic Violence.*

8 9:35 HUMAN RESOURCES – Director Mary Jo Wieseler

- A. Consider approval of contract with Straight and Narrow Drug Testing (Hutchinson, MN) to provide DOT testing for employees that are required to have a commercial driver's license.*
- B. Consider approval for Zoning Administrator Larry Gasow to sign all documents for the Environmental Services Department that would require an official McLeod County signature.*

9 9:40 SOLID WASTE – Interim Director Sarah Young

- A. Consider approval of Final Grant Agreement for the Environmental Assistance Grant to process agricultural plastic more efficiently.*

10 9:45 ASSESSORS OFFICE – Assessor Sue Schulz

- A. Approve tax court settlement offer with Second Century Housing 23.497.0020 and Pines of Hutchinson LLC for Payable years 2014, 2015, 2016 and 2017.*

11 10:00 PLANNING AND ZONING – Assistant Administrator Marc Telecky

- A. Request approval of Preliminary Plat requested by Preston Fox for a townhouse plat for the purpose of building 3 condo garages with 7 separate units per building. Each unit would share at least one common wall with a neighboring unit. Mr. Fox re-zoned this property in October 2016 from "A" Agricultural to "I-1" (Light Industrial) with the purpose of constructing condo-garage facilities. This parcel is described as 2.66 acres - Lot 19 and Part of Lot 18 of Auditor's Plat S ½ of Section 8 in Hassan Valley Township and is located with the Hutchinson Joint Planning Area.*

The Hutchinson Joint Planning Committee unanimously recommended approval at their February 15, 2017 meeting.

12 10:10 SOCIAL SERVICES – Director Gary Sprynczynatyk

- A. Approve new provider for Clinical Supervision with retirement of current Clinical Supervisor. Seek up to four (4) hours per month at \$150 per hour, not to exceed \$6,000 with funding coming from Social Services 2017 budget.*

Existing necessary clinical supervisor is retiring and need ongoing clinical supervision. Social Services have established relationship with this Independent Contractor in recent years; to be effective April 1, 2017 through December 31, 2017.

13 COUNTY ADMINISTRATION

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

- A. Rescind the January 17th Resolution 17-CB-03 which named Ryan Freitag as the Local Government Unit (LGU).*
- B. Adopt Resolution 17-CB-08 Delegating Responsibility for Appointing the Local Government Unit (LGU) to the McLeod County Soil and Water Conservation District who in turn may delegate it to Ryan Freitag, Soil and Water Conservation District Program Director.*

OTHER

Open Forum
Press Relations

RECESS

Next board meeting March 21, 2017 at 9:00 a.m. at the Glencoe City Center.

**McLEOD COUNTY
BOARD OF COMMISSIONERS
MEETING MINUTES – FEBRUARY 21, 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, County Attorney Michael Junge and County Auditor-Treasurer Cindy Schultz Ford were also present.

PLEDGE OF ALLEGIANCE

CONSIDERATION OF AGENDA ITEMS

- A) Add under Auditor-Treasurer Item C: Consider setting a Public Hearing for County Ditch #20 and #22 on March 2, 2017 at 9:30 AM at the North Complex.
- B) Correct one of the vendors names from “Green Tree” to “Green Forest” under Administration Item D:

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

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 230th 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 230th 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.

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

PAYMENT OF BILLS – COMMISSIONER WARRANT LIST

No bills needed to be paid

CONTEGRITY – Construction Manager Sam Lauer

- A) Sam Lauer with Contegrity informed the Board of current construction progress including having the roof all tied into the existing building. Crews are getting ready to work on the interior finishes including painting, tiling and flooring. Masons are working on the first floor and over half of the CMU (concrete masonry unit) done with work remaining on cell walls. The electrical is complete and inspections have been passed. In about 2-3 weeks crews will start working on the exterior brick work. The Sheriff's Department changes have gone out for pricing again to ensure lowest cost before moving ahead with those changes. Windows are not going in until later to avoid any damage and current window openings are covered by plywood. Questions were asked about the pond located in the north east corner which Sam informed the Board will be seeded and repaired from sluffing later.

SHERIFFS OFFICE – Jail Administrator Kate Jones

- A) Jail Administrator Kate Jones requested approval for an amendment to the Contract 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).

Nagel/Shimanski motion carried unanimously to approve the amendment to the Contract with Aviands Food Service for a total of approximately \$135,616.14 with funding coming from the 2017 Jail budget.

HUMAN RESOURCES – Director Mary Jo Wieseler

A) Mary Jo Wieseler requested approval of the February 14, 2017 Personnel Committee Recommendations as follows:

1. 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 containing all summer/temporary employees which is based on the City of Hutchinson's pay grid. The Board does not have to approve the pay grid as it will be tweaked and fitted to McLeod County needs in the future. In 2016 the starting wage was \$9.00 for summer workers at Parks/Fairground and now that is being moved to \$10.00 to be more comparable to City of Hutchinson seasonal wages.

Nagel/Wright motion carried unanimously to approve hiring 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 for approximately 12 weeks.

2. Discuss summer workers 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. The starting wage of \$13.00 is comparable to MNDOT wage of \$13.85.

Shimanski/Pohlmeier motion carried unanimously to approve hiring 5 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.

3. 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. Due to the hiring freeze which the Board implemented until all Union Contracts are ratified this information will be discussed at a McLeod County Welfare and Social Service Committee meeting.

4. 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.

Shimanski/Pohlmeier motion carried unanimously to approve hire a full-time Social Worker (grade 22) for the Child Protection Services Unit due to a lateral move of current staff member.

5. Discuss Office Manager vacancy in the Sheriff's Office.

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

Wright/Shimanski motion carried unanimously to hire full-time Office Manager (grade 150) in the Sheriff's Office due to vacancy.

6. 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 Temporary Employment Agency if appropriate.

Nagel/Shimanski motion carried unanimously to hiring temporary office support staff for up to 6 weeks to assist in Attorney's Office during a medical leave. Allow option to contact Temporary Employment Agency if appropriate.

7. 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.

- B) Mary Jo Wieseler requested approval of the Administrative Services Agreement and Stop Loss Insurance Contract with Medica for 2017. The Administrative Services Agreement is a contract with Medica to perform administrative tasks such as claims processing related to the McLeod/Sibley/Trailblazer Self-Insured Health Insurance Plan at a cost of \$11.56/month. The Stop Loss Insurance Contract is insurance that the McLeod/Sibley/Trailblazer Self-Insured Health Insurance Plan purchases to pay for claims exceeding \$125,000. The cost for Stop Loss Insurance is \$76.59/month for single coverage and \$216.48 for family coverage.

Shimanski/Pohlmeier motion carried unanimously to approve of the Administrative Services Agreement and Stop Loss Insurance Contract with Medica for 2017.

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 a new provider to contract with since Heartland Community Action did not wish to proceed with the contract which ended December 31, 2016. Heartland Community Action is still involved with the Kandiyohi Parent Support Outreach Program probably because their office is located within the County. This contract allows for up to 1,000 hours of outreach which historically the County has been under. The money for this Program comes from the Department of Human Services and because of its success this Program has gone state-wide. No work has been done in 2017 and management will evaluate this new vendor based on feedback from families to ensure that the services are being provided and goals of this Program met.

Krueger/Wright motion carried unanimously to approve a 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.

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 for these loans has historically been 1%.

Wright/ Krueger motion carried unanimously to approve 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.

Wright/ Krueger motion carried unanimously to approve a 1% interest rate on the temporary loan of \$185,000.00 from the General Revenue Fund to the Ditch Fund.

- 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.*

Shimanski/Krueger motion carried unanimously to ratify date for Shadow Brook Golf Course Non-Intoxicating 3.2% Liquor License to be effective January 1, 2017 thru December 31, 2017.

- C) Consider setting a Public Hearing for County Ditch #20 and #22 on March 2, 2017 at 9:30 AM at the North Complex. The Drainage Authority is considered to be the full Board.

Shimanski/Krueger motion carried unanimously to set a Public Hearing for County Ditch #20 and #22 on March 2, 2017 at 9:30 AM at the North Complex.

The McLeod County Board recessed from 9:48 AM to 10:15 AM

Shimanski/Wright motion carried unanimously to open the public hearing on CD 16 at 10:15 AM.

PUBLIC HEARING – County Ditch 16

- A) Ditch Inspector Ryan Frietag updated the Board acknowledging that the last direction received from the benefiting property owners was to proceed with the clearing the buffer zone if the cost was \$50,000 or less. Ryan had acquired a prior quote from Mark Reinert of \$112,100 and now more recently had acquired a second quote of \$62,340 from Central Applicators. Ryan informed the Board and property owners that the removal of the large cottonwood trees is what drove the price to be higher in the Reinert quote.

There were many questions from the benefiting property owners present including why the larger trees had to be removed. Ryan informed the group that only the trees within 16.5 of the ditch are being removed. Commissioners shared their opinion that while the equipment is mobilized its best to remove as much as one can and then maintain the ditch buffer zone properly thereafter. The larger trees spread seeds and as they age drop branches into

the ditch causing blockage. It was pointed out that the County has not spent money on its ditches in the past and that is the reason for the large cottonwoods which now need to be removed.

Other questions included how many acres are benefiting from the ditch which was estimated at 3,750 acres and what the total length of the ditch being cleaned, which was estimated at 1.5 miles. One individual representing a property owner inquired about what a property owner is responsible for doing to maintain a ditch located on their property and was told that ideally each land owner would take care of the ditch on their property but that does not happen. There is no legal requirement for what a property owner on a benefiting ditch must do and that is when the County has to come in and do work which is charged back to the benefiting landowners as the County is not able to fund ditch improvements.

In response to some questions posed those present were informed that the amount charged to each benefiting property owner is based on benefits received which is determined by a viewer, not simply their acreage.

Wright/Shimanski motion carried unanimously to close the public hearing on CD 16.

Nagel/Krueger motion carried unanimously to proceed with clearing the buffer strip of CD 16 by contracting with Central Applicators at a cost not to exceed \$62,340.00. Secondary quote was from Mark Reinert at \$112,100.

COUNTY ADMINISTRATION

- A. Consider appointment of Tom Dahl to the Hutchinson Joint Planning Committee.

Nagel/Pohlmeier motion carried unanimously to appointment of Tom Dahl for Accoma Township 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.

The County Board had a recent workshop with Sibley County Commissioners where they reviewed the changes needed to update the McLeod/Sibley/Trailblazer Self Insured Health Insurance Plan which will be submitted to the State for final approval. These changes do not change the membership or benefits of the Pool or but are a more formal way of operating.

Shimanski/Pohlmeier motion carried unanimously to approve 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.

Pat Melvin informed the Board that there were three items on the agenda for a workshop on March 7 following the County Board meeting. These three items include a follow up discussion about the 2018 County employee health insurance since PrimeHealth is still pursuing McLeod County's participation, discussion about prohibiting county staff from entering into contracts for local assessing and further discussion on identifying members on Committee lists based on their Commissioner district.

Krueger/Pohlmeier motion carried unanimously to approve the proposed March 7, 2017 workshop agenda with the three items identified above.

D. Acknowledge proposals received from West Central Sanitation, Greenforest and Waste Management for management of the McLeod County Materials Recycling Facility.

Wright/Krueger motion carried unanimously to acknowledge receipt of proposals from West Central Sanitation, Green Forest and Waste Management for management of the McLeod County Materials Recycling Facility.

E. Discuss Student Government Day.

Discussion was held regarding the 2017 Student Government Day which is typically held in April. Commissioner Ron Shimanski volunteered to assist Administration with planning for this event and indicated a preference to invite Lester Prairie schools to participate this year. Commissioner Doug Krueger also agreed to assist with the planning.

Shimanski/Pohlmeier motion carried unanimously to recess at 10:55 a.m. until 9:00 a.m. March 7, 2017 at the Glencoe City Center.

ATTEST:

Joe Nagel, Board Chair

Patrick Melvin, County Administrator

McLEOD COUNTY
BOARD OF COMMISSIONERS
SYNOPSIS – February 21, 2017

1. Commissioners Nagel, Wright, Shimanski, Krueger and Pohlmeier were present.
2. Wright/Pohlmeier motion carried unanimously to approve the agenda as revised.
3. Krueger/Wright motion carried unanimously to approve the consent agenda including February 7, 2017 Meeting Minutes and Synopsis; February 3, 2017 Auditor's Warrants; February 10, 2017 Auditor's Warrants; 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; 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; Approve application and permit for a 3 day temporary on-sale liquor license for Winstock Country Music Festival; Approve renewal of Consumption & Display Permit for Major Avenue Hunt Club Inc. in Glencoe from April 1, 2017 through March 31, 2018; Approve Confession of Judgment for Lance and Travis Stradtman on Property ID 04.073.0010 in Glencoe Township; Approve renewal of Precious Metal Dealer License for Security Coin & Pawn Shop, Inc. in Hutchinson from March 1, 2017 through February 28, 2018; Adopt Resolution 17-CB-05 Gift and Contributions in the amount of \$20,451.13 for the year ended December 31, 2016.
4. Nagel/Shimanski motion carried unanimously to approve the amendment to the Contract with Aviands Food Service for a total of approximately \$135,616.14 with funding coming from the 2017 Jail budget.
5. Nagel/Wright motion carried unanimously to approve hiring the following Summer Workers for Parks Department: 2 Summer Worker 1 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.
6. Shimanski/Pohlmeier motion carried unanimously to approve hiring 5 Summer Workers for Highway Department: 1 for GIS, 2 primarily for maintenance/signs, and 2 primarily for engineering.
7. Shimanski/Pohlmeier motion carried unanimously to approve hiring a full-time Social Worker (grade 22) for the Child Protection Services Unit due to a lateral move of current staff member.
8. Wright/Shimanski motion carried unanimously to hire full-time Office Manager (grade 150) in the Sheriff's Office due to vacancy.
9. Nagel/Shimanski motion carried unanimously to hiring temporary office support staff for up to 6 weeks to assist in Attorney's Office during a medical leave. Allow option to contact Temporary Employment Agency if appropriate.

10. Shimanski/Pohlmeier motion carried unanimously to approve of the Administrative Services Agreement and Stop Loss Insurance Contract with Medica for 2017.
11. Krueger/Wright motion carried unanimously to approve a 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.
12. Wright/ Krueger motion carried unanimously to approve 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.
13. Wright/ Krueger motion carried unanimously to approve a 1% interest rate on the temporary loan of \$185,000.00 from the General Revenue Fund to the Ditch Fund.
14. Shimanski/Krueger motion carried unanimously to ratify date for Shadow Brook Golf Course Non-Intoxicating 3.2% Liquor License to be effective January 1, 2017 thru December 31, 2017.
15. Shimanski/Krueger motion carried unanimously to set a Public Hearing for County Ditch #20 and #22 on March 20, 2017 at 9:30 AM at the North Complex.
16. Shimanski/Wright motion carried unanimously to open the public hearing on CD 16 at 10:15 AM.
17. Wright/Shimanski motion carried unanimously to close the public hearing on CD 16.
18. Nagel/Krueger motion carried unanimously to proceed with clearing the buffer strip of CD 16 by contracting with Central Applicators at a cost not to exceed \$62,340.00. Secondary quote was from Mark Reinert at \$112,100.
19. Nagel/Pohlmeier motion carried unanimously to appointment of Tom Dahl for Acoma Township to the Hutchinson Joint Planning Committee.
20. Shimanski/Pohlmeier motion carried unanimously to approve the McLeod-Sibley-Trailblazer Joint Powers Agreement in an effort to comply with the State requirements for being a self-insured health insurance plan.
21. Krueger/Pohlmeier motion carried unanimously to approve the proposed March 7, 2017 workshop agenda with the three items identified above.
22. Wright/Krueger motion carried unanimously to acknowledge receipt of proposals from West Central Sanitation, Green Forest and Waste Management for management of the McLeod County Materials Recycling Facility.

Complete minutes are on file in the County Administrator's Office. The meeting recessed at 10:55 a.m. until March 7, 2017.

Attest:

Joe Nagel, Board Chair

Patrick Melvin, County Administrator

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



POOL
2/16/17 11:29AM

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

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

Explode Dist. Formulas Y

Paid on Behalf Of Name
on Audit List?: N

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

Save Report Options?: N

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



POOL
2/16/17 11:29AM
1 GENERAL REVENUE FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

| Vendor No. | Name Account/Formula | Rpt Accr | Amount | Warrant Description Service Dates | Invoice # Paid On Bhf # | Account/Formula Description On Behalf of Name |
|------------|--|-------------|----------|--|----------------------------|--|
| 0 | DEPT | | | ... | | |
| 64 | 3755 EYE MED 01-000-000-0000-2044 | | 408.80 | VISION PREMIUM 02/01/2017 02/28/2017 | 0 | VISION INSURANCE PAYABLE |
| | 3755 EYE MED | | 408.80 | 1 Transactions | | |
| 162 | 1241 MADISON NATIONAL LIFE INSURANCE C 01-000-000-0000-2041 | | 1,604.33 | STD PREMIUM 02/01/2017 02/28/2017 | 0 | SHORT TERM DISABILITY PAYABLE |
| 152 | 01-000-000-0000-2050 | | 1,421.54 | LTD PREMIUM 02/01/2017 02/28/2017 | 0 | LONG TERM DISABILITY PAYABLE |
| | 1241 MADISON NATIONAL LIFE INSURANCE C | | 3,025.87 | 2 Transactions | | |
| 209 | 3028 MINNESOTA CHILD SUPPORT PAYMENT 01-000-000-0000-2056 | | 317.48 | CHILD SUPPORT 01/22/2017 02/04/2017 | 001124208702 0 | CHILD SUPPORT GARNISHMENT PAYABLE |
| 211 | 01-000-000-0000-2056 | | 117.67 | CHILD SUPPORT 01/22/2017 02/04/2017 | 00143629701 0 | CHILD SUPPORT GARNISHMENT PAYABLE |
| 208 | 01-000-000-0000-2056 | | 257.96 | CHILD SUPPORT 01/22/2017 02/04/2017 | 001447664801 0 | CHILD SUPPORT GARNISHMENT PAYABLE |
| 210 | 01-000-000-0000-2056 | | 130.13 | CHILD SUPPORT 01/22/2017 02/04/2017 | 001499730601 0 | CHILD SUPPORT GARNISHMENT PAYABLE |
| 212 | 01-000-000-0000-2056 | | 327.64 | CHILD SUPPORT 01/22/2017 02/04/2017 | 001530953002 0 | CHILD SUPPORT GARNISHMENT PAYABLE |
| | 3028 MINNESOTA CHILD SUPPORT PAYMENT | | 1,150.88 | 5 Transactions | | |
| 218 | 1360 MINNESOTA MUTUAL 01-000-000-0000-2049 | | 1,652.13 | LIFE PREMIUM 02/01/2017 02/28/2017 | 0 | LIFE INSURANCE PAYABLE |
| 232 | 01-000-000-0000-2053 | | 25.00 | LIFE PREMIUM 02/01/2017 02/28/2017 | 0 | COBRA LIFE INSURANCE PAYABLE |
| | 1360 MINNESOTA MUTUAL | | 1,677.13 | 2 Transactions | | |
| 0 | DEPT Total: | | 6,262.68 | ... | 4 Vendors | 10 Transactions |
| 5 | DEPT | | | BOARD OF COUNTY COMMISSIONERS | | |
| 151 | 1909 MADDEN GALANTER HANSEN LLP 01-005-000-0000-6263 | | 7,358.06 | LEGAL SVC-LABOR RELATIONS 01/01/2017 01/31/2017 | 0 | LEGAL SERVICES |



POOL
2/16/17 11:29AM
1 GENERAL REVENUE FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

| Vendor No. | Name Account/Formula | Rpt Accr | Amount | Warrant Description Service Dates | Invoice # Paid On Bhf # | Account/Formula Description On Behalf of Name |
|------------|-----------------------------------|-------------|----------|--|----------------------------|--|
| 1909 | MADDEN GALANTER HANSEN LLP | | 7,358.06 | | 1 Transactions | |
| 6412 | VERIZON WIRELESS | | | | | |
| 293 | 01-005-000-0000-6203 | | 35.01 | CELL PHONE USE 02/03/2017 03/02/2017 | 58374352-00001 0 | COMMUNICATIONS |
| 296 | 01-005-000-0000-6203 | | 35.01 | I PAD USE 02/03/2017 03/02/2017 | 58374352-00001 0 | COMMUNICATIONS |
| 299 | 01-005-000-0000-6203 | | 35.01 | CELL PHONE USE 02/03/2017 03/02/2017 | 58374352-00001 0 | COMMUNICATIONS |
| 306 | 01-005-000-0000-6203 | | 23.07- | CELL PHONE USE CREDIT 02/03/2017 03/02/2017 | 58374352-00001 0 | COMMUNICATIONS |
| 6412 | VERIZON WIRELESS | | 81.96 | | 4 Transactions | |
| 5 | DEPT Total: | | 7,440.02 | BOARD OF COUNTY COMMISSIONERS | 2 Vendors | 5 Transactions |
| 13 | DEPT | | | COURT ADMINISTRATOR'S | | |
| 5485 | DOHERTY SCHOOLER/TIFFANY | | | | | |
| 58 | 01-013-000-0000-6272 | | 52.50 | COURT APPOINT RM/PF | JV-15-161 | COURT APPT ATTY-DEP/NEG/TER |
| 55 | 01-013-000-0000-6272 | | 105.00 | COURT APPOINT AR/DR | JV-16-157 | COURT APPT ATTY-DEP/NEG/TER |
| 57 | 01-013-000-0000-6272 | | 127.50 | COURT APPOINT SG/ES | JV-16-161 | COURT APPT ATTY-DEP/NEG/TER |
| 54 | 01-013-000-0000-6272 | | 150.00 | COURT APPOINT MPH | JV-16-178 | COURT APPT ATTY-DEP/NEG/TER |
| 53 | 01-013-000-0000-6272 | | 52.50 | COURT APPOINT JG/PG/CY | JV-16-49 | COURT APPT ATTY-DEP/NEG/TER |
| 56 | 01-013-000-0000-6272 | | 247.50 | COURT APPOINT MK/MN/LK/JH | JV-17-5 | COURT APPT ATTY-DEP/NEG/TER |
| 5485 | DOHERTY SCHOOLER/TIFFANY | | 735.00 | | 6 Transactions | |
| 377 | THE LAW OFFICE OF TROY A SCOTTING | | | | | |
| 281 | 01-013-000-0000-6273 | | 97.50 | COURT APPOINT | FA-10-734 | COURT APPT ATTY-OTHER |
| 280 | 01-013-000-0000-6273 | | 225.00 | COURT APPOINT | FA-16-1768 | COURT APPT ATTY-OTHER |
| 279 | 01-013-000-0000-6273 | | 150.00 | COURT APPOINT | FA-16-704 | COURT APPT ATTY-OTHER |
| 276 | 01-013-000-0000-6272 | | 225.00 | COURT APPOINT DC/JG | JV-15-182 | COURT APPT ATTY-DEP/NEG/TER |
| 274 | 01-013-000-0000-6272 | | 135.00 | COURT APPOINT MM/CC | JV-16-1 | COURT APPT ATTY-DEP/NEG/TER |
| 269 | 01-013-000-0000-6272 | | 165.00 | COURT APPOINT RA/DA/AB | JV-16-116 | COURT APPT ATTY-DEP/NEG/TER |
| 275 | 01-013-000-0000-6272 | | 142.50 | COURT APPOINT AR/DR | JV-16-157 | COURT APPT ATTY-DEP/NEG/TER |
| 268 | 01-013-000-0000-6272 | | 270.00 | COURT APPOINT SG/ES | JV-16-161 | COURT APPT ATTY-DEP/NEG/TER |
| 278 | 01-013-000-0000-6272 | | 127.50 | COURT APPOINT KZ/TZ/JW | JV-16-191 | COURT APPT ATTY-DEP/NEG/TER |
| 272 | 01-013-000-0000-6272 | | 345.00 | COURT APPOINT AS/JJ/DB | JV-16-209 | COURT APPT ATTY-DEP/NEG/TER |
| 273 | 01-013-000-0000-6272 | | 217.50 | COURT APPOINT MC/KK/JL | JV-16-229 | COURT APPT ATTY-DEP/NEG/TER |
| 271 | 01-013-000-0000-6272 | | 45.00 | COURT APPOINT PH/JH | JV-16-88 | COURT APPT ATTY-DEP/NEG/TER |
| 277 | 01-013-000-0000-6272 | | 15.00 | COURT APPOINT CP/RB/RW | JV-16-90 | COURT APPT ATTY-DEP/NEG/TER |



POOL
2/16/17 11:29AM
1 GENERAL REVENUE FUND

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| 270 | | 01-013-000-0000-6272 | | 180.00 | COURT APPOINT DD/AS | | JV-17-17 | COURT APPT ATTY-DEP/NEG/TER |
| | 377 | THE LAW OFFICE OF TROY A SCOTTING | | 2,340.00 | | 14 Transactions | | |
| 13 | DEPT Total: | | | 3,075.00 | COURT ADMINISTRATOR'S | | 2 Vendors | 20 Transactions |
| 41 | DEPT | | | | COUNTY AUDITOR-TREASURER'S | | | |
| | 8564 | OFFICE DEPOT INC | | | | | | |
| 240 | | 01-041-000-0000-6402 | | 4.11 | PAPER THERMAL | | 900464173001 | OFFICE SUPPLIES |
| 241 | | 01-041-000-0000-6402 | | 6.78 | PAPER ADDING | | 900464173001 | OFFICE SUPPLIES |
| 242 | | 01-041-000-0000-6402 | | 12.92 | POP UP POST IT NOTES | | 900464173001 | OFFICE SUPPLIES |
| 243 | | 01-041-000-0000-6402 | | 9.20 | POST IT NOTES | | 900464173001 | OFFICE SUPPLIES |
| 244 | | 01-041-000-0000-6402 | | 14.64 | STAPLES | | 900464173001 | OFFICE SUPPLIES |
| 245 | | 01-041-000-0000-6402 | | 6.78 | ULTRAFINE SHARPIE MARKER | | 900464949001 | OFFICE SUPPLIES |
| | 8564 | OFFICE DEPOT INC | | 54.43 | | 6 Transactions | | |
| 41 | DEPT Total: | | | 54.43 | COUNTY AUDITOR-TREASURER'S | | 1 Vendors | 6 Transactions |
| 65 | DEPT | | | | INFORMATION SYSTEMS | | | |
| | 6009 | INNOVATIVE OFFICE SOLUTIONS LLC | | | | | | |
| 121 | | 01-065-000-0000-6402 | | 16.00 | OFFICE SUPPLIES | | IN1481969 | OFFICE SUPPLIES |
| 120 | | 01-065-000-0000-6402 | | 122.97 | OFFICE SUPPLIES | | IN1495131 | OFFICE SUPPLIES |
| | 6009 | INNOVATIVE OFFICE SOLUTIONS LLC | | 138.97 | | 2 Transactions | | |
| | 984 | MN OFFICE OF ENTERPRISE TECHNOLOG | | | | | | |
| 233 | | 01-065-000-0000-6321 | | 1,700.00 | MNET COLLAB & HATS | | DV17010463 | MAINTENANCE AGREEMENTS |
| | | | | | 01/01/2017 | 01/31/2017 | 0 | |
| | 984 | MN OFFICE OF ENTERPRISE TECHNOLOG | | 1,700.00 | | 1 Transactions | | |
| | 8564 | OFFICE DEPOT INC | | | | | | |
| 246 | | 01-065-000-0000-6402 | | 55.18 | OFFICE SUPPLIES | | 896442328001 | OFFICE SUPPLIES |
| | 8564 | OFFICE DEPOT INC | | 55.18 | | 1 Transactions | | |
| | 6412 | VERIZON WIRELESS | | | | | | |
| 288 | | 01-065-000-0000-6203 | | 175.98 | CELL PHONE USE | | 58374352-00001 | COMMUNICATIONS |
| | | | | | 02/03/2017 | 03/02/2017 | 0 | |
| 300 | | 01-065-000-0000-6203 | | 7.69- | CELL PHONE USE CREDIT | | 58374352-00001 | COMMUNICATIONS |
| | | | | | 02/03/2017 | 03/02/2017 | 0 | |

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



POOL
2/16/17 11:29AM
1 GENERAL REVENUE FUND

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|------------|------------------------------------|----------|----------|-----------------------------------|-------------------------|---|
| 6412 | VERIZON WIRELESS | | 168.29 | | 2 Transactions | |
| 65 | DEPT Total: | | 2,062.44 | INFORMATION SYSTEMS | 4 Vendors | 6 Transactions |
| 75 | DEPT | | | CENTRAL SERVICES-CHARGE BACKS | | |
| 1457 | PRO AUTO & TRANSMISSION REPAIR INC | | | | | |
| 248 | 01-075-000-0000-6338 | | 462.49 | LOF/BRAKES/TIRES 2013 FORD | 3062835 | MOTOR POOL EXPENSES |
| 1457 | PRO AUTO & TRANSMISSION REPAIR INC | | 462.49 | | 1 Transactions | |
| 4274 | SUBURBAN TIRE WHOLESALE INC | | | | | |
| 266 | 01-075-000-0000-6338 | | 435.60 | TIRES 2013 FORD ESCAPE | 10144771 | MOTOR POOL EXPENSES |
| 4274 | SUBURBAN TIRE WHOLESALE INC | | 435.60 | | 1 Transactions | |
| 75 | DEPT Total: | | 898.09 | CENTRAL SERVICES-CHARGE BACKS | 2 Vendors | 2 Transactions |
| 91 | DEPT | | | COUNTY ATTORNEY'S | | |
| 6009 | INNOVATIVE OFFICE SOLUTIONS LLC | | | | | |
| 122 | 01-091-000-0000-6402 | | 9.54 | OFFICE SUPPLIES | IN1489465 | OFFICE SUPPLIES |
| 6009 | INNOVATIVE OFFICE SOLUTIONS LLC | | 9.54 | | 1 Transactions | |
| 11817 | JOURNEY MENTAL HEALTH SERVICES PL | | | | | |
| 133 | 01-091-000-0000-6280 | | 240.00 | WITNESS FEE S WOSKIE TPR CASE | | WITNESS FEES |
| 11817 | JOURNEY MENTAL HEALTH SERVICES PL | | 240.00 | | 1 Transactions | |
| 60963 | SEVEN COUNTY PROCESS SERVERS LLC | | | | | |
| 254 | 01-091-000-0000-6350 | | 55.00 | SVC OF DOC | 20170218 | OTHER SERVICES & CHARGES |
| 60963 | SEVEN COUNTY PROCESS SERVERS LLC | | 55.00 | | 1 Transactions | |
| 358 | WEST PAYMENT CENTER | | | | | |
| 400 | 01-091-000-0000-6203 | | 1,037.64 | WESTLAW | 835520544 | COMMUNICATIONS |
| 401 | 01-091-000-0000-6450 | | 1,005.80 | BOOKS PAMPHLETS CDS | 835598089 | SUBSCRIPTIONS |
| 358 | WEST PAYMENT CENTER | | 2,043.44 | | 2 Transactions | |
| 91 | DEPT Total: | | 2,347.98 | COUNTY ATTORNEY'S | 4 Vendors | 5 Transactions |
| 101 | DEPT | | | COUNTY RECORDER'S | | |
| 3146 | MELCHERT HUBERT SJODIN PLLP | | | | | |
| 203 | 01-101-000-0000-6263 | | 180.00 | REVIEW PLAT NOKES | 13075 RMH | LEGAL SERVICES |

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



POOL
2/16/17 11:29AM
1 GENERAL REVENUE FUND

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| 204 | 01-101-000-0000-6263 | | 216.00 | REVIEW NOKES PLAT | 13075 RMH | LEGAL SERVICES |
| 205 | 01-101-000-0000-6263 | | 90.00 | REVIEW MEM ON 15311 & 15623 | 13075 RMH | LEGAL SERVICES |
| 3146 | MELCHERT HUBERT SJODIN PLLP | | 486.00 | 3 Transactions | | |
| 101 | DEPT Total: | | 486.00 | COUNTY RECORDER'S | 1 Vendors | 3 Transactions |
| 107 | DEPT | | | COUNTY PLANNING AND ZONING | | |
| 467 | MACPZA | | | | | |
| 149 | 01-107-000-0000-6245 | | 125.00 | MACPZA ANNUAL DUES 2017 | | DUES AND REGISTRATION FEES |
| 150 | 01-107-000-0000-6245 | | 50.00 | MACPZA ANNUAL DUES 2017 | | DUES AND REGISTRATION FEES |
| 467 | MACPZA | | 175.00 | 2 Transactions | | |
| 107 | DEPT Total: | | 175.00 | COUNTY PLANNING AND ZONING | 1 Vendors | 2 Transactions |
| 111 | DEPT | | | COURTHOUSE BUILDING | | |
| 196 | BRADLEY SECURITY LLC | | | | | |
| 4 | 01-111-000-0000-6303 | | 127.50 | REKEY ENTRY DOOR FOR AA7 | 13448 | REPAIR AND MAINTENANCE SERVICES |
| 196 | BRADLEY SECURITY LLC | | 127.50 | 1 Transactions | | |
| 508 | CONTINENTAL RESEARCH CORPORATIO | | | | | |
| 49 | 01-111-000-0000-6425 | | 182.88 | SPRAY ALL (DOZEN) | 445473-CRC-1 | REPAIR AND MAINTENANCE SUPPLIES |
| 508 | CONTINENTAL RESEARCH CORPORATIO | | 182.88 | 1 Transactions | | |
| 3384 | GRAINGER | | | | | |
| 90 | 01-111-000-0000-6425 | | 141.30 | FUSES | 9351681292 | REPAIR AND MAINTENANCE SUPPLIES |
| 3384 | GRAINGER | | 141.30 | 1 Transactions | | |
| 869 | HILLYARD HUTCHINSON | | | | | |
| 92 | 01-111-000-0000-6425 | | 646.33 | FLOOR FINISHING MATERIALS | 602411680 | REPAIR AND MAINTENANCE SUPPLIES |
| 869 | HILLYARD HUTCHINSON | | 646.33 | 1 Transactions | | |
| 4427 | NEUBARTH LAWN CARE & LANDSCAPING | | | | | |
| 239 | 01-111-000-0000-6303 | | 85.00 | SALT/SAND COURTHOUSE | 11962 | REPAIR AND MAINTENANCE SERVICES |
| | | | | 02/01/2017 02/01/2017 | 0 | |
| 4427 | NEUBARTH LAWN CARE & LANDSCAPING | | 85.00 | 1 Transactions | | |
| 6412 | VERIZON WIRELESS | | | | | |
| 289 | 01-111-000-0000-6203 | | 22.12 | CELL PHONE USE | 58374352-00001 | COMMUNICATIONS |

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



POOL
2/16/17 11:29AM
1 GENERAL REVENUE FUND

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| 301 | 01-111-000-0000-6203 | | 7.69- | 02/03/2017 03/02/2017 CELL PHONE USE CREDIT | 0 58374352-00001 | COMMUNICATIONS |
| 6412 | VERIZON WIRELESS | | 14.43 | 02/03/2017 03/02/2017 2 Transactions | 0 | |
| 320 | 01-111-000-0000-6257 | | 239.44 | 4147 WEST CENTRAL SANITATION INC 8 YARD ROLL SERVICES | 10809666 01/01/2017 01/31/2017 | SEWER, WATER AND GARBAGE |
| 4147 | WEST CENTRAL SANITATION INC | | 239.44 | 1 Transactions | 0 | |
| 111 | DEPT Total: | | 1,436.88 | COURTHOUSE BUILDING | 7 Vendors | 8 Transactions |
| 112 | DEPT | | | NORTH COMPLEX BUILDING | | |
| 237 | 01-112-000-0000-6303 | | 130.00 | 4427 NEUBARTH LAWN CARE & LANDSCAPIN SALT/SAND SIDEWALKS-NC | 11962 02/01/2017 02/01/2017 | REPAIR AND MAINTENANCE SERVICES |
| 4427 | NEUBARTH LAWN CARE & LANDSCAPIN | | 130.00 | 1 Transactions | 0 | |
| 321 | 01-112-000-0000-6257 | | 85.96 | 4147 WEST CENTRAL SANITATION INC GARBAGE REMOVAL | 10809665 01/01/2017 01/31/2017 | SEWER, WATER AND GARBAGE |
| 4147 | WEST CENTRAL SANITATION INC | | 85.96 | 1 Transactions | 0 | |
| 112 | DEPT Total: | | 215.96 | NORTH COMPLEX BUILDING | 2 Vendors | 2 Transactions |
| 116 | DEPT | | | HEALTH AND HUMAN SERVICES BUILDII | | |
| 238 | 01-116-000-0000-6303 | | 190.00 | 4427 NEUBARTH LAWN CARE & LANDSCAPIN SALT/SAND SIDEWALKS-HHS | 11962 02/01/2017 02/01/2017 | REPAIR AND MAINTENANCE SERVICES |
| 4427 | NEUBARTH LAWN CARE & LANDSCAPIN | | 190.00 | 1 Transactions | 0 | |
| 116 | DEPT Total: | | 190.00 | HEALTH AND HUMAN SERVICES BUILI | 1 Vendors | 1 Transactions |
| 117 | DEPT | | | FAIRGROUNDS | | |
| 3 | 01-117-000-0000-5990 | | 85.90 | 3771 BLACK/CORI REFUND ROOM CANCELLATION | 0 05/19/2017 05/19/2017 | REFUNDS & REIMBURSEMENTS |

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



POOL
2/16/17 11:29AM
1 GENERAL REVENUE FUND

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|------------|--|-------------|----------|--|----------------------------|--|
| 3771 | BLACK/CORI | | 85.90 | | 1 Transactions | |
| 29 | 651 COMMISSIONER OF REVENUE 01-117-000-0000-6303 | | 51.00 | JANUARY USE TAX | | REPAIR AND MAINTENANCE SERVICES |
| 30 | 01-117-000-0000-6425 | | 26.00 | JANUARY USE TAX | | REPAIR AND MAINTENANCE SUPPLIES |
| 651 | COMMISSIONER OF REVENUE | | 77.00 | | 2 Transactions | |
| 32875 | HUTCHINSON UTILITIES COMMISSION | | | | | |
| 107 | 01-117-000-0000-6253 | | 10.74 | ELECTRIC 898 CENTURY AVE SW 01/01/2017 02/01/2017 | 436962-045052 0 | ELECTRICITY |
| 101 | 01-117-000-0000-6253 | | 700.14 | ELECTRIC GRANDSTAND 01/01/2017 02/01/2017 | 436972-045045 0 | ELECTRICITY |
| 102 | 01-117-000-0000-6253 | | 1,419.94 | ELECTRIC ADMIN BUILDING 01/01/2017 02/01/2017 | 436973-045045 0 | ELECTRICITY |
| 103 | 01-117-000-0000-6253 | | 299.78 | ELECTRIC AGRIBITION 01/01/2017 02/01/2017 | 436974-045045 0 | ELECTRICITY |
| 110 | 01-117-000-0000-6255 | | 2,596.74 | GAS AGRIBITION 01/01/2017 02/01/2017 | 436974-045045 0 | NATURAL GAS |
| 104 | 01-117-000-0000-6253 | | 307.87 | ELECTRIC FAIRGROUNDS 01/01/2017 02/01/2017 | 436975-045045 0 | ELECTRICITY |
| 105 | 01-117-000-0000-6253 | | 32.15 | ELECTRIC MAINT BUILDING 01/01/2017 02/01/2017 | 436976-045045 0 | ELECTRICITY |
| 111 | 01-117-000-0000-6255 | | 178.71 | GAS MAINT BUILDING 01/01/2017 02/01/2017 | 436976-045045 0 | NATURAL GAS |
| 112 | 01-117-000-0000-6255 | | 3,080.33 | GAS FAIRGROUNDS 01/01/2017 02/01/2017 | 436978-045045 0 | NATURAL GAS |
| 108 | 01-117-000-0000-6253 | | 350.13 | ELECTRIC 820 CENTURY AVE SW 01/01/2017 02/01/2017 | 436979-045045 0 | ELECTRICITY |
| 113 | 01-117-000-0000-6255 | | 230.72 | GAS 820 CENTURY AVE SW 01/01/2017 02/01/2017 | 436979-045045 0 | NATURAL GAS |
| 106 | 01-117-000-0000-6253 | | 46.79 | ELECTRIC SIGN 01/01/2017 02/01/2017 | 436981-045045 0 | ELECTRICITY |
| 109 | 01-117-000-0000-6253 | | 51.26 | ELECTRIC 816 CENTURY AVE SW 01/01/2017 02/01/2017 | 437020-045045 0 | ELECTRICITY |
| 32875 | HUTCHINSON UTILITIES COMMISSION | | 9,305.30 | | 13 Transactions | |
| 322 | 4147 WEST CENTRAL SANITATION INC 01-117-000-0000-6257 | | 448.19 | CONTRACTED SERVICES 01/01/2017 01/31/2017 | 10809653 0 | SEWER, WATER AND GARBAGE REMOVAL |

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



POOL
2/16/17 11:29AM
1 GENERAL REVENUE FUND

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| 4147 | WEST CENTRAL SANITATION INC | | 448.19 | | 1 Transactions | |
| 117 | DEPT Total: | | 9,916.39 | FAIRGROUNDS | 4 Vendors | 17 Transactions |
| 121 | DEPT | | | VETERAN SERVICES | | |
| 6009 | INNOVATIVE OFFICE SOLUTIONS LLC | | | | | |
| 123 | 01-121-000-0000-6402 | | 28.64 | OFFICE SUPPLY | IN1498658 | OFFICE SUPPLIES |
| 6009 | INNOVATIVE OFFICE SOLUTIONS LLC | | 28.64 | | 1 Transactions | |
| 6412 | VERIZON WIRELESS | | | | | |
| 290 | 01-121-000-0000-6203 | | 27.86 | CELL PHONE USE 02/03/2017 03/02/2017 | 58374352-00001 0 | COMMUNICATIONS |
| 302 | 01-121-000-0000-6203 | | 7.69- | CELL PHONE USE CREDIT 02/03/2017 03/02/2017 | 58374352-00001 0 | COMMUNICATIONS |
| 6412 | VERIZON WIRELESS | | 20.17 | | 2 Transactions | |
| 121 | DEPT Total: | | 48.81 | VETERAN SERVICES | 2 Vendors | 3 Transactions |
| 201 | DEPT | | | COUNTY SHERIFF'S OFFICE | | |
| 1424 | ALPHA WIRELESS COMMUNICATIONS | | | | | |
| 1 | 01-201-000-0000-6321 | | 2,487.75 | EQUIPMENT MAINTENANCE 02/01/2017 03/01/2017 | 687871 0 | MAINTENANCE AGREEMENTS |
| 1424 | ALPHA WIRELESS COMMUNICATIONS | | 2,487.75 | | 1 Transactions | |
| 651 | COMMISSIONER OF REVENUE | | | | | |
| 31 | 01-201-000-0000-6408 | | 192.00 | JANUARY USE TAX | | AMMO |
| 32 | 01-201-000-0000-6449 | | 17.00 | JANUARY USE TAX | | OTHER SURGICAL & MEDICAL SUPPLIES |
| 33 | 01-201-204-0000-6402 | | 5.00 | JANUARY USE TAX | | Investigations Office Supplies |
| 651 | COMMISSIONER OF REVENUE | | 214.00 | | 3 Transactions | |
| 4724 | COUNTY OF ANOKA HUMAN SERVICES | | | | | |
| 417 | 01-201-000-0000-6369 | | 21,258.00 | 1ST QTR 2017 SERVICES | | MEDICAL EXAMINER |
| 4724 | COUNTY OF ANOKA HUMAN SERVICES | | 21,258.00 | | 1 Transactions | |
| 704 | DOBRATZ HANTGE CHAPEL | | | | | |
| 52 | 01-201-000-0000-6215 | | 785.00 | TRANSPORT OF DECEASED-JK 02/06/2017 02/06/2017 | 0 | TRANSPORTATION EXPENSE FOR AUTOSF |

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



POOL
2/16/17 11:29AM
1 GENERAL REVENUE FUND

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| 704 | DOBRATZ HANTGE CHAPEL | | 785.00 | | 1 Transactions | |
| 1269 | HUTCHINSON HEALTH | | | | | |
| 99 | 01-201-000-0000-6262 | | 140.00 | SANE-NB 01/09/2017 01/09/2017 | 5242726 0 | COSTS OF MEDICAL EXAMINATION MS 6 |
| 100 | 01-201-000-0000-6262 | | 300.00 | SANE-HE 01/23/2017 01/23/2017 | 5242726 0 | COSTS OF MEDICAL EXAMINATION MS 6 |
| 97 | 01-201-000-0000-6262 | | 2,471.80 | SANE-NB 01/08/2017 01/09/2017 | 5242742 0 | COSTS OF MEDICAL EXAMINATION MS 6 |
| 98 | 01-201-000-0000-6262 | | 2,331.65 | SANE-HE 01/23/2017 01/23/2017 | 5242742 0 | COSTS OF MEDICAL EXAMINATION MS 6 |
| 1269 | HUTCHINSON HEALTH | | 5,243.45 | | 4 Transactions | |
| 6009 | INNOVATIVE OFFICE SOLUTIONS LLC | | | | | |
| 124 | 01-201-000-0000-6402 | | 61.49 | OFFICE SUPPLIES | IN1496792 | OFFICE SUPPLIES |
| 6009 | INNOVATIVE OFFICE SOLUTIONS LLC | | 61.49 | | 1 Transactions | |
| 1102 | JAY MALONE MOTORS | | | | | |
| 131 | 01-201-000-0000-6327 | | 81.97 | #147 OC/ROTATE TIRES/WIPER | 18393 | GENERAL AUTO MAINTENANCE |
| 1102 | JAY MALONE MOTORS | | 81.97 | | 1 Transactions | |
| 1502 | KEEPRS INC | | | | | |
| 134 | 01-201-000-0000-6145 | | 1,007.00 | VEST-B SUKALSKI | 329434 | UNIFORM ALLOWANCE |
| 1502 | KEEPRS INC | | 1,007.00 | | 1 Transactions | |
| 6443 | KWIK TRIP INC | | | | | |
| 137 | 01-201-000-0000-6327 | | 67.50 | CAR WASHES JANUARY | 00272868 | GENERAL AUTO MAINTENANCE |
| 6443 | KWIK TRIP INC | | 67.50 | | 1 Transactions | |
| 93 | RIVER CITY SUPPLY LLC | | | | | |
| 250 | 01-201-000-0000-6350 | | 631.90 | COLORING BOOKS/PENCILS | 012717-D | OTHER SERVICES & CHARGES |
| 93 | RIVER CITY SUPPLY LLC | | 631.90 | | 1 Transactions | |
| 201 | DEPT Total: | | 31,838.06 | COUNTY SHERIFF'S OFFICE | 10 Vendors | 15 Transactions |
| 251 | DEPT | | | COUNTY JAIL | | |
| 5275 | CARD SERVICES | | | | | |
| 5 | 01-251-000-0000-6268 | | 7.79 | EFFERDENT | CB408-1359 | Medical Aid To Prisoners |

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



POOL
2/16/17 11:29AM
1 GENERAL REVENUE FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

| Vendor No. | Name Account/Formula | Rpt Accr | Amount | Warrant Description Service Dates | Invoice # Paid On Bhf # | Account/Formula Description On Behalf of Name |
|------------|---|-------------|--------|--|----------------------------|--|
| 5275 | CARD SERVICES | | 7.79 | | 1 Transactions | |
| 34 | 651 COMMISSIONER OF REVENUE 01-251-000-0000-6327 | | 5.00 | JANUARY USE TAX | | General Auto Maintenance |
| | 651 COMMISSIONER OF REVENUE | | 5.00 | | 1 Transactions | |
| 283 | 2579 TRANS UNION LLC 01-251-000-0000-6265 | | 11.65 | CREDIT REPORT-TB | 01709841 | Professional Services |
| 284 | 01-251-000-0000-6265 | | 11.65 | CREDIT REPORT-TB MISMATCH | 01709841 | Professional Services |
| 285 | 01-251-000-0000-6265 | | 11.65 | CREDIT REPORT-SM | 01709841 | Professional Services |
| 286 | 01-251-000-0000-6265 | | 11.65 | CREDIT REPORT-AW | 01709841 | Professional Services |
| | 2579 TRANS UNION LLC | | 46.60 | | 4 Transactions | |
| 292 | 6412 VERIZON WIRELESS 01-251-000-0000-6203 | | 117.97 | CELL PHONE USE 02/03/2017 03/02/2017 | 58374352-00001 0 | Communications |
| 303 | 01-251-000-0000-6203 | | 7.69- | CELL PHONE USE CREDIT 02/03/2017 03/02/2017 | 58374352-00001 0 | Communications |
| 416 | 01-251-000-0000-6203 | | 25.36 | CELL PHONE USE 02/03/2017 03/02/2017 | 58374352-00001 0 | Communications |
| | 6412 VERIZON WIRELESS | | 135.64 | | 3 Transactions | |
| 402 | 1083 WEX BANK 01-251-000-0000-6455 | | 239.49 | FUEL 01/01/2017 01/31/2017 | 48509542 0 | Motor Fuels And Lubrication |
| | 1083 WEX BANK | | 239.49 | | 1 Transactions | |
| 251 | DEPT Total: | | 434.52 | COUNTY JAIL | 5 Vendors | 10 Transactions |
| 255 | DEPT | | | COUNTY COURT SERVICES | | |
| 291 | 6412 VERIZON WIRELESS 01-255-000-0000-6203 | | 36.78 | CELL PHONE USE 02/03/2017 03/02/2017 | 58374352-00001 0 | Communications |
| 304 | 01-255-000-0000-6203 | | 7.69- | CELL PHONE USE CREDIT 02/03/2017 03/02/2017 | 58374352-00001 0 | Communications |
| | 6412 VERIZON WIRELESS | | 29.09 | | 2 Transactions | |



POOL
2/16/17 11:29AM
1 GENERAL REVENUE FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

| Vendor Name | Rpt | Warrant Description | Invoice # | Account/Formula Description |
|------------------------------|------|--------------------------------|----------------|-------------------------------------|
| No. Account/Formula | Accr | Service Dates | Paid On Bhf # | On Behalf of Name |
| 255 DEPT Total: | | 29.09 COUNTY COURT SERVICES | 1 Vendors | 2 Transactions |
| 281 DEPT | | EMERGENCY MANAGEMENT | | |
| 6415 CITY DIRECTORIES | | | | |
| 8 01-281-000-0000-6403 | | 290.00 POLK DIRECTORY | 83510060 | Printed Paper Supplies |
| 6415 CITY DIRECTORIES | | 290.00 | 1 Transactions | |
| 865 GENERAL OFFICE PRODUCTS | | | | |
| 89 01-281-000-0000-6612 | AP 4 | 3,849.04 12 CHAIRS | 416293 | Capital - \$100-\$5,000 (Inventory) |
| 865 GENERAL OFFICE PRODUCTS | | 3,849.04 | 1 Transactions | |
| 281 DEPT Total: | | 4,139.04 EMERGENCY MANAGEMENT | 2 Vendors | 2 Transactions |
| 485 DEPT | | COUNTY PUBLIC HEALTH NURSING | | |
| 38530 LANGUAGE LINE SERVICES | | | | |
| 138 01-485-000-0000-6265 | | 23.80 1/13 SPANISH IMM | | Professional Services |
| 38530 LANGUAGE LINE SERVICES | | 23.80 | 1 Transactions | |
| 2176 LEARNING ZONEXPRESS | | | | |
| 139 01-485-000-0000-6402 | | 48.85 NUTRITION KITS | 345092 | Office Supplies |
| 2176 LEARNING ZONEXPRESS | | 48.85 | 1 Transactions | |
| 419 LINDENWOOD APARTMENTS | | | | |
| 143 01-485-490-0000-6047 | AP 4 | 35.00 PERS SERVICE FEE KOCH | | Chore Services |
| | | 12/01/2016 12/31/2016 | 0 | |
| 144 01-485-490-0000-6047 | AP 4 | 35.00 PERS SERVICE FEE LAXEN | | Chore Services |
| | | 12/01/2016 12/31/2016 | 0 | |
| 145 01-485-490-0000-6047 | AP 4 | 35.00 PERS SERVICE FEE MERRITT | | Chore Services |
| | | 12/01/2016 12/31/2016 | 0 | |
| 146 01-485-490-0000-6047 | | 35.00 PERS SERVICE FEE KOCH | | Chore Services |
| | | 01/01/2017 01/31/2017 | 0 | |
| 147 01-485-490-0000-6047 | | 35.00 PERS SERVICE FEE LAXEN | | Chore Services |
| | | 01/01/2017 01/31/2017 | 0 | |
| 148 01-485-490-0000-6047 | | 35.00 PERS SERVICE FEE MERRITT | | Chore Services |
| | | 01/01/2017 01/31/2017 | 0 | |
| 419 LINDENWOOD APARTMENTS | | 210.00 | 6 Transactions | |
| 3770 NOW MIRCO INC | | | | |

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



POOL
2/16/17 11:29AM
1 GENERAL REVENUE FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

| Vendor No. | Vendor Name | Account/Formula | Rpt Accr | Amount | Warrant Description | Service Dates | Invoice # | Paid On Bhf # | Account/Formula Description | On Behalf of Name |
|------------|-------------|---------------------------------|----------|----------|------------------------------|-----------------------|----------------|---------------|-------------------------------------|-------------------|
| 235 | | 01-485-000-0000-6612 | | 144.00 | TOPAZ SIGNATURE PAD | | 487983 | | Capital - \$100-\$5,000 (Inventory) | |
| | 3770 | NOW MIRCO INC | | 144.00 | | 1 Transactions | | | | |
| 282 | 11355 | TODAYS DRIVING SCHOOL | | 80.00 | DRIVER ED BEHIND THE WHEEL | | | | Other Services & Charges | |
| | 11355 | TODAYS DRIVING SCHOOL | | 80.00 | | 1 Transactions | | | | |
| 305 | 6412 | VERIZON WIRELESS | | 7.69- | CELL PHONE USE CREDIT | 02/03/2017 03/02/2017 | 58374352-00001 | 0 | Communications | |
| 311 | | 01-485-000-0000-6203 | | 420.12 | WIRELESS CHARGES (CASE MGMT) | 02/03/2017 03/02/2017 | 9779685239 | 0 | Communications | |
| 312 | | 01-485-000-0000-6203 | | 35.01 | WIRELESS CHARGES (SHIP) | 02/03/2017 03/02/2017 | 9779685239 | 0 | Communications | |
| 313 | | 01-485-000-0000-6203 | | 105.03 | WIRELESS CHARGES (ADMIN) | 02/03/2017 03/02/2017 | 9779685239 | 0 | Communications | |
| | 6412 | VERIZON WIRELESS | | 552.47 | | 4 Transactions | | | | |
| 485 | DEPT Total: | | | 1,059.12 | COUNTY PUBLIC HEALTH NURSING | | 6 Vendors | | 14 Transactions | |
| 520 | DEPT | | | | COUNTY PARK'S | | | | | |
| 35 | 651 | COMMISSIONER OF REVENUE | | 35.00 | JANUARY USE TAX | | | | Repair And Maintenance Services | |
| 36 | | 01-520-000-0000-6423 | | 25.00 | JANUARY USE TAX | | | | Landscaping Materials | |
| 37 | | 01-520-000-0000-6425 | | 9.00 | JANUARY USE TAX | | | | Repair And Maintenance Supplies | |
| | 651 | COMMISSIONER OF REVENUE | | 69.00 | | 3 Transactions | | | | |
| 125 | 6009 | INNOVATIVE OFFICE SOLUTIONS LLC | | 39.45 | MOUSE PADS/STAMP | | IN1495132 | | Office Supplies | |
| | 6009 | INNOVATIVE OFFICE SOLUTIONS LLC | | 39.45 | | 1 Transactions | | | | |
| 176 | 213 | MCLEOD COOP POWER ASSN | | 451.44 | 525 POWER | | 140900 | | Electricity | |
| 172 | | 01-520-000-0000-6253 | | 49.93 | 521 POWER | | 205200 | | Electricity | |
| 177 | | 01-520-000-0000-6253 | | 483.74 | 526 POWER HOUSE | | 416900 | | Electricity | |
| 175 | | 01-520-000-0000-6253 | | 56.47 | 524 POWER | | 424600 | | Electricity | |
| 174 | | 01-520-000-0000-6253 | | 46.62 | 523 POWER | | 483200 | | Electricity | |
| 173 | | 01-520-000-0000-6253 | | 68.26 | 522 POWER | | 518000 | | Electricity | |
| 178 | | 01-520-000-0000-6253 | | 35.80 | 526 POWER | | 572300 | | Electricity | |

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



POOL
2/16/17 11:29AM
1 GENERAL REVENUE FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

| Vendor No. | Vendor Name | Accr | Rpt | Amount | Warrant Description | Invoice # | Account/Formula Description |
|------------|-------------------------------|------|-----|-----------|-------------------------|----------------|-----------------------------|
| | | | | | Service Dates | Paid On Bhf # | On Behalf of Name |
| 213 | MCLEOD COOP POWER ASSN | | | 1,192.26 | | | |
| 6412 | VERIZON WIRELESS | | | | | | |
| 297 | 01-520-000-0000-6203 | | | 35.03 | PARKS LM SHOP | 58374352-00001 | Communications |
| | | | | | 02/03/2017 03/02/2017 | 0 | |
| 309 | 01-520-000-0000-6203 | | | 7.69- | CELL PHONE USE CREDIT | 58374352-00001 | Communications |
| | | | | | 02/03/2017 03/02/2017 | 0 | |
| 6412 | VERIZON WIRELESS | | | 27.34 | | | |
| | | | | | | | 2 Transactions |
| 520 | DEPT Total: | | | 1,328.05 | COUNTY PARK'S | | 4 Vendors 13 Transactions |
| 603 | DEPT | | | | COUNTY EXTENSION | | |
| 3769 | UMN EXTENSION REGIONAL OFFICE | | | | | | |
| 287 | 01-603-000-0000-6403 | | | 22.50 | REGIONAL CAMP BROCHURES | 2082017 | Printed Paper Supplies |
| 3769 | UMN EXTENSION REGIONAL OFFICE | | | 22.50 | | | |
| | | | | | | | 1 Transactions |
| 603 | DEPT Total: | | | 22.50 | COUNTY EXTENSION | | 1 Vendors 1 Transactions |
| 1 | Fund Total: | | | 73,460.06 | GENERAL REVENUE FUND | | 147 Transactions |

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



POOL
2/16/17 11:29AM
3 ROAD & BRIDGE FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

| Vendor No. | Name Account/Formula | Rpt Accr | Amount | Warrant Description Service Dates | Invoice # Paid On Bhf # | Account/Formula Description On Behalf of Name |
|------------|--|-------------|--------|---|----------------------------|--|
| 0 | DEPT | | | ... | | |
| 65 | 3755 EYE MED 03-000-000-0000-2044 | | 62.48 | VISION PREMIUM 02/01/2017 02/28/2017 | 0 | VISION INSURANCE PAYABLE |
| | 3755 EYE MED | | 62.48 | 1 Transactions | | |
| 91 | 3328 GURSTEL CHARGO PA 03-000-000-0000-2055 | | 280.49 | GARNISHMENT 01/22/2017 02/04/2017 | 683730 0 | GARNISHMENTS PAYABLE |
| | 3328 GURSTEL CHARGO PA | | 280.49 | 1 Transactions | | |
| 163 | 1241 MADISON NATIONAL LIFE INSURANCE C 03-000-000-0000-2041 | | 65.13 | STD PREMIUM 02/01/2017 02/28/2017 | 0 | SHORT TERM DISABILITY PAYABLE |
| 153 | 03-000-000-0000-2050 | | 179.34 | LTD PREMIUM 02/01/2017 02/28/2017 | 0 | LONG TERM DISABILITY PAYABLE |
| | 1241 MADISON NATIONAL LIFE INSURANCE C | | 244.47 | 2 Transactions | | |
| 219 | 1360 MINNESOTA MUTUAL 03-000-000-0000-2049 | | 361.76 | LIFE PREMIUM 02/01/2017 02/28/2017 | 0 | LIFE INSURANCE PAYABLE |
| | 1360 MINNESOTA MUTUAL | | 361.76 | 1 Transactions | | |
| 0 | DEPT Total: | | 949.20 | ... | 4 Vendors | 5 Transactions |
| 310 | DEPT | | | HIGHWAY MAINTENANCE | | |
| | 8187 G & K SERVICES | | | | | |
| 80 | 03-310-000-0000-6145 | | 11.02 | UNIFORM SERVICES-GLENCOE | 1043664390 | Uniform Allowance |
| 76 | 03-310-000-0000-6145 | | 56.10 | UNIFORM SERVICES-SLATS | 1043664392 | Uniform Allowance |
| 85 | 03-310-000-0000-6145 | | 50.31 | UNIFORM SERVICES-HATS | 1043665663 | Uniform Allowance |
| 81 | 03-310-000-0000-6145 | | 21.62 | UNIFORM SERVICES-GLENCOE | 1043670076 | Uniform Allowance |
| 77 | 03-310-000-0000-6145 | | 19.00 | UNIFORM SERVICES-SLATS | 1043670078 | Uniform Allowance |
| 86 | 03-310-000-0000-6145 | | 40.91 | UNIFORM SERVICES-HATS | 1043671333 | Uniform Allowance |
| 82 | 03-310-000-0000-6145 | | 21.62 | UNIFORM SERVICES-GLENCOE | 1043675758 | Uniform Allowance |
| 78 | 03-310-000-0000-6145 | | 23.80 | UNIFORM SERVICES-SLATS | 1043675760 | Uniform Allowance |
| 87 | 03-310-000-0000-6145 | | 39.71 | UNIFORM SERVICES-HATS | 1043677046 | Uniform Allowance |
| 83 | 03-310-000-0000-6145 | | 21.62 | UNIFORM SERVICES-GLENCOE | 1043681486 | Uniform Allowance |
| 79 | 03-310-000-0000-6145 | | 19.00 | UNIFORM SERVICES-SLATS | 1043681488 | Uniform Allowance |
| 88 | 03-310-000-0000-6145 | | 39.71 | UNIFORM SERVICES-HATS | 1043682768 | Uniform Allowance |

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



POOL
2/16/17 11:29AM
3 ROAD & BRIDGE FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

| Vendor Name | Rpt | Warrant Description | Invoice # | Account/Formula Description |
|----------------------------|------|---------------------|-------------------------------|-------------------------------------|
| No. Account/Formula | Accr | Amount | Service Dates | On Behalf of Name |
| 8187 G & K SERVICES | | 364.42 | 12 Transactions | |
| 213 MCLEOD COOP POWER ASSN | | | | |
| 179 03-310-000-0000-6254 | | 51.85 | TRAFFIC LIGHT TH 212 & CSAH 1 | 861100 Intersection Lighting |
| 180 03-310-000-0000-6254 | | 45.58 | TRAFFIC LIGHT TH 7 & CSAH 115 | 903000 Intersection Lighting |
| 181 03-310-000-0000-6254 | | 45.70 | TRAFFIC LIGHT TH 15 & CSAH 18 | 903100 Intersection Lighting |
| 182 03-310-000-0000-6254 | | 50.65 | TRAFFIC LIGHT CSAH 13 & 23 | 906900 Intersection Lighting |
| 183 03-310-000-0000-6254 | | 50.29 | TRAFFIC LIGHT CSAH 2 & 3 | 907100 Intersection Lighting |
| 184 03-310-000-0000-6254 | | 49.08 | TRAFFIC LIGHT CSAH 25 & 26 | 907200 Intersection Lighting |
| 185 03-310-000-0000-6254 | | 45.82 | TRAFFIC LIGHT CSAH 7 & 115 | 907300 Intersection Lighting |
| 186 03-310-000-0000-6254 | | 50.89 | TRAFFIC LIGHT CSAH 18 & 7 | 907400 Intersection Lighting |
| 187 03-310-000-0000-6254 | | 39.90 | TRAFFIC LIGHT CSAH 2 & 22 | 907500 Intersection Lighting |
| 188 03-310-000-0000-6254 | | 49.08 | TRAFFIC LIGHT CSAH 115 & 25W | 907600 Intersection Lighting |
| 189 03-310-000-0000-6254 | | 50.89 | TRAFFIC LIGHT CSAH 115 & 25E | 907700 Intersection Lighting |
| 190 03-310-000-0000-6254 | | 48.84 | TRAFFIC LIGHT CSAH 25 & 62 | 907800 Intersection Lighting |
| 191 03-310-000-0000-6254 | | 49.56 | TRAFFIC LIGHT CSAH 4 & 11 | 907900 Intersection Lighting |
| 192 03-310-000-0000-6254 | | 49.68 | TRAFFIC LIGHT CSAH 12 & 19 | 908000 Intersection Lighting |
| 193 03-310-000-0000-6254 | | 48.96 | TRAFFIC LIGHT CSAH 115 & 14 | 908100 Intersection Lighting |
| 194 03-310-000-0000-6254 | | 46.18 | TRAFFIC LIGHT CSAH 5 & 2 | 908200 Intersection Lighting |
| 195 03-310-000-0000-6254 | | 48.11 | TRAFFIC LIGHT CSAH 5 & 31 | 908300 Intersection Lighting |
| 196 03-310-000-0000-6254 | | 51.62 | TRAFFIC LIGHT CSAH 4 & 79 | 908400 Intersection Lighting |
| 197 03-310-000-0000-6254 | | 48.48 | TRAFFIC LIGHT CSAH 7 & 79 | 908500 Intersection Lighting |
| 198 03-310-000-0000-6254 | | 67.91 | TRAFFIC LIGHT TH 22 & CR 11 | 908701 Intersection Lighting |
| 199 03-310-000-0000-6254 | | 45.70 | TRAFFIC LIGHT TH 15 & CR 32 | 917600 Intersection Lighting |
| 200 03-310-000-0000-6254 | | 45.58 | TRAFFIC LIGHT TH 15 & CR 3 | 917700 Intersection Lighting |
| 213 MCLEOD COOP POWER ASSN | | 1,080.35 | 22 Transactions | |
| 465 XCEL ENERGY | | | | |
| 408 03-310-000-0000-6254 | | 48.25 | TRAFFIC LIGHT 7 & CSAH 1 | 5100111308803 Intersection Lighting |
| 411 03-310-000-0000-6254 | | 13.65 | TRAFFIC LIGHT CSAH 9 & 3 | 5102769397 Intersection Lighting |
| 412 03-310-000-0000-6254 | | 13.04 | TRAFFIC LIGHT CSAH 1 & CR 56 | 5102769397 Intersection Lighting |
| 413 03-310-000-0000-6254 | | 13.38 | TRAFFIC LIGHT CSAH 2 & 10 | 5102769397 Intersection Lighting |
| 414 03-310-000-0000-6254 | | 13.23 | TRAFFIC LIGHT CSAH 1 & 10 | 5102769397 Intersection Lighting |
| 415 03-310-000-0000-6254 | | 9.22 | TRAFFIC LIGHT CSAH 1 & 3 | 5102769397 Intersection Lighting |
| 409 03-310-000-0000-6254 | | 71.18 | TRAFFIC LIGHT TH 7 & CSAH 9 | 5190682785 Intersection Lighting |
| 410 03-310-000-0000-6254 | | 70.62 | TRAFFIC LIGHT TH 7 & CSAH 2 | 5190682785 Intersection Lighting |
| 465 XCEL ENERGY | | 252.57 | 8 Transactions | |

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



POOL
2/16/17 11:29AM
3 ROAD & BRIDGE FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

| Vendor Name | Rpt | Warrant Description | Invoice # | Account/Formula Description |
|--------------------------------------|------|-------------------------------|----------------|----------------------------------|
| No. Account/Formula | Accr | Service Dates | Paid On Bhf # | On Behalf of Name |
| 310 DEPT Total: | | HIGHWAY MAINTENANCE | 3 Vendors | 42 Transactions |
| 320 DEPT | | HIGHWAY CONSTRUCTION | | |
| 7291 PELLINEN LAND SURVEYING | | | | |
| 247 03-320-000-0000-6265 | | RW SERVICES JOB 0150 615-014 | 15184 | Professional Services |
| 7291 PELLINEN LAND SURVEYING | | | 1 Transactions | |
| 5789 WILSON DEVELOPMENT SERVICES LLC | | | | |
| 405 03-320-000-0000-6265 AP 4 | | RW SERVICES JOB 0150 | 23939 | Professional Services |
| 404 03-320-000-0000-6265 AP 4 | | RW SERVICES JOB 0030 | 23940 | Professional Services |
| 403 03-320-000-0000-6265 AP 4 | | RW SERVICES JOB 03030 | 23941 | Professional Services |
| 5789 WILSON DEVELOPMENT SERVICES LLC | | | 3 Transactions | |
| 320 DEPT Total: | | HIGHWAY CONSTRUCTION | 2 Vendors | 4 Transactions |
| 330 DEPT | | HIGHWAY ADMINISTRATION | | |
| 291 SOUTHWEST CHAPTER MSPE | | | | |
| 267 03-330-000-0000-6245 | | REGISTRATION FEE-JB/PS/TT/AA | | Dues And Registration Fees |
| 291 SOUTHWEST CHAPTER MSPE | | | 1 Transactions | |
| 6412 VERIZON WIRELESS | | | | |
| 317 03-330-000-0000-6203 | | CELL PHONE USE | 9779718221 | Communications |
| | | 02/03/2017 03/02/2017 | 0 | |
| 6412 VERIZON WIRELESS | | | 1 Transactions | |
| 330 DEPT Total: | | HIGHWAY ADMINISTRATION | 2 Vendors | 2 Transactions |
| 340 DEPT | | HIGHWAY EQUIPMENT MAINTENANCE | | |
| 539 CENTER POINT ENERGY | | | | |
| 6 03-340-000-0000-6255 | | GLENCOE SHOP | 5987115-2 | Natural Gas |
| | | 01/06/2017 02/03/2017 | 0 | |
| 539 CENTER POINT ENERGY | | | 1 Transactions | |
| 32 CITY OF BROWNTON | | | | |
| 9 03-340-000-0000-6253 | | ELECTRIC | 4440 | Electricity |
| 11 03-340-000-0000-6255 | | NATURAL GAS | 4440 | Natural Gas |
| 10 03-340-000-0000-6257 | | WATER SEWER | 4440 | Sewer, Water And Garbage Removal |

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



POOL
2/16/17 11:29AM
3 ROAD & BRIDGE FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

| Vendor No. | Name Account/Formula | Rpt Accr | Amount | Warrant Description Service Dates | Invoice # Paid On Bhf # | Account/Formula Description On Behalf of Name |
|------------|--|----------|-----------|---|-------------------------|---|
| 32 | CITY OF BROWNTON | | 1,264.50 | | 3 Transactions | |
| 38 | 651 COMMISSIONER OF REVENUE 03-340-000-0000-6563 | | 4.00 | JANUARY USE TAX | | Tires, Tubes & Batteries |
| | 651 COMMISSIONER OF REVENUE | | 4.00 | | 1 Transactions | |
| 84 | 8187 G & K SERVICES 03-340-000-0000-6145 | | 10.60 | UNIFORM SERVICES-SCHRUPP | 1043664390 | Uniform Allowance |
| | 8187 G & K SERVICES | | 10.60 | | 1 Transactions | |
| 318 | 6412 VERIZON WIRELESS 03-340-000-0000-6203 | | 70.02 | SLATS & HWY SHOP 02/03/2017 03/02/2017 | 9779718221 0 | Communications |
| | 6412 VERIZON WIRELESS | | 70.02 | | 1 Transactions | |
| 324 | 4147 WEST CENTRAL SANITATION INC 03-340-000-0000-6257 | | 24.56 | GARBAGE REMOVAL-GLENCOE 01/01/2017 01/31/2017 | 10809651 0 | Sewer, Water And Garbage Removal |
| 323 | 03-340-000-0000-6257 | | 24.56 | GARBAGE REMOVAL-BROWNTON 01/01/2017 01/31/2017 | 10809652 0 | Sewer, Water And Garbage Removal |
| 325 | 03-340-000-0000-6257 | | 67.53 | GARBAGE REMOVAL-SLATS 01/01/2017 01/31/2017 | 10809680 0 | Sewer, Water And Garbage Removal |
| | 4147 WEST CENTRAL SANITATION INC | | 116.65 | | 3 Transactions | |
| 406 | 465 XCEL ENERGY 03-340-000-0000-6253 | | 572.21 | ELECTRIC SL SHOP | 5100101225915 | Electricity |
| 407 | 03-340-000-0000-6253 | | 22.13 | ELECTRIC LP SHOP | 5147526707 | Electricity |
| | 465 XCEL ENERGY | | 594.34 | | 2 Transactions | |
| 340 | DEPT Total: | | 2,888.22 | HIGHWAY EQUIPMENT MAINTENANCE | 7 Vendors | 12 Transactions |
| 3 | Fund Total: | | 29,964.19 | ROAD & BRIDGE FUND | | 65 Transactions |

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



POOL
2/16/17 11:29AM
5 SOLID WASTE FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

| Vendor No. | Name Account/Formula | Rpt Accr | Amount | Warrant Description Service Dates | Invoice # Paid On Bhf # | Account/Formula Description On Behalf of Name |
|------------|--|----------|----------|---|-------------------------|---|
| 391 | DEPT | | | SOLID WASTE TIP FEE | | |
| 12 | 32 CITY OF BROWNTON 05-391-000-0000-6960 | DTG 6 | 1,437.95 | 4TH QTR SITE MONITORING 2016 | | INTER GOVERNMENTAL PAYMENTS |
| | 32 CITY OF BROWNTON | | 1,437.95 | 1 Transactions | | |
| 14 | 324 CITY OF STEWART 05-391-000-0000-6960 | DTG 6 | 970.63 | 4TH QTR 2016 SITE MONITORING | | INTER GOVERNMENTAL PAYMENTS |
| | 324 CITY OF STEWART | | 970.63 | 1 Transactions | | |
| 39 | 651 COMMISSIONER OF REVENUE 05-391-000-0000-6269 | | 26.00 | JANUARY USE TAX | | CONTRACTS |
| 40 | 05-391-000-0000-6415 | | 3.00 | JANUARY USE TAX | | CLEANING SUPPLIES |
| 41 | 05-391-000-0000-6612 | | 218.00 | JANUARY USE TAX | | CAPITAL - \$100-\$5,000 (INVENTORY) |
| | 651 COMMISSIONER OF REVENUE | | 247.00 | 3 Transactions | | |
| 60 | 4007 DROP N GO SHIPPING 05-391-000-0000-6205 | | 8.35 | POSTAGE 2017 CALENDARS | 133029 | POSTAGE AND POSTAL BOX RENTAL |
| | 4007 DROP N GO SHIPPING | | 8.35 | 1 Transactions | | |
| 66 | 3755 EYE MED 05-391-000-0000-2044 | | 5.20 | VISION PREMIUM 02/01/2017 02/28/2017 | 0 | VISION INSURANCE PAYABLE |
| | 3755 EYE MED | | 5.20 | 1 Transactions | | |
| 115 | 32875 HUTCHINSON UTILITIES COMMISSION 05-391-000-0000-6253 | | 1,162.19 | ELECTRIC 01/01/2017 01/31/2017 | 410076-027482 0 | ELECTRICITY |
| 118 | 05-391-000-0000-6255 | | 1,256.07 | GAS 01/01/2017 01/31/2017 | 410076-027482 0 | NATURAL GAS |
| | 32875 HUTCHINSON UTILITIES COMMISSION | | 2,418.26 | 2 Transactions | | |
| 129 | 6009 INNOVATIVE OFFICE SOLUTIONS LLC 05-391-000-0000-6402 | | 268.22 | OFFICE SUPPLIES | IN1496793 | OFFICE SUPPLIES |
| | 6009 INNOVATIVE OFFICE SOLUTIONS LLC | | 268.22 | 1 Transactions | | |
| 164 | 1241 MADISON NATIONAL LIFE INSURANCE C 05-391-000-0000-2041 | | 23.20 | STD PREMIUM 02/01/2017 02/28/2017 | 0 | SHORT TERM DISABILITY PAYABLE |
| 154 | 05-391-000-0000-2050 | | 25.52 | LTD PREMIUM | | LONG TERM DISABILITY PAYABLE |



POOL
2/16/17 11:29AM
5 SOLID WASTE FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

| Vendor No. | Name Account/Formula | Rpt Accr | Amount | Warrant Description Service Dates | Invoice # Paid On Bhf # | Account/Formula Description On Behalf of Name |
|------------|-----------------------------------|-------------|----------|---|----------------------------|--|
| 1241 | MADISON NATIONAL LIFE INSURANCE C | | 48.72 | 02/01/2017 02/28/2017 2 Transactions | 0 | |
| 1360 | MINNESOTA MUTUAL | | | | | |
| 220 | 05-391-000-0000-2049 | | 150.16 | LIFE PREMIUM | | LIFE INSURANCE PAYABLE |
| | | | | 02/01/2017 02/28/2017 1 Transactions | 0 | |
| 1360 | MINNESOTA MUTUAL | | 150.16 | | | |
| 3324 | SIMPLEX GRINNELL INC | | | | | |
| 258 | 05-391-000-0000-6269 | | 2,698.44 | ALARM & DETECTION INSPECTION | 83362589 | CONTRACTS |
| 3324 | SIMPLEX GRINNELL INC | | 2,698.44 | 1 Transactions | | |
| 4147 | WEST CENTRAL SANITATION INC | | | | | |
| 326 | 05-391-000-0000-6259 | | 1,020.00 | ACOMA TWP | 10815832 | RECYCLING |
| | | | | 01/01/2017 01/31/2017 | 0 | |
| 327 | 05-391-000-0000-6259 | | 1,055.88 | BERGEN RECYCLING | 10815832 | RECYCLING |
| | | | | 01/01/2017 01/31/2017 | 0 | |
| 328 | 05-391-000-0000-6259 | | 351.96 | BERGEN OCC | 10815832 | RECYCLING |
| | | | | 01/01/2017 01/31/2017 | 0 | |
| 329 | 05-391-000-0000-6259 | | 351.96 | HASSAN VALLEY RECYCLING | 10815832 | RECYCLING |
| | | | | 01/01/2017 01/31/2017 | 0 | |
| 330 | 05-391-000-0000-6259 | | 351.96 | LYNN RECYCLING | 10815832 | RECYCLING |
| | | | | 01/01/2017 01/31/2017 | 0 | |
| 331 | 05-391-000-0000-6259 | | 175.98 | LYNN OCC | 10815832 | RECYCLING |
| | | | | 01/01/2017 01/31/2017 | 0 | |
| 332 | 05-391-000-0000-6259 | | 527.94 | STEWART RECYCLING | 10815832 | RECYCLING |
| | | | | 01/01/2017 01/31/2017 | 0 | |
| 333 | 05-391-000-0000-6259 | | 351.96 | STEWART OCC | 10815832 | RECYCLING |
| | | | | 01/01/2017 01/31/2017 | 0 | |
| 334 | 05-391-000-0000-6259 | | 703.92 | HALE RECYCLING | 10815832 | RECYCLING |
| | | | | 01/01/2017 01/31/2017 | 0 | |
| 335 | 05-391-000-0000-6259 | | 351.96 | HALE OCC | 10815832 | RECYCLING |
| | | | | 01/01/2017 01/31/2017 | 0 | |
| 336 | 05-391-000-0000-6259 | | 4,192.43 | GLENCOE RECYCLING | 10815832 | RECYCLING |
| | | | | 01/01/2017 01/31/2017 | 0 | |
| 337 | 05-391-000-0000-6259 | | 879.90 | BROWNTON RECYCLING | 10815832 | RECYCLING |
| | | | | 01/01/2017 01/31/2017 | 0 | |
| 338 | 05-391-000-0000-6259 | | 351.96 | BROWNTON OCC | 10815832 | RECYCLING |
| | | | | 01/01/2017 01/31/2017 | 0 | |

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



POOL
2/16/17 11:29AM
5 SOLID WASTE FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

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|------------|---|-------------|-----------|---|----------------------------|--|
| 339 | 05-391-000-0000-6259 | | 351.96 | HELEN RECYCLING 01/01/2017 01/31/2017 | 10815832 0 | RECYCLING |
| 340 | 05-391-000-0000-6259 | | 175.98 | HELEN OCC 01/01/2017 01/31/2017 | 10815832 0 | RECYCLING |
| 341 | 05-391-000-0000-6259 | | 175.98 | LAKE MARION RECYCLING 01/01/2017 01/31/2017 | 10815832 0 | RECYCLING |
| 342 | 05-391-000-0000-6259 | | 90.90 | FAIRGROUNDS RECYCLING 01/01/2017 01/31/2017 | 10815832 0 | RECYCLING |
| 343 | 05-391-000-0000-6258 | | 1,543.87 | COUNTY & SCHOOL COLLECTION 01/01/2017 01/31/2017 | 10815923 0 | SCHOOL RECYCLING |
| 353 | 05-391-000-0000-6258 | | 6.91 | VALET 1108 JEFFERSON 01/01/2017 01/31/2017 | 10815923 0 | SCHOOL RECYCLING |
| 383 | 05-391-000-0000-6258 | | 6.91 | VALET 851 MAIN 01/01/2017 01/31/2017 | 10815923 0 | SCHOOL RECYCLING |
| 4147 | WEST CENTRAL SANITATION INC | | 13,020.32 | 20 Transactions | | |
| 391 | DEPT Total: | | 21,273.25 | SOLID WASTE TIP FEE | 11 Vendors | 34 Transactions |
| 393 | DEPT | | | MATERIALS RECOVERY FACILITY | | |
| 2 | 593 BENNETT MATERIAL HANDLING 05-393-000-0000-6560 | | 771.68 | FL TIRES | 01S4433880 | REPAIR AND MAINTENANCE-EQUIPMENT |
| | 593 BENNETT MATERIAL HANDLING | | 771.68 | 1 Transactions | | |
| 7 | 8197 CENTRAL HYDRAULICS INC 05-393-000-0000-6560 | | 43.26 | REPLACEMENT HOSE-BOBCAT | 41269 | REPAIR AND MAINTENANCE-EQUIPMENT |
| | 8197 CENTRAL HYDRAULICS INC | | 43.26 | 1 Transactions | | |
| 42 | 651 COMMISSIONER OF REVENUE 05-393-000-0000-6269 | | 915.00 | JANUARY USE TAX | | CONTACTS |
| 43 | 05-393-000-0000-6350 | | 28.00 | JANUARY USE TAX | | OTHER SERVICES & CHARGES |
| 44 | 05-393-000-0000-6402 | | 1.00 | JANUARY USE TAX | | OFFICE SUPPLIES |
| 45 | 05-393-000-0000-6410 | | 35.00 | JANUARY USE TAX | | BUILDING AND SAFETY SUPPLIES |
| 46 | 05-393-000-0000-6560 | | 203.00 | JANUARY USE TAX | | REPAIR AND MAINTENANCE-EQUIPMENT |
| 47 | 05-393-000-0000-6561 | | 478.00 | JANUARY USE TAX | | REPAIR AND MAINTENANCE-OTHER |
| | 651 COMMISSIONER OF REVENUE | | 1,660.00 | 6 Transactions | | |
| 61 | 3168 ECO TECH 05-393-000-0000-6259 | | 805.46 | E-WASTE RECYCLING SOLID WASTE | | RECYCLING |

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



POOL
2/16/17 11:29AM
5 SOLID WASTE FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

| Vendor No. | Name Account/Formula | Rpt Accr | Amount | Warrant Description Service Dates | Invoice # Paid On Bhf # | Account/Formula Description On Behalf of Name |
|------------|---------------------------------|-------------|----------|--------------------------------------|----------------------------------|--|
| 3168 | ECO TECH | | 805.46 | | 1 Transactions | |
| 5050 | EMPLOYMENT PLUS OF WILLMAR INC | | | | | |
| 62 | 05-393-000-0000-6105 | | 32.00 | TEMP EMPLOYEE J NECAS | 40273 | SALARIES AND WAGES - FULL TIME |
| 63 | 05-393-000-0000-6105 | | 49.00 | TEMP EMPLOYEE J NECAS | 40276 | SALARIES AND WAGES - FULL TIME |
| 5050 | EMPLOYMENT PLUS OF WILLMAR INC | | 81.00 | | 2 Transactions | |
| 3755 | EYE MED | | | | | |
| 67 | 05-393-000-0000-2044 | | 28.44 | VISION PREMIUM 02/01/2017 | 02/28/2017 0 | VISION INSURANCE PAYABLE |
| 3755 | EYE MED | | 28.44 | | 1 Transactions | |
| 136 | HUTCHINSON CO-OP | | | | | |
| 94 | 05-393-000-0000-6350 | | 309.02 | DIESEL | 60384 | OTHER SERVICES & CHARGES |
| 93 | 05-393-000-0000-6350 | | 41.54 | GAS RED TRUCK | 639412 | OTHER SERVICES & CHARGES |
| 95 | 05-393-000-0000-6350 | | 134.53 | LP GAS | 713859 | OTHER SERVICES & CHARGES |
| 96 | 05-393-000-0000-6350 | | 228.49 | LP GAS | 717106 | OTHER SERVICES & CHARGES |
| 136 | HUTCHINSON CO-OP | | 713.58 | | 4 Transactions | |
| 32875 | HUTCHINSON UTILITIES COMMISSION | | | | | |
| 114 | 05-393-000-0000-6253 | | 3,305.79 | ELECTRIC 01/01/2017 | 410076-027482 01/31/2017 0 | ELECTRICITY |
| 117 | 05-393-000-0000-6255 | | 3,572.83 | GAS 01/01/2017 | 410076-027482 01/31/2017 0 | NATURAL GAS |
| 32875 | HUTCHINSON UTILITIES COMMISSION | | 6,878.62 | | 2 Transactions | |
| 6009 | INNOVATIVE OFFICE SOLUTIONS LLC | | | | | |
| 126 | 05-393-000-0000-6402 | | 13.44 | SUPPLIES | IN1491351 | OFFICE SUPPLIES |
| 127 | 05-393-000-0000-6402 | | 19.46 | OFFICE SUPPLIES | IN1495134 | OFFICE SUPPLIES |
| 128 | 05-393-000-0000-6402 | | 24.92 | SUPPLIES | IN1495135 | OFFICE SUPPLIES |
| 6009 | INNOVATIVE OFFICE SOLUTIONS LLC | | 57.82 | | 3 Transactions | |
| 6218 | KNIGHTS OF COLUMBUS | | | | | |
| 135 | 05-393-000-0000-6412 | | 181.03 | PAPER DRIVE-OCC | 1000320 | FIBER RECOVERY |
| 136 | 05-393-000-0000-6412 | | 108.62 | PAPER DRIVE-ONP | 1000320 | FIBER RECOVERY |
| 6218 | KNIGHTS OF COLUMBUS | | 289.65 | | 2 Transactions | |
| 664 | LENTSCH TRUCKING | | | | | |
| 140 | 05-393-000-0000-6269 | | 670.00 | RECYCLABLES PICKED UP | | CONTACTS |

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



POOL
2/16/17 11:29AM
5 SOLID WASTE FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

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|------------|-----------------------------------|-------------|----------|---------------------------------------|----------------------------|--|
| 141 | 05-393-000-0000-6269 | | 3,135.00 | RECYCLED MATL SHIPPING | | CONTACTS |
| 142 | 05-393-000-0000-6269 | | 255.00 | PAPER DRIVE | | CONTACTS |
| 664 | LENTSCH TRUCKING | | 4,060.00 | 3 Transactions | | |
| 1241 | MADISON NATIONAL LIFE INSURANCE C | | | | | |
| 165 | 05-393-000-0000-2041 | | 47.23 | STD PREMIUM 02/01/2017 02/28/2017 | 0 | SHORT TERM DISABILITY PAYABLE |
| 155 | 05-393-000-0000-2050 | | 21.48 | LTD PREMIUM 02/01/2017 02/28/2017 | 0 | LONG TERM DISABILITY PAYABLE |
| 1241 | MADISON NATIONAL LIFE INSURANCE C | | 68.71 | 2 Transactions | | |
| 1360 | MINNESOTA MUTUAL | | | | | |
| 221 | 05-393-000-0000-2049 | | 144.39 | LIFE PREMIUM 02/01/2017 02/28/2017 | 0 | LIFE INSURANCE PAYABLE |
| 1360 | MINNESOTA MUTUAL | | 144.39 | 1 Transactions | | |
| 2826 | S & S TRUCK & TRAILER REPAIR | | | | | |
| 252 | 05-393-000-0000-6560 | | 422.60 | GRAPPLE REPAIR | 1073 | REPAIR AND MAINTENANCE-EQUIPMENT |
| 251 | 05-393-000-0000-6560 | AP 4 | 913.16 | TRUCK REPAIR | 998 | REPAIR AND MAINTENANCE-EQUIPMENT |
| 2826 | S & S TRUCK & TRAILER REPAIR | | 1,335.76 | 2 Transactions | | |
| 1467 | ST JAMES LUTHERAN CHURCH | | | | | |
| 260 | 05-393-000-0000-6412 | | 41.22 | PAPER DRIVE-ONP | 1000318 | FIBER RECOVERY |
| 261 | 05-393-000-0000-6412 | | 68.70 | PAPER DRIVE-OCC | 1000318 | FIBER RECOVERY |
| 1467 | ST JAMES LUTHERAN CHURCH | | 109.92 | 2 Transactions | | |
| 331 | ST JOHNS LUTHERAN CHURCH | | | | | |
| 262 | 05-393-000-0000-6412 | | 132.02 | PAPER DRIVE-ONP | 1000319 | FIBER RECOVERY |
| 263 | 05-393-000-0000-6412 | | 220.03 | PAPER DRIVE-OCC | 1000319 | FIBER RECOVERY |
| 331 | ST JOHNS LUTHERAN CHURCH | | 352.05 | 2 Transactions | | |
| 6219 | ST JOHNS LUTHERAN SCHOOL | | | | | |
| 264 | 05-393-000-0000-6412 | | 395.22 | PAPER DRIVE-ONP | 1000321 | FIBER RECOVERY |
| 265 | 05-393-000-0000-6412 | | 175.00 | PAPER DRIVE-OCC | 1000321 | FIBER RECOVERY |
| 6219 | ST JOHNS LUTHERAN SCHOOL | | 570.22 | 2 Transactions | | |
| 4170 | WASTE MANAGEMENT OF WI MN | | | | | |
| 319 | 05-393-000-0000-6257 | | 311.74 | GLASS FIND DISPOSAL | 14225-1702-7 | SEWER, WATER AND GARBAGE REMOVAL |

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



POOL
2/16/17 11:29AM
5 SOLID WASTE FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

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|------------|-----------------------------|-------------|----------|--|----------------------------|--|
| 4170 | WASTE MANAGEMENT OF WI MN | | 311.74 | | 1 Transactions | |
| 4147 | WEST CENTRAL SANITATION INC | | | | | |
| 344 | 05-393-000-0000-6259 | | 30.80 | RURAL RDU COLLECTION 01/01/2017 01/31/2017 | 10815923 0 | RECYCLING |
| 345 | 05-393-000-0000-6259 | | 138.60 | BISCAY COLLECTION 01/01/2017 01/31/2017 | 10815923 0 | RECYCLING |
| 346 | 05-393-000-0000-6259 | | 973.28 | BROWNTON COLLECTION 01/01/2017 01/31/2017 | 10815923 0 | RECYCLING |
| 347 | 05-393-000-0000-6259 | | 72.24 | BROWNTON MUD COLLECTION 01/01/2017 01/31/2017 | 10815923 0 | RECYCLING |
| 348 | 05-393-000-0000-6259 | | 6,889.96 | GLENCOE COLLECTION 01/01/2017 01/31/2017 | 10815923 0 | RECYCLING |
| 349 | 05-393-000-0000-6259 | | 281.22 | GLENCOE MUD COLLECTION 01/01/2017 01/31/2017 | 10815923 0 | RECYCLING |
| 354 | 05-393-000-0000-6259 | | 6.91 | VALET 1119 LEWIS 01/01/2017 01/31/2017 | 10815923 0 | RECYCLING |
| 355 | 05-393-000-0000-6259 | | 6.91 | VALET 1023 LEWIS 01/01/2017 01/31/2017 | 10815923 0 | RECYCLING |
| 356 | 05-393-000-0000-6259 | | 13.82 | VALET 1127 LEWIS 01/01/2017 01/31/2017 | 10815923 0 | RECYCLING |
| 357 | 05-393-000-0000-6259 | | 6.91 | VALET 1169 OAKWOOD 01/01/2017 01/31/2017 | 10815923 0 | RECYCLING |
| 358 | 05-393-000-0000-6259 | | 6.91 | VALET 1123 BRADFORD 01/01/2017 01/31/2017 | 10815923 0 | RECYCLING |
| 359 | 05-393-000-0000-6259 | | 6.91 | VALET 1129 BRADFORD 01/01/2017 01/31/2017 | 10815923 0 | RECYCLING |
| 360 | 05-393-000-0000-6259 | | 6.91 | VALET 132 COLLEGE 01/01/2017 01/31/2017 | 10815923 0 | RECYCLING |
| 361 | 05-393-000-0000-6259 | | 6.91 | VALET 168 FLORIDA 01/01/2017 01/31/2017 | 10815923 0 | RECYCLING |
| 362 | 05-393-000-0000-6259 | | 6.91 | VALET 177 4TH 01/01/2017 01/31/2017 | 10815923 0 | RECYCLING |
| 363 | 05-393-000-0000-6259 | | 6.91 | VALET 201 4TH 01/01/2017 01/31/2017 | 10815923 0 | RECYCLING |
| 364 | 05-393-000-0000-6259 | | 6.91 | VALET 266 1ST AVE 01/01/2017 01/31/2017 | 10815923 0 | RECYCLING |
| 365 | 05-393-000-0000-6259 | | 6.91 | VALET 325 WASHINGTON 01/01/2017 01/31/2017 | 10815923 0 | RECYCLING |



POOL
2/16/17 11:29AM
5 SOLID WASTE FUND

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|------------|----------------------|----------|--------|---|-------------------------|---|
| 366 | 05-393-000-0000-6259 | | 6.91 | VALET 332 HWY 7 01/01/2017 01/31/2017 | 10815923 0 | RECYCLING |
| 367 | 05-393-000-0000-6259 | | 6.91 | VALET 336 HWY 7 01/01/2017 01/31/2017 | 10815923 0 | RECYCLING |
| 368 | 05-393-000-0000-6259 | | 6.91 | VALET 352 SCHOOL 01/01/2017 01/31/2017 | 10815923 0 | RECYCLING |
| 369 | 05-393-000-0000-6259 | | 6.91 | VALET 362 SCHOOL 01/01/2017 01/31/2017 | 10815923 0 | RECYCLING |
| 370 | 05-393-000-0000-6259 | | 6.91 | VALET 384 LARSON 01/01/2017 01/31/2017 | 10815923 0 | RECYCLING |
| 371 | 05-393-000-0000-6259 | | 6.91 | VALET 420 GROVE 01/01/2017 01/31/2017 | 10815923 0 | RECYCLING |
| 372 | 05-393-000-0000-6259 | | 6.91 | VALET 430 GROVE 01/01/2017 01/31/2017 | 10815923 0 | RECYCLING |
| 373 | 05-393-000-0000-6259 | | 6.91 | VALET 435 WASHINGTON 01/01/2017 01/31/2017 | 10815923 0 | RECYCLING |
| 374 | 05-393-000-0000-6259 | | 6.91 | VALET 450 DALE 01/01/2017 01/31/2017 | 10815923 0 | RECYCLING |
| 375 | 05-393-000-0000-6259 | | 6.91 | VALET 456 SHADY 01/01/2017 01/31/2017 | 10815923 0 | RECYCLING |
| 376 | 05-393-000-0000-6259 | | 6.91 | VALET 510 MONROE 01/01/2017 01/31/2017 | 10815923 0 | RECYCLING |
| 377 | 05-393-000-0000-6259 | | 6.91 | VALET 512 KAY 01/01/2017 01/31/2017 | 10815923 0 | RECYCLING |
| 378 | 05-393-000-0000-6259 | | 6.91 | VALET 539 HURON 01/01/2017 01/31/2017 | 10815923 0 | RECYCLING |
| 379 | 05-393-000-0000-6259 | | 13.82 | VALET 546 SCHOOL 01/01/2017 01/31/2017 | 10815923 0 | RECYCLING |
| 380 | 05-393-000-0000-6259 | | 6.91 | VALET 556 LYNN 01/01/2017 01/31/2017 | 10815923 0 | RECYCLING |
| 381 | 05-393-000-0000-6259 | | 6.91 | VALET 561 GLEN 01/01/2017 01/31/2017 | 10815923 0 | RECYCLING |
| 382 | 05-393-000-0000-6259 | | 6.91 | VALET 656 JUUL 01/01/2017 01/31/2017 | 10815923 0 | RECYCLING |
| 384 | 05-393-000-0000-6259 | | 6.91 | VALET 926 HASSAN 01/01/2017 01/31/2017 | 10815923 0 | RECYCLING |
| 385 | 05-393-000-0000-6259 | | 6.91 | VALET 968 HAYDEN 01/01/2017 01/31/2017 | 10815923 0 | RECYCLING |
| 386 | 05-393-000-0000-6259 | | 6.91 | VALET 1005 PRAIRIE | 10815923 | RECYCLING |

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



POOL
2/16/17 11:29AM
5 SOLID WASTE FUND

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|------------|-------------------------------------|-------------|-----------|--|----------------------------|--|
| 387 | 05-393-000-0000-6259 | | 6.91 | 01/01/2017 01/31/2017 VALET 168 HAYDEN | 0 10815923 | RECYCLING |
| 388 | 05-393-000-0000-6259 | | 6.91 | 01/01/2017 01/31/2017 VALET 495 OTTER | 0 10815923 | RECYCLING |
| 389 | 05-393-000-0000-6259 | | 2,060.52 | 01/01/2017 01/31/2017 LESTER PRAIRIE COLLECTION | 0 10815923 | RECYCLING |
| 390 | 05-393-000-0000-6259 | | 10.32 | 01/01/2017 01/31/2017 LESTER PRAIRIE MUD COLLECTION | 0 10815923 | RECYCLING |
| 391 | 05-393-000-0000-6259 | | 6.91 | 01/01/2017 01/31/2017 VALET 200 JUNIPER | 0 10815923 | RECYCLING |
| 392 | 05-393-000-0000-6259 | | 437.36 | 01/01/2017 01/31/2017 PLATO COLLECTION | 0 10815923 | RECYCLING |
| 393 | 05-393-000-0000-6259 | | 13.82 | 01/01/2017 01/31/2017 VALET 8 & 16 MCLEOD | 0 10815923 | RECYCLING |
| 394 | 05-393-000-0000-6259 | | 1,096.48 | 01/01/2017 01/31/2017 SILVER LAKE COLLECTION | 0 10815923 | RECYCLING |
| 395 | 05-393-000-0000-6259 | | 61.92 | 01/01/2017 01/31/2017 SILVER LAKE MUD COLLECTION | 0 10815923 | RECYCLING |
| 396 | 05-393-000-0000-6259 | | 6.91 | 01/01/2017 01/31/2017 VALET 313 GROVE | 0 10815923 | RECYCLING |
| 397 | 05-393-000-0000-6259 | | 714.56 | 01/01/2017 01/31/2017 STEWART COLLECTION | 0 10815923 | RECYCLING |
| 398 | 05-393-000-0000-6259 | | 2,885.96 | 01/01/2017 01/31/2017 WINSTED COLLECTION | 0 10815923 | RECYCLING |
| 399 | 05-393-000-0000-6259 | | 103.20 | 01/01/2017 01/31/2017 WINSTED MUD COLLECTION | 0 10815923 | RECYCLING |
| 350 | 05-393-000-0000-6269 | | 6.91 | 01/01/2017 01/31/2017 VALET 1609 KNIGHT | 0 10815923 | CONTACTS |
| 351 | 05-393-000-0000-6269 | | 18,319.84 | 01/01/2017 01/31/2017 HUTCHINSON COLLECTION | 0 10815923 | CONTACTS |
| 352 | 05-393-000-0000-6269 | | 3,384.96 | 01/01/2017 01/31/2017 HUTCHINSON MUD COLLECTION | 0 10815923 | CONTACTS |
| 4147 | WEST CENTRAL SANITATION INC | | 37,744.53 | 01/01/2017 01/31/2017 54 Transactions | 0 | |
| 393 | DEPT Total: | | 56,026.83 | MATERIALS RECOVERY FACILITY | 19 Vendors | 92 Transactions |
| 397 | DEPT 651 COMMISSIONER OF REVENUE | | | HOUSEHOLD HAZARDOUS WASTE | | |

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



POOL
2/16/17 11:29AM
5 SOLID WASTE FUND

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|------------|-------------|---|----------|------------------|---------------------------|---------------|--|--|
| 48 | 651 | 05-397-000-0000-6269 COMMISSIONER OF REVENUE | | 584.00 584.00 | JANUARY USE TAX | | | CONTRACTS |
| | 3755 | EYE MED | | | | | 1 Transactions | |
| 68 | | 05-397-000-0000-2044 | | 5.20 | VISION PREMIUM | | | VISION INSURANCE PAYABLE |
| | 3755 | EYE MED | | 5.20 | | 02/01/2017 | 02/28/2017 1 Transactions | |
| 116 | 32875 | HUTCHINSON UTILITIES COMMISSION 05-397-000-0000-6253 | | 697.31 | ELECTRIC | | 410076-027482 0 | ELECTRICITY |
| 119 | | 05-397-000-0000-6255 | | 753.64 | GAS | | 410076-027482 0 | NATURAL GAS |
| | 32875 | HUTCHINSON UTILITIES COMMISSION | | 1,450.95 | | | 01/01/2017 01/31/2017 2 Transactions | |
| 166 | 1241 | MADISON NATIONAL LIFE INSURANCE C 05-397-000-0000-2041 | | 39.50 | STD PREMIUM | | | SHORT TERM DISABILITY PAYABLE |
| | | | | | | 02/01/2017 | 02/28/2017 0 | |
| 156 | | 05-397-000-0000-2050 | | 9.90 | LTD PREMIUM | | | LONG TERM DISABILITY PAYABLE |
| | 1241 | MADISON NATIONAL LIFE INSURANCE C | | 49.40 | | | 02/01/2017 02/28/2017 2 Transactions | |
| 213 | 3028 | MINNESOTA CHILD SUPPORT PAYMENT 05-397-000-0000-2056 | | 265.80 | CHILD SUPPORT | | 001492611501 0 | CHILD SUPPORT GARNISHMENT PAYABLE |
| | | | | | | 01/22/2017 | 02/04/2017 1 Transactions | |
| 222 | 1360 | MINNESOTA MUTUAL 05-397-000-0000-2049 | | 18.30 | LIFE PREMIUM | | | LIFE INSURANCE PAYABLE |
| | | | | | | 02/01/2017 | 02/28/2017 1 Transactions | |
| 397 | | DEPT Total: | | 2,373.65 | HOUSEHOLD HAZARDOUS WASTE | | 6 Vendors | 8 Transactions |
| 5 | | Fund Total: | | 79,673.73 | SOLID WASTE FUND | | | 134 Transactions |

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



POOL
2/16/17 11:29AM
11 HUMAN SERVICE FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

| Vendor No. | Vendor Name | Account/Formula | Rpt Accr | Amount | Warrant Description | Service Dates | Invoice # Paid On Bhf # | Account/Formula Description On Behalf of Name |
|------------|--|----------------------|----------|--------|-----------------------|-----------------------|----------------------------|--|
| 420 | DEPT | | | | INCOME MAINTENANCE | | | |
| 69 | 3755 EYE MED | 11-420-000-0000-2044 | | 48.31 | VISION PREMIUM | 02/01/2017 02/28/2017 | 0 | VISION INSURANCE PAYABLE |
| | 3755 EYE MED | | | 48.31 | | 1 Transactions | | |
| 74 | 576 FINKEN WATER CENTERS | 11-420-600-0010-6321 | | 11.10 | WATER COOLER RENTAL | 02/01/2017 02/28/2017 | 4393792 | MAINTNENACE AGREEMENTS |
| | 576 FINKEN WATER CENTERS | | | 11.10 | | 1 Transactions | 0 | |
| 130 | 6009 INNOVATIVE OFFICE SOLUTIONS LLC | 11-420-640-0010-6402 | | 52.15 | PEN & GLUE STICK | | IN1493402 | Office Supplies |
| | 6009 INNOVATIVE OFFICE SOLUTIONS LLC | | | 52.15 | | 1 Transactions | | |
| 167 | 1241 MADISON NATIONAL LIFE INSURANCE C | 11-420-000-0000-2041 | | 269.25 | STD PREMIUM | 02/01/2017 02/28/2017 | 0 | SHORT TERM DISABILITY PAYABLE |
| 157 | 11-420-000-0000-2050 | | | 167.83 | LTD PREMIUM | 02/01/2017 02/28/2017 | 0 | LONG TERM DISABILITY PAYABLE |
| | 1241 MADISON NATIONAL LIFE INSURANCE C | | | 437.08 | | 2 Transactions | | |
| 206 | 1857 METRO SALES INC | 11-420-600-0010-6321 | | 87.21 | RICOH/MP 6002SP | | INV722232 | MAINTNENACE AGREEMENTS |
| | 1857 METRO SALES INC | | | 87.21 | | 1 Transactions | | |
| 223 | 1360 MINNESOTA MUTUAL | 11-420-000-0000-2049 | | 180.76 | LIFE PREMIUM | 02/01/2017 02/28/2017 | 0 | LIFE INSURANCE PAYABLE |
| | 1360 MINNESOTA MUTUAL | | | 180.76 | | 1 Transactions | | |
| 259 | 63420 SPEE DEE DELIVERY | 11-420-600-0010-6203 | | 32.13 | SPEEDEE CHARGES | | INV#3218550 | COMMUNICATIONS/POSTAGE |
| | 63420 SPEE DEE DELIVERY | | | 32.13 | | 1 Transactions | | |
| 294 | 6412 VERIZON WIRELESS | 11-420-600-0010-6203 | | 149.60 | CELL PHONE USE | 02/03/2017 03/02/2017 | 58374352-00001 | COMMUNICATIONS/POSTAGE |
| | 6412 VERIZON WIRELESS | | | 149.60 | | 0 | | |
| 307 | 11-420-600-0010-6203 | | | 7.70- | CELL PHONE USE CREDIT | | 58374352-00001 | COMMUNICATIONS/POSTAGE |

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



POOL
2/16/17 11:29AM
11 HUMAN SERVICE FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

| Vendor No. | Name Account/Formula | Rpt Accr | Amount | Warrant Description Service Dates | Invoice # Paid On Bhf # | Account/Formula Description On Behalf of Name |
|------------|-----------------------------------|-------------|-----------|---|----------------------------|--|
| 6412 | VERIZON WIRELESS | | 141.90 | 02/03/2017 03/02/2017 2 Transactions | 0 | |
| 420 | DEPT Total: | | 990.64 | INCOME MAINTENANCE | 8 Vendors | 10 Transactions |
| 430 | DEPT | | | INDIVIDUAL AND FAMILY SOCIAL SERVI | | |
| 3755 | EYE MED | | | | | |
| 70 | 11-430-000-0000-2044 | | 182.93 | VISION PREMIUM | | Vison Insurance Payable |
| | | | | 02/01/2017 02/28/2017 1 Transactions | 0 | |
| 3755 | EYE MED | | 182.93 | | | |
| 576 | FINKEN WATER CENTERS | | | | | |
| 74 | 11-430-700-0010-6321 | | 25.90 | WATER COOLER RENTAL | 4393792 | Maintenance Agreements |
| | | | | 02/01/2017 02/28/2017 1 Transactions | 0 | |
| 576 | FINKEN WATER CENTERS | | 25.90 | | | |
| 91 | FRANKLIN PRINTING INC | | | | | |
| 75 | 11-430-700-0010-6402 | | 143.18 | AUTHORIZATION DHS 3377 | 170103 | Office Supplies |
| | 91 FRANKLIN PRINTING INC | | 143.18 | | 1 Transactions | |
| 1241 | MADISON NATIONAL LIFE INSURANCE C | | | | | |
| 168 | 11-430-000-0000-2041 | | 1,168.32 | STD PREMIUM | | Short Term Disability Payable |
| | | | | 02/01/2017 02/28/2017 0 | | |
| 158 | 11-430-000-0000-2050 | | 391.45 | LTD PREMIUM | | Long Term Disability Payable |
| | | | | 02/01/2017 02/28/2017 2 Transactions | 0 | |
| 1241 | MADISON NATIONAL LIFE INSURANCE C | | 1,559.77 | | | |
| 3028 | MINNESOTA CHILD SUPPORT PAYMENT | | | | | |
| 214 | 11-430-000-0000-2056 | | 276.88 | CHILD SUPPORT | 001486828601 | Child Support Garnishment Payable |
| | | | | 01/22/2017 02/04/2017 1 Transactions | 0 | |
| 3028 | MINNESOTA CHILD SUPPORT PAYMENT | | 276.88 | | | |
| 1360 | MINNESOTA MUTUAL | | | | | |
| 224 | 11-430-000-0000-2049 | | 1,657.75 | LIFE PREMIUM | | Life Insurance Payable |
| | | | | 02/01/2017 02/28/2017 1 Transactions | 0 | |
| 1360 | MINNESOTA MUTUAL | | 1,657.75 | | | |
| 3351 | NORTHLAND BUSINESS SYSTEMS | | | | | |
| 234 | 11-430-709-0008-6359 | | 21,158.00 | LIBERTY RM SYSTEM & VIDEO MAINT | IN21697 | CWTCM Dedicated |

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



POOL
2/16/17 11:29AM
11 HUMAN SERVICE FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

| Vendor No. | Name Account/Formula | Rpt Accr | Amount | Warrant Description Service Dates | Invoice # Paid On Bhf # | Account/Formula Description On Behalf of Name |
|------------|----------------------------|-------------|-----------|--------------------------------------|----------------------------|--|
| 3351 | NORTHLAND BUSINESS SYSTEMS | | 21,158.00 | | 1 Transactions | |
| 3770 | NOW MIRCO INC | | | | | |
| 236 | 11-430-709-0008-6359 | | 1,143.00 | COMPUTER & HEADPHONES | INV#366745 | CWTCM Dedicated |
| 3770 | NOW MIRCO INC | | 1,143.00 | | 1 Transactions | |
| 63420 | SPEE DEE DELIVERY | | | | | |
| 259 | 11-430-700-0010-6203 | | 74.98 | SPEEDEE CHARGES | INV#3218550 | Communications/Postage |
| 63420 | SPEE DEE DELIVERY | | 74.98 | | 1 Transactions | |
| 6412 | VERIZON WIRELESS | | | | | |
| 295 | 11-430-700-0010-6203 | | 349.06 | CELL PHONE USE | 58374352-00001 | Communications/Postage |
| | | | | 02/03/2017 03/02/2017 | 0 | |
| 308 | 11-430-700-0010-6203 | | 7.71- | CELL PHONE USE CREDIT | 58374352-00001 | Communications/Postage |
| | | | | 02/03/2017 03/02/2017 | 0 | |
| 6412 | VERIZON WIRELESS | | 341.35 | | 2 Transactions | |
| 430 | DEPT Total: | | 26,563.74 | INDIVIDUAL AND FAMILY SOCIAL SER | 10 Vendors | 12 Transactions |
| 11 | Fund Total: | | 27,554.38 | HUMAN SERVICE FUND | | 22 Transactions |

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



POOL
2/16/17 11:29AM
25 SPECIAL REVENUE FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

| Vendor Name | Rpt | Warrant Description | Invoice # | Account/Formula Description |
|--------------------------------------|------|---------------------|----------------|-----------------------------|
| No. Account/Formula | Accr | Amount | Service Dates | On Behalf of Name |
| | | | Paid On Bhf # | |
| 15 DEPT | | | | |
| 3408 RELX INC | | | | |
| 249 25-015-000-0000-6451 | | 359.00 | 3090836224 | Books |
| | | | 0 | |
| 3408 RELX INC | | 359.00 | 1 Transactions | |
| 15 DEPT Total: | | 359.00 | 1 Vendors | 1 Transactions |
| 205 DEPT | | | | |
| 3767 SCHULTE/ JOSHUA RICHARD | | | | |
| 253 25-205-000-0000-6810 | | 20.00 | | REFUNDS AND REIMBURSEMENTS |
| 3767 SCHULTE/ JOSHUA RICHARD | | 20.00 | 1 Transactions | |
| 205 DEPT Total: | | 20.00 | 1 Vendors | 1 Transactions |
| 255 DEPT | | | | |
| 977 MIDWEST MONITORING & SURVEILLANC | | | | |
| 207 25-255-000-0000-6350 | | 69.50 | | Other Services & Charges |
| 977 MIDWEST MONITORING & SURVEILLANC | | 69.50 | 1 Transactions | |
| 255 DEPT Total: | | 69.50 | 1 Vendors | 1 Transactions |
| 612 DEPT | | | | |
| 1360 MINNESOTA MUTUAL | | | | |
| 225 25-612-000-0000-2049 | | 0.12 | | Life Insurance Payable |
| | | | 0 | |
| 1360 MINNESOTA MUTUAL | | 0.12 | 1 Transactions | |
| 612 DEPT Total: | | 0.12 | 1 Vendors | 1 Transactions |
| 613 DEPT | | | | |
| 1360 MINNESOTA MUTUAL | | | | |
| 226 25-613-000-0000-2049 | | 0.50 | | Life Insurance Payable |
| | | | 0 | |
| 1360 MINNESOTA MUTUAL | | 0.50 | 1 Transactions | |

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



POOL
2/16/17 11:29AM
25 SPECIAL REVENUE FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

| Vendor Name | Rpt | Warrant Description | Invoice # | Account/Formula Description |
|--------------------------|------|---------------------|---|-----------------------------|
| No. Account/Formula | Accr | Amount | Service Dates | On Behalf of Name |
| | | | Paid On Bhf # | |
| 613 DEPT Total: | | 0.50 | 1 Vendors | 1 Transactions |
| 694 DEPT | | | | |
| 4917 CITY OF GLENCOE | | | | |
| 13 25-694-000-0000-6243 | | 75.00 | | PUBLIC EDUCATION |
| 4917 CITY OF GLENCOE | | 75.00 | 1 Transactions | |
| 1475 CROW | | | | |
| 50 25-694-000-0000-6243 | | 3,500.00 | | PUBLIC EDUCATION |
| 51 25-694-000-0000-6243 | | 6,592.50 | | PUBLIC EDUCATION |
| 1475 CROW | | 10,092.50 | 2 Transactions | |
| 694 DEPT Total: | | 10,167.50 | 2 Vendors | 3 Transactions |
| 886 DEPT | | | | |
| 1360 MINNESOTA MUTUAL | | | | |
| 227 25-886-000-0000-2049 | | 2.52 | | Life Insurance Payable |
| 1360 MINNESOTA MUTUAL | | 2.52 | 02/01/2017 02/28/2017 1 Transactions | |
| 886 DEPT Total: | | 2.52 | 1 Vendors | 1 Transactions |
| 25 Fund Total: | | 10,619.14 | | 9 Transactions |

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



POOL
2/16/17 11:29AM
82 COMMUNITY HEALTH SER

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

| Vendor No. | Name Account/Formula | Rpt Accr | Amount | Warrant Description Service Dates | Invoice # Paid On Bhf # | Account/Formula Description On Behalf of Name |
|------------|-----------------------------------|-------------|--------|---|----------------------------|--|
| 848 | DEPT | | | WIC PEER GRANT | | |
| 3433 | DOHERTY STAFFING SOLUTIONS | | | | | |
| 59 | 82-848-000-0000-6265 | | 940.68 | STAFFING SERVICES WIC PEER | 116640 | PROFESSIONAL SERVICES |
| 3433 | DOHERTY STAFFING SOLUTIONS | | 940.68 | 1 Transactions | | |
| 3755 | EYE MED | | | | | |
| 71 | 82-848-000-0000-2044 | | 0.60 | VISION PREMIUM 02/01/2017 02/28/2017 | 0 | VISION INSURANCE PAYABLE |
| 3755 | EYE MED | | 0.60 | 1 Transactions | | |
| 1241 | MADISON NATIONAL LIFE INSURANCE C | | | | | |
| 159 | 82-848-000-0000-2050 | | 1.24 | LTD PREMIUM 02/01/2017 02/28/2017 | 0 | LONG TERM DISABILITY PAYABLE |
| 1241 | MADISON NATIONAL LIFE INSURANCE C | | 1.24 | 1 Transactions | | |
| 1360 | MINNESOTA MUTUAL | | | | | |
| 228 | 82-848-000-0000-2049 | | 0.58 | LIFE PREMIUM 02/01/2017 02/28/2017 | 0 | LIFE INSURANCE PAYABLE |
| 1360 | MINNESOTA MUTUAL | | 0.58 | 1 Transactions | | |
| 848 | DEPT Total: | | 943.10 | WIC PEER GRANT | 4 Vendors | 4 Transactions |
| 852 | DEPT | | | PROJECT HARMONY GRANT | | |
| 2589 | SHI INTERNATIONAL CORP | | | | | |
| 255 | 82-852-000-0000-6612 | | 940.00 | NOTEBOOK COMPUTER | B06076371 | Captial - \$100-\$5,000 (Inventory) |
| 2589 | SHI INTERNATIONAL CORP | | 940.00 | 1 Transactions | | |
| 852 | DEPT Total: | | 940.00 | PROJECT HARMONY GRANT | 1 Vendors | 1 Transactions |
| 853 | DEPT | | | LOCAL PUBLIC HEALTH GRANT | | |
| 1241 | MADISON NATIONAL LIFE INSURANCE C | | | | | |
| 169 | 82-853-000-0000-2041 | | 46.40 | STD PREMIUM 02/01/2017 02/28/2017 | 0 | SHORT TERM DISABILITY PAYABLE |
| 160 | 82-853-000-0000-2050 | | 30.80 | LTD PREMIUM 02/01/2017 02/28/2017 | 0 | LONG TERM DISABILITY PAYABLE |
| 1241 | MADISON NATIONAL LIFE INSURANCE C | | 77.20 | 2 Transactions | | |
| 1360 | MINNESOTA MUTUAL | | | | | |

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



POOL
2/16/17 11:29AM
82 COMMUNITY HEALTH SER

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

| Vendor No. | Name Account/Formula | Rpt Accr | Amount | Warrant Description Service Dates | Invoice # Paid On Bhf # | Account/Formula Description On Behalf of Name |
|------------|--|----------|--------|--|-------------------------|---|
| 229 | 82-853-000-0000-2049 | | 80.67 | LIFE PREMIUM 02/01/2017 02/28/2017 | 0 | LIFE INSURANCE PAYABLE |
| 1360 | MINNESOTA MUTUAL | | 80.67 | 1 Transactions | | |
| 315 | 6412 VERIZON WIRELESS 82-853-000-0000-6203 | | 35.01 | 1 AIRCARD CHARGES (CHS) 02/03/2017 03/02/2017 | 9779685239 0 | COMMUNICATIONS |
| 6412 | VERIZON WIRELESS | | 35.01 | 1 Transactions | | |
| 853 | DEPT Total: | | 192.88 | LOCAL PUBLIC HEALTH GRANT | 3 Vendors | 4 Transactions |
| 854 | DEPT | | | WIC | | |
| 72 | 3755 EYE MED 82-854-000-0000-2044 | | 9.80 | VISION PREMIUM 02/01/2017 02/28/2017 | 0 | VISION INSURANCE PAYABLE |
| 3755 | EYE MED | | 9.80 | 1 Transactions | | |
| 170 | 1241 MADISON NATIONAL LIFE INSURANCE C 82-854-000-0000-2041 | | 43.46 | STD PREMIUM 02/01/2017 02/28/2017 | 0 | SHORT TERM DISABILITY PAYABLE |
| 161 | 82-854-000-0000-2050 | | 21.72 | LTD PREMIUM 02/01/2017 02/28/2017 | 0 | LONG TERM DISABILITY PAYABLE |
| 1241 | MADISON NATIONAL LIFE INSURANCE C | | 65.18 | 2 Transactions | | |
| 230 | 1360 MINNESOTA MUTUAL 82-854-000-0000-2049 | | 14.22 | LIFE PREMIUM 02/01/2017 02/28/2017 | 0 | LIFE INSURANCE PAYABLE |
| 1360 | MINNESOTA MUTUAL | | 14.22 | 1 Transactions | | |
| 316 | 6412 VERIZON WIRELESS 82-854-000-0000-6203 | | 35.01 | AIRCARD CHARGES (CHS WIC) 02/03/2017 03/02/2017 | 9779685239 0 | COMMUNICATIONS |
| 6412 | VERIZON WIRELESS | | 35.01 | 1 Transactions | | |
| 854 | DEPT Total: | | 124.21 | WIC | 4 Vendors | 5 Transactions |
| 856 | DEPT | | | FPSP | | |
| 222 | MEEKER COUNTY TREASURER | | | | | |

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



POOL
2/16/17 11:29AM
82 COMMUNITY HEALTH SER

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

| Vendor | Name | Rpt | Warrant Description | Invoice # | Account/Formula Description |
|--------|--|-------|----------------------------------|----------------|--------------------------------|
| No. | Account/Formula | Accr | Service Dates | Paid On Bhf # | On Behalf of Name |
| 201 | 82-856-000-0000-6858 | DTG 6 | 4TH QTR FPSP 2016 | | Fpsp |
| | 222 MEEKER COUNTY TREASURER | | | 1 Transactions | |
| | 314 SIBLEY COUNTY TREASURER | | | | |
| 257 | 82-856-000-0000-6858 | DTG 6 | 4TH QTR FPSP 2016 | | Fpsp |
| | 314 SIBLEY COUNTY TREASURER | | | 1 Transactions | |
| 856 | DEPT Total: | | 8,567.12 FPSP | 2 Vendors | 2 Transactions |
| 857 | DEPT | | HEALTHY HOMES | | |
| | 222 MEEKER COUNTY TREASURER | | | | |
| 202 | 82-857-000-0000-6850 | DTG 6 | 4TH QTR HEALTHY HOMES 2016 | | Collections For Other Agencies |
| | 222 MEEKER COUNTY TREASURER | | | 1 Transactions | |
| | 314 SIBLEY COUNTY TREASURER | | | | |
| 256 | 82-857-000-0000-6850 | DTG 6 | 4TH QTR 2016 HEALTHLY HOMES | | Collections For Other Agencies |
| | 314 SIBLEY COUNTY TREASURER | | | 1 Transactions | |
| 857 | DEPT Total: | | 8,623.48 HEALTHY HOMES | 2 Vendors | 2 Transactions |
| 862 | DEPT | | SHIP | | |
| | 1993 JOANNE MOZE LLC | | | | |
| 132 | 82-862-000-0000-6265 | | SHIP EVALUATION SERVICES | | Professional Services |
| | 1993 JOANNE MOZE LLC | | | 1 Transactions | |
| 862 | DEPT Total: | | 3,262.50 SHIP | 1 Vendors | 1 Transactions |
| 866 | DEPT | | EMERGENCY PREPAREDNESS TO BIOTER | | |
| | 3755 EYE MED | | | | |
| 73 | 82-866-000-0000-2044 | | VISION PREMIUM | | VISION INSURANCE PAYABLE |
| | | 9.88 | 02/01/2017 02/28/2017 | 0 | |
| | 3755 EYE MED | | | 1 Transactions | |
| | 1241 MADISON NATIONAL LIFE INSURANCE C | | | | |
| 171 | 82-866-000-0000-2041 | | STD PREMIUM | | SHORT TERM DISABILITY PAYABLE |
| | | 45.50 | 02/01/2017 02/28/2017 | 0 | |
| | 1241 MADISON NATIONAL LIFE INSURANCE C | | | 1 Transactions | |

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



POOL
2/16/17 11:29AM
82 COMMUNITY HEALTH SER

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

| Vendor No. | Vendor Name | Account/Formula | Rpt Accr | Amount | Warrant Description | Service Dates | Invoice # | Paid On Bhf # | Account/Formula Description | On Behalf of Name |
|------------|-------------|----------------------|----------|-----------|---------------------------------|---------------|----------------|---------------|-----------------------------|-------------------|
| 231 | 1360 | MINNESOTA MUTUAL | | 25.06 | LIFE PREMIUM | 02/01/2017 | 02/28/2017 | 0 | LIFE INSURANCE PAYABLE | |
| | | 82-866-000-0000-2049 | | | | | | | | |
| | 1360 | MINNESOTA MUTUAL | | 25.06 | | | 1 Transactions | | | |
| 298 | 6412 | VERIZON WIRELESS | | 51.31 | CELL PHONE USE | 02/03/2017 | 03/02/2017 | 0 | COMMUNICATIONS | |
| | | 82-866-000-0000-6203 | | | | | | | | |
| 310 | | 82-866-000-0000-6203 | | 7.69- | CELL PHONE USE CREDIT | 02/03/2017 | 03/02/2017 | 0 | COMMUNICATIONS | |
| 314 | | 82-866-000-0000-6203 | | 35.01 | 1 AIRCARD CHARGES (EP) | 02/03/2017 | 03/02/2017 | 0 | COMMUNICATIONS | |
| | 6412 | VERIZON WIRELESS | | 78.63 | | | 3 Transactions | | | |
| 866 | DEPT Total: | | | 159.07 | EMERGENCY PREPAREDNESS TO BIOTI | | 4 Vendors | | | 6 Transactions |
| 82 | Fund Total: | | | 22,812.36 | COMMUNITY HEALTH SERVICE | | | | | 25 Transactions |

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



POOL
2/16/17 11:29AM
86 TRUST & AGENCY FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

| Vendor No. | Name Account/Formula | Rpt Accr | Amount | Warrant Description Service Dates | Invoice # Paid On Bhf # | Account/Formula Description On Behalf of Name |
|------------|---------------------------------|----------|-----------|-----------------------------------|-------------------------|---|
| 833 | DEPT | | | MORTGAGE REGISTRY TAX | | |
| 1004 | MINNESOTA DEPARTMENT OF REVENUE | | | | | |
| 215 | 86-833-000-0000-6850 | | 29,206.17 | JANUARY MTG REG | | Collections For Other Agencies |
| 1004 | MINNESOTA DEPARTMENT OF REVENUE | | 29,206.17 | 1 Transactions | | |
| 833 | DEPT Total: | | 29,206.17 | MORTGAGE REGISTRY TAX | 1 Vendors | 1 Transactions |
| 834 | DEPT | | | DEED TAX | | |
| 1004 | MINNESOTA DEPARTMENT OF REVENUE | | | | | |
| 216 | 86-834-000-0000-6850 | | 27,573.62 | JANUARY DEED TAX | | Collections For Other Agencies |
| 1004 | MINNESOTA DEPARTMENT OF REVENUE | | 27,573.62 | 1 Transactions | | |
| 834 | DEPT Total: | | 27,573.62 | DEED TAX | 1 Vendors | 1 Transactions |
| 935 | DEPT | | | REAL ESTATE ASSURANCE-REGISTERED | | |
| 3411 | COMMISSIONER OF FINANCE | | | | | |
| 15 | 86-935-000-0000-6850 | | 121.50 | REGISTERED LAND | | Collections For Other Agencies |
| | | | | 01/01/2017 01/31/2017 | 0 | |
| 3411 | COMMISSIONER OF FINANCE | | 121.50 | 1 Transactions | | |
| 935 | DEPT Total: | | 121.50 | REAL ESTATE ASSURANCE-REGISTERE | 1 Vendors | 1 Transactions |
| 939 | DEPT | | | STATE SURCHARGE 3% | | |
| 3411 | COMMISSIONER OF FINANCE | | | | | |
| 16 | 86-939-000-0000-6850 | | 4,987.50 | REGISTRARS FEES | | Collections For Other Agencies |
| | | | | 01/01/2017 01/31/2017 | 0 | |
| 3411 | COMMISSIONER OF FINANCE | | 4,987.50 | 1 Transactions | | |
| 939 | DEPT Total: | | 4,987.50 | STATE SURCHARGE 3% | 1 Vendors | 1 Transactions |
| 940 | DEPT | | | VITAL RECORDS SURCHARGE-BIRTH&D | | |
| 3411 | COMMISSIONER OF FINANCE | | | | | |
| 17 | 86-940-000-0000-6850 | | 2,060.00 | BIRTH/DEATH SURCHARGE | | Collections For Other Agencies |
| | | | | 01/01/2017 01/31/2017 | 0 | |
| 3411 | COMMISSIONER OF FINANCE | | 2,060.00 | 1 Transactions | | |



POOL
2/16/17 11:29AM
86 TRUST & AGENCY FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

| Vendor No. | Name Account/Formula | Rpt Accr | Amount | Warrant Description Service Dates | Invoice # Paid On Bhf # | Account/Formula Description On Behalf of Name |
|------------|--|----------|----------|--|-------------------------|---|
| 940 | DEPT Total: | | 2,060.00 | VITAL RECORDS SURCHARGE-BIRTH& | 1 Vendors | 1 Transactions |
| 950 | DEPT | | | BIRTH RECORD SURCHARGE | | |
| 18 | 3411 COMMISSIONER OF FINANCE 86-950-000-0000-6850 | | 1,180.00 | BIRTH RECORD SURCHARGE 01/01/2017 01/31/2017 | 0 | Collections For Other Agencies |
| | 3411 COMMISSIONER OF FINANCE | | 1,180.00 | 1 Transactions | | |
| 950 | DEPT Total: | | 1,180.00 | BIRTH RECORD SURCHARGE | 1 Vendors | 1 Transactions |
| 952 | DEPT | | | CHILDREN'S TRUST FUND SURCHARGE- | | |
| 19 | 3411 COMMISSIONER OF FINANCE 86-952-000-0000-6850 | | 354.00 | CHILDREN SURCHARGE 01/01/2017 01/31/2017 | 0 | Collections For Other Agencies |
| | 3411 COMMISSIONER OF FINANCE | | 354.00 | 1 Transactions | | |
| 952 | DEPT Total: | | 354.00 | CHILDREN'S TRUST FUND SURCHARGE | 1 Vendors | 1 Transactions |
| 954 | DEPT | | | MARRIAGE LICENSE | | |
| 20 | 3411 COMMISSIONER OF FINANCE 86-954-000-0000-6850 | | 440.00 | MARR LIC SURCHARGE 01/01/2017 01/31/2017 | 0 | Collections For Other Agencies |
| 21 | 86-954-000-0000-6850 | | 27.00 | MARR LIC SUPRVD VISIT 01/01/2017 01/31/2017 | 0 | Collections For Other Agencies |
| 22 | 86-954-000-0000-6850 | | 18.00 | MARR LIC/MN ENABLE 01/01/2017 01/31/2017 | 0 | Collections For Other Agencies |
| 23 | 86-954-000-0000-6850 | | 200.00 | MARR LIC/DISPL HOME REG 01/01/2017 01/31/2017 | 0 | Collections For Other Agencies |
| 24 | 86-954-000-0000-6850 | | 10.00 | MARR LIC/HEALTHY MARR 01/01/2017 01/31/2017 | 0 | Collections For Other Agencies |
| 25 | 86-954-000-0000-6850 | | 40.00 | MARR LIC/COUPLES ON BRINK 01/01/2017 01/31/2017 | 0 | Collections For Other Agencies |
| | 3411 COMMISSIONER OF FINANCE | | 735.00 | 6 Transactions | | |
| 954 | DEPT Total: | | 735.00 | MARRIAGE LICENSE | 1 Vendors | 6 Transactions |
| 956 | DEPT | | | SALES TAX | | |
| | 651 COMMISSIONER OF REVENUE | | | | | |

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



POOL
2/16/17 11:29AM
86 TRUST & AGENCY FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

| Vendor No. | Vendor Name | Account/Formula | Rpt Accr | Amount | Warrant Description | Service Dates | Invoice # Paid On Bhf # | Account/Formula Description | On Behalf of Name |
|------------|--------------|-------------------------|----------|------------|-----------------------------|----------------|----------------------------|-----------------------------|--------------------------------|
| 28 | | 86-956-000-0000-6850 | | 955.00 | JANUARY SALES TAX (13,898) | | | | Collections For Other Agencies |
| | 651 | COMMISSIONER OF REVENUE | | 955.00 | | 1 Transactions | | | |
| 956 | DEPT Total: | | | 955.00 | SALES TAX | | 1 Vendors | | 1 Transactions |
| 958 | DEPT | | | | TIF ADMINISTRATION FEES | | | | |
| | 3411 | COMMISSIONER OF FINANCE | | | | | | | |
| 26 | | 86-958-000-0000-6850 | | 4.28 | TIF ADMINISTRATIVE FEE | | | | Collections For Other Agencies |
| | | | | | 01/01/2017 | 01/31/2017 | 0 | | |
| | 3411 | COMMISSIONER OF FINANCE | | 4.28 | | 1 Transactions | | | |
| 958 | DEPT Total: | | | 4.28 | TIF ADMINISTRATION FEES | | 1 Vendors | | 1 Transactions |
| 966 | DEPT | | | | HUTCHINSON CITY SALES TAX | | | | |
| | 651 | COMMISSIONER OF REVENUE | | | | | | | |
| 27 | | 86-966-000-0000-6850 | | 69.00 | JAN HUTCHINSON TAX (13,762) | | | | Collections For Other Agencies |
| | 651 | COMMISSIONER OF REVENUE | | 69.00 | | 1 Transactions | | | |
| 966 | DEPT Total: | | | 69.00 | HUTCHINSON CITY SALES TAX | | 1 Vendors | | 1 Transactions |
| 975 | DEPT | | | | DNR CLEARING ACCOUNT | | | | |
| | 509 | MINNESOTA DNR | | | | | | | |
| 217 | | 86-975-000-0000-6850 | | 1,058.00 | DNR | | | | Collections For Other Agencies |
| | | | | | 02/07/2017 | 02/13/2017 | 0 | | |
| | 509 | MINNESOTA DNR | | 1,058.00 | | 1 Transactions | | | |
| 975 | DEPT Total: | | | 1,058.00 | DNR CLEARING ACCOUNT | | 1 Vendors | | 1 Transactions |
| 86 | Fund Total: | | | 68,304.07 | TRUST & AGENCY FUND | | | | 17 Transactions |
| | Final Total: | | | 312,387.93 | | 179 Vendors | | 419 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 | 73,460.06 | GENERAL REVENUE FUND | |
| | 3 | 29,964.19 | ROAD & BRIDGE FUND | |
| | 5 | 79,673.73 | SOLID WASTE FUND | |
| | 11 | 27,554.38 | HUMAN SERVICE FUND | |
| | 25 | 10,619.14 | SPECIAL REVENUE FUND | |
| | 82 | 22,812.36 | COMMUNITY HEALTH SERVICE | |
| | 86 | 68,304.07 | TRUST & AGENCY FUND | |
| | All Funds | 312,387.93 | Total | Approved by, |
| | | | | |
| | | | | |

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



POOL
2/23/17 10:58AM

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

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

Explode Dist. Formulas Y

Paid on Behalf Of Name
on Audit List?: N

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

Save Report Options?: N



POOL

2/23/17 10:58AM

1 GENERAL REVENUE FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

| Vendor No. | Name Account/Formula | Rpt Accr | Amount | Warrant Description Service Dates | Invoice # Paid On Bhf # | Account/Formula Description On Behalf of Name |
|------------|---------------------------------|----------|----------|-----------------------------------|-------------------------|---|
| 5 | DEPT | | | BOARD OF COUNTY COMMISSIONERS | | |
| 6153 | GLENCOE AREA CHAMBER OF COMMERC | | | | | |
| 37 | 01-005-000-0000-6245 | | 75.00 | MEMBERSHIP-D KRUEGER | 1271 | DUES AND REGISTRATION FEES |
| 6153 | GLENCOE AREA CHAMBER OF COMMERC | | 75.00 | 1 Transactions | | |
| 5 | DEPT Total: | | 75.00 | BOARD OF COUNTY COMMISSIONERS | 1 Vendors | 1 Transactions |
| 13 | DEPT | | | COURT ADMINISTRATOR'S | | |
| 9555 | CONKEL/JEANNE M V | | | | | |
| 17 | 01-013-000-0000-6272 | | 86.25 | COURT APPOINT CP/JD | JV-15-189 | COURT APPT ATTY-DEP/NEG/TER |
| 18 | 01-013-000-0000-6273 | | 232.50 | COURT APPOINT E HAUSLADEN | PR-16-1721 | COURT APPT ATTY-OTHER |
| 20 | 01-013-000-0000-6273 | | 258.73 | COURT APPOINT E BAUMANN | PR-16-1765 | COURT APPT ATTY-OTHER |
| 19 | 01-013-000-0000-6273 | | 224.98 | COURT APPOINT R HERBERT | PX-05-759 | COURT APPT ATTY-OTHER |
| 9555 | CONKEL/JEANNE M V | | 802.46 | 4 Transactions | | |
| 3146 | MELCHERT HUBERT SJODIN PLLP | | | | | |
| 87 | 01-013-000-0000-6272 | | 255.00 | COURT APPT HS/RR JV-16-75 | 130150 | COURT APPT ATTY-DEP/NEG/TER |
| 85 | 01-013-000-0000-6272 | | 22.50 | COURT APPT CP/RB/RW JV-16-90 | 130151 | COURT APPT ATTY-DEP/NEG/TER |
| 86 | 01-013-000-0000-6272 | | 15.00 | COURT APPT BN/DS JV-16-134 | 130160 | COURT APPT ATTY-DEP/NEG/TER |
| 95 | 01-013-000-0000-6273 | | 186.30 | COURT APPT BPW FA-08-1558 | 130437 | COURT APPT ATTY-OTHER |
| 94 | 01-013-000-0000-6273 | | 757.50 | COURT APPT D BENTZ PR-16-1905 | 130449 | COURT APPT ATTY-OTHER |
| 84 | 01-013-000-0000-6272 | | 217.50 | COURT APPT KW/MW/TJ JV-16-37 | 130450 | COURT APPT ATTY-DEP/NEG/TER |
| 93 | 01-013-000-0000-6273 | | 60.00 | COURT APPT SAM FA-10-677 | 130452 | COURT APPT ATTY-OTHER |
| 92 | 01-013-000-0000-6273 | | 210.00 | COURT APPT JEG FA-15-892 | 130453 | COURT APPT ATTY-OTHER |
| 91 | 01-013-000-0000-6273 | | 68.40 | COURT APPT GV FA-16-607 | 130457 | COURT APPT ATTY-OTHER |
| 90 | 01-013-000-0000-6273 | | 60.00 | COURT APPT J BETHKE PR-16-1682 | 130461 | COURT APPT ATTY-OTHER |
| 82 | 01-013-000-0000-6272 | | 270.00 | COURT APPT KB/RH JV-16-177 | 130462 | COURT APPT ATTY-DEP/NEG/TER |
| 89 | 01-013-000-0000-6273 | | 141.30 | COURT APPT BGS FA-14-1088 | 130464 | COURT APPT ATTY-OTHER |
| 88 | 01-013-000-0000-6273 | | 36.30 | COURT APPT SS FA-10-1307 | 130465 | COURT APPT ATTY-OTHER |
| 83 | 01-013-000-0000-6272 | | 30.00 | COURT APPT MA/JT/BM JV-16-165 | 130467 | COURT APPT ATTY-DEP/NEG/TER |
| 96 | 01-013-000-0000-6273 | | 120.00 | COURT APPT DP FA-13-373 | 130468 | COURT APPT ATTY-OTHER |
| 3146 | MELCHERT HUBERT SJODIN PLLP | | 2,449.80 | 15 Transactions | | |
| 6440 | MELCHERT HUBERT SJODIN PLLP | | | | | |
| 97 | 01-013-000-0000-6272 | | 60.00 | COURT APPT GS/JS JV-16-225 | 130175 | COURT APPT ATTY-DEP/NEG/TER |
| 99 | 01-013-000-0000-6272 | | 165.00 | COURT APPT RH/LH JV-12-205 | 130189 | COURT APPT ATTY-DEP/NEG/TER |
| 102 | 01-013-000-0000-6272 | | 15.00 | COURT APPT MA/NP JV-16-175 | 130193 | COURT APPT ATTY-DEP/NEG/TER |
| 101 | 01-013-000-0000-6272 | | 120.00 | COURT APPT JF/LB JV-15-90 | 130194 | COURT APPT ATTY-DEP/NEG/TER |
| 98 | 01-013-000-0000-6272 | | 15.00 | CRT APPT NJ/EF/AC/JF JV-16-84 | 130196 | COURT APPT ATTY-DEP/NEG/TER |

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



POOL
2/23/17 10:58AM
1 GENERAL REVENUE FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

| Vendor No. | Name Account/Formula | Rpt Accr | Amount | Warrant Description Service Dates | Invoice # Paid On Bhf # | Account/Formula Description On Behalf of Name |
|------------|---------------------------------|----------|----------|-----------------------------------|-------------------------|---|
| 100 | 01-013-000-0000-6272 | | 15.00 | COURT APPT JR/MR JV-16-118 | 130202 | COURT APPT ATTY-DEP/NEG/TER |
| 6440 | MELCHERT HUBERT SJODIN PLLP | | 390.00 | 6 Transactions | | |
| 13 | DEPT Total: | | 3,642.26 | COURT ADMINISTRATOR'S | 3 Vendors | 25 Transactions |
| 31 | DEPT | | | COUNTY ADMINISTRATOR'S | | |
| 6153 | GLENCOE AREA CHAMBER OF COMMERC | | | | | |
| 38 | 01-031-000-0000-6245 | | 75.00 | MEMBERSHIP-P MELVIN | 1324 | DUES AND REGISTRATION FEES |
| 6153 | GLENCOE AREA CHAMBER OF COMMERC | | 75.00 | 1 Transactions | | |
| 31 | DEPT Total: | | 75.00 | COUNTY ADMINISTRATOR'S | 1 Vendors | 1 Transactions |
| 41 | DEPT | | | COUNTY AUDITOR-TREASURER'S | | |
| 6009 | INNOVATIVE OFFICE SOLUTIONS LLC | | | | | |
| 53 | 01-041-000-0000-6402 | | 120.21 | TONER 90A (COLLEEN) | IN1507793 | OFFICE SUPPLIES |
| 6009 | INNOVATIVE OFFICE SOLUTIONS LLC | | 120.21 | 1 Transactions | | |
| 9910 | MINNESOTA GFOA | | | | | |
| 107 | 01-041-000-0000-6245 | | 60.00 | 2017 MEMBERSHIP DUES | | DUES AND REGISTRATION FEES |
| 9910 | MINNESOTA GFOA | | 60.00 | 1 Transactions | | |
| 41 | DEPT Total: | | 180.21 | COUNTY AUDITOR-TREASURER'S | 2 Vendors | 2 Transactions |
| 65 | DEPT | | | INFORMATION SYSTEMS | | |
| 5251 | INFORMATION SYSTEMS CORP | | | | | |
| 51 | 01-065-000-0000-6303 | | 63.90 | SCANNER CLEANING | 8764 | REPAIR AND MAINTENANCE SERVICES |
| 5251 | INFORMATION SYSTEMS CORP | | 63.90 | 1 Transactions | | |
| 1646 | INTEGRA TELECOM INC | | | | | |
| 59 | 01-065-000-0000-6303 | | 150.00 | 2017 SUPPORT CALL | 120383336 | REPAIR AND MAINTENANCE SERVICES |
| 1646 | INTEGRA TELECOM INC | | 150.00 | 1 Transactions | | |
| 65 | DEPT Total: | | 213.90 | INFORMATION SYSTEMS | 2 Vendors | 2 Transactions |
| 76 | DEPT | | | CENTRAL SERVICES-COUNTY WIDE | | |
| 10326 | AMAZON | | | | | |
| 1 | 01-076-000-0000-6402 | | 269.90 | LANYARDS FOR BADGES | 2476200472536 | OFFICE SUPPLIES |

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



POOL
2/23/17 10:58AM
1 GENERAL REVENUE FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

| Vendor No. | Name Account/Formula | Rpt Accr | Amount | Warrant Description Service Dates | Invoice # Paid On Bhf # | Account/Formula Description On Behalf of Name |
|------------|---|----------|----------|---|-------------------------|---|
| 10326 | AMAZON | | 269.90 | | 1 Transactions | |
| 103 | 1857 METRO SALES INC 01-076-000-0000-6321 | | 158.48 | COPIER MAINT MPC5503-SHERIFF | INV731090 | MAINTENANCE AGREEMENTS |
| | 1857 METRO SALES INC | | 158.48 | | 1 Transactions | |
| 115 | 49020 NEOPOST USA INC 01-076-000-0000-6350 | | 423.50 | POSTAL METER RENTAL-NC 03/05/2017 06/04/2017 | 54573766 0 | OTHER SERVICES & CHARGES |
| 114 | 01-076-000-0000-6350 | | 192.00 | POSTAL METER RENTAL-CH 03/05/2017 06/04/2017 | 54592986 0 | OTHER SERVICES & CHARGES |
| | 49020 NEOPOST USA INC | | 615.50 | | 2 Transactions | |
| 76 | DEPT Total: | | 1,043.88 | CENTRAL SERVICES-COUNTY WIDE | 3 Vendors | 4 Transactions |
| 77 | DEPT | | | COUNTY INSURANCE | | |
| 106 | 908 MINNESOTA COUNTIES INTERGOVERN 01-077-000-0000-5990 | | 383.62 | DEDUCTIBLE FOR C STORLIE | 13PE0297 | REFUNDS & REIMBURSEMENTS |
| | 908 MINNESOTA COUNTIES INTERGOVERN | | 383.62 | | 1 Transactions | |
| 77 | DEPT Total: | | 383.62 | COUNTY INSURANCE | 1 Vendors | 1 Transactions |
| 80 | DEPT | | | SAFETY | | |
| 108 | 4696 MINNESOTA SAFETY COUNCIL 01-080-000-0000-6359 | | 153.40 | DEFIB BATTERY.PADS | 47610 | MISCELLANEOUS CHARGES |
| | 4696 MINNESOTA SAFETY COUNCIL | | 153.40 | | 1 Transactions | |
| 80 | DEPT Total: | | 153.40 | SAFETY | 1 Vendors | 1 Transactions |
| 91 | DEPT | | | COUNTY ATTORNEY'S | | |
| 15 | 2654 COMPAR INC 01-091-000-0000-6402 | | 75.00 | EXTERNAL DVD WRITER | IN17044-1 | OFFICE SUPPLIES |
| | 2654 COMPAR INC | | 75.00 | | 1 Transactions | |
| 125 | 10335 OTTER TAIL COUNTY SHERIFFS OFFICE 01-091-000-0000-6350 | | 35.00 | SVC OF DOC | 000020170106 | OTHER SERVICES & CHARGES |
| | 10335 OTTER TAIL COUNTY SHERIFFS OFFICE | | 35.00 | | 1 Transactions | |

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



POOL
2/23/17 10:58AM
1 GENERAL REVENUE FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

| | <u>Vendor Name</u> | <u>Rpt</u> | <u>Warrant Description</u> | <u>Invoice #</u> | <u>Account/Formula Description</u> |
|-----|----------------------------------|---------------|-------------------------------|----------------------|------------------------------------|
| | <u>No. Account/Formula</u> | <u>Accr</u> | <u>Service Dates</u> | <u>Paid On Bhf #</u> | <u>On Behalf of Name</u> |
| | | <u>Amount</u> | | | |
| 91 | DEPT Total: | 110.00 | COUNTY ATTORNEY'S | 2 Vendors | 2 Transactions |
| 111 | DEPT | | COURTHOUSE BUILDING | | |
| | 10326 AMAZON | | | | |
| 2 | 01-111-000-0000-6425 | 251.99 | FLUKE HVAC METER KIT | 2476200472536 | REPAIR AND MAINTENANCE SUPPLIES |
| | 10326 AMAZON | 251.99 | | 1 Transactions | |
| | 539 CENTER POINT ENERGY | | | | |
| 9 | 01-111-000-0000-6255 | 6,067.67 | GAS BILL-NC | 5969231-9 | NATURAL GAS |
| | | | 12/31/2016 01/31/2017 | 0 | |
| | 539 CENTER POINT ENERGY | 6,067.67 | | 1 Transactions | |
| | 8187 G & K SERVICES | | | | |
| 35 | 01-111-000-0000-6415 | 16.62 | CLEANING SUPPLIES | 1043664383 | CLEANING SUPPLIES |
| 36 | 01-111-000-0000-6415 | 16.62 | CLEANING SUPPLIES | 1043675752 | CLEANING SUPPLIES |
| | 8187 G & K SERVICES | 33.24 | | 2 Transactions | |
| | 3384 GRAINGER | | | | |
| 40 | 01-111-000-0000-6425 | 122.60 | FUSES | 9349158551 | REPAIR AND MAINTENANCE SUPPLIES |
| | 3384 GRAINGER | 122.60 | | 1 Transactions | |
| | 869 HILLYARD HUTCHINSON | | | | |
| 45 | 01-111-000-0000-6425 | 42.22 | FLOOR FINISHING MATERIALS | 602419819 | REPAIR AND MAINTENANCE SUPPLIES |
| 44 | 01-111-000-0000-6425 | 345.55 | FLOOR FINISHING MATERIALS | 602425420 | REPAIR AND MAINTENANCE SUPPLIES |
| | 869 HILLYARD HUTCHINSON | 387.77 | | 2 Transactions | |
| | 1551 HONEYWELL INTERNATIONAL INC | | | | |
| 46 | 01-111-000-0000-6303 | 6,411.00 | Q1 2017 MAINTENANCE AGREEMENT | 5238381522 | REPAIR AND MAINTENANCE SERVICES |
| | 1551 HONEYWELL INTERNATIONAL INC | 6,411.00 | | 1 Transactions | |
| | 253 LIGHT & POWER COMMISSION | | | | |
| 68 | 01-111-000-0000-6253 | 18.49 | ELECTRIC GARAGE | 07-814100-00 | ELECTRICITY |
| | | | 12/30/2016 01/31/2017 | 0 | |
| 64 | 01-111-000-0000-6253 | 8,369.14 | ELECTRIC CH | 13-857000-00 | ELECTRICITY |
| | | | 12/30/2016 01/31/2017 | 0 | |
| 65 | 01-111-000-0000-6257 | 1,928.87 | SEWER WATER CH | 13-857000-00 | SEWER, WATER AND GARBAGE |
| | | | 12/30/2016 01/31/2017 | 0 | |
| | 253 LIGHT & POWER COMMISSION | 10,316.50 | | 3 Transactions | |

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



POOL
2/23/17 10:58AM
1 GENERAL REVENUE FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

| Vendor Name | Rpt | Warrant Description | Invoice # | Account/Formula Description |
|-----------------------------------|------|---------------------|-----------------------------------|---|
| No. Account/Formula | Accr | Service Dates | Paid On Bhf # | On Behalf of Name |
| 111 DEPT Total: | | 23,590.77 | COURTHOUSE BUILDING | 7 Vendors 11 Transactions |
| 112 DEPT | | | NORTH COMPLEX BUILDING | |
| 1551 HONEYWELL INTERNATIONAL INC | | | | |
| 47 01-112-000-0000-6303 | | 1,948.96 | Q1 2017 MAINTENANCE AGREEMENT | 5238381522 REPAIR AND MAINTENANCE SERVICES |
| 1551 HONEYWELL INTERNATIONAL INC | | 1,948.96 | | 1 Transactions |
| 253 LIGHT & POWER COMMISSION | | | | |
| 69 01-112-000-0000-6253 | | 3,059.83 | ELECTRIC NC | 15-800100-00 ELECTRICITY |
| | | | 12/30/2016 01/31/2017 | 0 |
| 70 01-112-000-0000-6257 | | 853.27 | SEWER WATER NC | 15-800100-00 SEWER, WATER AND GARBAGE |
| | | | 12/30/2016 01/31/2017 | 0 |
| 253 LIGHT & POWER COMMISSION | | 3,913.10 | | 2 Transactions |
| 112 DEPT Total: | | 5,862.06 | NORTH COMPLEX BUILDING | 2 Vendors 3 Transactions |
| 115 DEPT | | | COUNTY BUILDINGS MAJOR REPAIRS | |
| 1202 MEI TOTAL ELEVATOR SOLUTIONS | | | | |
| 174 01-115-000-0000-6303 AP 4 | | 1,714.50 | REPAIR CALL FOR COURTHOUSE | 687835 REPAIR AND MAINTENANCE SERVICES |
| 173 01-115-000-0000-6610 AP 4 | | 14,885.00 | REPLACEMENT POWER UNIT | 688161 CAPITAL - OVER \$5,000 (FIXED ASSETS) |
| 1202 MEI TOTAL ELEVATOR SOLUTIONS | | 16,599.50 | | 2 Transactions |
| 115 DEPT Total: | | 16,599.50 | COUNTY BUILDINGS MAJOR REPAIRS | 1 Vendors 2 Transactions |
| 116 DEPT | | | HEALTH AND HUMAN SERVICES BUILDII | |
| 1551 HONEYWELL INTERNATIONAL INC | | | | |
| 48 01-116-000-0000-6303 | | 916.50 | Q1 2017 MAINTENANCE AGREEMENT | 5238381522 REPAIR AND MAINTENANCE SERVICES |
| 1551 HONEYWELL INTERNATIONAL INC | | 916.50 | | 1 Transactions |
| 253 LIGHT & POWER COMMISSION | | | | |
| 62 01-116-000-0000-6253 | | 1,699.35 | ELECTRIC HHS | 02-803800-00 ELECTRICITY |
| | | | 12/30/2016 01/31/2017 | 0 |
| 63 01-116-000-0000-6257 | | 767.95 | SEWER WATER HHS | 02-803800-00 SEWER, WATER AND GARGABE REMOVAL |
| | | | 12/30/2016 01/31/2017 | 0 |
| 66 01-116-000-0000-6253 | | 1,222.24 | ELECTRIC ANNEX | 14-899800-00 ELECTRICITY |
| | | | 12/30/2016 01/31/2017 | 0 |
| 67 01-116-000-0000-6257 | | 216.25 | SEWER WATER ANNEX | 14-899800-00 SEWER, WATER AND GARGABE REMOVAL |
| | | | 12/30/2016 01/31/2017 | 0 |

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



POOL
2/23/17 10:58AM
1 GENERAL REVENUE FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

| Vendor No. | Name Account/Formula | Rpt Accr | Amount | Warrant Description Service Dates | Invoice # Paid On Bhf # | Account/Formula Description On Behalf of Name |
|------------|--|----------|----------|--|-------------------------|---|
| 253 | LIGHT & POWER COMMISSION | | 3,905.79 | | 4 Transactions | |
| 149 | 4147 WEST CENTRAL SANITATION INC 01-116-000-0000-6257 | | 171.91 | 2 YEAR ROLL SERVICE 01/01/2017 01/31/2017 | 10809664 0 | SEWER, WATER AND GARGABE REMOVAL |
| | 4147 WEST CENTRAL SANITATION INC | | 171.91 | | 1 Transactions | |
| 116 | DEPT Total: | | 4,994.20 | HEALTH AND HUMAN SERVICES BUIL | 3 Vendors | 6 Transactions |
| 117 | DEPT | | | FAIRGROUNDS | | |
| 11 | 134 CITY OF HUTCHINSON 01-117-000-0000-6257 | | 156.25 | WATER SEWER GARBAGE 01/01/2017 01/31/2017 | 13008200300 0 | SEWER, WATER AND GARBAGE REMOVAL |
| 12 | 01-117-000-0000-6257 | | 577.82 | WATER SEWER GARBAGE 01/01/2017 01/31/2017 | 13008600400 0 | SEWER, WATER AND GARBAGE REMOVAL |
| 13 | 01-117-000-0000-6257 | | 56.83 | WATER SEWER GARBAGE 01/01/2017 01/31/2017 | 13008601200 0 | SEWER, WATER AND GARBAGE REMOVAL |
| 14 | 01-117-000-0000-6257 | | 37.57 | WATER SEWER GARBAGE 01/01/2017 01/31/2017 | 13008602000 0 | SEWER, WATER AND GARBAGE REMOVAL |
| | 134 CITY OF HUTCHINSON | | 828.47 | | 4 Transactions | |
| 117 | DEPT Total: | | 828.47 | FAIRGROUNDS | 1 Vendors | 4 Transactions |
| 143 | DEPT | | | LICENSE BUREAU | | |
| 52 | 6009 INNOVATIVE OFFICE SOLUTIONS LLC 01-143-000-0000-6402 | | 134.92 | TONER 05A (VITALS) | IN1507793 | OFFICE SUPPLIES |
| 54 | 01-143-000-0000-6402 | | 11.74 | 2 1/4X55 THERMAL PAPER | IN1507793 | OFFICE SUPPLIES |
| | 6009 INNOVATIVE OFFICE SOLUTIONS LLC | | 146.66 | | 2 Transactions | |
| 143 | DEPT Total: | | 146.66 | LICENSE BUREAU | 1 Vendors | 2 Transactions |
| 201 | DEPT | | | COUNTY SHERIFF'S OFFICE | | |
| 10 | 539 CENTER POINT ENERGY 01-201-000-0000-6255 | | 436.70 | GAS STORAGE 01/06/2017 02/03/2017 | 5987117-8 0 | NATURAL GAS |
| | 539 CENTER POINT ENERGY | | 436.70 | | 1 Transactions | |
| | 2654 COMPAR INC | | | | | |



POOL
2/23/17 10:58AM
1 GENERAL REVENUE FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

| Vendor No. | Name Account/Formula | Rpt Accr | Amount | Warrant Description Service Dates | Invoice # Paid On Bhf # | Account/Formula Description On Behalf of Name |
|------------|--|-------------|------------------|---|----------------------------|--|
| 16 | 01-201-000-0000-6402 2654 COMPAR INC | | 75.00 75.00 | EXTERNAL HARD DRIVE 1 Transactions | IN17045-1 | OFFICE SUPPLIES |
| 26 | 4682 DIGITAL ALLY INC 01-201-000-0000-6402 4682 DIGITAL ALLY INC | | 40.00 40.00 | MIC BATTERY 1 Transactions | 1091798 | OFFICE SUPPLIES |
| 27 | 704 DOBRATZ HANTGE CHAPEL 01-201-000-0000-6215 704 DOBRATZ HANTGE CHAPEL | | 785.00 785.00 | TRANSPORT OF DECEASED-AD 02/14/2017 02/14/2017 1 Transactions | 0 | TRANSPORTATION EXPENSE FOR AUTOSF |
| 32 | 5223 EMERGENCY AUTOMOTIVE TECHNOLOG 01-201-000-0000-6610 5223 EMERGENCY AUTOMOTIVE TECHNOLOG | | 234.05 234.05 | #165 STROBE/CABLE 1 Transactions | AW021317-10 | CAPITAL - OVER \$5,000 (FIXED ASSETS) |
| 39 | 7283 GRAFIX SHOPPE 01-201-000-0000-6610 7283 GRAFIX SHOPPE | | 590.00 590.00 | #165 REFLECTOR KIT 1 Transactions | 112742 | CAPITAL - OVER \$5,000 (FIXED ASSETS) |
| 55 | 6009 INNOVATIVE OFFICE SOLUTIONS LLC 01-201-000-0000-6402 | | 12.00 | OFFICE SUPPLIES | IN1498656 | OFFICE SUPPLIES |
| 56 | 01-201-000-0000-6402 6009 INNOVATIVE OFFICE SOLUTIONS LLC | | 487.61 499.61 | OFFICE SUPPLIES 2 Transactions | IN1502486 | OFFICE SUPPLIES |
| 60 | 1502 KEEPRS INC 01-201-000-0000-6145 1502 KEEPRS INC | | 152.06 152.06 | PARTIAL UNIFORM-B SUKALSKI 1 Transactions | 328861-04 | UNIFORM ALLOWANCE |
| 76 | 253 LIGHT & POWER COMMISSION 01-201-000-0000-6253 253 LIGHT & POWER COMMISSION | | 166.81 166.81 | ELECTRIC BAXTER AVE 12/30/2016 01/31/2017 1 Transactions | 01-802120-03 0 | ELECTRICITY |
| 110 | 4696 MINNESOTA SAFETY COUNCIL 01-201-000-0000-6449 | | 219.70 | DEFIB BATTERIES | 47648 | OTHER SURGICAL & MEDICAL SUPPLIES |
| 109 | 01-201-000-0000-6449 4696 MINNESOTA SAFETY COUNCIL | | 153.40 373.10 | DEFIB BATTERY/PAD 2 Transactions | 47818 | OTHER SURGICAL & MEDICAL SUPPLIES |

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



POOL
2/23/17 10:58AM
1 GENERAL REVENUE FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

| Vendor Name | Rpt | Warrant Description | Invoice # | Account/Formula Description |
|--------------------------|------|---------------------|------------------------------|--|
| No. Account/Formula | Accr | Amount | Service Dates | On Behalf of Name |
| | | | Paid On Bhf # | |
| 8564 OFFICE DEPOT INC | | | | |
| 120 01-201-000-0000-6402 | | 33.05 | OFFICE SUPPLIES | 901129218001 OFFICE SUPPLIES |
| 8564 OFFICE DEPOT INC | | 33.05 | 1 Transactions | |
| 3243 PLEAA | | | | |
| 126 01-201-000-0000-6245 | | 35.00 | 2017 DUES-C MEAD | 2017 DUES AND REGISTRATION FEES |
| 127 01-201-000-0000-6245 | | 35.00 | 2017 DUES-B WARD | 2017 DUES AND REGISTRATION FEES |
| 128 01-201-000-0000-6245 | | 35.00 | 2017 DUES-B RIEGER | 2017 DUES AND REGISTRATION FEES |
| 129 01-201-000-0000-6245 | | 35.00 | 2017 DUES-K OGREN | 2017 DUES AND REGISTRATION FEES |
| 3243 PLEAA | | 140.00 | 4 Transactions | |
| 6359 US AUTOFORCE | | | | |
| 138 01-201-000-0000-6327 | | 178.28 | 1 245/55R18 EAG UG | 4686695 GENERAL AUTO MAINTENANCE |
| 6359 US AUTOFORCE | | 178.28 | 1 Transactions | |
| 150 VERIZON WIRELESS | | | | |
| 139 01-201-000-0000-6203 | | 210.43 | SO CELL PHONE USAGE | 9779693445 COMMUNICATIONS |
| | | | 02/03/2017 03/02/2017 | 0 |
| 141 01-201-000-0000-6203 | | 30.34 | CO ATTY CELL PHONE USAGE | 9779693466 COMMUNICATIONS |
| | | | 02/03/2017 03/02/2017 | 0 |
| 143 01-201-000-0000-6203 | | 227.41 | MCSO CELL PHONE USAGE | 9779693466 COMMUNICATIONS |
| | | | 02/03/2017 03/02/2017 | 0 |
| 144 01-201-000-0000-6203 | | 840.28 | MCSO AIR SOURCE CARDS | 9779693466 COMMUNICATIONS |
| | | | 02/03/2017 03/02/2017 | 0 |
| 142 01-201-000-9001-6350 | | 26.02 | BROWNTON PD AIR SOURCE CARDS | 9779693466 OTHER SERVICES & CHARGES-BROWNTON |
| | | | 02/03/2017 03/02/2017 | 0 |
| 145 01-201-000-9003-6350 | | 140.04 | GPD AIR SOURCE CARDS | 9779693466 OTHER SERVICES & CHARGES-GLENOE CO |
| | | | 02/03/2017 03/02/2017 | 0 |
| 146 01-201-000-9004-6350 | | 105.03 | LPPD AIR SOURCE CARDS | 9779693466 OTHER SERVICES & CHARGES-LP COMPUT |
| | | | 02/03/2017 03/02/2017 | 0 |
| 147 01-201-000-9005-6350 | | 105.03 | WPD AIR SOURCE CARDS | 9779693466 OTHER SERVICES & CHARGES-WINSTED CC |
| | | | 02/03/2017 03/02/2017 | 0 |
| 148 01-201-000-9006-6350 | | 35.01 | SLPD AIR SOURCE CARDS | 9779693466 OTHER SERVICES & CHARGES-SILVER LAH |
| | | | 02/03/2017 03/02/2017 | 0 |
| 150 VERIZON WIRELESS | | 1,719.59 | 9 Transactions | |
| 201 DEPT Total: | | 5,423.25 | COUNTY SHERIFF'S OFFICE | 14 Vendors 27 Transactions |
| 251 DEPT | | | COUNTY JAIL | |

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



POOL
2/23/17 10:58AM
1 GENERAL REVENUE FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

| Vendor No. | Name Account/Formula | Rpt Accr | Amount | Warrant Description Service Dates | Invoice # Paid On Bhf # | Account/Formula Description On Behalf of Name |
|------------|--------------------------------------|----------|-----------|-----------------------------------|-------------------------|---|
| 3 | 5441 AVIANDS LLC | | | | | |
| | 01-251-000-0000-6420 | | 10,167.31 | MEALS & SUPPLIES | INV1900013831 | GROCERIES AND SUPPLIES |
| | 5441 AVIANDS LLC | | 10,167.31 | | 1 Transactions | |
| 6 | 3510 BOB BARKER COMPANY INC | | | | | |
| | 01-251-000-0000-6461 | | 134.06 | GREEN SHIRTS | UT1000408928 | INMATE SUPPLIES |
| 5 | 01-251-000-0000-6461 | | 3.77 | PICKS | WEB000467127 | INMATE SUPPLIES |
| | 3510 BOB BARKER COMPANY INC | | 137.83 | | 2 Transactions | |
| 28 | 1271 E WEINBERG SUPPLY & EQUIPMENT | | | | | |
| | 01-251-000-0000-6415 | | 131.50 | LAUNDRY SUPPLIES | 25570200 | CLEANING SUPPLIES |
| | 1271 E WEINBERG SUPPLY & EQUIPMENT | | 131.50 | | 1 Transactions | |
| 105 | 977 MIDWEST MONITORING & SURVEILLANC | | | | | |
| | 01-251-000-0000-6264 | | 871.00 | MONITORING | 0117505 | ELECTRONIC HOME MONITORING |
| | 977 MIDWEST MONITORING & SURVEILLANC | | 871.00 | | 1 Transactions | |
| 121 | 8564 OFFICE DEPOT INC | | | | | |
| | 01-251-000-0000-6402 | | 59.18 | LABELS | 900428600001 | OFFICE SUPPLIES |
| | 8564 OFFICE DEPOT INC | | 59.18 | | 1 Transactions | |
| 132 | 5738 RENVILLE COUNTY JAIL | | | | | |
| | 01-251-000-0000-6224 | | 2,475.00 | 45 DAYS @ \$55 | | PRISONER BOARDING |
| | | | | 01/01/2017 01/31/2017 | 0 | |
| 133 | 01-251-000-0000-6268 | | 21.87 | INMATE MEDS/MEDICAL | | MEDICAL AID TO PRISONERS |
| | | | | 01/01/2017 01/31/2017 | 0 | |
| | 5738 RENVILLE COUNTY JAIL | | 2,496.87 | | 2 Transactions | |
| 134 | 56109 RIDGEVIEW MEDICAL CENTER | | | | | |
| | 01-251-000-0000-6268 | AP 4 | 220.35 | STRESS TEST-D ARIAS | 110406749-0001 | MEDICAL AID TO PRISONERS |
| | | | | 08/02/2016 08/02/2016 | 0 | |
| | 56109 RIDGEVIEW MEDICAL CENTER | | 220.35 | | 1 Transactions | |
| 135 | 432 SAMS TIRE SERVICE | | | | | |
| | 01-251-000-0000-6327 | | 295.52 | #144 ALIGN/PADS/ROTORS | 128541 | GENERAL AUTO MAINTENANCE |
| | 432 SAMS TIRE SERVICE | | 295.52 | | 1 Transactions | |
| 137 | 1101 TIMEKEEPING SYSTEMS INC | | | | | |
| | 01-251-000-0000-6303 | | 95.00 | REPAIR DOWNLOADER | 346730 | REPAIR AND MAINTENANCE SERVICES |

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



POOL
2/23/17 10:58AM
1 GENERAL REVENUE FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

| Vendor No. | Name Account/Formula | Rpt Accr | Amount | Warrant Description Service Dates | Invoice # Paid On Bhf # | Account/Formula Description On Behalf of Name |
|------------|---|----------|-----------|--|-------------------------|---|
| 1101 | TIMEKEEPING SYSTEMS INC | | 95.00 | | 1 Transactions | |
| 140 | 150 VERIZON WIRELESS 01-251-000-0000-6203 | | 16.86 | JAIL CELL PHONE USAGE 02/03/2017 03/02/2017 | 9779693445 0 | COMMUNICATIONS |
| | 150 VERIZON WIRELESS | | 16.86 | | 1 Transactions | |
| 251 | DEPT Total: | | 14,491.42 | COUNTY JAIL | 10 Vendors | 12 Transactions |
| 281 | DEPT | | | EMERGENCY MANAGEMENT | | |
| 29 | 6066 EMBASSY SUITES MINNEAPOLIS 01-281-000-0000-6336 | | 414.60 | LODGING-KM/CR 02/06/2017 02/09/2017 | 34437 0 | Meals, Lodging, Parking & Miscellaneous |
| 30 | 01-281-000-0000-6336 | | 11.80 | FLYING SPOON DINNER-MATHEWS 02/06/2017 02/06/2017 | 34437 0 | Meals, Lodging, Parking & Miscellaneous |
| 31 | 01-281-000-0000-6336 | | 11.80 | FLYING SPOON DINNER-ROSSOW 02/06/2017 02/06/2017 | 34437 0 | Meals, Lodging, Parking & Miscellaneous |
| | 6066 EMBASSY SUITES MINNEAPOLIS | | 438.20 | | 3 Transactions | |
| 281 | DEPT Total: | | 438.20 | EMERGENCY MANAGEMENT | 1 Vendors | 3 Transactions |
| 485 | DEPT | | | COUNTY PUBLIC HEALTH NURSING | | |
| 111 | 47675 MSSA 01-485-000-0000-6245 | | 50.00 | 2017 MEMBERSHIP FEE-H JERABEK | | Dues And Registration Fees |
| | 47675 MSSA | | 50.00 | | 1 Transactions | |
| 485 | DEPT Total: | | 50.00 | COUNTY PUBLIC HEALTH NURSING | 1 Vendors | 1 Transactions |
| 520 | DEPT | | | COUNTY PARK'S | | |
| 42 | 4158 HP INC 01-520-000-0000-6612 | | 119.00 | LP LASERJET PRO M102W | 58139941 | Capital - \$100-\$5,000 (Inventory) |
| 43 | 01-520-000-0000-6612 | | 119.00 | LP LASERJET PRO M102W | 58139941 | Capital - \$100-\$5,000 (Inventory) |
| | 4158 HP INC | | 238.00 | | 2 Transactions | |
| 520 | DEPT Total: | | 238.00 | COUNTY PARK'S | 1 Vendors | 2 Transactions |
| 1 | Fund Total: | | 78,539.80 | GENERAL REVENUE FUND | | 112 Transactions |



POOL
2/23/17 10:58AM
3 ROAD & BRIDGE FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

| Vendor Name | Rpt | Warrant Description | Invoice # | Account/Formula Description |
|---------------------------------------|------|----------------------|------------------------------|--|
| No. Account/Formula | Accr | Amount | Service Dates | On Behalf of Name |
| | | | Paid On Bhf # | |
| 310 DEPT | | HIGHWAY MAINTENANCE | | |
| 253 LIGHT & POWER COMMISSION | | | | |
| 71 03-310-000-0000-6254 | | 16.41 | TRAFFIC LIGHT CSAH 4 & CR 62 | 14-459100-00 Intersection Lighting |
| | | | 12/30/2016 01/31/2017 | 0 |
| 72 03-310-000-0000-6254 | | 23.54 | TRAFFIC LIGHT CSAH 15 & 3 | 14-606200-00 Intersection Lighting |
| | | | 12/30/2016 01/31/2017 | 0 |
| 253 LIGHT & POWER COMMISSION | | 39.95 | 2 Transactions | |
| 5257 TAPCO | | | | |
| 136 03-310-000-0000-6503 | | 145.11 | BATTERY PACK FOR STOP SIGN | 1554733 Traffic Signs & Post |
| 5257 TAPCO | | 145.11 | 1 Transactions | |
| 310 DEPT Total: | | 185.06 | HIGHWAY MAINTENANCE | 2 Vendors 3 Transactions |
| 320 DEPT | | HIGHWAY CONSTRUCTION | | |
| 3790 CHARMAINE E PICHA REVOCABLE TRUS | | | | |
| 156 03-320-000-0000-6639 AP 4 | | 800.00 | TEMP EASEMENT SAP 603-031 | CSAH 3 PRCL 8 Right-Of-Way Acquisition-Temp |
| 155 03-320-000-0000-6640 AP 4 | | 3,750.00 | PERM EASEMENT SAP 603-031 | CSAH 3 PRCL 8 Right-Of-Way Acquisition |
| 3790 CHARMAINE E PICHA REVOCABLE TRUS | | 4,550.00 | 2 Transactions | |
| 3782 DUMMER REVOCABLE TRUST AGREEMEN | | | | |
| 158 03-320-000-0000-6639 AP 4 | | 2,123.00 | TEMP EASEMENT SAP 603-031 | CSAH 3 PRCL 14 Right-Of-Way Acquisition-Temp |
| 157 03-320-000-0000-6640 AP 4 | | 18,777.00 | PERM EASEMENT SAP 603-031 | CSAH 3 PRCL 14 Right-Of-Way Acquisition |
| 3782 DUMMER REVOCABLE TRUST AGREEMEN | | 20,900.00 | 2 Transactions | |
| 3777 ENGELMANN/ROBERT M | | | | |
| 160 03-320-000-0000-6639 AP 4 | | 2,100.00 | TEMP EASEMENT SAP603-031 | CSAH 3 PRCL 34 Right-Of-Way Acquisition-Temp |
| 159 03-320-000-0000-6640 AP 4 | | 13,300.00 | PERM EASEMENT SAP 603-031 | CSAH 3 PRCL 34 Right-Of-Way Acquisition |
| 3777 ENGELMANN/ROBERT M | | 15,400.00 | 2 Transactions | |
| 3785 LAURA E MICHALETZ REVOCABLE TRUS | | | | |
| 161 03-320-000-0000-6640 AP 4 | | 3,100.00 | PERM EASEMENT SAP 603-031 | CSAH 3 PRCL 12 Right-Of-Way Acquisition |
| 3785 LAURA E MICHALETZ REVOCABLE TRUS | | 3,100.00 | 1 Transactions | |
| 3787 LILIENTHAL/DARREN G & TERI M | | | | |
| 163 03-320-000-0000-6639 AP 4 | | 1,100.00 | TEMP EASEMENT SAP 603-031 | CSAH 3 PRCL 4 Right-Of-Way Acquisition-Temp |
| 162 03-320-000-0000-6640 AP 4 | | 7,200.00 | PERM EASEMENT SAP 603-031 | CSAH 3 PRCL 4 Right-Of-Way Acquisition |
| 3787 LILIENTHAL/DARREN G & TERI M | | 8,300.00 | 2 Transactions | |



POOL
2/23/17 10:58AM
3 ROAD & BRIDGE FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

| Vendor No. | Name Account/Formula | Rpt Accr | Amount | Warrant Description Service Dates | Invoice # Paid On Bhf # | Account/Formula Description On Behalf of Name |
|------------|--|-------------|-----------|--------------------------------------|----------------------------|--|
| 164 | 3778 MILLER/GREGORY A & MICHELE 03-320-000-0000-6640 | | 9,150.00 | PERM EASEMENT SAP 603-031 | CSAH 3 PRCL 33 | Right-Of-Way Acquisition |
| | 3778 MILLER/GREGORY A & MICHELE | | 9,150.00 | 1 Transactions | | |
| 165 | 3776 NATIONSTAR MORTGAGE LLC 03-320-000-0000-6640 | | 250.00 | FEE FOR PARTIAL RELEASE | CSAH 15 PRCL20 | Right-Of-Way Acquisition |
| | 3776 NATIONSTAR MORTGAGE LLC | | 250.00 | 1 Transactions | | |
| 167 | 3780 SCHMIDT/ROGER E & MARILYN 03-320-000-0000-6639 | | 427.00 | TEMP EASEMENT SAP-603-031 | CSAH 3 PRCL 19 | Right-Of-Way Acquisition-Temp |
| 168 | 03-320-000-0000-6639 | | 5,000.00 | DAMAGES | CSAH 3 PRCL 19 | Right-Of-Way Acquisition-Temp |
| 166 | 03-320-000-0000-6640 | | 4,373.00 | PERM EASEMENT SAP 603-031 | CSAH 3 PRCL 19 | Right-Of-Way Acquisition |
| 170 | 03-320-000-0000-6639 | | 19,366.00 | DAMAGES | CSAH 3 PRCL 22 | Right-Of-Way Acquisition-Temp |
| 169 | 03-320-000-0000-6640 | | 1,034.00 | PERM EASEMENT SAP 603-031 | CSAH 3 PRCL 22 | Right-Of-Way Acquisition |
| | 3780 SCHMIDT/ROGER E & MARILYN | | 30,200.00 | 5 Transactions | | |
| 172 | 3786 VINKEMEIER/STEVEN D & ELIZABETH K 03-320-000-0000-6639 | AP 4 | 100.00 | TEMP EASEMENT SAP 603-031 | CSAH 3 PRCL 3 | Right-Of-Way Acquisition-Temp |
| 171 | 03-320-000-0000-6640 | AP 4 | 200.00 | PERM EASEMENT SAP 603-031 | CSAH 3 PRCL 3 | Right-Of-Way Acquisition |
| | 3786 VINKEMEIER/STEVEN D & ELIZABETH K | | 300.00 | 2 Transactions | | |
| 320 | DEPT Total: | | 92,150.00 | HIGHWAY CONSTRUCTION | 9 Vendors | 18 Transactions |
| 330 | DEPT | | | HIGHWAY ADMINISTRATION | | |
| 7 | 6090 BUSINESSWARE SOLUTIONS 03-330-000-0000-6321 | | 354.75 | PLOTTER REPAIR | 267826 | Maintenance Agreements |
| | 6090 BUSINESSWARE SOLUTIONS | | 354.75 | 1 Transactions | | |
| 124 | 8564 OFFICE DEPOT INC 03-330-000-0000-6402 | | 51.52 | OFFICE SUPPLIES | 900521789001 | Office Supplies |
| | 8564 OFFICE DEPOT INC | | 51.52 | 1 Transactions | | |
| 330 | DEPT Total: | | 406.27 | HIGHWAY ADMINISTRATION | 2 Vendors | 2 Transactions |
| 340 | DEPT | | | HIGHWAY EQUIPMENT MAINTENANCE | | |
| 21 | 4429 CREATIVE DETAILS 03-340-000-0000-6303 | | 185.00 | SEAT REPAIR | 19265 | Repair And Maintenance Services |
| 22 | 03-340-000-0000-6303 | | 173.25 | SEAT REPAIR | 19265 | Repair And Maintenance Services |

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



POOL
2/23/17 10:58AM
3 ROAD & BRIDGE FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

| Vendor | Name | Rpt | Warrant Description | Invoice # | Account/Formula Description |
|--------|-------------------------------|-----------|-------------------------------|---------------|---------------------------------|
| No. | Account/Formula | Accr | Service Dates | Paid On Bhf # | On Behalf of Name |
| 23 | 03-340-000-0000-6303 | | TAX EXEPMT | 19265 | Repair And Maintenance Services |
| 4429 | CREATIVE DETAILS | | | | |
| | | 8.25- | | | |
| | | 350.00 | | | 3 Transactions |
| | 192 CROW RIVER GLASS & SIGNS | | | | |
| 25 | 03-340-000-0000-6303 | | LOADER REPAIR | 55602 | Repair And Maintenance Services |
| | 192 CROW RIVER GLASS & SIGNS | | | | |
| | | 140.00 | | | 1 Transactions |
| | | 140.00 | | | |
| | 5555 L & P SUPPLY COMPANY INC | | | | |
| 61 | 03-340-000-0000-6590 | | BROWNTON SHOP SUPPLIES | 165571 | Tools & Shop Materials |
| | 5555 L & P SUPPLY COMPANY INC | | | | |
| | | 28.54 | | | 1 Transactions |
| | | 28.54 | | | |
| | 1087 O REILLY AUTOMOTIVE INC | | | | |
| 116 | 03-340-000-0000-6425 | | PARTS | 1522-402572 | Repair And Maintenance Supplies |
| 119 | 03-340-000-0000-6425 | | PARTS | 1522-402701 | Repair And Maintenance Supplies |
| 118 | 03-340-000-0000-6425 | | PARTS | 1522-402882 | Repair And Maintenance Supplies |
| 117 | 03-340-000-0000-6425 | | PARTS | 1522-403577 | Repair And Maintenance Supplies |
| | 1087 O REILLY AUTOMOTIVE INC | | | | 4 Transactions |
| | | 6.29 | | | |
| | | 21.80 | | | |
| | | 42.95 | | | |
| | | 26.40 | | | |
| | | 97.44 | | | |
| | 495 ZIEGLER INC | | | | |
| 152 | 03-340-000-0000-6425 | | PARTS | PC001856298 | Repair And Maintenance Supplies |
| 153 | 03-340-000-0000-6425 | | PARTS | PC001856848 | Repair And Maintenance Supplies |
| 154 | 03-340-000-0000-6425 | | PARTS | PC001857818 | Repair And Maintenance Supplies |
| | 495 ZIEGLER INC | | | | 3 Transactions |
| | | 1,435.49 | | | |
| | | 41.33 | | | |
| | | 89.94 | | | |
| | | 1,566.76 | | | |
| 340 | DEPT Total: | | HIGHWAY EQUIPMENT MAINTENANCE | 5 Vendors | 12 Transactions |
| | | 2,182.74 | | | |
| 3 | Fund Total: | | ROAD & BRIDGE FUND | | 35 Transactions |
| | | 94,924.07 | | | |

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



POOL
2/23/17 10:58AM
5 SOLID WASTE FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

| | <u>Vendor Name</u> | <u>Rpt</u> | <u>Amount</u> | <u>Warrant Description</u> | <u>Invoice #</u> | <u>Account/Formula Description</u> |
|-----|----------------------------------|-------------|---------------|-------------------------------|----------------------|------------------------------------|
| | <u>No. Account/Formula</u> | <u>Accr</u> | | <u>Service Dates</u> | <u>Paid On Bhf #</u> | <u>On Behalf of Name</u> |
| 393 | DEPT | | | MATERIALS RECOVERY FACILITY | | |
| | 1551 HONEYWELL INTERNATIONAL INC | | | | | |
| 49 | 05-393-000-0000-6561 | | 919.25 | Q1 2017 MAINTENANCE AGREEMENT | 5238381522 | REPAIR AND MAINTENANCE-OTHER |
| | 1551 HONEYWELL INTERNATIONAL INC | | 919.25 | 1 Transactions | | |
| 393 | DEPT Total: | | 919.25 | MATERIALS RECOVERY FACILITY | 1 Vendors | 1 Transactions |
| 5 | Fund Total: | | 919.25 | SOLID WASTE FUND | | 1 Transactions |



POOL
2/23/17 10:58AM
11 HUMAN SERVICE FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

| Vendor No. | Name Account/Formula | Rpt Accr | Amount | Warrant Description Service Dates | Invoice # Paid On Bhf # | Account/Formula Description On Behalf of Name |
|------------|--|-------------|--------|--|----------------------------|--|
| 420 | DEPT | | | INCOME MAINTENANCE | | |
| 34 | 91 FRANKLIN PRINTING INC 11-420-600-0010-6402 | | 58.62 | #9 REGULAR TINTED | 170115 | OFFICE SUPPLIES |
| | 91 FRANKLIN PRINTING INC | | 58.62 | 1 Transactions | | |
| 58 | 6009 INNOVATIVE OFFICE SOLUTIONS LLC 11-420-600-0010-6402 | | 59.63 | COPYHOLDER BN | IN1498657 | OFFICE SUPPLIES |
| | 6009 INNOVATIVE OFFICE SOLUTIONS LLC | | 59.63 | 1 Transactions | | |
| 73 | 38530 LANGUAGE LINE SERVICES 11-420-600-0010-6203 | | 237.89 | PHONE INTERPRETATION | INV#3998922 | COMMUNICATIONS/POSTAGE |
| 74 | 11-420-640-0010-6203 | | 14.00 | PHONE INTERPRETATION | INV#3998922 | Communications/Postage |
| | 38530 LANGUAGE LINE SERVICES | | 251.89 | 2 Transactions | | |
| 112 | 49020 NEOPOST USA INC 11-420-600-0010-6203 | | 153.60 | POSTAL METER RENTAL-HHS 03/05/2017 06/04/2017 | 54592976 0 | COMMUNICATIONS/POSTAGE |
| | 49020 NEOPOST USA INC | | 153.60 | 1 Transactions | | |
| 123 | 8564 OFFICE DEPOT INC 11-420-600-0010-6402 | | 33.46 | PORTFOLIO LEAD DUSTER | 899989187001 | OFFICE SUPPLIES |
| 122 | 11-420-640-0010-6402 | | 21.57 | BIC PENCIL | 899989187001 | Office Supplies |
| | 8564 OFFICE DEPOT INC | | 55.03 | 2 Transactions | | |
| 420 | DEPT Total: | | 578.77 | INCOME MAINTENANCE | 5 Vendors | 7 Transactions |
| 430 | DEPT | | | INDIVIDUAL AND FAMILY SOCIAL SERVI | | |
| 34 | 91 FRANKLIN PRINTING INC 11-430-700-0010-6402 | | 136.78 | #9 REGULAR TINTED | 170115 | Office Supplies |
| | 91 FRANKLIN PRINTING INC | | 136.78 | 1 Transactions | | |
| 57 | 6009 INNOVATIVE OFFICE SOLUTIONS LLC 11-430-700-0010-6402 | | 208.68 | HEADSET LL FOR TELEWORKERS | IN1504223 | Office Supplies |
| | 6009 INNOVATIVE OFFICE SOLUTIONS LLC | | 208.68 | 1 Transactions | | |
| 75 | 38530 LANGUAGE LINE SERVICES 11-430-700-0010-6203 | | 51.80 | PHONE INTERPRETATION | INV#3998922 | Communications/Postage |
| | 38530 LANGUAGE LINE SERVICES | | 51.80 | 1 Transactions | | |

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



POOL
2/23/17 10:58AM
11 HUMAN SERVICE FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

| Vendor | Name | Rpt | Warrant Description | Invoice # | Account/Formula Description |
|--------|---|----------|----------------------------------|---------------|-----------------------------|
| No. | Account/Formula | Accr | Service Dates | Paid On Bhf # | On Behalf of Name |
| 104 | 1857 METRO SALES INC 11-430-700-0010-6321 | | RICOH MP C5503 ANNEX | INV727609 | Maintenance Agreements |
| | 1857 METRO SALES INC | 510.17 | | | |
| | | 510.17 | 1 Transactions | | |
| 113 | 49020 NEOPOST USA INC 11-430-700-0010-6203 | | POSTAL METER RENTAL-HHS | 54592976 | Communications/Postage |
| | 49020 NEOPOST USA INC | 358.40 | 03/05/2017 06/04/2017 | 0 | |
| | | 358.40 | 1 Transactions | | |
| 123 | 8564 OFFICE DEPOT INC 11-430-700-0010-6402 | | PORTFOLIO LEAD DUSTER | 899989187001 | Office Supplies |
| | 8564 OFFICE DEPOT INC | 78.09 | | | |
| | | 78.09 | 1 Transactions | | |
| 430 | DEPT Total: | 1,343.92 | INDIVIDUAL AND FAMILY SOCIAL SER | 6 Vendors | 6 Transactions |
| 11 | Fund Total: | 1,922.69 | HUMAN SERVICE FUND | | 13 Transactions |

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



POOL
2/23/17 10:58AM
20 COUNTY DITCH FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

| Vendor No. | Name Account/Formula | Rpt Accr | Amount | Warrant Description Service Dates | Invoice # Paid On Bhf # | Account/Formula Description On Behalf of Name |
|------------|---------------------------------------|----------|--------|-----------------------------------|-------------------------|---|
| 661 | DEPT | | | JOINT DITCH #1 RMCM | | |
| | 4770 RENVILLE COUNTY AUDITOR TREASURE | | | | | |
| 130 | 20-661-000-0000-6302 | DTG 6 | 243.71 | 2016 DITCH EXPENSES | | Construction And Repairs |
| | 4770 RENVILLE COUNTY AUDITOR TREASURE | | 243.71 | | 1 Transactions | |
| 661 | DEPT Total: | | 243.71 | JOINT DITCH #1 RMCM | 1 Vendors | 1 Transactions |
| 673 | DEPT | | | JOINT DITCH #11 SRMC | | |
| | 4770 RENVILLE COUNTY AUDITOR TREASURE | | | | | |
| 131 | 20-673-000-0000-6302 | DTG 6 | 9.36 | 2016 DITCH EXPENSES | | Construction And Repairs |
| | 4770 RENVILLE COUNTY AUDITOR TREASURE | | 9.36 | | 1 Transactions | |
| 673 | DEPT Total: | | 9.36 | JOINT DITCH #11 SRMC | 1 Vendors | 1 Transactions |
| 20 | Fund Total: | | 253.07 | COUNTY DITCH FUND | | 2 Transactions |

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



POOL
2/23/17 10:58AM
25 SPECIAL REVENUE FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

| Vendor No. | Name Account/Formula | Rpt Accr | Amount | Warrant Description Service Dates | Invoice # Paid On Bhf # | Account/Formula Description On Behalf of Name |
|------------|--|----------|--------|---|-------------------------|---|
| 15 | DEPT | | | LAW LIBRARY | | |
| 77 | 6 MATTHEW BENDER & CO INC 25-015-000-0000-6451 | | 245.10 | DUNNELL MN DIGEST 2017 | 91268478 | Books |
| | 6 MATTHEW BENDER & CO INC | | 245.10 | 1 Transactions | | |
| 150 | 358 WEST PAYMENT CENTER 25-015-000-0000-6451 | | 125.00 | WEST INFORMATION CHARGES | 835525054 | Books |
| | 358 WEST PAYMENT CENTER | | 125.00 | 01/01/2017 01/31/2017 1 Transactions | 0 | |
| 15 | DEPT Total: | | 370.10 | LAW LIBRARY | 2 Vendors | 2 Transactions |
| 223 | DEPT | | | D.A.R.E. PROGRAM | | |
| 24 | 6257 CREATIVE PRODUCT SOURCING INC DAI 25-223-000-0000-6350 | | 238.17 | DARE SUPPLIES | 101205 | Other Services & Charges |
| | 6257 CREATIVE PRODUCT SOURCING INC DAI | | 238.17 | 1 Transactions | | |
| 223 | DEPT Total: | | 238.17 | D.A.R.E. PROGRAM | 1 Vendors | 1 Transactions |
| 252 | DEPT | | | JAIL CANTEEN ACCOUNT | | |
| 8 | 7471 CAR AND DRIVER 25-252-000-0000-6450 | | 24.97 | SUBSCRIPTION 1 YR | 256459751 | Subscriptions |
| | 7471 CAR AND DRIVER | | 24.97 | 1 Transactions | | |
| 41 | 2089 GUIDEPOSTS 25-252-000-0000-6450 | | 16.94 | SUBSCRIPTION RENEWAL | 001925340 | Subscriptions |
| | 2089 GUIDEPOSTS | | 16.94 | 1 Transactions | | |
| 151 | 1922 WOMANS DAY 25-252-000-0000-6450 | | 10.00 | 2 YEAR SUBSCRIPTION | | Subscriptions |
| | 1922 WOMANS DAY | | 10.00 | 1 Transactions | | |
| 252 | DEPT Total: | | 51.91 | JAIL CANTEEN ACCOUNT | 3 Vendors | 3 Transactions |
| 25 | Fund Total: | | 660.18 | SPECIAL REVENUE FUND | | 6 Transactions |

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



POOL
2/23/17 10:58AM
82 COMMUNITY HEALTH SER

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

| Vendor No. | Name Account/Formula | Rpt Accr | Amount | Warrant Description Service Dates | Invoice # Paid On Bhf # | Account/Formula Description On Behalf of Name |
|------------|---|----------|----------|-----------------------------------|-------------------------|---|
| 856 | DEPT | | | FPSP | | |
| 33 | 4006 FAMILY REXALL DRUG 82-856-000-0000-6439 | | 18.48 | PRESCRIPTION MMS CHS | RX16130556 | Prescriptions |
| | 4006 FAMILY REXALL DRUG | | 18.48 | 1 Transactions | | |
| 50 | 1269 HUTCHINSON HEALTH 82-856-000-0000-6261 | | 60.00 | EXAMS MMS CHS | | Physical Examinations |
| | 1269 HUTCHINSON HEALTH | | 60.00 | 1 Transactions | | |
| 78 | 1251 MEDICINE SHOPPE 82-856-000-0000-6439 | | 44.39 | MMS CHS PRESCRIPTION | | Prescriptions |
| 80 | 82-856-000-0000-6439 | | 9.97 | MMS CHS PRESCRIPTION | RX 820271 | Prescriptions |
| 79 | 82-856-000-0000-6439 | | 9.97 | MMS CHS PRESCRIPTION | RX 820272 | Prescriptions |
| | 1251 MEDICINE SHOPPE | | 64.33 | 3 Transactions | | |
| 81 | 6206 MEEKER MEMORIAL HOSPITAL 82-856-000-0000-6260 | | 320.00 | MMS CHS STD TESTING | ACCT#23223 | Std Testing |
| | 6206 MEEKER MEMORIAL HOSPITAL | | 320.00 | 1 Transactions | | |
| 856 | DEPT Total: | | 462.81 | FPSP | 4 Vendors | 6 Transactions |
| 862 | DEPT | | | SHIP | | |
| 4 | 5576 BACHMAN/MARY 82-862-000-0000-6121 | | 980.00 | SHIP GRANT TIME | | Personnel Wages |
| | 5576 BACHMAN/MARY | | 980.00 | 1 Transactions | | |
| 862 | DEPT Total: | | 980.00 | SHIP | 1 Vendors | 1 Transactions |
| 82 | Fund Total: | | 1,442.81 | COMMUNITY HEALTH SERVICE | | 7 Transactions |

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



POOL
2/23/17 10:58AM
86 TRUST & AGENCY FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

| Vendor Name | Rpt | Warrant Description | Invoice # | Account/Formula Description |
|--------------------------|------|---------------------|-----------------------|--------------------------------|
| No. Account/Formula | Accr | Amount | Service Dates | On Behalf of Name |
| | | | Paid On Bhf # | |
| 975 DEPT | | | | |
| 509 MINNESOTA DNR | | | | |
| 176 86-975-000-0000-6850 | | 1,017.00 | | Collections For Other Agencies |
| | | | 02/14/2017 02/21/2017 | |
| 509 MINNESOTA DNR | | 1,017.00 | 1 Transactions | |
| 975 DEPT Total: | | 1,017.00 | 1 Vendors | 1 Transactions |
| 976 DEPT | | | | |
| 509 MINNESOTA DNR | | | | |
| 175 86-976-000-0000-6850 | | 49.00 | | Collections For Other Agencies |
| | | | 02/14/2017 02/21/2017 | |
| 509 MINNESOTA DNR | | 49.00 | 1 Transactions | |
| 976 DEPT Total: | | 49.00 | 1 Vendors | 1 Transactions |
| 86 Fund Total: | | 1,066.00 | | 2 Transactions |
| Final Total: | | 179,727.87 | 103 Vendors | 178 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 | 78,539.80 | GENERAL REVENUE FUND | |
| | 3 | 94,924.07 | ROAD & BRIDGE FUND | |
| | 5 | 919.25 | SOLID WASTE FUND | |
| | 11 | 1,922.69 | HUMAN SERVICE FUND | |
| | 20 | 253.07 | COUNTY DITCH FUND | |
| | 25 | 660.18 | SPECIAL REVENUE FUND | |
| | 82 | 1,442.81 | COMMUNITY HEALTH SERVICE | |
| | 86 | 1,066.00 | TRUST & AGENCY FUND | |
| | All Funds | 179,727.87 | Total | Approved by, |
| | | | | |
| | | | | |

LG220 Application for Exempt Permit

An exempt permit may be issued to a nonprofit organization that:

- conducts lawful gambling on five or fewer days, and
- awards less than \$50,000 in prizes during a calendar year.

If total raffle prize value for the calendar year will be \$1,500 or less, contact the Licensing Specialist assigned to your county by calling 651-539-1900.

Application Fee (non-refundable)

Applications are processed in the order received. If the application is postmarked or received 30 days or more before the event, the application fee is **\$100**; otherwise the fee is **\$150**.

Due to the high volume of exempt applications, payment of additional fees prior to 30 days before your event will not expedite service, nor are telephone requests for expedited service accepted.

ORGANIZATION INFORMATION

| | |
|---|--|
| Organization Name: <u>Gopher Campfire Club</u> | Previous Gambling Permit Number: _____ |
| Minnesota Tax ID Number, if any: _____ | Federal Employer ID Number (FEIN), if any: _____ |
| Mailing Address: <u>PO Box 336</u> | |
| City: <u>Hutchinson</u> | State: <u>MN</u> Zip: <u>55350</u> County: <u>McLeod</u> |
| Name of Chief Executive Officer (CEO): <u>Mark Bening</u> | |
| Daytime Phone: <u>320-583-0954</u> | Email: <u>mibening@mchsi.com</u> |

NONPROFIT STATUS

Type of Nonprofit Organization (check one):

- Fraternal Religious Veterans Other Nonprofit Organization

Attach a copy of one of the following showing proof of nonprofit status:

(DO NOT attach a sales tax exempt status or federal employer ID number, as they are not proof of nonprofit status.)

- A current calendar year Certificate of Good Standing**
 Don't have a copy? Obtain this certificate from:
 MN Secretary of State, Business Services Division Secretary of State website, phone numbers:
 60 Empire Drive, Suite 100 www.sos.state.mn.us
 St. Paul, MN 55103 651-296-2803, or toll free 1-877-551-6767
- IRS income tax exemption (501(c)) letter in your organization's name**
 Don't have a copy? To obtain a copy of your federal income tax exempt letter, have an organization officer contact the IRS toll free at 1-877-829-5500.
- IRS - Affiliate of national, statewide, or international parent nonprofit organization (charter)**
 If your organization falls under a parent organization, attach copies of both of the following:
 1. IRS letter showing your parent organization is a nonprofit 501(c) organization with a group ruling, and
 2. the charter or letter from your parent organization recognizing your organization as a subordinate.

GAMBLING PREMISES INFORMATION

Name of premises where the gambling event will be conducted (for raffles, list the site where the drawing will take place): Gopher Campfire Club

Address (do not use P.O. box): 24718 Co Rd 7

City or Township: Hutchinson Zip: 55350 County: McLeod

Date(s) of activity (for raffles, indicate the date of the drawing): May 29, 2017

Check each type of gambling activity that your organization will conduct:

Bingo* Paddlewheels* Pull-Tabs* Tipboards*

Raffle (total value of raffle prizes awarded for the calendar year: \$ 8,000.00)

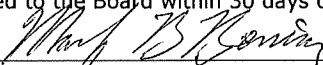
* **Gambling equipment** for bingo paper, paddlewheels, pull-tabs, and tipboards must be obtained from a distributor licensed by the Minnesota Gambling Control Board. EXCEPTION: Bingo hard cards and bingo number selection devices may be borrowed from another organization authorized to conduct bingo. To find a licensed distributor, go to www.mn.gov/gcb and click on **Distributors** under **List of Licensees**, or call 651-539-1900.

LOCAL UNIT OF GOVERNMENT ACKNOWLEDGMENT (required before submitting application to the Minnesota Gambling Control Board)

| | |
|--|---|
| <p style="text-align: center;">CITY APPROVAL for a gambling premises located within city limits</p> <p>____ The application is acknowledged with no waiting period.</p> <p>____ The application is acknowledged with a 30-day waiting period, and allows the Board to issue a permit after 30 days (60 days for a 1st class city).</p> <p>____ The application is denied.</p> <p>Print City Name: _____</p> <p>Signature of City Personnel: _____</p> <p>_____ Title: _____ Date: _____</p> <div style="border: 1px solid black; padding: 5px; text-align: center; margin-top: 10px;"> <p>The city or county must sign before submitting application to the Gambling Control Board.</p> </div> | <p style="text-align: center;">COUNTY APPROVAL for a gambling premises located in a township</p> <p>____ The application is acknowledged with no waiting period.</p> <p>____ The application is acknowledged with a 30-day waiting period, and allows the Board to issue a permit after 30 days.</p> <p>____ The application is denied.</p> <p>Print County Name: <u>McLeod</u></p> <p>Signature of County Personnel: _____</p> <p>_____ Title: _____ Date: _____</p> <p>TOWNSHIP (if required by the county) On behalf of the township, I acknowledge that the organization is applying for exempted gambling activity within the township limits. (A township has no statutory authority to approve or deny an application, per Minn. Statutes, section 349.213.)</p> <p>Print Township Name: _____</p> <p>Signature of Township Officer: _____</p> <p>_____ Title: _____ Date: _____</p> |
|--|---|

CHIEF EXECUTIVE OFFICER'S SIGNATURE (required)

The information provided in this application is complete and accurate to the best of my knowledge. I acknowledge that the financial report will be completed and returned to the Board within 30 days of the event date.

Chief Executive Officer's Signature:  Date: 02/07/2017

(Signature must be CEO's signature; designee may not sign)

Print Name: Mark Bening

| | |
|---------------------|---|
| REQUIREMENTS | MAIL APPLICATION AND ATTACHMENTS |
|---------------------|---|

| | |
|---|---|
| <p>Complete a separate application for:</p> <ul style="list-style-type: none"> • all gambling conducted on two or more consecutive days, or • all gambling conducted on one day. <p>Only one application is required if one or more raffle drawings are conducted on the same day.</p> <p>Financial report to be completed within 30 days after the gambling activity is done: A financial report form will be mailed with your permit. Complete and return the financial report form to the Gambling Control Board.</p> <p>Your organization must keep all exempt records and reports for 3-1/2 years (Minn. Statutes, section 349.166, subd. 2(f)).</p> | <p>Mail application with:</p> <p>____ a copy of your proof of nonprofit status, and</p> <p>____ application fee (non-refundable). If the application is postmarked or received 30 days or more before the event, the application fee is \$100; otherwise the fee is \$150. Make check payable to State of Minnesota.</p> <p>To: Minnesota Gambling Control Board 1711 West County Road B, Suite 300 South Roseville, MN 55113</p> <p>Questions? Call the Licensing Section of the Gambling Control Board at 651-539-1900.</p> |
|---|---|

| | | |
|---|--|--|
| <p>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 the</p> | <p>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 Depart-</p> | <p>ment 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.</p> |
|---|--|--|

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

MINNESOTA LAWFUL GAMBLING
LG220 Application for Exempt Permit

An exempt permit may be issued to a nonprofit organization that:

- conducts lawful gambling on five or fewer days, and
- awards less than \$50,000 in prizes during a calendar year.

If total raffle prize value for the calendar year will be \$1,500 or less, contact the Licensing Specialist assigned to your county by calling 651-539-1900.

Application Fee (non-refundable)

Applications are processed in the order received. If the application is postmarked or received 30 days or more before the event, the application fee is **\$100**; otherwise the fee is **\$150**.

Due to the high volume of exempt applications, payment of additional fees prior to 30 days before your event will not expedite service, nor are telephone requests for expedited service accepted.

ORGANIZATION INFORMATION

Organization Name: Gopher Campfire Club Previous Gambling Permit Number: _____

Minnesota Tax ID Number, if any: _____ Federal Employer ID Number (FEIN), if any: _____

Mailing Address: PO Box 336

City: Hutchinson State: MN Zip: 55350 County: McLeod

Name of Chief Executive Officer (CEO): Mark Bening

Daytime Phone: 320-583-0954 Email: mibening@mchsi.com

NONPROFIT STATUS

Type of Nonprofit Organization (check one):

- Fraternal Religious Veterans Other Nonprofit Organization

Attach a copy of one of the following showing proof of nonprofit status:

(DO NOT attach a sales tax exempt status or federal employer ID number, as they are not proof of nonprofit status.)

- A current calendar year Certificate of Good Standing**
Don't have a copy? Obtain this certificate from:
MN Secretary of State, Business Services Division
60 Empire Drive, Suite 100
St. Paul, MN 55103
Secretary of State website, phone numbers:
www.sos.state.mn.us
651-296-2803, or toll free 1-877-551-6767
- IRS income tax exemption (501(c)) letter in your organization's name**
Don't have a copy? To obtain a copy of your federal income tax exempt letter, have an organization officer contact the IRS toll free at 1-877-829-5500.
- IRS - Affiliate of national, statewide, or international parent nonprofit organization (charter)**
If your organization falls under a parent organization, attach copies of both of the following:
1. IRS letter showing your parent organization is a nonprofit 501(c) organization with a group ruling, and
2. the charter or letter from your parent organization recognizing your organization as a subordinate.

GAMBLING PREMISES INFORMATION

Name of premises where the gambling event will be conducted (for raffles, list the site where the drawing will take place): Gopher Campfire Club

Address (do not use P.O. box): 24718 Co Rd 7

City or Township: Hutchinson Zip: 55350 County: McLeod

Date(s) of activity (for raffles, indicate the date of the drawing): August 13, 2017

Check each type of gambling activity that your organization will conduct:

Bingo* Paddlewheels* Pull-Tabs* Tipboards*

Raffle (total value of raffle prizes awarded for the calendar year: \$ 8,000.00)

* **Gambling equipment** for bingo paper, paddlewheels, pull-tabs, and tipboards must be obtained from a distributor licensed by the Minnesota Gambling Control Board. EXCEPTION: Bingo hard cards and bingo number selection devices may be borrowed from another organization authorized to conduct bingo. To find a licensed distributor, go to www.mn.gov/gcb and click on **Distributors** under **List of Licensees**, or call 651-539-1900.

LOCAL UNIT OF GOVERNMENT ACKNOWLEDGMENT (required before submitting application to the Minnesota Gambling Control Board)

**CITY APPROVAL
for a gambling premises
located within city limits**

___ The application is acknowledged with no waiting period.

___ The application is acknowledged with a 30-day waiting period, and allows the Board to issue a permit after 30 days (60 days for a 1st class city).

___ The application is denied.

Print City Name: _____

Signature of City Personnel: _____

Title: _____ Date: _____

The city or county must sign before submitting application to the Gambling Control Board.

**COUNTY APPROVAL
for a gambling premises
located in a township**

___ The application is acknowledged with no waiting period.

___ The application is acknowledged with a 30-day waiting period, and allows the Board to issue a permit after 30 days.

___ The application is denied.

Print County Name: McLeod

Signature of County Personnel: _____

Title: _____ Date: _____

TOWNSHIP (if required by the county)
On behalf of the township, I acknowledge that the organization is applying for exempted gambling activity within the township limits. (A township has no statutory authority to approve or deny an application, per Minn. Statutes, section 349.213.)

Print Township Name: _____

Signature of Township Officer: _____

Title: _____ Date: _____

CHIEF EXECUTIVE OFFICER'S SIGNATURE (required)

The information provided in this application is complete and accurate to the best of my knowledge. I acknowledge that the financial report will be completed and returned to the Board within 30 days of the event date.

Chief Executive Officer's Signature: *Mark B Bening* Date: 02/07/2017
(Signature must be CEO's signature; designee may not sign)

Print Name: Mark Bening

REQUIREMENTS

Complete a separate application for:

- all gambling conducted on two or more consecutive days, or
- all gambling conducted on one day.

Only one application is required if one or more raffle drawings are conducted on the same day.

Financial report to be completed within 30 days after the gambling activity is done:
A financial report form will be mailed with your permit. Complete and return the financial report form to the Gambling Control Board.

Your organization must keep all exempt records and reports for 3-1/2 years (Minn. Statutes, section 349.166, subd. 2(f)).

MAIL APPLICATION AND ATTACHMENTS

Mail application with:

___ a copy of your proof of nonprofit status, and

___ application fee (non-refundable). If the application is postmarked or received 30 days or more before the event, the application fee is **\$100**; otherwise the fee is **\$150**. Make check payable to **State of Minnesota**.

To: Minnesota Gambling Control Board
1711 West County Road B, Suite 300 South
Roseville, MN 55113

Questions?
Call the Licensing Section of the Gambling Control Board at 651-539-1900.

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 the

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.

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

To: Gary Sprynczynatyk, McLeod County Human Services Director
From: Wayne Altenbernd
Date: January 19, 2017
Subject: ApplicationXtender EDMS for Social Services Unit

The following is a proposal to expand the existing ApplicationXtender electronic document management system for use by the Social Services unit located in the McLeod County Social Service Center.

The proposal consists of following items.

- Professional Services required to
 - Upgrade the ApplicationXtender Workflow Manager system to support the Social Services unit client files
 - Train of Social Services unit workers on using the ApplicationXtender Workflow Manager system
 - Upgrade the Captiva Capture system for scanning and indexing of Social Services documents
- Purchase additional ApplicationXtender Workflow Manager Client Licenses
 - The Social Services unit has 50 workers including supervisors
 - McLeod County currently has 20 ApplicationXtender Workflow Manager Licenses being used by the
 - Financial Assistance unit (16 workers including supervisor)
 - Office Services unit (6 workers including supervisor)
 - McLeod County Social Services will need to purchase additional ApplicationXtender Workflow Manager Client licenses to expand the workflow system for use by the Social Service unit
- Purchase additional Captiva licenses to increase upgrade the Captiva Capture system
 - Captiva Desktop for document batch indexing
 - McLeod County currently is licensed for single license of Captiva Desktop
 - Currently only one Office Services worker can be indexing document batches at a time
 - McLeod County will need to purchase an additional Captiva Desktop license to allow up to two Office Services workers to index document batches at the same time
 - Captiva ScanPlus to replace QuickScan Pro for document scanning
 - EMC has discontinued support for QuickScan Pro
 - ISC recommends that McLeod County replace QuickScan Pro with Captiva ScanPlus
 - McLeod County is currently licensed for QuickScan Pro to be installed on 5 computers
 - McLeod County will need to purchase 3 licenses of Captiva ScanPlus to replace the QuickScan Pro
- Optional – Purchase additional ApplicationXtender Server Core Concurrent Connection licenses to meet the expanded use of the EDMS system. Refer to page 3 for license cost.
- Optional – Purchase ApplicationXtender Connector licenses to allow Social Services workers to create documents in ApplicationXtender by printing from any Windows application. Refer to page 3 for license cost.
- Optional – Purchase ApplicationXtender PDF eForms Connector license to allow Social Services workers to automatically add DHS forms to ApplicationXtender. Refer to page 3 for license cost.

Cost to Implement the Proposed System for McLeod County Social Services

| Product or Service Description | Quantity | Cost | Total cost |
|---|----------|-------------------|--------------------------|
| Software Licenses | | | |
| ApplicationXtender Workflow Manager Server Client License | 10 | \$11,000.00 | |
| Captiva Capture Attended Client License | 1 | \$3,500.00 | |
| Captiva Capture ScanPlus Client License | 3 | <u>\$2,100.00</u> | |
| Total for Software Licenses | | | \$16,600.00 |
| Professional Services | | | |
| Workflow Business process analysis and development. | 1 | \$6,500.00 | |
| Captiva Capture Software Installation and Training | 1 | <u>\$2,250.00</u> | |
| Total for Professional Services | | | \$8,750.00 |
| Annual Maintenance Agreements | | | |
| ApplicationXtender Workflow Manager Server Client License | 10 | \$2,640.00 | |
| Captiva Capture Attended Client License | 1 | \$840.00 | |
| ApplicationXtender Capture Package | 3 | <u>\$786.00</u> | |
| Total for Annual Maintenance Agreements | | | <u>\$4,266.00</u> |
| Total* | | | \$29,616.00 |

**Note: Additional costs may be incurred when implementing or expanding ApplicationXtender Workflow Manager. Additional costs may include, but not limited to, purchasing additional ApplicationXtender licenses and Professional Services for business process analysis and workflow development.*

Optional – ApplicationXtender Server Core Concurrent Connection (CC) Licenses

McLeod County currently has 45 ApplicationXtender Server Core Concurrent Connection licenses that are allocated in the following manner.

- o 8 licenses for use by the Recorder’s office
- o 37 licenses for use by all other McLeod County departments

McLeod County may need to purchase additional licenses to meet the expanded use of the ApplicationXtender EDMS system.

| Description | Purchase Price | Annual Maintenance Agreement | Total Cost of License |
|---|----------------|------------------------------|-----------------------|
| ApplicationXtender Server Core 5 CC License Pack | \$7,500.00 | \$1,575.00 | \$9,075.00 |

Optional – ApplicationXtender Connector

EMC ApplicationXtender Connector enables the seamless integration of business applications to ApplicationXtender—without requiring initial programming or on-going maintenance.

With ApplicationXtender Connector, employees can access information quickly and easily from virtually any business application, including Microsoft Office products, mainframe terminal emulators, and browser-based applications, to make better decisions faster and deliver higher levels of customer service.

EMC ApplicationXtender Connector includes the following features and capabilities:

- Seamlessly integrate ApplicationXtender with any Windows-based business application with no coding required
- Ability to query and view the resulting document list within ApplicationXtender from any Windows-based application
- Ability to ad-hoc import of any document into ApplicationXtender from any Windows-based application
- ApplicationXtender web viewing capabilities to include scanning documents, support for annotations, redactions, and viewing documents without the need for the native applications to be available locally
- Print to ApplicationXtender feature to create new documents in ApplicationXtender from any Windows application

| Description | Purchase Price | Annual Maintenance Agreement | Total Cost for License |
|---|----------------|------------------------------|------------------------|
| ApplicationXtender Connector 5 User License Pack | \$2,500.00 | \$525.00 | \$3,025.00 |

Optional – ApplicationXtender PDF eForm Connector

Allows you to easily map online eForm PDFs so they can be completed and submitted directly to ApplicationXtender. Once the PDF forms are filled out and the user hits the submit button, they are “connected” with ApplicationXtender from EMC as each PDF eform field is mapped to a field defined in ApplicationXtender.

- Adobe Acrobat Pro and LiveCycle are low cost powerful form creating / editing software that are easy to use.
- The PDF arrives fully indexed inside ApplicationXtender moments after it is submitted.

| Description | Purchase Price | Annual Maintenance Agreement | Total Cost for License* |
|---|----------------|------------------------------|-------------------------|
| ApplicationXtender PDF eForm Connector | \$5,000.00 | \$1,100.00 | \$6,100.00 |

***Note:** Does not include professional services costs for form configuration and setup

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, **Leonard & Charlene Krueger**, owner of the following described parcel of real property located in McLeod County, Minnesota, to-wit:

Parcel ID # 17.050.0810

Municipality: CITY OF LESTER PRAIRIE

Legal Description: BLOCK 8 LOT 2 EX S 16' & LOT 1
LESTER PRAIRIE

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

| Year | Taxes | Penalty | Interest* | Cost | Total |
|------|----------|---------|-----------|--------------|-------------------|
| 2016 | 1,458.00 | 204.12 | 42.06 | 20.00 | 1,724.18 |
| 2015 | 1,312.00 | 183.68 | 189.46 | 20.00 | 1,705.14 |
| 2014 | 714.00 | 99.96 | 187.64 | 20.00 | 1,021.60 |
| 2012 | 712.42 | 0.00 | 224.27 | 19.58 | 956.27 |
| | | | | | 0.00 |
| | | | | | 0.00 |
| | | | | Total | \$5,407.19 |

*Interest Figured Through **03/31/2017**

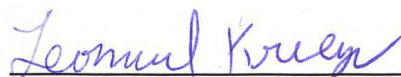
do hereby offer to confess judgment under M.S. 279.37 in the sum of **\$5,407.19** and waive all irregularities in the tax proceedings affecting such taxes and any defense or objections which I may have thereto, and direct judgment to be entered for the amount hereby confessed less the sum of **\$540.72** 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 5%**) 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.

March 1, 2017

Date



Owner Signature

Address: 133 FIR ST N, PO BOX 366

LESTER PRAIRIE MN 55354

Telephone No.: 612-816-7083

Email Address: ljkrueger40@yahoo.com

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, **Amy Jo Yurek**, owner of the following described parcel of real property located in McLeod County, Minnesota, to-wit:

Parcel ID # 06.014.0400

Municipality: HASSAN VALLEY TOWNSHIP

Legal Description:

SECTION 14 TOWNSHIP 116 RANGE 29
5 AC S 1/2 S 1/2 NE 1/4 & OF N 1/4 N 1/2 SE 1/4

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

| Year | Taxes | Penalty | Interest* | Cost | Total |
|------|----------|---------|-----------|--------------|-------------------|
| 2016 | 1,462.00 | 204.68 | 14.05 | 20.00 | 1,700.73 |
| 2015 | 1,182.00 | 165.48 | 148.14 | 20.00 | 1,515.62 |
| 2014 | 988.00 | 138.32 | 238.81 | 20.00 | 1,385.13 |
| 2011 | 1,004.00 | 0.00 | 534.94 | 20.00 | 1,558.94 |
| | | | | Total | \$6,160.42 |

*Interest Figured Through **01/31/2017**

do hereby offer to confess judgment under M.S. 279.37 in the sum of **\$6,160.42** 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 **\$616.04** 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 5%**) 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.

01/05/2017
Date


Owner Signature

Address: 24647 CO RD 2
SILVER LAKE MN 55381

Telephone No.: 320-455-7022

Email Address: amosjo34@yahoo.com



of McLeod County

PARTICIPATING PARTNER AGENCY AGREEMENT

Date of agreement from April 30, 2017 to December 31, 2017

A Memorandum of Agreement between the United Way of McLeod County, hereinafter referred to as the United Way, and _____, hereinafter referred to as the Partner Agency.

IT IS MUTUALLY AGREED THAT:

The Partner Agency has elected and does hereby agree to assist the United Way when asked in solicitation of corporations, business firms, and their employees and other persons in a single annual solicitation for charitable contributions that will support building stronger, healthier communities in McLeod County.

United Way Responsibilities:

1. The United Way shall inform prospective contributors and the general public of the provision and intent of this agreement.
2. The United Way will use the Partner Agency's full name on all campaign materials used in the campaign.
3. The United Way will assist the Partner Agency's activities, so far as possible, when requested by the Partner Agency.
4. The United Way will make public to the Partner Agency an accounting, setting forth total funds contributed, together with a report of total campaign and administrative costs, for every campaign fund year.
5. United Way administrative and campaign expenses for the current year are first charge against the campaign receipts.

Partner Agency Responsibilities:

1. The Partner Agency is a principal in the campaign. The campaign shall be carried out so as to identify and promote the interest and work of the Partner Agencies. The Partner Agency will promote the United Way during the campaign and throughout the year.
2. The Partner Agency agrees that funds received through the United Way are deficit monies to be used for programs and services and they will not be used for capital expenditures, such as building program, or for principal or interest payments of the partner agency's debt resulting from a capital expenditure.
3. Any unspent funding at the end of the year shall revert to the United Way and be available for application in the following year's budget.

4. The Partner Agency represents that it is a county or city funded program fulfilling social service needs or a non-profit organization, contributions to which are deductible under State and National tax laws; that it is managed by a Board of Directors, with financial and administrative policies adequate to assure efficient and economical operation.
5. The Partner Agency agrees that it will not solicit current operating funds during the time the United Way is engaged in their general campaign drive from **Friday, August 11, 2017 to Friday, November 10, 2017**. The partner agency will be responsible to inform the board, in writing, of any State or National Campaign during that campaign drive time period.
6. The Partner Agency agrees to advise the United Way Board, in writing, of any capital fund solicitation.
7. The Partner Agency agrees to refrain from taking actions or conducting activities likely to damage the reputation of United Way. Any concerns will be brought directly to the United Way Board of Directors.
8. The Partner Agency will cooperate with and give support to the United Way organization and campaign, making available volunteer and professional leadership and such other services as may be helpful to assure success of the United Way. Examples may include:
 - Submit articles or letters from clients if available and appropriate
 - Participate when possible in established and proposed activities
 - Use “United Way funded partner agency” wording and United Way logo in all published agency articles pertaining to funded programs
9. **The Partner Agency will use the United Way logo in printed materials, and will incorporate in its local year-round educational and public relations program, identifying the United Way as financing organization.**
10. Partner Agency will submit a yearly schedule of community fundraising activities to accompany their request for United Way support.
11. The Partner Agency may receive financial bequests, legacies, memorials and unsolicited gifts. The total of all such income shall be reported annually to the United Way Allocation Committee.
12. The Partner Agency shall maintain such books and records as may be necessary to produce desired information on finances and service. The Partner Agency shall also give free access to said books and records for examination by authorized representatives of the United Way. The Partner Agency shall further supply the United Way with an accounting of all income and expenses for every campaign fund when the Allocation report is due.
13. The Partner Agency agrees to abide by the by-laws and policies of the United Way of McLeod County, in as much as they pertain to its agency.
14. The Partner Agency certifies that it will not, during the term of this agreement, discriminate based on any factors that unlawfully relate to race, color, creed, religion, national origin, sex, marital status, with regard to public assistance, disability, sexual orientations or age.

United Way and the Partner Agency Responsibilities:

1. Agree to comply with Generally Accepted Accounting Principles (GAAP).
2. Shall use their best efforts to comply with the explicit and implicit terms of the agreement.
3. Participation shall be from April 30 to December 31, 2017. No ongoing funding should be expected. The Partner Agency or United Way may terminate this agreement upon prior 30 Day written notice.
4. Programs will receive 1/2 of their allocation in June and November, 2017.

United Way of McLeod County

Chief Volunteer Officer

Executive Director

Date

Partner Agency Participant

Chief Volunteer Officer

Executive Director

Date



To: 2017 United Way of McLeod County Community Grant Applicants
From: Paul Thompson
Executive Director
Date: Monday, January 30, 2017
Re: 2017 UWMC Community Grants

Thank you for your interest in the 2017 UWMC Community Grant application process. The complete "2017 United Way of McLeod County Application for Funding" is attached. We look forward to reading the applications and learning more about the important work you do.

Please submit the following information to complete your Agency's United Way of McLeod County Application for Funding for 2017. **Please use white paper and three-hole punch your application.** No notebooks or covers are required; the United Way staff prepares individual notebooks for the Allocations Committee members.

1. **Six (6)** copies of Agency's current (2017) budget.
2. **One (1)** copy of Agency's most recent Audit Report and IRS Form 990.
3. **Six (6)** copies of Agency's most recent Financial Statements.
4. **Six (6)** copies of completed Application for Funding Form for **EACH PROGRAM** for which your Agency is requesting funding.
5. **Six (6)** copies of Board of Directors and their affiliations.
6. **One (1)** copy of IRS 501(c)3 determination letter or statement as unit of government.
7. **One (1)** copy of schedule of yearly community fundraising activities (if applicable).

Please note that the United Way of McLeod County Board of Directors must review and approve the request for each program and the responsibilities of a participating agency per the "Participating Partner Agency Agreement" between (agency) and United Way of McLeod County.

Signatures of the Chief Professional Officer (Executive Director) and the Designated Officer of the Board are required as well as the date of Board Approval on the cover sheet of the Request for Funding for **EACH PROGRAM** your agency is submitting.

All completed United Way of McLeod County Applications for Funding received in the United Way of McLeod County office by **5:00 PM, Monday, February 27**, will be considered for 2017 funding. Please feel free to call me with any questions at (320) 587-3613.

2017 United Way of McLeod County Application for Funding

Cover Sheet

Date of application: _____

Organization Information

| | |
|--|---|
| PROGRAM NAME: | <u>Universal Contact</u> |
| Agency Name: | <u>McLeod County Public Health</u> |
| Executive Director: | <u>Jennifer Hauser, MSN, BSN, PHN</u> |
| Contact Name & Title: (if different from ED) | <u>Barb Oberlin RN, BSN, PHN, CLC</u> |
| Web site: | <u>www.co.mcleod.mn.us</u> |
| Telephone: | <u>320-864-3185</u> |
| Fax: | <u>320-864-1484</u> |
| Mailing Address: | <u>1805 Ford Avenue North Suite 200</u> |
| City, State, Zip: | <u>Glencoe, MN 55336</u> |
| EIN/Tax ID Number: | <u>41-600-5841</u> |

Proposal Information

| | |
|---|--------------------------------------|
| Agency Fiscal Year: (ex: January 1, 2017 to December 31, 2017) | January 1, 2017 to December 31, 2017 |
| Amount requested for this PROGRAM from the United Way: | \$6000.00 |
| Percentage of PROGRAM budget requested from this United Way for each focus area: | Percent for Each Area (total = 100%) |
| Education | 60 |
| Income | |
| Health | 40 |
| | |

Authorization

This funding request was considered and approved for submission by the Agency's Board of Directors at their meeting on this date: _____

The Board of Directors also reviewed and accepted the responsibilities of a participating agency as outlined in the "Participating Partner Agency Agreement" with the United Way of McLeod County.

Jennifer Hauser, MSP, BSN, PHN

Chief Professional Officer or Executive Director
(Type or Print)

Board President or Authorized Official
(Type or Print)

Application Prepared By: **Barb Oberlin, RN, BSN, PHN, CLC**

Phone: 320-864-7136 E-mail: barb.oberlin@co.mcleod.mn.us

2017 United Way of McLeod County Application for Funding

AGENCY OVERVIEW

- A. Agency Mission Statement: We are a County-based Public Health Agency. Our Mission is: To protect the Health of the Community, to promote a Healthy Community for future generations, and to provide Public health Nursing Services in accordance with the highest standards of professional practice.
- B. Geographic area the agency covers: McLeod County and its residents.

PROGRAM INFORMATION

- A. What community need does this program address? Public Health serves all families with newborns in our county and many of them are young, single parents. We provide support through parenting education, child care information, lactation support and connection to local resources.
- B. Explain the service the program provides (2 to 3 sentences): Public Health receives notification about newborns from area hospitals, Minnesota Department of Health, and McLeod County Vital Statistics. A phone call is made by a Public Health nurse to the new parents. A home visit is then offered. If the parents decline a visit, the nurse offers to answer any questions or address any concerns that the family may have during the phone visit. She also sends them pertinent information regarding new baby care, infant/child growth and development, home safety, parenting, infant feeding, and Public Health/community resources. Public Health also provides breastfeeding assistance/support via telephone or at the home visit.
- C. Describe benefits the recipients receive (2 paragraphs): As stated above, the home visit or phone visit allows parents to ask questions of the nurse in a non-threatening, friendly, and helpful environment. During the new baby visit, the infant is weighed, and information is exchanged re: feeding, elimination patterns, sleep patterns, and skin condition and care. New mothers receive assistance and support with breastfeeding. Nutritional information and tips for bottle feeding are also covered. In addition, the mother's health is discussed, specifically her physical recovery from the birth experience which would include her nutrition, rest, and emotional well-being. Information is augmented through the use of literature that is left with the mother on the home visit or an outreach packet is mailed to the mother. Community resources are outlined, and the mother is given the opportunity to enroll the infant in the Follow Along Program (FAP). The mother is also offered continued home visiting as needed through our Family Home Visiting program.
- D. Write a brief story about your program that the United Way may use for marketing purposes during the Campaign (4 paragraphs):

2017 United Way of McLeod County Application for Funding

Having a new baby can be as much an overwhelming experience as it can be a time of joy. Bringing home baby and adjusting to life at home together is a learning experience for both newborns and parents. Families of all circumstances may need support as they transition home from the hospital. The United Way grant allows Public Health the ability to connect with all these families and to lay the groundwork for ensuring healthy growth and development. A current success story would be a new mom who delivered at a hospital outside of McLeod County. We did not receive a newborn referral for her from the hospital where she delivered. However, the state notifies Public Health of all new births for people that live in McLeod County so we knew of the delivery. Since this client resides in McLeod County, an Outreach packet was mailed to her from Public Health. In response to receiving this packet, the client called Public Health. She was experiencing some challenges with breastfeeding her new baby and was looking for some guidance with this, so a postpartum newborn home visit was scheduled. At the initial home visit, upon physical assessment of the infant, it was evident that baby was not getting enough intake/transferring milk adequately thus resulting in poor weight gain. Baby was noted to be low weight for her age. Teaching and education were provided to parents regarding feeding cues, demand feedings and not putting newborn on a feeding schedule. Public Health was able to follow this family for several weeks to monitor feeding status and newborns weight. These visits allowed parents to ask questions, Public Health the ability to provide lactation support and parents were able to see baby's growth progress with the weekly weight checks. Public Health was able to see mom and baby in the home each week which alleviated the family having to take the baby out in the elements as they live a distance from their healthcare provider. Public Health corresponded with infant's provider to keep them updated on baby's progress. Over the course of 6 weeks, we were able to provide education and support to the parents and baby was steadily gaining weight appropriately. Infant was also enrolled in the Follow Along Program.

Positive outcomes from this story are assisting the family with getting connected to community resources and services. Public Health was able to provide continual lactation support and education and home visits allowed us to come to the family versus the family having to travel out of town with a new baby.

PROGRAM EVALUATION

Limit of 3 pages

A. SUMMARY OF PREVIOUS YEAR'S PROGRAM IMPACT: Briefly describe the program's outcomes from last year (or year to date) highlighting the indicators used to track those outcomes. If applying for a newly established program, move on to the next question. Using your 2016 funding application (Section D - Outputs), please demonstrate how your outcomes are being obtained including measurement indicators and results.

During 2016, we provided a "New Parent Survey" to each new mother at each new baby visit. Fifty-nine surveys were returned and tabulated. Please see the attached document,

2017 United Way of McLeod County Application for Funding

“2016 New Parent Surveys” which notes the exceptional satisfaction participants had with the visits. Their complimentary comments are also listed.

- B. INPUTS:** What resources are dedicated to the program (please be specific)? (Examples: # of FTE's, # of volunteers and volunteer hours, materials, technology, facilities, equipment, etc.)

Our program has .54 FTE allocated. There are currently five full time nurses and one part time nurse who do the visits and make the phone calls. Of those nurses, three are Certified Lactation Specialists (CLS), and two are Certified Lactation Counselors (CLC).

The materials distributed to mothers are created or obtained by McLeod County Public Health. Printing is done “in house” to save costs. McLeod County Public Health also provides the scales used for newborn weights. Our offices house desk space, paper products, and computer capabilities utilized by the nurses to facilitate their visits and documentation.

- C. ACTIVITIES & SERVICES:** What is done? How does the program function? (Examples: sheltering & feeding, training, counseling, etc.)

Our program promotes childhood development and safety by:

- Connecting parents to community resources.
- Answering questions asked by new parents.
- Providing parenting information.
- Collaborating with providers for continuation of infant care.
- Providing lactation support.

- D. OUTPUTS:** Volume of work accomplished (Examples: participants served, number of workshops, meetings, educational materials distributed, etc.)

Our WIC (Women, Infants, and Children) program ended the 2016 year serving 1298 individuals in McLeod County. Referrals to WIC are generated during the new baby visit. The majority of new mothers participating in WIC initiated breastfeeding. Our Follow Along Program (where new parents fill out and mail back a questionnaire that assess specific physical and social-emotional developmental milestones on a 2-6 month interval until the child is 3 years of age) had 370 enrolled as of 12/31/2016 which is an increase of 15 children since 2015. Most new referrals to this valuable nearly statewide program occur during the new baby home visit or phone visit.

In 2016, McLeod County Public Health made contact to all 443 women that delivered in our county. The Public Health nurses provided home visits to 75 of these families. We also provided phone visits to an additional 208 new mothers with outreach packets going to 165 new mothers in which a phone number was not provided.

- E. PROGRAM OUTCOMES:** Benefits or changes for people during or after participation in program activities. Initially outcomes should reflect new knowledge, attitudes or skills and ultimately, long-term meaningful changes in their lives. (Example: Increase in the number of students participating in after-school reading program)

Please note the personal interest story provided by one of our nurses under item D in “Program Information.” Also, our WIC and FAP numbers speak to the effectiveness of the Universal Contact Project outreach.

- F. MEASUREMENT TOOLS:** How do you measure progress toward outcome achievement (Example: survey, case notes, census data, etc.)

2017 United Way of McLeod County Application for Funding

The 2016 “New Parent Survey” document outlines the success of our Universal Contact Program.

The 2016 “New Parent Survey”, document outlines the success of our Universal Contact Program. Please refer to the tabulated report noted in item A under “Program Evaluation”. Also, please note the personal interest story provided by one of our nurses under item D in “Program Information”. Our WIC and FAP numbers also speak to the effectiveness of the Universal Contact Program outreach.

- G. **INDICATORS:** Explain the specific characteristics or behaviors that will be measured to show how fully the program is achieving the above stated outcomes. (Examples: % of participants that will gain new knowledge, % of participants that will use new skills, % of participants that will have a measureable change in their lives.)

The results of the 2016 “New Parent Survey” document show that an impressive 100% of the participants report that they “will use the information I learned during the nurse visits”. When asked if the nurse answered their questions or talked to them about things they were concerned about, 100% said “Yes”. The Universal Contact Program is client focused.

- H. **EXPECTED RESULTS:** What will your impact on the community be? Also include a description of your organizations’ expectations. (Example: Increase the number of students reading at grade level)

As a direct result of this program, there will be:

- Increased well child visits
- Increased rates of breastfeeding
- Increased utilization of resources
- Increased WIC and FAP enrollment
- Increased rates of immunization

Overall, our entire county will benefit from the raising of healthy, well-developed children. There will be fewer unnecessary trips to the doctor, more stable home environments due to decreased stress caused by the lack of tools available to young families, and parents will be supported in their efforts as their child’s first and best teacher. These outcomes will be a stabilizing force in our society.

- I. **What other agencies or programs does this program partner with to provide services, increase awareness of each other, and avoid duplication?** Please list them below along with a brief description on their role in the partnership.

| Agency or program | Their role |
|--------------------------------------|--|
| Early Childhood Family Education | Ongoing parenting education and support/referrals |
| Child and Teen Checkups | Early detection of health concerns/referrals |
| IEIC/Help Me Grow/Early Intervention | Early detection and educational services for developmental delays/referrals. |
| Children’s Dental Services | Prevention of tooth decay and promotion of dental health. Clinics take place at Public Health. |
| Family Home Visiting | Building a stronger family by improving parenting skills. |

- J. **What would be the impact on this program if it does not receive funding from United Way of McLeod County?**

2017 United Way of McLeod County Application for Funding

There is no other pay source dedicated to universal contact. New mothers would not have the availability of no cost in home assistance during this fragile time, especially regarding breastfeeding support.

PROGRAM BUDGET

- A. Complete **FORM B** (Three-year comparison Program Budget).
- Use only amount for McLeod County area program. If your program is regional or statewide, please list the McLeod County area separately.
 - United Way of McLeod County funds appear in two places. Line one (1) is for United Way of McLeod County Allocations Only. United Way donor Designated Funds should be included in Line three (3).
- C. Explain any line items that have increased or decreased by 10% or more since last year. Public Health had an increase in home visits from 55 in 2015 to 75 in 2016. We are including outreach that we do with our clients because we are connecting in some way with each new mom/baby that resides in McLeod County. Public Health is spending time and money to send Outreach packets to clients that deliver and do not have a phone number.
- D. If an increase in United Way funding is requested, explain how the additional money will affect delivery of services.

There has been an ongoing deficit in funding of the Universal Contact Program. This has necessitated use of an increasing amount of county tax dollars to fund the program. If our allocations were increased, more of the actual cost would be covered and county revenue could be re-appropriated to other citizen needs.

- D. What percentage (%) of program funding remains in McLeod County? 100%

2017 United Way of McLeod County Application for Funding

FORM A – PROGRAM CLIENT STATISTICS

Program Name:

| Program Beneficiary Characteristics Clients/Patients/Recipients/Other | Prior Year Actual From 1/1/2016 to 12/31/2016 | Current Year Estimated From 1/1/2017 to 12/31/2017 | Next Year Budgeted From 1/1/2018 to 12/31/2018 |
|--|--|---|---|
| 1. Program Beneficiaries (<i>unduplicated</i>): | 443 | | |
| A) total continuing from previous fiscal year | | | |
| B) total new for the year | | | |
| C) total completed or left program during the year | | | |
| Total 1 | 443 | | |
| 2. Age Group (appropriate for your agency) | | | |
| A) infants (under 5) | 75 | | |
| B) between 6 and 18 | 6 | | |
| C) between 19 and 29 | 225 | | |
| D) between 30 and 64 | 137 | | |
| E) 65 and over | 0 | | |
| F) unknown | | | |
| Total 2 | 443 | | |
| 3. Residence by Zip Code | | | |
| A) 55312 Brownton | 25 | | |
| B) 55336 Glencoe | 114 | | |
| C) 55350 Hutchinson | 198 | | |
| D) 55354 Lester Prairie | 17 | | |
| E) 55370 Plato | 6 | | |
| F) 55381 Silver Lake | 31 | | |
| G) 55385 Stewart | 17 | | |
| H) 55395 Winsted | 35 | | |
| Total 3 | 443 | | |

Please note that total 1, total 2 & total 3 should be equal. These numbers will be used when marketing the 2017-18 campaign, please be as accurate as possible.

2017 United Way of McLeod County Application for Funding

FORM B – PROGRAM BUDGET

| Agency Name: Program: | Prior Year Actual From 1/1/2016 to 12/31/2016 | Current Year Estimated From 1/1/2017 to 12/31/2017 | Next Year Budgeted From 1/1/2018 to 12/31/2018 |
|---|--|--|---|
| Support and Revenue | 4,000 | 6,000 | 6,000 |
| 1. Allocation from United Way of McLeod County (Including direct designations) | | | |
| 2. Allocation from other United Ways | | | |
| 3. Individual Contributions | | | |
| 4. Foundation and Other Non-Government Grants | | | |
| 5. Special Events | | | |
| 6. Legacies and Bequests (Unrestricted) | | | |
| 7. Contributed by Associated Organizations | | | |
| 8. Fees and Grants from Government Agencies | | | |
| 9. Membership Dues | | | |
| 10. Program Service Fees and Net Incidental Revenue | | | |
| 11. Gifts in Kind | | | |
| 12. Sales of Products and Services | | | |
| 13. Investment Income | | | |
| 14. Miscellaneous and Charitable Gambling Income (itemize if over \$1,000) | | | |
| 15. Total Support and Revenue (add 1-14) | | | |
| Expenses | | | |
| 16. Gross Salaries from Form 990 (14.6 % Admin. 85.4 % Program) | 25,514 | 26,024 | 26,545 |
| 17. Employee Benefits | 4982 | 5082 | 5183 |
| 18. Payroll Taxes | | | |
| 19. Professional Fees | | | |
| 20. Supplies | | | |
| 21. Telephone | | | |
| 22. Postage and Shipping | | | |
| 23. Occupancy | | | |
| 24. Equipment Rental and Maintenance | | | |
| 25. Printing and Publications | | | |
| 26. Travel | 593 | 600 | 600 |
| 27. Conferences, Conventions and Meetings | | | |
| 28. Specific Assistance to Individuals | | | |
| 29. Membership Dues | | | |
| 30. Awards/ Grants/ Scholarships | | | |
| 31. Insurance | | | |
| 32. Miscellaneous (itemize if over \$500) | | | |
| 33. Payments to Affiliated Organizations | | | |
| 34. Board Designations for Specific Future Activities | | | |
| 35. Total Expenses (add 16-34) | 31089 | 31706 | 32328 |
| Excess (Deficit) of Total Support & Revenue over Expenses <i>(Line 15 minus Line 35)</i> <i>Please provide details regarding use of excess funds or plans for erasing deficit.</i> | -27089 | -25706 | -26328 |

| | |
|---|---|
| % of Admin. and Fundraising Costs (IRS Form 990) This number is required by the Federal Government from all of our member agencies so that we can solicit their employees. | % |
|---|---|

| | | | |
|---|--|--|--|
| Other | | | |
| Reserves/Emergency Funds/Rainy Day Funds | | | |
| - Restricted Funds (Total Value) | | | |
| - Unrestricted Funds (Total Value) | | | |

2017 United Way of McLeod County Application for Funding

1/24/17 revised

2016 New Parent Surveys – 59 completed

1. Where did you visit with the nurse?

| | | | |
|---------------|----|--------------------|------------------------|
| a. In my home | 56 | c. At a WIC clinic | 1 |
| b. By phone | 3 | d. Other | 1 Public Health Office |
2. Was this your first pregnancy?

| | |
|-------------------|----|
| a. Yes | 31 |
| b. No | 28 |
| c. Did not answer | 0 |
3. Was the nurse friendly, caring and encouraging?

| | |
|--------|----|
| a. Yes | 59 |
| b. No | 0 |
4. Did the nurse answer your questions or talk with you about things you were concerned about?

| | |
|--------|----|
| a. Yes | 59 |
| b. No | 0 |
5. Was the nurse respectful of your family's culture and traditions?

| | |
|-------------------|----|
| a. Yes | 56 |
| b. No | 0 |
| c. Did not answer | 2 |
6. From the following list, check the things you learned from the nurse:

| | |
|---|----|
| a. Child growth and development | 53 |
| b. Feeding my baby (breast or bottle) | 55 |
| c. How to make my home safe from my child | 51 |
| d. Child passenger safety (car seats) | 52 |
| e. Routing health care and immunizations (baby shots) | 57 |
| f. Putting my baby to sleep on his/her back, sleep habits | 53 |
| g. How to calm a fussy baby | 47 |
| h. How to plan and space my family | 40 |
| i. Community resources and services that could help my family (WIC, ECFE) | 58 |
| j. Other | 0 |
7. I will use the information I learned during the nurse visits:

| | |
|--------|----|
| a. Yes | 59 |
| b. No | 0 |
8. Please share any comments you have regarding the nurse visit: (see back)
9. In what age group do you belong

| | | | |
|----------|----|--------------|----|
| a. 0-18 | 3 | d. 30-34 | 13 |
| b. 19-24 | 13 | e. 35-39 | 7 |
| c. 25-29 | 23 | f. 40 & over | 0 |
10. Did the nurse explain the Follow Along Program and its benefits?

| | |
|-------------------|----|
| a. Yes | 58 |
| b. No | 0 |
| c. Did not answer | 1 |
11. Would you like to enroll your child/ren in the Follow Along Program (FAP)?

| | | | |
|--------|----|-------------------|---|
| a. Yes | 39 | c. Unsure | 3 |
| b. No | 15 | d. Did not answer | 2 |

Comments regarding nurse visit:

- Very helpful and nice. Will for sure follow-up if I have questions.
- Great resource and great information.
- Very informative as a new mom.
- A very helpful resource!
- We had a great visit; Beth was very informative, kind, and understanding :)
- Very friendly, nice information. I appreciate the folder full of resources. Thank you.
- Beth was great!
- Lots of information. Nurse was knowledgeable. Very accommodating and asking if I had questions :)
- She was an awesome help with my concerned questions. She showed me new things I never thought of. New ways of breastfeeding (positions, ways of soften the nipple before I feed).
- She was very friendly :)
- Helpful and polite, good experience.
- Very useful. Enjoyed the visit and glad my questions could be answered.
- Nurse was very nice and helpful however had very strong perfume on which bugged me. Other than that awesome job.
- Very helpful with a lot of information.
- Very helpful and informative.
- Gained lots of great info and resources.
- Very nice and good with other kids around. Informative and great!
- Beth was very knowledgeable and caring. She was entertained by my daughter and included her in the visit.
- Poes Poe mucha ayda la visita
- Very friendly and took time. Wasn't rushed.
- Beth was friendly and respectful really enjoyed the visit and made plans to see her again.
- Very helpful and we have lots of resources now.
- It was nice and convenient to have the nurses come to our home to educate and check in on us.

ROBECK
12/8/16

10:13AM

01 FUND GENERAL REVENUE FUND

2017
***** McLeod County IFS *****

USER-SELECTED BUDGET REPORT



Report Basis: Modified Accrual

| <u>Account Number</u> | | <u>Account Description</u> | <u>BUDGET</u> |
|-----------------------|-------------|--------------------------------------|---------------|
| 485 | DEPT COUNTY | PUBLIC HEALTH NURSING | 2017 |
| 01-485-000-0000-6105 | | Salaries And Wages - Full Time | 1,594,758 |
| 01-485-000-0000-6106 | | Severance And Unused Sick Leave | 5,840 |
| 01-485-000-0000-6110 | | Salaries And Wages - Part Time | 248,870 |
| 01-485-000-0000-6149 | | Per Diem | 1,200 |
| 01-485-000-0000-6153 | | Health & Life Insurance - County SI | 291,960 |
| 01-485-000-0000-6163 | | Pera - County Share | 138,272 |
| 01-485-000-0000-6175 | | Fica - County Share | 141,507 |
| 01-485-000-0000-6179 | | Workers' Compensation Insurance | 29,328 |
| 01-485-000-0000-6203 | | Communications | 14,523 |
| 01-485-000-0000-6205 | | Postage And Postal Box Rental | 4,100 |
| 01-485-000-0000-6241 | | Printing And Publishing | 200 |
| 01-485-000-0000-6245 | | Dues And Registration Fees | 14,000 |
| 01-485-000-0000-6265 | | Professional Services | 2,000 |
| 01-485-000-0000-6269 | | Contracts | 12,000 |
| 01-485-000-0000-6303 | | Repair And Maintenance Services | 100 |
| 01-485-000-0000-6335 | | Mileage Expense | 16,973 |
| 01-485-000-0000-6336 | | Meals, Lodging, Parking & Miscellar | 2,500 |
| 01-485-000-0000-6338 | | Motor Pool Expenses | 12,000 |
| 01-485-000-0000-6350 | | Other Services & Charges | 22,500 |
| 01-485-000-0000-6359 | | Miscellaneous Charges | 17,000 |
| 01-485-000-0000-6364 | | County Employee Wellness Commit | 5,000 |
| 01-485-000-0000-6368 | | MEDICAL AND BLOOD TESTS | 800 |
| 01-485-000-0000-6402 | | Office Supplies | 7,000 |
| 01-485-000-0000-6403 | | Printed Paper Supplies | 800 |
| 01-485-000-0000-6438 | | Vaccine | 2,000 |
| 01-485-000-0000-6451 | | Books | 200 |
| 01-485-000-0000-6612 | | Capital - \$100- \$5,000 (Inventory) | 18,946 |
| 01-485-000-0000-6850 | | PAYMENTS TO OTHER AGENCIES | 110,000 |
| 01-485-430-5090-5336 | | Local Public Health Grant | 86,000 - |
| 01-485-430-5090-5501 | | Admin Reimbursements | 100 - |
| 01-485-430-5092-5501 | | Buccal Test | 50 - |
| 01-485-440-5110-5454 | | Bioterrorism Ep Grant 93.28 | 21,000 - |
| 01-485-440-5150-5501 | | Immunization- Self Pay | 1,500 - |
| 01-485-440-5151-5501 | | Immunization- Medical Assistance | 2,000 - |
| 01-485-440-5152-5501 | | Immunization- Insurance | 2,000 - |
| 01-485-455-5460-5760 | | UNITED WAY NUISANCE | 2,000 - |

ROBECK
12/8/16 10:13AM

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



USER-SELECTED BUDGET REPORT

01 FUND GENERAL REVENUE FUND

Report Basis: Modified Accrual

BUDGET
2017

| <u>Account Number</u> | <u>Account Description</u> | | BUDGET 2017 |
|-----------------------|-------------------------------------|--------|----------------|
| 01-485-470-0000-5280 | PACT FOR FAMILIES | | 1,000 - |
| 01-485-470-0000-5501 | PW/MA LEAD SCREENS | | 2,700 - |
| 01-485-470-5710-5414 | Mch Grant | 93.994 | 23,000 - |
| 01-485-470-5712-5252 | MA MCH STATE | | 500 - |
| 01-485-470-5712-5412 | MA MCH FEDERAL | | 500 - |
| 01-485-470-5712-5501 | MCH PW | | 6,000 - |
| 01-485-470-5713-5252 | MA HLTH PROMO STATE | | 1,000 - |
| 01-485-470-5713-5412 | MA HLTH PROMO FEDERAL | | 1,000 - |
| 01-485-470-5713-5501 | HEALTH PROMOTION PW | | 30,000 - |
| 01-485-470-5714-5501 | PW FH- SCREENS | | 2,000 - |
| 01-485-470-5715-5501 | Insurance | | 3,000 - |
| 01-485-470-5719-5501 | Car Seats | | 2,000 - |
| 01-485-470-5720-5475 | Fetal Alcohol Program Grant | 93 | 23,500 - |
| 01-485-470-5721-5428 | FOLLOW ALONG PROGRAM | | 2,000 - |
| 01-485-470-5722-5501 | Shelter | | 8,100 - |
| 01-485-470-5723-5357 | Dhs Tanf Surplus Grant | | 26,000 - |
| 01-485-470-5724-5252 | MA HEALTHY TEETH STATE | | 100 - |
| 01-485-470-5724-5253 | SOUTHWEST INITIATIVE FOUNDAT | | 500 - |
| 01-485-470-5724-5412 | MA HEALTHY TEETH FEDERAL | | 100 - |
| 01-485-470-5724-5501 | Healthy Teeth | | 2,500 - |
| 01-485-470-5730-5338 | Fpsp Grant | | 20,000 - |
| 01-485-470-5750-5413 | Wic Grant | 10.557 | 150,000 - |
| 01-485-470-5790-5501 | School Health Service Contracts | | 25,000 - |
| 01-485-470-5791-5501 | Universal Contact | | 4,000 - |
| 01-485-470-5830-5422 | Child & Teen Checkups Grant (C&T) | | 74,500 - |
| 01-485-480-0000-5404 | Early Hearing Detection & Intervent | | 500 - |
| 01-485-480-0000-5405 | Birth Defects | | 500 - |
| 01-485-480-6020-5301 | HEALTHY HOMES | | 6,750 - |
| 01-485-480-6060-5301 | State Health Improvement Program | | 43,700 - |
| 01-485-490-0000-5501 | Chronic Pain Mtg Fee | | 50 - |
| 01-485-490-0000-5559 | CHORE SERVICES | | 4,800 - |
| 01-485-490-0000-6047 | Chore Services | | 4,800 - |
| 01-485-490-6311-5501 | Private Pay Foot Care Clinic | | 21,000 - |
| 01-485-490-6317-5203 | MN CHOICES | | 5,000 - |
| 01-485-490-6321-5501 | Jail Health Contract | | 29,000 - |
| 01-485-490-6322-5501 | Prime West Waivers | | 760,000 - |
| 01-485-490-6325-5501 | Pca Assessment | | 8,500 - |

ROBECK
 12/8/16 10:13AM
 01 FUND GENERAL REVENUE FUND

***** McLeod County IFS *****
 USER-SELECTED BUDGET REPORT



Page 4
 Report Basis: Modified Accrual

| | | | | BUDGET |
|------|-----------------------|------------------------------|---------|------------|
| | | | | 2017 |
| | <u>Account Number</u> | <u>Account Description</u> | | 9,500 - |
| | 01-485-490-6326-5501 | Ltcc Prime West | | |
| DEPT | 485 | COUNTY PUBLIC HEALTH NURSING | Revenue | 1,412,950- |
| | | | Expend. | 2,719,177 |
| | | | Net | 1,306,227 |
| FUND | 01 | GENERAL REVENUE FUND | Revenue | 1,412,950- |
| | | | Expend. | 2,719,177 |
| | | | Net | 1,306,227 |



REBECCA OTTO
STATE AUDITOR

STATE OF MINNESOTA
OFFICE OF THE STATE AUDITOR

SUITE 500
525 PARK STREET
SAINT PAUL, MN 55103-2139

(651) 296-2551 (Voice)
(651) 296-4755 (Fax)
state.auditor@state.mn.us (E-Mail)
1-800-627-3529 (Relay Service)

September 26, 2016

The Honorable Cindy Schultz Ford
County Auditor-Treasurer
McLeod County Office Building
2391 Hennepin Avenue North
Glencoe, Minnesota 55336

Dear County Auditor-Treasurer Schultz Ford:

I am pleased to report that the Office of the State Auditor has completed its audit of McLeod County for the year ended December 31, 2015. Two copies of the audit report, which includes the County's financial statements, the Independent Auditor's Report, and our Management and Compliance Report, are being forwarded to you with this letter.

The primary purpose of our audit is to formulate opinions on McLeod County's financial statements. We also have a responsibility and commitment to assist you in maintaining and improving the County's financial management system.

I am pleased to say that we have issued an unmodified opinion on McLeod County's financial statements. This means that, in our opinion, the financial statements are fairly presented and conform with applicable accounting standards.

In addition to formulating opinions on McLeod County's financial statements, we reviewed the County's internal controls, legal compliance, and financial management practices. The Management and Compliance Report contains the results of that review, including our recommendation for improvement.

We would welcome the opportunity to work with you on the implementation of the recommendation made in our Management and Compliance Report. If you have any questions about the report, please feel free to contact my Office.

Sincerely,

A handwritten signature in black ink, appearing to read "Rebecca Otto".

Rebecca Otto
State Auditor

RO:sa
Enclosure(s)



REBECCA OTTO
STATE AUDITOR

STATE OF MINNESOTA OFFICE OF THE STATE AUDITOR

SUITE 500
525 PARK STREET
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INDEPENDENT AUDITOR'S REPORT

Board of County Commissioners
McLeod County
Glencoe, Minnesota

Report on the Financial Statements

We have audited the accompanying financial statements of the governmental activities, the discretely presented component unit, each major fund, and the aggregate remaining fund information of McLeod County, Minnesota, as of and for the year ended December 31, 2014, including the McLeod County Housing and Redevelopment Authority (HRA) as of and for the year ended June 20, 2014, and the related notes to the financial statements, which collectively comprise the County's basic financial statements, as listed in the table of contents.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express opinions on these financial statements based on our audit. We did not audit the financial statements of the McLeod County HRA, the discretely presented component unit. Those financial statements were audited by other auditors whose report has been furnished to us, and our opinion, insofar as it relates to the amounts included for the McLeod County HRA, is based solely upon the report of the other auditors. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the County's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the County's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions.

Opinions

In our opinion, based on our report and the report of other auditors, the financial statements referred to above present fairly, in all material respects, the respective financial position of the governmental activities, the discretely presented component unit, each major fund, and the aggregate remaining fund information of McLeod County as of December 31, 2014, including the McLeod County HRA as of June 30, 2014, and the respective changes in financial position thereof for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matters

Required Supplementary Information

Accounting principles generally accepted in the United States of America require that the Management's Discussion and Analysis and Required Supplementary Information as listed in the table of contents be presented to supplement the basic financial statements. Such information, although not part of the basic financial statements, is required by the Governmental Accounting Standards Board, who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

Supplementary Information

Our audit was conducted for the purpose of forming opinions on the financial statements that collectively comprise McLeod County's basic financial statements. The supplementary information as listed in the table of contents is presented for purposes of additional analysis and is not a required part of the basic financial statements. The supplementary information is the

responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the basic financial statements. Such information has been subjected to the auditing procedures applied in the audit of the basic financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the basic financial statements or to the basic financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the basic financial statements as a whole.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated September 29, 2015, on our consideration of McLeod County's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering McLeod County's internal control over financial reporting and compliance. It does not include the McLeod County HRA, which was audited by other auditors.

Report on Schedule of Expenditures of Federal Awards Required by OMB Circular A-133

Our audit was conducted for the purpose of forming opinions on the financial statements that collectively comprise the basic financial statements. The accompanying Schedule of Expenditures of Federal Awards (SEFA) is presented for purposes of additional analysis as required by OMB Circular A-133 and is not a required part of the basic financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the basic financial statements. The information has been subjected to the auditing procedures applied in the audit of the basic financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the basic financial statements or to the basic financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the SEFA is fairly stated in all material respects in relation to the basic financial statements as a whole.

/s/Rebecca Otto

REBECCA OTTO
STATE AUDITOR

/s/Greg Hierlinger

GREG HIERLINGER, CPA
DEPUTY STATE AUDITOR

September 29, 2015



McLeod County Public Health Nursing Service

**1805 Ford Avenue, Suite 200
Glencoe, Minnesota 55336**

**Direct Line (320) 864-3185
Fax Number (320) 864-1484
Hutchinson (320) 484-4399
Winsted (320) 395-2568
Stewart (320) 328-4413**

The rest of this document is on file at McLeod County Public Health as it is a 154 page document. Please contact Barb Oberlin, Public Health Family Health Team at 320-864-1736 to receive a copy electronically.

Thank you.

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



Revenues/Expenditure Budget Report

Report Basis: Modified Accrual

Page 4
From: 01/2017 Thru: 01/2017
Percent of Year: 8%

01 Fund
GENERAL REVENUE FUND
485 Dept
COUNTY PUBLIC HEALTH NURSING

| <u>Account Numbe</u> | <u>Description</u> | <u>Status</u> | <u>01/2017 Amount</u> | <u>Selected Months</u> | <u>Budget 2017</u> | <u>% Of Budget</u> |
|----------------------|--|----------------|---------------------------|----------------------------|------------------------|------------------------|
| --- Revenues --- | | | | | | |
| 01-485-490-6311-5501 | Private Pay Foot Care Clinic | | 1,260.00- | 1,260.00- | 21,000.00- | 6 |
| 01-485-490-6317-5203 | MN CHOICES | | .00 | 0.00 | 5,000.00- | 0 |
| 01-485-490-6321-5501 | Jail Health Contract | | .00 | 0.00 | 29,000.00- | 0 |
| 01-485-490-6322-5501 | Prime West Waivers | | 47,766.47- | 47,766.47- | 760,000.00- | 6 |
| 01-485-490-6325-5501 | Pca Assessment | | .00 | 0.00 | 8,500.00- | 0 |
| 01-485-490-6326-5501 | Ltcc Prime West | | .00 | 0.00 | 9,500.00- | 0 |
| 485 Dept | TOTALS COUNTY PUBLIC HEALTH NURSING | Revenue | 49,085.47- | 49,085.47- | 1,412,950.00- | 3 |
| | | Expend. | 228,921.04 | 228,921.04 | 2,719,177.00 | 8 |
| | | Net | 179,835.57 | 179,835.57 | 1,306,227.00 | 14 |
| 01 Fund | TOTALS GENERAL REVENUE FUND | Revenue | 49,085.47- | 49,085.47- | 1,412,950.00- | 3 |
| | | Expend. | 228,921.04 | 228,921.04 | 2,719,177.00 | 8 |
| | | Net | 179,835.57 | 179,835.57 | 1,306,227.00 | 14 |
| FINAL TOTALS: | 75 Accounts | Revenue | 49,085.47- | 49,085.47- | 1,412,950.00- | 3 |
| | | Expend. | 228,921.04 | 228,921.04 | 2,719,177.00 | 8 |
| | | Net | 179,835.57 | 179,835.57 | 1,306,227.00 | 14 |

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



Revenues/Expenditure Budget Report

Report Basis: Modified Accrual

From: 01/2017 Thru: 01/2017

Percent of Year: 8%

01 Fund
GENERAL REVENUE FUND
485 Dept
COUNTY PUBLIC HEALTH NURSING

| <u>Account Numbe</u> | <u>Description</u> | <u>Status</u> | <u>01/2017 Amount</u> | <u>Selected Months</u> | <u>Budget 2017</u> | <u>% Of Budget</u> |
|----------------------|---|---------------|---------------------------|----------------------------|------------------------|------------------------|
| 01-485-440-5151-5501 | Immunization- Medical Assistance | | .00 | 0.00 | 2,000.00- | 0 |
| 01-485-440-5152-5501 | Immunization- Insurance | | .00 | 0.00 | 2,000.00- | 0 |
| 01-485-455-5460-5760 | UNITED WAY NUISENCE | | .00 | 0.00 | 2,000.00- | 0 |
| 01-485-470-0000-5280 | PACT FOR FAMILIES | | .00 | 0.00 | 1,000.00- | 0 |
| 01-485-470-0000-5501 | PW/MA LEAD SCREENS | | .00 | 0.00 | 2,700.00- | 0 |
| 01-485-470-5710-5414 | Mch Grant | 93.994 | .00 | 0.00 | 23,000.00- | 0 |
| 01-485-470-5712-5252 | MA MCH STATE | | .00 | 0.00 | 500.00- | 0 |
| 01-485-470-5712-5412 | MA MCH FEDERAL | | .00 | 0.00 | 500.00- | 0 |
| 01-485-470-5712-5501 | MCH PW | | .00 | 0.00 | 6,000.00- | 0 |
| 01-485-470-5713-5252 | MA HLTH PROMO STATE | | .00 | 0.00 | 1,000.00- | 0 |
| 01-485-470-5713-5412 | MA HLTH PROMO FEDERAL | | .00 | 0.00 | 1,000.00- | 0 |
| 01-485-470-5713-5501 | HEALTH PROMOTION PW | | .00 | 0.00 | 30,000.00- | 0 |
| 01-485-470-5714-5501 | PW FH- SCREENS | | .00 | 0.00 | 2,000.00- | 0 |
| 01-485-470-5715-5501 | Insurance | | .00 | 0.00 | 3,000.00- | 0 |
| 01-485-470-5719-5501 | Car Seats | | .00 | 0.00 | 2,000.00- | 0 |
| 01-485-470-5720-5475 | Fetal Alcohol Program Grant | 93.959 | .00 | 0.00 | 23,500.00- | 0 |
| 01-485-470-5721-5428 | FOLLOW ALONG PROGRAM | | .00 | 0.00 | 2,000.00- | 0 |
| 01-485-470-5722-5501 | Shelter | | .00 | 0.00 | 8,100.00- | 0 |
| 01-485-470-5723-5357 | Dhs Tanf Surplus Grant | | .00 | 0.00 | 26,000.00- | 0 |
| 01-485-470-5724-5252 | MA HEALTHY TEETH STATE | | .00 | 0.00 | 100.00- | 0 |
| 01-485-470-5724-5253 | SOUTHWEST INITIATIVE FOUNDATION GR | | .00 | 0.00 | 500.00- | 0 |
| 01-485-470-5724-5412 | MA HEALTHY TEETH FEDERAL | | .00 | 0.00 | 100.00- | 0 |
| 01-485-470-5724-5501 | Healthy Teeth | | .00 | 0.00 | 2,500.00- | 0 |
| 01-485-470-5730-5338 | Fpsp Grant | | .00 | 0.00 | 20,000.00- | 0 |
| 01-485-470-5750-5413 | Wic Grant | 10.557 | .00 | 0.00 | 150,000.00- | 0 |
| 01-485-470-5790-5501 | School Health Service Contracts | | .00 | 0.00 | 25,000.00- | 0 |
| 01-485-470-5791-5501 | Universal Contact | | .00 | 0.00 | 4,000.00- | 0 |
| 01-485-470-5830-5422 | Child & Teen Checkups Grant (C&Tc) | 93.771 | .00 | 0.00 | 74,500.00- | 0 |
| 01-485-480-0000-5404 | Early Hearing Detection & Intervention | | .00 | 0.00 | 500.00- | 0 |
| 01-485-480-0000-5405 | Birth Defects | | .00 | 0.00 | 500.00- | 0 |
| 01-485-480-6020-5301 | HEALTHY HOMES | | .00 | 0.00 | 6,750.00- | 0 |
| 01-485-480-6060-5301 | State Health Improvement Program (Ship) | | .00 | 0.00 | 43,700.00- | 0 |
| 01-485-490-0000-5501 | CHRONIC DISEASE MEETING FEE | | 10.00- | 10.00- | 50.00- | 20 |
| 01-485-490-0000-5559 | CHORE SERVICES | | .00 | 0.00 | 4,800.00- | 0 |
| --- Expenditures --- | | | | | | |
| 01-485-490-0000-6047 | Chore Services | | .00 | 0.00 | 4,800.00 | 0 |

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



Revenues/Expenditure Budget Report

Report Basis: Modified Accrual

From: 01/2017 Thru: 01/2017

Percent of Year: 8%

01 Fund
GENERAL REVENUE FUND
485 Dept
COUNTY PUBLIC HEALTH NURSING

| <u>Account Numbe</u> | <u>Description</u> | <u>Status</u> | <u>01/2017 Amount</u> | <u>Selected Months</u> | <u>Budget 2017</u> | <u>% Of Budget</u> |
|----------------------|---|---------------|---------------------------|----------------------------|------------------------|------------------------|
| --- Expenditures --- | | | | | | |
| 01-485-000-0000-6105 | Salaries And Wages - Full Time | | 124,804.97 | 124,804.97 | 1,594,758.00 | 8 |
| 01-485-000-0000-6106 | Severance And Unused Sick Leave | | 4,468.49 | 4,468.49 | 5,840.00 | 77 |
| 01-485-000-0000-6110 | Salaries And Wages - Part Time | | 13,899.31 | 13,899.31 | 248,870.00 | 6 |
| 01-485-000-0000-6149 | Per Diem | | 150.00 | 150.00 | 1,200.00 | 13 |
| 01-485-000-0000-6152 | Hsa Insurance - County Share | | 300.00 | 300.00 | 0.00 | 0 |
| 01-485-000-0000-6153 | Health & Life Insurance - County Share | | 20,855.75 | 20,855.75 | 291,960.00 | 7 |
| 01-485-000-0000-6163 | Pera - County Share | | 10,152.73 | 10,152.73 | 138,272.00 | 7 |
| 01-485-000-0000-6175 | Fica - County Share | | 9,907.37 | 9,907.37 | 141,507.00 | 7 |
| 01-485-000-0000-6179 | Workers' Compensation Insurance | | .00 | 0.00 | 29,328.00 | 0 |
| 01-485-000-0000-6203 | Communications | | 675.62 | 675.62 | 14,523.00 | 5 |
| 01-485-000-0000-6205 | Postage And Postal Box Rental | | .00 | 0.00 | 4,100.00 | 0 |
| 01-485-000-0000-6241 | Printing And Publishing | | .00 | 0.00 | 200.00 | 0 |
| 01-485-000-0000-6245 | Dues And Registration Fees | | 2,022.00 | 2,022.00 | 14,000.00 | 14 |
| 01-485-000-0000-6265 | Professional Services | | .00 | 0.00 | 2,000.00 | 0 |
| 01-485-000-0000-6269 | Contracts | | .00 | 0.00 | 12,000.00 | 0 |
| 01-485-000-0000-6303 | Repair And Maintenance Services | | .00 | 0.00 | 100.00 | 0 |
| 01-485-000-0000-6335 | Mileage Expense | | 630.35 | 630.35 | 16,973.00 | 4 |
| 01-485-000-0000-6336 | Meals, Lodging, Parking & Miscellaneous | | 5.87 | 5.87 | 2,500.00 | 0 |
| 01-485-000-0000-6338 | Motor Pool Expenses | | .00 | 0.00 | 12,000.00 | 0 |
| 01-485-000-0000-6350 | Other Services & Charges | | 93.18 | 93.18 | 22,500.00 | 0 |
| 01-485-000-0000-6359 | Miscellaneous Charges | | .00 | 0.00 | 17,000.00 | 0 |
| 01-485-000-0000-6364 | County Employee Wellness Committee | | .00 | 0.00 | 5,000.00 | 0 |
| 01-485-000-0000-6368 | MEDICAL AND BLOOD TESTS | | .00 | 0.00 | 800.00 | 0 |
| 01-485-000-0000-6402 | Office Supplies | | 93.53 | 93.53 | 7,000.00 | 1 |
| 01-485-000-0000-6403 | Printed Paper Supplies | | .00 | 0.00 | 800.00 | 0 |
| 01-485-000-0000-6438 | Vaccine | | .00 | 0.00 | 2,000.00 | 0 |
| 01-485-000-0000-6451 | Books | | .00 | 0.00 | 200.00 | 0 |
| 01-485-000-0000-6612 | Capital - \$100- \$5,000 (Inventory) | | .00 | 0.00 | 18,946.00 | 0 |
| 01-485-000-0000-6850 | PAYMENTS TO OTHER AGENCIES | | 40,861.87 | 40,861.87 | 110,000.00 | 37 |
| --- Revenues --- | | | | | | |
| 01-485-430-5090-5336 | Local Public Health Grant | | .00 | 0.00 | 86,000.00- | 0 |
| 01-485-430-5090-5501 | Admin Reimbursements | | 9.00- | 9.00- | 100.00- | 9 |
| 01-485-430-5092-5501 | Buccal Test | | .00 | 0.00 | 50.00- | 0 |
| 01-485-440-5110-5454 | Bioterrorism Ep Grant | 93.283 | .00 | 0.00 | 21,000.00- | 0 |
| 01-485-440-5150-5501 | Immunization- Self Pay | | 40.00- | 40.00- | 1,500.00- | 3 |

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



Revenues/Expenditure Budget Report

Page Break Option: 2 1 - Page Break by FUND
2 - Page Break by DEPT
3 - Page Break by PROGRAM

Specific G/L Months: From: 01/2017 Thru: 01/2017
Revenue Sort Option: 1 1 - List as appears in G/L Chart of Accounts
Expend Sort Option: 1 2 - List by OBJECT within FUND
3 - List by OBJECT within DEPT
4 - List by OBJECT within PROGRAM

Revenue Range Subtotal: 1 1 - None
Expend Range Subtotal: 1 2 - Detail and Subtotals by OBJECT Range
3 - Subtotals only by OBJECT Range
4 - DEPT Totals and Subtotals by DEPT Range
5 - Subtotals only by DEPT Range

Report Basis: Modified Accrual
Subtotal for Services N
Subtotal for Programs N
Subtotal For Objects: N

FUND Range From 1 Thru 1

DEPT Range From 485 Thru 485

PROGRAM
X Include/eXclude 472, 473, 474, 476

Budget for Repor BUDGET 2017

Include on Repor 1 1 - All G/L Accounts
2 - Only G/L Accounts with Budget
Amounts
3 - Only G/L Accounts without Budget
Amounts
Print on Repor 1 1 - Monthly Tot. "thru" G/L Month
2 - Variance Amt. (Budget - Ytd Amt.)
3 - Current/Prior Yr. Budget, % Change
4 - Current/Prior Yr. Budget, \$ Change

Include Zero Dollars N

Save Options: N

Comment:



McLeod County Public Health Nursing Service

1805 Ford Avenue, Suite 200
Glencoe, Minnesota 55336

Direct Line (320) 864-3185
Fax Number (320) 864-1484
Hutchinson (320) 484-4399
Winsted (320) 395-2568
Stewart (320) 328-4413

Ron Shimanski
1st District
23808 Jet Avenue
Silver Lake, MN 55381
320-327-0112

Doug Krueger, Vice-Chair
2nd District
9525 County Road 2
Glencoe, MN 55336
320-864-5944

Paul Wright
3rd District
15215 County Road 7
Hutchinson, MN 55350
320-587-7332

Ron.Shimanski@co.mcleod.mn.us
Term of Office expires in
January 2021

Doug.Krueger@co.mcleod.mn.us
Term of Office expires in
January 2019

Paul.Wright@co.mcleod.mn.us
Term of Office expires in January 2021

Rich Pohlmeier
4th District
207 1st Ave S
Brownton, MN 55312
320-587-6084

Joe Nagel, Chair
5th District
20849 196th Road
Hutchinson, MN 55350
320-587-8693

Rich.Pohlmeier@co.mcleod.mn.us
Term of Office expires in
January 2021

Joseph.Nagel@co.mcleod.mn.us
Term of Office expires in January 2019



McLeod County Public Health Nursing Service

**1805 Ford Avenue, Suite 200
Glencoe, Minnesota 55336**

**Direct Line (320) 864-3185
Fax Number (320) 864-1484
Hutchinson (320) 484-4399
Winsted (320) 395-2568
Stewart (320) 328-4413**

The McLeod County Public Health Department (and its program: the McLeod County Universal Contact Program) is a unit of government and is considered a part of the McLeod County Government Entity.



McLeod County Public Health Nursing Service

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McLeod County Public Health Department's Yearly Community Fundraising Activities

1. Any McLeod county Employee Enrichment and Development Committee Events
2. Any McLeod County Employee Wellness Committee Events
3. McLeod County United Way Payroll Deduction option
4. McLeod County Public Health Quarterly Dress Down Donations



**HID GLOBAL CORPORATION
CREDENTIAL PROGRAM LICENSE AGREEMENT**

This CREDENTIAL PROGRAM LICENSE AGREEMENT (this "Agreement") is made as of _____, 20__ (the "Effective Date"), between HID Global Corporation, having a place of business at 611 Center Ridge Drive, Austin, TX 78753, and its Affiliates (collectively, "HID") and _____, having a place of business at _____ ("Licensee"). In this Agreement, HID and Licensee may be referred to individually as a "Party" or collectively as the "Parties."

RECITALS

WHEREAS, Licensee seeks authorization for the use of certain credential formats (hereinafter referred to as "Credential Formats" or "CF") in connection with its participation in HID's Corporate 1000, University 1000, or iCLASS Elite programs, or any other like card program conducted by HID (individually, a "Program" and collectively, the "Programs"); and

WHEREAS, HID wishes to provide Licensee with authorization to use certain Credential Formats as part of Licensee's participation in a Program;

NOW THEREFORE, in consideration of the promises and the mutual agreements contained herein, the sufficiency and receipt of which are hereby acknowledged, the Parties hereby agree as follows:

DEFINITIONS

Capitalized terms in this Agreement have the following meanings:

"Affiliate" means any legal entity which directly or indirectly controls, is controlled by, or under common control with, any of the Parties, for so long as such control exists. For purposes of this definition, "control" shall mean ownership or control, either directly or indirectly, of more than fifty percent (50%) of the voting rights of such entity.

"Authorized Service Provider" means any third party reasonably acceptable to HID that is appointed and authorized by Licensee in conformance with the terms and conditions of this Agreement to receive the Credential Format for purposes of providing implementation services to Licensee. The Licensee identifies its Authorized Service Providers to HID by completing the relevant fields of a Format Request Form and submitting that form to HID.

"Confidential Information" means (i) the CF, and all documents provided in connection with the Program or the CF by HID to Licensee, all of which are HID Confidential Information; (ii) the terms of this Agreement; (iii) Licensee PII that is required by HID from Licensee for the Program, which PII is Licensee Confidential Information, and (iv) and any information disclosed by one Party to the other Party under this Agreement that is confidential and proprietary to such Party and that is (a) disclosed in tangible form clearly labeled as confidential or proprietary at the time of disclosure; (b) disclosed in non-tangible form, identified as confidential or proprietary at the time of disclosure and also subsequently designated as confidential or proprietary by the disclosing Party in a writing delivered to the receiving Party within thirty (30) days after the disclosure in non-tangible form.

"Credentials" means cards, tokens, key fobs, tags and other devices capable of being programmed and storing data for purposes of such programmed applications and stored data to be accessed by certain Readers.

"Intellectual Property Rights" means worldwide common law and statutory rights associated with (a) patents and patent applications; (b) works of authorship, including mask work rights, copyrights, copyright applications, copyright registrations and "moral" rights; (c) the protection of trade and



industrial secrets and confidential information; (d) other proprietary rights relating to intangible intellectual property (specifically excluding trademarks, trade names and service marks); (e) analogous rights to those set forth above; and (f) divisions, continuations, renewals, reissuances and extensions of the foregoing (as applicable) now existing or hereafter filed, issued or acquired.

“**PII**” means any information that identifies or can be used to identify or contact an individual, such as names, addresses, e-mail addresses, social security number, license number(s), photos, or other source of identification.

“**Reader**” means an RFID device or other discrete hardware, capable of accessing (reading or writing) the data or applications residing in a Credential.

“**Updates**” means any new version of a Credential Format that HID may hereafter develop and make generally available to current licensees under a Program.

1. License Grants.

HID hereby grants Licensee:

- (i) a limited, fully paid-up and royalty-free, non-exclusive, perpetual, world-wide; and
- (ii) upon prior written notice to HID, sublicensable, assignable, and transferable right and license to access, internally display, reproduce, use and distribute the Credential Formats:
 - (a) as an integral part of Licensee's and its Affiliates' facility systems;
 - (b) for the purpose of deciphering the output of the data stream from any Reader manufactured and distributed by or on behalf of or as authorized by HID; and
 - (c) as connected to an access control panel utilized to process said data stream obtained from HID Credentials programmed with the CF ((a)-(c) collectively, the "Purpose").

Notwithstanding the royalty-free character of the license granted herein, Licensee acknowledges that any Credentials which may be programmed with the CF must be purchased separately from HID or an HID-authorized distributor or reseller.

2. Restrictions. Licensee shall use the CF only in connection with the Purpose, and shall not disclose the CF to any third party other than its Authorized Service Providers. Licensee shall cause its employees and any Authorized Service Providers having access to the CF to act strictly in conformity with Licensee's obligations under this Agreement, including without limitation Licensee's obligations regarding confidentiality set forth in Section 6, below. HID agrees to release the CF only to Licensee or to Licensee's Authorized Service Providers, and to access, reproduce, distribute, and use the CF only in the provision of products or services to Licensee or on Licensee's behalf.

3. Identification of Authorized Service Providers. Licensee shall provide the names and addresses of its Authorized Service Providers to HID in writing via the HID Corporate 1000 Format Request and Authorization Form. HID shall thereupon deliver the CF to the Authorized Service Provider(s) to enable them to install the CF for use by the Licensee in connection with Licensee's participation in the Program. Subsequent additions or subtractions of Authorized Service Providers shall be done by Licensee via the HID Corporate 1000 Format Change Form.

4. Support; Updates. HID shall not provide maintenance, Updates or technical support to Licensee for the Program and CF, except as otherwise may be separately agreed to by the Parties in writing. All Updates, if any, which are provided by HID to Licensee shall be subject to this Agreement. Licensee's Authorized Service Provider(s), and not HID, shall be solely responsible for providing technical support to Licensee in connection the use of Credential Formats licensed to Licensee for use in connection with the Program.



5. Reservation of Rights. HID, or its suppliers, owns the Program and CF, and retains all rights in the Program and CF not expressly granted to Licensee in this Agreement. Licensee acknowledges that it possesses no right, title or interest in the Program or CF other than the rights expressly granted hereunder.

6. Confidentiality.

6.1 Each party will keep Confidential Information of the other Party in confidence, in the same manner as each Party maintains its own confidential information, and in no event with less than a reasonable degree of care. The Parties' confidentiality obligations shall extend for a period of three (3) years beyond the effective date of any expiration or termination of this Agreement. Each Party will limit the disclosure of Confidential Information solely to those employees and vendors having a need-to-know, provided that each is under a written confidentiality obligation similar to that which is contained in this Agreement. Except as otherwise expressly authorized herein or by a separate writing by the disclosing Party, neither Party will make any written or electronic copies of the other Party's Confidential Information. These obligations do not apply to any information, including Confidential Information, that: (a) is rightfully obtained by the receiving Party without obligation to maintain its confidentiality; (b) is or becomes known to the public through no act or omission of the receiving Party; or (c) the receiving Party develops independently without reference or use of Confidential Information of the disclosing Party.

6.2 Each Party may disclose Confidential Information to the extent required by a court of law or government regulatory body, but first the receiving Party shall provide the disclosing Party prompt written notice (to the extent legally permissible) to allow the disclosing Party reasonable opportunity to obtain a protective order against such disclosure.

6.3 Because of the unique nature of the Confidential Information, each Party agrees that the disclosing Party may suffer irreparable harm in the event the recipient fails to comply with its confidentiality obligations under this Agreement, and that monetary damages will be inadequate to compensate the disclosing Party for such breach. Accordingly, the recipient agrees that the disclosing Party will, in addition to any other remedies available to it at law or in equity, be entitled to seek injunctive relief to enforce such confidentiality obligations.

6.4 In connection with HID's and its personnel's performance of this Agreement, HID and its personnel may collect and use PII provided by or on behalf of Licensee. PII in individual or aggregate form is deemed to be Licensee's Confidential Information, and will at all times be the sole and exclusive property of Licensee. HID will not use any PII for any purpose, except as required to perform its obligations under this Agreement. HID will implement safeguards designed to limit access to the PII that are reasonably appropriate to the type of PII held, and in compliance with HID's privacy policies and all applicable regulations and laws.

7. Term. This Agreement will be in effect in perpetuity unless this Agreement is terminated earlier in the manner described in this paragraph. This Agreement may be terminated (a) at any time by either Party if the other Party is in breach of any provision of this Agreement, and fails to cure the breach within thirty (30) calendar days after receiving notice of the breach; (b) by HID immediately upon written notice at any time if Licensee is in breach of Section 2; (c) immediately upon written notice by either Party of the other Party's breach of Section 6; or, (d) by Licensee at any time for convenience by providing HID with thirty (30) days prior written notice. After expiration or termination of this Agreement, with or without cause, Licensee may not use the CF for any new Credentials, but may continue to use the CF on those Credentials that were purchased by Licensee and programmed with the CF prior to the date of such expiration or termination.



8. Names; Publicity. Except as indicated in Section 9, the Parties will not refer to the other Party by name or use the other Party's logos, trademarks, service marks or trade names or the names of any products of the other Party in advertising, promotion materials, websites or otherwise without the prior express written permission of the other Party, in each and every instance.

9. Proprietary Notices. Licensee will not alter, remove or conceal any copyright or other proprietary rights notices that may appear on or within the CF or related documentation which may be provided to Licensee by or on behalf of HID.

10. Warranties.

10.1 HID warrants that the media on which the CF is delivered will be free from defects in materials and workmanship for a period of ninety (90) days after delivery. HID's entire liability and Licensee's exclusive remedy under this warranty will be to replace defective media to Licensee. Title in all defective media which are returned to HID will transfer back to HID.

10.2 HID represents and warrants that HID has the right and power to enter into this Agreement and grant the licenses set forth herein.

10.3 HID represents and warrants that, to HID's actual knowledge, the CF and associated media, in the form and at the time delivered by HID to Licensee, contain no computer instructions that are intentionally designed to (i) disrupt, damage or interfere with use of computer or telecommunications equipment or facilities, or (ii) disrupt or corrupt the use, operation or results of any computer program.

11. Disclaimers

11.1 EXCEPT AS EXPRESSLY PROVIDED IN SECTIONS 10.1, 10.2 AND 10.3, HID DOES NOT MAKE, AND EXPRESSLY DISCLAIMS, ANY AND ALL EXPRESS OR IMPLIED WARRANTIES INCLUDING, BUT NOT LIMITED TO, THE WARRANTIES OF DESIGN, MERCHANTABILITY, OR FITNESS FOR A PARTICULAR PURPOSE. HID DOES NOT WARRANT THAT THE OPERATION OF THE PROGRAM OR CF WILL BE UNINTERRUPTED OR ERROR FREE OR THAT THE PROGRAM, THE CF, OR RELATED DOCUMENTATION WILL MEET LICENSEE'S NEEDS. EXCEPT AS OTHERWISE PROVIDED ABOVE, THE CF AND THE PROGRAM ARE PROVIDED BY HID TO LICENSEE "AS-IS."

11.2 HID DISCLAIMS ALL LIABILITY UNDER THIS AGREEMENT, INCLUDING WITHOUT LIMITATION ANY OBLIGATION TO INDEMNIFY LICENSEE OR REPLACE LICENSEE'S CARDS OR CREDENTIALS, IF THE CF IS APPLIED TO THIRD PARTY CARDS OR CREDENTIALS (I.E., CARDS OR CREDENTIALS NOT MANUFACTURED BY HID OR ITS CONTRACT MANUFACTURERS).

12. Limitations of Liability.

TO THE EXTENT PERMITTED BY APPLICABLE LAW, EXCEPT FOR DAMAGES ARISING PURSUANT TO SECTION 6. ("CONFIDENTIALITY"), BREACH OF ANY APPLICABLE LICENSE GRANT, OR ANY INDEMNITY OBLIGATION HEREIN, IN NO EVENT SHALL EITHER PARTY BE LIABLE FOR ANY SPECIAL, INCIDENTAL, INDIRECT OR CONSEQUENTIAL DAMAGES ARISING OUT OF THIS AGREEMENT, INCLUDING BUT NOT LIMITED TO LOSS OF BUSINESS, REVENUE, PROFITS, GOODWILL, USE, DATA OR OTHER ECONOMIC ADVANTAGE AND ANY NON-ECONOMIC LOSSES, EVEN IF A PARTY HAS BEEN ADVISED IN ADVANCE OF THE POSSIBILITY OF SUCH DAMAGES. These limitations shall apply notwithstanding the failure of the essential purpose of any limited remedy specified herein.

13. IP Infringement Indemnity.

13.1 HID will defend Licensee from and against any claim brought by a third party against Licensee to the extent such claim alleges that the CF directly infringes any intellectual property rights of such third party (“Claim”), and will pay all costs, damages and expenses (including reasonable legal fees) finally awarded against any Licensee by a court of competent jurisdiction or agreed to in a written settlement agreement signed by HID arising out of such Claim; provided that Licensee: (i) gives HID prompt written notice upon learning of a Claim or potential Claim; (ii) allows HID to assume sole control of the defense of such Claim and all related settlement negotiations; and (iii) reasonably cooperates with HID, at HID’s request and expense, in the defense or settlement of the Claim, including the provision of all assistance, information and authority reasonably requested by HID. Notwithstanding the foregoing, HID shall have no liability for any claim of infringement based in whole or in part on (a) the use of a superseded or altered version of the CF to the extent that the infringement would have been avoided by the use of a current unaltered release of the Software provided by HID or its affiliates to the Licensee, (b) the modification of the CF by anyone other than HID or its authorized agents to the extent that the infringement would have been avoided but for such modification, (c) the use of the CF other than in accordance with this Agreement, or (d) the combination of the CF with other materials not provided by HID, where the combination causes the infringement and not the CF standing alone.

13.2 If the CF, or any material portion thereof, is held by a court of competent jurisdiction to infringe, or if HID believes that the CF may be subject to a Claim or held to infringe, HID shall, in its discretion and at its expense (i) replace or modify the CF so as to be non-infringing, provided that the replacement CF provides substantially similar functionality; (ii) obtain for Licensee a license to continue using the CF; or (iii) if a non-infringing CF or a license to use the CF cannot be obtained upon commercially reasonable terms, as determined solely by HID, HID may terminate the license for the affected CF and refund any fees paid by Licensee to HID for the affected CF. The indemnity provided herein states HID’s and its Affiliates entire liability and Licensees’ sole and exclusive remedy for any claim of intellectual property infringement by, or with respect to, the CF.

14. Miscellaneous.

14.1 Survival. The provisions contained in Sections 2, 5 through 9, and 11 through 14 of this Agreement will survive the termination or expiration of this Agreement in accordance with their terms.

14.2 Choice of Law. This Agreement is governed by the laws of the State of Texas and applicable U.S. Federal law, excluding conflict of law rules and principles. The United Nations Convention on Contracts for the International Sale of Goods does not apply to this Agreement. Both parties submit to personal jurisdiction in Texas and further agree that any legal action relating to this Agreement will be brought exclusively in Federal and State courts located in Travis County, State of Texas. The parties hereby waive any claim that such venue is improper or inconvenient.

14.3 Amendment. This Agreement may not be amended, waived or modified, except in a written agreement signed by both Parties.

14.4 Assignment. Each Party may assign this Agreement in connection with the sale of its business, or substantially all of its assets relating to the CF, or if it merges or consolidates to or with another party and such party agrees to be bound by the terms and conditions of this Agreement. Except as provided above, Licensee may not assign or otherwise transfer, in whole or in part, this Agreement or any of its rights or obligations under this Agreement without prior written consent of HID, which consent shall not be unreasonably withheld or delayed. HID may assign this Agreement to any of its Affiliates at any time and without notice.



14.5 Severability. If any provision of this Agreement is held invalid or unenforceable by a court of competent jurisdiction, the remainder of this Agreement will not be affected thereby.

14.6 Entire Agreement. This Agreement constitutes the complete and exclusive statement of the agreement of the parties with respect to the subject matter hereof, and supersedes all prior oral and written proposals, representations, or other communication related to the subject matter hereof.

14.7 Independent Contractors. HID and Licensee are independent contractors. Neither Party has any right or authority to assume or create any obligations of any kind or to make any representation or warranty on behalf of the other Party, whether express or implied, or to bind the other Party in any respect whatsoever.

IN WITNESS WHEREOF, the Parties have caused this Agreement to be executed by their duly authorized representatives as of the Effective Date.

For: **HID Global Corporation**

For: **Licensee**

By: _____

By: _____

Name: _____

Name: _____

Title: _____

Title: _____

Corporate 1000®

HID Services

End User Controlled Card Format

- ▶ Multiple facilities? Multiple countries? Multiple systems?
- ▶ Too many access cards?
- ▶ All you need is Corporate 1000!



ACCESS experience.



What is the Corporate 1000® Format?

The Corporate 1000 Format is a 35-bit card format that is owned and controlled by the end-user. For added security, HID tracks the card numbers to ensure that no duplication occurs. Once HID provides end-users with their proprietary Corporate 1000 Format code, they have the flexibility to choose any access control hardware/software platform or system integrator. Whatever system or vendor is chosen, end-users maintain the ability to use a single access card at any site across the nation or around the world.



Who is the Corporate 1000® Format offered to?

The Corporate 1000 Format is offered to large end-user organizations that use HID access control readers and cards. To support growth within the company, HID can provide a minimum of one million individual card numbers within the assigned end-user proprietary format.

Why is the Corporate 1000 Format beneficial to end-users?

The Corporate 1000 Format provides end-users with their own proprietary protocol to enhance security, while enabling them to choose the access control system and supplier that best meets the company's needs. Any HID access control card can be programmed with the assigned format. Further customization allows for the integration of a photo ID, custom artwork, magnetic stripe, bar code or smart chip. HID can meet every customer's goal of handling multiple applications with just one card.

How is the Corporate 1000 Format administered?

The process begins with end-users completing a simple form authorizing HID to develop an end-user proprietary Corporate 1000 Format. Once the format is approved, HID maintains the security of the format by tracking and logging all card orders within the assigned format.



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MKT_CORP1000_DS_EN



ACCESS experience.

hidglobal.com

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CB9 7AE
England
Phone: +44 (0) 1440 714 850
Fax: +44 (0) 1440 714 840



Corporate 1000[®] Format Request & Authorization Form

The Corporate 1000 Program includes exclusive card formats that are developed specifically for use by individual end-user organizations. Organizations must qualify, formally enroll and be accepted by HID Global Corporation.

| End User Company Information | |
|------------------------------|--|
| Company Name: | |
| Mailing Address: | |
| City: | |
| State/Province/County: | |
| Country: | |
| Zip/Postal Code: | |
| Company Website Link: | |

| End User Authorized Contact Names Information (Fill in 2 Contacts) | | |
|--|-----------------|-------------------|
| | Primary Contact | Secondary Contact |
| Contact Name: | | |
| Title: | | |
| Phone Number: | | |
| Fax Number: | | |
| E-mail Address: | | |
| Contact Signature: | | |
| Date Signed: | | |

Authorized HID Purchaser

| | Company # 1 | Company # 2 |
|--------------|-------------|-------------|
| Company Name | | |
| Contact Name | | |
| Phone Number | | |

Card numbers available within the Corporate 1000 48 bit model are 0 - 8,388,607. Your first order will start at 1 unless otherwise specified. If a start number other than 1 is desired, please specify the start number here: _____

Use this form to communicate all authorization concerning your Corporate 1000 format. It is recommended that each end-user maintain an original copy of this form listing all authorizations. As the End User, it is your responsibility to notify HID of any changes to your Authorized HID Purchasers.

Your enrollment in this program is conditional on HID's acceptance and approval of your request to join the program.

To apply for enrollment, submit this form along with the [HID Global Credential Program License Agreement](#) to the following regional contact.

- For the Americas: credentialprograms@hidglobal.com.
- For Europe, Middle East and Africa: emea-orders@hidglobal.com.
- For Asia Pacific: hidhkg_customerservice@hidglobal.com.

To add or remove authorizations, submit an [HID Global Corporate 1000 Format Change Form](#) to the same regional contact.

*This form must be legible to be considered acceptable. Please print or type.

Understanding Corporate 1000

What is a Format?

Every card HID makes contains a card format. This applies to:

- Wiegand swipe cards
- 125 kHz Prox cards
- MIFARE cards
- 13.56 MHz iCLASS cards
- Magnetic stripe cards.

The term format describes the organization of the binary data on the card based on how it will be seen by the access control panel. The card itself is completely oblivious regarding the organization of data that makes up the format. Even the reader is unaware of the format; it just receives the data from the card and sends it to the controller.

Card data formats usually range from 26 to 40 bits in length. There are hundreds of different formats. Some of them, like 26-bit, are public domain and may be purchased by anyone. Others are proprietary for specific customers and may be purchased only with the permission of that customer. Please refer to HID's "Card Format White Paper" for more details.

Corporate 1000 Formats

The unique feature of the Corporate 1000 format is its ownership rights:

- HID will work through a dealer/integrator to establish a unique format for a specific end-user.
- The end-user has complete control over the use of their individual format.
- The end-user must provide written authorization for an HID direct customer (OEM, integrator, distributor, etc.) to purchase the Corporate 1000 cards. The end-user may add or remove resellers at any time
- HID will ONLY sell Corporate 1000 cards to user-authorized resellers.
- Each Corporate 1000 customer is guaranteed that its format is unique.
- Each customer is guaranteed a minimum of one million cards available in their format.
- Each customer is provided with strict confidential protection.

Access Control System Compatibility

Any access control panel and/or host software must be capable of supporting the 35-bit Corporate 1000 format. The HID card and reader are both completely unaware of the characteristics of the format. Only the controller is capable of breaking the 35-bit binary string into its component parts and making access control decisions accordingly.

Some access control equipment can only handle one format in memory. This constraint must also be considered if an end-user is going to convert from an existing, older format to a new Corporate 1000 format.

Note: Read HID's "How a Card Is Read White Paper" for more detail about how formats are managed by access control equipment.

For a more detailed explanation of Corporate 1000, please click the link below to visit our website.

<http://www.hidcorp.com/Corporate1000/index.html>

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



POOL
3/1/17 2:38PM

Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES

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

Explode Dist. Formulas Y

Paid on Behalf Of Name
on Audit List?: N

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

Save Report Options?: N

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



POOL
3/1/17 2:38PM
25 SPECIAL REVENUE FUND

Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES

| Vendor Name | Rpt | Warrant Description | Invoice # | Account/Formula Description |
|--------------------------------|------|----------------------------|--------------------------------------|---------------------------------------|
| No. Account/Formula | Accr | Amount | Service Dates | Paid On Bhf # On Behalf of Name |
| 254 DEPT | | ANNAMARIE TUDHOPE DONATION | | |
| 3802 CORNERSTONE DETENTION | | | | |
| 1 25-254-000-0000-6610 | | 35,625.00 CONTRACT PAYMENT | APPL 1 | Capital - Over \$5,000 (Fixed Assets) |
| 3802 CORNERSTONE DETENTION | | 35,625.00 | 1 Transactions | |
| 1595 SCHWICKERTS TECTA AMERICA | | | | |
| 2 25-254-000-0000-6610 | | 62,199.69 CONTRACT PAYMENT | APPL 8 | Capital - Over \$5,000 (Fixed Assets) |
| 1595 SCHWICKERTS TECTA AMERICA | | 62,199.69 | 1 Transactions | |
| 254 DEPT Total: | | 97,824.69 | ANNAMARIE TUDHOPE DONATION 2 Vendors | 2 Transactions |
| 25 Fund Total: | | 97,824.69 | SPECIAL REVENUE FUND | 2 Transactions |
| Final Total: | | 97,824.69 | 2 Vendors | 2 Transactions |

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



Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES

| Recap by Fund | <u>Fund</u> | <u>AMOUNT</u> | <u>Name</u> | |
|---------------|-------------|---------------|----------------------|--------------------|
| | 25 | 97,824.69 | SPECIAL REVENUE FUND | |
| | All Funds | 97,824.69 | Total | Approved by, |
| | | | | |
| | | | | |

**McLEOD COUNTY
HIGHWAY DEPARTMENT**

5 – YEAR PLAN

DRAFT



Highway & Bridge Construction

2017 – 2021

Background:

- The 5-Year Plan is developed by the County Engineer and Highway Department staff to aid with budgeting, planning, programming, and construction of highway and bridge improvement projects.
- The 5-Year Plan is presented to the County Board for review and approval.

What factors go into the development of the plan?

Numerous factors are considered when developing the 5 Year Plan, below are the most essential:

- **Traffic Volume (ADT=Average Daily Traffic)** The higher ADT routes will typically receive higher priority.
- **Crash Data** Segments with higher numbers of accidents or crashes will be analyzed and given higher consideration.
- **Pavement Condition** Roads with poor surface condition and/or ride quality are typically given higher consideration.
- **Sufficiency Rating** Bridge projects are generally prioritized based on the condition of the various elements (deck, piling, etc.).
- **Alignment** Bridges and roads with poor vertical and horizontal alignment are taken into consideration as well.
- **Fund Availability** Most projects require local money; there must be a local commitment in place before a project is added to the plan.

Is this 5-Year Plan "Set in Stone"?

NO - This is only a plan; Funding levels change, County Board directives change, etc. It is the goal of the McLeod County Highway Department to maintain this schedule to the best of our ability with the resources given to us.

Questions or Comments?

Please feel free to contact the Highway Department at (320) 484-4321 with any questions or comments.

John T. Brunkhorst, P.E.
County Engineer

| 2017 CONSTRUCTION PLAN | | | | | | | | | | | |
|-----------------------------|--|--|---------------------------|-----------------------------|--------------------|-----------------------|-----------------------|-----------------|---------------------|----------------------|--------------------|
| ROAD | LOCATION & DESCRIPTION | | FUNDING SOURCES | | | | | | | | |
| | | | State Aid Regular Account | State Aid Municipal Account | County Funds Levy | County Funds Wheelage | TWP/City/ Other Funds | Federal Funds | Town Bridge Account | Bridge Bonding Grant | Total Project Cost |
| CSAH 3 | Reconstruction - phase I (earthwork) CSAH 1 to CSAH 9 2.5 miles | | \$900,000 | | \$400,000 | | | | | | \$1,300,000 |
| | Reconstruction - phase I (earthwork) CSAH 9 to ECL 1.6 miles | | \$800,000 | | | | | | | | \$800,000 |
| | Concrete Overlay CR 75 to Glencoe 6.5 miles | | \$4,200,000 | | | | | | | | \$4,200,000 |
| CSAH 15 | Reconstruction - phase I (earthwork) CSAH 22 to TH 7 2.0 miles | | \$550,000 | | \$450,000 | | | | | | \$1,000,000 |
| CR 54 | Cement Stabilization and Sealcoat Sunset Circle to 1 mile North | | | | | \$150,000 | | | | | \$150,000 |
| CR 62 | Centerline Drain Tile CR 70 to TH 22 2.8 miles | | | | | \$30,000 | | | | | \$30,000 |
| CSAH 4 | Replay® Bituminous Seal CSAH 11 to TH 7 3.5 miles | | | | | \$80,000 | | | | | \$80,000 |
| Hamlet Ave | Replace Bridge 43001 - Glencoe Twp | | | | | | \$20,000 | | \$1,240,000 | | \$1,260,000 |
| Various | Bridge Deck Maintenance Seal 11 County bridge decks | | | | | \$100,000 | | | | | \$100,000 |
| Various | Countywide 6" Pavement Marking <i>** Federal Funds Tentatively Approved</i> | | | | \$7,556 | | | \$68,000 | | | \$75,556 |
| Various | County Funded Rehabilitation Projects TBD | | | | \$0 | | | | | | \$0 |
| Various | County Funded Pavement Marking TBD | | | | \$60,000 | | | | | | \$60,000 |
| Various | County Funded Seal Coat Projects TBD | | | | \$500,000 | | | | | | \$500,000 |
| 2017 FUNDING SUMMARY | | | \$6,450,000 | \$0 | \$1,417,556 | \$360,000 | \$20,000 | \$68,000 | \$1,240,000 | \$0 | \$9,555,556 |

| 2018 CONSTRUCTION PLAN | | | | | | | | | | |
|-----------------------------|--|---------------------------|-----------------------------|--------------------|-----------------------|-----------------------|------------------|---------------------|----------------------|---------------------|
| ROAD | LOCATION & DESCRIPTION | FUNDING SOURCES | | | | | | | | |
| | | State Aid Regular Account | State Aid Municipal Account | County Funds Levy | County Funds Wheelage | TWP/City/ Other Funds | Federal Funds | Town Bridge Account | Bridge Bonding Grant | Total Project Cost |
| CSAH 3 | Reconstruction - phase 2 (paving) CSAH 1 to CSAH 9 2.5 miles | | | \$1,500,000 | | | | | | \$1,500,000 |
| | Reconstruction - phase 2 (paving) CSAH 9 to ECL 1.6 miles | \$600,000 | | \$500,000 | | | | | | \$1,100,000 |
| CSAH 15 | Reconstruction - phase 2 (paving) CSAH 22 to TH 7 2.0 miles | \$1,400,000 | | | | | | | | \$1,400,000 |
| | Concrete Overlay CSAH 3 to CSAH 22 6.0 miles | \$3,800,000 | | | | | | | | \$3,800,000 |
| CSAH 24 | Replace Bridge 92470 800' north of CSAH 11 ** Contingent on Bridge Bonding Funds | \$70,000 | | | | | | | \$80,000 | \$150,000 |
| CR 62 | Cement Stabilization and Sealcoat CR 70 to CSAH 4 1.0 mile | | | | \$150,000 | | | | | \$150,000 |
| | CSAH 4 to TH 22 1.8 miles | | | | \$270,000 | | | | | \$270,000 |
| CR 54 | Cement Stabilization and Sealcoat 1 mile N of Sunset Cir to CSAH 7 2.0 miles | | | \$300,000 | | | | | | \$300,000 |
| CSAH 7 | Stewart Install new railroad crossing gates/signals on TCW ** Federal Funds SECURED | | | | | | \$200,000 | | | \$200,000 |
| CSAH 11 | Replace Bridge 43504 west of CR 66 ** Contingent on Bridge Bonding Funds | \$300,000 | | | | | | | \$500,000 | \$800,000 |
| Various | County Funded Rehabilitation Projects TBD | | | \$0 | \$0 | | | | | \$0 |
| Various | County Funded Pavement Marking TBD | | | \$100,000 | | | | | | \$100,000 |
| Various | County Funded Seal Coat Projects TBD | | | \$500,000 | | | | | | \$500,000 |
| 2018 FUNDING SUMMARY | | \$6,170,000 | \$0 | \$2,900,000 | \$420,000 | \$0 | \$200,000 | \$0 | \$580,000 | \$10,270,000 |

| 2019 CONSTRUCTION PLAN | | | | | | | | | | |
|-----------------------------|---|---------------------------|-----------------------------|-------------------|-----------------------|-----------------------|---------------|---------------------|----------------------|--------------------|
| ROAD | LOCATION & DESCRIPTION | FUNDING SOURCES | | | | | | | | |
| | | State Aid Regular Account | State Aid Municipal Account | County Funds Levy | County Funds Wheelage | TWP/City/ Other Funds | Federal Funds | Town Bridge Account | Bridge Bonding Grant | Total Project Cost |
| CSAH 8 | Rehabilitation CSAH 115 to Renville Co. Line <i>** Federal Funds Tentatively Approved</i> | 2.9 miles | \$180,000 | | | | | \$720,000 | | \$900,000 |
| CSAH 19 | Rehabilitation CSAH 12 to NCL <i>possible Meeker tied project</i> | 5.4 miles | \$1,400,000 | | | | | | | \$1,400,000 |
| CR 60 | Centerline Drain Tile TH 15 to CSAH 7 | 3.6 miles | | | | \$35,000 | | | | \$35,000 |
| CR 63 | Reclaim/Tile CSAH 1 to CR 93 | 1.0 mile | | | | \$30,000 | | | | \$30,000 |
| CR 79 | Centerline Drain Tile CSAH 4 to Swan Lake Park | 2.5 miles | | | | \$25,000 | | | | \$25,000 |
| CR 93 | Centerline Drain Tile CSAH 15 to CSAH 1 | 3.9 miles | | | | \$40,000 | | | | \$40,000 |
| Various | Countywide 6" Pavement Marking <i>** Federal Funds Tentatively Approved</i> | | | | \$5,679 | | \$56,791 | | | \$62,470 |
| Various | County Funded Rehabilitation Projects TBD | | | | \$1,500,000 | | | | | \$1,500,000 |
| Various | County Funded Pavement Marking TBD | | | | \$60,000 | | | | | \$60,000 |
| Various | County Funded Seal Coat Projects TBD | | | | \$500,000 | | | | | \$500,000 |
| 2019 FUNDING SUMMARY | | | \$1,580,000 | \$0 | \$2,065,679 | \$130,000 | \$0 | \$776,791 | \$0 | \$4,552,470 |

| 2020 CONSTRUCTION PLAN | | | | | | | | | | |
|-----------------------------|---|---------------------------|-----------------------------|--------------------|-----------------------|-----------------------|---------------|---------------------|----------------------|--------------------|
| ROAD | LOCATION & DESCRIPTION | FUNDING SOURCES | | | | | | | | |
| | | State Aid Regular Account | State Aid Municipal Account | County Funds Levy | County Funds Wheelage | TWP/City/ Other Funds | Federal Funds | Town Bridge Account | Bridge Bonding Grant | Total Project Cost |
| CSAH 13 | Rehabilitation US 212 to Sibley Co. Line | | | \$2,000,000 | | | | | | \$2,000,000 |
| CR 60 | Cement Stabilization and Sealcoat TH 15 to CSAH 7 | | | \$140,000 | \$400,000 | | | | | \$540,000 |
| CR 63 | Cement Stabilization and Sealcoat CSAH 1 to CR 93 | | | \$150,000 | | | | | | \$150,000 |
| CR 79 | Cement Stabilization and Sealcoat CSAH 4 to Swan Lake Park | | | \$375,000 | | | | | | \$375,000 |
| CR 93 | Cement Stabilization and Sealcoat CSAH 15 to CSAH 1 | | | \$85,000 | \$500,000 | | | | | \$585,000 |
| Various | CSAH Funded Rehabilitation Projects TBD | \$0 | | | | | | | | \$0 |
| Various | County Funded Rehabilitation Projects TBD | | | | \$0 | | | | | \$0 |
| Various | County Funded Pavement Marking TBD | | | \$100,000 | | | | | | \$100,000 |
| Various | County Funded Seal Coat Projects TBD | | | \$500,000 | | | | | | \$500,000 |
| 2020 FUNDING SUMMARY | | \$0 | \$0 | \$3,350,000 | \$900,000 | \$0 | \$0 | \$0 | \$0 | \$4,250,000 |

| 2021 CONSTRUCTION PLAN | | | | | | | | | | |
|-----------------------------|---|---------------------------|-----------------------------|--------------------|-----------------------|-----------------------|---------------|---------------------|----------------------|--------------------|
| ROAD | LOCATION & DESCRIPTION | FUNDING SOURCES | | | | | | | | |
| | | State Aid Regular Account | State Aid Municipal Account | County Funds Levy | County Funds Wheelage | TWP/City/ Other Funds | Federal Funds | Town Bridge Account | Bridge Bonding Grant | Total Project Cost |
| CSAH 2 | Concrete Overlay US 212 bridge to Sibley Co. Line 3.5 miles | \$500,000 | | \$2,000,000 | | | | | | \$2,500,000 |
| Various | Bridge Deck Maintenance Seal County bridge decks | | | | \$100,000 | | | | | \$100,000 |
| Various | CSAH Funded Rehabilitation Projects TBD | \$0 | | | | | | | | \$0 |
| Various | County Funded Rehabilitation Projects TBD | | | | | | | | | \$0 |
| Various | County Funded Pavement Marking TBD | | | \$100,000 | | | | | | \$100,000 |
| Various | County Funded Seal Coat Projects TBD | | | \$500,000 | | | | | | \$500,000 |
| 2021 FUNDING SUMMARY | | \$500,000 | \$0 | \$2,600,000 | \$100,000 | \$0 | \$0 | \$0 | \$0 | \$3,200,000 |



**ERICKSON
ENGINEERING**

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www.ericksonengineering.com

Tom Wilson, P.E., Vice President
612-249-0839
twilson@ericksonengineering.com

ENGINEERING SERVICES AGREEMENT between

McLEOD COUNTY

and

ERICKSON ENGINEERING CO., LLC

for Construction of New Bridge 43561

on Hamlet Avenue over Buffalo Creek

Sec 23, Twp 115 N, Rge 28 W

Erickson Engineering Agreement 17015, March 1, 2017

CONTENTS

A SERVICES..... 1
 1.0 CONSTRUCTON INSPECTION / OBSERVATION 1
B COMPENSATION..... 2
C TIMELINE 4
D TIME AND MATERIALS RATES 4
E GENERAL CONDITIONS 4
F AUTHORIZATION 7

A SERVICES

In this document, “Client” refers to McLeod County and “Consultant” refers to Erickson Engineering Co., LLC.

The Consultant agrees to provide the following services to the Client in connection with the aforementioned project, according to the terms of this agreement.

1.0 CONSTRUCTON INSPECTION / OBSERVATION

- 1.1 The Consultant shall prepare agenda and participate in preconstruction meeting.
- 1.2 The Consultant shall provide construction survey staking for the bridge working points and approach roadway.
- 1.3 The Consultant shall observe all construction activities as required by the Plans, Special Provisions, and MnDOT Standard Specifications for Construction, to determine general conformance with the design. The Consultant’s duties will include construction observation of the following:
 - Planned dimensions during construction of the bridge
 - Placement and location of reinforcing steel

- Pile driving
 - All concrete construction
 - Approach roadway construction
- 1.4 The Consultant shall complete appropriate construction documentation which will include:
- Daily and weekly construction diaries
 - Applicable testing data and test forms
 - Payment vouchers
- 1.5 The Consultant shall provide inspection of materials in accordance with the *MnDOT Schedule of Materials Control* which will include:
- Insurance of appropriate certification of materials before incorporation into the work
 - Provide on-site testing of cast-in-place concrete materials
 - Cast strength test cylinders and control cylinders as required
 - Coordinate submittal and breaking of concrete test cylinders and monitoring test results
 - Obtain aggregate samples as required
- 1.6 The Consultant shall provide documentation of all quantities in accordance with the *MnDOT Contract Administration Manual – Section 5-591.400 Documentation* through final project acceptance by MnDOT, which will include:
- Maintain a current item record account of all completed construction
 - Prepare any required supplemental agreements and change orders
 - Complete final documentation and submittal of project records

B COMPENSATION

The Client shall pay the Consultant in full for services described in section A Services as indicated below. All payments are due upon receipt of invoice.

FEES

Compensation for the work described will be on a Cost Plus (Time and Materials) basis, which includes the Consultant's profit. Section D shows the Consultant's Time and Materials rates, and these rates are a part of this agreement.

Fees for services listed in this agreement will be as follows:

Estimated Time and Cost Breakdown:

| <u>Service</u> | <u>Hours</u> | <u>Hourly Rate</u> | <u>Estimated Fee</u> |
|---------------------------------------|--------------|--------------------|----------------------|
| a) <i>Pre-Construction Meeting</i> | 4 | \$88.00 | \$352.00 |
| b) <i>Bridge and Approach Survey</i> | 16 | \$190.00 | \$3,040.00 |
| Layout of Working Points | 16 | | |
| c) <i>Abutment Construction</i> | 160 | \$88.00 | \$14,080.00 |
| Pile Driving | 32 | | |
| Rebar and Forms | 40 | | |
| Concrete Pour | 16 | | |
| Construction Observation | 40 | | |
| Documentation | 32 | | |
| d) <i>Pier Construction</i> | 224 | \$88.00 | \$19,712.00 |
| Pile Driving | 48 | | |
| Rebar and Forms | 60 | | |
| Concrete Pour | 32 | | |
| Construction Observation | 32 | | |
| Documentation | 52 | | |
| e) <i>Superstructure Construction</i> | 200 | \$88.00 | \$17,600.00 |
| Beam Elevations | 16 | | |
| Rebar and Forms | 60 | | |
| Deck Pour | 12 | | |
| Rail Pour | 16 | | |
| Construction Observation | 56 | | |
| Documentation | 40 | | |
| f) <i>Approach Construction</i> | 80 | \$88.00 | \$7,040.00 |
| Earthwork | 40 | | |
| Surfacing | 16 | | |
| Erosion Control | 8 | | |
| Documentation | 16 | | |
| g) <i>Mileage, Lodging</i> | | | \$4,800.00 |

The total estimated fee (not-to exceed) is: \$66,624.00

The total not-to-exceed fee is based on a 75 working day construction schedule. If construction extends beyond 75 working days, the Consultant may request additional compensation if approved by the Client.

CONDITIONS AND PAYMENT SCHEDULE

The Consultant shall submit monthly invoices to the Client, listing the work performed and with fees based on time and materials provided. Payments are due upon receipt of invoice.

Cancellation: If the Client cancels this agreement, the Consultant may request payment for all work performed up to the cancellation date. The Client shall pay for fully completed work as outlined above. The Consultant will invoice partially completed work on a Time and Materials basis, according to section D Time and Materials Rates. The total amount invoiced for the partially completed work will not exceed the amount which would have been due had the work been fully completed.

Additional Services: If the Client requests that the Consultant provide services not listed in this agreement, or if any additional services are required due to revisions in MnDOT, FHWA, AASHTO, or Client standards or specifications, then the Consultant may request reimbursement for such services. The Client shall pay the Consultant on a Time and Materials basis, according to section D Time and Materials Rates, unless otherwise agreed to in writing by both the Consultant and the Client.

C TIMELINE

The Consultant shall provide experienced personnel as required during the construction of Bridge 43561.

D TIME AND MATERIALS RATES

| TITLE | RATE/HR |
|---------------------------|--------------------------------------|
| Vice President | \$ 170.00 |
| Engineering Manager | \$ 161.00 |
| Project Manager | \$ 105.00 - \$ 125.00 |
| Project Engineer | \$ 87.00 - \$ 100.00 |
| Design Engineer | \$ 85.00 |
| Drafting Manager | \$ 111.00 |
| Engineering Technician II | \$ 85.00 |
| Engineering Technician I | \$ 77.00 |
| Certified Inspector | \$ 88.00 - \$ 92.00 |
| Mileage Rate | \$ 0.53/mile |
| Lodging | \$ Actual Cost (room charge / night) |

Rates may be adjusted annually to reflect cost of living increases.

E GENERAL CONDITIONS

I Scope of Professional Engineering Services

The Consultant agrees to provide the services described in section A Services when the Client requests and authorizes the Consultant to provide the services. The Client shall pay the

Consultant for these services on a Time and Materials basis, at the rates stated in section D Time and Materials Rates, unless otherwise stated in this agreement.

II Jobsite Safety

Neither the professional activities of the Consultant, nor the presence of the Consultant or its employees and sub-consultants at a construction/project site, will relieve the General Contractor of its obligations, duties and responsibilities. The General Contractor's obligations, duties, and responsibilities include but are not limited to

- construction means, methods, sequence, techniques or procedures necessary for performing, superintending and coordinating the Work in accordance with the contract documents, and
- any health or safety precautions required by any regulatory agencies.

The Consultant and its personnel have no authority to exercise any control over any construction contractor or its employees in connection with their work or any health or safety programs or procedures. The Client agrees that the General Contractor must be solely responsible for jobsite safety, and warrants that this intent will be carried out in the Client's contract with the General Contractor. The Client also agrees that the Client, the Consultant and the Consultant's sub-consultants will be indemnified by the General Contractor and will be made additional insureds under the General Contractor's policies of general liability insurance.

III Responsibilities of the Consultant

The Consultant shall maintain Professional Liability Insurance for \$2,000,000 (two million dollars) during the life of this contract. If the Client requests additional insurance, the Consultant will purchase such insurance if available. The Client will pay the cost of the additional insurance.

The Consultant is not responsible for the failure of others to perform in accordance with other contracts. The Consultant's services do not relieve others of their responsibilities.

IV Responsibilities of the Client

The Client shall make available to the Consultant all known information applying to the site and services provided by the Consultant. The Client shall immediately inform the Consultant of new information which may be in conflict with previous information regarding the site or Consultant services. The Consultant has a right to depend on documents and information supplied by the Client.

V Other Damages

The Consultant and the Client will not be liable to each other for any incidental, consequential, or special damage relating to the Consultant's services. This includes business interruption, good will, or loss of anticipated profits.

VI Termination

Either party may terminate this agreement by giving fourteen days written notice to the other party. Upon termination, the Client will pay the Consultant for costs incurred to the date of termination, including termination costs and other obligations and commitments incurred in providing services. All obligations and liabilities between the parties will terminate upon payment. These costs are payable under the contract when invoiced.

VII Document Ownership

The Client acknowledges the Consultant's construction documents as instruments of professional service. Nevertheless, the plans and specifications prepared under this Agreement will become the property of the Client upon completion of the work and payment in full of all monies due to the Consultant. The Client shall not reuse or make any modification to the plans and specifications without the prior written authorization of the Consultant. To the fullest extent permitted by law, the Client agrees to indemnify and hold the Consultant harmless from any claim, liability or cost (including reasonable attorney's fees and defense costs) arising or allegedly arising out of unauthorized reuse or modification of the construction documents by the Client, or by any person or entity that obtains the plans and specifications from or through the Client, without written authorization of the Consultant.

VIII Party Relationship

The Consultant shall act solely as an independent contractor. The Client and the Consultant may not enter into any agreement or assume any obligation for the other.

IX Force Majeure

The Consultant shall not be liable for failure to perform due to circumstances beyond the Consultant's control. These may include, but are not limited to, wars, floods, strikes, riots, fire, acts of nature, or inability to obtain equipment or material. In the event of such circumstances, the Client will agree to extend the performance time sufficiently to overcome the effects of such events.

X Successors and Assigns

The Consultant and Client each binds itself, its successors, and assigns to the other party of this agreement and to the successors and assigns of the other party with respect to all provisions of this agreement.

XI Entire Agreement

This agreement represents the entire understanding between the Client and the Consultant. No change of the terms or conditions of this agreement will be binding on either party unless these changes are in writing and signed by an authorized representative of both parties.

XII Applicable Law

The laws of the State of Minnesota will govern this agreement.

XIII AA/EEO

The Consultant is an Affirmative Action and Equal Employment Opportunity Employer.

XIV Dispute Resolution

In the event of a dispute arising out of or relating to this Agreement or the services the Consultant renders or will render hereunder, the Client and Consultant agree to attempt to resolve such disputes in the following manner:

First, the parties agree to attempt to resolve such disputes through direct negotiations between the appropriate representatives of each party.

Second, if such negotiations are not fully successful, the parties agree to attempt to resolve any remaining dispute by formal non-binding mediation, conducted according to rules and procedures agreed upon by the parties, unless the parties mutually agree otherwise.

Third, if the dispute or any issues remain unresolved after the above steps, the parties agree to allow the mediator to help select an alternative resolution method.

F AUTHORIZATION

The Client and the Consultant agree as set forth above.

For the Client:

McLeod County Highway Department
1400 Adams St SE
Hutchinson, MN 55350

Signature

Title

Date

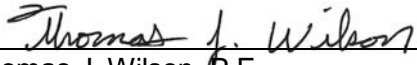
Signature

Title

Date

For the Consultant:

Erickson Engineering Company, LLC
9330 James Ave S
Bloomington, MN 55431



Thomas J. Wilson, P.E.

Vice President

Title

March 1, 2017

Date



County of McLeod

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

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

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

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

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

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

**COUNTY ADMINISTRATOR
PATRICK MELVIN**
Phone (320) 864-1363
830 11th Street East, Suite 110
Glencoe, MN 55336
Pat.Melvin@co.mcleod.mn.us

Resolution 17-CB-09 A Day of Action to End Domestic Violence

WHEREAS: Domestic violence, a pattern of behavior used to gain or maintain power and control over an intimate partner, happens here in our community and across our state to one in three women; and

WHEREAS: Empathy happens here for the family, friends, and communities that have experienced the painful death of someone to domestic violence as at least 21 people were murdered due to domestic violence in 2016 alone; and

WHEREAS: Refuge happens here through over 80 domestic violence programs in Minnesota providing services to over 65,000 victims annually; and

WHEREAS: Healing happens here through trauma informed treatment and connection; and

WHEREAS: Accountability happens here with over 10,000 orders for protection issued each year; and

WHEREAS: Honoring the pioneering work of Minnesota advocates who founded one of the nation’s first shelters happens here; and

WHEREAS: Collaboration happens here between domestic violence programs, law enforcement, court advocates, housing agencies, and community members to ensure the safety of survivors; and

WHEREAS: Domestic violence is a leading cause of homelessness for women and their children, economic empowerment happen here when affordable housing is recognized as a human right.

WHEREAS: The solutions to end domestic violence happen here, with the commitment of our entire community.

NOW, THEREFORE, McLeod County does hereby proclaim the 7th day of March, 2017, as: A Day of Action to End Domestic Violence.

Joe Nagel, Chairman

Pat Melvin, County Administrator



**SERVICE CONTRACT FOR
MCLEOD COUNTY ADMINISTRATION**

Date Issued: 03/01/2017

Straight & Narrow, LLC. Services and Pricing will be in effect upon receipt of completed and signed Contract.

DESCRIPTION OF SERVICES. Beginning on March 01, 2017, Straight & Narrow, LLC. will provide to Mcleod County Administration the following services (collectively, the "Services"):

| | | |
|--|-------------------|-------------------|
| <u>Enrollment in a DOT Random Consortium Drug Pool:</u> | 1-10 Enrollees: | \$150.00/annually |
| | 11-50 Enrollees: | \$200.00/annually |
| | 51-100 Enrollees: | \$250.00/annually |
| <u>Urine Drug Collections:</u> Performed at our Facility During Normal Business Hours (Includes Lab & MRO Services) | | \$55.00 |
| <u>Breath Alcohol Screens:</u> Performed at our Facility During Normal Business Hours | | \$45.00 |
| Offsite Fee: | | \$30.00 |
| Mileage (Per Mile Round Trip) | | \$1.00 |

In addition to any other right by or remedy provided by law, if Mcleod County Administration fails to pay for the Services outlined within this Contract when due, Straight & Narrow, LLC. has the option to treat such failure to pay as a material breach of this Contract, and may cancel this Contract and/or seek legal remedies.

TERMS. This Contract will remain in effect for a period of one year from the date of signature.

WORK PRODUCT OWNERSHIP. Any copyrightable works, idea, discoveries, inventions, patents, products, or other information (collectively the "Work Product") developed in whole or in part by Straight & Narrow, LLC. In connection with the Services will be exclusive property of Straight & Narrow, LLC.

CONFIDENTIALITY. Straight & Narrow, LLC. and it's employees, agents, or representatives will not at any time or in any manner, either directly or indirectly, use for the personal benefit of Straight & Narrow, LLC., or divulge, disclose, or communicate in any manner, any information that is proprietary to Mcleod County Administration. Straight & Narrow, LLC. and its employees, agents, and representatives will protect such information and treat it

as strictly confidential. This provision will continue to be effective after termination of this Contract. Any oral or written waiver by Mcleod County Administration of these confidentiality obligations which allows Straight & Narrow, LLC. to disclose Mcleod County Administration's confidential information to a third party will be limited to a single occurrence tied to the specific information disclosed to the specific third party, and the confidentiality clause will continue to be in effect for all other occurrences.

WARRANTY. Straight & Narrow, LLC. shall provide services and meet its obligations under this Contract in a timely and workmanlike manner, using knowledge and recommendations for performing the services which meet generally acceptable standards in Straight & Narrow, LLC.'s community and region, and will provide a standard of care equal to, or superior to, care used by service providers similar to Straight & Narrow LLC. on similar projects.

ENTIRE AGREEMENT. This Contract contains the entire agreement of the parties, and there are no other promises or conditions in any other agreement whether oral or written concerning the subject matter of this Contract. This Contract supersedes any prior written or oral agreements between the parties.

SEVERABILITY. If any provision of this Contract will be held to be invalid or unenforceable for any reason, the remaining provisions will continue to be valid and enforceable. If a court finds that any provision of this Contract is invalid or unenforceable, but that by limiting such provision it would become valid and enforceable, then such provision will be deemed to be written, construed, and enforced as so limited.

AMENDMENT. This Contract may be modified or amended in writing by mutual agreement between the parties, if the writing is signed by the party obligated under the amendment.

GOVERNING LAW. This Contract shall be construed in accordance with the laws of the State of Minnesota.

NOTICE. Any notice or communication required or permitted under this Contract shall be sufficiently given if delivered in person or by certified mail, return receipt requested, to the address set forth within this Contract or to such other address one party may have furnished to the other in writing.

WAIVER OF CONTRACTUAL RIGHT. The failure of either party to enforce any provision of this Contract shall not be construed as a waiver or limitation of the party's right to subsequently enforce and compel strict compliance with every provision of this Contract.

REQUEST FOR INFORMATION.

Designated Employer Representative(s): Mary Jo Wieseler _____

I authorize Straight & Narrow, LLC. to utilize the following individual(s) of McLeod County Administration as controlled substance and alcohol program contact(s). This/These individual(s) will be authorized to receive drug test results and other pertinent/confidential information:

1. **Contact Name:** Mary Jo Wieseler _____ **Email:** maryjo.wieseler@co.mcleod.mn.us
Phone: 320-864-1320 **Secured Voice Mail?** X Yes No

2. **Contact Name:** Pat Melvin _____ **Email:** pat.melvin@co.mcleod.mn.us
Phone: 320-864-1324 **Secured Voice Mail?** X Yes No

3. **Contact Name:** _____ **Email:** _____
Phone: _____ **Secured Voice Mail?** Yes No

How would you like to have results reported to you?

- Called and Mailed
- Faxed (to a secure fax # only)
- Mailed ONLY (Breath Alcohol test results)
- Emailed (Drug test results)

**You will receive a call as well for all positive test results.

BILLING AND PAYMENT INFORMATION. If full payment of the invoiced amount is not received within 30 days of the invoice date, you will be charged a monthly late fee of 2.5% of the unpaid amount, with a minimum monthly charge of \$5.00, or such a late fee allowed under applicable law, regulation or Contract. For each returned check, a fee will be assessed on your next billing equal to the maximum amount permitted by applicable state law. If payment is not received within 60 days, all future services may be required to be paid up front.

How would you like invoices sent to you?

- Mailed to the following address: Attn: Mary Jo Wieseler _____
McLeod County _____
830 11th St , Ste 114, Glencoe MN 55336
- Faxed (to a secure fax only) (_____) _____
- Emailed: _____

SIGNATURE DOCUMENTATION. By signing below, I agree to all of the terms outlined within this Contract.

Service Recipient:

Mcleod County Administration

Authorized Company Personnel & Title

Date

Authorized Company Personnel & Title

Date

Service Provider:

Straight & Narrow, LLC.

Authorized Company Personnel & Title

Date

****Please forward ALL pages when returning completed agreement****

Straight & Narrow, LLC.
494 HWY 7 East
Hutchinson, MN 55350

Phone: 1 (320) 587-DRUG (3784)
Fax: 1 (320) 323-4921
Email: info@straightandnarrowdrugtesting.com



This grant agreement is between the State of Minnesota, acting through its Commissioner of the **Minnesota Pollution Control Agency**, 520 Lafayette Road North, St. Paul, MN 55155-4194 ("MPCA" or "State") and **McLeod County Solid Waste**, 1065 5th Avenue Southeast, Hutchinson, MN 55350 ("Grantee").

Recitals

1. Under Minn. Stat. §116.03, Subd.2, and pursuant to Minn. Stat. §115A.0716, and Minn. R. 9210.0800 - 9210.0855, the State is empowered to enter into this grant.
2. Grantee applied to the MPCA for an Environmental Assistance grant to implement its proposed project: **Agricultural Plastic Processing**.
3. Grantee will comply with required grants management policies and procedures set forth through [Minn.Stat.§16B.97](#), Subd. 4 (a) (1).
4. The Grantee represents that it is duly qualified and agrees to perform all services described in this grant agreement to the satisfaction of the State. Pursuant to [Minn.Stat.§16B.98](#), Subd.1, the Grantee agrees to minimize administrative costs as a condition of this grant.

Grant Agreement

1 Term of Grant Agreement

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

2 Grantee's Duties

The Grantee, who is not a state employee, will perform the duties specified in **Attachment A**, which is attached and incorporated into this grant agreement.

3 Time

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

4 Consideration and Payment

4.1 **Consideration.** The State will pay for all services performed by the Grantee under this grant agreement as follows:

- (a) **Compensation.** The Grantee will be paid according to the breakdown of costs contained in **Attachment A**, which is attached and incorporated into this grant agreement. The Grantee must provide a minimum matching fund amount of 25% of the total project cost.

(b) Grantee Commitment to Financing. Grantee shall ensure that sufficient funding is available to the project to assure its satisfactory completion. Grantee shall not reduce the monetary amount it has committed to the project through its own or other funds without written consent of the MPCA.

Grantee shall bear the sole responsibility for cost overruns in completing this project.

(c) Travel Expenses. Reimbursement for travel and subsistence expenses actually and necessarily incurred by the Grantee as a result of this grant agreement will be reimbursed for travel and subsistence expenses in the same manner and in no greater amount than provided in the current "Commissioner's Plan" promulgated by the Commissioner of Minnesota Management and Budget (MMB). The Grantee will not be reimbursed for travel and subsistence expenses incurred outside Minnesota unless it has received the State's prior written approval for out of state travel. Minnesota will be considered the home state for determining whether travel is out of state.

(d) Total Obligation. The total obligation of the State for all compensation and reimbursements to the Grantee under this grant agreement will not exceed **One Hundred Eighty-four Thousand Nine Hundred Two Dollars and Zero Cents (\$184,902.00)**.

4.2. Payment

The MPCA advances payments on all Environmental Assistance projects. The justification for making advance payment is as follows: The MPCA uses a stringent, competitive review process to determine which projects to fund; this process ensures that there will be no substantial losses to the State. The agency has had a long standing tradition of advancing payments to Grantees, within Legislative Auditor oversight; and the MPCA reserves a minimum of ten (10) percent of the total grant (for awards greater than \$25,000), and does not release those funds until the Grantee submits a final report. Advance payments ensure that projects can begin immediately upon grant contract execution, therefore increasing the amount of time the Grantee has for successful completion of project objectives. Advance payments reduce the financial burden a Grantee might suffer waiting for the State to process reimbursements. A rigorous, agency-wide review process and a practice of making advance payments enable the MPCA to make the most efficient use of its administrative resources.

(a) Disbursements. The MPCA shall reimburse the Grantee for only those expenditures incurred during the term of this grant agreement or at the time of the MPCA approval of the final project report, whichever occurs first. No funds shall be disbursed by the MPCA in the absence of adequate documentation as determined by the MPCA. Grant funds shall be disbursed as follows:

1. The MPCA shall disburse **Fifty (50) percent** of the grant funds within thirty (30) days after the MPCA approves evidence of matching funds; and
2. To be eligible for the second disbursement, the Grantee must submit a purchase order or invoice of costs incurred. The MPCA shall then disburse up to an additional **Forty (40) percent** of the grant funds within 30 days after MPCA receipt of the documentation; and
3. To be eligible for final disbursement, the Grantee must submit a Final Report and an Executive Project Summary. The MPCA shall disburse the final **Ten (10) percent** of the funds within thirty (30) days after the MPCA approves the Final Report and Executive Project Summary.

(b) Disbursements shall not be construed as a waiver by the State of any authority it may have to remedy Grantee's noncompliance with this agreement.

(c) The Grantee must promptly return to the State any unexpended funds that have not been accounted for annually in a financial report to the State due at grant closeout.

5 Conditions of Payment

All services provided by the Grantee under this grant agreement must be performed to the State's satisfaction, as determined at the sole discretion of the State's Authorized Representative and in accordance with all applicable federal, state, and local laws, ordinances, rules, and regulations. The Grantee will not receive payment for work found by the State to be unsatisfactory or performed in violation of federal, state, or local law.

6 Authorized Representative

The State's Authorized Representative and MPCA Project Manager for this project is **Wayne Gjerde**, MPCA, 520 Lafayette Road North, St. Paul, MN 55155-4194, wayne.gjerde@state.mn.us, 651-757-2392, or his successor, and has the responsibility to monitor the Grantee's performance and the authority to accept the services provided under this grant agreement. If the services are satisfactory, the MPCA's Project Manager will certify acceptance of each invoice submitted for payment.

The Grantee's Authorized Representative is **Sarah Young**, McLeod County Solid Waste, 1065 5th Avenue Southeast, Hutchinson, MN 55350, sarah.young@co.mcleod.mn.us, 320-4844319, or her successor. If the Grantee's Authorized Representative changes at any time during this grant agreement, the Grantee must immediately notify the State.

7 Assignment, Amendments, Change Orders, Waiver, and Grant Agreement Complete

7.1 **Assignment.** The Grantee shall neither assign nor transfer any rights or obligations under this grant agreement without the prior written consent of the State, approved by the same parties who executed and approved this grant agreement, or their successors in office.

7.2 **Amendments.** Any amendments to this grant agreement must be in writing and will not be effective until it has been executed and approved by the same parties who executed and approved the original grant agreement, or their successors in office.

7.3 **Change Orders.** If the State's Authorized Representative or the Grantee's Authorized Representative identifies a minor or major change needed in the project workplan and budget, either party may initiate a Change Order using the Change Order Form provided by the MPCA. Minor changes are defined as reallocating less than ten percent (10%) or \$50,000, whichever is less, of the overall Grant, cumulatively, between tasks or objectives. Major changes are defined as reallocating ten percent (10%) or over \$50,000, whichever is greater, of the overall grant, cumulatively, between tasks or objectives.

Change Orders may not delay or jeopardize the success of the project, alter the overall scope of the project, reduce the Grantee's required matching amount, increase or decrease the overall amount of the grant agreement, or cause an extension of the term of this grant agreement.

The MPCA's Project Manager and the Grantee's Authorized Representative shall sign the Change Order Form **in advance of doing the work**, which will then become an integral and enforceable part of the grant agreement.

7.4 **Waiver.** If the State fails to enforce any provision of this grant agreement, that failure does not waive the provision or the State's right to enforce it.

7.5 **Grant Agreement Complete.** This grant agreement contains all negotiations and agreements between the State and the Grantee. No other understanding regarding this grant agreement, whether written or oral, may be used to bind either party.

8 Liability

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

9 State Audits

Under [Minn. Stat. § 16B.98](#), Subd.8, the Grantee's books, records, documents, and accounting procedures and practices of the Grantee or other party relevant to this grant agreement or transaction are subject to examination by the State and/or the State Auditor or Legislative Auditor, as appropriate, for a minimum of six years from the end of

this grant agreement, receipt and approval of all final reports, or the required period of time to satisfy all state and program retention requirements, whichever is later.

10 Government Data Practices and Intellectual Property

10.1 **Government Data Practices.** The Grantee and State must comply with the Minnesota Government Data Practices Act, [Minn. Stat. Ch. 13](#), as it applies to all data provided by the State under this grant agreement, and as it applies to all data created, collected, received, stored, used, maintained, or disseminated by the Grantee under this grant agreement. The civil remedies of [Minn. Stat. §13.08](#) apply to the release of the data referred to in this clause by either the Grantee or the State. If the Grantee receives a request to release the data referred to in this Clause, the Grantee must immediately notify the State. The State will give the Grantee instructions concerning the release of the data to the requesting party before the data is released. The Grantee's response to the request shall comply with applicable law.

10.2 **Treatment of Data.** All data (information) related to this project and agreement that is maintained by the MPCA is public unless the Minnesota Data Practices Act, Minn. Stat. Ch.13, or other applicable state or federal law provides otherwise. Grantee shall use its best efforts to provide all information required to be submitted to MPCA in a form which can be released as public information. Grantee shall use its best efforts to prepare reports and other information without disclosing trade secret or sales information. If Grantee determines that it must disclose trade secret or sales information and Grantee wishes to keep that information from being subject to disclosure under the law, Grantee shall do the following:

1. In its report, Grantee shall segregate all information Grantee believes to not be subject to disclosure under the law from all other information.
2. Grantee shall submit a written request for the information to be treated as not subject to disclosure under the law, citing the reasons for such treatment. Grantee shall submit the request to the MPCA at the same time it submits the report containing the information in question.

The MPCA shall not consider a request to treat data as not subject to disclosure under the law unless it is made in accordance with the above two requirements. If a request is made in accordance with the above requirements, the MPCA shall promptly determine whether the information qualifies for nonpublic or private data treatment under Minn. Stat. §§ 13.37 and 115A.06. If the MPCA determines that the information may be treated as nonpublic or private data, the MPCA shall use its best efforts to treat the information accordingly.

10.3 Intellectual Property Rights

(a) Intellectual property rights. All rights, title, and interest in all of the intellectual property rights, including copyrights, patents, trade secrets, trademarks, and service marks in the Works and Documents created and paid for under this Grant shall be jointly owned by the Grantee and the State. Works means all inventions, improvements, discoveries (whether or not patentable), databases, computer programs, reports, notes, studies, photographs, negatives, designs, drawings, specifications, materials, tapes, and disks conceived, reduced to practice, created or originated by the Grantee, its employees, agents, and Contractors, either individually or jointly with others in the performance of this grant agreement. Works include "Documents." Documents are the originals of any databases, computer programs, reports, notes, studies, photographs, negatives, designs, drawings, specifications, materials, tapes, disks, or other materials, whether in tangible or electronic forms, prepared by the Grantee, its employees, agents, or subcontractors, in the performance of this grant agreement. The ownership interests of the State and the Grantee in the Works and Documents shall equal the ratio of each party's contributions to the total costs described in the budget of this grant agreement, except that the State's ownership interests in the Works and Documents shall not be less than Fifty percent (50%). The party's ownership interest in the Works and Documents shall not be reduced by any royalties or revenues received from the sale of the products or the licensing or other activities arising from the use of the Works and Documents. Each party hereto shall, at the request of the other, execute all papers and perform all other acts necessary to transfer or record the appropriate ownership interests in the

Works and Documents.

(b) Obligations.

(1) **Notification.** Whenever any invention, improvement, or discovery (whether or not patentable) is made or conceived for the first time or actually or constructively reduced to practice by the Grantee, including its employees and subcontractors, in the performance of this grant agreement, the Grantee shall immediately give the State's Authorized Representative written notice thereof, and must promptly furnish the Authorized Representative with complete information and/or disclosure therein. All decisions regarding the filing of patent, copyright, trademark or service mark applications and/or registrations shall be the joint decision of the Grantee and the State, and costs for such applications shall be divided as agreed by the parties at the time of the filing decisions. In the event the parties cannot agree on said filing decisions, the filing decision will be made by the State.

(2) **Representation.** The Grantee must perform all acts, and take all steps necessary to ensure that all intellectual property rights in the Works and Documents are the sole property of the Grantee and State as agreed herein, and that neither Grantee nor its employees, agents, or subcontractors retain any interest in and to the Works and Documents.

The Grantee represents and warrants that the Works and Documents do not and will not infringe upon any intellectual property rights of other persons or entities. Notwithstanding Clause Liability, the Grantee shall indemnify, defend, to the extent permitted by the Attorney General, and hold harmless the State, at the Grantee's expense, from any action or claim brought against the State to the extent that it is based on a claim that all or part of the Works or Documents infringe upon the intellectual property rights of others. The Grantee will be responsible for payment of any and all such claims, demands, obligations, liabilities, costs, and damages, including, but not limited to, attorney fees. If such a claim or action arises or in Grantee's or the State's opinion is likely to arise, the Grantee must, at the State's discretion, either procure for the State the right or license to use the intellectual property rights at issue or replace or modify the allegedly infringing Works or Documents as necessary and appropriate to obviate the infringement claim. This remedy of the State will be in addition to and not exclusive of other remedies provided by law.

(3) **License.** The State hereby grants a limited, no-fee, noncommercial license to the Grantee to enable the Grantee's employees engaged in research and scholarly pursuits to make, have made, reproduce, modify, distribute, perform, and otherwise use the Works, including Documents, for research activities or to publish in scholarly or professional journals, provided that any existing or future intellectual property rights in the Works or Documents (including patents, licenses, trade or service marks, trade secrets, or copyrights) are not prejudiced or infringed upon, that the Minnesota Data Practices Act is complied with, and that individual rights to privacy are not violated. The Grantee shall indemnify and hold harmless the State for any claim or action based on the Grantee's use of the Works or Documents under the provisions of Clause 10.3 (b)(2). Said license is subject to the State's publicity and acknowledgement requirements set forth in this grant agreement. The Grantee may reproduce and retain a copy of the Documents for research and academic use. The Grantee is responsible for security of the Grantee's copy of the Documents. A copy of any articles, materials or documents produced by the Grantee's employees, in any form, using or derived from the subject matter of this license, shall be promptly delivered without cost to the State.

(c) Reversion of Rights. All rights or title to any intellectual property arising from the performance of the project that are vested in Grantee shall revert to the State under any of the following circumstances unless Grantee repays to the State those funds provided by the State under this grant agreement within ninety (90) days of receipt of a notice in writing from the State of a claim under this paragraph:

(1) Grantee fails or is unable to market in Minnesota a product, process or service resulting from the project successfully within one year of the expiration of this grant agreement, unless Grantee is continuing to make

good faith efforts to bring the product, process or service to market; or

(2) Grantee dissolves, becomes inoperative or abandons the intellectual property resulting from the project;

Grantee shall execute all documents necessary for the reversion and transfer of ownership of the intellectual property rights to the State.

(d) Damages. If Grantee acts in a manner inconsistent with Clause 10.3.a-c., the State may seek damages from Grantee. This clause is not intended to stand in lieu of any other remedy the State may have for breach of grant agreement of this or any other term of this grant agreement.

11 Workers' Compensation

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

12 Publicity and Endorsement

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

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

13 Governing Law, Jurisdiction, and Venue

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

14 Termination

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

14.2 **Termination for Cause.** The State may immediately terminate this grant agreement if the State finds that there has been a failure to comply with the provisions of this grant agreement, that reasonable progress has not been made or that the purposes for which the funds were granted have not been or will not be fulfilled. The State may take action to protect the interests of the State of Minnesota, including the refusal to disburse additional funds and requiring the return of all or part of the funds already disbursed.

14.3 **Termination for Insufficient Funding.** The State may immediately terminate this grant agreement if:

(a) It does not obtain funding from the Minnesota Legislature.

(b) Or, if funding cannot be continued at a level sufficient to allow for the payment of the services covered here. Termination must be by written or fax notice to the Grantee. The State is not obligated to pay for any services that are provided after notice and effective date of termination. However, the Grantee will be entitled to payment, determined on a pro rata basis, for services satisfactorily performed to the extent that funds are available. The State will not be assessed any penalty if the agreement is terminated because of the

decision of the Minnesota Legislature, or other funding source, not to appropriate funds. The State must provide the Grantee notice of the lack of funding within a reasonable time of the State's receiving that notice.

15 Data Disclosure

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

To protect Grantee's personal data, Grantee is strongly encouraged to obtain and use a Minnesota tax identification number.

16 Nondiscrimination

The Grantee will comply with the provisions of Minn. Stat. § 181.59 which require: "Every contract for or on behalf of the state of Minnesota, or any county, city, town, township, school, school district, or any other district in the state, for materials, supplies, or construction shall contain provisions by which the contractor agrees:

- (1) that, in the hiring of common or skilled labor for the performance of any work under any contract, or any subcontract, no contractor, material supplier, or vendor, shall, by reason of race, creed, or color, discriminate against the person or persons who are citizens of the United States or resident aliens who are qualified and available to perform the work to which *the employment relates*;
- (2) that no contractor, material supplier, or vendor, shall, in any manner, discriminate against, or intimidate, or prevent the employment of any person or persons identified in clause (1) of this section, or on being hired, prevent, or conspire to prevent, the person or persons from the performance of work under any contract on account of race, creed, or color;
- (3) that a violation of this section is a misdemeanor; and
- (4) that this contract may be canceled or terminated by the state, county, city, town, school board, or any other person authorized to grant the contracts for employment, and all money due, or to become due under the contract, may be forfeited for a second or any subsequent violation of the terms or conditions of this contract."

During the performance of this grant agreement, neither the Grantee, nor those with whom the Grantee subcontracts for all or part of the work to be performed under this grant agreement shall, because of age, sexual preference, political affiliation, race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance or disability, discriminate against any person with respect to hire, tenure, compensation, terms of employment, upgrading of employment, facilities, privileges or conditions of employment; refuse to hire persons seeking employment; or, discharge an employee.

Neither the Grantee, nor those with whom the Grantee subcontracts for all or a portion of the work to be performed under this grant agreement shall exclude any person from participating in, deny them the benefits of, or discriminate against them on the basis of race, color, creed, religion, national origin, sex, marital status, age, sexual preference, political affiliation, or status with regard to public assistance or disability.

17 Human Rights, Equal Employment Opportunity, Affirmative Action

The Grantee, in the conduct of the project, shall comply with all applicable state and federal laws relating to nondiscrimination, affirmative action, and equal opportunity, now or hereafter enacted and any amendments thereto, including, but not limited to, Minnesota Stat. ch. 363 (the Minnesota Human Rights Act), Minn. Stat.

§ 181.59 (applicable to contracts for materials, supplies, and construction for or on behalf of the State), and the Americans with Disabilities Act of 1990 (P.L. 100-336).

18 Debarment

18.1 **Debarment by State, its departments, commissions, agencies, or political subdivisions.** Grantee certifies that neither it nor its principals is presently debarred or suspended by the State, or any of its departments, commissions, agencies, or political subdivisions. Grantee's certification is a material representation upon which the Grant award was based. Grantee shall provide immediate written notice to the MPCA's Authorized Representative if at any time it learns that this certification was erroneous when submitted or becomes erroneous by reason of changed circumstances.

19 Contracting and bidding requirements

19.1 **Minn. Stat 471.345.** Per [Minn. Stat. §471.345](#), grantees that are municipalities as defined in Subd. 1 must follow municipal contract law if contracting funds from this grant agreement for any supplies, materials, equipment or the rental thereof, or the construction, alteration, repair or maintenance of real or personal property.

- (a) Support documentation of the bidding process utilized to contract services must be included in the Grantee's financial records, including support documentation justifying a single/sole source bid, if applicable.
- (b) For projects that include construction work of \$25,000 or more, prevailing wage rules apply per; [Minn. Stat. §§177.41](#) through [177.44](#) consequently, the bid request must state the project is subject to *prevailing wage*. These rules require that the wages of laborers and workers should be comparable to wages paid for similar work in the community as a whole. A prevailing wage form should accompany these bid submittals.
- (c) The Materials Management Division (MMD) operates a program for Targeted Group, Economically Disadvantaged, and Veteran-Owned small businesses. Grantees are strongly encouraged to contract with certified Targeted Group, Economically Disadvantaged, and Veteran-Owned small businesses.

19.2 **Obligations.** The Grantee is responsible for all work assigned to the Grantee under this Grant whether the work is actually performed by the Grantee or a subcontractor. The State considers the Grantee to be the sole point of contact with regard to matters governed by this grant, including payment of any and all charges resulting from this grant agreement. All subcontracts shall reference this grant agreement and require the subcontractor to comply with all of the terms and conditions of this grant agreement. The Grantee is responsible for ensuring that the subcontractor complies with all provisions of this grant agreement.

19.3 **Approval.** If the Grantee decides to fulfill any of its obligations and duties under this grant agreement through a subcontractor to be paid for by funds received under this grant agreement, the Grantee shall not execute a contract with the subcontractor or otherwise enter into a binding agreement until it has first received written approval from the MPCA's Project Manager, unless such subcontract is a specific part of an approved Project Work Plan included in this grant agreement.

The MPCA's Project Manager shall respond to requests from the Grantee for authorization to subcontract within 10 (ten) working days of receiving the request.

19.4 **Payment.** As required by Minn. Stat. § 16A.1245, the grantee must pay all subcontractors, less any retainage, within 10 (ten) calendar days of the Grantee's receipt of payment from the State for undisputed services provided by the subcontractor(s) and must pay interest at the rate of one and one half percent per month or any part of a month to a subcontractor on any undisputed amount not paid in time to the subcontractor.

20 Insurance

20.1 **Commence work:** Grantee shall not commence work under the grant agreement until they have obtained all the insurance described below. Grantee shall maintain such insurance in force and effect throughout the term of the grant agreement.

20.2 **Grantee insurance requirements:** Per Minn. Stat. §466.01, Grantees that are municipalities as defined in Subd. 1, must maintain coverage in conformance with the Tort Claims limits set forth in Minn. Stat. ch. 466, with limits not less than \$500,000 per claimant and \$1,500,000 per occurrence for bodily injury and property damage.

20.3 **Subcontractor insurance requirements:** In any case work is subcontracted, the Grantee will require the subcontractor to provide the following insurance:

(a) Workers' Compensation: Subcontractor must provide Workers' Compensation insurance for all employees in accordance with the statutory requirements of the State of Minnesota, including Employer's Liability. Insurance **minimum** amounts are as follows:

- \$100,000 – Bodily Injury by Disease per employee
- \$500,000 – Bodily Injury by Disease aggregate
- \$100,000 – Bodily Injury by Accident

If Minn. Stat. § 176.041 exempts subcontractor from Workers' Compensation insurance, or if subcontractor has no employees in the State of Minnesota, subcontractor must provide a written statement to the Grantee, signed by an authorized representative, indicating the qualifying exemption that excludes subcontractor from the Minnesota Workers' Compensation requirements.

If during the course of the grant agreement the subcontractor becomes eligible for Workers' Compensation, the subcontractor must comply with the Workers' Compensation Insurance requirements herein and provide the Grantee with a certificate of insurance.

(b) Commercial General Liability Insurance: Subcontractor is required to maintain insurance protecting the Grantee from claims for damages for bodily injury, including sickness or disease, death, and for care and loss of services as well as from claims for property damage, including loss of use which may arise from operations under the grant agreement. Grantee will require subcontractor to provide Commercial General Liability. Insurance **minimum** limits are as follows:

- \$2,000,000 – per occurrence
- \$2,000,000 – annual aggregate
- \$2,000,000 – annual aggregate – Products/Completed Operations

The following coverages shall be included:

- Premises and Operations Bodily Injury and Property Damage
- Personal and Advertising Injury
- Blanket Contractual Liability
- Products and Completed Operations Liability
- State of Minnesota named as an Additional Insured, to the extent permitted by law
- Other; if applicable, please list _____

(c) Commercial Automobile Liability Insurance: Subcontractor is required to maintain insurance protecting the Grantee from claims for damages for bodily injury as well as from claims for property damage resulting from the ownership, operation, maintenance or use of all owned, hired, and non-owned autos which may arise

from operations under this grant agreement. Grantee will require the subcontractor to maintain Commercial Automobile Liability insurance. Insurance **minimum** limits are as follows:

\$2,000,000 – per occurrence Combined Single limit for Bodily Injury and Property Damage

In addition, the following coverages should be included:

- Owned
- Hired
- Non-owned Automobile

20.4 **Additional Insurance Conditions:**

- (a) Grantee's and/or subcontractor's policy(ies) shall be primary insurance to any other valid and collectible insurance available to the State of Minnesota with respect to any claim arising out of the performance under this grant agreement.
- (b) Grantee and/or subcontractor is responsible for payment of grant agreement related insurance premiums and deductibles.
- (c) Grantee's and/or subcontractor's policy(ies) must include legal defense fees in addition to its liability policy limits.
- (d) If Grantee and/or subcontractor is self-insured, a Certificate of Self-Insurance must be attached to this grant agreement, upon written request.
- (e) Grantee and/or subcontractor must obtain insurance policy(ies) from insurance company(ies) having an "AM BEST" rating of A- (minus); Financial Size Category (FSC) VII or better, and authorized to do business in the State of Minnesota, or obtain comparable coverage under a program of self-insurance.
- (f) An Umbrella or Excess Liability insurance policy may be used to supplement the Grantee's and/or subcontractor's policy limits to satisfy the full policy limits required by the grant agreement.
- (g) If Grantee and/or subcontractor receives a cancellation notice from an insurance carrier affording coverage herein, Grantee agrees to notify the MPCA within five (5) business days with a copy of the cancellation notice, unless Grantee's or subcontractor's policy(ies) contain a provision that coverage afforded under the policy(ies) will not be cancelled without at least thirty (30) days advance written notice to the State of Minnesota.

20.5 **Termination, legal remedies, inspection.** The State reserves the right to immediately terminate the grant agreement if the Grantee and/or subcontractor is not in compliance with the insurance requirements and retains all rights to pursue any legal remedies against the Grantee. All insurance policies must be open to inspection by the State, and copies of policies must be submitted to the State's Authorized Representative upon written request.

20.6 **Certificates of Insurance.** The Grantee is required to submit Certificates of Insurance acceptable to the State of Minnesota as evidence of insurance coverage requirements prior to commencing work under the grant agreement, upon written request.

21 **Permits and Approvals**

The Grantee and Grantee's agents shall obtain all federal, state and local permits, licenses and authorizations necessary to implement and operate the project.

22 **Health and Safety**

The Grantee is responsible for taking all acts necessary to ensure the health and safety of personnel performing tasks associated with work funded under this grant agreement. Grantee shall be responsible for providing insurance to cover risks associated with work performed by subcontractors and volunteers.

23 Equipment

The Grantee must use equipment purchased under this agreement for as long as it is needed for the project and must not encumber the equipment. If Grantee ceases to use any equipment purchased for the project under this agreement during the term of this agreement, Grantee must sell the equipment for fair market value and reimburse the State seventy-five percent (75%) of the sale proceeds or, if the State's commitment of funding to the project is less than seventy-five percent (75%), and any MPCA-approved changes or amendments thereto, reimburse the State the percentage of the sale proceeds that equal the State's commitment of funding to the project. If the equipment cannot be sold, Grantee must obtain MPCA's prior written approval for appropriate disposition of the equipment.

24 Reporting Requirements (Attachment B)

All reporting must be provided to the MPCA Authorized Representative. **All reports must be electronically submitted and must follow the format of the Continual Tracking Report (Attachment B)** which incorporates the approved project workplan and budget.

24.1 Monthly Reports. The Grantee shall, if requested by the MPCA Authorized Representative, provide an oral or written monthly update on the progress of the project. These requested updates may require such information as tasks accomplished, financial expenditures, and other information deemed necessary by the MPCA Authorized Representative.

24.2 Final Report and Executive Project Summary (Attachment B)

1. **Final Report.** Within thirty (30) days after completion of tasks as specified in the project workplan, Grantee shall submit a final report to the MPCA. The Final Report shall describe, in detail, the history of and conclusions reached from implementing the project, the technical and economic feasibility of the project, and the total expenses incurred in implementing the project.

If the project is terminated prior to the scheduled completion, the Final Report shall also discuss the conclusions that led to the termination of the project, results achieved on all tasks completed and recommendations on how these results could be used in future projects.

If the MPCA determines that the information submitted in the Final Report is inadequate, the Grantee shall prepare and submit additional information reasonably requested by the MPCA. The Final Report shall not be approved by the MPCA and final payment shall not be disbursed unless the Report contains the specified information to the satisfaction of the MPCA.

2. **Executive Project Summary.** At the same time the Final Report is submitted, the Grantee must also submit a summary of the project and its results. This Executive Project Summary will be used in reports and to disseminate information on the outcomes and environmental benefits of the project.

**MCLEOD COUNTY BOARD
AGENDA REQUEST**

| | | | |
|---|-----------------------------|---------------------------------|------------------------------|
| Board meeting date: | <u>March 7, 2017</u> | Originating department: | <u>Planning & Zoning</u> |
| Consent or regular agenda: | <u>Regular</u> | Preferred agenda time: | <u>10:00 AM</u> |
| Amount of time needed: | <u>10 minutes</u> | Funding source (if applicable): | _____ |
| Contact person for more info: | <u>Marc Telecky</u> | Are funds in Dept. budget: | _____ |
| Representative (present at the meeting to discuss): | <u>Marc Telecky, x-1213</u> | | |

MOTION REQUESTED:

Request approval of Preliminary Plat JP-PP1 requested by Preston Fox for a townhouse plat for the purpose of building 3 condo garages with 7 separate units per building. Each unit would share at least one common wall with a neighboring unit. Mr. Fox re-zoned this property in October 2016 from "A" Agricultural to "I-1" (Light Industrial) with the purpose of constructing condo-garage facilities. This parcel is described as 2.66 acres – Lot 19 and Part of Lot 18 of Auditor's Plat S ½ of Section 8 in Hassan Valley Township and is located with the Hutchinson Joint Planning Area.

JUSTIFICATION FOR MOTION:

The Hutchinson Joint Planning Committee unanimously recommended approval at their February 15, 2017 meeting.

HUTCHINSON AREA JOINT PLANNING STAFF REPORT

To: Joint Planning Board

Prepared By: Joint Planning Staff: Dan Jochum, Marc Telecky, Larry Gasow,
and Andrea Schwartz

Application: Preliminary Plat JP-PP1

Date: February 7, 2017 – **Meeting Date: February 15, 2017**

GENERAL INFORMATION

Brief Description: Preston Fox is requesting approval of a townhouse plat for the purpose of building 3 condo garages with 7 separate units per building. Each unit would share at least one common wall with a neighboring unit.

Applicant: Preston Fox
1055 Jorgenson St. SE
Hutchinson, MN 55350
P.I.D# 06.054.0250

Requested Action: Townhouse Preliminary Plat Review

Lot Size: Approx. 2.66 Acres (Unit size 30' x 40')

Existing Zoning: "I-1" Light industrial

Location: **Lot 19 and Part of Lot 18 of Auditor's Plat S ½ Section 8 Hassan Valley Twp.**

Existing Land Use: Vacant Land

Adjacent Land Use And Zoning: Agricultural, Fringe Commercial

Zoning History: NA

Applicable Ordinance Hutchinson Area Joint Planning Ordinance Section 7 & McLeod County Subdivision Ordinance

SPECIAL INFORMATION

Public Utilities: McLeod CO-OP

Public Services: Individual Sewage Treatment System

Preston Fox
Preliminary Plat
February 14, 2017
Page 2

Transportation: Adams St. (CR 25)

Physical Characteristics: Vacant Lot (recently Re-zoned I-1)

Analysis: The applicant re-zoned this property back in October of 2016 with the purpose of constructing condo-garage facilities on this property. Mr. Fox would like to sell each unit individually to separate owners thus requiring smaller units (property) for fee title ownership. McLeod County, nor the City of Hutchinson has a separate ordinance for this type of subdivision but after discussion with the McLeod County Attorney's office it was agreed that we would be in conformance with Minnesota Statute 505 by running it through our normal review cycle of Sketch Plan, Preliminary Plat, and Final Plat as outlined in the McLeod County Subdivision Ordinance. A developer's agreement shall be provided to the McLeod County Zoning Office detailing association requirements prior to recording of the plat.



Recommendations: Staff has outlined concerns for discussion in the analysis.

Cc: Preston Fox, applicant

W 1/4 corner of Section 8 T116N R29W

E 1/4 corner of Section 8 T116N R29W

FOX GARAGE ADDITION PRELIMINARY PLAT

SITE LAYOUT - EXISTING TOPOGRAPHY

DESCRIPTION (as provided)

Beginning at a point 514.5 feet West of the Northeast corner of Lot 17 of the Auditor's Plat of the South Half of Section 8, Township 116 North, Range 29 West of the 5th P.M.; thence North 88 degrees 30 minutes West along the North line 766.3 feet to a point of the Easterly right of way line of Trunk Highway number 22; thence South 47 degrees 40 minutes East along said right of way 552.85 feet; thence North 47 degrees 40 minutes East 530.7 feet to the place of beginning, being Lot 19 and part of Lot 18 of Auditor's Plat of the South Half of Section 8, Township 116 North, Range 29 West of the 5th P.M., according to the U.S. Government Survey thereof, except the following described property:

That part of Lots 18 and 19 of Auditor's Plat of the South Half of Section 8, Township 116 North, Range 29 West of the 5th P.M., as of public record, McLeod County, Minnesota, described as follows: Beginning at the intersection with the Northwesterly line of Minnesota Department of Transportation Right of Way Plat No. 43-7, as of public record, McLeod County, Minnesota and the North line of the SE 1/4 of Section 8, Township 116, Range 29; thence on an assumed bearing of S89°45'17"E, along the North line of the said SE 1/4, a distance of 790.25 feet to the northwesterly line of Wood Products Addition, as of public record, McLeod County, Minnesota; thence S49°24'43"W, along said line 36.88 feet; thence N89°57'37"W, 89.94 feet; thence N89°20'34"W, 141.21 feet; thence N89°50'48"W, 174.39 feet; thence S18°18'00"W, 58.88 feet; thence S87°45'31"W, 272.55 feet to the said Northwesterly line of Minnesota Department of Transportation Right of Way Plat No. 43-7; thence Northwesterly along said line to the point of beginning.

OWNER: John & Sue Barr
DEVELOPER: Preston Fox
1055 Jorgensen Street SE
Hutchinson MN 55350

HUTCHINSON JOINT PLANNING AREA SUBDIVISIONS STANDARDS
PRESENT ZONING - "I-1" LIGHT INDUSTRIAL DISTRICT

| MINIMUM LOT REQUIREMENTS | MINIMUM BUILDING SETBACKS |
|-----------------------------|---|
| Lot Width - 150 feet | Centerline of Township Road - 100 feet |
| Lot Depth - 200 feet | County Road - 130 feet |
| No minimum area requirement | State Highway - 130 feet |
| | Interior side - 20 feet |
| | Rear - 40 feet |
| | Site currently used for housing - 50 feet |
| | Maximum Building Height - 35 feet |

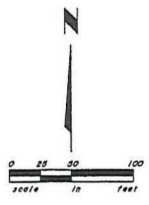
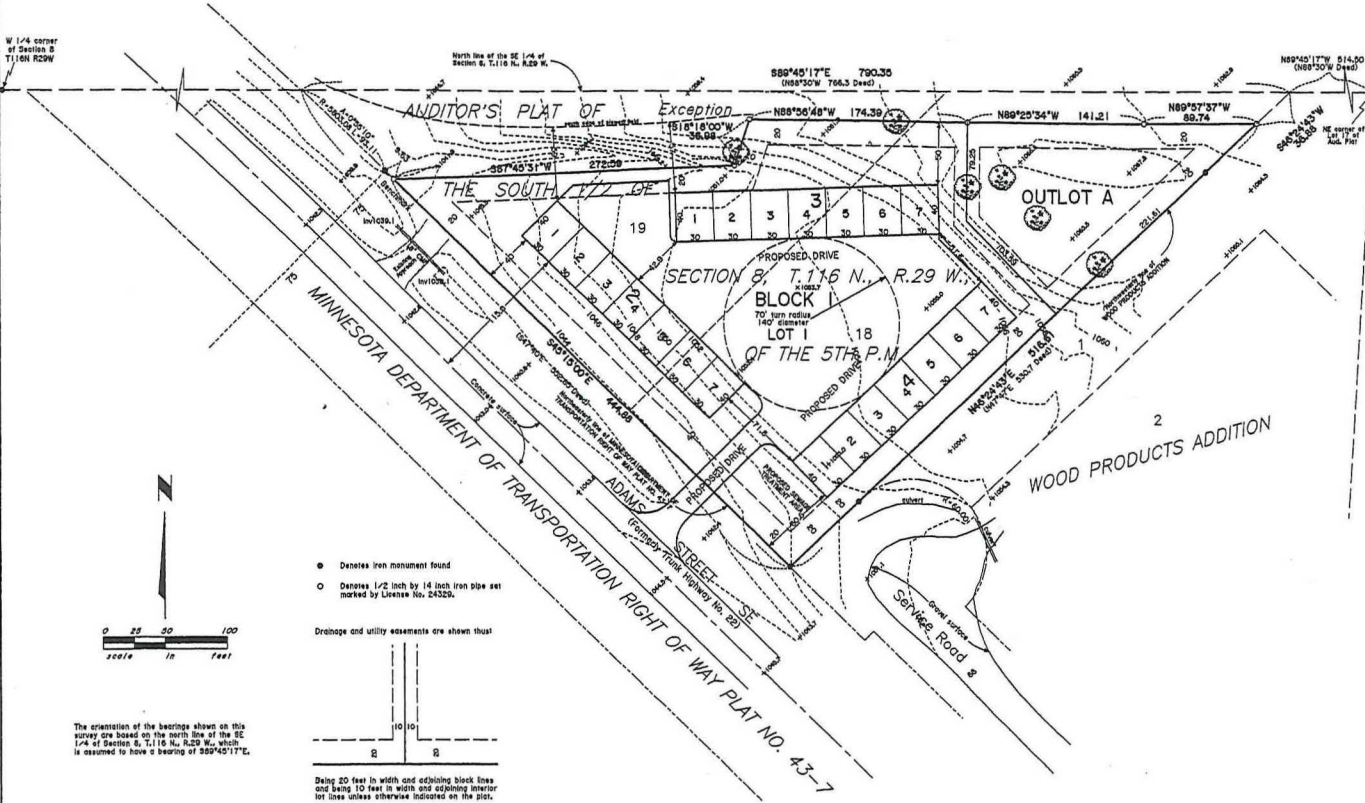
COMMERCIAL OR INDUSTRIAL DRIVEWAYS OR PARKING AREAS

Front - 20 feet
Side or rear - 10 feet

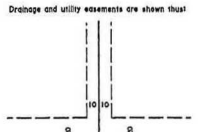
1054 - Denotes existing contour line
1050 - Denotes existing spot elevation

BENCHMARK
Top of iron pipe at northwesterly corner of Lot 1, Block 1.
Elevation = 1041.76

PELLINEN LAND SURVEYING, INC
P O Box 35
Hutchinson, Minnesota 55350
Phone (520) 687-4789
Fax (520) 687-3752
JOB NO 101600 DK P-409 Pg 01

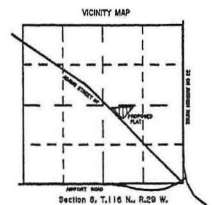


- Denotes iron monument found
- Denotes 1/2 inch by 1/4 inch iron pipe set marked by License No. 24329.



Being 20 feet in width and adjoining block lines and being 10 feet in width and adjoining interior lot lines unless otherwise indicated on the plat.

The orientation of the bearings shown on this survey are based on the north line of the SE 1/4 of Section 8, T.116 N., R.29 W., which is assumed to have a bearing of S89°45'17"E.



- TOTAL AREA = 2.75 Acres
- LOT AREAS
- Lot 1, Block 1 - 74144 Square Feet
 - Lots 1-7, Block 2 - 8400 Square Feet (Each Lot in Block 2 = 1200 Sq Ft)
 - Lots 1-7, Block 3 - 8400 Square Feet (Each Lot in Block 3 = 1200 Sq Ft)
 - Lots 1-7, Block 4 - 8400 Square Feet (Each Lot in Block 4 = 1200 Sq Ft)
 - OUTLOT A - 20578 Square Feet

I hereby certify that this Survey, Plan or Report was prepared by me or under my direct supervision and that I am a duly Licensed Land Surveyor under the laws of the State of Minnesota.
Duffin B. Rensdel
Date: July 24, 2007 Lic. No. 24329



County of McLeod

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

COMMISSIONER RON SHIMANSKI

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

COMMISSIONER DOUG KRUEGER

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

COMMISSIONER PAUL WRIGHT

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

COMMISSIONER RICH POHLMEIER

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

COMMISSIONER JOE NAGEL

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

COUNTY ADMINISTRATOR

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

RESOLUTION 17-CB-08

POLICY AND PROCEDURES IN MCLEOD COUNTY FOR ADMINISTRATION OF THE WETLAND CONSERVATION ACT

WHEREAS, McLeod County has assumed its responsibilities under the Minnesota Wetland Conservation Act (Minnesota Rules Chapter 8420).

WHEREAS, McLeod County has followed and will continue to follow the procedures and rules outlined in Minnesota Rules Chapter 8420.

NOW THEREFORE BE IT RESOLVED, that effective March 7, 2017 McLeod County delegates responsibility for appointing the Local Government Unit (LGU) to the Soil and Water Conservation District for administering the Minnesota Wetland Conservation Act in McLeod County.

BE IT FURTHER RESOLVED, that the McLeod County Technical Advisory Committee act in an advisory capacity on wetland issues to the Soil and Water Conservation District Program Director and the McLeod County Board of Commissioners.

BE IT FURTHER RESOLVED, that the McLeod County Board of Commissioners will review and decide on wetland issues when so requested by the Soil and Water Conservation District Program Director.

BE IT FURTHER RESOLVED, that the McLeod County Board of Commissioners shall be the Local Appeals Board for an LGU decision, provided that the appeal is made in writing to the Soil and Water Conservation District Program Director within 15 days after the date on which the decision is mailed to the applicant.

BE IT FURTHER RESOLVED, that an applicant can appeal directly to the Board of Water and Soil Resources (BWSR) after an LGU decision or after an appeal to the McLeod County Board of Commissioners, provided the appeal is made in writing and within 15 days after the date on which the decision is made.

Adopted this 7th day of March 2017.

Joe Nagel, Chairperson

Pat Melvin, County Administrator