



HARDIN COUNTY
Board of Supervisors

Wednesday, April 8, 2020

NOTICE: County buildings are closed to the public due to COVID-19 concerns and restrictions on public gatherings of no more than 10 people, as set forth by Governor Reynolds in her State of Public Health Emergency Disaster Proclamation. To access and participate in the meetings remotely, please contact 641-939-8108 for information.

1. 9:00 A.M. Call To Order
Courthouse Large Conference Room
2. Pledge Of Allegiance
3. Approval Of Agenda
4. Approval Of Minutes

Documents:

[04-01-2020 MINUTES.PDF](#)

5. Approval Of Claims For Payment

Documents:

[VENDOR PUBLICATION REPORT 4-8-20.PDF](#)

6. Utility Permits & Secondary Roads Department

Documents:

[MIDLAND POWER COOPERATIVE PERMIT 20-014.PDF](#)
[MIDLAND POWER COOPERATIVE PERMIT 20-015.PDF](#)

7. Set Date And Time For First Consideration Of Amendment #4 To Ordinance No. 29 –
Hardin County Zoning Ordinance Of 1999
8. Requests For Suspension Of Property Taxes
9. Waiver Of Member Cost-Share For COVID-19 Treatment
10. Approval Of Iowa Governmental Health Care Plan New Business Benefits And Rates

Documents:

[IGHCP-HARDIN COUNTY NEW BUSINESS RATE EXHIBIT.PDF](#)

11. Approval Of Agreements With Wellmark Blue Cross/Blue Shield

Documents:

[CONFIRMATION OF MSP ADDENDUM.PDF](#)
[WELLMARK BINDER AGREEMENT.PDF](#)

12. Auditor's Monthly Report

Documents:

[AUDITOR REPORT OF FEES COLLECTED.PDF](#)

13. Sheriff's Monthly Report

Documents:

[SHERIFF MONTHLY REPORT.PDF](#)

14. COVID-19 Update

15. Public Comments

16. Other Business

17. Adjournment/Recess

18. 9:30 A.M. Drainage

[VIEW REGULAR DRAINAGE MEETING AGENDA](#)

Courthouse Large Conference Room

19. 11:00 A.M. Work Session Re: Transition To Iowa Governmental Health Care Plan

Courthouse Large Conference Room

HARDIN COUNTY BOARD OF SUPERVISORS
MINUTES – APRIL 1, 2020
WEDNESDAY - 9:00 A.M.
COURTHOUSE LARGE CONFERENCE ROOM

Chair Lance Granzow called the meeting to order. The meeting was held electronically due to COVID-19 public health risks. Also in attendance were Supervisors BJ Hoffman and Reneé McClellan; and Michael Pearce, Jessica Sheridan, Angela De La Riva, Taylor Roll, Jessica Lara, Curt Groen, Lori Kadner, Don Knoell, Machel Eichmeier, Justin Ites, Thomas Craighton, Dave Dunn, Dave McDaniel, Matt Jones, Becca Junker, Donna Juber, Bob Juber, Cheryl Lawrence, Linn Adams, Wes Wiese, Darrell Meyer, Julie Duhn, and Angela Silvey.

The Pledge of Allegiance was recited.

Hoffman moved, McClellan seconded to approve the agenda as posted. Motion carried.

McClellan moved, Hoffman seconded to approve the minutes of March 25, 2020. Motion carried.

McClellan moved, Hoffman seconded to approve the April 1, 2020 claims for payment. Motion carried.

Hoffman moved, McClellan seconded to approve Hardin County Utility Permit Application 20-013, submitted by the University of Iowa. Motion carried. Permit Application 20-013 is on file in the Engineer's Office.

County Engineer Taylor Roll provided a departmental update. Roll also reviewed his FY 2021 Secondary Roads Budget, Five Year Construction Program, and changes in bridge embargoes.

McClellan moved, Hoffman seconded to approve the Secondary Roads Iowa DOT Budget for FY 2020/2021. Motion carried.

Hoffman moved, McClellan seconded to approve the Secondary Roads Five Year Construction Program. Motion carried.

McClellan moved, Hoffman seconded that the following Resolution No-2020-14, Bridge Weight Limit Postings, be adopted. Roll Call Vote: "Ayes" McClellan, Hoffman, and Granzow. "Nays" None. Resolution No. 2020-14 is hereby adopted as follows:

Resolution 2020-14
Bridge Weight Limit Postings

WHEREAS, in accordance with requirement of the Federal Government, certain bridges located on the Secondary Road System must be posted with load limit signs; and

WHEREAS, a bridge inspection program covering all Secondary Highway bridges in Hardin County, is being completed biennially; and

WHEREAS, a number of such bridges have been found to require load limit posting as determined by criteria established by the Federal Government.

NOW THEREFORE, BE IT RESOLVED by the Hardin County Board of Supervisors on this 1st day of April, 2020 as provided in Sections 321.471, 321.472, and 321.473, Code of Iowa, to erect and/or maintain weight limit signs in advance of the following bridges located on the Federal Aid, Farm to Market, and Local Secondary Road System. The County Engineer is instructed to place or cause to be placed, all necessary signs to comply with this resolution. Only those bridges determined to have a weight restriction below LEGAL, in the listing included herein, will be required to have signs erected.

BE IT FURTHER RESOLVED: Due to changes in the status of the bridges on the Secondary Roads in Hardin County brought about by repair, replacement, or re-inspection, all previous resolutions regarding the posting of these bridges in Hardin County is hereby superseded.

County Bridge No.	Location (Sec.-T-R)	Legal Loads	Load Posting (Tons)
1212	12 - 89 - 19	Y	
1296	29 - 89 - 19	Y	
1440	26 - 89 - 19	Y	
1523	35 - 89 - 19	Y	
1567	3 - 88 - 19	Y	
1593	31 - 89 - 19	Y	
1607	2 - 88 - 20	Y	
2171	15 - 89 - 20	YES	
2211	17 - 89 - 20	N	28,40,40
2233	21 - 89 - 20	Y	
2238	21 - 89 - 20	N	20 - All
2337	29 - 89 - 20	Y	
2394	34 - 89 - 20	Y	
2411	2 - 88 - 20	Y	
3006	1 - 89 - 21	Y	
3018	2 - 89 - 21	Y	
3029	2 - 89 - 21	Y	
3175	11 - 89 - 21	Y	
3190	15 - 89 - 21	Y	

County Bridge No.	Location (Sec.-T-R)	Legal Loads	Load Posting (Tons)
3250	17 - 89 - 21	Y	
3267	18 - 89 - 21	N	25 - All
3520	36 - 89 - 21	Y	
4003	1 - 89 - 22	Y	
4004	1 - 89 - 22	Y	
4081	6 - 89 - 22	Y	
4116	8 - 89 - 22	Y	
4124	9 - 89 - 22	Y	
4129	10 - 89 - 22	Y	
4214	16 - 89 - 22	Y	
4216	17 - 89 - 22	Y	
4226	17 - 89 - 22	Y	
4236	18 - 89 - 22	Y	
4250	20 - 89 - 22	Y	
4252	20 - 89 - 22	Y	
4254	21 - 89 - 22	Y	
4345	26 - 89 - 22	Y	
4374	28 - 89 - 22	Y	
4391	30 - 89 - 22	Y	

Hardin County 2020 Bridge Postings

County Bridge No.	Location (Sec.-T-R)	Legal Loads	Load Posting (Tons)
4393	30 - 89 - 22	Y	
4401	31 - 89 - 22	Y	
4404	31 - 89 - 22	N	28,40,40
4419	32 - 89 - 22	Y	
4428	32 - 89 - 22	N	17 - All
4436	6 - 88 - 22	Y	
4458	4 - 88 - 22	Y	
5022	3 - 88 - 22	Y	
5023	4 - 88 - 22	N	20 - All
5029	5 - 88 - 22	N	One Truck Only
5088	11 - 88 - 22	Y	
5106	12 - 88 - 22	N	3 - All
5139	18 - 88 - 21	N	15 - All
5150	13 - 88 - 22	Y	
5276	19 - 88 - 21	Y	
5329	31 - 88 - 22	Y	
5345	32 - 88 - 22	Y	
5351	5 - 87 - 22	Y	
5356	32 - 88 - 22	N	One Truck Only
5370	33 - 88 - 22	YES	
5373	4 - 87 - 22	Y	
5389	34 - 88 - 22	YES	
5395	3 - 87 - 22	N	21 - All
6006	6 - 88 - 20	Y	
6181	16 - 88 - 21	Y	
6219	20 - 88 - 21	Y	
6246	21 - 88 - 21	Y	
6260	22 - 88 - 21	YES	
6295	30 - 88 - 20	Y	
6301	25 - 88 - 21	Y	
6313	27 - 88 - 21	Y	
6319	28 - 88 - 21	Y	
6324	29 - 88 - 21	Y	
6326	29 - 88 - 21	Y	
6333	29 - 88 - 21	Y	
6338	29 - 88 - 21	Y	
6439	34 - 88 - 21	Y	
6463	2 - 87 - 21	Y	
7019	12 - 88 - 20	Y	
7022	12 - 88 - 20	Y	
7134	8 - 88 - 20	Y	

County Bridge No.	Location (Sec.-T-R)	Legal Loads	Load Posting (Tons)
7157	7 - 88 - 20	Y	
7209	33 - 88 - 20	N	28,40,40
7278	19 - 88 - 19	Y	
7343	21 - 88 - 20	NO	20 - All
7360	29 - 88 - 20	Y	
7370	29 - 88 - 20	Y	
7425	33 - 88 - 20	YES	
7441	27 - 88 - 20	Y	
7461	27 - 88 - 20	REMOVED	
7463	34 - 88 - 20	Y	
7492	35 - 88 - 20	Y	
7508	4 - 87 - 20	Y	
8030	2 - 88 - 19	Y	
8225	23 - 88 - 19	Y	
8241	28 - 88 - 19	Y	
8263	31 - 88 - 19	YES	
8264A	31 - 88 - 19	NO	25 - All
8340	28 - 88 - 19	Y	
8342	27 - 88 - 19	Y	
8349	26 - 88 - 19	Y	
8401	36 - 88 - 19	Y	
9040	3 - 87 - 19	Y	
9050	31 - 88 - 19	Y	
9066	16 - 87 - 19	Y	
9109	12 - 87 - 19	Y	
9112	12 - 87 - 19	Y	
9219	22 - 87 - 19	Y	
9232	14 - 87 - 19	Y	
9244	14 - 87 - 19	N	25 - All
9258	24 - 87 - 19	Y	
9271	19 - 87 - 18	Y	
9300	26 - 87 - 19	Y	
9334	33 - 87 - 19	Y	
9336	28 - 87 - 19	Y	
9355	20 - 87 - 19	N	20 - All
9380	29 - 87 - 19	Y	
9389	30 - 87 - 19	REMOVED	
9412	33 - 87 - 19	Y	
9440	35 - 87 - 19	Y	
9446	35 - 87 - 19	Y	
9453	36 - 87 - 19	Y	
9466	31 - 87 - 18	Y	
9480	2 - 86 - 19	Y	

Hardin County 2020 Bridge Postings

County Bridge No.	Location (Sec.-T-R)	Legal Loads	Load Posting (Tons)
9515	9 - 87 - 19	Y	
10001	1 - 87 - 20	Y	
10027	2 - 87 - 20	N	20 - All
10039	3 - 87 - 20	Y	
10061	9 - 87 - 20	Y	
10161	11 - 87 - 20	Y	
10170	11 - 87 - 20	Y	
10202	13 - 87 - 20	Y	
10250	17 - 87 - 20	Y	
10259	18 - 87 - 20	N	CLOSE
10288	20 - 87 - 20	Y	
10331	24 - 87 - 20	N	12 - All
10333	24 - 87 - 20	Y	
10341	30 - 87 - 19	Y	
10345	25 - 87 - 20	YES	
10372	26 - 87 - 20	Y	
10401	27 - 87 - 20	Y	
10489	28 - 87 - 20	Y	
10492	21 - 87 - 20	N	20 - All
10632	35 - 87 - 20	Y	
11009	1 - 87 - 21	N	6 - All
11014	3 - 87 - 21	N	20 - All
11044	7 - 87 - 21	Y	
11053	8 - 87 - 21	Y	
11139	12 - 87 - 21	Y	
11142	7 - 87 - 20	Y	
11211	17 - 87 - 21	Y	
11272	22 - 87 - 21	Y	
11284	22 - 87 - 21	Y	
11343	30 - 87 - 20	Y	
11355	25 - 87 - 21	Y	
11371	26 - 87 - 21	Y	
11377	26 - 87 - 21	Y	
11433	31 - 87 - 21	Y	
11525	5 - 86 - 21	Y	
12004	6 - 87 - 21	Y	
12008	1 - 87 - 22	Y	
12015	2 - 87 - 22	N	28,40,40
12022	3 - 87 - 22	Y	
12042	5 - 87 - 22	Y	
12053	6 - 87 - 22	Y	
12153	12 - 87 - 22	Y	
12248	18 - 87 - 22	Y	

County Bridge No.	Location (Sec.-T-R)	Legal Loads	Load Posting (Tons)
12270	20 - 87 - 22	Y	
12286	21 - 87 - 22	Y	
12297	22 - 87 - 22	Y	
12310	22 - 87 - 22	N	28,40,40
12319	23 - 87 - 22	Y	
12329	24 - 87 - 22	N	28,40,40
12350	25 - 87 - 22	Y	
12357	30 - 87 - 21	Y	
12423	29 - 87 - 22	Y	
12427	29 - 87 - 22	N	3 - All
12528	36 - 87 - 22	Y	
12552	1 - 86 - 22	Y	
13001	1 - 86 - 22	Y	
13070	9 - 86 - 22	Y	
13090	10 - 86 - 22	Y	
13147	13 - 86 - 22	Y	
13157	15 - 86 - 22	Y	
13168	14 - 86 - 22	Y	
13308	24 - 86 - 22	Y	
13312	19 - 86 - 21	Y	
13432	32 - 86 - 22	Y	
13505	36 - 86 - 22	N	20 - All
14015	4 - 86 - 21	Y	
14021	5 - 86 - 21	Y	
14056	9 - 86 - 21	Y	
14069	3 - 86 - 21	Y	
14083	14 - 86 - 21	Y	
14085	2 - 86 - 21	Y	
14094	1 - 86 - 21	Y	
14096	12 - 86 - 21	Y	
14099	12 - 86 - 21	Y	
14105	12 - 86 - 21	Y	
14222	30 - 86 - 21	Y	
14365	34 - 86 - 21	Y	
14371	33 - 86 - 21	Y	
14390	29 - 86 - 21	Y	
14436	6 - 86 - 20	REMOVED	
15002	6 - 86 - 19	Y	
15009	1 - 86 - 20	Y	
15023	6 - 86 - 20	Y	
15035	7 - 86 - 20	N	CLOSED
15059	9 - 86 - 20	YES	
15152	15 - 86 - 20	Y	

Hardin County 2020 Bridge Postings

County Bridge No.	Location (Sec.-T-R)	Legal Loads	Load Posting (Tons)
15163	15 - 86 - 20	Y	
15174	16 - 86 - 20	Y	
15189	8 - 86 - 20	N	25 - All
15228	16 - 86 - 20	Y	
15263	22 - 86 - 20	NO	Close/20
15267	15 - 86 - 20	YES	
15275	23 - 86 - 20	Y	
15280	23 - 86 - 20	Y	
15291	24 - 86 - 20	Y	
15301	30 - 86 - 19	N	20,30,30
15305	24 - 86 - 20	Y	
15310	24 - 86 - 20	Y	
15346	27 - 86 - 20	Y	
15391	31 - 86 - 20	N	10 - All
15401	32 - 86 - 20	Y	
15417	33 - 86 - 20	Y	
15523	36 - 86 - 20	N	10 - All
15526	36 - 86 - 20	Y	
15543	35 - 86 - 20	Y	
16008	6 - 86 - 18	Y	
16015	12 - 86 - 19	Y	

County Bridge No.	Location (Sec.-T-R)	Legal Loads	Load Posting (Tons)
16019	12 - 86 - 19	Y	
16022	1 - 86 - 19	N	12 - All
16031	11 - 86 - 19	Y	
16033	11 - 86 - 19	Y	
16036	2 - 86 - 19	Y	
16060	3 - 86 - 19	Y	
16067	9 - 86 - 19	N	28,40,40
16072	9 - 86 - 19	Y	
16075	5 - 86 - 19	Y	
16083	5 - 86 - 19	Y	
16095	5 - 86 - 19	N	28,40,40
16098	5 - 86 - 19	Y	
16180	16 - 86 - 19	Y	
16267	22 - 86 - 19	Y	
16360	28 - 86 - 19	Y	
16390	27 - 86 - 19	Y	
16430	30 - 86 - 18	Y	
16439	36 - 86 - 19	Y	
16458	36 - 86 - 19	Y	
16526	31 - 86 - 19	N	3 - All
16545	8 - 86 - 19	Y	

/s/ Lance Granzow

Lance Granzow, Chair
Hardin County Board of Supervisors
Hardin County, Iowa

I, Jessica Lara, County Auditor in and for Hardin County, Iowa, do hereby certify that the above and foregoing resolution is a true and exact copy of a resolution passed and approved by the Board of Supervisors of Hardin County, Iowa, at its meeting on April 1, 2020.

/s/ Jessica Lara

Jessica Lara
Hardin County Auditor
Hardin County, Iowa

Hoffman moved, McClellan seconded to table setting a date and time for a public hearing on proposed amendments to Hardin County Zoning Ordinance No. 29. Motion carried.

Granzow explained that a merger of Workforce Development Region 6 and Region 10 had not met with unanimous member approval; consequently, a merger with Region 15 is now proposed. McClellan moved, Hoffman seconded to merge Workforce Development Region 6 with Region 15. The merger is subject to member county and State approval. Motion carried.

McClellan moved, Hoffman seconded to deny Rural Iowa Waste Management Association's request to be added to the County's Avesis vision plan. Motion carried.

The Board considered three COVID-19 employee leave policies, with option #3, the Hardin County, Iowa Infectious Disease Action Plan, being the preferred. Discussion was held on the contents of said policy and questions from department heads and Donna Juber were addressed. After County Attorney Darrell Meyer recommended adoption, with adjustments to be expected, the following action was taken:

Where upon Board Member Hoffman moved that the following resolution be adopted:

RESOLUTION NO. 2020-15

RESOLUTION TO ADOPT COVID-19 RESPONSE POLICY

WHEREAS, the United States President, the Governor of Iowa and the Hardin County Board of Supervisors have declared a health emergency due to COVID-19; and

WHEREAS, Federal and State health officials have prescribed quarantine and isolation recommendations to protect against the spread of COVID-19 while maintaining essential public services; and

WHEREAS, compliance with health and safety recommendations for quarantine and isolation in this health emergency requires adoption of special Hardin County employment policies;

NOW THEREFORE, BE IT RESOLVED by the Board of Supervisors of Hardin County, Iowa, that the Hardin County Board of Supervisors adopts the attached COVID-19 RESPONSE POLICY which shall be effective immediately and prospectively.

The motion was seconded by Board Member McClellan and after due consideration thereof, the roll was called and the following Board Members voted:

Ayes: Hoffman, McClellan, and Granzow
Nays: none
Absent: none
Abstain: none

Whereupon, the Chair of the Board of Supervisors declared said Resolution duly passed and adopted this 1st day of April, 2020.

/s/ Lance Granzow
Lance Granzow, Chair
Board of Supervisors

Attest:
/s/ Jessica Lara
Hardin County Auditor

**Hardin County, Iowa
Infectious Disease Action Plan
COVID-19 Pandemic
April 1, 2020**

Effective: 4/1/2020

NOTE: This Policy involves a rapidly evolving public health emergency. Hardin County will continue to reassess this policy as the public health emergency and the law evolves. Hardin County reserves the right to amend or revise this policy at anytime.

GOALS: To protect employees and citizens. To establish a consistent approach to an infectious disease which is potentially impactful to the quality and timeliness of services. To provide a way to disseminate information to employees and answer questions or concerns.

This is a working document and will be further updated as information is released, and legislation is passed by the federal and state government. Hardin County will strive to follow all guidelines put in place by the Centers for Disease Control (CDC), Iowa Department of Public Health (IDPH), and the County Department of Public Health.

COVID-19: Covid-19, or coronavirus, is a respiratory illness for which no vaccine exists and people do not possess immunities from previous

exposure/infection. This new (“novel”) coronavirus was discovered in Wuhan, China in December 2019. The incubation period for COVID-19 is estimated to be approximately 14 days. COVID-19 is spread through infected aerated respiratory droplets from a host coming into contact with a recipient’s mouth, nose, or eye membranes via talking, coughing or sneezing. Transmission may be human-to-human, object-to-human, fecal matter-to-human. There is possible, but low threat of animal-to-human and food-to-human exposure as well. Because of the possibility of person-to-person transmission, it is important that you stay a minimum of six (6) feet away from persons with whom you are interacting and refrain from handshakes and other forms of human touching. Common areas such as computers, mice, public countertops, chairs, tables, doors, knobs, light switches, restroom sinks and toilet handles, manual soap and sanitizer dispensers should be regularly wiped down with disinfectant. Employees using these items should wash their hands or use sanitizer with at least 60% alcohol following the contact.

ACTION:

Essential service employees required to remain working full-time on site are as follows: emergency service personnel in the Sheriff’s Department and County Jail/ICE Detention Facility; county healthcare personnel; solid waste personnel; road maintenance personnel in the Engineer’s Department; and department office staff. Some of these employees may be allowed to work from home with advance approval from their department heads. In some instances, these employees may be required to work overtime or otherwise adjust their regular schedules to assist during this crisis. They will be compensated pursuant to collective bargaining agreements, Memorandums of Understandings, and/or Hardin County policy and state and federal law.

Hardin County may modify work schedules as follows: (1) work from home entirely; (2) work partially from home and work partially at their worksite; (3) work staggered shifts either on a full-time or part-time basis; or (4) adjust or otherwise reduce their hours.

For any full-time employee that is normally scheduled to work forty (40) hours per week, if they work less than forty (40) hours per week, the employee shall be compensated for all hours worked at full pay and any hours not worked up to forty (40) hours at two-thirds their regular rate of pay. This leave will not be considered FFCRA leave unless it otherwise falls under the criteria for that leave.

For any part-time employees, their regular hours will be calculated based on the average number of hours they have worked over the past six (6) months. While this policy is in place, part-time employees will be compensated for all hours they work in each week and for those regular hours for which they do not work, they will be compensated at two-thirds their rate of pay as defined in the FFCRA. This leave will not be considered FFCRA leave unless it otherwise falls under the criteria for that leave.

In all instances where employees are receiving two-thirds of their normal pay, the employee is permitted to use any accrued, paid leave to compensate for the on-third difference to receive a full paycheck.

Any employee working from home will be required to execute a Work From Home Agreement prior to being permitted to work from home. **EMPLOYEES ARE NOT PERMITTED TO WORK OVERTIME WHILE WORKING FROM HOME UNLESS SPECIFICALLY AUTHORIZED IN WRITING BY THE COUNTY SUPERVISORS.**

During this time, if you are reporting to work or working from home, you may be asked to perform tasks that are not normal for your job description

or you maybe be asked to train someone else to handle responsibilities that normally rest solely on you. This is just temporary during this time of necessity. Please be adaptable and understanding.

Hardin County will periodically re-evaluate this situation and workplace attendance and leave policies.

EMERGENCY PAID SICK LEAVE

Pursuant to federal legislation passed March 18, 2020, the Hardin County will provide time off for employees who meet the following criteria:

1. A federal, state, or local quarantine or isolation order related to COVID-19.
2. The employee has been advised by a healthcare provider to self-quarantine due to concerns related to COVID-19.
3. The employee is experiencing symptoms of COVID-19 and seeking a medical diagnosis.
4. The employee is caring for an individual who is subject to (1) a federal, state, or local quarantine or isolation order related to COVID-19; or (2) advice by a healthcare provider to self-quarantine due to concerns related to COVID-19.
5. The employee is caring for a son or daughter (under age eighteen (18)) of the employee if the school or place of care of the son or daughter has closed or the child care provider of such son or daughter is unavailable due to COVID-19 precautions.
6. The employee is experiencing any other substantially similar condition specified by the Secretary of Health and Human Services in consultation with the Secretary of the Treasury and the Department of Labor.

Employees meeting one of these criteria shall report their desire to take this leave to their Department Head and the County Auditor. At this time employees shall not be required to provide an FMLA certification for this leave, but shall be required to provide proof of the need for such leave, which may include through a quarantine or isolation order, a note from their healthcare provider, or proof that their child's school/childcare has closed. Employees may be required to provide a healthcare provider certification at a later date.

If an employee needs leave for one of these COVID-19 related reasons prior to the effective date of this policy, the employee may use any source of existing, accrued leaves. If the employee does not have any accrued paid leave, they may take the leave unpaid / be advanced up to 80 hours of sick leave.

Beginning the effective date of this policy, employees shall be entitled to paid leave in the following amounts:

- For full-time employees, 80 hours.
- For part-time employees, a number of hours equal to the number of hours that such employee works on average, over a two-week period, as determined by the employee's Department Head.
- There are caps on the amount of money an employee taking this leave may be compensated. Hardin County will enforce these legally required caps.

This 80 hours of paid leave for full-time employees, or two-week equivalent of pay for part-time employees, is a separate source of paid leave required by the Families First Coronavirus Response Act. During this two-weeks, employees' personally accrued leave banks will not be

depleted, and employees will be paid in accordance with the legally required amounts and caps. For employees absent for reasons (1), (2) or (3) above, they shall receive 100% of their pay with a daily cap of \$511 per day or an aggregate of \$5,110 over the two-week period. For employees absent for reasons (4), (5) or (6) above, they shall receive two-thirds (2/3) of their regular pay with a daily cap of \$200 per day or an aggregate of \$2,000 over the two-week period.

If employees exhaust this two weeks of pay and cannot return to work and their absence is related to reasons (1), (2), (3), (4), and (6), the employee may be paid through the use of any of their accrued leave banks. If employees exhaust this two weeks of pay and cannot return to work and their absence is related to reason (5) above and they have been employed for at least thirty (30) days, the employee is entitled to additional leave as described below in the EMERGENCY EXPANDED FMLA section.

Hardin County will allow employees who are requesting this leave for school or childcare closures or unavailability to use the leave on an intermittent basis. For example, for an employee requesting this leave for school or childcare closure or unavailability who is able to work part-time due to other individuals being able to care for the child(ren), that employee shall be able to use their hours intermittently for any leave experienced until the hours they are entitled to are exhausted. However, the employee shall work with Hardin County to schedule the intermittent leave to minimize the impact on Hardin County business operations as much as practicable.

Employees seeking to use this leave for any other reason other than school or childcare closure or unavailability are not permitted to use this leave on an intermittent basis.

EMERGENCY

EXPANDED FMLA

On March 18, 2020, the federal government temporarily expanded the FMLA to include a new qualifying reason for FMLA leave related to the public health emergency. *A qualifying need related to a public health emergency means that the employee is unable to work (or telework) due to a need for leave to care for the son or daughter under 18 years of age of such employee if the school or place of care has been closed, or the child care provider of such son or daughter is unavailable, due to a public health emergency.*

In addition to Hardin County's FMLA policy already in place, the following guidelines apply to this new qualifying reason:

- The only eligibility requirement for employees to be eligible for this leave is that the employee has been employed for thirty calendar days prior taking the leave.
- The employee shall be paid for this leave as follows:
 - Employees will be paid two-thirds (2/3) of the employee's regular rate of pay (as determined by Section 7(e) of the FLSA).
 - For employees whose schedules vary from week to week, the employee will be paid two-thirds of their regular rate of pay for those hours that the employee would have worked if the leave was not necessary. If the hours the employee would have normally worked are not apparent, the hours the employee should be compensated for will be calculated as follows:
 - A number equal to the average number of hours that the employee was scheduled per day over the 6-month period ending on the date on which the employee takes such leave, including hours for which the employee took leave of any type.

- If the employee did not work over the 6-month period, the reasonable expectation of the employee at the time of hiring of the average number of hours per day that the employee would normally be scheduled to work.
- Under no circumstances will an employee be compensated more than \$200/day or \$10,000 in the aggregate for this leave.

ILLNESS REPORTING: Do Not Enter a Hardin County facility if:

- If you are experiencing any of the following flu-like/respiratory symptoms,
 - Fever – over 100 degrees Fahrenheit
 - Coughing
 - Sneezing
 - Shortness of Breath
 - Any other flu-like symptom. Uncommon symptoms of COVID-19 include diarrhea, nausea, and fatigue.
 - YOU MAY NOT RETURN TO WORK UNTIL THE LATER OF THE FOLLOWING: (1) seven (7) days from the onset symptoms; (2) fever free for seventy-two (72) hours without any fever reducing medication.
- Have been diagnosed with COVID-19 and/or tested positive for COVID-19.
- Been around someone who has been diagnosed with COVID-19 or tested positive for COVID-19. This includes living in the same household or spending time within six (6) feet of someone who has been diagnosed with COVID-19 or tested positive for COVID-19.

Employees experiencing any of the above should report it immediately. Employees should call their supervisor to report these conditions.

TRAVEL:

As of the date of this policy all employees who travel as defined by this policy will be subject to the following requirements:

For purposes of this policy, "Travel" is defined as follows:

- Non-essential: (1) traveling to any location outside of a fifty (50) mile radius of the employee's regular work site or (2) attending a gathering of more than ten (10) people regardless of the location.
- Essential: (1) necessary travel that does not meet the definition of non-essential travel. Hardin County will authorize essential travel on a case by case basis.

All employment-related Non-Essential Travel as defined by this policy is suspended without prior approval of the Department Head (i.e. conferences or non-essential meetings.)

Any employee who engages in Non-essential Travel pursuant to this policy shall report their plans to travel (or if already traveling as of the date of this policy, their return plans from travel) to the Department Head. These reports shall be made via phone or e-mail rather than in person to minimize contacts and limit person-to-person exposure.

For anyone engaged in Non-essential Travel as defined by this policy and planning to return to work, you will be required to self-isolate away from work for fourteen (14) days. You will only be allowed to return to work if symptom and fever free as defined by the CDC guidelines. You are required to use vacation, personal leave and sick leave during this time and in that order to be compensated for your normal working hours. If, after April 1, 2020, you need leave relating to reasons (1) through (6)

outlined above, the employee may be eligible for Emergency Paid Sick Leave and Emergency Expanded FMLA Leave.

For any employee of Hardin County who engages in non-essential travel without prior approval shall be placed on a 14-day emergency leave from work from date of last possible exposure. For payroll purposes, the mandatory leave shall be accounted for in the following order:

1. comp-time deduction;
2. Vacation time deduction;
3. Advance on future vacation time

MEETINGS: No group meetings shall be held in-person for the duration of this policy without prior approval from the Department Head. All meetings shall be held electronically or over the phone. Any approved in-person meetings shall only include internal staff unless the Department Head has approved the presence of others prior to the meeting.

Public Safety employees are permitted to meet with their co-workers for regular updates and other Department-related matters throughout this public health emergency, however they should practice good hygiene and social distancing to the extent possible.

STAFF UPDATES: The Department Head or his designee shall update all staff on developments throughout this time period.

HIGH RISK

EMPLOYEES: If you are someone who is at “higher risk” for becoming ill from the virus (pursuant to the CDC’s guidance, see: <https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/high-risk-complications.html>), please feel free to communicate that to the Department Head. The information you provide will be kept strictly confidential in your medical file and will be used solely for the purposes of determining your potential need for a leave of absence or for modifications to your work schedule and/or work environment during the pandemic.

Hardin County will assess situations with high-risk employees on a case-by-case basis. In the event an employee is high risk and unable to report to work, the employee will either be allowed to work from home if practicable or be excused from reporting to work and receive two-thirds of their normal salary as described under the non-essential employees who are not required to work from home in this policy. If a doctor recommends the employee self-quarantine due to underlying health conditions, the employee will receive 100% of their normal salary for up to eighty (80) hours and then may use any applicable leave thereafter.

EMERGENCY RESPONDERS:

This leave policy does not pertain to “emergency responder” employees including police, fire-fighters, dispatchers and other first responder employees. Emergency responders are expected to report to work regardless of their circumstances unless they exhibit Coronavirus symptoms. In that situation, they should report their symptoms immediately to their Department Head and await further instructions.

POLICY: The leave authorized by this policy shall expire on December 31, 2020 and no leave shall be carried forward to 2021.

Meyer will work on an employee Work from Home Agreement to be presented at a future meeting.

McClellan moved, Hoffman seconded to approve the hiring of Michelle Lauchner, part-time Community Services Administrative Assistant, at a rate of \$16.09/hour, effective 04/01/2020. Wages will increase to \$16.41/hour effective 07/01/2020. Motion carried.

Hoffman moved, McClellan seconded to approve the resignation of Luke Davison, Roadside Vegetation Management Specialist, effective 04/29/2020. Motion carried.

COVID-19 Update:

Emergency Management Coordinator Thomas Craighton stated that 10,000 pieces of PPE have been delivered to nursing homes, first responders, law enforcement, and the jail; addressed questions about a mandatory state shut-down; and emphasized the importance of individual responsibility in limiting contact with others.

Public Comments:

Donna Juber reminded everyone to maintain 6 feet of separation.

Eldora Mayor Dave Dunn asked whether or not there was a timeline for introducing the new IGHCP insurance plan to entities on the County's plan.

Prompted by a question from Granzow, Dunn acknowledged that sump pump inspections in Eldora have been postponed.

County Treasurer Machel Eichmeier reminded property tax payers that, in accordance with the Governor's proclamation, penalties for late March payments will not be assessed until April 17. The proclamation includes provisions on motor vehicle delinquencies and title transfers, and the public can contact the Treasurer's Office to learn more.

McClellan commended employees for all efforts being made to continue operations.

Other Business:

Roll advised he attended a Region 6 meeting recently where funding of \$145,000 for the Iowa River Trail in 2021 and \$198,000 for Alden in 2023 were approved.

Eichmeier thanked the public for its patience during the COVID-19 situation.

Becca Junker, Payroll and Benefits Manager, commented on the next steps in the IGHCP transition process. IGHCP wants to arrange a meeting in April, and Junker will update all involved.

Hoffman noted that all Iowa registered voters will receive a postage-paid absentee request form in the mail.

McClellan moved, Granzow seconded to adjourn. Motion carried.

Lance Granzow, Chair
Board of Supervisors

Jessica Lara
Hardin County Auditor

Claims Payable - April 8, 2020

Ackley Publishing Co. Inc	\$183.75
Ahlers & Cooney-P.C.	\$1,700.00
Airgas North Central	\$349.88
Alliant Energy	\$618.74
Angela De La Riva	\$88.20
ArchiveSocial	\$2,388.00
Bonnie Wiederkehr	\$153.60
Calhoun Burns and Associates Inc	\$12,011.16
Campbell Supply Co	\$237.35
Chelsey Lewer	\$255.90
City of Ackley	\$112.64
City of Eldora	\$4,024.71
City of Hubbard	\$59.39
Connie J Mesch	\$50.00
ConvergeOne, Inc	\$245.00
Country Car Shop	\$574.03
Culligan	\$110.00
Dale Howard	\$848.37
David Mitchell	\$105.00
Devere Company Inc	\$227.14
Donald C Orgel	\$105.00
Don's Truck Sales Inc	\$499.72
Educorr	\$381.00
Eichmeier Motor Co	\$108.96
Eldora Hardware	\$51.56
Fastenal	\$1,451.69
Global Hydraulics & Supply Inc.	\$42.08
GovConnection, Inc	\$1,235.77
Hardin Co Tire & Service Inc	\$23.54
Hardin County Office Supplies	\$34.56
Holiday Inn & Suites	\$291.20
Iowa Dept of Transportation	\$2,246.50
Iowa Prison Industries	\$3,935.00
Iowa Regional Utilities Assoc.	\$148.25
Iron Mountain	\$91.86
John Deere Financial	\$56.99
John Kowalik, Landlord	\$300.00
Kirk Ridout	\$625.00
Machel R Eichmeier	\$72.00
Martin Marietta Aggregate	\$25,656.39
Mary J Swartz	\$298.12
McKesson Medical Surgical	\$306.25
Mid-America Publishing Corp	\$682.55
Mid-Iowa Community Action Inc.	\$187.50
Pinecrest Mobile Home Park	\$330.00
Quaker Security LLC	\$1,275.00
Quality Automotive Inc	\$36.50
Reserve Account	\$10,000.00
RNBS, Inc	\$2,631.28
Safety X-treme, LLC	\$129.75
Samantha Liechti	\$161.50
Storey Kenworthy	\$1,065.09
Story County Auditor	\$200,000.00
Summit Food Service LLC	\$3,270.75
Times Citizen	\$297.60
Transit Works	\$804.14
U.S. Cellular	\$1,155.08
U.S. Post Office	\$1,500.00
Verizon Wireless	\$1,416.41
Verizon Wireless - VSAT North	\$320.08
VISA	\$3,070.19
Walmart Community	\$358.30
Wilson Restaurant Supply Inc	\$2,591.13
Windstream	\$212.89

Grand Total

\$293,800.04

**Lance Granzow, Chair
Board of Supervisors**

**Jessica Lara
Hardin County Auditor**



HARDIN COUNTY UTILITY PERMIT APPLICATION

Permit No: UT-20-014

Underground
Aerial

Permanent Installation
Temporary Installation

This is a Utility Permit Application for telecommunications, electric, gas, water and sewer utilities. The applicant agrees to comply with the following permit requirements. Compliance shall be determined by the sole discretion of the County Engineer as deemed necessary to promote public health, safety, and general welfare. These requirements shall apply unless waived in writing by the County Engineer prior to installation.

APPLICANT NAME: Midland Power Cooperative

STREET ADDRESS: 1005 E Lincolnway

CITY: Jefferson STATE: IA ZIP: 50129

PHONE: 515-386-5814 FAX: CONTACT PERSON: Casey Huff

TYPE OF WORK: Rebuilding three miles overhead primary electrical line. Sherman Township sections 08, 17, and 19

1. LOCATION PLAN

An applicant shall file a completed location plan as an attachment to this Utility Permit Application. The location plan shall set forth the location of the proposed line on the secondary road system and include a description of the proposed installation.

2. WRITTEN NOTICE

At least five (5) working days prior to the proposed installation, an applicant shall file with the County Engineer a written notice stating the time, date, location, and nature of the proposed installation.

3. INSPECTION

The County Engineer may provide a full-time inspector during the installation of all lines to ensure compliance with this Utility Permit. The inspector shall have the right, during reasonable hours and after showing proper identification, to enter any installation site in the discharge of the inspector's official duties, and to make any inspection or test that is reasonably necessary to protect the public health, safety, and welfare.

4. INSPECTION FEES

The applicant shall pay actual costs directly attributable to the installation inspection conducted by the County Engineer. Within thirty (30) days after completion of the installation, the County Engineer shall submit a statement for inspection services rendered. The applicant agrees to reimburse the county within thirty (30) days of billing.

5. REQUIREMENTS

The installation inspector shall assure that the following requirements have been met:

- A. Construction signing shall comply with the Manual on Uniform Traffic Control Devices
B. Depth - (Add additional depth if ditch has silted to the thickness of the deposited silt.) The minimum depth of cover shall be as follows:
Telecommunications.... 36" Electric.....48"
Gas..... 48" Water.....60"
Sewer..... 60"
C. Minimum roadway overhead clearance for utility lines shall be 20 feet.
D. The applicant shall use reference markers in the right-of-way (ROW) boundary to locate line and changes in alignment as required by the County Engineer. A permanent warning tape shall be placed one (1) foot above all underground utility lines.
E. All tile line locations shall be marked with references located in the ROW line.
F. No underground utility lines shall cross over a crossroad drainage structure without approval from the County Engineer.
G. Residents along the utility route shall have uninterrupted access to the public roads. An all weather access shall be maintained for residents adjacent to the project.
H. After construction, granular surfacing shall be added to the road by the applicant to restore the road to its original condition. After surfacing has been applied, the road surface shall be reviewed by the County Engineer once the road has been saturated, to determine if additional surfacing on the roadway by the applicant is necessary.
I. All damaged areas within the ROW shall be repaired and restored to at least their former condition by the applicant or the cost of any repair work caused to be performed by the county will be assessed against the applicant.
J. Areas disturbed during construction which present an erosion problem shall be solved by the applicant in a manner approved by the County Engineer.
K. All trenches, excavations, and utilities that are knifed shall be properly tamped.
L. All utilities shall be located between the bottom of the backslope and the bottom of the foreslope, unless otherwise approved in writing by the County Engineer prior to installation.
M. Road crossing shall be bored. The depth below the road surface shall match the minimum depth of cover for the respective utility.

6. NON-CONFORMING WORK

The County Engineer may halt the installation at any time if the applicant's work does not meet the requirements set forth in this Utility Permit Application.

7. COUNTY INFRACTION

Violation of this permit is a county infraction under Iowa Code Section 331.307, punishable by a civil penalty of \$100 for each violation. Each day that a violation occurs or is permitted to exist by the applicant constitutes a separate offense.

8. HOLD HARMLESS

The utility company shall save this county harmless of any damages resulting from the applicant's operations. A copy of a certificate of insurance naming this county as an additional insured for the permit work shall be filed in the County Engineer's Office prior to installation. The minimum limits of liability under the insurance policy shall be \$1,000,000.

9. PERMIT REQUIRED

No applicant shall install any lines unless such applicant has obtained a Utility Permit from the County Engineer and has agreed in writing that said installation will comply with all ordinances and requirements of the county for such work. Applicants agree to hold the county free from liability for all damage to applicant's property which occurs proximately as a result of the applicant's failure to comply with said ordinances or requirements.

10. RELOCATION

The applicant shall, at any time subsequent to installation of utility lines, at the applicant's own expense, relocate or remove such lines as may become necessary to conform to new grades, alignment or widening of ROW resulting from maintenance or construction operations for highway improvements.

DATE: 4/2/2020 COMPANY: Midland Power Cooperative

SIGNATURE: Filled out online

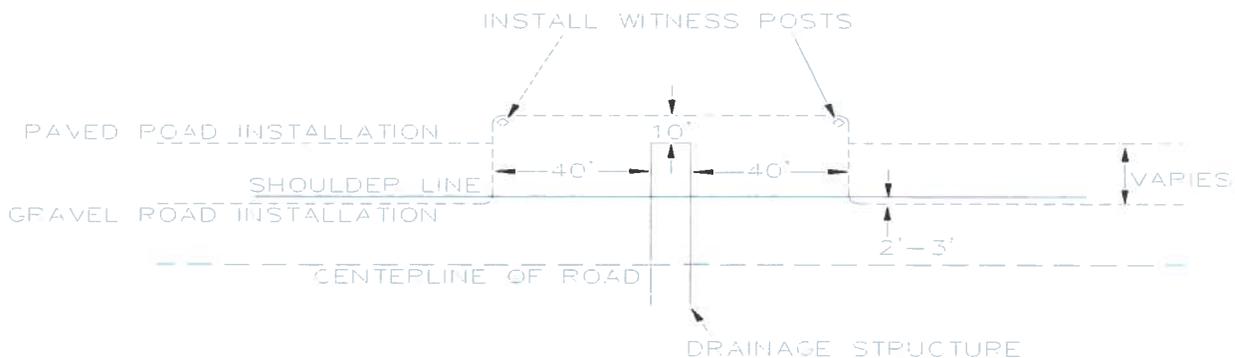
RECOMMENDED FOR APPROVAL:

DATE: _____ COUNTY ENGINEER

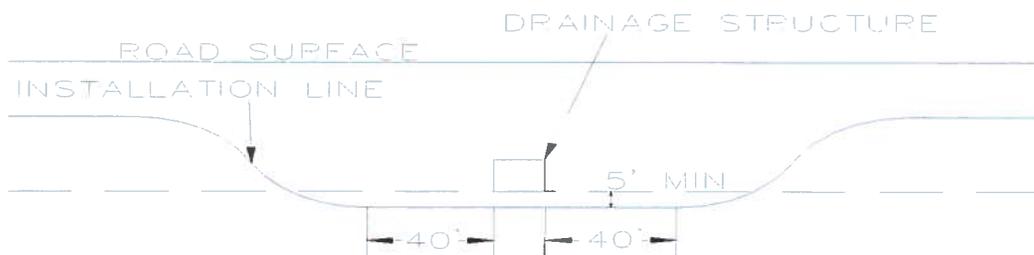
APPROVAL:

DATE: _____ CHAIRMAN, BOARD OF SUPERVISORS

NON-BORED INSTALLATION DETAIL



BORED INSTALLATION DETAIL



IOWA 93 MIDLAND POWER COOPERATIVE STAKING SHEET

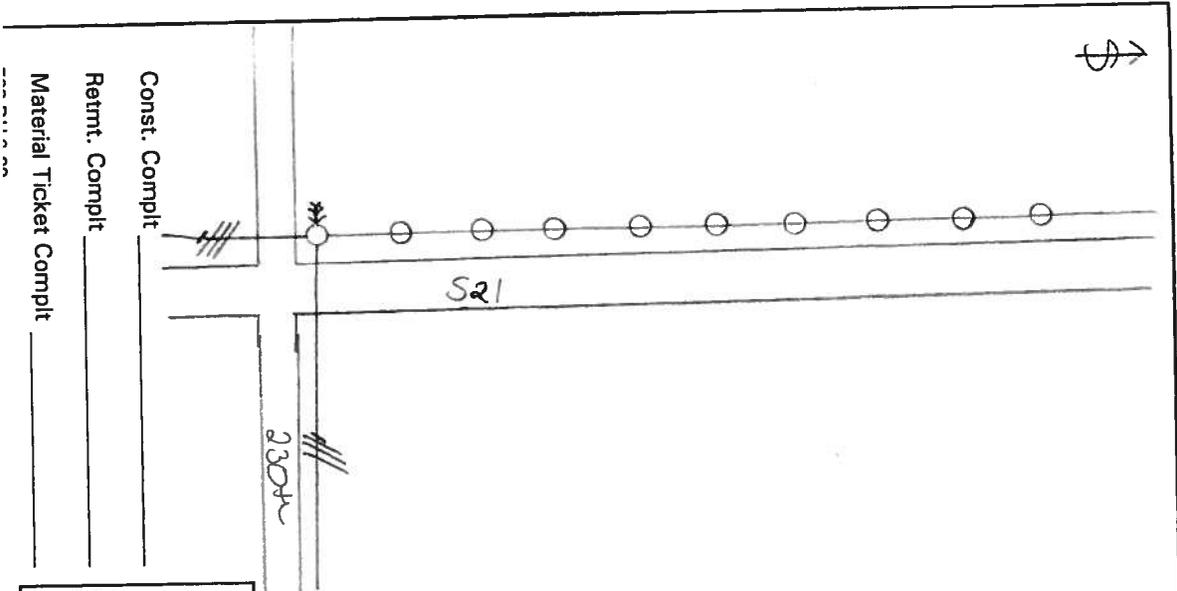
Name Rebuild 3mi 3φ
 Location #: 1578--6808
 Address: S 21
 Phone #: _____

15 Sub
7 Feeder
ABC Phase
 Line Sec. _____

County: Hardin
 Township: Sherman
 School Dist.: _____

WORK ORDER CODE	
New Construction	
System Improvement	<input checked="" type="checkbox"/>
Replacement	
Retire No. Replace	

SKETCH OF WORK Map Reference 608 Twp. 87N R 22W Sec. 08 Wire 3



Pole No.	Pri. (Back) Span.	Poles H & C		Line Angle	Trans. "G"	Ground		GUY		Anchor "F"	SECONDARY		Misc.
		Misc.	Misc. Unit			"M2"	Ohm	No.	Unit "E"		Lead	Unit No. J or K	
10	216	135-3	1 C1.1P			H1.1	14.1						
9	216	140-3	1 C1.1P			H5.1							
8	214	135-3	1 C1.1P			H5.1							
7	214	135-3	1 C1.1P			H5.1							
6	214	140-3	1 C1.1P			H1.1	14.1						
5	214	140-3	1 C1.1P			H5.1							
4	214	140-3	1 C1.1P			H5.1							
3	214	140-3	1 C1.1P			H5.1							
2	214	140-3	1 C1.1P			H1.1	14.1						
1		145-3	1 C1.1P	7.1		H1.1		3	E1.1	20' 40'	E1.12		

JOB BRIEFING

<input type="checkbox"/> Nominal Voltage	<input type="checkbox"/> Loc of Line Protective Dvc
<input type="checkbox"/> Fault Current Available	<input type="checkbox"/> Other Utilities in Area
<input type="checkbox"/> Hazardous Induced Voltg	<input type="checkbox"/> Personal Protective Equip
<input type="checkbox"/> Presence Protective Grds	<input type="checkbox"/> Traffic Control
<input type="checkbox"/> Equipment Grounds	<input type="checkbox"/> Job Procedure
<input type="checkbox"/> Pole Condition	<input type="checkbox"/> Individual Job Duties
<input type="checkbox"/> Environmental Condition	<input type="checkbox"/> Other Hazards

Crew Initials 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____

CONSTRUCTION

Conductor	Pri.	Sec.	O.H.	URD	Pole Line Ft.	No. of Wires	Total Feet
410 ACSR	X		X		1930	3	5963
110 ACSR	X			X	1930	1	1987
TOTALS	X	X	X	X		X	

RETIREME

Conductor	Total Feet
TOTALS	

IOWA 93 MIDLAND POWER COOPERATIVE STAKING SHEET

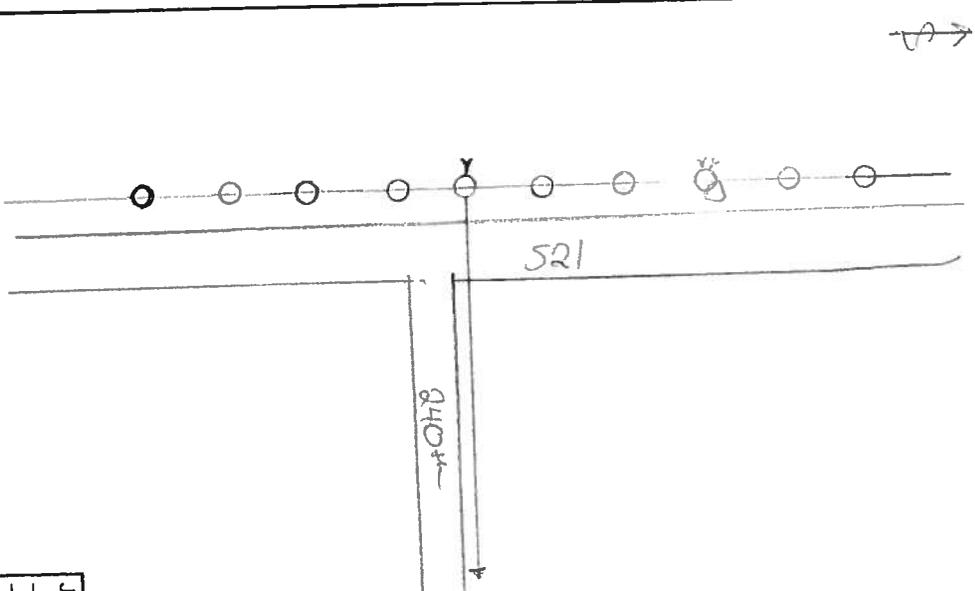
Name Line Rebuild 3mi. 70'
 Location #: 1578--6808
 Address: SAI
 Phone#: _____

15 Sub
7 Feeder
ABC Phase
 Line Sec. _____

County: Hardin
 Township: Sherman
 School Dist.: _____

WORK ORDER CODE	
New Construction	
System Improvement	<input checked="" type="checkbox"/>
Replacement	
Retire No. Replace	

Map Reference 108 Twp. 87N R 22W Sec. 08 Wire 3



Pole No.	Pri. (Back) Span.	Poles H & C		Pri. Unit	Line Angle	Trans. "G"	Ground		GUY			SECONDARY			Misc.		
		Misc.	Misc.				"M2"	Ohm	No.	Unit "E"	Lead	Anchor "F"	No. J or K	Unit (Back) Span		Size Meter	
30	215	1	35-3	1	Cl, 11P		H5.1										
29	215	1	40-3	1	Cl, 11P		H5.1										Set 8'
28	191	1	40-3	1	Cl, 11P		H1.1		2	EA	5' E	5' E	Fl. 12				Set 10'
27	191	1	40-3	1	Cl, 11P		H5.1										
26	191	1	40-3	1	Cl, 11P		H1.1 (3)										
25	231	1	40-3	1	Cl, 11P	AS. 21	H1.1		1	EA	30' E	Fl. 12					
24	231	1	40-3	1	Cl, 11P		H5.1										
23	231	1	40-3	1	Cl, 11P		H5.1										
22	231	1	40-3	1	Cl, 11P		H1.1 (3)										
21	231	1	40-3	1	Cl, 11P		H5.1										

JOB BRIEFING

<input type="checkbox"/> Nominal Voltage	<input type="checkbox"/> Loc of Line Protective Dvc
<input type="checkbox"/> Fault Current Available	<input type="checkbox"/> Other Utilities in Area
<input type="checkbox"/> Hazardous Induced Voltg	<input type="checkbox"/> Personal Protective Equip
<input type="checkbox"/> Presence Protective Grds	<input type="checkbox"/> Traffic Control
<input type="checkbox"/> Equipment Grounds	<input type="checkbox"/> Job Procedure
<input type="checkbox"/> Pole Condition	<input type="checkbox"/> Individual Job Duties
<input type="checkbox"/> Environmental Condition	<input type="checkbox"/> Other Hazards

Crew Initials: 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____

CONSTRUCTION

Conductor	Pri.	Sec.	O.H.	URD	Pole Line Ft.	No. of Wires	Total Feet
H/O ACSR	X		X		2158	3	6468
H/O ACSR	X		X		2158	1	2222
TOTALS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			

RETIREMEI

Conductor	F
TOTALS	<input checked="" type="checkbox"/>

Const. Complt _____
 Retmt. Complt _____
 Material Ticket Complt _____

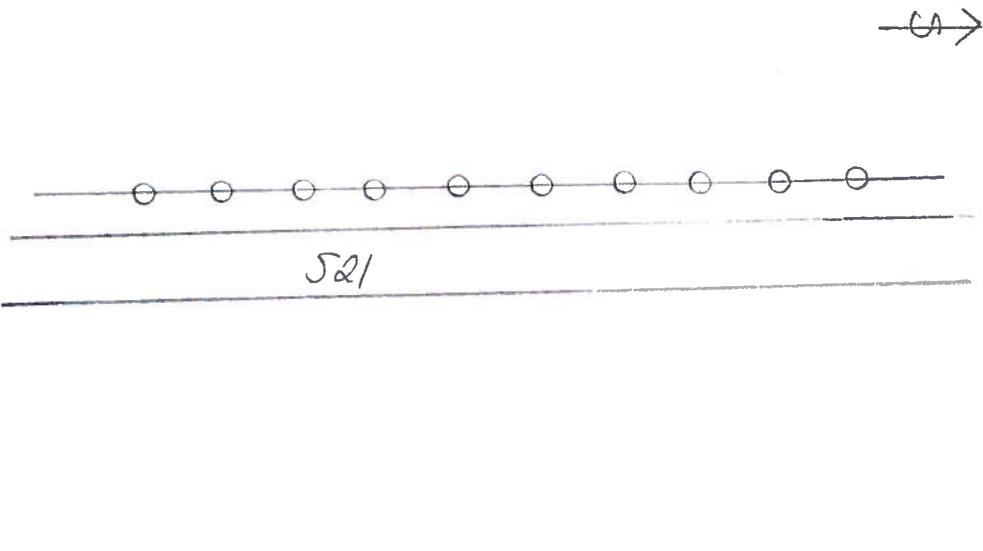
IOWA 93 MIDLAND POWER COOPERATIVE STAKING SHEET

Name Line Rebuild 3mi. 3Ø
 Location #: 1578--6817
 Address: S21
 Phone #: _____

15 Sub
7 Feeder
 County: Hardin
 Phase: ABC
 Township: Sherman
 Line Sec: _____
 School Dist.: _____

WORK ORDER CODE	
New Construction	
System Improvement	<input checked="" type="checkbox"/>
Replacement	
Retire No. Replace	

SKETCH OF WORK
 Map Reference 68 Twp. 87N R 22W Sec. 17 Wire 3



Pole No.	Pri. (Back) Span.	Poles H & C		Line Angle	Trans. "G"	Ground "M2" Ohm	GUY			SECONDARY			Misc.	
		Misc.	Pri. Unit				Unit "E"	310	Lead	Anchor "F"	Unit No. J or K	(Back) Span		Size Meter
40	218	1	CLIP			41.1								
39	218	1	CLIP			41.1								
38	218	1	CLIP			41.1								
37	218	1	CLIP			41.1								
36	215	1	CLIP			41.1								
35	215	1	CLIP			41.1								
34	215	1	CLIP			41.1								
33	215	1	CLIP			41.1								
32	215	1	CLIP			41.1								
31	215	1	CLIP			41.1								

JOB BRIEFING

Nominal Voltage _____
 Fault Current Available _____
 Hazardous Induced Volts _____
 Presence Protective Grds _____
 Equipment Grounds _____
 Pole Condition _____
 Environmental Condition _____

Loc of Line Protective Dvc _____
 Other Utilities in Area _____
 Personal Protective Equip _____
 Traffic Control _____
 Job Procedure _____
 Individual Job Duties _____
 Other Hazards _____

Crew Initials 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____

CONSTRUCTION

Conductor	Pri.	Sec.	O.H.	URD	Pole Line Ft.	No. of Wires	Total Feet
4/0 ACSR	X				2162	3	6480
1/0 ACSR	X				2162	1	2226
TOTALS							

RETIRED

Conductor	Pri.	Sec.	O.H.	URD	Pole Line Ft.	No. of Wires	Total Feet
TOTALS							

Self 10'

IOWA 93 MIDLAND POWER COOPERATIVE STAKING SHEET

Name Line Rebuild 3 mi. sp
 Location #: 1578--6817
 Address: 521
 Phone#: _____

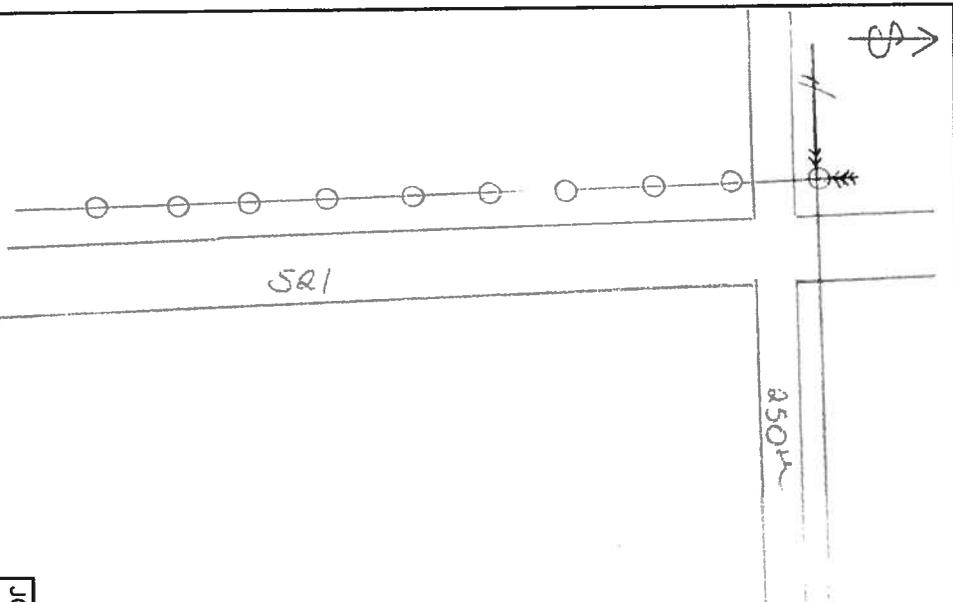
15 Sub
7 Feeder
ABC Phase
 Line Sec: _____

County: Hardin
 Township: Snowman
 School Dist.: _____

WORK ORDER CODE	
New Construction	
System Improvement	<input checked="" type="checkbox"/>
Replacement	
Retire No. Replace	

SKETCH OF WORK

Map Reference 68 Twp. 87N R 22W Sec. 17 Wire 3



Pole No.	Pri. (Back) Span.	Poles H & C		Pri. Unit	Misc.	Line Angle	Trans. "G"	Ground		GUY			Anchor "F"	SECONDARY		Misc.
		Misc.	Misc.					"M2"	Ohm	No.	Unit "E"	Lead		No.	Unit J or K	
50	211	1	453	2	C7.1	A5.1		H1.1		5	E1.1	30' 15.59' 5 40' 7.5 25' 6" 30' 6"	F1.12			
49	211	1	403	1	C1.1P			H5.1								
48	211	1	403	1	C1.1P			H1.1	13' 1.1							
47	211	1	403	1	C1.1P			H5.1								
46	211	1	403	1	C1.1P			H5.1								
45	211	1	403	1	C1.1P			H5.1								
44	211	1	353	1	C1.1P			H1.1	13' 1.1							
43	211	1	353	1	C1.1P			H5.1								
42	218	1	403	1	C1.1P			H5.1								
41	218	1	403	1	C1.1P			H5.1								

CONSTRUCTION

RETIREMENT

JOB BRIEFING

<input type="checkbox"/> Nominal Voltage Available	<input type="checkbox"/> Loc of Line Protective Dvc
<input type="checkbox"/> Fault Current Available	<input type="checkbox"/> Other Utilities in Area
<input type="checkbox"/> Hazardous Induced Voltg	<input type="checkbox"/> Personal Protective Equip
<input type="checkbox"/> Presence Protective Grds	<input type="checkbox"/> Traffic Control
<input type="checkbox"/> Equipment Grounds	<input type="checkbox"/> Job Procedure
<input type="checkbox"/> Pole Condition	<input type="checkbox"/> Individual Job Duties
<input type="checkbox"/> Environmental Condition	<input type="checkbox"/> Other Hazards

Crew Initials 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____

Conductor	Pri.	Sec.	O.H.	URD	Pole Line Ft.	No. of Wires	Total Feet
H10	X		X		2124	3	6563
ACS#			X		2124	1	2187
W/ ACS#	X						
TOTALS	X	X	X	X			

Conductor	P	TOTALS

IOWA 93 MIDLAND POWER COOPERATIVE STAKING SHEET

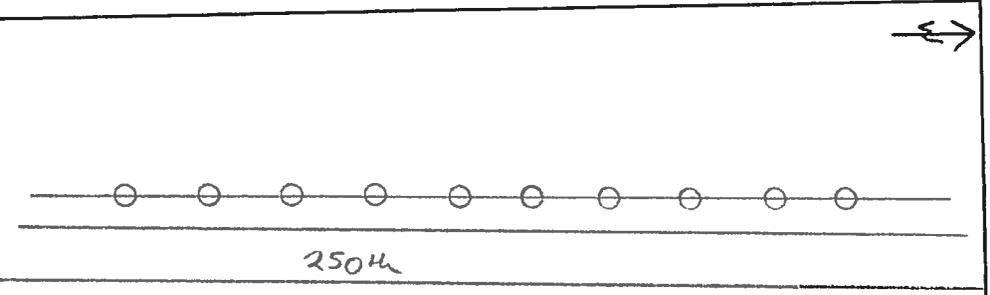
Name Line Rebuild 3mi 3p
 Location #: 1578 -- 6819
 Address: 250th
 Phone#: _____

15 Sub
7 Feeder
 A6C Phase
 Line Sec: _____

County: Hardin
 Township: Sherman
 School Dist.: _____

WORK ORDER CODE	
New Construction	
System Improvement	<input checked="" type="checkbox"/>
Replacement	
Retire No. Replace	

SKETCH OF WORK Map Reference 68 Twp. 87N R 22W Sec. 19 Wire 3



Pole No.	Pri. (Back) Span.	Poles H & C		Pri. Unit Misc.	Line Angle	Trans. "G"	Ground		GUY			Anchor "F"	SECONDARY		Misc.
		Misc.	Misc.				"M2" Ohm	No.	Unit "E"	Lead	Unit No. J or K		(Back) Span	Size Meter	
70	233	1	35-3	1	21.11P			H5.1							
69	233	1	35-3	1	21.11P			H5.1							
68	233	1	35-3	1	21.11P			H1.1 (3) P.1.1							
67	233	1	35-3	1	21.11P			H5.1							
66	233	1	35-3	1	21.11P			H5.1							
65	233	1	35-3	1	21.11P			H5.1							
64	233	1	35-3	1	21.11P			H1.1 (3) P.1.1							
63	233	1	35-3	1	21.11P			H5.1							
62	233	1	35-3	1	21.11P			H5.1							
61	233	1	35-3	1	21.11P			H5.1							

JOB BRIEFING

<input type="checkbox"/> Nominal Voltage Available	<input type="checkbox"/> Loc of Line Protective Dvc
<input type="checkbox"/> Fault Current Available	<input type="checkbox"/> Other Utilities in Area
<input type="checkbox"/> Hazardous Induced Voltg	<input type="checkbox"/> Personal Protective Equip
<input type="checkbox"/> Presence Protective Grds	<input type="checkbox"/> Traffic Control
<input type="checkbox"/> Equipment Grounds	<input type="checkbox"/> Job Procedure
<input type="checkbox"/> Pole Condition	<input type="checkbox"/> Individual Job Duties
<input type="checkbox"/> Environmental Condition	<input type="checkbox"/> Other Hazards

Crew Initials 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____

CONSTRUCTION

Conductor	Pri.	Sec.	O.H.	URD	Pole Line Ft.	No. of Wires	Total Feet
H/6	X		X		2330	3	7199
1/2 ACS	X		X		2330	1	2399
TOTALS	X	X	X	X		X	

RETIREME

Conductor	F
TOTALS	

Const. Complt _____
 Retmt. Complt _____
 Material Ticket Complt _____

IOWA 93 MIDLAND POWER COOPERATIVE STAKING SHEET

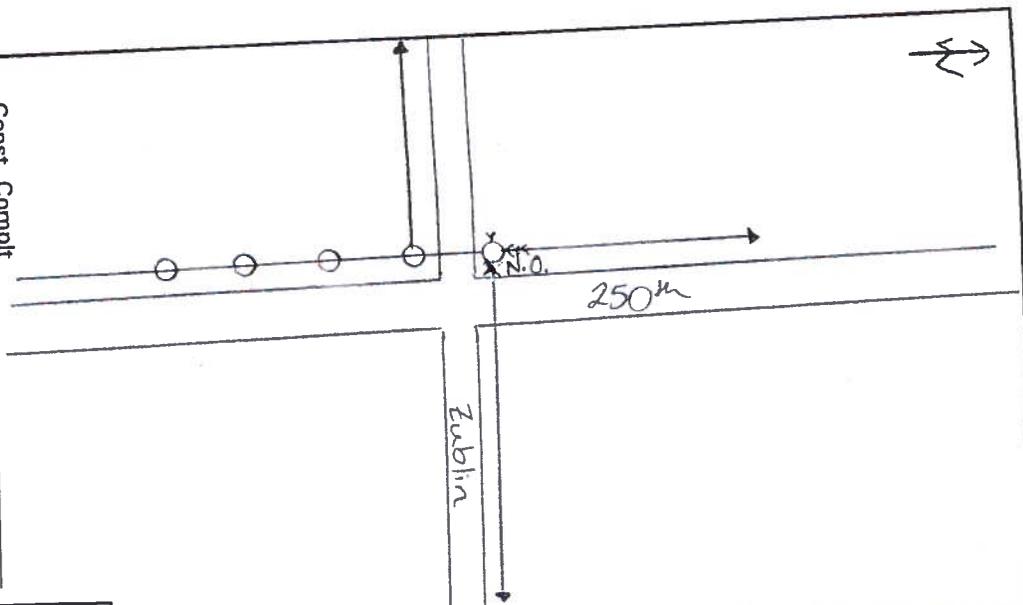
Name Line Rebuild 3mi 3φ
 Location #: 1578 -- 10819
 Address: 250th
 Phone#: _____

15 Sub
7 Feeder
 ABC Phase
 Line Sec. _____

County: Hardin
 Township: Sherman
 School Dist.: _____

WORK ORDER CODE	
New Construction	
System Improvement	<input checked="" type="checkbox"/>
Replacement	
Retire No. Replace	

SKETCH OF WORK



Map Reference 68 Twp. BTN R Sec. 22 Wire 3

Pole No.	Pri. (Back) Span.	Poles H & C		Pri. Unit Misc.	Line Trans. "G" Angle	Ground "M2" Ohm	GUY		Anchor "F" No.	SECONDARY		Misc.
		Misc.	Pri. Unit Misc.				No.	Unit "E" 310		Lead	Unit No. J or K	
71	233	1	35-3	1	CLIP	H5.1						
72	167	1	35-3	1	CLIP	H1.1						
73	167	1	40-3	1	CLIP	H5.1						Set B' de
74	167	1	40-3	1	CLIP	H1.1						
75	64	1	40-3	1	CLIP	H1.1	4	6" 1	30' 35' 10"	10' N 30' S	FL12	N.O. P

JOB BRIEFING

- Nominal Voltage
- Fault Current Available
- Hazardous Induced Volt
- Presence Protective Grds
- Equipment Grounds
- Pole Condition
- Environmental Condition
- Loc of Line Protective Dvc
- Other Utilities in Area
- Personal Protective Equip
- Traffic Control
- Job Procedure
- Individual Job Duties
- Other Hazards

CONSTRUCTION

Conductor	Pri.	Sec.	O.H.	URD	Pole Line Ft.	No. of Wires	Total Feet
14/6 ACSR	X		X		798	3	2465
14/6 ACSR	X		X		798	1	821
TOTALS	X	X	X	X			

RETIREMENT

Conductor	P
TOTALS	X



HARDIN COUNTY UTILITY PERMIT APPLICATION

Permit No: UT-20-015

- Underground, Aerial, Permanent Installation, Temporary Installation checkboxes

This is a Utility Permit Application for telecommunications, electric, gas, water and sewer utilities. The applicant agrees to comply with the following permit requirements...

APPLICANT NAME: Midland Power Cooperative
STREET ADDRESS: 1005 E Lincolnway
CITY: Jefferson STATE: ZIP: 50129
PHONE: 5153865814 FAX: CONTACT PERSON:
TYPE OF WORK: Rebuilding one mile of overhead electrical distribution, Sherman Township section 19.

1. LOCATION PLAN

An applicant shall file a completed location plan as an attachment to this Utility Permit Application. The location plan shall set forth the location of the proposed line on the secondary road system and include a description of the proposed installation.

2. WRITTEN NOTICE

At least five (5) working days prior to the proposed installation, an applicant shall file with the County Engineer a written notice stating the time, date, location, and nature of the proposed installation.

3. INSPECTION

The County Engineer may provide a full-time inspector during the installation of all lines to ensure compliance with this Utility Permit. The inspector shall have the right, during reasonable hours and after showing proper identification, to enter any installation site in the discharge of the inspector's official duties...

4. INSPECTION FEES

The applicant shall pay actual costs directly attributable to the installation inspection conducted by the County Engineer. Within thirty (30) days after completion of the installation, the County Engineer shall submit a statement for inspection services rendered.

5. REQUIREMENTS

The installation inspector shall assure that the following requirements have been met:

- A. Construction signing shall comply with the Manual on Uniform Traffic Control Devices
B. Depth - (Add additional depth if ditch has silted to the thickness of the deposited silt.) The minimum depth of cover shall be as follows:
Telecommunications... 36" Electric..... 48"
Gas..... 48" Water..... 60"
Sewer..... 60"
C. Minimum roadway overhead clearance for utility lines shall be 20 feet.
D. The applicant shall use reference markers in the right-of-way (ROW) boundary to locate line and changes in alignment as required by the County Engineer.
E. All tile line locations shall be marked with references located in the ROW line.
F. No underground utility lines shall cross over a crossroad drainage structure without approval from the County Engineer.
G. Residents along the utility route shall have uninterrupted access to the public roads.
H. After construction, granular surfacing shall be added to the road by the applicant to restore the road to its original condition.
I. All damaged areas within the ROW shall be repaired and restored to at least their former condition by the applicant.
J. Areas disturbed during construction which present an erosion problem shall be solved by the applicant in a manner approved by the County Engineer.
K. All trenches, excavations, and utilities that are knifed shall be properly tamped.
L. All utilities shall be located between the bottom of the backslope and the bottom of the foreslope, unless otherwise approved in writing by the County Engineer prior to installation.
M. Road crossing shall be bored. The depth below the road surface shall match the minimum depth of cover for the respective utility.

6. NON-CONFORMING WORK

The County Engineer may halt the installation at any time if the applicant's work does not meet the requirements set forth in this Utility Permit Application.

7. COUNTY INFRACTION

Violation of this permit is a county infraction under Iowa Code Section 331.307, punishable by a civil penalty of \$100 for each violation. Each day that a violation occurs or is permitted to exist by the applicant constitutes a separate offense.

8. HOLD HARMLESS

The utility company shall save this county harmless of any damages resulting from the applicant's operations. A copy of a certificate of insurance naming this county as an additional insured for the permit work shall be filed in the County Engineer's Office prior to installation. The minimum limits of liability under the insurance policy shall be \$1,000,000.

9. PERMIT REQUIRED

No applicant shall install any lines unless such applicant has obtained a Utility Permit from the County Engineer and has agreed in writing that said installation will comply with all ordinances and requirements of the county for such work. Applicants agree to hold the county free from liability for all damage to applicant's property which occurs proximately as a result of the applicant's failure to comply with said ordinances or requirements.

10. RELOCATION

The applicant shall, at any time subsequent to installation of utility lines, at the applicant's own expense, relocate or remove such lines as may become necessary to conform to new grades, alignment or widening of ROW resulting from maintenance or construction operations for highway improvements.

DATE: 4/2/2020 COMPANY: Midland Power Cooperative

SIGNATURE: Filled out online

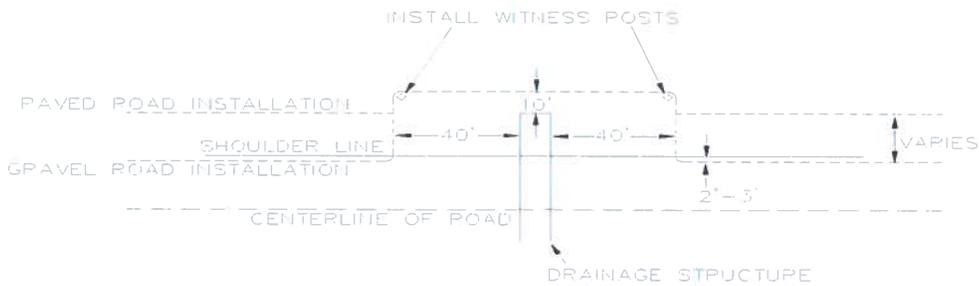
RECOMMENDED FOR APPROVAL:

DATE: _____ COUNTY ENGINEER _____

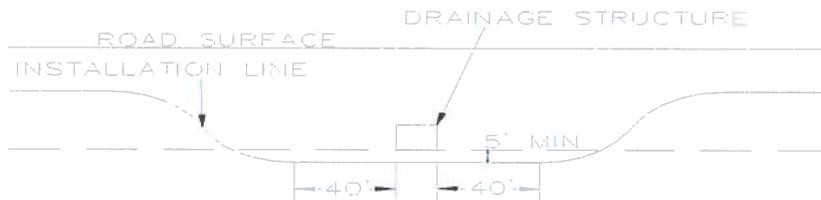
APPROVAL:

DATE: _____ CHAIRMAN, BOARD OF SUPERVISORS _____

NON-BORED INSTALLATION DETAIL



BORED INSTALLATION DETAIL



IOWA 93 MIDLAND POWER COOPERATIVE STAKING SHEET

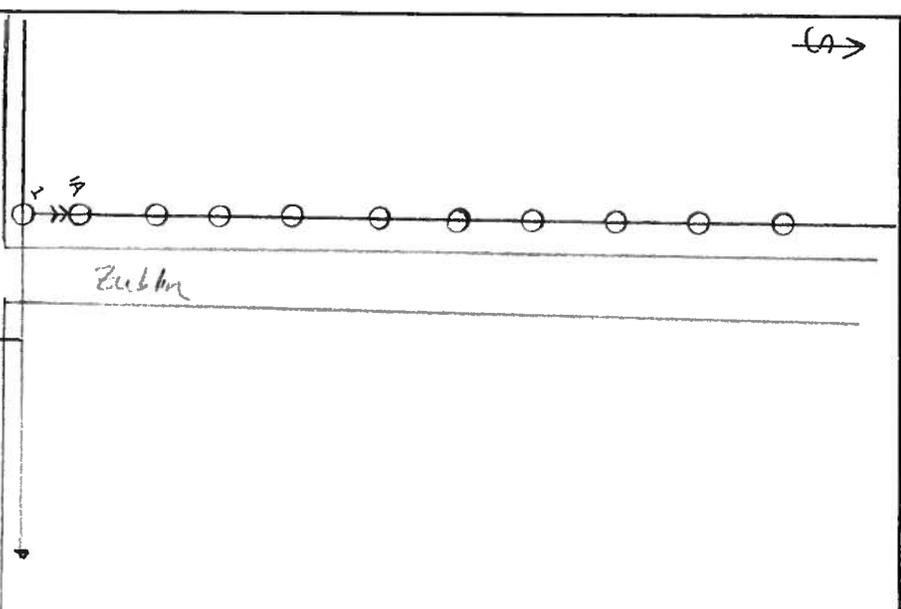
Name Line Rebuild Vφ Lm.
 Location #: 1578--6819
 Address: Zublin
 Phone#: _____

15 Sub
7 Feeder
BC Phase
 Line Sec. _____

County: Hardin
 Township: Sherman
 School Dist.: _____

WORK ORDER CODE	
New Construction	
System Improvement	<input checked="" type="checkbox"/>
Replacement	
Retire No. Replace	

SKETCH OF WORK Map Reference 68 Twp. 87N R 22W Sec. 19 Wire 2



Pole No.	Pri. (Back) Span.	Poles H & C		Pri. Unit	Line Angle	Trans. "G"	Ground "M2"	Ohm No.	Unit "E"	GUY 310	Lead	Anchor "F" Ft.	SECONDARY		Misc.
		Misc.	Misc.										Unit	(Back) Span	
10	235	1	40-3	1	B.I.I.		H.I.	2							
9	235	1	40-3	1	B.I.I.		H5.1								
8	235	1	35-3	1	B.I.I.		H5.1								
7	235	1	35-3	1	B.I.I.		H5.1								
6	235	1	35-3	1	B.I.I.		H.I.	2							
5	235	1	35-3	1	B.I.I.		H5.1								
4	235	1	35-3	1	B.I.I.		H5.1								
3	235	1	40-3	1	B.I.I.		H5.1								
2	175	1	35-3	1	B.I.I.		H.I.	2							
1A	60	1	35-3	1	B.I.I.		H.I.	2							

Const. Compt _____
 Retmt. Compt _____
 Material Ticket Compt _____
 500 BH 9-00

JOB BRIEFING						
<input type="checkbox"/>	Normal Voltage	<input type="checkbox"/>	Loc of Line Protective Dvc			
<input type="checkbox"/>	Fault Current Available	<input type="checkbox"/>	Other Utilities in Area			
<input type="checkbox"/>	Hazardous Induced Voltg	<input type="checkbox"/>	Personal Protective Equip			
<input type="checkbox"/>	Presence Protective Grds	<input type="checkbox"/>	Traffic Control			
<input type="checkbox"/>	Equipment Grounds	<input type="checkbox"/>	Job Procedure			
<input type="checkbox"/>	Pole Condition	<input type="checkbox"/>	Individual Job Duties			
<input type="checkbox"/>	Environmental Condition	<input type="checkbox"/>	Other Hazards			
Crew Initials	1 _____	2 _____	3 _____	4 _____	5 _____	6 _____

CONSTRUCTION						RETIREMENT	
Conductor	Pri. Sec.	O.H.	URD	Pole Line Ft.	No. of Wires	Total Feet	Conductor P
<u>1/0 ACSR</u>	X		X	<u>2115</u>	<u>2</u>	<u>4356</u>	
<u>#2 ACSR</u>	X		X	<u>2115</u>	<u>1</u>	<u>2178</u>	
TOTALS	X	X	X		X		TOTALS

IOWA 93 MIDLAND POWER COOPERATIVE STAKING SHEET

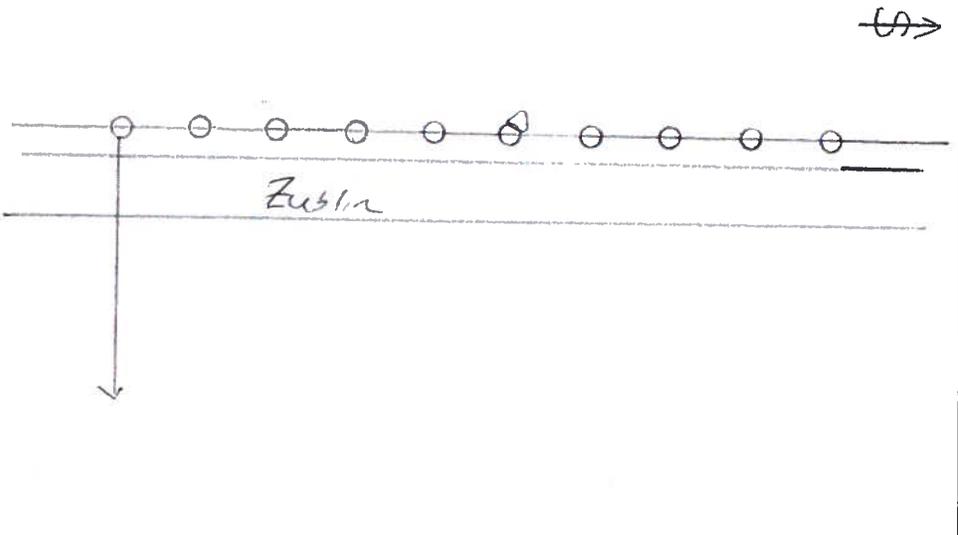
Name Line Rebuild Vp lvi
 Location #: 1578 - 16819
 Address: Zublin
 Phone#: _____

15 Sub
7 Feeder
BC Phase
 Line Sec. _____

County: Hardin
 Township: Sherman
 School Dist.: _____

WORK ORDER CODE	
New Construction	
System Improvement	<input checked="" type="checkbox"/>
Replacement	
Retire No. Replace	

SKETCH OF WORK Map Reference 68 Twp. 87N R 22W Sec. 19 Wire 2



Pole No.	Pri. (Back) Span.	Poles H & C		Line Angle	Trans. "G"	Ground "M2"	Ohm No.	Unit "E"	GUY 310	Lead	Anchor "F"	SECONDARY		Misc.
		Misc.	Pri. Unit Misc.									Unit No. J or K	(Back) Span Meter	
20	212	40-3	B111			H5.1								
19	212	35-3	B111			H5.1								
18	212	35-3	B111			H1.1								
17	212	35-3	B111			H5.1								
16	233	35-3	B111		G13	H1.1					1	52.17	1578-05	
15	233	40-3	B111			H5.1							Set 10'	
14	233	40-3	B111			H1.1							Set 10'	
13	233	40-3	B111			H5.1							Set 10'	
12	233	40-3	B111			H5.1								
11	235	40-3	B111	AS1		H1.1							1578-04	

Const. Complt _____
 Retmt. Complt _____
 Material Ticket Complt _____
 500 BH 9-00

JOB BRIEFING

<input type="checkbox"/> Nominal Voltage	<input type="checkbox"/> Loc of Line Prctve Dvc
<input type="checkbox"/> Fault Current Available	<input type="checkbox"/> Other Utilities in Area
<input type="checkbox"/> Hazardous Induced Voltg	<input type="checkbox"/> Personal Prctive Equip
<input type="checkbox"/> Presence Prctive Grds	<input type="checkbox"/> Traffic Control
<input type="checkbox"/> Equipment Grounds	<input type="checkbox"/> Job Procedure
<input type="checkbox"/> Pole Condition	<input type="checkbox"/> Individual Job Duties
<input type="checkbox"/> Environmental Condition	<input type="checkbox"/> Other Hazards

Crew Initials 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____

CONSTRUCTION					RETIREMEN					
Conductor	Pri. Sec.	O.H.	URD	Pole Line Ft.	No. of Wires	Total Feet	Conductor	Pri.	Sec.	TOTALS
#1 A52	X		X	2248	2	4630				
#2 K52	X		X	2248	1	2315				
TOTALS	X	X	X							

IOWA 93 MIDLAND POWER COOPERATIVE STAKING SHEET

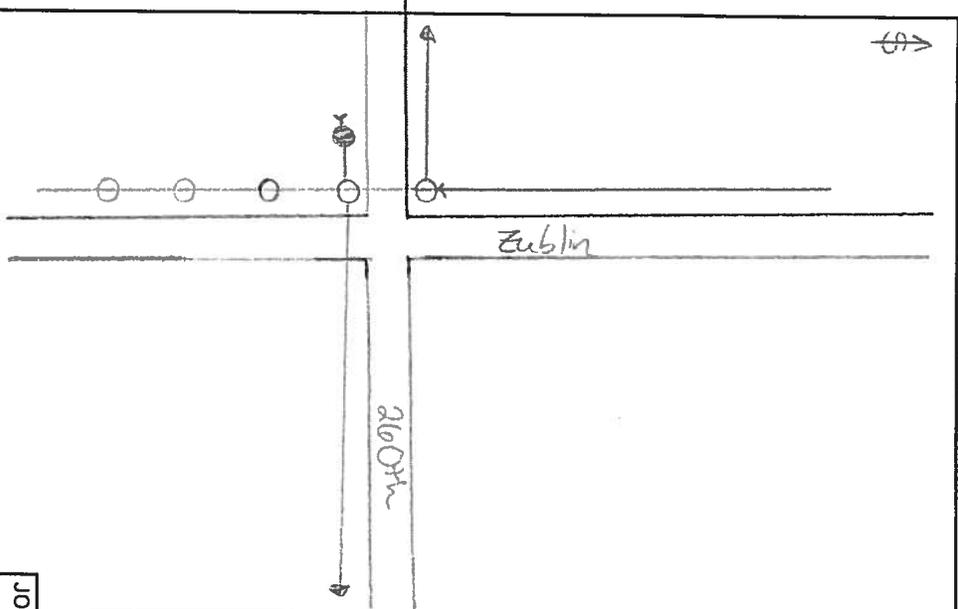
Name Line Abraham Line: VCP
 Location #: 1578 -- 6819
 Address: Zublin
 Phone#: _____

15 Sub
7 Feeder
BC Phase
 Line Sec. _____

County: Hardin
 Township: Sherman
 School Dist.: _____

WORK ORDER CODE	
New Construction	
System Improvement	✓
Replacement	
Retire No. Replace	

SKETCH OF WORK
 Map Reference 68 Twp. 97N R 22W Sec. 19 Wire 2



Pole No.	Pri. (Back) Span.	Poles H & C		Pri. Unit	Line Angle	Trans. "G"	Ground		GUY			Anchor "F" Ft.	SECONDARY		Misc	
		Misc.	Misc.				"M2" Ohm	No.	Unit "E"	Lead	Unit No. J or K		(Back) Span	Size Meter		
25	67	1	40-3	1	85.21	40.51	H1.1	1	61.1	1	61.2	7	1E1.1	25.5	F11.2	
24	212	1	40-3	1	86.21	40.51	H1.1	1	61.4	1		7				
23	212	1	35-3	1	B1.1		H5.1									
22	212	1	35-3	1	B1.1		H1.1	1	61.1	1						
21	212	1	40-3	1	B1.1		H5.1									

JOB BRIEFING

<input type="checkbox"/> Nominal Voltage	<input type="checkbox"/> Loc of Line Protective Dvc
<input type="checkbox"/> Fault Current Available	<input type="checkbox"/> Other Utilities in Area
<input type="checkbox"/> Hazardous Induced Volting	<input type="checkbox"/> Personal Protective Equip
<input type="checkbox"/> Presence Protective Grds	<input type="checkbox"/> Traffic Control
<input type="checkbox"/> Equipment Grounds	<input type="checkbox"/> Job Procedure
<input type="checkbox"/> Pole Condition	<input type="checkbox"/> Individual Job Duties
<input type="checkbox"/> Environmental Condition	<input type="checkbox"/> Other Hazards

Crew Initials 1 2 3 4 5 6

CONSTRUCTION				RETIREME			
Conductor	Pri. Sec.	O.H.	URD	Pole Line Ft.	No. of Wires	Total Feet	
#1 ACSR	X			915	2	1884	
#2 ACSR	X			915	1	942	
TOTALS	X	X	X				

Conductor	Pri. Sec.	O.H.	URD	Pole Line Ft.	No. of Wires	Total Feet
TOTALS						



Wellmark Blue Cross and Blue Shield is an Independent Licensee of the Blue Cross and Blue Shield Association.

IOWA GOVERNMENTAL HEALTH CARE PLAN

Enrollment

Single	Family
60	96

New Business Benefits and Rates

Active Options - Blue Choice with Blue Rx Value Plus

	Plan	Health OBS	Drug OBS	E/NE	Health Ded	Health Coins	Health OPM	Health Copay	Drug Copay	Single	Family	Monthly Premium
<input type="checkbox"/>	1	229831-104	230037-76	E	\$2000/\$4000	30%/40%	\$4000/\$8000	\$10	\$10/\$25/\$40	\$747.03	\$1,867.57	\$224,108.04
<input type="checkbox"/>	2	*229838-31	230037-77	NE	\$2500/\$5000	30%/40%	\$5500/\$7900	\$0	N/A	\$605.46	\$1,513.64	\$181,637.04
<input type="checkbox"/>	3	229834-16	230028-18	NE	\$2500/\$5000	30%/40%	\$5500/\$7900	\$0	\$0/\$15/\$30	\$640.52	\$1,601.29	\$192,154.56
<input type="checkbox"/>	4	*229838-32	230037-78	E	\$2800/\$5400	30%/40%	\$6750/\$13500	\$0	N/A	\$592.37	\$1,480.92	\$177,710.52
<input type="checkbox"/>	5	229831-105	230037-79	E	\$4000/\$8000	10%/40%	\$7350/\$14700	\$0	\$0/\$15/\$30	\$657.21	\$1,643.03	\$197,163.72
<input type="checkbox"/>	6	229831-106	230037-79	E	\$4000/\$8000	30%/40%	\$7350/\$14700	\$20	\$0/\$15/\$30	\$639.49	\$1,598.71	\$191,845.68
<input type="checkbox"/>	7	229831-107	230037-80	E	\$4000/\$8000	30%/40%	\$7350/\$14700	\$20	\$7/\$25/\$50	\$627.81	\$1,569.52	\$188,341.92
<input type="checkbox"/>	8	229831-108	230037-79	E	\$5000/\$10000	30%/40%	\$7350/\$14700	\$10	\$0/\$15/\$30	\$613.12	\$1,532.80	\$183,936.48
<input type="checkbox"/>	9	229831-109	230037-81	E	\$5000/\$10000	30%/40%	\$6350/\$12700	\$15	\$0/\$15/\$30	\$619.77	\$1,549.42	\$185,930.16
<input type="checkbox"/>	10	229831-110	230037-79	E	\$5000/\$10000	30%/40%	\$7350/\$14700	\$15	\$0/\$15/\$30	\$609.92	\$1,524.80	\$182,975.52
<input type="checkbox"/>	11	229831-111	230037-82	E	\$5000/\$10000	30%/40%	\$7350/\$14700	\$10	\$10/\$25/\$40	\$600.43	\$1,501.07	\$180,128.52
<input type="checkbox"/>	12	229831-112	230037-80	E	\$5000/\$10000	30%/40%	\$7350/\$14700	\$15	\$7/\$25/\$50	\$599.01	\$1,497.54	\$179,704.20
<input type="checkbox"/>	13	229831-113	230037-82	E	\$5000/\$10000	30%/40%	\$7350/\$14700	\$15	\$10/\$25/\$40	\$597.41	\$1,493.52	\$179,222.16
<input type="checkbox"/>	14	229831-114	230037-83	E	\$5000/\$10000	30%/40%	\$6350/\$12700	\$20	\$10/\$25/\$40	\$604.86	\$1,512.16	\$181,459.20
<input checked="" type="checkbox"/>	15	229831-115	230037-82	E	\$5000/\$10000	30%/40%	\$7350/\$14700	\$20	\$10/\$25/\$40	\$594.38	\$1,485.95	\$178,314.24
<input type="checkbox"/>	16	*229838-33	230037-84	E	\$6350/\$12700	0%/0%	\$6350/\$12700	\$0	N/A	\$515.85	\$1,289.63	\$154,755.12

Retiree Options - Alliance Select with Blue Rx Value Plus

<input type="checkbox"/>	R1	*229838-30	230037-73	NE	\$2500/\$5000	30%/40%	\$5000/\$6850	\$0	N/A	\$663.96	\$1,659.91	\$199,188.60
<input type="checkbox"/>	R2	229834-15	230028-17	NE	\$2500/\$5000	30%/40%	\$5000/\$6850	\$0	\$0/\$15/\$30	\$699.60	\$1,748.99	\$209,879.28
<input type="checkbox"/>	R3	229831-101	230037-74	E	\$5000/\$10000	30%/40%	\$6350/\$12700	\$15	\$0/\$15/\$30	\$678.02	\$1,695.04	\$203,405.28
<input type="checkbox"/>	R4	229831-102	230037-75	E	\$5000/\$10000	30%/40%	\$6350/\$12700	\$10	\$10/\$25/\$40	\$668.32	\$1,670.81	\$200,497.44
<input type="checkbox"/>	R5	229831-103	230037-75	E	\$5000/\$10000	30%/40%	\$6350/\$12700	\$20	\$10/\$25/\$40	\$661.38	\$1,653.46	\$198,414.84

* Plans are Compatible Health Savings Account (HSA) Benefits. Rates shown for these plans do not include the employer/employee funded HSA account funding or the cost of the administration of these accounts.

Column "E/NE" identifies if the noted plan benefits are embedded or non-embedded.

Plans noted as "R" signify retiree benefit plan options.

All rates shown are net of consultant fees .

A valid 28E trust agreement will need to be signed prior to enrolling this group.

The Premium quoted includes the Health Insurer Fee (HIF).

Wellmark Blue Cross and Blue Shield reserves the right to re-evaluate rates if overall trust enrollment fluctuates more than 10% from the enrollment assumptions.

Wellmark is not providing any legal or professional advice with regard to compliance of any federal or state law, regulations, or guidance. Law, regulations and guidance on specific provisions has been and will continue to be provided by the appropriate federal and state agencies and regulators. The information provided reflects Wellmark's understanding of the most current information and is subject to change without further notice. Please note that plan benefits, rates, renewal rate adjustments, and rating impact calculations are subject to change and may be revised during a plan's rating period based on guidance and regulations issued by the appropriate federal and state agencies and regulators. Wellmark makes no representation as to the impact of plan changes on a plan's grandfathered status or interpretation or implementation of any other provisions of law or regulation.

Wellmark will not determine whether coverage is discriminatory or otherwise in violation of Internal Revenue Code Section 105(h). Wellmark also will not provide any testing for compliance with Internal Revenue Code Section 105(h). Wellmark will not be held liable for any penalties or other losses resulting from any employer offering coverage in violation of section 105(h). Wellmark will not determine whether any change in an Employer Administered Funding Arrangement affects a health plan's grandfathered health plan status under ACA or otherwise complies with ACA. Wellmark will not be held liable for any penalties or other losses resulting from any Employer Administered Funding Arrangement. For purposes of this paragraph, an "Employer Administered Funding Arrangement" is an arrangement administered by an employer in which the employer contributes toward the member's share of benefit costs (such as the member's deductible, coinsurance, or copayments) in the absence of which the member would be financially responsible. An Employer Administrative Funding Arrangement does not include the employer's contribution to health insurance premiums or rates.

Employer Signature: _____ Date: _____



Wellmark Blue Cross and Blue Shield is an Independent Licensee of the Blue Cross and Blue Shield Association.

MEDICARE COMPLIANCE

The purpose of this communication is to notify employers of the mandatory reporting requirements of the Medicare, Medicaid, and SCHIP Extension Act of 2007 which were passed into law in July 2008. Your cooperation in providing the necessary employer data and data for each employee and dependent is needed in order to comply with the requirements.

The Section 111 mandates of the law help payers identify when the Centers for Medicare and Medicaid Services (CMS) should pay secondary to employer group health coverage. The goal includes reducing the amount CMS may pay as primary when they should have paid as secondary.

Under the requirements, all health plan, liability, no fault and workers compensation coverages must register with CMS as a Responsible Reporting Entity (RRE) and must report to CMS employer and member information. In order to fulfill the mandated requirements and report accurately to CMS, Wellmark, as a RRE, must gather and groups must provide the following information:

- Employer Tax Identification Number (ETIN)
- Evidence of status as a Commonly Owned/Controlled Group of Organizations, Multi/Multiple Employer Group health plan (such as an Association or Trust), Hour Bank or Union health plan
- Total number of group employees/group size
- Social Security Numbers (SSNs) or Health Insurance Claim Numbers (HICNs) of active employees, spouses, domestic partners
- SSNs or HICNs for those dependents with end stage renal disease (ESRD) or disabled
- Status of all employees and effective date of that status (i.e. active, COBRA, retired)
- Disability information begin or end dates, if known

Please take a moment to complete the Confirmation of Medicare Secondary Payer (MSP) Addendum form. This will allow us to capture your employer data for reporting to CMS. Member data is gathered through the use of the group's existing enrollment and eligibility data collection channels, which may include paper applications or electronic data exchanges and should be provided through those processes.

Failure to provide the group information requested on the attached Confirmation of MSP Addendum can result in penalties being assessed to the group including, but not limited to, \$1,000 per day per member for not accurately reporting to CMS and/or an excise tax equivalent to 25 percent of the employer's group health plan expenses for the relevant year.



Wellmark Blue Cross and Blue Shield is an Independent Licensee of the Blue Cross and Blue Shield Association.

Clear Form

FOR ADMINISTRATIVE USE ONLY
New Group: Group # _____
Coverage Effective Date: ____/____/____

CONFIRMATION OF MSP ADDENDUM

ALL NEW AND RENEWAL GROUPS ARE REQUIRED TO SUBMIT A COMPLETED FORM. FAILURE TO SUBMIT A COMPLETED FORM WILL DELAY THE INITIAL ENROLLMENT OR RENEWAL PROCESS UNTIL THIS FORM IS SUBMITTED.

Part A - Employer Information

Please complete a separate confirmation form for each Employer Tax Identification Number you use to report employee earnings to the Internal Revenue Service (IRS). See the Medicare Secondary Payer Definitions page (M-1756) for more information on terms shown in italics.

Employer Tax Identification Number: [] [] [] [] [] [] [] [] [] []

Group Number (Renewing Groups Only): _____

Employer Name: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____

Telephone Number: _____ E-mail Address (optional): _____

- 1. Did your organization make contributions on behalf of any employee who was covered under a collectively bargained Health and Welfare Fund (i.e., union plan) during the previous calendar year?
2. Did you have 20 or more employees for 20 or more calendar weeks (this includes all full-time, part-time, intermittent, leased and/or seasonal employees, not just those eligible or enrolled employees) during the previous or current calendar year?
3. Did you have 100 or more employees during 50 percent of your business days (this includes all full-time, part-time, intermittent, leased and/or seasonal employees, not just those eligible or enrolled employees) during the previous calendar year?
4. Did your organization participate in a multi or multiple employer group health plan (more than one employer in group, i.e., Multiple Employer Welfare Association) during the previous calendar year?
5. Was your organization part of a commonly owned or commonly controlled group of organizations during the previous calendar year?

Name: _____ Address: _____ City: _____ State: _____ Zip: _____

Part B - Employer Certification

I certify that the information provided is accurate and truthful. All information will be used to identify the Medicare Secondary Payer status of Medicare-enrolled employees.

Signature _____ Date ____/____/____

Table with 4 columns: Send completed MSP form based on following: IA & SD Large Groups (new or renewal), IA & SD Small Groups (new or renewing with benefit changes), IA Small Groups renewing with no benefit change - send this form to: Wellmark, Inc., SD Small Groups renewing with no benefit change: Wellmark, Inc.

Required Federal Accessibility and Nondiscrimination Notice



Discrimination is against the law

Wellmark complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Wellmark does not exclude people or treat them differently because of their race, color, national origin, age, disability or sex.

Wellmark provides:

- Free aids and services to people with disabilities so they may communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, call 800-524-9242.

If you believe that Wellmark has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: Wellmark Civil Rights Coordinator, 1331 Grand Avenue, Station 5W189, Des Moines, IA 50309-2901, 515-376-4500, TTY 888-781-4262, Fax 515-376-9073, Email CRC@Wellmark.com. You can file a grievance in person, by mail, fax or email. If you need help filing a grievance, the Wellmark Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail, phone or fax at: U.S. Department of Health and Human Services, 200 Independence Avenue S.W., Room 509F, HHH Building, Washington DC 20201, 800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATENCIÓN: Si habla español, los servicios de asistencia de idiomas se encuentran disponibles gratuitamente para usted. Comuníquese al 800-524-9242 o al (TTY: 888-781-4262).

注意: 如果您说普通话, 我们可免费为您提供语言协助服务。请拨打 800-524-9242 或 (听障专线: 888-781-4262)。

CHÚ Ý: Nếu quý vị nói tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ miễn phí có sẵn cho quý vị. Xin hãy liên hệ 800-524-9242 hoặc (TTY: 888-781-4262).

NAPOMENA: Ako govorite hrvatski, dostupna Vam je besplatna podrška na Vašem jeziku. Kontaktirajte 800-524-9242 ili (tekstualni telefon za osobe oštećena sluha: 888-781-4262).

ACHTUNG: Wenn Sie deutsch sprechen, stehen Ihnen kostenlose sprachliche Assistenzdienste zur Verfügung. Rufnummer: 800-524-9242 oder (TTY: 888-781-4262).

تنبيه: إذا كنت تتحدث اللغة العربية، فإننا نوفر لك خدمات المساعدة اللغوية، المجانية. اتصل بالرقم 800-524-9242 أو (خدمة الهاتف النصي: 888-781-4262).

ສິ່ງຄວນເອົາໃຈໃສ່, ພາສາລາວ ຖ້າທ່ານເວົ້າ: ພວກເຮົາມີບໍລິການຄວາມຊ່ວຍເຫຼືອດ້ານພາສາໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ ຫຼື 800-524-9242 ຕິດຕໍ່ທີ. (TTY: 888-781-4262.)

주의: 한국어 를 사용하시는 경우, 무료 언어 지원 서비스를 이용하실 수 있습니다. 800-524-9242번 또는 (TTY: 888-781-4262)번으로 연락해 주십시오.

ध्यान रखें : अगर आपकी भाषा हिन्दी है, तो आपके लिए भाषा सहायता सेवाएँ, नि:शुल्क उपलब्ध हैं। 800-524-9242 पर संपर्क करें या (TTY: 888-781-4262)।

ATTENTION : si vous parlez français, des services d'assistance dans votre langue sont à votre disposition gratuitement. Appelez le 800 524 9242 (ou la ligne ATS au 888 781 4262).

Geb Acht: Wann du Deutsch schwetze duscht, kanschst du Hilf in dei eegni Schprooch koschdefrei griege. Ruf 800-524-9242 odder (TTY: 888-781-4262) uff.

โปรดทราบ: หากคุณพูด ไทย เรามีบริการช่วยเหลือด้านภาษาสำหรับคุณโดยไม่คิดค่าใช้จ่าย ติดต่อ 800-524-9242 หรือ (TTY: 888-781-4262)

PAG-UKULAN NG PANSIN: Kung Tagalog ang wikang ginagamit mo, may makukuha kang mga serbisyong tulong sa wika na walang bayad. Makipag-ugnayan sa 800-524-9242 o (TTY: 888-781-4262).

တၢ်ဒုးသ့ၣ်ညါ-နမ့ၢ်ကတိၢ်ကညိၣ်န့ၢ်. န့ၢ်တၢ်မၤစၢၤတၢ်ဝဲးတၢ်မၤတၢ်ဝဲး, လၢတၢ်ဝဲးလၢတၢ်ဝဲးလၢ. ခိၣ်လၢန့ၢ်ဝဲၤ. ခဲးကိၣ်ဆူၣ် ၈၀၀-၅၂၄-၉၂၄၂ မ့ၢ်တမ့ၢ် (TTY: ၈၈၈-၇၈၁-၄၂၆၂) တတ့ၢ်.

ВНИМАНИЕ! Если ваш родной язык русский, вам могут быть предоставлены бесплатные переводческие услуги. Обращайтесь 800-524-9242 (телетайп: 888-781-4262).

सावधान: यदि तपाईं नेपाली बोल्नुहुन्छ भने, तपाईंका लागि नि:शुल्क रूपमा भाषा सहायता सेवाहरू उपलब्ध गराइन्छ। 800-524-9242 वा (TTY: 888-781-4262) मा सम्पर्क गर्नुहोस्।

ማሳሰቢያ: ከግርግር ገግናገገ ከሆነ፣ የቋንቋ አገዛ አገልግሎቶቻችን ከክፍያ ነፃ፣ ያገኛሉ። በ 800-524-9242 ወይም በ(TTY: 888-781-4262) ደውሎ ያነጋገሩን።

HEETINA To a wolwa Fulfulde laabi walliinde dow wolde, naa e njobdi, ene ngoodi ngam maada. Hebir 800-524-9242 malla (TTY: 888-781-4262).

FUULEFFANNA: Yo isin Oromiffaa, kan dubbattan taatan, tajaajiloonni gargaarsa afaanii, kaffaltii malee, isiniif ni jiru. 800-524-9242 yookin (TTY: 888-781-4262) quonnaamaa.

УВАГА! Якщо ви розмовляєте українською мовою, для вас доступні безкоштовні послуги мовної підтримки. Зателефонуйте за номером 800-524-9242 або (телетайп: 888-781-4262).

Ge': Diné k'éhjí yáníłti'go níká bizaad bee áká' adoowoł, t'áá jiik'é, náhóló. Kojí' hóline' 800-524-9242 doodaii' (TTY: 888-781-4262)



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ACCOUNT INFORMATION AND BINDER AGREEMENT

IGHCP- HARDIN COUNTY	7/1/2020	00042085	000036783
Account Legal Name	Effective Date	Account Key	Group Number

Physical Address

1215 Edgington Ave., Suite 1		
Address Line 1	Address Line 2	
Eldora	IA	50627-1700
City	State	Zip

Billing Address (if different than physical address)

- Alternate Location
 3rd Party Billing Service *(If checked, account acknowledges the Wellmark Group Statement or premium invoice, delivered periodically to any third party service provider, can be viewed by account, by registering for electronic billing at Wellmark.com.)*

214 N. Main St.		
Address Line 1	Address Line 2	
Burlington	IA	52601
City	State	Zip

Customer Contacts

Administrative (executive contact)	Phone	Fax
	Email	
Ashley McCain	319-753-3948	
Billing (recipient of bills)	Phone	Fax
	amccain@ebs-tpa.com	
	Email	

Producer Designation (continued)

Producer Firm Address 1	City	State	Zip
Denise Ballard	dballard@tworiversins.com		319-758-8408
Primary Contact Name	Email	Phone	

Authorization to Release Group Health Plan Information and Protected Health Information to Consultant

By signing below, the Employer hereby authorizes and directs Wellmark, Inc. to disclose to the above, designated Consultant certain group health plan information and Protected Health Information regarding participants in the employer-sponsored group health plan for the purpose of the Consultant's administration of the Employer's group health plan. The Employer authorizes Wellmark to disclose such information via secure online access through Wellmark's website, including the following website applications which contain information the Employer considers necessary to provide to the Consultant in order to conduct operations of the Employer's group health plan:

- Member Maintenance/Update Member Information
- Employer Reports
- Update Other Insurance Information/Coordination of Benefits
- Check Claims Status
- eBilling Services
- Eligibility Verification Benefits Information (EVBI)

Yes, I authorize my Consultant to access this information.

By signing below, the Employer authorizes Wellmark to provide the Consultant access to this information on an ongoing basis without further authorization. The Employer represents and agrees that 1) The Consultant is considered a Business Associate of the Employer, not Wellmark, Inc., 2) The information to be disclosed is considered confidential, 3) The Consultant has provided satisfactory assurance to the Employer that the Consultant will properly safeguard and not further disclose the information, 4) Wellmark shall not be liable or responsible for any misuse or wrongful disclosure of such information by the Employer or its Consultant, 5) The Employer agrees to indemnify and hold Wellmark harmless from and against any claim, cause of action, liability, damage, cost or expense, including attorney's fees and court or proceeding costs, arising out of, or in connection with, any misuse or wrongful disclosure of the information by the Employer, or its Consultant. The Employer acknowledges that the Consultant will be required to agree to Wellmark's website terms and conditions upon registering for access to such information.

No, I do not authorize my Consultant to access this information.

Secondary Consultant

There is no secondary consultant on file. You may add one below.

Secondary Consultant Name	Email Address	Phone
Cindy Allen	callen@tworiversins.com	319-758-8451

Authorization to Release Protected Health Information for Third-Party Explanation of Benefits

\$10/Employee/Year

Account directs and authorizes Wellmark to release claim benefit information for participants in the Account's Group Health Plan for the purpose of administering a health plan (including a flexible spending account, health savings account, medical reimbursement account or a fully or partially self-funded health plan.) Account acknowledges that the information to be disclosed is Protected Health Information ("PHI"), as defined under HIPAA. Account Agrees that it shall be liable for any misuse or wrongful disclosure of PHI by the Account or third party. Account also agrees to indemnify and hold Wellmark harmless from and against any claim, cause of action, liability, damage, cost or expense, including attorney's fees and court or proceeding costs, arising out of or in connection with any misuse or wrongful disclosure of PHI by Account or third party

3rd Party EOB Contact Information:

7/1/2020
Effective Date

Authorization to Release Protected Health Information for Third-Party Explanation of Benefits (continued)

Name	Phone	Email	Third-Party EOB Vendor
Karen Palar	319-758-8477	kpalar@ebs-tpa.com	Employee Benefit System

All Account Units

OR

Only the following Account Units:

Account Units

General Account Information

Sharon Bowlin	067	Sharon Bowlin	067
Wellmark Business Developer	Rep ID #	Wellmark Retention Account Manager	Rep ID #

January	July	IGP	
Contact Month	Plan Year Month	Unique Alpha Prefix	SIC Code

Iowa Governmental Health Care Program (IGHCP)

Association

Wellmark **IS** the Exclusive Carrier

Blues Enroll

Enrollment Method

Current Carrier / TPA

Open Enrollment Period*

**Enrollment Period is the period in which employees can enroll within a plan or plans, and/or when written application materials are provided to employees, if sooner.*

The account will hold an open enrollment: YES NO

If YES, fill in open enrollment period dates:

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Starting date

Ending date

Funding Arrangement

Fully Insured

Funding Arrangement

Product

Health Pharmacy Dental

New Hire Waiting Period

The period of time newly hired members and family dependents must wait before becoming eligible for coverage.

Eligible on date of hire (example: if hired 2/15, eligible 2/15). Note: premiums will be pro-rated, fully insured only.

OR

Eligible 1st of the month following date of hire (example: if hired 2/15, eligible 3/1). Select option for 1st of the month hire date:

Eligible on date of hire (example: if hired 3/1, eligible 3/1).

Eligible on 1st of the following month (example: if hired 3/1, eligible 4/1).

OR

Eligible 1st of the following month. Select one:

30 days (example: if hired 2/15, eligible 4/1).

60 days (example: if hired 2/15, eligible 5/1).

Other - Define with an example below.

Define other

Guarantees

Not Applicable

Health Care Management Services

Not Applicable

Representation of Grandfathered Status under the Affordable Care Act

Not Applicable

Plan Year Designation

Your group health plan's designated plan year is significant for the implementation of ERISA, HIPAA, and ACA-provisions and guidelines. If no Plan Year Start Date is indicated, the plan year will default to the benefit year used under the plan, typically Jan. 1.

ACA Plan Year Start

Document Source*

* Provide Document Source if Plan Year does not begin on the effective date of the annual renewal period.

Common Credible Document Sources:

* 5500 Form (5500 Form must be filed for Health Plan)

* 509 (a) Certificate filed by self-funded public bodies

* Summary Plan Document (SPD) if Plan Year is defined

* CMS Disclosure Form (if there is no contradictory Plan Year information within other Plan documents)

COBRA

Not Applicable

This Large Group Account Information and Binder Agreement ("Binder Agreement") serves solely as evidence of Wellmark's agreement to provide the health insurance coverage or administrative services and to provide services for any applicable stop loss insurance coverage indicated above. The Account agrees to the terms and payment obligations stated herein and agrees to pay Wellmark the applicable rates, administrative fees, and/or stop loss premium stated in the attached documentation. Execution of the Binder Agreement by the Account authorizes Wellmark to implement the administration of this coverage including the processing and settlement of claims for members of the Account's group health plan incurred within the Rating Period stated in the attached Rating Exhibit. On or about the effective date of coverage, Wellmark shall issue and execute a definitive agreement which may be a Group Insurance Policy, Administrative Services Agreement and or Stop Loss Policy, depending on the nature of the group health plan. The definitive Agreement will set forth the rights and responsibilities of Wellmark and the Account. Account's payment to Wellmark of the applicable fees as of the effective date is evidence of Account's agreement to the terms specified in the definitive agreement.

Signatures on this Binder Agreement confirm that the Binder Agreement and the subsequent definitive agreement are issued for delivery in either Iowa or South Dakota, as applicable. Account understands and agrees that Wellmark defines a National Account as any company headquartered in Wellmark's service area of Iowa or South Dakota but which also has employees working at locations in other states whose claims are processed through the Blue Cross and Blue Shield Association's Blue Card program. If the Account is not headquartered in Wellmark's service area, coverage may be limited to employees associated with Account locations in Wellmark's service, and coverage will be void for any persons associated with Account locations outside Wellmark's Service Area unless express consent is obtained from the local Blue Cross or Blue Shield licensee.

Account acknowledges and agrees that it has reviewed and approved this Binder Agreement and all attachments. Account acknowledges Wellmark will rely on the information contained in this Binder Agreement, and all of the attachments hereto, including but not limited to the SBC Employer Data Form, Medicare Secondary Payer Addendum, Rate Exhibits, Health and Care Management rates, Online Benefit Summary (OBS), COBRA Agreements, representations of grandfathered status and any performance guarantee information. Account represents to Wellmark that the information contained herein is correct.

This Binder Agreement shall expire upon Wellmark's issuance and execution of the definitive agreement (either the Group Insurance Policy, or Administrative Services Agreement and Stop Loss Policy, if applicable), EXCEPT that any COBRA Agreements, Health and Care Management Programs/Services Rating Exhibit, will remain in effect and become a part of the definitive agreement. It is understood that the Wellmark may continue to rely on the designations of individuals and authorizations made herein until the Account withdraws such designations or authorizations or provides updated designations and authorizations. It is understood and agreed that the terms and conditions of the definitive agreement and benefits document(s) issued by Wellmark to the Account, and the terms and conditions of the definitive stop loss policy issued by stop loss carrier, if any, shall govern and control the terms stated in this Binder. Any inconsistency between this Binder Agreement, including attachments, and any subsequently issued definitive agreement(s) shall be construed in favor of the subsequently issued definitive agreement. This Binder Agreement shall be governed in accordance with Iowa Law.

ACCOUNT:

By (sign here)

Printed Name

Title

Date

For Internal Use Only

IA

New Group

New group within the IGHCP trust and the billing unit will be 0430.

Notes

19-20 Fiscal Year

0001-1-05-1000-440003
 0001-1-05-1000-440004
 0001-1-05-9000-440001

March fees

Civil Fees \$ 2,363.06
 Civil Mileage \$ 875.59
 Mental Transports
\$ 3,238.65

19-20 Fiscal Year

0001-1-05-1000-250100
 0001-1-05-1000-250200
 0001-1-05-9000-440002
 0001-1-05-1000-440006
 0001-1-05-1000-441000
 0001-1-05-1000-443000
 0001-1-05-1000-445000
 0001-1-05-1000-550001
 0001-1-05-1000-850100
 0001-1-05-1000-440007
 0001-4-05-1000-259465

March fees

Contract Law \$ 16,035.42
 Care Prisoners \$ 139,090.92
 Driving Records \$ -
 Purchase Permits \$ 250.00
 Weapon Permits \$ 1,640.00
 Work Release \$ -
 Sex Offender Reg. \$ -
 Copy Reports \$ 40.00
 CO ENF Surcharge \$ 287.50
 Fingerprint fees \$ 70.00
 Social Security Reward
Total: \$ 157,413.84

Total fees**\$ 160,652.49**

Funds paid to Treasurer
 on 3/31/2020

FY 19/20