

**McLEOD COUNTY
BOARD OF COMMISSIONERS
PROPOSED MEETING AGENDA
JANUARY 21, 2014**

1 9:00 CALL TO ORDER

PLEDGE OF ALLEGIANCE

2 9:03 CONSIDERATION OF AGENDA ITEMS*

3 9:08 CONSENT AGENDA*

- A. January 7, 2014 Meeting Minutes and Synopsis.
- B. January 3, 2014 Auditor's Warrants.
- C. January 10, 2014 Auditor's Warrants.
- D. January 10, 2014a Auditor's Warrants.
- E. Approve a service agreement extension with West Central Sanitation of Willmar for the continued service of the McLeod County rural drop-box and township shed recycling sites.

4 PAYMENT OF BILLS - COMMISSIONER WARRANT LIST*

5 PAYMENT OF BILLS - ADDITIONAL MISCELLANEOUS BILLS TO BE PAID BY AUDITORS WARRANTS*

6 9:15 SHERIFF DEPARTMENT – Deputy Sheriff Tim Langenfeld and Emergency Services Director Kevin Mathews

- A. Consider approval to purchase 5 2014 Ford Police Interceptor Utility Vehicles from Nelson Auto Center (Fergus Falls, MN) via State bid for a price of \$26,409.82 per vehicle and a total cost of \$132,049.10 with funding for four vehicles coming from the Sheriff's 201 account and funding for one vehicle coming from the Emergency Management Account.*

One vehicle will replace a 2005 Ford F150 which will be repurposed and used for boat and water, snowmobile and firearms. Other vehicles being replaced are a 2007 Dodge Charger which will be auctioned, a 2008 Dodge Charger to be auctioned, a 2010 Dodge Charger to be used as a spare and a 2010 Dodge Charger which will be assigned to the Deputy currently in the 2007 Charger. We will also be auctioning off either a 2005 Dodge Durango or a 2008 Pontiac Grand Prix.

- B. Consider approval to enter into a maintenance agreement with Northland Business Systems Incorporated for the Sheriff's Office Verint Voice Logger/Recorder which will be in effect until 11/31/2014 for a total cost of \$3,268.24 with funding coming from the Sheriff's 2014 budget.*

Agreement will ensure response and repairs are completed in a timely manner. The voice logger/recorder captures both telephone and radio.

- C. Consider approval of the annual service for the Code Red web based mass notification system from Emergency Communications Network (Ormond Beach, FL) with a base package cost of \$14,175.00 and the Code Red Weather Warning cost of \$2,908.00 for a total of \$17,083.00 with funding coming from 2014 Emergency Management budget and the 911 Fund (25-285).*

This will continue the service that was originally purchased in March 2013 and went live on April 1, 2013. There are currently 12,879 phone numbers entered into the CodeRED database for McLeod County and 1,717 phone numbers in the weather warning. In 2013, we used a total of 17,153 voice minutes. This does not include the weather warning messages, text, and email messages that were sent out.

7 9:30 SOLID WASTE – Director Ed Homan

- A. Consider approval of additional services with Burns and McDonnell for the Materials Recovery Facility (MRF) Retrofit, not to exceed \$25,000 for the following with funding coming from the Abatement Fund:*

- Assist the County to develop a business plan for operating the MRF with the completion of the recycling facility retrofit. This will include identifying staffing needs, additional facility and equipment related costs, and characterization of the planned growth in the quantities of recyclable materials processed and marketed
- Develop a conceptual design for the preferred recycling facility retrofit option identified in Phase 1 of our collaborative efforts with the County in 2013. The conceptual design will include addressing the three proposed project components of building addition, retrofit of the processing equipment, and realignment of the loading docks

- B. Consider approval to hire West Central Sanitation (Willmar MN) to provide refuse services to all county buildings at an annual cost of \$15,737.40 with funding coming from the Abatement Fund.*

This will amount to a cost savings of \$7,611.12 per year.

8 9:40 HUMAN RESOURCES – Director Mary Jo Wieseler

- A. Consider approval of the Administrative Services Agreement and Stop Loss contract for Sibley / McLeod Counties and Medica which is effective January 1, 2014.*
- B. Consider approval of 2014 Pay Equity Report.*
- C. Consider January 14, 2014 Staffing Request Recommendations.*

9 10:00 REALTY SPECIALIST FISH AND WILDLIFE SERVICE - Supervisory Realty Specialist Danielle Kepford

- A. Acquire wetland easement on Tad & Gloria Lundbergs property.*

10 10:15 INFORMATION TECHNOLOGY – Director Vince Traver

A. Update on I pad security and utilizing a smartphone as a hot spot.

11 COUNTY ADMINISTRATION

- Review of Commissioners Calendar
- Commissioner reports of committee meetings attended since January 7, 2014.

A. Consider Inspec proposal and Agreement for building envelope investigation at Health and Human Services for \$9,800.*

B. Consider 2014 Committee Day schedule.

C. Update on proposed February Workshop.

D. Update on McLeod City/County meeting held January 13th.

E. Discussion on resignations on Housing & Redevelopment Authority Board.

12 CLOSED MEETING

A. Update on 2014 negotiations.

OTHER

Open Forum

Press Relations

RECESS

Next board meeting February 4, 2014 at 9:00 a.m. in the County Boardroom.

**McLEOD COUNTY
BOARD OF COMMISSIONERS
PROPOSED MEETING MINUTES – January 7, 2014**

CALL TO ORDER

The regular meeting of the McLeod County Board of Commissioners was called to order at 9:00 a.m. by Chair Paul Wright in the County Board Room. Commissioners Nies, Shimanski, Terlinden and Christensen were present. County Administrator Patrick Melvin, Administrative Assistant, Donna Rickeman, County Attorney Michael Junge and County Auditor-Treasurer Cindy Schultz were also present.

PLEDGE OF ALLEGIANCE

At the request of the Board Chair, all present recited the Pledge of Allegiance.

CONSIDERATION OF AGENDA ITEMS

Nies/Shimanski motion carried unanimously to approve the agenda.

CONSENT AGENDA

A) December 31, 2013 Meeting Minutes and Synopsis.

Terlinden/Shimanski motion carried unanimously to approve the consent agenda.

ADJOURN

Terlinden/Shimanski motion carried unanimously to adjourn for 2013 sine die.

CALL TO ORDER

County Administrator Patrick Melvin called the 2014 organizational meeting to order. Commissioners Wright, Nies, Shimanski, Terlinden and Christensen were present.

ELECTION OF BOARD CHAIR

County Administrator Patrick Melvin requested nominations for the 2014 Board Chair. Commissioner Nies nominated Commissioner Paul Wright for Board Chair for 2014.

Terlinden/Nies motion carried unanimously to cease nominations and cast a unanimous ballot for Commissioner Paul Wright as Board Chair for 2014.

ELECTION OF VICE CHAIR

Board Chair Paul Wright requested nominations for the 2014 Vice Chair. Commissioner Nies nominated Commissioner Kermit Terlinden for Board Vice Chair for 2014.

Shimanski/Nies motion carried unanimously to cease nominations and cast a unanimous ballot for Commissioner Kermit Terlinden as Board Vice Chair for 2014.

CONSIDERATION OF AGENDA ITEMS

The following item was added to the agenda:

- A) Add under Administration item B; Consider setting minimum salaries for elected positions in 2014.

Terlinden /Nies motion carried unanimously to approve the agenda as revised.

CONSENT AGENDA

- A) December 24, 2013 Auditor's Warrants.
- B) December 27, 2013 Auditor's Warrants.
- C) December 30, 2013 Auditor's Warrants.
- D) December 31, 2013 Auditor's Warrants.
- E) Approve Employee Dishonesty and Faithful Performance of Duty Coverage bonds for officers and employees.
- F) Adopt Resolution 14-RB01-01 designating the McLeod County website as the official publication for transportation projects.
- G) Approve contract with the National Association of County and City Health Officials (NACCHO) for a 2013-2014 Capacity Building Award for \$3,500 to be used in your Medical Reserve Corp duties. This is the 4th year that we have received this award. In the past the funds were used for CPR training of volunteers and purchasing CPR training equipment.
- H) Approve the Prime West Health Home and Community Based Services Provider Agreement with McLeod County Public Health effective January 1, 2014.
- I) Consider approval of Memorandum of Agreement between Minnesota State University, Mankato and McLeod County Public Health to provide an internship in the Community Health Education Program. This contract is in effect from January 13, 2014 through January 12, 2019. This Community Health Education student will be working in Public Health for 450 hours on a variety of projects providing free service.

Nies/Shimanski motion carried unanimously to approve the consent agenda.

PAYMENT OF BILLS – COMMISSIONER WARRANT LIST

General Revenue	\$508,182.34
Road & Bridge	\$5,855.86

Solid Waste

\$32,373.06

Nies/Terlinden motion carried unanimously to approve payment of bills totaling \$546,411.26 from the aforementioned funds.

PUBLIC HEALTH – Public Health Nurse II Linda Senst

- A) Linda Senst requested approval to purchase the PH.doc documentation system from the Minnesota Counties Computer Cooperative for a one-time cost of \$51,554.33 and an annual cost of \$20,011.09 with funding coming out of county capital improvement funds.

This new system is a method of charting which will allow Public Health to take with them into homes of clients and communicate directly with hospitals and other care facilities. The cost does not include the conversion cost but does include the McLeod County IT Department hosting costs which will allow McLeod County to have more control over the process and functionality.

Nies/Terlinden motion carried unanimously to approve the purchase of PH.doc documentation system from the Minnesota Counties Computer Cooperative for a one-time cost of \$51,554.33 and an annual cost of \$20,011.09, additional dollars will be needed for conversion costs, with funding coming out of county capital improvement funds.

AUDITOR-TREASURER – Auditor-Treasurer Cindy Schultz

- A) Cindy Schultz requested adoption of Resolution 14-CB-02 authorizing the McLeod County Auditor-Treasurer to designate depositories.

According to the McLeod County Investment Policy annual the County Board must authorize the County Auditor-Treasurer to designate depositories for the new year.

Shimanski/Terlinden motion carried unanimously to adopt Resolution 14-CB-02 authorizing the McLeod County Auditor-Treasurer to designate depositories.

ESTABLISHMENT OF COMMITTEES

- A) A list of Committee members was presented to the County Board by Donna Rickeman for approval of changes to the individuals serving on each committee and the terms of their membership.

The following were changes made during the meeting:

- Re-appoint Curtis Carrigan to the Board of Adjustments
- Replace Sara Anderson who has met her maximum term with Ashley Kohls on Extension Committee

- Re-appoint Charles Lemke to Housing & Redevelopment Authority
- Re-appoint James Lindeman to Housing & Redevelopment Authority
- Replace Doug Kenning who has met his maximum term with Brad Duesterhoeft on Parks Committee
- Re-appoint Jerome Thiemann to Parks Committee
- Re-appoint Curtis Carrigan to the Planning Advisory Committee
- Replace Mark Johnson who has met his maximum term with Larry Phillips on the Planning Advisory Committee
- Replace Barb Max with Karen Gensmer on the Public Health Nursing Advisory Board

Nies/Christensen motion carried unanimously to approve the Committee appointments with the above changes.

A) A list of Commissioners and associated committees was presented to the County Board by Donna Rickeman for approval of changes to the Commissioners serving on each committee.

The following were changes made during the meeting:

- Change Courthouse Security Sub Committee to Security Sub Committee
- Remove Ron Shimanski from Ditch Inspectors
- Replace Paul Wright with Ron Shimanski on Health Insurance Steering Committee
- Replace Paul Wright with Sheldon Nies on Wellness Committee

Christensen/Shimanski motion carried unanimously to approve the Commissioner's Committee appointments with the above changes.

COUNTY ADMINISTRATION

A) Donna Rickeman requested approval to award the official McLeod County legal newspaper for 2014 and second publication of 2013 McLeod County Financial Statement.

McLeod County bids for 2014 Official Newspaper		
	Hutchinson Leader	McLeod Publishing
Line length in Picas	10.25	10.6
Line per inch	9	9
Length of LCA in Points	90	102
Cost per column inch	\$4.75	\$2.00

2 nd Publication Insertion Rate	\$0.05	Official Newspaper
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Terlinden/Shimanski motion carried unanimously to award the 2014 legal newspaper to McLeod Publishing at a cost per column inch of \$2.00 and award of the 2013 McLeod County Financial Statement to Hutchinson Leader at an insertion rate of \$0.05.

- B) Pat Melvin requested setting minimum salaries for elected positions in 2014. These minimum salaries could possibly take affect only if a new individual was hired in one of these positions in 2014.

The following minimum salaries were reviewed and established:

	2010	2014
Commissioner	\$23,925	\$26,582
Attorney	\$48,801	\$51,678
Recorder	\$32,343	\$34,891
Sheriff	\$36,925	\$39,565
Auditor/Treasurer	\$35,741	\$38,357

Nies/Terlinden motion carried unanimously to approve setting the minimum salaries for elected positions in 2014 as listed above.

Shimanski/Terlinden motion carried unanimously to recess at 10:02 a.m. until 9:00 a.m. January 21, 2014 in the County Boardroom.

ATTEST:

Paul Wright, Board Chair

Patrick Melvin, County Administrator

McLEOD COUNTY
BOARD OF COMMISSIONERS
SYNOPSIS – January 7, 2014

1. Commissioners Wright, Nies, Shimanski, Terlinden and Christensen were present.
2. Nies/Shimanski carried unanimously to approve the agenda.
3. Terlinden/Shimanski motion approved the consent agenda including December 31, 2013 Meeting Minutes and Synopsis.
4. Terlinden/Shimanski motion carried unanimously to adjourn for 2013 sine die.
5. Terlinden/Nies motion carried unanimously to cease nominations and cast a unanimous ballot for Commissioner Paul Wright as Board Chair for 2014.
6. Shimanski/Nies motion carried unanimously to cease nominations and cast a unanimous ballot for Commissioner Kermit Terlinden as Board Vice Chair for 2014.
7. Terlinden/Nies carried unanimously to approve the agenda as revised.
8. Nies/Shimanski motion approved the consent agenda including December 24, 2013 Auditor's Warrants; December 27, 2013 Auditor's Warrants; December 30, 2013 Auditor's Warrants; December 31, 2013 Auditor's Warrants; Approve Employee Dishonesty and Faithful Performance of Duty Coverage bonds for officers and employees; Adopt Resolution 14-RB01-01 designating the McLeod County website as the official publication for transportation projects; Approve contract with the National Association of County and City Health Officials (NACCHO) for a 2013-2014 Capacity Building Award for \$3,500 to be used in your Medical Reserve Corp duties. This is the 4th year that we have received this award. In the past the funds were used for CPR training of volunteers and purchasing CPR training equipment; Approve the Prime West Health Home and Community Based Services Provider Agreement with McLeod County Public Health effective January 1, 2014; Consider approval of Memorandum of Agreement between Minnesota State University, Mankato and McLeod County Public Health to provide an internship in the Community Health Education Program. This contract is in effect from January 13, 2014 through January 12, 2019. This Community Health Education student will be working in Public Health for 450 hours on a variety of projects providing free service.
9. Nies/Terlinden motion carried unanimously to approve payment of bills totaling \$546,411.26 from the aforementioned funds.
10. Nies/Terlinden motion carried unanimously to approve the purchase of PH.doc documentation system from the Minnesota Counties Computer Cooperative for a one-time cost of \$51,554.33 and an annual cost of \$20,011.09, additional dollars will be needed for conversion costs, with funding coming out of county capital improvement funds.
11. Shimanski/Terlinden motion carried unanimously to adopt Resolution 14-CB-02 authorizing the McLeod County Auditor-Treasurer to designate depositories.
12. Nies/Christensen motion carried unanimously to approve the Committee appointments with the above changes.

- 13.** Christensen/Shimanski motion carried unanimously to approve the Commissioner's Committee appointments with the above changes.
- 14.** Terlinden/Shimanski motion carried unanimously to award the 2014 legal newspaper to McLeod Publishing at a cost per column inch of \$2.00 and award of the 2013 McLeod County Financial Statement to Hutchinson Leader at an insertion rate of \$0.05.
- 15.** Nies/Terlinden motion carried unanimously to approve setting the minimum salaries for elected positions in 2014 as listed above.

Complete minutes are on file in the County Administrator's Office. The meeting recessed at 10:02 a.m. until January 21, 2014.

Attest:

Paul Wright, Board Chair

Patrick Melvin, County Administrator

DRAFT

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



POOL
1/3/14 12:44PM

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

Page 1

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

Explode Dist. Formulas Y

Paid on Behalf Of Name
on Audit List?: N

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

Save Report Options?: N

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

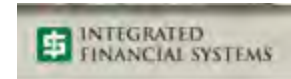


POOL
1/3/14 12:44PM
1 General Revenue Fund

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			...		
2	2811 CNA GROUP LONG TERM CARE 01-000-000-0000-2048		317.80	LONG TERM CARE GENERAL FUND 01/01/2014 01/31/2014	1337249	Long Term Care Payable
	2811 CNA GROUP LONG TERM CARE		317.80	1 Transactions		
0	DEPT Total:		317.80	...	1 Vendors	1 Transactions
5	DEPT			Board of County Commissioners		
32	1440 VISA 01-005-000-0000-6336	AP 4 4	274.42	AMC ANNOUAL CONF-HYATT-RS		Meals, Lodging, Parking & Miscellaneous
	1440 VISA		274.42	1 Transactions		
5	DEPT Total:		274.42	Board of County Commissioners	1 Vendors	1 Transactions
41	DEPT			County Auditor-Treasurer's Office		
30	1440 VISA 01-041-000-0000-6336	AP 4 4	411.63	AMC ANNOUAL CONF-HYATT-CS		Meals, Lodging, Parking & Miscellaneous
	1440 VISA		411.63	1 Transactions		
41	DEPT Total:		411.63	County Auditor-Treasurer's Office	1 Vendors	1 Transactions
75	DEPT			Central Services - Charge Backs		
33	379 WRIGHT EXPRESS FSC 01-075-000-0000-6338	AP 4 4	1,315.45	MOTOR POOL FUEL	35236710	Motor Pool Expenses
	379 WRIGHT EXPRESS FSC		1,315.45	1 Transactions		
75	DEPT Total:		1,315.45	Central Services - Charge Backs	1 Vendors	1 Transactions
76	DEPT			Central Services - County Wide		
23	5906 CENTURYLINK 01-076-000-0000-6203		31.50	LOCAL SVC 12/18/2013 01/17/2014	313623769	Communications
24	01-076-000-0000-6203		3,483.25	LOCAL SVC 12/18/2013 01/17/2014	3140193769	Communications
	5906 CENTURYLINK		3,514.75	2 Transactions		

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



POOL
1/3/14 12:44PM
1 General Revenue Fund

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

Vendor No.	Name Account/Formula	Accr	Rpt	Amount	Warrant Description Service Dates	Invoice # Paid On Bhf #	Account/Formula Description On Behalf of Name
26	11580 CENTURYLINK 01-076-000-0000-6203			1,269.57	LONG DISTANCE	320439462	Communications
	11580 CENTURYLINK			1,269.57	1 Transactions		
28	5771 NU-TELECOM 01-076-000-0000-6203			1,893.26	TI, EXT, PRI, SW B1	81060230	Communications
	5771 NU-TELECOM			1,893.26	1 Transactions		
76	DEPT Total:			6,677.58	Central Services - County Wide	3 Vendors	4 Transactions
101	DEPT 1440 VISA				County Recorder's Office		
31	01-101-000-0000-6336	AP	4 4	411.63	AMC ANNOUAL CONF-HYATT-LS		Meals, Lodging, Parking & Miscellaneous
	1440 VISA			411.63	1 Transactions		
101	DEPT Total:			411.63	County Recorder's Office	1 Vendors	1 Transactions
201	DEPT 5906 CENTURYLINK				County Sheriff's Office		
1	01-201-000-0000-6203			49.01	PHONE CHARGES	313138411	Communications
					12/18/2013 01/17/2014		
25	01-201-000-0000-6203			297.11	LEC ARMER T1 TO NYA	313623769	Communications
	5906 CENTURYLINK			346.12	2 Transactions		
201	DEPT Total:			346.12	County Sheriff's Office	1 Vendors	2 Transactions
251	DEPT 5275 CARD SERVICES				County Jail		
17	01-251-000-0000-6268	AP	4 4	3.38	MAGNESIUM CITRATE-B BAKKEN	1359	Medical Aid To Prisoners
	5275 CARD SERVICES			3.38	1 Transactions		
251	DEPT Total:			3.38	County Jail	1 Vendors	1 Transactions
520	DEPT 5771 NU-TELECOM				County Park's		
27	01-520-000-0000-6203			37.42	PIEPENBURG 587-2082	81060230	Communications
	5771 NU-TELECOM			37.42	1 Transactions		

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



POOL
1/3/14 12:44PM
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
520	DEPT Total:		County Park's	1 Vendors	1 Transactions
1	Fund Total:		General Revenue Fund		13 Transactions

POOL
1/3/14 12:44PM
3 Road & Bridge Fund

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



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			...		
3	2811 CNA GROUP LONG TERM CARE 03-000-000-0000-2048		152.07	LONG TERM CARE HWY FUND 01/01/2014 01/31/2014	1337249	Long Term Care Payable
	2811 CNA GROUP LONG TERM CARE		152.07	1 Transactions		
0	DEPT Total:		152.07	...	1 Vendors	1 Transactions
320	DEPT			Highway Construction		
19	315 CITY OF SILVER LAKE 03-320-000-0000-6641	DTG 6 6	295.83	#7 602-029 JOB 21 SL	602-029-7	State Aid-Regular Construction
20	03-320-000-0000-6641	DTG 6 6	60,260.32	#7 602-029 JOB 21 SL	602-029-7	State Aid-Regular Construction
	315 CITY OF SILVER LAKE		60,556.15	2 Transactions		
320	DEPT Total:		60,556.15	Highway Construction	1 Vendors	2 Transactions
330	DEPT			Highway Administration		
29	1440 VISA 03-330-000-0000-6336	AP 4 4	137.21	AMC ANNOUAL CONF-HYATT-JB		Meals, Lodging, Parking & Miscellaneous
	1440 VISA		137.21	1 Transactions		
330	DEPT Total:		137.21	Highway Administration	1 Vendors	1 Transactions
3	Fund Total:		60,845.43	Road & Bridge Fund		4 Transactions

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



POOL
1/3/14 12:44PM
5 Solid Waste Fund

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

Vendor	Name	Rpt	Warrant Description	Invoice #	Account/Formula Description
No.	Account/Formula	Accr	Service Dates	Paid On Bhf #	On Behalf of Name
			Amount		
391	DEPT		Solid Waste Tip Fee		
1160	MCLEOD COUNTY AUDITOR TREASURER				
37	05-391-000-0000-6350		16.00	REGISTRATION FEE-TRAILER	197274
1160	MCLEOD COUNTY AUDITOR TREASURER		16.00	1 Transactions	Other Services & Charges
21	2038 WASTE MANAGEMENT OF WI MN				
05-391-000-0000-6257			21.11	ORGANIC DISPOSAL	6609149-1593-0
				01/01/2014 01/31/2014	Sewer, Water And Garbage Removal
2038	WASTE MANAGEMENT OF WI MN		21.11	1 Transactions	
391	DEPT Total:		37.11	Solid Waste Tip Fee	2 Vendors 2 Transactions
393	DEPT			Materials Recovery Facility	
1160	MCLEOD COUNTY AUDITOR TREASURER				
36	05-393-000-0000-6350		16.00	REGISTRATION FEE-DODGE	174134
34	05-393-000-0000-6350		16.00	REGISTRATION FEE-TRAILER	185724
35	05-393-000-0000-6350		16.00	REGISTRATION FEE-PTRB	935349
1160	MCLEOD COUNTY AUDITOR TREASURER		48.00	3 Transactions	Other Services & Charges
393	DEPT Total:		48.00	Materials Recovery Facility	1 Vendors 3 Transactions
5	Fund Total:		85.11	Solid Waste Fund	5 Transactions

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

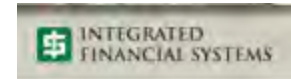


POOL
1/3/14 12:44PM
11 Human Service Fund

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
420	DEPT		Income Maintenance		
4	2811 CNA GROUP LONG TERM CARE 11-420-000-0000-2048		180.17	LONG TERM CARE WELFARE FUND 01/01/2014 01/31/2014	1337249 Long Term Care Payable
	2811 CNA GROUP LONG TERM CARE		180.17	1 Transactions	
420	DEPT Total:		180.17	Income Maintenance	1 Vendors 1 Transactions
430	DEPT		Individual and Family Social Services		
5	2811 CNA GROUP LONG TERM CARE 11-430-000-0000-2048		103.02	LONG TERM CARE INC MAINT FUND 01/01/2014 01/31/2014	1337249 Long Term Care Payable
	2811 CNA GROUP LONG TERM CARE		103.02	1 Transactions	
430	DEPT Total:		103.02	Individual and Family Social Services	1 Vendors 1 Transactions
11	Fund Total:		283.19	Human Service Fund	2 Transactions

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



POOL
1/3/14 12:44PM
25 Special Revenue Fund

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

Vendor No.	Name Account/Formula	Accr	Rpt	Amount	Warrant Description Service Dates	Invoice # Paid On Bhf #	Account/Formula Description On Behalf of Name
32	DEPT				McLeod For Tomorrow		
14	1925 NORA YOUNG 25-032-000-0000-6350	AP	4 4	30.49	MFT FOOD EXPENSE-WALMART 12/19/2013 12/19/2013	04241	Leadership Program Expenses
13	25-032-000-0000-6350	AP	4 4	15.02	MFT FOOD EXPENSE-DUNN BROS 12/19/2013 12/19/2013	2676	Leadership Program Expenses
	1925 NORA YOUNG			45.51	2 Transactions		
15	1515 ZELLAS 25-032-000-0000-6350	AP	4 4	16.75	MFT LUNCH(SOFT DRINKS) 12/19/2013 12/19/2013	255332-1	Leadership Program Expenses
	1515 ZELLAS			16.75	1 Transactions		
32	DEPT Total:			62.26	McLeod For Tomorrow	2 Vendors	3 Transactions
252	DEPT				Jail Canteen Account		
18	5275 CARD SERVICES 25-252-000-0000-6460	AP	4 4	26.99	X-MAS TREATS-INMATES	1359	Jail Supplies
	5275 CARD SERVICES			26.99	1 Transactions		
252	DEPT Total:			26.99	Jail Canteen Account	1 Vendors	1 Transactions
617	DEPT				Ag Programming		
8	1129 KDUZ AM KARP FM RADIO 25-617-000-0000-6350	AP	4 P	150.50	RADIO AD	17111-1	Other Services & Charges
9	25-617-000-0000-6350	AP	4 P	43.00	RADIO AD	17111-2	Other Services & Charges
10	25-617-000-0000-6350	AP	4 P	32.25	RADIO AD	17111-3	Other Services & Charges
	1129 KDUZ AM KARP FM RADIO			225.75	3 Transactions		
617	DEPT Total:			225.75	Ag Programming	1 Vendors	3 Transactions
25	Fund Total:			315.00	Special Revenue Fund		7 Transactions

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



POOL
1/3/14 12:44PM
82 Community Health Service

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

Vendor No.	Vendor Name	Account/Formula	Accr	Rpt	Amount	Warrant Description	Service Dates	Invoice #	Paid On Bhf #	Account/Formula Description	On Behalf of Name
853	DEPT					Local Public Health Grant					
718	BUERKLE/RHONDA										
22		82-853-000-0000-6121	AP	4 4	200.00	GENERAL CHS TIME					Personnel Wages
718	BUERKLE/RHONDA				200.00		1 Transactions				
853	DEPT Total:				200.00	Local Public Health Grant		1 Vendors			1 Transactions
862	DEPT					SHIP					
718	BUERKLE/RHONDA										
16		82-862-000-0000-6121	AP	4 4	1,768.00	SHIP GRANT TIME					Personnel Wages
718	BUERKLE/RHONDA				1,768.00		1 Transactions				
862	DEPT Total:				1,768.00	SHIP		1 Vendors			1 Transactions
82	Fund Total:				1,968.00	Community Health Service Fun					2 Transactions

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



POOL
1/3/14 12:44PM
84 Supporting Hands N F P Fu

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
490	DEPT		Supporting Hands Nurse Family Partner:		
6	2811 CNA GROUP LONG TERM CARE 84-490-000-0000-2048		LONG TERM CARE SHNFP FUND 01/01/2014 01/31/2014	1337249	Long Term Care Payable
	2811 CNA GROUP LONG TERM CARE		1 Transactions		
490	DEPT Total:		Supporting Hands Nurse Family Partne	1 Vendors	1 Transactions
493	DEPT		MIECHV		
7	2811 CNA GROUP LONG TERM CARE 84-493-000-0000-2048		LONG TERM CARE SHNFP FUND 01/01/2014 01/31/2014	1337249	Long Term Care Payable
	2811 CNA GROUP LONG TERM CARE		1 Transactions		
493	DEPT Total:		MIECHV	1 Vendors	1 Transactions
84	Fund Total:		Supporting Hands N F P Fund		2 Transactions

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



POOL
1/3/14 12:44PM
86 Trust and 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
975	DEPT			DNR Clearing Account		
12	509 MINNESOTA DNR 86-975-000-0000-6850	DTG 6 6	3,922.50	DNR 12/24/2013 12/30/2013		Collections For Other Agencies
	509 MINNESOTA DNR		3,922.50		1 Transactions	
975	DEPT Total:		3,922.50	DNR Clearing Account	1 Vendors	1 Transactions
976	DEPT			Game & Fish Clearing Account		
11	509 MINNESOTA DNR 86-976-000-0000-6850	DTG 6 6	5.00	G & F 12/24/2013 12/30/2013		Collections For Other Agencies
	509 MINNESOTA DNR		5.00		1 Transactions	
976	DEPT Total:		5.00	Game & Fish Clearing Account	1 Vendors	1 Transactions
86	Fund Total:		3,927.50	Trust and Agency Fund		2 Transactions
	Final Total:		77,569.22	29 Vendors	37 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	9,795.43	General Revenue Fund	
	3	60,845.43	Road & Bridge Fund	
	5	85.11	Solid Waste Fund	
	11	283.19	Human Service Fund	
	25	315.00	Special Revenue Fund	
	82	1,968.00	Community Health Service Fund	
	84	349.56	Supporting Hands N F P Fund	
	86	3,927.50	Trust and Agency Fund	
	All Funds	77,569.22	Total	Approved by,
			
			

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



POOL
1/10/14 2:10PM

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
1/10/14 2:10PM
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			...		
137	4547 AVESIS THIRD PARTY ADMINISTRATOR: 01-000-000-0000-2044		262.34	VISION PREMIUM GENERAL FUND 01/01/2014 01/31/2014		Vision Insurance Payable
	4547 AVESIS THIRD PARTY ADMINISTRATOR:		262.34		1 Transactions	
24	3028 MINNESOTA CHILD SUPPORT PAYMENT 01-000-000-0000-2056		303.64	CHILD SUPPORT 12/15/2013 12/28/2013	001124208702	Child Support Garnishment Payable
26	01-000-000-0000-2056		106.59	CHILD SUPPORT 12/15/2013 12/28/2013	001436294701	Child Support Garnishment Payable
23	01-000-000-0000-2056		246.42	CHILD SUPPORT 12/15/2013 12/28/2013	001447664801	Child Support Garnishment Payable
25	01-000-000-0000-2056		180.89	CHILD SUPPORT 12/15/2013 12/28/2013	001499730601	Child Support Garnishment Payable
27	01-000-000-0000-2056		294.87	CHILD SUPPORT 12/15/2013 12/28/2013	001527027301	Child Support Garnishment Payable
	3028 MINNESOTA CHILD SUPPORT PAYMENT		1,132.41		5 Transactions	
116	1874 MN COUNTIES INTERGOVERNMENTAL TI 01-000-000-0000-2045		38,065.36	MEDICAL PREMIUM GENERAL FUND 01/01/2014 01/31/2014		Health Insurance Payable
115	01-000-000-0000-2052		1,560.00	MEDICAL PREMIUM SELF PAY FUND 01/01/2014 01/31/2014		Cobra Health Insurance Payable
	1874 MN COUNTIES INTERGOVERNMENTAL TI		39,625.36		2 Transactions	
102	940 SIMPLE BENEFIT PLAN ADMINISTRATOR: 01-000-000-0000-2051		1,657.04	UNPAID CLAIMS	MCLEOD-364	Dental Insurance Payable
	940 SIMPLE BENEFIT PLAN ADMINISTRATOR:		1,657.04		1 Transactions	
0	DEPT Total:		42,677.15	...	4 Vendors	9 Transactions
13	DEPT			Court Administrator's Office		
	9555 CONKEL/JEANNE M V					
42	01-013-000-0000-6273	AP 4 4	11.25	COURT APPOINT-TEO	F9-01-677	Court Appt Atty-Other
44	01-013-000-0000-6273	AP 4 4	11.25	COURT APPOINT-CMWS	FA-06-922	Court Appt Atty-Other
43	01-013-000-0000-6273	AP 4 4	131.25	COURT APPOINT-JQD	FA-13-844	Court Appt Atty-Other
34	01-013-000-0000-6272	AP 4 4	11.25	COURT APPOINT-NO/BB	JV-13-103	Court Appt Atty-Dep/Neg/Ter
35	01-013-000-0000-6272	AP 4 4	228.75	COURT APPOINT-AG/ER	JV-13-134	Court Appt Atty-Dep/Neg/Ter



Vendor	Name	Rpt	Warrant Description	Invoice #	Account/Formula Description
No.	Account/Formula	Accr	Service Dates	Paid On Bhf #	On Behalf of Name
41	01-013-000-0000-6273	AP 4 4	COURT APPOINT	P5-03-986	Court Appt Atty-Other
37	01-013-000-0000-6273	AP 4 4	COURT APPOINT-B ARTHUR	PR-13-1301	Court Appt Atty-Other
40	01-013-000-0000-6273	AP 4 4	COURT APPOINT-P MOON	PR-13-1690	Court Appt Atty-Other
45	01-013-000-0000-6273	AP 4 4	COURT APPOINT-L SCHEUBLE	PR-13-1740	Court Appt Atty-Other
39	01-013-000-0000-6273	AP 4 4	COURT APPOINT-Z JERGENS	PR-13-1901	Court Appt Atty-Other
36	01-013-000-0000-6273	AP 4 4	COURT APPOINT-A ALSLEBEN	PR-13-310	Court Appt Atty-Other
38	01-013-000-0000-6273	AP 4 4	COURT APPOINT-D DOLEZAL	PR-13-327	Court Appt Atty-Other
9555	CONKEL/JEANNE M V		12 Transactions		
5485	DOHERTY SCHOOLER/TIFFANY				
46	01-013-000-0000-6272	AP 4 4	COURT APPOINT RL/JS/DM/TL	179	Court Appt Atty-Dep/Neg/Ter
5485	DOHERTY SCHOOLER/TIFFANY		1 Transactions		
283	GLENCOE LAW OFFICE				
52	01-013-000-0000-6272	AP 4 4	COURT APPT-JM/DR JV-13-244	312	Court Appt Atty-Dep/Neg/Ter
48	01-013-000-0000-6273	AP 4 4	COURT APPT-P B PR-13-1858	313	Court Appt Atty-Other
53	01-013-000-0000-6272	AP 4 4	COURT APPT-SP/BH/JR JV-13-234	314	Court Appt Atty-Dep/Neg/Ter
49	01-013-000-0000-6273	AP 4 4	COURT APPT-S G PR-13-1688	315	Court Appt Atty-Other
54	01-013-000-0000-6272	AP 4 4	COURT APPT-AS/TS JV-13-207	316	Court Appt Atty-Dep/Neg/Ter
55	01-013-000-0000-6272	AP 4 4	COURT APPT-RR/DS/DP JV-13-154	317	Court Appt Atty-Dep/Neg/Ter
56	01-013-000-0000-6272	AP 4 4	COURT APPT-RL/JS/DM JV-13-120	318	Court Appt Atty-Dep/Neg/Ter
57	01-013-000-0000-6272	AP 4 4	COURT APPT-JJ/EO/SS JV-13-91	319	Court Appt Atty-Dep/Neg/Ter
58	01-013-000-0000-6272	AP 4 4	COURT APPT-HP/JW JV-12-286	320	Court Appt Atty-Dep/Neg/Ter
50	01-013-000-0000-6272	AP 4 4	COURT APPT-AM/DI JV-13-104	321	Court Appt Atty-Dep/Neg/Ter
59	01-013-000-0000-6272	AP 4 4	COURT APPT-KL JV-13-163	322	Court Appt Atty-Dep/Neg/Ter
60	01-013-000-0000-6272	AP 4 4	COURT APPT-SL/DS JV-13-19	323	Court Appt Atty-Dep/Neg/Ter
51	01-013-000-0000-6272	AP 4 4	COURT APPT-AN/EP JV-12-104	324	Court Appt Atty-Dep/Neg/Ter
283	GLENCOE LAW OFFICE		13 Transactions		
377	THE LAW OFFICE OF TROY A SCOTTING				
91	01-013-000-0000-6273	AP 4 4	COURT APPOINT RJW	F9-06-50207	Court Appt Atty-Other
93	01-013-000-0000-6273	AP 4 4	COURT APPOINT DKS	FA-13-1370	Court Appt Atty-Other
94	01-013-000-0000-6273	AP 4 4	COURT APPOINT KF	FA-13-588	Court Appt Atty-Other
92	01-013-000-0000-6273	AP 4 4	COURT APPOINT DAV	FA09-1803/1806	Court Appt Atty-Other
85	01-013-000-0000-6272	AP 4 4	COURT APPOINT HG/AR	JV-12-253	Court Appt Atty-Dep/Neg/Ter
86	01-013-000-0000-6272	AP 4 4	COURT APPOINT JB/JL	JV-13-180	Court Appt Atty-Dep/Neg/Ter
89	01-013-000-0000-6272	AP 4 4	COURT APPOINT AS/TS	JV-13-207	Court Appt Atty-Dep/Neg/Ter
87	01-013-000-0000-6272	AP 4 4	COURT APPOINT SG/AB	JV-13-220	Court Appt Atty-Dep/Neg/Ter
90	01-013-000-0000-6272	AP 4 4	COURT APPOINT KR/DP	JV-13-221	Court Appt Atty-Dep/Neg/Ter

POOL
1/10/14 2:10PM
1 General Revenue Fund

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



Audit List for Board AUDITOR'S VOUCHERS ENTRIES

Vendor No.	Name	Account/Formula	Rpt	Accr	Amount	Warrant Description	Invoice #	Account/Formula Description
						Service Dates	Paid On Bhf #	On Behalf of Name
88		01-013-000-0000-6272	AP	4 4	270.00	COURT APPOINT RD/JC/EC	JV-13-42	Court Appt Atty-Dep/Neg/Ter
	377	THE LAW OFFICE OF TROY A SCOTTING			1,455.00	10 Transactions		
13	DEPT Total:				4,418.53	Court Administrator's Office	4 Vendors	36 Transactions
41	DEPT					County Auditor-Treasurer's Office		
	6277	COMMISSIONER OF REVENUE						
167		01-041-000-0000-6350	DTG	6 6	50.00	2 STATE DEEDS		Other Services & Charges
	6277	COMMISSIONER OF REVENUE			50.00	1 Transactions		
41	DEPT Total:				50.00	County Auditor-Treasurer's Office	1 Vendors	1 Transactions
75	DEPT					Central Services - Charge Backs		
	1160	MCLEOD COUNTY AUDITOR TREASURER						
11		01-075-000-0000-6338			16.00	REGISTRATION 2001 FORD TAURUS	904115	Motor Pool Expenses
10		01-075-000-0000-6338			16.00	REGISTRATION 2001 IMPALA	905476	Motor Pool Expenses
8		01-075-000-0000-6338			16.00	REGISTRATION 2003 IMPALA	905488	Motor Pool Expenses
9		01-075-000-0000-6338			16.00	REGISTRATION 2003 IMPALA	905489	Motor Pool Expenses
15		01-075-000-0000-6338			16.00	REGISTRATION 98 JEEP	905497	Motor Pool Expenses
13		01-075-000-0000-6338			16.00	REGISTRATION 2004 VENTURE	905499	Motor Pool Expenses
20		01-075-000-0000-6338			16.00	REGISTRATION 2006 CARAVAN	917844	Motor Pool Expenses
21		01-075-000-0000-6338			16.00	REGISTRATION 2007 IMPALA	917849	Motor Pool Expenses
18		01-075-000-0000-6338			16.00	REGISTRATION 2008 IMPALA	925480	Motor Pool Expenses
16		01-075-000-0000-6338			16.00	REGISTRATION 2002 ALERO	925485	Motor Pool Expenses
17		01-075-000-0000-6338			16.00	REGISTRATION 2009 ESCAPE	925488	Motor Pool Expenses
19		01-075-000-0000-6338			16.00	REGISTRATION 1997 BLAZER	925492	Motor Pool Expenses
6		01-075-000-0000-6338			16.00	REGISTRATION 2010 FORD ESCAPE	925496	Motor Pool Expenses
7		01-075-000-0000-6338			16.00	REGISTRATION 2012 FORD ESCAPE	925499	Motor Pool Expenses
12		01-075-000-0000-6338			16.00	REGISTRATION 2013 ESCAPE	937292	Motor Pool Expenses
14		01-075-000-0000-6338			16.00	REGISTRATION 2013 ESCAPE	937294	Motor Pool Expenses
22		01-075-000-0000-6338			16.00	REGISTRATION 2013 ESCAPE	937295	Motor Pool Expenses
	1160	MCLEOD COUNTY AUDITOR TREASURER			272.00	17 Transactions		
75	DEPT Total:				272.00	Central Services - Charge Backs	1 Vendors	17 Transactions
93	DEPT					County Attorney's Contingent Account		
	1	MCLEOD COUNTY ATTORNEY						
168		01-093-000-0000-6350			3,513.00	2014 DUES		Other Services & Charges

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



POOL
1/10/14 2:10PM
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	Paid On Bhf #	On Behalf of Name
1	MCLEOD COUNTY ATTORNEY		3,513.00	1 Transactions		
93	DEPT Total:		3,513.00	County Attorney's Contingent Account	1 Vendors	1 Transactions
117	DEPT			Fairgrounds		
2038	WASTE MANAGEMENT OF WI MN					
31	01-117-000-0000-6257	AP 4 4	422.26	REFUSE	6609096	Sewer, Water And Garbage Removal
2038	WASTE MANAGEMENT OF WI MN		422.26	1 Transactions		
117	DEPT Total:		422.26	Fairgrounds	1 Vendors	1 Transactions
201	DEPT			County Sheriff's Office		
5771	NU-TELECOM					
76	01-201-000-0000-6203		146.24	111-2290 SPEC ACC VOICE	81084168	Communications
				01/01/2014 01/31/2014		
5771	NU-TELECOM		146.24	1 Transactions		
201	DEPT Total:		146.24	County Sheriff's Office	1 Vendors	1 Transactions
255	DEPT			County Court Services		
2589	SHI INTERNATIONAL CORP					
61	01-255-000-0000-6612	AP 4 4	225.51	DRAGON SPEAK PROGRAM	B01555838	Capital - \$100-\$5,000 (Inventory)
2589	SHI INTERNATIONAL CORP		225.51	1 Transactions		
255	DEPT Total:		225.51	County Court Services	1 Vendors	1 Transactions
485	DEPT			County Public Health Nursing		
295	STATE OF MN TREASURER					
101	01-485-000-0000-6359	DTG 6 6	2,199.00	4TH QTR 2013 MNCARE TAX		Miscellaneous Charges
295	STATE OF MN TREASURER		2,199.00	1 Transactions		
485	DEPT Total:		2,199.00	County Public Health Nursing	1 Vendors	1 Transactions
520	DEPT			County Park's		
5906	CENTURYLINK					
2	01-520-000-0000-6203		59.73	525 CARETAKER OFFICE PHONE	313540758	Communications
1	01-520-000-0000-6203		59.86	525 SHOP	314102204	Communications

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



POOL
1/10/14 2:10PM
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
5906	CENTURYLINK		2 Transactions		
520	DEPT Total:		119.59	County Park's	1 Vendors 2 Transactions
609	DEPT			Environmental Services Office	
1160	MCLEOD COUNTY AUDITOR TREASURER				
5	01-609-000-0000-6350		16.00	REGISTRATION 2006 CHEV	917843 Other Services & Charges
1160	MCLEOD COUNTY AUDITOR TREASURER		16.00	1 Transactions	
609	DEPT Total:		16.00	Environmental Services Office	1 Vendors 1 Transactions
1	Fund Total:		54,059.28	General Revenue Fund	71 Transactions

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



POOL
1/10/14 2:10PM
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			...		
138	4547 AVESIS THIRD PARTY ADMINISTRATOR: 03-000-000-0000-2044		45.28	VISION PREMIUM HWY FUND 01/01/2014 01/31/2014		Vision Insurance Payable
	4547 AVESIS THIRD PARTY ADMINISTRATOR:		45.28	1 Transactions		
117	1874 MN COUNTIES INTERGOVERNMENTAL TI 03-000-000-0000-2045		23,323.00	MEDICAL PREMIUM HWY FUND 01/01/2014 01/31/2014		Health Insurance Payable
	1874 MN COUNTIES INTERGOVERNMENTAL TI		23,323.00	1 Transactions		
0	DEPT Total:		23,368.28	...	2 Vendors	2 Transactions
320	DEPT			Highway Construction		
113	324 CITY OF STEWART 03-320-000-0000-6643	DTG 6 6	1,891.17	#11 711-005 CSAH 111 STEWART	711-005-11	County Road Construction
114	03-320-000-0000-6643	DTG 6 6	669.75	#11 711-005 CSAH 111 STEWART	711-005-11	County Road Construction
	324 CITY OF STEWART		2,560.92	2 Transactions		
320	DEPT Total:		2,560.92	Highway Construction	1 Vendors	2 Transactions
340	DEPT			Highway Equipment Maintenance		
103	5906 CENTURYLINK 03-340-000-0000-6203		32.14	TELEPHONE-SL 12/18/2013 01/17/2014	3203272214110	Communications
104	03-340-000-0000-6203		5.81	TELEPHONE-SL 12/18/2013 01/17/2014	3203272214110	Communications
105	03-340-000-0000-6203		45.94	TELEPHONE-SL 12/18/2013 01/17/2014	3203272214110	Communications
106	03-340-000-0000-6203		31.39	TELEPHONE-BROWNTON 12/18/2013 01/17/2014	3203285317183	Communications
107	03-340-000-0000-6203		5.90	TELEPHONE-BROWNTON 12/18/2013 01/17/2014	3203285317183	Communications
108	03-340-000-0000-6203		45.94	TELEPHONE-BROWNTON 12/18/2013 01/17/2014	3203285317183	Communications
109	03-340-000-0000-6203		34.39	TELEPHONE-LP 12/18/2013 01/17/2014	3203952071067	Communications
110	03-340-000-0000-6203		5.81	TELEPHONE-LP	3203952071067	Communications

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



POOL
1/10/14 2:10PM
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
111	03-340-000-0000-6203		45.94	12/18/2013 01/17/2014 TELEPHONE-LP	3203952071067	Communications
5906	CENTURYLINK		253.26	12/18/2013 01/17/2014 9 Transactions		
112	315 CITY OF SILVER LAKE 03-340-000-0000-6257	DTG 6 6	63.48	WATER/SEWER	20000148009	Sewer, Water And Garbage Removal
	315 CITY OF SILVER LAKE		63.48	1 Transactions		
164	651 COMMISSIONER OF REVENUE 03-340-000-0000-6425	DTG 6 6	15.00	DECEMBER USE TAX		Repair And Maintenance Supplies
	651 COMMISSIONER OF REVENUE		15.00	1 Transactions		
130	1600 RAM GENERAL CONTRACTING INC 03-340-000-0000-6610	AP 4 4	11,581.92	#6 CP 13-5500 NEW SHOP	5500-6-3788	Capital - Over \$5,000 (Fixed Assets)
	1600 RAM GENERAL CONTRACTING INC		11,581.92	1 Transactions		
136	2038 WASTE MANAGEMENT OF WI MN 03-340-000-0000-6257	AP 4 4	19.77	GARBAGE REMOVAL-SL	6609142-1593-5	Sewer, Water And Garbage Removal
135	03-340-000-0000-6257	AP 4 4	36.96	GARBAGE REMOVAL-GLENCOE	6609143-1593-3	Sewer, Water And Garbage Removal
134	03-340-000-0000-6257		59.10	GARBAGE REMOVAL-LP	6609145-1593-8	Sewer, Water And Garbage Removal
	2038 WASTE MANAGEMENT OF WI MN		115.83	3 Transactions		
340	DEPT Total:		12,029.49	Highway Equipment Maintenance	5 Vendors	15 Transactions
3	Fund Total:		37,958.69	Road & Bridge Fund		19 Transactions

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



POOL
1/10/14 2:10PM
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		
4547	AVESIS THIRD PARTY ADMINISTRATOR'S					
139	05-391-000-0000-2044		12.78	VISION PREMIUM SW FUND		Vision Insurance Payable
				01/01/2014 01/31/2014		
4547	AVESIS THIRD PARTY ADMINISTRATOR'S		12.78		1 Transactions	
1874	MN COUNTIES INTERGOVERNMENTAL TI					
118	05-391-000-0000-2045		3,313.48	MEDICAL PREMIUM SW FUND		Health Insurance Payable
				01/01/2014 01/31/2014		
1874	MN COUNTIES INTERGOVERNMENTAL TI		3,313.48		1 Transactions	
391	DEPT Total:		3,326.26	Solid Waste Tip Fee	2 Vendors	2 Transactions
393	DEPT			Materials Recovery Facility		
4547	AVESIS THIRD PARTY ADMINISTRATOR'S					
140	05-393-000-0000-2044		18.99	VISION PREMIUM MRF FUND		Vision Insurance Payable
				01/01/2014 01/31/2014		
4547	AVESIS THIRD PARTY ADMINISTRATOR'S		18.99		1 Transactions	
664	LENTSCH TRUCKING					
62	05-393-000-0000-6269	AP 4 4	1,825.00	RECYCLED MATL SHIPPING		Contracts
				12/19/2013 12/31/2013		
63	05-393-000-0000-6269		1,175.00	RECYCLED MATL SHIPPING		Contracts
				01/01/2014 01/08/2014		
664	LENTSCH TRUCKING		3,000.00		2 Transactions	
4370	MCLEOD COUNTY ALUMINUM REDEMPTI					
66	05-393-000-0000-6411	DTG 6 6	3,703.74	REPLENISH CHECKS 31015-31103		Aluminum Recovery
				11/18/2013 12/17/2013		
4370	MCLEOD COUNTY ALUMINUM REDEMPTI		3,703.74		1 Transactions	
1874	MN COUNTIES INTERGOVERNMENTAL TI					
119	05-393-000-0000-2045		6,228.68	MEDICAL PREMIUM MRF FUND		Health Insurance Payable
				01/01/2014 01/31/2014		
1874	MN COUNTIES INTERGOVERNMENTAL TI		6,228.68		1 Transactions	
4147	WEST CENTRAL SANITATION INC					
98	05-393-000-0000-6412	AP 4 4	580.28	4TH QTR 2013 COMMERCIAL OCC		Fiber Recovery

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



POOL
1/10/14 2:10PM
5 Solid Waste Fund

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

Vendor	Name	Rpt	Amount	Warrant Description	Invoice #	Account/Formula Description
No.	Account/Formula	Accr		Service Dates	Paid On Bhf #	On Behalf of Name
4147	WEST CENTRAL SANITATION INC		580.28		1 Transactions	
393	DEPT Total:		13,531.69	Materials Recovery Facility	5 Vendors	6 Transactions
397	DEPT			Household Hazardous Waste		
1874	MN COUNTIES INTERGOVERNMENTAL TI					
120	05-397-000-0000-2045		2,784.52	MEDICAL PREMIUM HHW FUND		Health Insurance Payable
				01/01/2014 01/31/2014		
1874	MN COUNTIES INTERGOVERNMENTAL TI		2,784.52		1 Transactions	
397	DEPT Total:		2,784.52	Household Hazardous Waste	1 Vendors	1 Transactions
5	Fund Total:		19,642.47	Solid Waste Fund		9 Transactions

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



POOL
1/10/14 2:10PM
11 Human Service Fund

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

Vendor No.	Name <u>Account/Formula</u>	Rpt <u>Accr</u>	Amount	Warrant Description <u>Service Dates</u>	Invoice # <u>Paid On Bhf #</u>	Account/Formula Description <u>On Behalf of Name</u>
420	DEPT			Income Maintenance		
141	4547 AVESIS THIRD PARTY ADMINISTRATOR: 11-420-000-0000-2044		93.32	VISION PREMIUM INC MAINT FUND 01/01/2014 01/31/2014		Vision Insurance Payable
	4547 AVESIS THIRD PARTY ADMINISTRATOR:		93.32	1 Transactions		
121	1874 MN COUNTIES INTERGOVERNMENTAL TI 11-420-000-0000-2045		27,617.44	MEDICAL PREMIUM INC MAINT FUND 01/01/2014 01/31/2014		Health Insurance Payable
	1874 MN COUNTIES INTERGOVERNMENTAL TI		27,617.44	1 Transactions		
420	DEPT Total:		27,710.76	Income Maintenance	2 Vendors	2 Transactions
430	DEPT			Individual and Family Social Services		
142	4547 AVESIS THIRD PARTY ADMINISTRATOR: 11-430-000-0000-2044		152.04	VISION PREMIUM WELFARE FUND 01/01/2014 01/31/2014		Vision Insurance Payable
	4547 AVESIS THIRD PARTY ADMINISTRATOR:		152.04	1 Transactions		
28	3028 MINNESOTA CHILD SUPPORT PAYMENT 11-430-000-0000-2056		276.88	CHILD SUPPORT 12/15/2013 12/28/2013	001486828601	Child Support Garnishment Payable
	3028 MINNESOTA CHILD SUPPORT PAYMENT		276.88	1 Transactions		
122	1874 MN COUNTIES INTERGOVERNMENTAL TI 11-430-000-0000-2045		51,794.06	MEDICAL PREMIUM WELFARE FUND 01/01/2014 01/31/2014		Health Insurance Payable
	1874 MN COUNTIES INTERGOVERNMENTAL TI		51,794.06	1 Transactions		
430	DEPT Total:		52,222.98	Individual and Family Social Services	3 Vendors	3 Transactions
11	Fund Total:		79,933.74	Human Service Fund		5 Transactions

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



POOL
1/10/14 2:10PM
25 Special Revenue Fund

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

Vendor No.	Name Account/Formula	Rpt Accr	Amount	Warrant Description Service Dates	Invoice # Paid On Bhf #	Account/Formula Description On Behalf of Name
220	DEPT			Boat & Water Safety - Grant		
1874	MN COUNTIES INTERGOVERNMENTAL TI					
127	25-220-000-0000-2045		27.69	MEDICAL PREMIUM SPEC REV FUND		Health Insurance Payable
				01/01/2014 01/31/2014		
1874	MN COUNTIES INTERGOVERNMENTAL TI		27.69		1 Transactions	
220	DEPT Total:		27.69	Boat & Water Safety - Grant	1 Vendors	1 Transactions
223	DEPT			D.A.R.E. Program		
651	COMMISSIONER OF REVENUE					
165	25-223-000-0000-6350	DTG 6 6	5.00	DECEMBER USE TAX		Other Services & Charges
651	COMMISSIONER OF REVENUE		5.00		1 Transactions	
223	DEPT Total:		5.00	D.A.R.E. Program	1 Vendors	1 Transactions
252	DEPT			Jail Canteen Account		
3510	BOB BARKER COMPANY INC					
32	25-252-000-0000-6460	AP 4 4	54.32	SOCKS	WEB000298415	Jail Supplies
3510	BOB BARKER COMPANY INC		54.32		1 Transactions	
5771	NU-TELECOM					
77	25-252-000-0000-6460		94.28	CABLE	81083127	Jail Supplies
				01/01/2014 01/31/2014		
5771	NU-TELECOM		94.28		1 Transactions	
252	DEPT Total:		148.60	Jail Canteen Account	2 Vendors	2 Transactions
285	DEPT			E-911 System Maintenance - Grant		
3781	BUREAU OF CRIMINAL APPREHENSION					
33	25-285-000-0000-6203	AP 4 4	780.00	CJDN CONNECT	00000159390	Communications - Telephone Equipment
				10/02/2013 12/31/2013		
3781	BUREAU OF CRIMINAL APPREHENSION		780.00		1 Transactions	
3351	NORTHLAND BUSINESS SYSTEMS					
128	25-285-000-0000-6321		3,268.24	VOICE LOGGER MAINT	IN46637	Maintenance Agreements
				11/01/2013 10/31/2014		
3351	NORTHLAND BUSINESS SYSTEMS		3,268.24		1 Transactions	

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



POOL
1/10/14 2:10PM
25 Special Revenue Fund

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

Vendor	Name	Rpt	Warrant Description	Invoice #	Account/Formula Description	
No.	Account/Formula	Accr	Amount	Service Dates	Paid On Bhf #	On Behalf of Name
75	5771 NU-TELECOM 25-285-000-0000-6203		588.30	587-0405 E-911 01/01/2014 01/31/2014	81084676	Communications - Telephone Equipment
	5771 NU-TELECOM		588.30	1 Transactions		
285	DEPT Total:		4,636.54	E-911 System Maintenance - Grant	3 Vendors	3 Transactions
519	DEPT			Snowmobile Trail - Grant		
100	4031 CROW RIVER SNO PROS 25-519-000-0000-6850		19,043.64	1ST BENCHMARK		Collections For Other Agencies
	4031 CROW RIVER SNO PROS		19,043.64	1 Transactions		
519	DEPT Total:		19,043.64	Snowmobile Trail - Grant	1 Vendors	1 Transactions
612	DEPT			Shoreland - Grant		
123	1874 MN COUNTIES INTERGOVERNMENTAL TI 25-612-000-0000-2045		54.00	MEDICAL PREMIUM SHORELAND FUND 01/01/2014 01/31/2014		Health Insurance Payable
	1874 MN COUNTIES INTERGOVERNMENTAL TI		54.00	1 Transactions		
612	DEPT Total:		54.00	Shoreland - Grant	1 Vendors	1 Transactions
614	DEPT			Wetlands Administration - Grant		
68	447 MCLEOD SOIL & WATER CONSERVATION 25-614-000-0000-6890		5,000.00	2014 WCA ADMINSTRATION		Allocation
	447 MCLEOD SOIL & WATER CONSERVATION		5,000.00	1 Transactions		
30	1457 PRO AUTO & TRANSMISSION REPAIR INC 25-614-000-0000-6350	AP 4 4	37.67	2006 CHEV SILVERADO MAINT	3051021	Other Services & Charges
	1457 PRO AUTO & TRANSMISSION REPAIR INC		37.67	1 Transactions		
614	DEPT Total:		5,037.67	Wetlands Administration - Grant	2 Vendors	2 Transactions
617	DEPT			Ag Programming		
3	137 HUTCHINSON LEADER 25-617-000-0000-6350	AP 4 4	150.00	CROP MANAGEMENT SEMINAT 2014	580949	Other Services & Charges
	137 HUTCHINSON LEADER		150.00	1 Transactions		

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



POOL
1/10/14 2:10PM
25 Special Revenue Fund

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

Vendor No.	Name Account/Formula	Accr	Rpt	Amount	Warrant Description Service Dates	Invoice # Paid On Bhf #	Account/Formula Description On Behalf of Name
4	5718 KLFD 25-617-000-0000-6350	AP	4 4	60.00	CROP MANAGEMENT SEMINAR 2014	21131138361	Other Services & Charges
	5718 KLFD			60.00	1 Transactions		
617	DEPT Total:			210.00	Ag Programming	2 Vendors	2 Transactions
807	DEPT 1600 RAM GENERAL CONTRACTING INC				Designated for Capital Assets		
129	25-807-000-0000-6610	AP	4 4	11,587.93	#6 CP 13-5500 NEW SHOP	5500-6-3788	Capital - Over \$5,000 (Fixed Assets)
	1600 RAM GENERAL CONTRACTING INC			11,587.93	1 Transactions		
807	DEPT Total:			11,587.93	Designated for Capital Assets	1 Vendors	1 Transactions
886	DEPT 4547 AVESIS THIRD PARTY ADMINISTRATOR:				County Feedlot Program		
143	25-886-000-0000-2044			6.37	VISION PREMIUM SPEC REV FUND 01/01/2014 01/31/2014		Vision Insurance Payable
	4547 AVESIS THIRD PARTY ADMINISTRATOR:			6.37	1 Transactions		
124	1874 MN COUNTIES INTERGOVERNMENTAL TI 25-886-000-0000-2045			946.77	MEDICAL PREMIUM FEEDLOT FUND 01/01/2014 01/31/2014		Health Insurance Payable
	1874 MN COUNTIES INTERGOVERNMENTAL TI			946.77	1 Transactions		
886	DEPT Total:			953.14	County Feedlot Program	2 Vendors	2 Transactions
25	Fund Total:			41,704.21	Special Revenue Fund		16 Transactions

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



POOL
1/10/14 2:10PM
82 Community Health Service

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

Vendor No.	Name Account/Formula	Accr	Rpt	Amount	Warrant Description Service Dates	Invoice # Paid On Bhf #	Account/Formula Description On Behalf of Name
852	DEPT				Project Harmony Mofas Grant		
47	1303 CASH WISE HUTHCHINSON	AP	4 4	131.82	PROJECT HARMONY CONSUMER MTG	311121713	Meeting Expense
	1303 CASH WISE HUTHCHINSON			131.82	1 Transactions		
852	DEPT Total:			131.82	Project Harmony Mofas Grant	1 Vendors	1 Transactions
853	DEPT				Local Public Health Grant		
73	963 MINNESOTA STATE AUDITOR	AP	4 4	2,794.00	2013 AUDIT SRVS FOR YR 2012	63869	Professional Services
	963 MINNESOTA STATE AUDITOR			2,794.00	1 Transactions		
97	2747 VIVID IMAGE INC	AP	4 4	249.00	WORDPRESS UPGRADE& MAINT	3875	Professional Services
	2747 VIVID IMAGE INC			249.00	1 Transactions		
853	DEPT Total:			3,043.00	Local Public Health Grant	2 Vendors	2 Transactions
872	DEPT				Child & Teen Checkups (C&TC)		
74	963 MINNESOTA STATE AUDITOR	AP	4 4	5,000.00	2013 AUDIT SRVS FOR YR 2012	63869	Professional Services
	963 MINNESOTA STATE AUDITOR			5,000.00	1 Transactions		
872	DEPT Total:			5,000.00	Child & Teen Checkups (C&TC)	1 Vendors	1 Transactions
82	Fund Total:			8,174.82	Community Health Service Fun		4 Transactions

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



POOL
1/10/14 2:10PM
84 Supporting Hands N F P Ft

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
490	DEPT			Supporting Hands Nurse Family Partner:		
144	4547 AVESIS THIRD PARTY ADMINISTRATOR: 84-490-000-0000-2044		12.80	VISION PREMIUM SHNFP FUND 01/01/2014 01/31/2014		Vision Insurance Payable
	4547 AVESIS THIRD PARTY ADMINISTRATOR:		12.80	1 Transactions		
65	5248 MARSHALL INDEPENDENT 84-490-000-0000-6241	AP 4 4	308.78	HELP WANTED AD	017400	Printing And Publishing
	5248 MARSHALL INDEPENDENT		308.78	1 Transactions		
67	1160 MCLEOD COUNTY AUDITOR TREASURER 84-490-000-0000-6338		16.00	REG-2012 CHRYSLER	936600	Motor Pool Expenses
	1160 MCLEOD COUNTY AUDITOR TREASURER		16.00	1 Transactions		
70	1628 MN COUNTIES INTERGOVERNMENTAL TI 84-490-000-0000-6179	AP 4 4	1,394.00	WORKERS COMP 2012 AUDIT	1032104	Workers' Compensation Insurance
71	84-490-000-0000-6179	AP 4 4	9,298.00	WORKERS COMPENSATION 2014	405104	Workers' Compensation Insurance
72	84-490-000-0000-6338	AP 4 4	414.00	AUTO INSURANCE 01/01/2014 12/31/2014	819104	Motor Pool Expenses
69	84-490-000-0000-6354	AP 4 4	6,459.00	LIABILITY INSURANCE	819104	Property/Casualty Insurance
	1628 MN COUNTIES INTERGOVERNMENTAL TI		17,565.00	4 Transactions		
125	1874 MN COUNTIES INTERGOVERNMENTAL TI 84-490-000-0000-2045		7,567.93	MEDICAL PREMIUM NFP FUND 01/01/2014 01/31/2014		Health Insurance Payable
	1874 MN COUNTIES INTERGOVERNMENTAL TI		7,567.93	1 Transactions		
78	5296 PIPESTONE PUBLISHING CO INC 84-490-000-0000-6241		76.80	HELP WANTED AD	PO328897	Printing And Publishing
	5296 PIPESTONE PUBLISHING CO INC		76.80	1 Transactions		
79	6075 POPE COUNTY PUBLIC HEALTH 84-490-000-0000-6105	DTG 6 6	2,115.20	SALARYFRINGE 12/01/2013 12/31/2013		Salaries And Wages - Full Time
81	84-490-000-0000-6245	DTG 6 6	50.00	CPR TRAINING		Dues And Registration Fees
82	84-490-000-0000-6335	DTG 6 6	90.40	160 MLG 12/01/2013 12/31/2013		Mileage Expense
84	84-490-000-0000-6403	DTG 6 6	11.50	PRINTED SUPPLIES		Printed Paper Supplies

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



POOL
1/10/14 2:10PM
84 Supporting Hands N F P Ft

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

Vendor No.	Name	Account/Formula	Accr	Rpt	Amount	Warrant Description	Service Dates	Invoice #	Paid On Bhf #	Account/Formula Description	On Behalf of Name
6075	POPE COUNTY PUBLIC HEALTH				2,267.10						
6412	VERIZON WIRELESS										
95	84-490-000-0000-6203	AP	4	4	474.60	CALL CHARGES		9717319344		Communications	
6412	VERIZON WIRELESS				474.60		1 Transactions				
5009	WHEEL HERALD										
99	84-490-000-0000-6241	AP	4	4	77.50	HELP EWANTED AD				Printing And Publishing	
5009	WHEEL HERALD				77.50		1 Transactions				
490	DEPT Total:				28,366.51	Supporting Hands Nurse Family Partne		9 Vendors		15 Transactions	
493	DEPT					MIECHV					
4547	AVESIS THIRD PARTY ADMINISTRATOR'S										
145	84-493-000-0000-2044				0.02-	VISION PREMIUM SHNFP FUND				Vision Insurance Payable	
						01/01/2014	01/31/2014				
4547	AVESIS THIRD PARTY ADMINISTRATOR'S				0.02-		1 Transactions				
41380	LUTHERAN SOCIAL SERVICE-FBS										
64	84-493-000-0000-6269		4	4	225.00	DECEMBER CONSULTATIONS				Contracts	
41380	LUTHERAN SOCIAL SERVICE-FBS				225.00		1 Transactions				
1874	MN COUNTIES INTERGOVERNMENTAL TI										
126	84-493-000-0000-2045				1,115.07	MEDICAL PREMIUM NFP FUND				Health Insurance Payable	
						01/01/2014	01/31/2014				
1874	MN COUNTIES INTERGOVERNMENTAL TI				1,115.07		1 Transactions				
6075	POPE COUNTY PUBLIC HEALTH										
80	84-493-000-0000-6105	DTG	6	6	1,410.13	SALARY/FRINGE				Salaries And Wages - Full Time	
						12/01/2013	12/31/2013				
83	84-493-000-0000-6335	DTG	6	6	216.96	216.96		384 MLG		Mileage Expense	
						12/01/2013	12/31/2013				
6075	POPE COUNTY PUBLIC HEALTH				1,627.09		2 Transactions				
6412	VERIZON WIRELESS										
96	84-493-000-0000-6203	AP	4	4	81.25	CALL CHARGES MIECHV		9717319344		Communications	
6412	VERIZON WIRELESS				81.25		1 Transactions				

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



POOL

1/10/14 2:10PM

84 Supporting Hands N F P Fl

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

Page 18

Vendor	Name	Rpt	Warrant Description	Invoice #	Account/Formula Description
No.	Account/Formula	Accr	Service Dates	Paid On Bhf #	On Behalf of Name
493	DEPT Total:		MIECHV	5 Vendors	6 Transactions
84	Fund Total:		Supporting Hands N F P Fund		21 Transactions

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



POOL
1/10/14 2:10PM
86 Trust and Agency 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
833	DEPT		Mortgage Registry Tax		
160	1004 MINNESOTA DEPARTMENT OF REVENUE				
	86-833-000-0000-6850	DTG 6 6	17,091.85	DECEMBER MTG REG	Collections For Other Agencies
	1004 MINNESOTA DEPARTMENT OF REVENUE		17,091.85	1 Transactions	
833	DEPT Total:		17,091.85	Mortgage Registry Tax	1 Vendors 1 Transactions
834	DEPT		Deed Tax		
161	1004 MINNESOTA DEPARTMENT OF REVENUE				
	86-834-000-0000-6850	DTG 6 6	30,980.70	DECEMBER DEED TAX	Collections For Other Agencies
	1004 MINNESOTA DEPARTMENT OF REVENUE		30,980.70	1 Transactions	
834	DEPT Total:		30,980.70	Deed Tax	1 Vendors 1 Transactions
930	DEPT		Victims Assistance Program - Local Fun		
158	7612 MCLEOD ALLIANCE FOR VICTIMS				
	86-930-000-0000-6850	DTG 6 6	662.33	4TH QTR 2013 VA PROGRAM	Collections For Other Agencies
	7612 MCLEOD ALLIANCE FOR VICTIMS		662.33	1 Transactions	
930	DEPT Total:		662.33	Victims Assistance Program - Local Fu	1 Vendors 1 Transactions
935	DEPT		Real Estate Assurance - Registered Land		
147	3411 COMMISSIONER OF FINANCE				
	86-935-000-0000-6850	DTG 6 6	196.50	DECEMBER REGISTERED LAND	Collections For Other Agencies
	3411 COMMISSIONER OF FINANCE		196.50	12/01/2013 12/31/2013 1 Transactions	
935	DEPT Total:		196.50	Real Estate Assurance - Registered Lar	1 Vendors 1 Transactions
936	DEPT		Deed Fees M.S. 282.014		
166	6277 COMMISSIONER OF REVENUE				
	86-936-000-0000-6850	DTG 6 6	850.00	34 STATE DEEDS	Collections For Other Agencies
	6277 COMMISSIONER OF REVENUE		850.00	1 Transactions	
936	DEPT Total:		850.00	Deed Fees M.S. 282.014	1 Vendors 1 Transactions
938	DEPT		Well Certificates		

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



POOL
1/10/14 2:10PM
86 Trust and Agency Fund

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

Vendor	Name	Rpt	Amount	Warrant Description	Invoice #	Account/Formula Description
No.	Account/Formula	Accr		Service Dates	Paid On Bhf #	On Behalf of Name
159	3442 MINNESOTA DEPARTMENT OF HEALTH 86-938-000-0000-6850	DTG 6 6	850.00	4TH QTR 2013 WELL DISCLOSURES		Collections For Other Agencies
	3442 MINNESOTA DEPARTMENT OF HEALTH		850.00	1 Transactions		
938	DEPT Total:		850.00	Well Certificates	1 Vendors	1 Transactions
939	DEPT			State Surcharge 3%		
148	3411 COMMISSIONER OF FINANCE 86-939-000-0000-6850	DTG 6 6	6,510.00	DECEMBER REGISTERED FEES		Collections For Other Agencies
	3411 COMMISSIONER OF FINANCE		6,510.00	12/01/2013 12/31/2013 1 Transactions		
939	DEPT Total:		6,510.00	State Surcharge 3%	1 Vendors	1 Transactions
940	DEPT			Vital Records Surcharge - Birth & Death		
149	3411 COMMISSIONER OF FINANCE 86-940-000-0000-6850	DTG 6 6	3,100.00	DEC BIRTH/DEATH SURCHARGE		Collections For Other Agencies
	3411 COMMISSIONER OF FINANCE		3,100.00	12/01/2013 12/31/2013 1 Transactions		
940	DEPT Total:		3,100.00	Vital Records Surcharge - Birth & Deat	1 Vendors	1 Transactions
950	DEPT			Birth Record Surcharge		
150	3411 COMMISSIONER OF FINANCE 86-950-000-0000-6850	DTG 6 6	890.00	DEC BIRTH RECORD SURCHARGE		Collections For Other Agencies
	3411 COMMISSIONER OF FINANCE		890.00	12/01/2013 12/31/2013 1 Transactions		
950	DEPT Total:		890.00	Birth Record Surcharge	1 Vendors	1 Transactions
952	DEPT			Children's Trust Fund Surcharge - Birth		
151	3411 COMMISSIONER OF FINANCE 86-952-000-0000-6850	DTG 6 6	267.00	DECEMBER CHILDREN SURCHARGE		Collections For Other Agencies
	3411 COMMISSIONER OF FINANCE		267.00	12/01/2013 12/31/2013 1 Transactions		

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



POOL
1/10/14 2:10PM
86 Trust and 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	Paid On Bhf #
				On Behalf of Name
952 DEPT Total:		267.00	Children's Trust Fund Surcharge - Birt	1 Vendors 1 Transactions
954 DEPT			Marriage License	
3411 COMMISSIONER OF FINANCE				
152 86-954-000-0000-6850	DTG 6 6	165.00	DECEMBER MARR LIC SURCHARGE 12/01/2013 12/31/2013	Collections For Other Agencies
153 86-954-000-0000-6850	DTG 6 6	24.00	DEC MARR LIC SUPRVD VISIT 12/01/2013 12/31/2013	Collections For Other Agencies
154 86-954-000-0000-6850	DTG 6 6	16.00	DEC MARR LIC/MN ENABLE 12/01/2013 12/31/2013	Collections For Other Agencies
155 86-954-000-0000-6850	DTG 6 6	75.00	DEC MARR LIC/DISPL HOME REG 12/01/2013 12/31/2013	Collections For Other Agencies
156 86-954-000-0000-6850	DTG 6 6	50.00	DEC MARR LIC/HEALTHY MARR 12/01/2013 12/31/2013	Collections For Other Agencies
157 86-954-000-0000-6850	DTG 6 6	15.00	DEC MARR LIC/COUPLES ON BRINK 12/01/2013 12/31/2013	Collections For Other Agencies
3411 COMMISSIONER OF FINANCE		345.00	6 Transactions	
954 DEPT Total:		345.00	Marriage License	1 Vendors 6 Transactions
956 DEPT			Sales Tax	
651 COMMISSIONER OF REVENUE				
163 86-956-000-0000-6850	DTG 6 6	734.00	DEC 2013 SALES TAX(10,677)	Collections For Other Agencies
651 COMMISSIONER OF REVENUE		734.00	1 Transactions	
956 DEPT Total:		734.00	Sales Tax	1 Vendors 1 Transactions
963 DEPT			Township Non-Intoxicating Licenses	
476 TOWN OF COLLINS				
131 86-963-000-0000-6850	DTG 6 6	100.00	BROWNTON ROD & GUN LIC 2014	Collections For Other Agencies
476 TOWN OF COLLINS		100.00	1 Transactions	
479 TOWN OF HUTCHINSON				
132 86-963-000-0000-6850	DTG 6 6	50.00	GOPHER CAMPFIRE LIC 2014	Collections For Other Agencies
479 TOWN OF HUTCHINSON		50.00	1 Transactions	
484 TOWN OF SUMTER				
133 86-963-000-0000-6850	DTG 6 6	100.00	MAJOR AVE HUNT CLUB LIC 2014	Collections For Other Agencies

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



POOL
1/10/14 2:10PM
86 Trust and 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
484	TOWN OF SUMTER		100.00		1 Transactions	
963	DEPT Total:		250.00	Township Non-Intoxicating Licenses	3 Vendors	3 Transactions
965	DEPT			Hutchinson City Lodging Tax 3%		
146	134 CITY OF HUTCHINSON 86-965-000-0000-6850	DTG 6 6	94.35	DECEMBER LODGING TAX		Collections For Other Agencies
	134 CITY OF HUTCHINSON		94.35		1 Transactions	
965	DEPT Total:		94.35	Hutchinson City Lodging Tax 3%	1 Vendors	1 Transactions
966	DEPT			HUTCHINSON CITY SALES TAX		
162	651 COMMISSIONER OF REVENUE 86-966-000-0000-6850	DTG 6 6	49.00	DECEMBER HUTCHINSON TAX(9,800)		Collections For Other Agencies
	651 COMMISSIONER OF REVENUE		49.00		1 Transactions	
966	DEPT Total:		49.00	HUTCHINSON CITY SALES TAX	1 Vendors	1 Transactions
975	DEPT			DNR Clearing Account		
29	509 MINNESOTA DNR 86-975-000-0000-6850		1,894.50	DNR		Collections For Other Agencies
				12/31/2013 01/06/2014		
	509 MINNESOTA DNR		1,894.50		1 Transactions	
975	DEPT Total:		1,894.50	DNR Clearing Account	1 Vendors	1 Transactions
86	Fund Total:		64,765.23	Trust and Agency Fund		23 Transactions
	Final Total:		337,653.34	90 Vendors	168 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	54,059.28	General Revenue Fund	
	3	37,958.69	Road & Bridge Fund	
	5	19,642.47	Solid Waste Fund	
	11	79,933.74	Human Service Fund	
	25	41,704.21	Special Revenue Fund	
	82	8,174.82	Community Health Service Fund	
	84	31,414.90	Supporting Hands N F P Fund	
	86	64,765.23	Trust and Agency Fund	
	All Funds	337,653.34	Total	Approved by,
			
			

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



POOL
1/10/14 2:56PM

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 *****



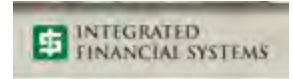
POOL
1/10/14 2:56PM
86 Trust and Agency Fund

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
833	DEPT		Mortgage Registry Tax		
	1004 MINNESOTA DEPARTMENT OF REVENUE				
1	86-833-000-0000-6850	DTG 6 6	810.00 DECEMBER MTG REG		Collections For Other Agencies
	1004 MINNESOTA DEPARTMENT OF REVENUE		810.00	1 Transactions	
833	DEPT Total:		810.00 Mortgage Registry Tax	1 Vendors	1 Transactions
86	Fund Total:		810.00 Trust and Agency Fund		1 Transactions
	Final Total:		810.00	1 Vendors	1 Transactions

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

Audit List for Board AUDITOR'S VOUCHERS ENTRIES



Recap by Fund	<u>Fund</u>	<u>AMOUNT</u>	<u>Name</u>	
	86	810.00	Trust and Agency Fund	
	All Funds	810.00	Total	Approved by,
			
			

January 1, 2014

Nelson Auto Center
1165 Hwy 7 W
Fergus Falls, MN 56538
Ph. 218-998-8866

Re: Ordering Five 2014 Ford Police Interceptor Utility Vehicle All Wheel Drive.

Dear Gerry:

Per the state bid, (which includes the standard equipment and the window sticker extras) the McLeod County Sheriff's Office would like to order **five** 2014 All Wheel Drive, Ford Police Interceptor Utility Vehicle for **\$25,309.82** each. We will take delivery per the state bid. Vehicle is to be **Oxford White** with **Black interior**. Please add or delete the following.

Add SYNC Voice Activated Communication System 53M	\$258.00
Add All cars keyed alike 1111X	\$45.00
Add Pre wiring for grille lamp, siren & speaker 60A	\$45.00
Add Dome light, rear, in cargo area Red/White	\$45.00
Add Courtesy lamps disabled (Dark car feature)	\$17.00
Add Reverse Sensing 76R	\$240.00
Add Lockable Gas Cap 19L	\$17.00
Add Dealer installed 2" receiver hitch w/4 wire flat plug-in HITCH4	\$470.00
Add Heated Outside Mirrors 549	\$53.00
Delete Carpet Floor Covering; std. full rubber floor instead. -16C	-\$103.00

The total cost of each vehicle is \$26406.82. Total for two \$132,034.10

The insurance for this vehicle is Minnesota County Insurance Trust, Policy #PC158010, valid 01-01-14 to 01-01-15, Meadowbrook Insurance Group, 9801 Dupont Ave S, Bloomington, MN 55431.

If you have any questions, please feel free to contact me at any time at 320-864-3134. Thank you very much.

Sincerely,

By: Tim Langenfeld
Chief Deputy

Guaranteed Maintenance Service Agreement

**Comprehensive Coverage Model: Verint Audiolog
Dongle #D17154**

This is a Service Agreement between Northland Business Systems Incorporated (hereinafter referred to as Northland) and **McLeod County** (hereinafter referred to as the Purchaser). The agreement outlines the conditions whereby Northland will provide service for the Audiolog Digital Voice Logging System.

1. TERM

This Service Agreement becomes effective on **11/01/2013**, and will continue in effect until **10/31/2014**.

2. SERVICE

Prompt response to all service calls will be provided 8 hours a day, 5 days a week, at a charge of **\$ 3,268.24** per year, which charge is subject to the terms of Paragraph 6 herein. As a comprehensive maintenance customer, you are guaranteed priority service and response to reported trouble via modem, a phone call, or an on-site visit.

Replacement parts will be furnished and installed by Northland Service Technicians at no extra charge. The parts replaced become the property of Northland.

Component parts, assemblies, or subassemblies may be replaced with new or refurbished items at Northland's option. If parts must be replaced due to causes other than normal wear and tear, Northland will charge the price in effect at the time for such parts and all reasonable expenses associated with Northland's cost to replace said parts.

Northland will provide and install updates to Licensee's System(s) as long as a Support Agreement is in place, without any additional charge to Licensee and there are no payments in arrears due to Northland. "Updates" are defined as any Systems software in which numbers to the right of the first decimal point have increased (i.e. 8.1, 8.2 and 8.3) and these updates are provided at no cost by the software manufacturer. "Upgrades", defined as a numeric increase to the left of the first decimal point (i.e. 8.0, 9.0, and 10.0) can be purchased from Northland at the time that they are made available.

Under this Service agreement, Northland resolves to work toward giving your System availability approaching 100%. In order to do this, Northland may, based on technical judgments made by Northland Service Technicians and Verint, request to be able to monitor machine functions via its Remote Diagnostics Facility (RDF), but always with the prior knowledge, approval, and cooperation of the Purchaser. At such time Northland may also make changes to the resident software, but never in a way that would knowingly disrupt normal operations, violate security, or disturb the Purchaser's records. In addition, Northland may, from time to time, recommend and initiate replacement of suspect component parts at no expense to the Purchaser, but with their planned

cooperation regarding replacement work. This will always be done with every intention of minimizing disruption. Finally, if Northland deems it advisable for a Service Technician to visit and perform machine or operational remediation on site, such a trip will be initiated by Northland, but with the full knowledge and cooperation of the Purchaser. The full expenses for such travel including per diem, living expenses and all incidental costs relating either to the trip or the service work will be paid by Northland, resulting in no cost to the Purchaser. An exception to this is if it is determined that the problem developed from a part damaged by causes other than normal wear and tear.

The Purchaser will maintain the environmental conditions specified. These conditions will be within the common environmental range of all systems components.

3. TITLE

Title to all documentation and software relating to the maintenance of the system shall remain with Northland. The Purchaser, as licensee, acknowledges that all such documentation and software are proprietary and confidential, and will hold in confidence all such information, as well as consequentially, Northland will retain full title to the software. The Purchaser will have the right to use such software as long as it owns the product, and agrees to hold in confidence all technical and trade secret information, including, without limitation, the content of and information relating to software, including source code, object code, software updates supplied by Northland in respect thereto, all subsequent modification of code made by Northland pursuant to maintenance and/or diagnostic evaluation, and all documentation relating to any of the foregoing. The Purchaser ensures that access to such information will be limited to employees who must have access in order to use the system efficiently.

Northland may remove any maintenance materials or diagnostic software at any time, either temporarily or permanently. The diagnostic software provided to facilitate the servicing of the system is not necessarily for the operation of basic system software.

4. EXCLUSIONS

Some Services may not be covered by this agreement. These items may be referred to as *Move/Add/Change* and Purchaser is responsible for all charges including the cost of parts, labor, assistance over the telephone and travel (as listed in Section 7 of this Agreement) relating to:

- a. Electrical work external to the equipment;
- b. Maintenance of accessories, attachments, machines, or other devices not furnished or manufactured by Northland;
- c. Repair of damages resulting from accident, neglect or misuse, fluctuations of temperature or humidity, failure of electrical power, or causes other than ordinary use including fires and acts of God, or resulting from maintenance or repair of the equipment by persons other than Northland personnel or its authorized representatives, or damages caused by installation of third-party software (including, but not limited to, Pervasive, Annual Anti-Virus Updates, PCAnywhere, Microsoft Word, Microsoft Operating Systems, Roxio CD Creator) not purchased from or authorized by Northland;

- d. Furnishing photographic material, magnetic or paper tapes, chart paper, headsets, bar code labels, printer paper, flash cards, and other consumable items;
 - e. Adding or removing accessories, attachments, or other devices;
 - f. Services rendered impractical due to alterations to the equipment, or because of electrical or mechanical connections to equipment not supplied by Northland
 - g. Upgrading any third-party software needed to support NICE, including but not limited to, Pervasive, Annual Anti-Virus Updates, PCAnywhere, Microsoft Word, Microsoft Operating Systems, Roxio CD Creator;
 - h. Installation of System Software Upgrades, defined as a numeric increase to the left of the first decimal point (i.e. 8.0, 9.0, 10.0);
 - i. New report formats;
 - j. Changes to existing report formats;
 - k. Setting up additional departments;
 - l. Installing and training additional users;
 - m. Re-training existing staff;
 - n. Reloading software due to customer upgrades/changes, including but not limited to, Pervasive, Annual Anti-Virus Updates, PCAnywhere, Microsoft Word, Microsoft Operating Systems, Roxio CD Creator;
 - o. Connectivity to internet service provider from remote site to customer's network;
 - p. Interfacing client's Virtual Private Network with remote site.
5. Northland reserves the right to modify or delete any term of this Service Agreement effective as of any anniversary date of the Agreement by giving thirty (30) days prior written notice to the Purchaser. The Purchaser may then elect to accept the Agreement with such modification(s) or deletion(s), or terminate the Agreement. Failure by the purchaser to terminate within the thirty-day notice period will signify acceptance of the Agreement as amended. As used in this Section, the term "modification" includes, without limitation, changes in price, term or the character or extent of service, including withdrawal of support for particular hardware or software systems or subsystems.

6. CHARGES

Charges for service provided under this Service Agreement are invoiced on an annual basis and are payable upon receipt of invoice. If the continuity of Warranty/Service Agreement coverage is interrupted due to non-receipt of payment from the Purchaser or issuance on ninety (90) days prior written notice by Northland or Purchaser, Northland may require an on-site evaluation in order to determine the condition of the Purchaser's system before a new Service Agreement becomes effective. This right will also be assumed if any third party has provided service before the Service Agreement goes into effect. The cost of parts, labor, and travel to evaluate the system under these circumstances, and all serviceable standards of operation as reasonably deemed necessary by Northland, will be the responsibility of the Purchaser. Northland will assess late charges of one and one-half percent (1 1/2) % per month for over thirty (30) days. Service coverage may be discontinued by Northland for non-payment of any invoices sixty (60) days beyond due date. Any portion of payment received is deemed acceptance of the terms conditions of this agreement.

Changes in equipment specifications, attachments, or features may result in an adjustment of Service charges. The Service charges for equipment not covered by the Service Agreement will be the current published rate at the time the equipment is added, and will be prorated to coincide with the anniversary date of this Service Agreement. All future purchases for this system will be automatically added to this main service contract and you will receive a pro-rated invoice.

Northland reserves the right to discontinue service for non-payment of overdue invoices.

Normal Business Hours Support:
After Hours Support:
Email support:

952-894-4204
952-894-4204 Option 2
Solutions@northlandsys.com

7. RATES

There is a one-hour minimum charge for all labor.

Labor

Normal Business Hours – 8:00-5:00 M-F	\$150.00 per hour
After-Hours Service	\$300.00 per hour

Travel

Normal Business Hours	\$85.00 per hour
After-Hours	\$85.00 per hour

8. GENERAL

- Northland's obligations hereunder are subject to delays caused by labor difficulties, fires, casualties and accidents; acts of the elements; acts of public enemy; transportation difficulties; inability to obtain equipment, materials or qualified labor sufficient to fill its orders; government interference or regulations and other causes beyond Northland's control.
- Any or all of Northland's rights or obligations under this Service Agreement may be assigned by Northland with notice to the purchaser, and will be exercised by any assignee thereof.
- Northland's liability to the Purchaser for damages of any nature, whether in contract or tort, including negligence, shall not exceed the total charges paid or payable during one year under the Service Agreement.
- No action arising out of the performance of services under this Service Agreement whether in contract or tort, including negligence, may be brought by either party more than one year after the cause of action accrues; provided, however, that any action for non-payment may be brought at any time within the applicable statute of limitations period.
- In no event will Northland be liable for any loss of date, lost charges, or special indirect or consequential damages.
- Northland disclaims all warranties, including all warranties or merchantability and fitness for a particular purpose.
- Any controversy arising from this Service Agreement shall be governed by the laws of the State of Minnesota.

This agreement shall become effective on its date and shall remain in force for a period of one year and from year to year thereafter unless terminated by either party upon written notice given to the other party at least thirty (30) days prior to the end of the first year or subsequent year. No refund or pro-rating on the remainder of the contract is allowed. This agreement is not transferable and becomes void upon sale of the equipment.

This Service Agreement replaces and supercedes any previous Service Agreement between the parties, and constitutes the entire Service Agreement between the parties with respect to the subject matter hereof.

Northland Business Systems Incorporated Service Agreement
By their duly authorized representatives

Northland Incorporated

McLeod County

By: Mary Ewert

By: _____

Contract Manager

Authorized Signature

Date: 10/15/13

Date: _____

Emergency Communications Network, LLC

INVOICE #: ECN-015478

DATE: 12/06/2013

9 Sunshine Blvd.
Ormond Beach, FL 32174
Phone 386-676-0294 Fax 386-676-1127

BILL McLeod County, MN
TO: Kevin Mathews
801 East 10th Street
Glencoe, MN 55336

REFERENCE #	MEMO	PAYMENT TERMS
		Due on receipt

DESCRIPTION	AMOUNT
CodeRED for 01/01/2014 - 12/31/2014	\$14,175.00
CodeRED Weather Warning for 01/01/2014 - 12/31/2014	\$2,908.00
	SUBTOTAL \$17,083.00
	TOTAL \$17,083.00

Garbage Collection by container size and each building:

Building	Address	Number and Size	WM	WCS
HATS	1400 Adams ST SE Hutch	1-2 yd and 1-8 yd	\$530.99	\$250.97
Highway Shop	305 Main St Silver Lake	1-64 gal cart	\$19.42	\$20.24
Highway Shop	2397 Hennepin Ave Glen.	2-64 gal carts	\$36.31	\$35.42
Highway Shop	18454 Co Rd 9 Lester P.	1-64 gal cart	\$50.88	\$20.24
Highway Shop	208 1 st St Brownton	1-64 gal cart		
Fairgrounds	840 Century SW Hutch	1-6 yd and 1-8 yd	\$557.11	\$463.32
Solid Waste	1065 5 th Ave SE Hutch	2- 90 gal compost cart	\$21.00	
Health & Human Service*	1805 Ford Ave Glen.	1-2 yd	\$189.26	\$180.18
North Complex	2391 Hennepin Ave.	1-2 yd	\$126.07	\$90.09
Courthouse**	830 11th Street	1-3 yd**	\$414.67	\$250.99
Total - Monthly			\$1,945.71	\$1,311.45
Cost Savings per Month				\$634.28
Total - Yearly			\$23,348.52	\$15,737.40
Cost Savings per Year				\$7,611.12
*WCS – Will service/provide (2) 2 yard refuse container.				
** WCS – Will service/provide an 8 yard refuse container.				
***Includes invoices for recycling containers; at HATS, Hwy Glencoe, North Complex, and the Courthouse				

**ADMINISTRATIVE SERVICES AGREEMENT
BETWEEN
SIBLEY/MCLEOD COUNTIES
AND
MEDICA SELF-INSURED
Effective
January 1, 2014
GROUP HEALTHCARE COVERAGE**

ADMINISTRATIVE SERVICES AGREEMENT

This Administrative Services Agreement (“Agreement”) is effective January 1, 2014 (“Effective Date”) by and between Sibley/McLeod Counties (“Sponsor”), Plan Administrator, and Medica Self-Insured (“MSI”).

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

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

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

NOW THEREFORE, the parties agree as follows:

SECTION 1. DEFINITIONS.

In addition to the terms defined elsewhere in this Agreement, for purposes of this Agreement and the attached Addendum, the following terms shall have the meanings set forth below:

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

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

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

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

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

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

“**Contract Year**” shall have the meaning set forth in Section 6.1 of this Agreement.

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

“**Dependent**” means a Covered Employee’s spouse and tax dependents.

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

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

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

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

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

“**Plan Document(s)**” means the document(s) provided to Covered Employees establishing and setting forth the terms and conditions of this Plan and the Plan’s coverage. The Plan Documents are also intended to be the summary plan description.

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

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

SECTION 2. SPONSOR OBLIGATIONS.

- 2.1 Establishment of the Plans.** Sponsor is solely responsible for establishing and maintaining the Plans, including adoption of Plan Document(s) and any Plan amendments. The Sponsor retains all authority to amend, alter, or modify the terms of the Plans. Sponsor may amend the Plan Documents in its sole discretion, but Sponsor shall give MSI written notice of any such amendment at least 60 days before its effective date, unless the parties mutually agree to a different notice period. Plan Administrator is responsible for determining, for regulatory purposes, the number of plans that have been adopted by Sponsor.
- 2.2 Fiduciary.** Sponsor is considered the Plan Administrator and Named Fiduciary of the Program benefits. Sponsor shall not name MSI or represent that MSI is, and MSI shall not be, the Plan Administrator or the named fiduciary of the Plans.
- 2.3 Eligibility and Enrollment.** Before the Effective Date of this Agreement and before the beginning of any subsequent Contract Year, Sponsor shall provide MSI with information regarding each Covered Employee and Dependents, on a form satisfactory to both parties, and shall notify MSI of any changes in the eligibility of a Covered Employee and Dependents and any addition or deletion of Covered Employees to the Plans. The Plan Administrator shall determine Covered Employee and Dependent eligibility and shall inform MSI of those individuals to be enrolled in or disenrolled from the Plans. MSI shall be entitled to rely on the most current information in its possession regarding eligibility of Covered Employees and Dependents in paying Claims and providing other services under this Agreement.
- 2.4 Plan Documents.** Sponsor shall provide MSI with the Plan Documents, adopted by Sponsor, including any amendments, in order that MSI has direction sufficient to administer the Plans, as described in this Agreement.

2.5 Records. Plan Administrator shall maintain records relating to the terms and operation of the Plans, including the identification of eligible persons, payments to MSI and payments for benefits.

2.6 Regulatory Compliance.

- (a) Code.** Sponsor and Plan Administrator shall be solely responsible for compliance with all Internal Revenue Code requirements related to the administration of the Plans, including, but not limited to, required discrimination testing, payment of the Comparative Effectiveness Research fee under the ACA, and any other penalty or fee under the ACA.
- (b) COBRA.** All duties of the Sponsor and Plan Administrator, including, but not limited to, notifying Covered Employees regarding continuation rights and premium billing and collection, remain the responsibility of Sponsor and Plan Administrator.
- (c) Election Changes.** Sponsor is solely responsible for determining if election changes are allowed in accordance with the requirements of Code § 125.
- (d) Affordable Care Act.** Sponsor has sole responsibility for determination of whether any Plan is subject to the ACA. If such Plan is subject to the ACA, Sponsor shall be solely responsible for compliance with the requirements of the ACA.
- (e) Grandfather Status.** Sponsor has sole responsibility for determining if any Plan is “grandfathered,” as that term is defined in §§ 1251 and 10103(d) of the ACA. In the event Sponsor determines that a plan is grandfathered, MSI will put the appropriate language on Covered Employee communications as required by the ACA and any implementing regulations or regulatory guidance. MSI will provide suggested language for the required disclosure of grandfather status set forth in Interim Final Regulations. Sponsor is solely responsible for determining the final content of the required language.
- (f) Compliance with HIPAA Privacy and Security Regulations.** Compliance with any and all applicable provisions of the privacy and security regulations issued pursuant to HIPAA shall be the responsibility of the Plans. For purposes of the Plans' compliance with provisions of HIPAA relating to business associate contracting, the parties agree to abide by the provisions of Exhibit 2.6(f) – Business Associate Agreement attached hereto and incorporated by reference.
- (g) Medical Support Orders.** Plan Administrator shall be responsible for all aspects of compliance regarding medical support orders. MSI shall be entitled to rely on the information provided by Plan Administrator regarding medical support orders.
- (h) Other Group Health Plan Laws.** Sponsor shall take all other steps necessary to maintain and operate the Plans in compliance with applicable provisions of other applicable federal and state laws.

SECTION 3. GENERAL SERVICES PROVIDED BY MSI.

MSI shall provide only those administrative services described in this Agreement and the Addendum attached hereto and incorporated by reference consistent with the Plan Documents. Sponsor acknowledges that Sponsor has adopted a Cafeteria Plan, but that MSI is not administering the Cafeteria Plan. MSI shall have no obligation to provide any services under this Agreement relating to a claim or other event regarding health care delivered before the Effective Date or after the termination date of this Agreement except as set forth in Section 6.3. The parties understand and acknowledge that MSI shall provide its services in accordance with its usual and customary business practices.

- 3.1 Administrative Services.** MSI shall provide those administrative services for the benefits as described more fully in the Addendum attached hereto, which by reference are incorporated in this Agreement. Each Addendum describes more specifically the services and requirements for the Plan. In order for MSI to be bound to provide administrative services relating to any amendment to the Plan Documents that would increase or change the nature of the services provided by MSI, MSI must have specifically agreed to provide such services. In the event MSI agrees to provide such additional or changed services, MSI may request renegotiation of the fees paid to MSI pursuant to this Agreement. In the event MSI does not agree to provide the additional or changed services, or the parties cannot agree on a new fee, MSI may terminate this Agreement upon 30 days written notice to Sponsor.
- 3.2 Licenses.** MSI will obtain and maintain any licenses or regulatory approvals necessary for it to perform its services under this Agreement.
- 3.3 Plan Document Drafting.** MSI shall provide Sponsor with draft Plan Document(s) for Sponsor's review and consideration. Sponsor shall be solely responsible for the final content of Sponsor's Plan Document. If MSI determines that the content and format of Sponsor's final Plan Document is substantially similar to the draft document provided by MSI, MSI shall provide Sponsor with, and shall bear the cost of printing and distributing, the Plan Documents. If MSI determines that the content and format of Sponsor's final Plan Document is not substantially similar to the draft document provided by MSI, Sponsor shall produce and shall bear the cost of printing and distributing the Plan Documents.
- 3.4 Employee Meetings.** MSI, upon request, will attend any informational meetings for potential Covered Employees relating to the Plans and shall cooperate with Sponsor's efforts to provide information regarding the Plans.
- 3.5 Customer Service.** MSI shall respond to written or telephone requests for information made during normal business hours by Covered Employees and Dependents insofar as the inquiry can be addressed under the terms of this Agreement or per the Plan Documents.
- 3.6 Recordkeeping.** MSI shall maintain records relating to its responsibilities under this Agreement and shall provide Plan Administrator with records requested by Sponsor and Plan Administrator, subject to Section 4.
- 3.7 Department of Labor Reporting.** In the event Plan Administrator determines that the Plans are required to file a Form 5500 Schedule C, MSI will provide the necessary information to Plan Administrator upon request.

- 3.8 Uniform Summary of Benefits and Coverage.** MSI will prepare a template Summary of Benefits and Coverage (“SBC”) as required under the ACA. Plan Administrator is responsible for distributing the SBC in accordance with the applicable federal regulations. MSI will complete the template including only information on benefits administered by MSI. Plan Administrator is responsible for including any information on the SBC that is not administered by MSI.

SECTION 4. RECORDS AND REPORTS.

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

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

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

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

- 4.2 Reports.** Any provision of reports under this Section 4.2 is subject to the confidentiality provision in Section 4.4. Plan Administrator will have access to MSI's on-line reporting tool. In the event Sponsor or Plan Administrator requests that MSI provide information other than information in standard reports, Sponsor shall be responsible for the cost of such reports.
- 4.3 Audits.** During the term of this Agreement, and at any time within twelve (12) months following its termination, Sponsor or its designee may audit MSI to determine whether MSI is fulfilling the terms of this Agreement. Sponsor must advise MSI at least forty-five (45) days in advance of its intent to audit. The auditor chosen by Sponsor shall execute a confidentiality agreement. The place, time, type, duration and frequency of all audits must be reasonable and agreed to by MSI. All audits shall be limited to information relating to the calendar year in which the audit is conducted and/or the immediately preceding calendar year unless the parties agree to a longer time period. In no event, however, shall any

audit or inspection of Plan include records dated more than 7 years from the last day of the Plan year to which the audit relates. With respect to Claims services, the audit scope and methodology shall be consistent with generally acceptable auditing standards, including a statistically valid random sample or other acceptable audit technique. Sponsor will provide MSI with a copy of the audit report.

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

4.4 Confidentiality.

- (a) **Proprietary Information.** In order to assist Plan Administrator in administering the Plan, MSI may reveal certain confidential information (“Information”) that is not PHI. For purposes of this Section 4.4, “Information” will mean all nonpublic information that is related to the business or operations of MSI, including, but not limited to, information specifically identified as confidential, information generally understood to be confidential, commercial and financial information, and trade secret information. MSI shall not be required to disclose provider payment fee schedules, individually or in the aggregate, or other proprietary or confidential business information unless required under applicable law. Information shall not include: 1) information that is already at the signing of this Agreement in Sponsor or Plan Administrator’s possession; 2) information that has come into the public domain through no fault of or action by Plan Administrator or Sponsor; 3) information that is required to be disclosed in response to official inquiries from any state or federal agency or by court order; 4) information that is obtained after the fact by a third party that has no legal restriction on disseminating such information.
- (b) **Protected Health Information.** MSI may provide to Sponsor, in its capacity as Sponsor, only aggregate data and other reasonably requested information, including that described in Section 4.2, that does not identify either services received by or the medical condition of individual Covered Employees, and that is not otherwise “Protected Health Information” or (“PHI”) as that term is defined under HIPAA. However, if the data or information requested identifies either services received by or the medical condition of an individual Covered Employee, or is otherwise PHI, then release by MSI to Sponsor is subject to the following:
- i) **Valid Authorization.** If Sponsor obtains a valid written authorization from the Covered Employee to release identifiable information to the Sponsor and forwards such authorization to MSI, then MSI may release identifiable information to Sponsor. Valid authorization must comply with applicable federal and state laws, including HIPAA and the federal regulations governing release of alcohol or substance abuse treatment records.

- ii) **Plan Document Revisions.** The Plan Administrator acknowledges that the HIPAA privacy regulation, at 45 CFR 164.504(f)(2), requires certification of amendment of plan documents for a group health plan that is a covered entity under HIPAA as a condition to disclosure of PHI to the applicable plan sponsor. Plan Administrator and Sponsor warrant that neither shall request MSI to disclose PHI to Sponsor unless the Plan Documents have been appropriately amended and any required certification to that effect has been provided to Plan Administrator.

SECTION 5. PAYMENTS BY SPONSOR.

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

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

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

- 5.2 **Fees.** Sponsor shall use funds from its general assets to make payments to MSI for administrative fees. The administrative fees are set forth in Exhibit 5.2, attached hereto and incorporated by reference. If MSI's performance under this Agreement is made materially more burdensome or expensive due to (i) a change in federal, state, or local laws or regulations; or (ii) a new application of existing laws or regulations, the parties shall negotiate an appropriate adjustment to the fee paid to MSI. If the parties cannot agree on an adjusted fee within 30 days after MSI sent written notice of the material change and its request to negotiate an adjusted fee to Sponsor, then either party may terminate this Agreement upon 30 days written notice to the other party.
- 5.3 **MSI Access to Plan Data.** Sponsor hereby authorizes MSI to have access to any and all Plan financial information, including without limitation, bank account information, which MSI may deem necessary or convenient for MSI to perform or review the provision of services on behalf of the Plans.

SECTION 6. TERM AND TERMINATION.

- 6.1 **Term.** This Agreement shall become effective on the Effective Date for a one-year period (a "Contract Year"), ending December 31, 2014, unless earlier terminated as provided in this Agreement; provided, however, that this Agreement shall renew for successive Contract Years, commencing January 1 and ending December 31, subject to section 6.2(a).

6.2 Termination.

- (a)** This Agreement will terminate at the end of a Contract Year if either party gives the other party written notice of its intent not to renew this Agreement at least 60 days in advance of the commencement of any Contract Year unless a shorter period of time is mutually agreed to by the parties.
- (b)** This Agreement will terminate at the end of a Contract Year if MSI and Sponsor fail to reach agreement on the fees described in Exhibit 5.2 in advance of the commencement of any Contract Year and the parties determine that an agreement is not possible.
- (c)** If Sponsor fails to make any payment to MSI when such payment is due under this Agreement, MSI may terminate this Agreement effective immediately upon written notice to the Sponsor.
- (d)** Either party may terminate this Agreement in the event of a material default, other than a failure to pay described in Section 6.2(c) above, by the other party. Such termination shall be effective 60 days after written notice specifying the default has been given to the defaulting party, unless the default has been cured before the end of the 60-day period.
- (e)** Sponsor may terminate this Agreement effective immediately upon written notice to MSI in the event that MSI fails to obtain or maintain any required licenses or regulatory approvals necessary for it to perform services under this Agreement.
- (f)** Sponsor may terminate this Agreement immediately upon MSI's material breach of the terms of Exhibit 2.6(f) if cure of the breach by MSI is not possible.
- (g)** MSI may terminate this Agreement effective immediately upon written notice to Sponsor and Plan Administrator in the event Sponsor ceases to be actively engaged in business or if the Plans are terminated.
- (h)** MSI may terminate this Agreement effective immediately upon written notice to Sponsor and Plan Administrator in the event Sponsor admits in writing to its inability to pay its debts, makes a general assignment for the benefit of creditors, is adjudicated insolvent, or is placed in receivership. Sponsor agrees that it shall provide MSI with immediate written notice upon the occurrence of any of the events described in this Section 6.2(h).
- (i)** This Agreement may be terminated as provided elsewhere in this Agreement.
- (j)** Either Party may terminate this Agreement without cause upon 90 days prior written notice.

6.3 Cooperation Upon Termination.

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

- (a)** MSI shall provide reasonable cooperation to the person or entity selected by Sponsor or Plan Administrator to assume administration of the Plans;
- (b)** Sponsor and Plan Administrator shall cooperate with the processing of incurred but not reported claims by MSI, and Sponsor shall provide funds

in amounts necessary to pay such Claims and any administrative fee payable to MSI;

- (c) To the extent that following the date of termination, Sponsor pays to MSI (i) all amounts previously due and payable, as described in Section 6.3(b); and (ii) funds in amounts described in Section 5.1 and Exhibit 5.2 of this Agreement, MSI shall process any incurred but not reported claims or other claims existing on the date of termination; provided, however, that in no event shall MSI process any such claims more than 3 months following the date of termination unless a different period is provided for in an Addendum; and
- (d) MSI shall return or destroy all PHI received from the Plans, or created or received by MSI on behalf of the Plans. This provision shall apply to PHI that is in the possession of subcontractors or agents of MSI. MSI shall retain no copies of PHI. Notwithstanding the foregoing, in the event that MSI determines that returning or destroying the PHI is infeasible, MSI shall be entitled to retain such PHI, provided that MSI shall extend the protections of Exhibit 2.6(f) of this Agreement to such PHI and limit further uses and disclosures to those purposes that make the return or destruction infeasible, for so long as MSI maintains such PHI.
- (e) In addition to funding claims, Sponsor shall pay MSI 100% of the administrative fees provided for in Section 5.2 for the 3 months following termination, calculated based upon the number of Covered Employees, determined on the first day of the calendar month in which this Agreement is terminated, unless a different period is provided for in an Addendum.

6.4 Survival. The provisions of Section 4 Records and Reports, Section 6.3 Cooperation Upon Termination, Section 7 Indemnification, and Section 8 Disputes and Litigation survive any termination of this Agreement.

SECTION 7. INDEMNIFICATION.

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

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

7.3 Inapplicability/Exceptions to Indemnification Obligations. The Plan Sponsor shall remain solely responsible for payments for properly owed benefits and MSI shall have no Indemnification Obligations related to the payment for benefits if

the payment of such benefits was required regardless of any acts or omissions of MSI. MSI shall not have any Indemnification Obligations for its acts or omissions related to the receipt of written instructions, written directives or incomplete, inaccurate or untimely information from the Plan Sponsor, the Plan Administrator, the Employer or any of its authorized agents, representatives or employees. The Plan Sponsor shall not have any Indemnification Obligations for its acts or omissions related to the receipt of written instructions, written directives or incomplete, inaccurate or untimely information from MSI, its authorized agents, representatives or employees.

SECTION 8. DISPUTES AND LITIGATION.

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

SECTION 9. GENERAL PROVISIONS.

- 9.1 Entire Agreement.** This Agreement includes the entire understanding of the parties and supersedes all prior oral and written agreements relating to the same subject matter.
- 9.2 Independent Contractor Relationship.** The relationship between the parties is solely one of independent contractors and nothing in this Agreement shall be construed or deemed to create any other relationship between the parties, including one of employment, agency, or joint venture, unless specifically set forth herein.
- 9.3 Assignment and Delegation.** MSI may assign all or any of its rights and responsibilities under this Agreement to any entity controlling, controlled by or under common control with MSI. If MSI assigns all or any of its rights or responsibilities under this Agreement, MSI will notify the Plan Administrator in writing of such assignment. MSI may delegate certain of its obligations under this Agreement to persons under contract with MSI. Neither Sponsor nor Plan Administrator shall assign any of their rights and responsibilities under this Agreement to any person or entity without the prior written consent of MSI, which consent shall not be unreasonably withheld.

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

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

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

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

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

McLeod County
830 11th Street E
Glencoe, MN 55336
Attn: Pat Melvin
County Administrator

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

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

McLeod County
830 11th Street E
Glencoe, MN 55336
Attn: Pat Melvin
County Administrator

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

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

9.5 Amendment for Regulatory Compliance. Subject to Section 2.6 of this Agreement, in the event that any state or federal legislative or executive body

enacts or promulgates legislation or regulation affecting the obligation of the parties under this Agreement, the parties agree to amend this Agreement in order to comply with any such legislation or regulation.

- 9.6 No Waiver of Rights.** The failure of any party to insist upon the strict observation or performance of any provision of this Agreement or to exercise any right or remedy shall not impair or waive any such right or remedy.
- 9.7 Governing Law.** To the extent that state law applies, this Agreement shall be governed by the laws of the state of Minnesota. Any legal action under this Agreement shall be brought in the federal district court for the district of Minnesota.
- 9.8 Headings.** The section headings contained in this Agreement are inserted for convenience only and shall not affect in any way the meaning or interpretation of this Agreement.
- 9.9 Amendment.** This Agreement may be amended only in writing signed by each of the parties. Notwithstanding the foregoing, Sponsor is solely responsible for establishing and maintaining the Plans, including adoption of a Plan Document and any Plan amendments, as set forth more specifically elsewhere in this Agreement.
- 9.10 Conflict.** If the terms of this Agreement conflict with the terms of any Addendum, the terms of the Addendum shall control administration of the applicable Plan.

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

By:



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

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

By _____
Its _____
Dated _____

Plan Administrator
McLeod County
830 11th Street E
Glencoe, MN 55336

By _____
Its _____
Dated _____

SELF-FUNDED GROUP HEALTH PLAN
ADMINISTRATIVE SERVICES ADDENDUM

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

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

“**Creditable Coverage**” is prior health care coverage, under a group health benefit plan, including a self-insured plan; health insurance coverage, whether through a group or individual contract; Medicare; Medicaid (other than coverage consisting solely of benefits under the program for distribution of pediatric vaccines); a state health benefit risk pool; a military health plan or other coverage provided under United States Code, title 10, chapter 55; a medical care program of the Indian Health Service or of a tribal organization; the Federal Employees Health Benefits Program or other similar coverage provided under federal law applicable to government organizations and employees; State Children’s Health Insurance Program; a health benefit plan provided under Section 5(e) of the federal Peace Corps Act; or a public health plan similar to any of the above plans established or maintained by a state, the U.S. government, a foreign country, or any political subdivision of a state, which usually reduces how long a health care plan may exclude a Covered Person from coverage for a pre-existing health condition.

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

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

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

“**Urgent Care Claims**” means a claim for benefits if application of the time periods for making non-urgent care determinations (a) could seriously jeopardize the claimant’s life, health or ability to regain maximum function; or (b) in the opinion of a physician with knowledge of the claimant’s medical condition, would subject the claimant to severe pain that cannot be adequately managed without the care or treatment that is the subject of the claim.
2. **Provider Network Access.** MSI has contracted with or has access to a network of Network Providers. Some or all of those Network Providers shall be available to provide Health Services under the Plan to Covered Persons. MSI shall make the Network Provider directory available to Covered Persons by providing either a paper copy or electronic copy at the time of enrollment. In addition, access to an electronic directory is available to Covered Persons at any time on mymedica.com.
3. **Claims Processing.** MSI shall process or arrange for the processing of claims for Health Services under the Plan as directed by the terms of the Plan Document.

(a) Start of Plan Year.

- i) Benefit Installation Documents.** MSI shall provide a Summary of Benefits and Coverage, MSI Recommended Changes grid, and pharmacy grid (collectively referred to as Benefit Installation Documents). Upon receipt of confirmation that Plan Sponsor agrees with the benefits as set forth in the Benefit Installation Documents, on or before a date established by MSI and communicated in advance to Plan Sponsor, MSI will install the group and begin processing claims at the benefit levels described in the Benefit Installation Documents at the start of the Contract Year.
- ii)** In the event Plan Sponsor does not provide such confirmation on or before the date established by MSI, MSI will install the group and begin processing claims at the benefit levels described in the Benefit Installation Documents within 10 business days of receipt by MSI.
- iii)** If, after, MSI has begun paying claims pursuant to agreed-upon Benefit Installation Documents, Plan Sponsor changes any benefit levels, MSI will begin processing claims at the benefit levels described in the amended Benefit Installation Documents within 10 business days of receipt by MSI. MSI will not retroactively adjust claims, unless the parties mutually agree otherwise.

- (b) Claims Submission.** MSI shall arrange for Network Providers to submit claims for Health Services. MSI shall provide or arrange for the provision of standard forms for the submission by Covered Person of claims for Health Services received from non-Network Providers. Plan Administrator appoints MSI a named fiduciary with respect to performing processing a payment.

(c) Claim Adjudication and Appeals.

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

If it is determined that the benefit is payable, MSI will issue a check for, or otherwise credit, the benefit payment to the appropriate payee. If MSI denies a Claim, the claimant shall have the appeal rights set forth in the Plan Document, and/or which are required under applicable law. MSI will process the initial appeal and determine whether a Plan benefit is available. If, after the review, MSI determines that the Plan benefit is payable, MSI will notify the claimant. If, after the exhaustion of the initial appeal with MSI, MSI determines that the Plan benefit is still not available, MSI will notify the claimant that the denial has been upheld and of their right to further appeal the denial for a second level of review. This notice will be designed to comply with MSI's standards and applicable

requirements for claim denial notices. Under most circumstances, all required levels of review must be completed, described above, before proceeding to external review. External review can proceed without completing the required levels of review if MSI agrees, or if MSI fails to substantially comply with the complaint and review process described in this section, including meeting any required deadlines.

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

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

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

(e) **Reprocessing of Claims.**

i) **Historical Claims.** In the event Sponsor provides MSI with historical claims data at any time after MSI initially became a third party administrator for the Plan, MSI will not re-process or make retroactive changes to previously processed claims. MSI or its designee will load the historical claims information into its claims processing system and begin processing claims in accordance with such information, including previous claims processed by MSI within a reasonable period of time after receipt of acceptably formatted claims information. In the event it is discovered that certain claims had previously been paid in excess of the lifetime

maximum benefit, MSI will not re-process those claims or pursue recovery of excess amounts paid to or on behalf of Covered Persons.

- ii) **Plan Document Changes.** MSI is not obligated to re-process any claims processed both (i) in accordance with the prior year Plan Document; and (ii) before MSI receives a new or amended Plan Document. Notwithstanding the foregoing, the parties mutually agree that MSI will conduct claims re-processing as needed as a result of any changes in the Plan Document for a fee in addition to those set forth herein.

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

5. **Coordination of Benefits.** MSI shall conduct coordination of benefits as directed by the terms of the Plan Document. Sponsor shall provide MSI with any information in its possession regarding the existence of other coverage for a Covered Person. If a Covered Person does not provide other coverage information at the time of enrollment, MSI will notify the Covered Person that MSI requires other coverage information to process the claim. MSI shall have no obligation beyond requesting information from Covered Persons to verify the existence of other coverage. If another plan provides primary coverage for a Health Service, MSI shall direct Network Providers to first seek payment from that plan.

6. **Subrogation.** MSI shall provide subrogation services to the Plan Administrator. Subrogation services shall consist of identifying and seeking recovery of amounts paid by the Plan where payment was also made, or should have been made, by a third party for the same medical expense. This provision also applies to reimbursement claims against a covered party or others to obtain recovery of amounts paid by the Plan.

Sponsor grants to MSI the discretionary authority to develop and implement standards and practices relating to Plan's subrogation rights. Sponsor agrees that these standards and practices are reasonable if they are consistent with those followed by affiliates of MSI in pursuing their own subrogation rights and are generally consistent with industry practices. This grant of discretionary authority to MSI includes the authority to determine the following:

- Whether to pursue subrogation recovery; and
- What action, including litigation, should be taken to pursue recovery; and
- Whether to abandon, negotiate or compromise a claim or settle the claim for less than a full recovery.

In the exercise of this discretionary authority, MSI may initiate litigation in the name of the Plan without further consent or approval. Sponsor and Plan Administrator agree to cooperate fully with MSI in the prosecution of any litigation.

7. **Utilization Management and Case Management.** MSI shall perform utilization management and case management as directed by the terms of the Plan Document. MSI shall apply its standard utilization management and case management techniques to Health Services received by Covered Persons.

8. **Inquiries and Complaints by Covered Persons.** MSI shall respond to written or telephone requests for information made during normal business hours by Covered Persons insofar as the inquiry can be addressed under the terms of this Addendum or per the Plan Document. Notwithstanding the forgoing, the Plan Administrator is responsible for resolving complaints by Covered Persons.
9. **Identification Cards.** MSI shall provide identification cards to Covered Persons as set forth in the Plan Document.
10. **Certification of Creditable Coverage.** MSI shall provide a written certification of coverage provided under the Plan during the term of this Addendum to each Covered Person following termination of such coverage. MSI shall provide such certification within a reasonable period of time after coverage termination. Upon Plan Administrator's request, MSI shall provide a written certification of coverage provided under the Plan during the term of this Addendum to a formerly Covered Person; provided, however, that Sponsor must make such request within 24 months following termination of such coverage. MSI shall provide such certification within a reasonable period of time after receiving Sponsor's request. All certifications of coverage provided by MSI shall be based on information provided to MSI by Sponsor. Upon termination of this Addendum, MSI shall have no further obligation to provide certifications of coverage as set forth herein.
11. **My Health Rewards Program.** MSI will provide a value-based benefit program that emphasizes member engagement and personalization. The program is based on a behavior-based model that encourages and motivates members to make better health care decisions. Each Covered Employee is eligible to earn the following rewards for completing the following tasks.
- | | | | |
|---|---|--------------------|---------|
| • | Completion of Health Assessment | one award per year | \$20.00 |
| • | Completion of Eight (8) on-line health topics | one award per year | \$40.00 |
| • | Completion of Health Coaching | one award per year | \$75.00 |
12. **Providing Funds for Benefits.**
- (a) **Funds for Health Services.** Sponsor hereby designates MSI as Sponsor's agent for payment to Network Providers for Health Services provided to Covered Person. MSI shall process claims of Network Providers, and such providers shall be paid according to the terms and conditions of the Plan. The fee schedules that MSI applies to Network Providers are different from the fee schedules that apply to providers who are part of networks for some of the other health coverage products offered by MSI and MSI affiliates. If MSI processes claims of non-Network Providers such providers shall be paid according to the terms and conditions of the Plan Document and as set forth in Exhibit 5.2. If a dispute arises between Sponsor and any provider regarding payment of a claim, MSI shall use reasonable efforts to facilitate resolution of the dispute.
- Payment from General Assets of Sponsor.** Sponsor shall use funds from its general assets to make payments for Health Services and fees to MSI. Sponsor shall not set up a trust or an account in the Plan's name to be used to pay for Health Services or fees to MSI.
- (b) **Funds Available.** Upon the Effective Date of this Addendum, Sponsor shall (a) maintain a bank account that holds general assets of Sponsor upon which MSI shall have check writing authority to make payments for Health Services and fees

to MSI; or (b) maintain a bank account that holds general assets of Sponsor and give MSI the right to initiate automated clearinghouse (“ACH”) transfers from such account to make payments for Health Services and fees to MSI.

- (c) **Transfers of Funds.** As medical claims are processed for each time period, MSI shall, 48 hours after notice to Sponsor, exercise check writing authority upon Sponsor's account or initiate ACH transfers from Sponsor's account in an amount necessary to pay the claims processed and fees due MSI. MSI shall communicate each amount paid from Sponsor's account via telephone, facsimile or other electronic means as approved by the parties to Sponsor, and shall transfer such amount to an account in MSI's name. Sponsor acknowledges and agrees that the account into which MSI transfers funds received from Sponsor may contain money from one or more other health plans under contract with MSI for administrative services.
- (d) **Payments to Providers.** MSI shall pay providers as agent of Sponsor within 2 days of receipt of Sponsor's funds. Sponsor acknowledges that MSI shall therefore hold such funds for only 2 days at most before distributing them to providers in payment for Health Services. The parties anticipate that any and all interest earned on Sponsor's funds while in an MSI account shall be de minimis, and Sponsor agrees that MSI shall be entitled to retain such interest as part of the aggregate administrative fees paid to MSI for the provision of services under this Addendum. Interest amounts retained by MSI under this Section shall be in addition to the other amounts set forth in the Administrative Services Agreement as payment for MSI's administrative services and shall therefore not be considered as payment or partial payment of such other amounts.
- (e) **Invoices.** MSI shall forward to Sponsor: (i) a report itemizing amounts payable for Health Services during that period; (ii) an invoice summarizing the claims charges payable for the period and any additional fees due MSI as set forth in Exhibit 5.2; and (iii) a report setting forth administrative fees due MSI. MSI shall adjust any claim disputes by Sponsor, or errors detected by MSI or Sponsor, in the supporting reports for the next period's payment due after the dispute is resolved or errors identified.
- (f) **Underfunding.** If Sponsor does not make funds available to pay claims and fees in the required amount and Sponsor fails to provide the required amount of funds within 48 hours after notice of the need to provide such funds, MSI may immediately terminate this Addendum and its obligations under this Addendum. If MSI terminates this Addendum, as provided in this Section, MSI shall provide notice of such termination to Network Providers. The Network Providers may then bill Sponsor, the Plan and/or Covered Persons directly for such Health Services. Additionally, in the event Sponsor fails or delays in making funds available for claims payment in accordance with the terms of this Section 13 and such failure or delay results in interest due to health care providers under applicable prompt pay laws and/or regulations, such interest shall be the sole responsibility of Sponsor, and Sponsor shall hold harmless and indemnify MSI from liability for any and all such interest payments.
- (g) **Run Out.** When this Addendum terminates, the funding method for Plan benefits will remain in place for six (6) months following the end of the Contract Year. The fees for performing these services are set forth in Exhibit 5.2.

13. **Part D Creditable Coverage Notices.** MSI shall distribute, on behalf of Sponsor, the annual and ongoing Part D creditable coverage notices as required under 42 CFR 423.56(f)(1)-(4), as amended. For those notices that must be distributed to Medicare eligible individuals prior to the effective date of coverage in the Plan, Sponsor must determine whether such individuals should receive such a notice, and MSI will provide copies of notices to Sponsor for inclusion in and distribution by Sponsor in pre-sale and member packet materials. All other notices will be mailed to Covered Persons.

EXHIBIT 2.6(f)
BUSINESS ASSOCIATE AGREEMENT

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

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

- (i) document such disclosures of PHI and information related to such disclosures by MSI as would be required for the Plan Administrator to respond to a request by an Individual for an accounting of disclosures of PHI in accordance with 45 C.F.R. § 164.528;
- (j) provide to the Plan Administrator or an Individual, in accordance with 45 C.F.R. § 164.528, information collected in accordance with Section 1(i) above, to permit the Plan Administrator to respond to a request for an accounting of disclosures of PHI in accordance with 45 C.F.R. § 164.528. MSI shall provide an accounting of disclosures in accordance with this section and as required by 42 U.S.C. § 17935 if PHI is contained in an Electronic Health Record;
- (k) upon request, provide to the Plan Administrator a draft notice of privacy practices for the Plan Administrator's review and consideration. Notwithstanding the foregoing, the Plan Administrator is solely responsible for the final content of the Plan's notice of privacy practices, for adopting such notice in final form, and for providing notice to Individuals as required by the HIPAA privacy regulation. MSI shall provide services under the Agreement in a manner consistent with any and all policies and processes set forth in the draft notice of privacy practices provided by MSI; and
- (l) in accordance with the security regulations, 45 C.F.R. Part 142, as amended from time to time, MSI agrees to comply with the security regulations and to:

 - i) implement administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity and availability of the electronic PHI that it creates, receives, maintains or transmits on behalf of the Plan;
 - ii) ensure that any Subcontractor to whom it provides electronic PHI agrees in writing to implement reasonable and appropriate safeguards to protect it;
 - iii) report to the Plan Administrator any Security Incident of which it becomes aware;
 - iv) authorize termination of this Business Associate Agreement and the Agreement if the Plan Administrator determines that MSI has violated a material term of this Business Associate Agreement;
 - v) agree to amend and incorporate such amendments as necessary to this Business Associate Agreement to comply with changes to HIPAA, including the security regulations.
- (m) with respect to any use or disclosure of Unsecured PHI not permitted by HIPAA that is caused solely by MSI or its Subcontractor's failure to comply with one or more of its obligations under this Business Associate Agreement, the Plan Administrator hereby delegates to MSI the responsibility for determining when any such incident is a Breach and for providing all legally required notifications to Individuals, HHS and/or the media, on behalf of the Plan Administrator. MSI shall provide these notifications in accordance with the data breach notification requirements set forth in 42 U.S.C. § 17932 and 45 C.F.R. Parts 160 & 164 subparts A, D & E as of their respective compliance dates, and shall pay for the reasonable and actual costs associated with such notifications. In the event of a Breach, without unreasonable delay, and in any event no later than sixty (60)

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

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

2. Permitted Uses and Disclosures of PHI.

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

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

- (a) The Plan Administrator shall notify MSI of any provisions that the Plan proposes to adopt in its notice of privacy practices that differ from the draft privacy notice provided to the Plan Administrator by MSI or that may limit MSI's use or disclosure of PHI beyond the restrictions set forth in this Business Associate Agreement. MSI will only be required to comply with such different or additional restrictions upon its specific written agreement to do so, which MSI may grant or withhold in its sole discretion. If MSI's performance under this Business

Associate Agreement will be made materially more burdensome or expensive due to such new restrictions, the parties shall negotiate an appropriate adjustment to the fee paid to MSI.

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

EXHIBIT 5.2

FEES

The terms of this Exhibit 5.2 shall apply to the Contract Year commencing January 1, 2014 and ending December 31, 2014.

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

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

2. Fees Payable by Sponsor to MSI.

- (a) Sponsor shall pay MSI a fee for administrative services equal to 1.9% of the full amounts payable by the Sponsor to MSI pursuant to Section 3 of this Exhibit 5.2, including any amounts subject to reimbursement pursuant to Sponsor's agreement for stop loss insurance. Upon termination of this Agreement, during the period MSI is paying incurred but not reported health plan claims, Sponsor shall pay one hundred percent (100%) of this fee for the six (6) months after termination.
- (b) Sponsor shall also pay MSI \$2.47 per Covered Employee for each month or part of a month covered by this Agreement for management services related to Health Services received from Network Providers. Upon termination of this Agreement, during the period MSI is paying incurred but not reported claims, Sponsor shall pay one hundred percent (100%) of this fee for the six (6) months after termination.
- (c) MSI may arrange for a subcontractor to perform any of the subrogation services. Sponsor agrees that the fee charged by MSI or a subcontractor associated with pursuing subrogation shall be deducted from any recovery. The fee charged by MSI or the subcontractor for the current contract year is 23.5% of any recovery. Any subrogation recovery shall be forwarded to Sponsor's general account or

credited to Sponsor's claims account. No such amount shall be considered to be a Plan asset.

- (d) The fees for broker services, which shall be paid out of Sponsor's general assets, are as follows:

10% of both the specific and aggregate premium billed for stop-loss coverage. These amounts are built into the amounts billed for stop-loss coverage.

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

- (e) **Rewards Program Core with Optional Health Coaching.** The fee for the online health assessment and access to online health topics is included as part of the administration fee indicated in (a) in this section. The fee for personalized health coaching of \$1.60 per Covered Employee for each month or part of a month covered by this Agreement is also included as part of the administration fee indicated in (a) in this section.

- (f) **Payment for Health Management Program Services.** Sponsor shall, within 30 days of receipt of a quarterly invoice from MSI, pay the fees for health management program services as follows:

After calculating the quarterly group utilization and enrollment for each Affiliated Health Club, MSI shall bill Sponsor up to \$21.25 (for 8 visit requirement) per month for each credit up to a \$20.00 credit made toward the payment of Covered Persons' health club dues as described in Section 1 above. Of the amounts collected from Sponsor, MSI shall remit up to \$20.00 for each up to \$20.00 credit issued to the various Affiliated Health Clubs.

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

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

3. Health Services Payments by Sponsor to MSI.

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

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

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

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

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

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

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

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

(e) Network Provider Pharmacy Health Services

The amount paid for Health Services as established by the terms of the Network Provider Agreement with MSI, which is estimated to be the least of (1) the average wholesale price ("AWP") for such pharmaceutical product, less discounts that generally range between 10% and 16%; (2) the maximum allowable cost for such pharmaceutical product ("MAC"); or (3) the ingredient or product cost billed by the Network Provider, in each case plus a dispensing fee and less any Copayment, Coinsurance and/or Deductible. MSI's estimate of its cost for Network Provider Pharmacy Health Services, set forth above, does not include a reduction for any rebates that might result from Health Services to Covered Persons. To the extent that MSI receives credit for any rebates, such credits are reflected in the administrative fee set forth in Section 2(a) above. MSI estimates that for the Contract Year referenced in this Exhibit 5.2, MSI will receive pharmacy rebates in an amount approximating 1% of aggregate amounts billed by MSI to certain plan sponsors for Health Services discussed in Items 3(a)-3(f). For purposes of this paragraph, "certain plan sponsors" refers to all plan sponsors who have entered into administrative services agreements with MSI for such Contract Year and who are providing pharmacy benefits to Covered Persons. Sponsor is such a plan sponsor. From time to time, MSI or an intermediary may negotiate with drug manufacturers regarding the payment of Medical Benefit Rebates on applicable prescription drugs dispensed to Covered Persons under the Plan's medical benefit.

(f) Non-Network Providers

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

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

MSI shall be entitled to an additional fee in consideration for MSI's services in establishing, maintaining and operating a Network Provider network. Such fee shall be approximately equal to or less than 3.8% of the sum of (1) the amounts billed to Sponsor by MSI for Health Services identified in Items 3(a), 3(b), 3(c)

and 3(d) above and (2) Copayment, Coinsurance and/or Deductible Amounts paid for Health Services identified in Items 3(a), 3(b), 3(c) and 3(d) above. Amounts billed to Sponsor by MSI for Health Services identified in Items 3(a), 3(b), 3(c) and 3(d) above shall be the total of (1) such fee, and (2) amounts paid to such Item 3(a), 3(b), 3(c) and 3(d) Network Providers by MSI. Upon termination of this Agreement, during the period MSI is paying incurred but not reported claims, Sponsor shall pay one hundred percent (100%) of this fee.

- (g) Alternative Provider Payment Methodologies.** Network Provider contracts may include incentives earned as a condition of meeting standards relating to utilization, quality of care, efficiency measures, compliance with other initiatives (such as patient-centered medical homes), or other clinical integration or practice transformation standards. An example of such alternative arrangements includes Network Provider contracts using a risk pool. The Network Provider will be paid a negotiated amount and a portion of that Health Services payment, as negotiated with Network Providers is placed at risk to be returned if certain standards are not met. In the event MSI makes the determination a Network Provider has failed to earn all or a portion of the risk pool, MSI will refund the amounts received from the Network Provider to the Plan, based on claims incurred by enrollees. Plan Administrator agrees and understands that the Network Provider will retain these at-risk amounts and the interest earned on such amounts will be retained by the Network Provider as part of the Health Services fee arrangement. Due to the comprehensive nature of such measures, final determination of meeting criteria may not occur until subsequent plan years.

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

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

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

**Effective
January 1, 2014**

TABLE OF CONTENTS

ARTICLE 1. STOP LOSS SCHEDULE.....	3
ARTICLE 2. DEFINITIONS.....	4
ARTICLE 3. COVERAGE UNDER THIS CONTRACT.....	5
ARTICLE 4. SPECIFIC STOP LOSS INSURANCE.....	5
ARTICLE 5. AGGREGATE STOP LOSS INSURANCE	6
ARTICLE 6. CLAIM PROVISIONS	7
ARTICLE 7. RECORDS AND REPORTS	7
ARTICLE 8. LIABILITY AND INDEMNIFICATION	9
ARTICLE 9. DISPUTES.....	9
ARTICLE 10. SUBROGATION AND COORDINATION OF BENEFITS	10
ARTICLE 11. REGULATORY COMPLIANCE.....	10
ARTICLE 12. GENERAL PROVISIONS	10

ARTICLE 1

STOP LOSS SCHEDULE

Employer Name: Sibley/McLeod Counties
Employer Group Number(s): 45192, 45193, 45799, 45957, 45958, 53052, 53053, 53441
Contract Period begins on: January 1, 2014 and ends on: December 31, 2014
Claims Administrator: Medica Self-Insured

1. X Specific Stop Loss Insurance

- a. Specific deductible:
\$125,000 per Covered Person for all occurrences.
- b. MIC's limits of liability:
In-network benefits: Unlimited; and
Out-of-network benefits: \$875,000
Maximum reimbursement per Covered Person per lifetime.
- c. Monthly Premium rate Covered Unit Rate
 Single \$53.21
 Family \$150.39
- d. Claims Basis:
Claims Incurred in Contract Period, or during 12 months prior to Contract Period; and
Claims paid in Contract Period, or incurred in Contract Period and paid within 3 months
after end of Contract Period.

2. X Aggregate Stop Loss Insurance

(For group #45192, 45193 and 45799)

a. Aggregate Liability	<u>Covered Unit</u>	<u>Monthly Factor</u>
	Single	\$756.90
	Family	\$2,085.63

(For group #45957, 45958 and 53441)

Aggregate Liability	<u>Covered Unit</u>	<u>Monthly Factor</u>
	Single	\$563.85
	Family	\$1,547.06

(For group #53052 and 53053)

Aggregate Liability	<u>Covered Unit</u>	<u>Monthly Factor</u>
	Single	\$549.75
	Family	\$1,514.79

- b. Minimum aggregate deductible:
\$3,288,433 or 90% of the first monthly aggregate deductible x 12, whichever is greater.
- c. MIC's limit of liability:
\$1,000,000 Maximum aggregate reimbursement for all Covered Persons per Contract
Period.

All payments received during the Contract Period for any claims beyond the \$125,000 deductible per Covered Person will be excluded from the aggregate deductible amount.

- d. Premium: \$3.23 paid per Enrollee per month.
- e. Claims Basis:
Claims Incurred in Contract Period, or during 12 months prior to Contract Period; and
Claims paid in Contract Period, or incurred in Contract Period and paid within 3 months
after end of Contract Period.
- f. Year-to-Date Aggregate Advance Option: () Yes (X) No

ARTICLE 2

DEFINITIONS

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

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

Claims Administrator – the entity identified in the Stop Loss Schedule, which has been selected by Employer to process claims under the Plan Document. Claims Administrator may assign all or any of its rights and responsibilities under the Contract to any entity controlling, controlled by or under common control with Claims Administrator. If Claims Administrator assigns all or any of its rights or responsibilities under the Contract, Claims Administrator will notify plan administrator in writing of such assignment. Claims Administrator may delegate certain of its obligations under the Contract to persons under contract with Claims Administrator. Employer shall not assign any of its rights and responsibilities under the Contract to any person or entity without the prior written consent of Claims Administrator, which consent shall not be unreasonably withheld.

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

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

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

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

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

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

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

Enrollee – an employee meeting the requirements set by Employer for enrollment under the Plan and enrolled for coverage under the Plan.

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

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

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

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

ARTICLE 3

COVERAGE UNDER THIS CONTRACT

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

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

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

ARTICLE 4

SPECIFIC STOP LOSS INSURANCE

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

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

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

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

MIC may change the specific deductible for this Contract Period. Examples of when this would occur include but are not limited to the following:

- a. the effective date of any change in benefits under the Plan;

- b. the date there is a 10% or greater change in Covered Units.

Section 4.2 Benefit Payment. Benefits for Specific Stop Loss Insurance shall be paid by MIC upon its receipt and acceptance of proof of loss submitted by Employer or Claims Administrator. Payment shall be made in the manner determined by MIC, either as an adjustment to the Claims Invoice or directly by check. MIC shall have sole authority to pay or deny claims which exceed the specific deductible stated in the Stop Loss Schedule.

ARTICLE 5

AGGREGATE STOP LOSS INSURANCE

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

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

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

There is no coverage for payments Employer makes: (i) which have already been reimbursed by another insurance company or reinsurance company (as stated in Article 10); or (ii) after the Aggregate Stop Loss Insurance terminates.

Section 5.3 Contract Period Aggregate Deductible Determination. The aggregate deductible is determined as follows:

- a. The aggregate deductible is the sum of the monthly aggregate deductibles for the Contract Period.
- b. The monthly aggregate deductible is calculated by multiplying the number of Covered Units whose effective date falls on or before the first of that month by the monthly factors specified in the Stop Loss Schedule. The monthly aggregate deductible cannot be reduced by more than 5% per month if the number of Covered Units decreases for any reason. During a strike, lock-out or work stoppage, the number of Covered Units shall remain the same number as for the month before the work disruption began.
- c. For benefits to be payable under this Contract, the aggregate deductible shall not be less than the minimum aggregate deductible specified in the Stop Loss Schedule.

MIC may change the aggregate monthly factors used to determine the Aggregate Stop Loss Insurance for this Contract Period. Examples of when this would occur include but are not limited to the following:

- a. the effective date of any change in benefits;
- b. retroactive to a Contract anniversary when the Eligible Expenses paid in the last 2 months of the preceding Contract Period vary by more than 10% of the average monthly Eligible Expenses paid during the prior 10 months;

c. the date there is a 10% or greater change in Covered Units.

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

ARTICLE 6

CLAIM PROVISIONS

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

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

ARTICLE 7

RECORDS AND REPORTS

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

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

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

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

Employer acknowledges and agrees that, on behalf of itself and the Plan, MIC may use and transfer to third parties for purposes of research and analysis the claims and related medical

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

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

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

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

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

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

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

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

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

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

ARTICLE 8

LIABILITY AND INDEMNIFICATION

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

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

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

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

ARTICLE 9

DISPUTES

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

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

ARTICLE 10

SUBROGATION AND COORDINATION OF BENEFITS

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

ARTICLE 11

REGULATORY COMPLIANCE

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

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

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

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

ARTICLE 12

GENERAL PROVISIONS

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

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

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

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

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

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

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

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

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

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

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

Section 12.12 Payment of Premium. Premium must be paid on or before the Premium Due Date. The premium rates are specified in the Stop Loss Schedule. MIC may change the premium rate for this Contract Period with 30 days advance written notice. Advance written notice of premium changes is not applicable in the case of a Plan Document change in accordance with Section 12.2 and in accordance with Sections 4.1 and 5.3.

Examples which could cause rate changes to occur include but are not limited to the following:

- a. 10% or greater change in Covered Units;
- b. Lay-off or reduction in work-force;
- c. Strike or work-stoppage;
- d. Closure of a business location;
- e. Acquisition of employees, subsidiary, affiliate or merger;
- f. Elimination of another insurance carrier or plan offering; or
- g. Significant change in underlying health plan benefits.

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

Section 12.14 Renewal. This Contract shall automatically renew on each contract anniversary date upon timely payment of premiums at the rates set by MIC. MIC may refuse to renew this Contract by giving Employer 30 days advance written notice.

Section 12.15 Termination of this Contract. This Contract shall terminate on the earliest of the following dates:

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

Section 12.16 Survival. The provisions of Article 7. Records and Reports, Article 8. Liability and Indemnification, and Article 9. Disputes, survive any termination of this Contract.

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

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

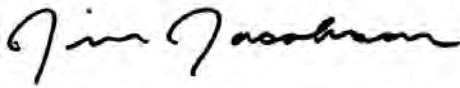
Medica Insurance Company
P.O. Box 9310
Minneapolis, MN 55440-9310

By:



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

By:



James P. Jacobson
Senior Vice President and Assistant Secretary

McLeod County
830 11th Street East
Glencoe, MN 55336

By _____

Its _____

Dated _____

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

By _____

Its _____

Dated _____

Part A: Jurisdiction Identification

Jurisdiction: McLeod County
830 1th St E
Glencoe MN 55336

Jurisdiction Type: CTY - County

Contact: Mary Jo Wieseler

Phone: 320-864-1320

E-Mail: maryjo.wieseler@
co.mcleod.mn.us

Part B: Official Verification

- 1. The job evaluation system used measured skill, effort responsibility and working conditions and the same system was used for all classes of employees.

The system used was:

Description: Consultant's System -
Bob O'Connors

- 2. Health Insurance benefits for male and female classes of comparable value have been evaluated and:
No Differences exist

- 3. An official notice has been posted at:
McLeod County Courthouse - Glencoe
(prominent location)

informing employees that the Pay Equity Implementation Report has been filed and is available to employees upon request. A copy of the notice has been sent to each exclusive representative, if any, and also to the public library.

The report was approved by:

McLeod County Board of Comm.

(governing body)

Paul Wright

(chief elected official)

Board Chair

(title)

Part C: Total Payroll

\$13,429,749

is the annual payroll for the calendar year just ended December 31.

- Checking this box indicates the following:

- signature of chief elected official
- approval by governing body
- all information is complete and accurate, and
- all employees over which the jurisdiction has final budgetary authority are included

Date Submitted:

Compliance Report

Jurisdiction: McLeod County
 830 - 11th Street E.
 Suite 110
 Glencoe MN 55336

Report Year: 2014
 Case: 3 - 2014 DATA 2 (Shared (Jur and MMB))

Contact: Mary Jo Wieseler Phone: (320) 864-1320 E-Mail: maryjo.wieseler@co.mcleod.mn.us

The statistical analysis, salary range and exceptional service pay test results are shown below. Part I is general information from your pay equity report data. Parts II, III and IV give you the test results.

For more detail on each test, refer to the Guide to Pay Equity Compliance and Computer Reports.

I. GENERAL JOB CLASS INFORMATION

	Male Classes	Female Classes	Balanced Classes	All Job Classes
# Job Classes	34	58	5	97
# Employees	65	170	22	257
Avg. Max Monthly Pay per employee	4,726.83	4,491.40		4,527.39

II. STATISTICAL ANALYSIS TEST

A. Underpayment Ratio = 70.24 *

	Male Classes	Female Classes
a. # At or above Predicted Pay	20	24
b. # Below Predicted Pay	14	34
c. TOTAL	34	58
d. % Below Predicted Pay (b divided by c = d)	41.18	58.62

*(Result is % of male classes below predicted pay divided by % of female classes below predicted pay.)

B. T-test Results

Degrees of Freedom (DF) = 233	Value of T = -0.329
-------------------------------	---------------------

- a. Avg. diff. in pay from predicted pay for male jobs = \$9
- b. Avg. diff. in pay from predicted pay for female jobs = \$13

III. SALARY RANGE TEST = 0.00 (Result is A divided by B)

- A. Avg. # of years to max salary for male jobs = 0.00
- B. Avg. # of years to max salary for female jobs = 0.00

IV. EXCEPTIONAL SERVICE PAY TEST = 0.00 (Result is B divided by A)

- A. % of male classes receiving ESP 0.00 *
- B. % of female classes receiving ESP 0.00

*(If 20% or less, test result will be 0.00)

Staffing Request Committee

Tuesday, January 14, 2014

10:30 AM

AGENDA

A) Discuss hiring full-time Engineering Technician (grade 17) in Highway due to vacancy.

No recommendation – further discussion

B) Discuss hiring full-time GIS Specialist (grade 15) in Highway due to vacancy.

No recommendation – further discussion

C) Discuss hiring part-time (14 hours per week) Fairgrounds Worker due to vacancy

Recommendation: Hire part-time Fairgrounds Worker, not to exceed an average of 14 hours per week

D) Discuss hiring full-time Environmental Technician (grade 16) in Environmental Services due to vacancy

Recommendation: Hire full-time Environmental Technician (grade 16) due to vacancy

E) Discuss hiring Secretary II (grade 12) in Environmental Services due to vacancy

Recommendation:

- **Current Secretary II working in Env. Services (20 hours per week) and as a Floater assisting other departments (20 hours per week) will now work 20 hours in Env. Services and 20 hours in Recorder's Office to partially fill the 28 hour Technical Specialist II position in Recorder's Office that was approved November 19, 2013 This will be effective January 27, 2014.**

- **Current 14 hour office support position in Veteran Services will be increased to 28 hours (Secretary II – grade 12), working for 8 hours in Veteran Services, 8 hours in Recorder’s Office and the remaining 12 hours at a Floater effective January 27, 2014.**

F) Discuss Summer Assistant for Extension

Recommendation: Hire Summer Assistant for Extension at 40 hours per week for 12 weeks.

G) Discuss full-time Licensed Practical Nurse (grade 15) vacancy due to promotion.

Recommendation: Hire full-time Licensed Practical Nurse due to promotion.

H) Discuss Early Retirement Incentive

No recommendation: Further discussion needed

I) Discuss accruals for non-union relative to union employees

Recommendation: Amend the Personnel Policy (Section 4.2 Vacation) to read: “The maximum number of accumulated vacation hours for a regular full-time employee shall not exceed 240 hours at the end of any pay period or 192 hours as of the last day of the last day of the last full pay period of the year.” The previous year end maximum was 160 hours.

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

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

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



United States Department of the Interior



FISH AND WILDLIFE SERVICE

18965 County Highway 82
Fergus Falls, Minnesota 56537
218-736-0634

IN REPLY REFER TO:

RE – Minnesota W.A.
McLeod County
Lundberg, Tad

December 23, 2013

Ms. Rickeman
Donna.rickeman@co.mcleod.mn.us

Dear Ms. Rickeman:

The Fish and Wildlife Service recently secured an easement from Tad Lundberg and Gloria Lundberg, husband and wife, of Silver Lake, Minnesota. This is a wetland easement protecting 33 wetland acres in 3 basins while allowing agricultural use of the property. The easement covers the property as shown on the enclosed photo and platbook map.

It is my intention to meet with the McLeod County Board of Commissioners on January 21, 2014 with the time to be determined to request certification of this easement.

A copy of this letter is attached for each of the county commissioners. If you have any questions, please contact me at 218-736-0634.

Sincerely,

Danielle L. Kepford
Supervisory Realty Specialist

RE-Minnesota W.A.
McLeod County
Lundberg, Tad V.

CERTIFICATION OF THE COUNTY BOARD OF COMMISSIONERS

In accordance with a Procedural Agreement between the Minnesota Department of Natural Resources and the U.S. Fish and Wildlife Service, dated May 23, 1962, certification by the County Board of Commissioners for acquisition of lands by the U.S. Fish and Wildlife Service is requested.

Representatives of the U.S. Fish and Wildlife Service met with the Board of Commissioners of McLeod County, State of Minnesota, on January 21, 2014 and informed the Commissioners that a Conveyance of Easement for Waterfowl Management Rights has been secured from Tad V. Lundberg and Gloria Jean Lundberg on the following described lands:

T. 116 N., R. 28 W., 5th P.M., That part of the W1/2SW1/4 of Section 3 as depicted on Exhibit 'B'.

The County Board of Commissioners considered the above request for acquisition by the U.S. Fish and Wildlife Service and the Board's decision is as follows:

CERTIFIED FOR ACQUISITION:

Chairman
County Board of Commissioners

Date: _____

Sign below if *not* certified and list reasons:

NOT CERTIFIED FOR ACQUISITION:

Chairman
County Board of Commissioners

Date: _____

Reasons:

Legal Description
Exhibit 'B'

Township 116 North, Range 28 West, 5th P.M., McLeod County, Minnesota, That part of the West Half of the Southwest Quarter of Section 3 described as follows:

Beginning at the southeast corner of said West Half of the Southwest Quarter; thence northerly, along the east line of said West half of the Southwest Quarter 1118.0 feet; thence westerly, parallel with the south line of said West Half of the Southeast Quarter 660.0 feet; thence northerly, parallel with said east line of the West Half of the Southwest Quarter 256.0 feet; thence westerly, parallel with said south line of the West Half of the Southwest Quarter 657.52 feet to the west line of said West Half of the Southwest Quarter; thence southerly, along said west line of the West Half of the Southwest Quarter to the southwest corner of said West Half of the Southwest Quarter; thence easterly, along said south line of the West Half of the Southwest Quarter to the point of beginning, and

Commencing at the southeast corner of said West Half of the Southwest Quarter; thence northerly, along the east line of said West Half of the Southwest Quarter 1118.0 feet to the point of beginning of the land to be described; thence westerly, parallel with the south line of said West Half of the Southeast Quarter 660.0 feet; thence northerly, parallel with said east line of the West Half of the Southwest Quarter 256.0 feet; thence westerly, parallel with said south line of the West Half of the Southwest Quarter 657.52 feet to the west line of said West Half of the Southwest Quarter; thence northerly, along said west line of the West Half of the Southwest Quarter to the southerly line of the Railroad right of way; thence easterly, along said southerly line of the Railroad right of way to said east line of the West Half of the Southwest Quarter; thence southerly, along said east line of the West Half of the Southwest Quarter to the point of beginning, and

Subject to a 33.0 foot wide easement for ingress and egress purposes over and across part of said West Half of the Southwest Quarter. The centerline of said easement is described as follows:

Commencing at the southeast corner of said West Half of the Southwest Quarter; thence South 89 degrees 33 minutes 20 seconds West, assumed bearing, along the south line of said West Half of the Southwest Quarter 632.0 feet to the beginning of the centerline to be described; thence North 4 degrees 20 minutes 00 seconds East 628.50 feet; thence northerly and northeasterly, 240.91 feet along a tangent curve concave to the southeast, said curve has a radius of 404.0 feet and a central angle of 34 degrees 10 minutes 00 seconds; thence North 38 degrees 30 minutes 00 seconds East, tangent to said curve 260.71 feet; thence northeasterly, northerly and northwesterly, 149.07 feet along a tangent curve concave to the west, said curve has a radius of 146.0 feet and a central angle of 68 degrees 30 minutes 00 seconds; thence North 20 degrees 00 minutes 00 seconds West, tangent to said curve 115.72 feet; thence northwesterly and northerly, 283.45 feet along a tangent curve concave to the east, said curve has a radius of 486.0 feet and a central angle of 33 degrees 25 minutes 00 seconds; thence North 13 degrees 25 minutes 00 seconds East, tangent to said curve 141.87 feet to the intersection with a line parallel with and distant 1118.0 feet northerly, as measured along the east line, of said south line of the West Half of the Southwest Quarter and said centerline there terminating. The south line of said easement being the south line of said West Half of the Southwest Quarter and the north line of said easement being a line parallel with said south line as measured from the point of terminus.

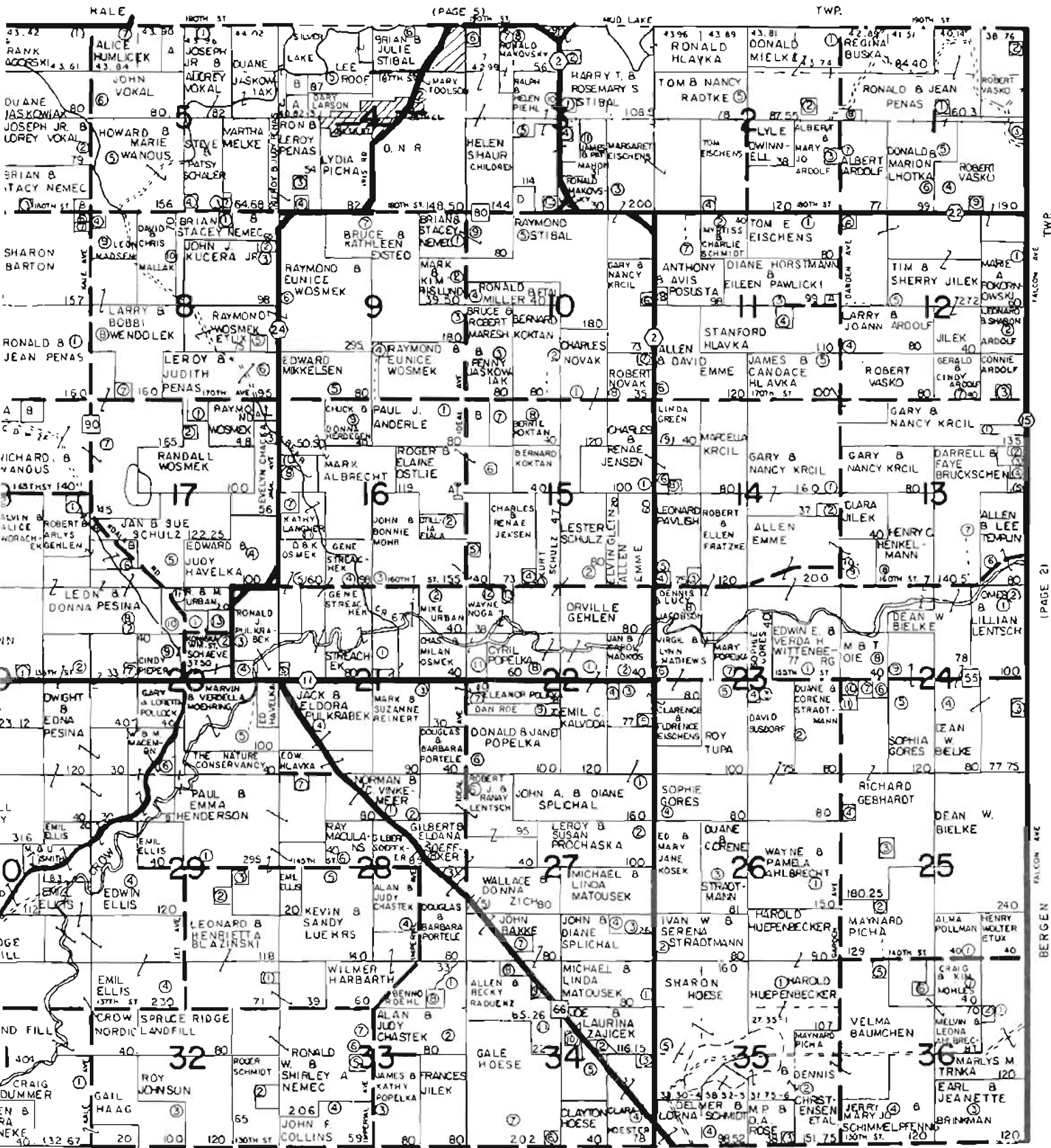
This legal description was prepared using land survey and record deed information on file in the Office of the Regional Director, Region 3, U.S. Fish and Wildlife Service, and is incorporated herein by reference.

RICH VALLEY

CODE - 11

116 NORTH

RANGE 28 WEST



FALCON AVE TWP. (PAGE 2)

Fee/Easement Field Form

Legal Description of Sale

County:

Rich Valley Twp. (T116N, R28W)
Section 3, W1/2 of SW1/4
34 wet acres

Date:

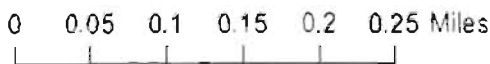
Owner's Name:



Submitted by _____ Date _____

US Fish and Wildlife Service
Litchfield WMD
mapped by Craig W. Lee

8" = 1 Mile





October 31, 2013

Smart engineering of
roofs, walls, windows,
pavements
and waterproofing

Wayne Rosenfeld, Building Services Supervisor
McLeod County
830 East 11th Street
Glencoe, MN 55336

RE: Proposal for Building Envelope Investigation at
Health and Human Services, 1805 Ford Avenue
Glencoe, Minnesota

Dear Mr. Rosenfeld:

We are grateful to have been given the opportunity to submit this proposal on the above-referenced services. This proposal is based upon our initial site visit of Health and Human Services on October 17, 2013.

A. DEFINITIONS

1. Inspec: INSPEC, INC., Engineers/Architects
2. Client: McLeod County

B. PROJECT INFORMATION

1. Context

The Health and Human Services building in Glencoe, Minnesota was originally a nursing home reportedly built around 1930s or 1940s. The renovation drawings from 1994 indicated that a new roof and windows were installed, stucco over the existing exposed masonry was installed, one two-story stairwell was built at each end (east and west), and a portico was added to the main entrance on the north elevation.

Based upon the 1994 drawings and visual observations during the initial site visit, the exterior walls are a combination of solid masonry construction with face brick and painted single-wythe Concrete Masonry Units (CMU). No stucco was installed over existing masonry. In addition to the 1994 renovation, the Client reported:

- Several windows were replaced in 2006/2007.
- New heating and cooling system was installed in 2008/2009 with sensors in each office.

5801 Duluth Street
Minneapolis, MN 55422
Ph. 763-546-3434
Fax 763-546-8669

Chicago

Illwaukee

Minneapolis

Recent occupant reports include cold floors and walls along the building perimeter at the lower level, use of space heaters to counteract the cold, and stairwell heaters turned up with little results. The Client indicated that a preliminary infrared visual showed heat loss in the walls.

The original building drawings were not available and a visual of the existing exterior walls suggests that the 1994 drawings may not reflect the current wall construction. However, the exterior envelope insulating capacity appears to be problematic.

2. Client's Needs

To understand the exterior envelope insulating capacity, an analysis of the building envelope needs to be performed. The analysis would include identifying each component of each exterior wall system, reviewing the roof and roof edge, and consulting with the Client's HVAC supplier. The exterior walls and their insulation value is not known due to the missing original construction documents and the unreliability of the 1994 renovation drawings. Therefore, both an infrared of the exterior walls and roof, and test openings of the exterior walls to verify the components, are necessary.

Ultimately, a hygrothermal analysis of the various exterior wall systems would need to be performed to understand the thermal and moisture movement that may make the spaces uncomfortable. A general review of the roof and roof edge is needed to determine if any roof deficiencies exist that may contribute. Finally, consultation with the Client's HVAC supplier will complete the building envelope analysis to understand the current mechanical systems in place.

C. BASIC SERVICES

The following Basic Services pertain only to the Construction Scope described earlier.

1. Investigation Phase

- a. Review existing renovation drawings.
- b. Conduct visual observations of the exterior walls and roof system.
- c. Conduct an infrared of the exterior walls and roof system to find heat loss.
- d. Determine exterior wall test opening locations based upon visual and infrared observations and Client input on access. Perform 4 – 6 test openings of the exterior walls at the main office areas and stair wells, cut from the interior side with staff from Inspec. Repairs to the test openings to be done by the Client or Client's contractor.
- e. Consult with the Client's HVAC supplier regarding the systems used in the main office areas and stairwells.
- f. Perform a hygrothermal analysis of the main office areas and stairwells.
- g) Prepare a report of the visual and infrared observations, test opening findings, HVAC consulting, and hygrothermal analysis outcome. The report will include photos, graphs, and recommendations for the next stage.
- h. Deliver two color copies and a PDF of the report to the Client in a 1-2 hour meeting at the Client's office.

D. COMPENSATION – BASIC SERVICES

We propose to provide these services for a total fee of \$ 9,800. This includes mileage, equipment, per diem, and overhead. This does not include the cost of repairs for the test openings, contractor assistance, or any fees related to the HVAC supplier.

E. REIMBURSABLES

No reimbursables are anticipated.

F. ADDITIONAL SERVICES

1. Based on our current knowledge of the existing conditions, we have, to the best of our ability, matched our Basic Services to the needs of your project. However, should the need arise for us to expand our services in response to conditions or events outside our control, we would, under your direction, submit a separate proposal covering such Additional Services. Additional Services are not included under Basic Services nor are they covered by the compensation thereof.
2. Additional Services may include, but are not necessarily limited to, the following:
 - (a) Consultants (professional or otherwise) hired by Inspec, but not included under this proposal.
 - b. Additional meetings and/or site visits beyond those under Basic Services.
 - c. As-built drawings.
 - d. Preparation work and/or meetings related to arbitration, mediation, legal, or other conflict resolution proceedings of which Inspec is not a party.
 - e. Any services resulting from the discovery of asbestos, mold, or any other existing hazardous materials.
 - (f) Preparation of construction documents and construction administration services for the repairs defined by this investigation phase.

G. COMPENSATION – ADDITIONAL SERVICES

1. Compensation for Additional Services shall be established by separate Additional Services proposal(s) unless indicated otherwise herein.
2. Compensation for Additional Services provided directly by Inspec shall be based on Inspec's rate schedule that is current at the time that the Additional Services are provided.
3. Compensation for Additional Services that are provided by others but retained by Inspec shall be based on the amount billed to Inspec times a factor of 1.10.

H. CLIENT'S RESPONSIBILITIES

1. Provide access to the roof and exterior and interior walls of the building.
2. Provide a signed proposal prior to the start of services.

I. PAYMENT PROVISIONS

1. Progress payment invoices for Inspec services shall generally be submitted monthly and are payable upon receipt. Invoices shall be considered past due if not paid within thirty (30) days of invoice date.

2. Payment of invoices for Inspec services shall not be contingent on payments received by the client from other parties.

J. SUSPENSION OR TERMINATION OF SERVICES

1. This Agreement may be terminated by either party in the event of substantial failure to perform in accordance with the terms of this Agreement through no fault of the terminating party, but only after written notice of the specific nature of the failure to perform has been submitted and after seven days opportunity to cure such failure. If this Agreement is terminated, Inspec shall be paid for services performed to the termination notice date including reimbursable expenses due.

K. RISK ALLOCATION / DISPUTE RESOLUTION

1. All claims, disputes, and controversies arising out of or in relation to the performance, interpretation, application, or enforcement of this Agreement, including, but not limited to, breach thereof, shall be referred for mediation under the then current Construction Industry Mediation Rules of the American Arbitration Association prior to any recourse to arbitration or litigation.
2. The Client agrees to compensate Inspec for reasonable expenses incurred if Inspec is required to respond to legal processes which are related to Inspec's services, but that arise out of a lawsuit or proceeding to which Inspec is not a party.
3. If the Client brings a lawsuit against Inspec that is dismissed or to which a verdict is rendered for Inspec, the Client will reimburse Inspec for costs of defense, including but not limited to reasonable attorney's fees.
4. In recognition of the relative risks and benefits of the project to both the Client and to Inspec, the risks have been allocated such that the Client agrees, to the fullest extent permitted by law, to limit Inspec's total liability to the Client for any and all claims, losses, costs, damages of any nature whatsoever, or claims expenses from any cause or causes, including attorneys' fees and costs and expert witness fees and costs, so that the total aggregate liability of Inspec to the Client shall not exceed \$20,000 or the total amount actually paid by Client to Inspec under this proposal, whichever is greater. It is intended that limitation apply to any and all liability or cause of action however alleged or arising, unless otherwise prohibited by law.

L. REMARKS

This Agreement represents the entire and integrated agreement between Client and Inspec and supersedes all prior negotiation, representations or agreements, either written or oral. This Agreement may be amended only by written instrument signed by both Inspec and Client. Nothing herein shall be construed to give any rights or benefits to anyone other than Client and Inspec.

This Agreement entered into as of the day and year first above written.

For Client

Signature

Printed Name

Printed Title

McLeod County

PJ/bmk

For Inspec



Signature

Pam Jergenson, CCS, CCCA

Printed Name

Senior Project Manager

Printed Title

INSPEC, INC.

Workshop
February 4, 2014
Following the Board Meeting
County Board Room

AGENDA

- A. Discussion about Universal Building Code
- B. Review County's long-range goals
- C. Review other County organizational charts

From: Jill Bengtson [Jill.Bengtson@co.kandiyohi.mn.us]
Sent: Wednesday, January 08, 2014 7:54 AM
To: Pat Melvin
Subject: Another Board Member Resignation

Hello Pat,

Yesterday, I received another HRA Board Commissioner resignation effective immediately from Frank Fay. Frank has been in the nursing home for a few months now and has decided to resign. This leaves us with three members. Any update on getting Jim Mills replaced? Thank you, Pat. Would the County Commissioners ever consider appointing themselves?