

**FILLMORE COUNTY
BOARD OF COMMISSIONERS
MEETING AGENDA**

September 7, 2021

Fillmore County Courthouse, 101 Fillmore Street – Preston, MN

Mitch Lentz – First District

Larry Hindt – Third District

Randy Dahl – Second District

Duane Bakke – Fourth District

Marc Prestby – Fifth District

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**The Fillmore County Board continues to have in-person / virtual meetings so that the public can participate in the meeting by phone or virtually if they choose. To participate by phone Dial Toll Free 1-844-621-3956 or US Toll 1-415-655-0001 and enter Access Code 2481 041 1899; to participate virtually go to [www.webex.com](http://www.webex.com), click on “join meeting” in top right corner of your screen; then enter the Meeting ID, 2481 041 1899 may need password TmP6mddTv85**

9:00 a.m.      Pledge of Allegiance

Approve agenda

Approve Consent Agenda:

1. Approve August 24, 2021 County Board minutes
2. Approve Serenity Hills Liquor License Renewal
3. Approve 2021 Tobacco Licenses

Approve Commissioners Warrants

Review Finance Warrants

9:05 a.m.      Lynn Mensink, SEMCAC

1. Consider resolution authorizing acceptance and execution of Minnesota Housing Finance Agency Family Homeless Prevention & Assistance Program

9:15 a.m.      Tim Penny, President & CEO of Southern Minnesota Initiative Foundation

1. Annual presentation for Southern Minnesota Initiative Foundation

9:30 a.m.      Citizen’s Input

9:35 a.m.      Jessica Erickson, Director of Nursing

1. Consider approval to purchase additional chairs with grant funding
2. COVID update

9:45 a.m.      Jessica Erickson, Director of Nursing; Kevin Olson, Social Services Manager; Jason Marquardt, Veteran Services Officer; and Diane Olson, Lead Fiscal Officer

1. Review 2022 Community Services Budgets
  - a. Public Health
  - b. Social Services & Local Collaborative
  - c. Veteran Services

10:15 a.m.      Drew Hatzenbihler, Solid Waste Administrator

1. Consider Resolution to set current market value for MSW at \$81.67 in Pursuance of Minnesota Statutes, Chapter 297H

# FILLMORE COUNTY BOARD OF COMMISSIONERS

September 7, 2021 Meeting

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- 10:25 a.m. Ron Gregg, Highway Engineer
1. Consider moving the surface reconditioning project for CSAH 30 into the year 2022 and moving the CSAH 2 surface reconditioning project to the year 2024
  2. Consider weed spraying on the south half of the County for fall. Consider approval for the use of unallocated funds in the Highway department for budget for fall spraying
  3. Consider the recommendation on the spending of the County Coronavirus Response and Relief Supplemental Appropriations Act (CRRSAA) funds received in the Highway department on current SAP 023-615-017 CSAH 15 from CSAH 44 to Granger
  4. Consider entering into an agreement with the owners of the Thompson Pit to continue to obtain winter sand for use on County Roads
  5. Consider a final payment resolution for the 2021 Contracted Rock for Orval Sorum & Sons
  6. Consider a final payment resolution for the 2021 Contracted Rock for Milestone Materials
- 10:45 a.m. Chris Hahn, EDA
1. Consider resolution for Fillmore County EDA's participation in the initial feasibility and planning process for a potential regional application to the Federal EDA – Build Back Better Regional Challenge as recommended by the Fillmore County EDA Board
- 11:00 a.m. Lindsie Engle, Human Resources
1. Consider request to hire a temporary part time up to full time Building Maintenance position to cover current employee's leave of absence
  2. Discussion with possible action regarding 2022 health plan
  3. Consider request to initiate contract with Medsurety for COBRA and retiree outsourcing
- 11:15 a.m. Bobbie Hillery, Administrator
1. Discussion with possible action regarding the University of Minnesota Extension Agreement for 2022-2024
  2. Consider appointment of John Zanmiller to Community Corrections Task Force At-Large Seat
  3. Consider appointment of Tom Mosher to Community Corrections Task Force District 1 Seat

Calendar review, Committee Reports and Announcements

## Meetings:

|                                      |            |                                                           |               |
|--------------------------------------|------------|-----------------------------------------------------------|---------------|
| Tuesday, September 7 <sup>th</sup>   | 9:00 a.m.  | Board Meeting                                             | ALL           |
| Wednesday, September 8 <sup>th</sup> | 12:00 p.m. | DFO Joint Powers Board (Olmsted County Government Center) | Bakke/Prestby |
| Monday, September 13 <sup>th</sup>   | 6:00 p.m.  | DAC (DAC Building)                                        | Lentz         |
| Monday, September 13 <sup>th</sup>   | 6:30 p.m.  | SEMCAC (St. Charles)                                      | Dahl          |
| Tuesday, September 14 <sup>th</sup>  | 7:30 a.m.  | Safety/EM Meeting (Room 102U in Court House)              | Prestby/Hindt |
| Tuesday, September 14 <sup>th</sup>  | 9:00 a.m.  | Board Meeting                                             | ALL           |

## COMMITTEE OPENINGS:

Community Corrections Task Force – District 2

meets quarterly at noon

This is a preliminary draft of the August 24, 2021, minutes as interpreted by the Clerk of the Board for use in preparing the official minutes. It is expected that there will be corrections, additions, and/or omissions before the final minutes are reviewed and officially approved by the County Board.

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The Board of County Commissioners of Fillmore County, Minnesota met in special session this 24th day of August, 2021, at 9:00 a.m. in the Commissioners' Board Room, Fillmore County Courthouse, in the City of Preston.

The following members were present: Commissioners Marc Prestby, Larry Hindt, Randy Dahl, Mitch Lentz and Duane Bakke. Bobbie Hillery, Administrator/Clerk; Laura Christianson, Soil & Water Conservation District; Cristal Adkins, Zoning Administrator; Ron Gregg, Highway Engineer; Pam Schroeder, Highway/Airport Office Manager; Brent Kohn; Maintenance Superintendent; Jessica Erickson, Director of Nursing; Lori Affeldt, Finance Director; Lindsie Engle, Human Resources Officer; Bonita Underbakke and Karen Reisner, Fillmore County Journal.

Also, present via WebEx: Tara Kraling, Accounting Technician; Jason McCaslin, Assessor; Kristi Ruesink, Accounting Technician; Chris Hahn, CEDA; and Anne Koliha, SWCD.

The Pledge of Allegiance was recited.

On motion by Hindt and seconded by Lentz, the Board unanimously approve the amended Agenda, which added Terry Schultz, Building Maintenance Supervisors with a request to consider concrete pad replacement quotes and Ron Gregg had an added item for the Highway to request the purchase of a used pay loader.

On motion by Prestby and seconded by Hindt, the Board unanimously approved the following Consent Agenda:

1. Approve August 10, 2021 County Board Minutes

On motion by Bakke and seconded by Hindt, the Board unanimously approved the Commissioner's Warrants.

The Finance Department warrants were reviewed.

Laura Christianson, Soil and Water Conservation District, was present.

Laura Christianson, Soil and Water Conservation District proposed her 2022 Appropriation for SWCD and budget. Christianson spoke about Conservation projects and the accomplishments SWCD has had the past year.

Cristal Adkins, Zoning Administrator, was present.

On motion by Lentz and seconded by Hindt, the Board unanimously approved an access permit for Dan Miller, section 21 of Bloomfield Township.

Cristal Adkins presented the proposed 2022 budgets for Zoning and Feedlot, noting a few minor changes and discussed that additional dollars were budgeted for SSTS and Feedlot due to not having a replacement yet for the open position.

Ron Gregg, Highway Engineer and Pam Schroeder, Highway Airport/Office Manager, were present.

Ron Gregg presented the proposed 2022 budgets for Highway, Airport and Surveyor. Discussion ensued regarding the replacement for Jeff Brand, Surveyor due to his upcoming retirement.

On motion by Bakke and seconded by Prestby, the following Resolution was adopted unanimously: **RESOLUTION 2021-042:** Contract for SAP 23-634-005 with Midwest Contracting Inc.

On motion by Bakke and seconded by Prestby, the Board unanimously approved the bid results from Rochester Sand and Gravel in the amount of \$523,856.75 for the Lanesboro Fish Hatchery Project SAP 023-600-006.

On motion by Prestby and seconded by Hindt, the Board unanimously approved the purchase of a used pay loader for \$45,800.00 from RDO Equipment.

Discussion was had regarding replacement of faded signs throughout the County. It was requested that a letter be sent to Townships from the County Engineer regarding the faded signs.

The Chair recessed the meeting at 10:58 a.m. and resumed back in session at 11:08 a.m.

Citizens input opened and closed at 11:08 a.m. as no one was present to speak.

Jessica Erickson, Director of Nursing was present.

On motion by Bakke and seconded by Lentz, the Board unanimously approved the purchase of 25 chairs with grant funding for \$8,182.25 from Schmidt Goodman Office Products.

Jessica Erickson reviewed the Community Health Board's grant expenditures year to date prior to the Joint Board of Health meeting.

Erickson provided a COVID update and noted that Public Health will be providing another school option for student vaccinations. Erickson provided a breakdown of COVID cases from the past two weeks as well as a monthly breakdown of cases in Fillmore County. The breakdown was June had seven cases; July had fifty cases; August has one hundred and thirteen cases to date. Hillery noted that we have had cases internally in the County buildings so we are asking people to quarantine based upon symptoms and we are currently tracking cases as they come in. Erickson will look into options for COVID precautions when entering County buildings.

Terry Schultz, Buildings Maintenance Supervisor, was present.

On motion by Bakke and seconded by Hindt, the Board unanimously approved the low quote from Storelee Cement and Masonry in the amount of \$2,980.00 for replacing a concrete pad where the bike rack sits on the North side of the Courthouse.

Lori Affeldt, Finance Director, was present.

Affeldt presented the proposed 2022 budget for the Finance Department.

Affeldt also presented an Audit Update for 2020, stating that she and her staff are working through the requests from the Auditors and is expecting to be finished on a timely basis.

Lindsi Engle, Human Resources Officer, was present.

On motion by Hindt and seconded by Lentz, the Board unanimously approved the request to hire Julia McCaslin as Accounting Technician in the Administrator's Office, at Grade 7/Step 1; \$21.55/hour, effective 9/8/2021 as recommended by the Hiring Committee.

On motion by Prestby and seconded by Bakke, the Board unanimously approved the request to hire Aimee Stettler as Accounting Technician in the Assessor's Office, at Grade 7/Step 1; \$21.55/hour, effective 9/13/2021 as recommended by the Hiring Committee.

Bobbie Hillery, County Administrator, was present and reviewed her proposed 2022 budgets.

A review of the calendar was made with the following committee reports and announcements given: Lentz- Criminal Justice Coordinator Committee meeting and Zumbro Valley Health; Dahl/Lentz- Community Services; Hindt- CBH Advisory. Hillery reminded Board members about the Joint Board of Health meeting at 1:00 p.m.

On motion by Prestby and seconded by Hindt, the Chair adjourned the meeting at 12:12 p.m.



Minnesota Department of Public Safety  
Alcohol & Gambling Enforcement Division  
445 Minnesota Street, 1600  
St Paul, Minnesota 55101  
651-201-7507

RENEWAL OF LIQUOR, WINE, CLUB OR 3.2% LICENSES

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

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

License Code CTONSS License Period Ending 9/29/2021 Iden: 70042  
Issuing Authority Fillmore Co  
Licensee Name Serenity Hills LLC  
Trade Name  
Address 21630 US 52/PO Box 127  
Preston, MN 55965  
Business Phone 507-259-5866  
License Fees: Off Sale \$0.00 On Sale \$1,200.00 Sunday \$50.00

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

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

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

Licensee has attached a liquor liability insurance certificate that corresponds with the license period in city/county where license is issued. \$100,000 in cash or securities or \$310,000 surety bond may be submitted in lieu of liquor liability. (3.2 & liquor licenses are exempt if sales are less than \$25,000 at on sale, or \$50,000 at off sale).

Debbie Bristau 11-07-1616 [Redacted] 08-20-21  
Licensee Signature DOB SSN Date  
(Signature certifies all above information to be correct and license has been approved by city/county.)

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

County Attorney Signature  
County Board issued licenses only (Signature certifies licensee is eligible for license.) Date

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



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/17/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

|                                                                                                  |  |                                                                                                                                     |  |                                                                                                                                                        |  |                 |
|--------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------|
| <b>PRODUCER</b><br>Harmony Insurance Group<br>103 Main Ave N<br>P.O. Box 357<br>Harmony MN 55939 |  | <b>CONTACT</b><br>NAME: Tabatha Holland<br>PHONE (A/C No, Ext): 5078862100<br>E-MAIL: tabatha@harmonyinsurancegroup.com<br>ADDRESS: |  | <b>INSURER(S) AFFORDING COVERAGE</b><br>INSURER A: AUTO OWNERS INS CO<br>INSURER B: SCOTTSDALE<br>INSURER C:<br>INSURER D:<br>INSURER E:<br>INSURER F: |  | NAIC #<br>18988 |
| <b>INSURED</b><br>Serenity Hills LLC<br>21630 US 52<br>PO Box 127<br>Preston, MN 55965           |  |                                                                                                                                     |  |                                                                                                                                                        |  |                 |

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE                                                                                                                                                                                                                                                                                               | ADDL SUBR INSD WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                                                                                                                                                                                                   |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|---------------|-------------------------|-------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO JECT <input type="checkbox"/> LOC<br>OTHER: |                    | 08567029      | 12/15/2020              | 12/15/2021              | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000<br>MED EXP (Any one person) \$ 10,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 3,000,000<br>PRODUCTS - COMPOF AGG \$ 3,000,000 |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY                                                               |                    |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$                                                                                          |
|          | <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br><input type="checkbox"/> DED <input type="checkbox"/> RETENTIONS                                                                                          |                    |               |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$                                                                                                                                                                                                       |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in MN)<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                                                                                                   | Y/N                | N/A           |                         |                         | PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/><br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$                                                                          |
| B        | Liquor Liability                                                                                                                                                                                                                                                                                                |                    | 2018000303    | 01/15/2021              | 01/15/2022              | 1,000,000                                                                                                                                                                                                                                |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Coverage in-place until cancelled.

## CERTIFICATE HOLDER

## CANCELLATION

|                                                         |                                                                                                                                                                                                               |
|---------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Fillmore County<br>101 Fillmore St<br>Preston, MN 55965 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br>AUTHORIZED REPRESENTATIVE<br>James T. Lutes |
|---------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|



Minnesota Department of Public Safety  
Alcohol & Gambling Enforcement Division  
445 Minnesota Street  
St Paul , Minnesota 55101



U.S. POSTAGE PITNEY BOWES



ZIP 55155 \$ 000.36<sup>0</sup>

Serenity Hills LLC  
21630 US 52 PO Box 127 15 2021  
Preston, MN, 55965

**Retailer's ID Card**

Liquor License Iden

70042

Expires On

9/29/2022



## 2021 Tobacco Licenses Tracking

| Licensee Name                             | DBA                                                                          | Mailing Address                                                                          | License Location                                            | License # | Renewal Letter Sent                                                       | Received Application/Fees | Agenda Date | Approved | Mailed to Customer | Faxed to State |
|-------------------------------------------|------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----------|---------------------------------------------------------------------------|---------------------------|-------------|----------|--------------------|----------------|
| Casey's Retail Company                    | Casey's General Stores #2993                                                 | Casey's General Stores Attn: Mikael Ahrens P.O. Box 3001 Ankeny, IA 50021 1-800-582-2611 | Casey's General Stores #2993 875 Hwy 52 N Preston, MN 55965 | 2021-01   | N/A                                                                       | 8/9/2021                  |             |          |                    |                |
| CHS/Gurek                                 | CHS Chatfield                                                                | Gurek Inc. 418 Main Street Chatfield, MN 55923                                           | CHS 404 Main St S Chatfield, MN 55923                       | 2021-04   | 8/19/2021                                                                 | 8/23/2021                 |             |          |                    |                |
| Family Dollar Inc # 30453                 | Family Dollar Inc #30453                                                     | Family Dollar Inc. #10453 Attn: Licensing 500 Volvo Parkway Chesapeake, VA 23320         | Family Dollar Inc #30453 710 Hwy 52 N Preston, MN 55965     | 2021-02   | Sent even though we should be receiving the check and application any day | 9/2/2021                  |             |          |                    |                |
| Contact: Vince Vigiletti                  | <a href="mailto:vvigiletti@familydollar.com">vvigiletti@familydollar.com</a> |                                                                                          |                                                             |           | 8/19/2021                                                                 |                           |             |          |                    |                |
| Gilbertson-Rude American Legion Post #526 | Peterson American Legion Post #526                                           | Gilbertson - Rude Post #526 PO Box 7 Peterson, MN 55962                                  | Peterson American Legion 400 Mill St Peterson, MN 55962     | 2021-03   | 8/19/2021                                                                 | 8/30/2021                 |             |          |                    |                |
| Kwik Trip Inc                             | Harmony Kwik Trip #848                                                       | Kwik Trip Inc #848 PO Box 2107 LaCrosse, WI 54602                                        | Harmony Kwik Trip 415 Main Ave N Harmony, MN 55939          | 2021-05   | 8/19/2021                                                                 | 8/30/2021                 |             |          |                    |                |
| Preston Motor Mart                        | S & A Petroleum Inc                                                          | S & A Petroleum PO Box 342 Lanesboro, MN 55949                                           | Preston Motor Mart 209 Kansas St NW Preston, MN 55965       | 2021-06   | 8/19/2021                                                                 | 8/26/2021                 |             |          |                    |                |
| Shooters of Wykoff LLC                    | Shooters                                                                     | Shooters On/Off Sale 113 Gold St N Wykoff, MN 55990                                      | Shooters On/Off Sale 113 Gold St N Wykoff, MN 55990         | 2021-08   | 8/19/2021                                                                 | 8/27/2021                 |             |          |                    |                |
| Goodies & Gas LLC                         | Goodies & Gas LLC                                                            | Goodies & Gas LLC 104 Front Street E Wykoff, MN 55990                                    | Goodies & Gas LLC 104 Front Street E Wykoff, MN 55990       | 2021-09   | 8/19/2021                                                                 | 8/26/2021                 |             |          |                    |                |



bharmening

9/2/21 12:17PM

1 County Revenue Fund

## \*\*\* Fillmore County \*\*\*



Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES

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|    | Vendor      | Name                              | Rpt  |        | Warrant Description            | Invoice #     | Account/Formula Descripti     | 1099 |
|----|-------------|-----------------------------------|------|--------|--------------------------------|---------------|-------------------------------|------|
|    | No.         | Account/Formula                   | Accr | Amount | Service Dates                  | Paid On Bhf # | On Behalf of Name             |      |
| 3  | DEPT        |                                   |      |        | Board Of Commissioners         |               |                               |      |
|    | 5887        | Dahl/Randy                        |      |        |                                |               |                               |      |
|    |             | 01-003-000-0000-6335              |      | 101.92 | August Mileage                 |               | Employee Automobile Allowance | N    |
|    |             |                                   |      |        | 08/03/2021 08/24/2021          |               |                               |      |
|    | 5887        | Dahl/Randy                        |      | 101.92 | 1 Transactions                 |               |                               |      |
|    | 82132       | Fillmore Co Journal               |      |        |                                |               |                               |      |
|    |             | 01-003-000-0000-6233              |      | 114.90 | Summary of 8/16 board mtg mins | 126056        | Publications                  | N    |
|    |             |                                   |      |        | 08/16/2021 08/16/2021          |               |                               |      |
|    | 82132       | Fillmore Co Journal               |      | 114.90 | 1 Transactions                 |               |                               |      |
|    | 1152        | Prestby/Marc                      |      |        |                                |               |                               |      |
|    |             | 01-003-000-0000-6335              |      | 50.40  | August meeting mileage         |               | Employee Automobile Allowance | N    |
|    |             |                                   |      |        | 08/03/2021 08/24/2021          |               |                               |      |
|    | 1152        | Prestby/Marc                      |      | 50.40  | 1 Transactions                 |               |                               |      |
| 3  | DEPT Total: |                                   |      | 267.22 | Board Of Commissioners         | 3 Vendors     | 3 Transactions                |      |
| 11 | DEPT        |                                   |      |        | District Court                 |               |                               |      |
|    | 4235        | DODA & MCGEENEY, P.A.             |      |        |                                |               |                               |      |
|    |             | 01-011-000-0000-6261              |      | 150.00 | CHIPS Court Appointed          | 25842         | Court Appointed Attorneys     | Y    |
|    |             |                                   |      |        | 07/01/2021 07/31/2021          |               |                               |      |
|    |             | 01-011-000-0000-6261              |      | 125.00 | Court Appointed                | 25847         | Court Appointed Attorneys     | Y    |
|    |             |                                   |      |        | 07/01/2021 07/31/2021          |               |                               |      |
|    | 4235        | DODA & MCGEENEY, P.A.             |      | 275.00 | 2 Transactions                 |               |                               |      |
|    | 5992        | Frederick S Suhler, Jr., Attorney |      |        |                                |               |                               |      |
|    |             | 01-011-000-0000-6261              |      | 340.00 | Court Appt Atty                | 23-JV-21-233  | Court Appointed Attorneys     | Y    |
|    |             |                                   |      |        | 05/27/2021 08/24/2021          |               |                               |      |
|    | 5992        | Frederick S Suhler, Jr., Attorney |      | 340.00 | 1 Transactions                 |               |                               |      |
| 11 | DEPT Total: |                                   |      | 615.00 | District Court                 | 2 Vendors     | 3 Transactions                |      |
| 41 | DEPT        |                                   |      |        | Auditor/Treasurer              |               |                               |      |
|    | 83550       | Kelly Printing & Signs LLC        |      |        |                                |               |                               |      |
|    |             | 01-041-000-0000-6402              |      | 227.78 | A/T envelopes                  | 226308        | Stationary And Forms          | N    |
|    |             |                                   |      |        | 08/24/2021 08/24/2021          |               |                               |      |

bharmening

9/2/21 12:17PM

1 County Revenue Fund

## \*\*\* Fillmore County \*\*\*



Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES

Page 3

|     | <u>Vendor Name</u>               | <u>Rpt</u>  | <u>Warrant Description</u> | <u>Invoice #</u>      | <u>Account/Formula Descripti</u> | <u>1099</u>                       |
|-----|----------------------------------|-------------|----------------------------|-----------------------|----------------------------------|-----------------------------------|
|     | <u>No. Account/Formula</u>       | <u>Accr</u> | <u>Amount</u>              | <u>Service Dates</u>  | <u>Paid On Bhf #</u>             | <u>On Behalf of Name</u>          |
|     | 83550 Kelly Printing & Signs LLC |             | 227.78                     | 1 Transactions        |                                  |                                   |
| 41  | DEPT Total:                      |             | 227.78                     | Auditor/Treasurer     | 1 Vendors                        | 1 Transactions                    |
| 60  | DEPT                             |             |                            | Information Systems   |                                  |                                   |
|     | 6677 CPS Technologies            |             |                            |                       |                                  |                                   |
|     | 01-060-000-0000-6640             |             | 1,895.00                   | Monthly Hosting Fee   | 380691                           | Equipment Purchased N             |
|     |                                  |             |                            | 09/01/2021 09/30/2021 |                                  |                                   |
|     | 6677 CPS Technologies            |             | 1,895.00                   | 1 Transactions        |                                  |                                   |
|     | 2545 Marco,Inc                   |             |                            |                       |                                  |                                   |
|     | 01-060-000-0000-6640             |             | 15,926.01                  | Contract base rate    | 9048734                          | Equipment Purchased N             |
|     |                                  |             |                            | 11/20/2020 11/19/2023 |                                  |                                   |
|     | 01-060-000-0000-6640             |             | 152.75                     | Legacy-Zix Hosting    | 9067730                          | Equipment Purchased N             |
|     |                                  |             |                            | 02/26/2021 02/25/2022 |                                  |                                   |
|     | 2545 Marco,Inc                   |             | 16,078.76                  | 2 Transactions        |                                  |                                   |
| 60  | DEPT Total:                      |             | 17,973.76                  | Information Systems   | 2 Vendors                        | 3 Transactions                    |
| 102 | DEPT                             |             |                            | Surveyor              |                                  |                                   |
|     | 106 Fillmore Co Treasurer        |             |                            |                       |                                  |                                   |
|     | 01-102-000-0000-6561             |             | 67.52                      | July Surveyor Fuel    |                                  | Gasoline Diesel And Other Fuels N |
|     |                                  |             |                            | 07/30/2021 07/30/2021 |                                  |                                   |
|     | 106 Fillmore Co Treasurer        |             | 67.52                      | 1 Transactions        |                                  |                                   |
| 102 | DEPT Total:                      |             | 67.52                      | Surveyor              | 1 Vendors                        | 1 Transactions                    |
| 105 | DEPT                             |             |                            | Planning And Zoning   |                                  |                                   |
|     | 82132 Fillmore Co Journal        |             |                            |                       |                                  |                                   |
|     | 01-105-000-0000-6241             |             | 14.36                      | PC Meeting Notice     | 126057                           | Advertising N                     |
|     |                                  |             |                            | 08/16/2021 08/16/2021 |                                  |                                   |
|     | 01-105-000-0000-6241             |             | 17.24                      | PC Meeting Notice     | 126058                           | Advertising N                     |
|     |                                  |             |                            | 08/16/2021 08/16/2021 |                                  |                                   |
|     | 01-105-000-0000-6241             |             | 17.24                      | PC Meeting Notice     | 126059                           | Advertising N                     |
|     |                                  |             |                            | 08/16/2021 08/16/2021 |                                  |                                   |
|     | 01-105-000-0000-6241             |             | 34.47                      | PC Meeting Notice     | 126060                           | Advertising N                     |
|     |                                  |             |                            | 08/16/2021 08/16/2021 |                                  |                                   |

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| Vendor | Name                                   | Rpt  | Amount   | Warrant Description            | Invoice #      | Account/Formula Descripti | 1099 |
|--------|----------------------------------------|------|----------|--------------------------------|----------------|---------------------------|------|
| No.    | Account/Formula                        | Accr |          | Service Dates                  | Paid On Bhf #  | On Behalf of Name         |      |
| 82132  | Fillmore Co Journal                    |      | 83.31    |                                | 4 Transactions |                           |      |
| 7003   | Olmsted County                         |      |          |                                |                |                           |      |
|        | 01-105-000-0000-6459                   |      | 614.60   | Water test kits                | 0921837        | Water Kits                | N    |
|        |                                        |      |          | 08/05/2021 08/05/2021          |                |                           |      |
| 7003   | Olmsted County                         |      | 614.60   |                                | 1 Transactions |                           |      |
| 5432   | Rupp,Anderson,Squires & Waldspurger,P. |      |          |                                |                |                           |      |
|        | 01-105-000-0000-6377                   |      | 536.78   | Professional Fees              | 13377          | Fees And Service Charges  | Y    |
|        |                                        |      |          | 06/02/2021 06/02/2021          |                |                           |      |
| 5432   | Rupp,Anderson,Squires & Waldspurger,P. |      | 536.78   |                                | 1 Transactions |                           |      |
| 105    | DEPT Total:                            |      | 1,234.69 | Planning And Zoning            | 3 Vendors      | 6 Transactions            |      |
| 106    | DEPT                                   |      |          | Unallocated Recording Fee      |                |                           |      |
| 4781   | Pro-West & Associates, Inc             |      |          |                                |                |                           |      |
|        | 01-106-000-0000-6637                   |      | 1,302.05 | Soils module update to program | 005655         | Software Expenses         | N    |
|        |                                        |      |          | 06/01/2021 08/27/2021          |                |                           |      |
| 4781   | Pro-West & Associates, Inc             |      | 1,302.05 |                                | 1 Transactions |                           |      |
| 106    | DEPT Total:                            |      | 1,302.05 | Unallocated Recording Fee      | 1 Vendors      | 1 Transactions            |      |
| 111    | DEPT                                   |      |          | Facilites Mtce                 |                |                           |      |
| 3448   | Reliable Pest Management               |      |          |                                |                |                           |      |
|        | 01-111-000-0000-6377                   |      | 45.00    | Rodent control at FCOB         | 11245          | Fees And Service Charges  | Y    |
|        |                                        |      |          | 08/06/2021 08/06/2021          |                |                           |      |
| 3448   | Reliable Pest Management               |      | 45.00    |                                | 1 Transactions |                           |      |
| 2621   | Schindler Elevator Corp.               |      |          |                                |                |                           |      |
|        | 01-111-000-0000-6377                   |      | 593.28   | Annual Elevator inspect FCOB   | 8105716821     | Fees And Service Charges  | N    |
|        |                                        |      |          | 09/01/2021 08/31/2022          |                |                           |      |
|        | 01-111-000-0000-6377                   |      | 612.84   | Annual elevator inspection CH  | 8105724215     | Fees And Service Charges  | N    |
|        |                                        |      |          | 09/01/2021 08/31/2022          |                |                           |      |
| 2621   | Schindler Elevator Corp.               |      | 1,206.12 |                                | 2 Transactions |                           |      |
| 26012  | Schultz/Terry                          |      |          |                                |                |                           |      |
|        | 01-111-000-0000-6377                   |      | 30.00    | Boiler license renewal         | DOLI B42       | Fees And Service Charges  | N    |
|        |                                        |      |          | 08/25/2021 08/25/2021          |                |                           |      |

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| Vendor | Name                                   | Rpt  | Amount    | Warrant Description      | Invoice #     | Account/Formula Descripti         | 1099 |
|--------|----------------------------------------|------|-----------|--------------------------|---------------|-----------------------------------|------|
| No.    | Account/Formula                        | Accr |           | Service Dates            | Paid On Bhf # | On Behalf of Name                 |      |
| 26012  | Schultz/Terry                          |      | 30.00     | 1 Transactions           |               |                                   |      |
| 111    | DEPT Total:                            |      | 1,281.12  | Facilites Mtce           | 3 Vendors     | 4 Transactions                    |      |
| 202    | DEPT                                   |      |           | Sheriff                  |               |                                   |      |
| 3550   | Emergency Automotive Technology, Inc   |      |           |                          |               |                                   |      |
|        | 01-202-000-0000-6652                   |      | 10,053.86 | New squad set up         | JOR21014      | Squad Car Equipment Purchased and | N    |
|        |                                        |      |           | 08/23/2021 08/23/2021    |               |                                   |      |
|        | 01-202-000-0000-6652                   |      | 10,566.44 | New squad set up         | JOR21015      | Squad Car Equipment Purchased and | N    |
|        |                                        |      |           | 08/23/2021 08/23/2021    |               |                                   |      |
| 3550   | Emergency Automotive Technology, Inc   |      | 20,620.30 | 2 Transactions           |               |                                   |      |
| 82133  | Fillmore Co Auditor-Treasurer          |      |           |                          |               |                                   |      |
|        | 01-202-000-0000-6561                   |      | 3,440.93  | July Sheriffs Fuel       |               | Gasoline Diesel And Other Fuels   | N    |
|        |                                        |      |           | 07/01/2021 07/31/2021    |               |                                   |      |
| 82133  | Fillmore Co Auditor-Treasurer          |      | 3,440.93  | 1 Transactions           |               |                                   |      |
| 111    | Fillmore Co Treasurer- Credit Card/ACH |      |           |                          |               |                                   |      |
|        | 01-202-000-0000-6205                   |      | 30.75     | USPS Certified mailings  |               | Postage And Postal Box Rent       | N    |
|        |                                        |      |           | 07/26/2021 08/02/2021    |               |                                   |      |
|        | 01-202-000-0000-6357                   |      | 75.00     | DMT Training             |               | Peace Officer Training Expense    | N    |
|        |                                        |      |           | 07/30/2021 07/30/2021    |               |                                   |      |
|        | 01-202-000-0000-6408                   |      | 46.98     | USB Drives               | 9089059       | Other Office Supplies             | N    |
|        |                                        |      |           | 08/14/2021 08/14/2021    |               |                                   |      |
| 111    | Fillmore Co Treasurer- Credit Card/ACH |      | 152.73    | 3 Transactions           |               |                                   |      |
| 202    | DEPT Total:                            |      | 24,213.96 | Sheriff                  | 3 Vendors     | 6 Transactions                    |      |
| 205    | DEPT                                   |      |           | Sheriff Contingent Funds |               |                                   |      |
| 4998   | Southland Auto LLC                     |      |           |                          |               |                                   |      |
|        | 01-205-000-0000-6382                   |      | 210.00    | Vehicle forfeiture tow   |               | Vehicle Forfeiture Exp Ms169A.63  | N    |
|        |                                        |      |           | 08/25/2021 08/25/2021    |               |                                   |      |
| 4998   | Southland Auto LLC                     |      | 210.00    | 1 Transactions           |               |                                   |      |
| 6350   | Stewartville Auto Center, Inc          |      |           |                          |               |                                   |      |
|        | 01-205-000-0000-6382                   |      | 99.75     | Vehicle forfeiture tow   | 21082421996   | Vehicle Forfeiture Exp Ms169A.63  | N    |
|        |                                        |      |           | 08/25/2021 08/25/2021    |               |                                   |      |

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| Vendor | Name                                   | Rpt  | Amount   | Warrant Description           | Invoice #     | Account/Formula Descripti          | 1099 |
|--------|----------------------------------------|------|----------|-------------------------------|---------------|------------------------------------|------|
| No.    | Account/Formula                        | Accr |          | Service Dates                 | Paid On Bhf # | On Behalf of Name                  |      |
| 6350   | Stewartville Auto Center, Inc          |      | 99.75    | 1 Transactions                |               |                                    |      |
| 205    | DEPT Total:                            |      | 309.75   | Sheriff Contingent Funds      | 2 Vendors     | 2 Transactions                     |      |
| 251    | DEPT                                   |      |          | County Jail                   |               |                                    |      |
| 111    | Fillmore Co Treasurer- Credit Card/ACH |      |          |                               |               |                                    |      |
|        | 01-251-000-0000-6245                   |      | 400.00   | Jail Admin Conf registration  |               | Registration Fees                  | N    |
|        |                                        |      |          | 08/11/2021 08/11/2021         |               |                                    |      |
|        | 01-251-000-0000-6337                   |      | 1,044.80 | Hotel fee-Jail Admin Confer   |               | Other Travel Expense               | N    |
|        |                                        |      |          | 09/14/2021 09/16/2021         |               |                                    |      |
|        | 01-251-000-0000-6377                   |      | 58.99    | Jail supplies/TV              |               | Fees And Service Charges           | N    |
|        |                                        |      |          | 07/27/2021 08/18/2021         |               |                                    |      |
| 111    | Fillmore Co Treasurer- Credit Card/ACH |      | 1,503.79 | 3 Transactions                |               |                                    |      |
| 81511  | Preston Foods                          |      |          |                               |               |                                    |      |
|        | 01-251-000-0000-6377                   |      | 75.57    | Jail supplies                 |               | Fees And Service Charges           | N    |
|        |                                        |      |          | 07/28/2021 08/17/2021         |               |                                    |      |
| 81511  | Preston Foods                          |      | 75.57    | 1 Transactions                |               |                                    |      |
| 251    | DEPT Total:                            |      | 1,579.36 | County Jail                   | 2 Vendors     | 4 Transactions                     |      |
| 441    | DEPT                                   |      |          | Public Health                 |               |                                    |      |
| 106    | Fillmore Co Treasurer                  |      |          |                               |               |                                    |      |
|        | 01-441-000-0000-6054                   |      | 2.26     | Covid Travel July 2021        |               | Immunization Cooperative Agreeemer | N    |
|        |                                        |      |          | 07/01/2021 07/29/2021         |               |                                    |      |
|        | 01-441-000-0000-6335                   |      | 74.79    | Nursing Travel July 2021      |               | Employee Automobile Allowance      | N    |
|        |                                        |      |          | 07/01/2021 07/29/2021         |               |                                    |      |
|        | 01-441-000-0000-6437                   |      | 8.53     | CTC Travel July 2021          |               | CTC Expenses                       | N    |
|        |                                        |      |          | 07/01/2021 07/29/2021         |               |                                    |      |
|        | 01-441-000-0000-6445                   |      | 16.81    | TANF Travel July 2021         |               | TANF Expenses                      | N    |
|        |                                        |      |          | 07/01/2021 07/29/2021         |               |                                    |      |
| 106    | Fillmore Co Treasurer                  |      | 102.39   | 4 Transactions                |               |                                    |      |
| 111    | Fillmore Co Treasurer- Credit Card/ACH |      |          |                               |               |                                    |      |
|        | 01-441-000-0000-6054                   |      | 3,133.80 | Paper shredder                | 0006651       | Immunization Cooperative Agreeemer | N    |
|        |                                        |      |          | 07/28/2021 07/28/2021         |               |                                    |      |
|        | 01-441-000-0000-6447                   |      | 94.40    | Surface Pro case & laptop bag | 3346628       | LPHA Grant Expenses                | N    |
|        |                                        |      |          | 08/12/2021 08/12/2021         |               |                                    |      |

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|--------|----------------------------------------|------|----------|-------------------------------|---------------|-----------------------------------|------|
| No.    | Account/Formula                        | Accr |          | Service Dates                 | Paid On Bhf # | On Behalf of Name                 |      |
|        | 01-441-000-0000-6447                   |      | 45.99    | Cordless calculator           | 5961836       | LPHA Grant Expenses               | N    |
|        |                                        |      |          | 08/05/2021 08/05/2021         |               |                                   |      |
|        | 01-441-000-0000-6447                   |      | 54.95    | Wireless keyboard             | 7345012       | LPHA Grant Expenses               | N    |
|        |                                        |      |          | 07/29/2021 07/29/2021         |               |                                   |      |
|        | 01-441-000-0000-6448                   |      | 6.99     | phone screen protectors       | 7596240       | Ship Grant Expenses               | N    |
|        |                                        |      |          | 08/22/2021 08/22/2021         |               |                                   |      |
|        | 01-441-000-0000-6054                   |      | 123.12   | ink for copier                | 9602613       | Immunization Cooperative Agreemer | N    |
|        |                                        |      |          | 08/05/2021 08/05/2021         |               |                                   |      |
| 111    | Fillmore Co Treasurer- Credit Card/ACH |      | 3,459.25 | 6 Transactions                |               |                                   |      |
| 6934   | Olmsted County Public Health           |      |          |                               |               |                                   |      |
|        | 01-441-000-0000-6437                   |      | 774.00   | C&TC Media Fee                | CSFI-138113   | CTC Expenses                      | N    |
|        |                                        |      |          | 07/14/2021 07/14/2021         |               |                                   |      |
| 6934   | Olmsted County Public Health           |      | 774.00   | 1 Transactions                |               |                                   |      |
| 441    | DEPT Total:                            |      | 4,335.64 | Public Health                 | 3 Vendors     | 11 Transactions                   |      |
| 442    | DEPT                                   |      |          | Wic Program                   |               |                                   |      |
| 111    | Fillmore Co Treasurer- Credit Card/ACH |      |          |                               |               |                                   |      |
|        | 01-442-000-0000-6408                   |      | 461.27   | WIC Office Supplies           | 8771411       | Other Office Supplies             | N    |
|        |                                        |      |          | 08/09/2021 08/09/2021         |               |                                   |      |
| 111    | Fillmore Co Treasurer- Credit Card/ACH |      | 461.27   | 1 Transactions                |               |                                   |      |
| 442    | DEPT Total:                            |      | 461.27   | Wic Program                   | 1 Vendors     | 1 Transactions                    |      |
| 443    | DEPT                                   |      |          | Nursing Service               |               |                                   |      |
| 111    | Fillmore Co Treasurer- Credit Card/ACH |      |          |                               |               |                                   |      |
|        | 01-443-000-0000-6433                   |      | 19.99    | Tub/shower mat client #2531   | 0597826       | Waiver Reimbursables              | N    |
|        |                                        |      |          | 08/17/2021 08/17/2021         |               |                                   |      |
|        | 01-443-000-0000-6433                   |      | 29.99    | Catheter holder client #7715  | 3584229       | Waiver Reimbursables              | N    |
|        |                                        |      |          | 08/05/2021 08/05/2021         |               |                                   |      |
|        | 01-443-000-0000-6433                   |      | 19.99    | Shower stall mat client #2531 | 3612249       | Waiver Reimbursables              | N    |
|        |                                        |      |          | 08/20/2021 08/20/2021         |               |                                   |      |
|        | 01-443-000-0000-6433                   |      | 364.00   | Apple watch for client #6646  | 4782195207517 | Waiver Reimbursables              | N    |
|        |                                        |      |          | 07/26/2021 07/26/2021         |               |                                   |      |
|        | 01-443-000-0000-6433                   |      | 18.99    | Quad cane client #8167        | 5567445       | Waiver Reimbursables              | N    |
|        |                                        |      |          | 08/19/2021 08/19/2021         |               |                                   |      |

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| Vendor | Name                                   | Rpt  |          | Warrant Description         | Invoice #     | Account/Formula Descripti          | 1099 |
|--------|----------------------------------------|------|----------|-----------------------------|---------------|------------------------------------|------|
| No.    | Account/Formula                        | Accr | Amount   | Service Dates               | Paid On Bhf # | On Behalf of Name                  |      |
| 111    | Fillmore Co Treasurer- Credit Card/ACH |      | 452.96   | 5 Transactions              |               |                                    |      |
| 4177   | GATZKE/MICHELE                         |      |          |                             |               |                                    |      |
|        | 01-443-000-0000-6335                   |      | 88.48    | Nursing mileage August 2021 |               | Employee Automobile Allowance      | N    |
|        |                                        |      |          | 08/02/2021 08/18/2021       |               |                                    |      |
| 4177   | GATZKE/MICHELE                         |      | 88.48    | 1 Transactions              |               |                                    |      |
| 4752   | Logsdon/Linda                          |      |          |                             |               |                                    |      |
|        | 01-443-000-0000-6335                   |      | 148.68   | Nursing mileage August 2021 |               | Employee Automobile Allowance      | N    |
|        |                                        |      |          | 08/04/2021 08/27/2021       |               |                                    |      |
| 4752   | Logsdon/Linda                          |      | 148.68   | 1 Transactions              |               |                                    |      |
| 1226   | Mayo Clinic Stores                     |      |          |                             |               |                                    |      |
|        | 01-443-000-0000-6433                   |      | 139.95   | Copay for DME client #6638  | 2011478       | Waiver Reimbursables               | N    |
|        |                                        |      |          | 01/22/2021 01/22/2021       |               |                                    |      |
| 1226   | Mayo Clinic Stores                     |      | 139.95   | 1 Transactions              |               |                                    |      |
| 3315   | Melver/Paula J                         |      |          |                             |               |                                    |      |
|        | 01-443-000-0000-6335                   |      | 50.96    | Nursing mileage July 2021   |               | Employee Automobile Allowance      | N    |
|        |                                        |      |          | 07/21/2021 07/30/2021       |               |                                    |      |
| 3315   | Melver/Paula J                         |      | 50.96    | 1 Transactions              |               |                                    |      |
| 7320   | Sanofi Pasteur Inc                     |      |          |                             |               |                                    |      |
|        | 01-443-000-0000-6431                   |      | 3,707.02 | Fluzone                     | 917082164     | Drugs & Medicine                   | Y    |
|        |                                        |      |          | 08/25/2021 08/25/2021       |               |                                    |      |
| 7320   | Sanofi Pasteur Inc                     |      | 3,707.02 | 1 Transactions              |               |                                    |      |
| 443    | DEPT Total:                            |      | 4,588.05 | Nursing Service             | 6 Vendors     | 10 Transactions                    |      |
| 446    | DEPT                                   |      |          | Mch Program                 |               |                                    |      |
| 106    | Fillmore Co Treasurer                  |      |          |                             |               |                                    |      |
|        | 01-446-000-0000-6335                   |      | 5.27     | MCH Travel July 2021        |               | Employee Automobile Allowance      | N    |
|        |                                        |      |          | 07/01/2021 07/29/2021       |               |                                    |      |
| 106    | Fillmore Co Treasurer                  |      | 5.27     | 1 Transactions              |               |                                    |      |
| 1285   | Houston County Public Health           |      |          |                             |               |                                    |      |
|        | 01-446-000-0000-6088                   |      | 1,406.68 | MCH July 21                 |               | Houston Grant Passthrough (01-446- | N    |
|        |                                        |      |          | 08/23/2021 08/23/2021       |               |                                    |      |
|        | 01-446-000-0000-6088                   |      | 1,747.25 | SHIP July 21                |               | Houston Grant Passthrough (01-446- | N    |

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| Vendor | Name                         | Rpt  | Warrant Description | Invoice #                 | Account/Formula Descripti | 1099                                 |
|--------|------------------------------|------|---------------------|---------------------------|---------------------------|--------------------------------------|
| No.    | Account/Formula              | Accr | Amount              | Service Dates             | Paid On Bhf #             | On Behalf of Name                    |
|        | 01-446-000-0000-6088         |      | 2,419.29            | 08/23/2021 08/23/2021     |                           | Houston Grant Passthrough (01-446- N |
|        | 01-446-000-0000-6088         |      | 3,255.57            | 08/11/2021 08/11/2021     |                           | Houston Grant Passthrough (01-446- N |
|        | 01-446-000-0000-6088         |      | 6,607.85            | 08/27/2021 08/27/2021     |                           | Houston Grant Passthrough (01-446- N |
|        | 01-446-000-0000-6088         |      | 5,143.45            | 08/25/2021 08/25/2021     |                           | Houston Grant Passthrough (01-446- N |
|        | 01-446-000-0000-6088         |      | 2,615.47            | 08/25/2021 08/25/2021     |                           | Houston Grant Passthrough (01-446- N |
|        | 01-446-000-0000-6088         |      |                     | 08/30/2021 08/30/2021     |                           | Houston Grant Passthrough (01-446- N |
| 1285   | Houston County Public Health |      | 23,195.56           | 7 Transactions            |                           |                                      |
| 446    | DEPT Total:                  |      | 23,200.83           | Mch Program               | 2 Vendors                 | 8 Transactions                       |
| 603    | DEPT                         |      |                     | Feedlot                   |                           |                                      |
| 20014  | C Nelson Septic LLC          |      | 150.00              | Contracted Septic Work    | 330141000                 | Contracted Septic Work N             |
|        | 01-603-000-0000-6290         |      |                     | 08/11/2021 08/11/2021     |                           |                                      |
| 20014  | C Nelson Septic LLC          |      | 150.00              | 1 Transactions            |                           |                                      |
| 20017  | Davidson Septic Service LLC  |      | 1,400.00            | Inspections/verifications | 1609                      | Contracted Septic Work N             |
|        | 01-603-000-0000-6290         |      |                     | 05/25/2021 07/20/2021     |                           |                                      |
| 20017  | Davidson Septic Service LLC  |      | 1,400.00            | 1 Transactions            |                           |                                      |
| 603    | DEPT Total:                  |      | 1,550.00            | Feedlot                   | 2 Vendors                 | 2 Transactions                       |
| 1      | Fund Total:                  |      | 83,208.00           | County Revenue Fund       |                           | 66 Transactions                      |



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12 INFRA FUND

\*\*\* Fillmore County \*\*\*



Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES

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| Vendor |             | <u>Name</u>            | <u>Rpt</u>  | <u>Warrant Description</u> |                                | <u>Invoice #</u>     | <u>Account/Formula Descripti</u> | <u>1099</u> |
|--------|-------------|------------------------|-------------|----------------------------|--------------------------------|----------------------|----------------------------------|-------------|
|        | <u>No.</u>  | <u>Account/Formula</u> | <u>Accr</u> | <u>Amount</u>              | <u>Service Dates</u>           | <u>Paid On Bhf #</u> | <u>On Behalf of Name</u>         |             |
| 111    | DEPT        |                        |             |                            | Facilites Mtce                 |                      |                                  |             |
|        | 20020       | Stateline ICF          |             |                            |                                |                      |                                  |             |
|        |             | 12-111-000-0000-6625   |             | 5,000.00                   | 2 concrete pads for generators |                      | Building Improvement             | N           |
|        |             |                        |             |                            | 08/06/2021 08/06/2021          |                      |                                  |             |
|        | 20020       | Stateline ICF          |             | 5,000.00                   | 1 Transactions                 |                      |                                  |             |
| 111    | DEPT Total: |                        |             | 5,000.00                   | Facilites Mtce                 | 1 Vendors            | 1 Transactions                   |             |
| 12     | Fund Total: |                        |             | 5,000.00                   | INFRA FUND                     |                      | 1 Transactions                   |             |

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13 County Road & Bridge

# \*\*\* Fillmore County \*\*\*



Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES

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| Vendor | Name                         | Rpt  | Warrant Description         | Invoice #     | Account/Formula Descripti      | 1099 |
|--------|------------------------------|------|-----------------------------|---------------|--------------------------------|------|
| No.    | Account/Formula              | Accr | Service Dates               | Paid On Bhf # | On Behalf of Name              |      |
| 300    | DEPT                         |      | Highway Administration      |               |                                |      |
| 2273   | Olmsted Medical Center       |      |                             |               |                                |      |
|        | 13-300-000-0000-6377         |      | 8/15 drug tests             | 70000275      | Fees And Service Charges       | N    |
| 2273   | Olmsted Medical Center       |      | 1 Transactions              |               |                                |      |
| 300    | DEPT Total:                  |      | Highway Administration      | 1 Vendors     | 1 Transactions                 |      |
| 310    | DEPT                         |      | Highway Maintenance         |               |                                |      |
| 6905   | Apenhorst Grading LLC        |      |                             |               |                                |      |
|        | 13-310-000-0000-6526         |      | 8/15 control                | 1067          | Weed Control                   | N    |
| 6905   | Apenhorst Grading LLC        |      | 1 Transactions              |               |                                |      |
| 4558   | CHS                          |      |                             |               |                                |      |
|        | 13-310-000-0000-6529         |      | 7/13 seeding                | 411-IF8233    | Seeding                        | N    |
| 4558   | CHS                          |      | 1 Transactions              |               |                                |      |
| 1982   | Dunn Blacktop Co Inc         |      |                             |               |                                |      |
|        | 13-310-000-0000-6528         |      | 6/15 cold mix               | 5567          | Bituminous Materials           | N    |
| 1982   | Dunn Blacktop Co Inc         |      | 1 Transactions              |               |                                |      |
| 6976   | Four Season Maintenance LLC  |      |                             |               |                                |      |
|        | 13-310-000-0000-6629         |      | 7/15 mill & fill Co 21      | 28759         | Infrastructure Improvement     | N    |
| 6976   | Four Season Maintenance LLC  |      | 1 Transactions              |               |                                |      |
| 4902   | Midstates Equipment & Supply |      |                             |               |                                |      |
|        | 13-310-000-0000-6342         |      | 8/13 gap rental machine     | 221772        | Machinery And Equipment Rental | N    |
| 4902   | Midstates Equipment & Supply |      | 1 Transactions              |               |                                |      |
| 3632   | Milestone Materials Inc      |      |                             |               |                                |      |
|        | 13-310-000-0000-6505         |      | 6/30 5% final contract rock | 223585        | Aggregate                      | N    |
| 3632   | Milestone Materials Inc      |      | 1 Transactions              |               |                                |      |
| 2428   | Mn Fall Maintenance Expo     |      |                             |               |                                |      |
|        | 13-310-000-0000-6245         |      | 8/31 registrations          |               | Registration Fees              | N    |
| 2428   | Mn Fall Maintenance Expo     |      | 1 Transactions              |               |                                |      |
| 4505   | Soland/Brian                 |      |                             |               |                                |      |
|        | 13-310-000-0000-6466         |      | 8/31 safety boots           |               | Safety Materials               | N    |
|        | 13-310-000-0000-6466         |      | 8/31 safety supplies        |               | Safety Materials               | N    |

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13 County Road &amp; Bridge

## \*\*\* Fillmore County \*\*\*



Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES

Page 12

| Vendor | Name                                   | Rpt  | Warrant Description | Invoice #                   | Account/Formula Descripti | 1099                              |
|--------|----------------------------------------|------|---------------------|-----------------------------|---------------------------|-----------------------------------|
| No.    | Account/Formula                        | Accr | Service Dates       | Paid On Bhf #               | On Behalf of Name         |                                   |
| 4505   | Soland/Brian                           |      | 192.98              | 2 Transactions              |                           |                                   |
| 2990   | Sorum & Sons/Orval                     |      |                     |                             |                           |                                   |
|        | 13-310-000-0000-6505                   |      | 1,378.42            | 8/20 5% final contract rock | 5441                      | Aggregate N                       |
| 2990   | Sorum & Sons/Orval                     |      | 1,378.42            | 1 Transactions              |                           |                                   |
| 310    | DEPT Total:                            |      | 19,672.38           | Highway Maintenance         | 9 Vendors                 | 10 Transactions                   |
| 320    | DEPT                                   |      |                     | Highway Construction        |                           |                                   |
| 20019  | Carlson McCain Inc                     |      |                     |                             |                           |                                   |
|        | 13-320-000-0000-6377                   |      | 3,795.66            | 8/9 bridge inspections      | 52458                     | Fees And Service Charges N        |
| 20019  | Carlson McCain Inc                     |      | 3,795.66            | 1 Transactions              |                           |                                   |
| 111    | Fillmore Co Treasurer- Credit Card/ACH |      |                     |                             |                           |                                   |
|        | 13-320-000-0000-6377                   |      | 409.96              | 8/31 MPCA permit            |                           | Fees And Service Charges N        |
| 111    | Fillmore Co Treasurer- Credit Card/ACH |      | 409.96              | 1 Transactions              |                           |                                   |
| 320    | DEPT Total:                            |      | 4,205.62            | Highway Construction        | 2 Vendors                 | 2 Transactions                    |
| 330    | DEPT                                   |      |                     | Equipment Maintenance Shops |                           |                                   |
| 3691   | Bauer Built Inc                        |      |                     |                             |                           |                                   |
|        | 13-330-000-0000-6516                   |      | 17.00               | 8/3 labor                   | 45273                     | Tires & Repairs N                 |
|        | 13-330-000-0000-6516                   |      | 16.50               | 8/3 tires/parts             | 45273                     | Tires & Repairs N                 |
|        | 13-330-000-0000-6516                   |      | 27.50               | 8/4 tires/parts             | 45299                     | Tires & Repairs N                 |
|        | 13-330-000-0000-6516                   |      | 33.00               | 8/4 labor                   | 45299                     | Tires & Repairs N                 |
|        | 13-330-000-0000-6516                   |      | 42.00               | 8/12 labor                  | 45382                     | Tires & Repairs N                 |
|        | 13-330-000-0000-6516                   |      | 443.50              | 8/12 tires/parts            | 45382                     | Tires & Repairs N                 |
|        | 13-330-000-0000-6516                   |      | 84.00               | 8/12 labor                  | 45413                     | Tires & Repairs N                 |
|        | 13-330-000-0000-6516                   |      | 567.78              | 8/12 tires/parts            | 45413                     | Tires & Repairs N                 |
| 3691   | Bauer Built Inc                        |      | 1,231.28            | 8 Transactions              |                           |                                   |
| 7542   | Fillmore Co Treasurer                  |      |                     |                             |                           |                                   |
|        | 13-330-000-0000-6561                   |      | 25.00               | 8/31 fuel license renewal   |                           | Gasoline Diesel And Other Fuels N |
| 7542   | Fillmore Co Treasurer                  |      | 25.00               | 1 Transactions              |                           |                                   |
| 111    | Fillmore Co Treasurer- Credit Card/ACH |      |                     |                             |                           |                                   |
|        | 13-330-000-0000-6575                   |      | 175.00              | 8/31 parts                  |                           | Machinery Parts N                 |
|        | 13-330-000-0000-6575                   |      | 220.70              | 8/31 towing                 |                           | Machinery Parts N                 |

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13 County Road & Bridge

\*\*\* Fillmore County \*\*\*



Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES

Page 13

| Vendor | Name                                   | Rpt  |           | Warrant Description          | Invoice #     | Account/Formula Descripti | 1099 |
|--------|----------------------------------------|------|-----------|------------------------------|---------------|---------------------------|------|
| No.    | Account/Formula                        | Accr | Amount    | Service Dates                | Paid On Bhf # | On Behalf of Name         |      |
|        | 13-330-000-0000-6576                   |      | 20.50     | 8/31 DOT inspection stickers |               | Shop Supplies & Tools     | N    |
| 111    | Fillmore Co Treasurer- Credit Card/ACH |      | 416.20    | 3 Transactions               |               |                           |      |
| 303    | Preston Equipment Company              |      |           |                              |               |                           |      |
|        | 13-330-000-0000-6575                   |      | 234.10    | 8/2 parts                    | 01-114445     | Machinery Parts           | N    |
|        | 13-330-000-0000-6576                   |      | 33.94     | 8/18 supplies                | 01-115234     | Shop Supplies & Tools     | N    |
|        | 13-330-000-0000-6575                   |      | 12.50     | 8/18 parts                   | 01-115243     | Machinery Parts           | N    |
|        | 13-330-000-0000-6575                   |      | 48.43     | 8/19 parts                   | 01-115329     | Machinery Parts           | N    |
| 303    | Preston Equipment Company              |      | 328.97    | 4 Transactions               |               |                           |      |
| 20018  | Rochester Motor Cars                   |      |           |                              |               |                           |      |
|        | 13-330-000-0000-6575                   |      | 110.18    | 7/28 parts                   | 220-43537     | Machinery Parts           | N    |
| 20018  | Rochester Motor Cars                   |      | 110.18    | 1 Transactions               |               |                           |      |
| 330    | DEPT Total:                            |      | 2,111.63  | Equipment Maintenance Shops  | 5 Vendors     | 17 Transactions           |      |
| 13     | Fund Total:                            |      | 26,174.63 | County Road & Bridge         |               | 30 Transactions           |      |

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14 Sanitation Fund

\*\*\* Fillmore County \*\*\*



Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES

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| Vendor Name |                         | Rpt  | Warrant Description |                          | Invoice #     | Account/Formula Descripti       | 1099 |
|-------------|-------------------------|------|---------------------|--------------------------|---------------|---------------------------------|------|
| No.         | Account/Formula         | Accr | Amount              | Service Dates            | Paid On Bhf # | On Behalf of Name               |      |
| 390         | DEPT                    |      |                     | Resource Recovery Center |               |                                 |      |
| 6150        | Cintas Corporation No.2 |      |                     |                          |               |                                 |      |
|             | 14-390-000-0000-6377    |      | 15.84               | uniforms                 | 4093555431    | Fees And Service Charges        | N    |
|             |                         |      |                     | 08/20/2021 08/20/2021    |               |                                 |      |
|             | 14-390-000-0000-6377    |      | 33.88               | uniforms                 | 4094215915    | Fees And Service Charges        | N    |
|             |                         |      |                     | 08/27/2021 08/27/2021    |               |                                 |      |
| 6150        | Cintas Corporation No.2 |      | 49.72               | 2 Transactions           |               |                                 |      |
| 106         | Fillmore Co Treasurer   |      |                     |                          |               |                                 |      |
|             | 14-390-000-0000-6561    |      | 321.54              | July Diesel fuel         | 31            | Gasoline Diesel And Other Fuels | N    |
|             |                         |      |                     | 07/01/2021 07/31/2021    |               |                                 |      |
| 106         | Fillmore Co Treasurer   |      | 321.54              | 1 Transactions           |               |                                 |      |
| 390         | DEPT Total:             |      | 371.26              | Resource Recovery Center | 2 Vendors     | 3 Transactions                  |      |
| 14          | Fund Total:             |      | 371.26              | Sanitation Fund          |               | 3 Transactions                  |      |

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23 County Airport Fund

\*\*\* Fillmore County \*\*\*



Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES

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| Vendor Name |                      | Rpt  | Warrant Description |                       | Invoice #        | Account/Formula Descripti | 1099 |
|-------------|----------------------|------|---------------------|-----------------------|------------------|---------------------------|------|
| No.         | Account/Formula      | Accr | Amount              | Service Dates         | Paid On Bhf #    | On Behalf of Name         |      |
| 350         | DEPT                 |      |                     | County Airport        |                  |                           |      |
| 1435        | Deters Aviation LLC  |      |                     |                       |                  |                           |      |
|             | 23-350-000-0000-6316 |      | 1,650.00            | 2021 mowing           | 11983            | Grounds Maintenance       | N    |
|             |                      |      |                     | 09/03/2021 09/03/2021 |                  |                           |      |
| 1435        | Deters Aviation LLC  |      | 1,650.00            | 1 Transactions        |                  |                           |      |
| 82132       | Fillmore Co Journal  |      |                     |                       |                  |                           |      |
|             | 23-350-000-0000-6241 |      | 102.94              | Fly-In Advertisement  | 126117           | Advertising               | N    |
|             |                      |      |                     | 08/16/2021 08/16/2021 |                  |                           |      |
| 82132       | Fillmore Co Journal  |      | 102.94              | 1 Transactions        |                  |                           |      |
| 350         | DEPT Total:          |      | 1,752.94            | County Airport        | 2 Vendors        | 2 Transactions            |      |
| 23          | Fund Total:          |      | 1,752.94            | County Airport Fund   |                  | 2 Transactions            |      |
|             | Final Total:         |      | 116,506.83          | 59 Vendors            | 102 Transactions |                           |      |

\*\*\* Fillmore County \*\*\*

Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES



| Recap by Fund | <u>Fund</u> | <u>AMOUNT</u> | <u>Name</u>          |                    |
|---------------|-------------|---------------|----------------------|--------------------|
|               | 1           | 83,208.00     | County Revenue Fund  |                    |
|               | 12          | 5,000.00      | INFRA FUND           |                    |
|               | 13          | 26,174.63     | County Road & Bridge |                    |
|               | 14          | 371.26        | Sanitation Fund      |                    |
|               | 23          | 1,752.94      | County Airport Fund  |                    |
|               | All Funds   | 116,506.83    | Total                | Approved by, ..... |
|               |             |               |                      | .....              |
|               |             |               |                      | .....              |

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1 County Revenue Fund

# \*\*\* Fillmore County \*\*\*



## Audit List for Board AUDITOR'S VOUCHERS ENTRIES

Page 2

| Vendor Name                                                  | Rpt  | Warrant Description                                                       | Invoice #           | Account/Formula Descripti        | 1099           |
|--------------------------------------------------------------|------|---------------------------------------------------------------------------|---------------------|----------------------------------|----------------|
| No. Account/Formula                                          | Accr | Service Dates                                                             | Paid On Bhf #       | On Behalf of Name                |                |
| 3219 Centurylink<br>01- 149- 000- 0000- 6203                 |      | Phone #89549526 7/9/21- 8/8/21<br>07/09/2021 08/08/2021<br>1 Transactions | 238528457           | Telephone                        | N              |
| 3219 Centurylink                                             |      | 1,400.26                                                                  |                     |                                  |                |
| 6317 Enterprise Fleet Management<br>01- 202- 000- 0000- 6650 |      | August 2021 Lease Payment<br>08/01/2021 08/31/2021<br>1 Transactions      | FBN4269136          | Enterprise Vehicle Payments      | N              |
| 6317 Enterprise Fleet Management                             |      | 6,954.54                                                                  |                     |                                  |                |
| 4574 Hanson/Robert G.<br>01- 125- 000- 0000- 6377            |      | Van Trips to VA Hospital<br>06/01/2021 07/29/2021<br>1 Transactions       |                     | Fees And Service Charges         | Y              |
| 4574 Hanson/Robert G.                                        |      | 480.00                                                                    |                     |                                  |                |
| 4504 Laughlin/Ronald D.<br>01- 125- 000- 0000- 6377          |      | Van Trips to VA Hospital<br>06/23/2021 07/28/2021<br>1 Transactions       |                     | Fees And Service Charges         | Y              |
| 4504 Laughlin/Ronald D.                                      |      | 480.00                                                                    |                     |                                  |                |
| 1479 Loffler Companies, Inc<br>01- 149- 000- 0000- 6235      |      | Copier Use 07/01/21- 07/31/21<br>07/01/2021 07/31/2021<br>1 Transactions  | 3787618             | Copy Machine - Copies BW and Col | N              |
| 1479 Loffler Companies, Inc                                  |      | 673.60                                                                    |                     |                                  |                |
| 6040 Milne/Richard C<br>01- 125- 000- 0000- 6377             |      | Van Trips to VA Hospital<br>06/15/2021 07/19/2021<br>1 Transactions       |                     | Fees And Service Charges         | Y              |
| 6040 Milne/Richard C                                         |      | 400.00                                                                    |                     |                                  |                |
| 1 Fund Total:                                                |      | 10,388.40                                                                 | County Revenue Fund | 6 Vendors                        | 6 Transactions |



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13 County Road & Bridge

# \*\*\* Fillmore County \*\*\*



## Audit List for Board AUDITOR'S VOUCHERS ENTRIES

Page 3

| Vendor         | Name                            | Rpt  | Warrant Description | Invoice #              | Account/Formula Descripti | 1099                            |
|----------------|---------------------------------|------|---------------------|------------------------|---------------------------|---------------------------------|
| No.            | Account/Formula                 | Accr | Service Dates       | Paid On Bhf #          | On Behalf of Name         |                                 |
| 7129           | CenturyLink                     |      |                     |                        |                           |                                 |
|                | 13-300-000-0000-6203            |      | 143.96              | 8/10 telephone         | 5078673784                | Telephone                       |
| 7129           | CenturyLink                     |      | 143.96              | 1 Transactions         |                           | N                               |
| 7542           | Fillmore Co Treasurer           |      |                     |                        |                           |                                 |
|                | 13-330-000-0000-6561            |      | 135.09              | 8/24 July fuel tax     |                           | Gasoline Diesel And Other Fuels |
| 7542           | Fillmore Co Treasurer           |      | 135.09              | 1 Transactions         |                           | N                               |
| 6094           | MN Energy Resources Corporation |      |                     |                        |                           |                                 |
|                | 13-330-000-0000-6255            |      | 45.00               | 8/16 natural gas       | 0505303491                | Gas                             |
|                | 13-330-000-0000-6255            |      | 47.43               | 8/19 natural gas       | 0507313281                | Gas                             |
|                | 13-330-000-0000-6255            |      | 14.22               | 8/19 natural gas       | 0507351562                | Gas                             |
| 6094           | MN Energy Resources Corporation |      | 106.65              | 3 Transactions         |                           | N                               |
| 324            | Rochester Sand & Gravel Inc     |      |                     |                        |                           |                                 |
|                | 13-320-000-0000-6343            |      | 120,296.27          | 615-017 R/C #2         | 721                       | Regular Construction Contracts  |
|                |                                 |      |                     | 08/23/2021             | 08/23/2021                |                                 |
|                | 13-320-000-0000-6343            |      | 36,660.59           | 630-007 R/C #2         | 721                       | Regular Construction Contracts  |
|                |                                 |      |                     | 08/23/2021             | 08/23/2021                |                                 |
|                | 13-320-000-0000-6351            |      | 25,886.79           | 615-017 Bristol Twp    | 721                       | Local Cost Participation        |
|                |                                 |      |                     | 08/23/2021             | 08/23/2021                |                                 |
| 324            | Rochester Sand & Gravel Inc     |      | 182,843.65          | 3 Transactions         |                           | N                               |
| 2990           | Sorum & Sons/Orval              |      |                     |                        |                           |                                 |
|                | 13-310-000-0000-6505            |      | 26,189.95           | 8/24 95% contract rock | 5441                      | Aggregate                       |
| 2990           | Sorum & Sons/Orval              |      | 26,189.95           | 1 Transactions         |                           | N                               |
| 13 Fund Total: |                                 |      | 209,419.30          | County Road & Bridge   | 5 Vendors                 | 9 Transactions                  |
| Final Total:   |                                 |      | 219,807.70          | 11 Vendors             | 15 Transactions           |                                 |

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# \*\*\* Fillmore County \*\*\*

Audit List for Board AUDITOR'S VOUCHERS ENTRIES



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## Recap by Fund

| <u>Fund</u> | <u>AMOUNT</u> | <u>Name</u>          |
|-------------|---------------|----------------------|
| 1           | 10,388.40     | County Revenue Fund  |
| 13          | 209,419.30    | County Road & Bridge |
| All Funds   | 219,807.70    | Total                |

Approved by,

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1 County Revenue Fund

## \*\*\* Fillmore County \*\*\*



## Audit List for Board AUDITOR'S VOUCHERS ENTRIES

Page 2

| Vendor        | Name                            | Rpt  |          | Warrant Description          | Invoice #     | Account/Formula Descripti | 1099 |
|---------------|---------------------------------|------|----------|------------------------------|---------------|---------------------------|------|
| No.           | Account/Formula                 | Accr | Amount   | Service Dates                | Paid On Bhf # | On Behalf of Name         |      |
| 4855          | B&B Olympic Bowl                |      |          |                              |               |                           |      |
|               | 01-251-000-0000-6379            |      | 3,216.00 | August 2021 food for inmates |               | Board Of Prisoners        | N    |
|               |                                 |      |          | 08/01/2021 08/31/2021        |               |                           |      |
| 4855          | B&B Olympic Bowl                |      | 3,216.00 | 1 Transactions               |               |                           |      |
| 85440         | Centurylink                     |      |          |                              |               |                           |      |
|               | 01-102-000-0000-6203            |      | 59.55    | Surveyor phone               |               | Telephone                 | N    |
|               |                                 |      |          | 08/26/2021 09/25/2021        |               |                           |      |
|               | 01-203-000-0000-6203            |      | 48.57    | SV Phone                     |               | Telephone                 | N    |
|               |                                 |      |          | 08/26/2021 09/25/2021        |               |                           |      |
|               | 01-251-000-0000-6203            |      | 70.50    | Jail phone                   |               | Telephone                 | N    |
|               |                                 |      |          | 08/26/2021 09/25/2021        |               |                           |      |
| 85440         | Centurylink                     |      | 178.62   | 3 Transactions               |               |                           |      |
| 6094          | MN Energy Resources Corporation |      |          |                              |               |                           |      |
|               | 01-251-000-0000-6255            |      | 108.02   | Jail gas                     | 3829728562    | Gas                       | N    |
|               |                                 |      |          | 07/26/2021 08/24/2021        |               |                           |      |
|               | 01-111-000-0000-6255            |      | 444.97   | Courthouse & FCOB gas        | 3835075191    | Gas                       | N    |
|               |                                 |      |          | 07/23/2021 08/24/2021        |               |                           |      |
| 6094          | MN Energy Resources Corporation |      | 552.99   | 2 Transactions               |               |                           |      |
| 1 Fund Total: |                                 |      | 3,947.61 | County Revenue Fund          | 3 Vendors     | 6 Transactions            |      |

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13 County Road &amp; Bridge

## \*\*\* Fillmore County \*\*\*



## Audit List for Board AUDITOR'S VOUCHERS ENTRIES

Page 3

| Vendor         | Name                            | Rpt  | Warrant Description | Invoice #            | Account/Formula Descripti | 1099                             |
|----------------|---------------------------------|------|---------------------|----------------------|---------------------------|----------------------------------|
| No.            | Account/Formula                 | Accr | Amount              | Service Dates        | Paid On Bhf #             | On Behalf of Name                |
| 85440          | Centurylink                     |      |                     |                      |                           |                                  |
|                | 13-300-000-0000-6203            |      | 116.92              | 8/26 telephone       | 301264100                 | Telephone N                      |
|                | 13-300-000-0000-6203            |      | 230.61              | 8/26 telephone       | 301269901                 | Telephone N                      |
| 85440          | Centurylink                     |      | 347.53              | 2 Transactions       |                           |                                  |
| 288            | City Of Peterson                |      |                     |                      |                           |                                  |
|                | 13-330-000-0000-6251            |      | 79.28               | 8/25 utilities       | 108A                      | Electricity N                    |
| 288            | City Of Peterson                |      | 79.28               | 1 Transactions       |                           |                                  |
| 1829           | Frontier Communications         |      |                     |                      |                           |                                  |
|                | 13-300-000-0000-6203            |      | 74.52               | 8/22 telephone       | 5079373211                | Telephone N                      |
| 1829           | Frontier Communications         |      | 74.52               | 1 Transactions       |                           |                                  |
| 6094           | MN Energy Resources Corporation |      |                     |                      |                           |                                  |
|                | 13-330-000-0000-6255            |      | 45.81               | 8/23 natural gas     | 0502458275                | Gas N                            |
|                | 13-330-000-0000-6255            |      | 51.72               | 8/24 natural gas     | 0502625354                | Gas N                            |
|                | 13-330-000-0000-6255            |      | 62.05               | 8/20 natural gas     | 0506251865                | Gas N                            |
| 6094           | MN Energy Resources Corporation |      | 159.58              | 3 Transactions       |                           |                                  |
| 324            | Rochester Sand & Gravel Inc     |      |                     |                      |                           |                                  |
|                | 13-320-000-0000-6343            |      | 642.42              | 618-010 R/C #3       | 521                       | Regular Construction Contracts N |
|                |                                 |      |                     | 08/23/2021           | 08/23/2021                |                                  |
|                | 13-320-000-0000-6343            |      | 454,278.34          | 623-030 R/C #3       | 521                       | Regular Construction Contracts N |
|                |                                 |      |                     | 08/23/2021           | 08/23/2021                |                                  |
|                | 13-320-000-0000-6343            |      | 503,135.43          | 625-015 R/C #3       | 521                       | Regular Construction Contracts N |
|                |                                 |      |                     | 08/23/2021           | 08/23/2021                |                                  |
| 324            | Rochester Sand & Gravel Inc     |      | 958,056.19          | 3 Transactions       |                           |                                  |
| 13 Fund Total: |                                 |      | 958,717.10          | County Road & Bridge | 5 Vendors                 | 10 Transactions                  |

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9/1/21 3:01PM

23 County Airport Fund

\*\*\* Fillmore County \*\*\*



Audit List for Board AUDITOR'S VOUCHERS ENTRIES

Page 4

| <u>Vendor</u>  | <u>Name</u>            | <u>Rpt</u>  | <u>Warrant Description</u> | <u>Invoice #</u>      | <u>Account/Formula Descripti</u> | <u>1099</u>              |
|----------------|------------------------|-------------|----------------------------|-----------------------|----------------------------------|--------------------------|
| <u>No.</u>     | <u>Account/Formula</u> | <u>Accr</u> | <u>Amount</u>              | <u>Service Dates</u>  | <u>Paid On Bhf #</u>             | <u>On Behalf of Name</u> |
| 85440          | Centurylink            |             |                            |                       |                                  |                          |
|                | 23-350-000-0000-6203   |             | 133.68                     | Airport phone         |                                  | Telephone N              |
|                |                        |             |                            | 08/26/2021 09/25/2021 |                                  |                          |
|                | 23-350-000-0000-6203   |             | 58.07                      | Airport phone         |                                  | Telephone N              |
|                |                        |             |                            | 08/26/2021 09/25/2021 |                                  |                          |
| 85440          | Centurylink            |             | 191.75                     | 2 Transactions        |                                  |                          |
| 23 Fund Total: |                        |             | 191.75                     | County Airport Fund   | 1 Vendors                        | 2 Transactions           |
| Final Total:   |                        |             | 962,856.46                 | 9 Vendors             | 18 Transactions                  |                          |

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9/1/21

3:01PM

# \*\*\* Fillmore County \*\*\*

Audit List for Board AUDITOR'S VOUCHERS ENTRIES



Page 5

## Recap by Fund

| <u>Fund</u> | <u>AMOUNT</u> | <u>Name</u>          |
|-------------|---------------|----------------------|
| 1           | 3,947.61      | County Revenue Fund  |
| 13          | 958,717.10    | County Road & Bridge |
| 23          | 191.75        | County Airport Fund  |
| All Funds   | 962,856.46    | Total                |

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

Southeast Minnesota Housing Network:  
Three Rivers Community Action, Inc. (Grantee and Fiscal Agent) with Semcac and  
Lutheran Social Services of MN (Sub-grantees)  
Family Homeless Prevention and Assistance Program Summary

1. The Family Homeless Prevention and Assistance Program (FHPAP) is funded by the Minnesota Housing Finance Agency (MHFA) through Minnesota Statute 462A.204. This program requires a local County Board Resolution of Support (No county financial support is requested or implied at this time).
2. The program is awarded \$1,251,800 for a grant term of October 1, 2021 to September 30, 2023.
3. Three Rivers is the fiscal agent and administrator of this program as well as a service provider for 4 counties. Three Rivers sub-contracts this program to Semcac for 7 counties and Lutheran Social Services of MN for youth services in Rochester. Together, all partners have served approximately 417 households for the current biennium in 11 counties for the prevention and elimination of homelessness.
4. The FHPAP program serves families, youth and singles. Household must be at imminent risk of homelessness and in need of services and/or financial assistance due to a housing crisis. Households must demonstrate financial need where no other resources are available through either public or private sources; or those resources are insufficient to resolve the present crisis and avoid literal homelessness. This program serves households at or below 200% FPG. Each participant receiving FHPAP assistance signs a program agreement and is encouraged to work with our housing advocacy specialists for on-going case management.
5. The FHPAP program is designed to prevent homelessness or help households re-locate without a day of homelessness. An additional goal of the program is to reduce days of homelessness.

**RESOLUTION AUTHORIZING ACCEPTANCE AND EXECUTION OF  
MINNESOTA HOUSING FINANCE AGENCY  
FAMILY HOMELESS PREVENTION & ASSISTANCE PROGRAM**

WHEREAS, the Minnesota Housing Finance Agency, State of Minnesota, has been authorized to undertake a program to provide funds for Family Homeless Prevention & Assistance Projects; and,

WHEREAS, the Southeastern Minnesota Housing Network, working through Three Rivers Community Action, Inc. (Grantee), Semcac (Sub-Grantee) and Lutheran Social Service of MN (Sub-Grantee), have submitted a renewal application for the Minnesota Housing Finance Agency Family Homeless Prevention and Assistance Program; and

WHEREAS, the Southeastern Minnesota Housing Network working through Three Rivers Community Action, Inc., and Sub-Grantees have demonstrated the ability to perform the required activities of the Minnesota Housing Finance Agency Family Homeless Prevention & Assistance Program;

WHEREAS, the Family Homeless Prevention & Assistance Grant was awarded to Three Rivers Community Action, Inc. by the Minnesota Housing Finance Agency;

NOW, THEREFORE, BE IT RESOLVED that the Southern Minnesota Housing Network is hereby authorized as an entity to be charged with the administration of funds made available through the Minnesota Housing Finance Agency Family Homeless Prevention and Assistance Program in the county of Fillmore, in Minnesota.

I hereby certify that the above is a true and correct copy of a resolution adopted by the Fillmore County Board of Commissioners at their session on the 7th day of September, 2021, and as appears on the minutes of their record of proceedings.

By \_\_\_\_\_  
(authorized officer)

Its \_\_\_\_\_  
(title)





SOUTHERN MINNESOTA  
INITIATIVE FOUNDATION

525 Florence Avenue • PO Box 695 • Owatonna, MN 55060-0695  
PH 507.455.3215 • FAX 507.455.2098 • [smifoundation.org](http://smifoundation.org)

August 31, 2021

Bobbie Hillery  
Fillmore County  
101 Fillmore St  
PO Box 466  
Preston, MN 55965

Hello Ms. Hillery and County Board,

35 years ago, a devastating farming crisis swept across greater Minnesota. In response, Southern Minnesota Initiative Foundation (SMIF) along with five other regional foundations, were created to provide economic and philanthropic support to the 80 rural counties of Minnesota. 35 years later, we are faced with another crisis threatening the vitality of our region.

Southern Minnesotans have inspired us with their strength and unity in the face of the COVID-19 pandemic. At SMIF, we are proud to have facilitated more than \$12 million in relief to our region through emergency grants, loans and additional support such as professional trainings and one-on-one assistance. We have also continued our \$5 million in annual programming and grantmaking. Below is the impact we made last year in your county:



## *In Fillmore County...*

**\$471K** in COVID-19 response funding was distributed to entrepreneurs, child care providers and communities.



**43** early childhood professionals were impacted through grants, trainings and technical assistance.



**59** businesses were impacted through our entrepreneur programming, grantmaking and lending.



For 35 years, SMIF has served the region in times of need. The enclosed fact sheets highlight this work and feature stories from those impacted by your financial gift. Thank you for your gift of \$2,000.00 on 1/22/2021.

***Will you consider making a donation to SMIF again in 2022?*** With your support, we can continue to invest in our region's early childhood professionals, entrepreneurs and communities.

Sincerely,

Tim Penny  
President & CEO

cc: Shawn Vogt Sween, Board Member

Collaborating for Regional Vitality



# *Your Gift* ENABLED US TO RESPOND QUICKLY TO THE COVID-19 CRISIS

## TOTAL IMPACT: **MORE THAN \$12 MILLION**



### Community Foundation Relief Grants

SMIF provided \$101,218 in matching grants to 21 of our community foundations to support their localized relief efforts. By leveraging this opportunity, they were able to provide a total of \$121,050 to their communities, impacting more than 56,000 people.

### Emergency Child Care Grants

SMIF provided \$254,950 in immediate financial support to licensed child care providers. 491 family providers and 34 centers were awarded with immediate funds, serving approximately 1,800 children in southern Minnesota.



### Grow a Farmer Assistance Grants

SMIF awarded three organizations \$10,000 each through the Grow a Farmer Assistance Fund. They are working collaboratively to support at least 120 farmers in southern Minnesota through grants that help their businesses respond to new challenges.

### Small Town Grants

SMIF awarded 22 organizations a total of \$192,500 to respond and recover from the hardships created by the crisis and the impact on their communities, all of which have populations of less than 10,000.



### Small Business Relief Grants and Loans

SMIF distributed 1,024 MN DEED Small Business Relief Grants to southern Minnesota businesses for a total of \$10,240,000. The grants support businesses that have experienced financial hardship as a result of the crisis. Additionally, SMIF dispersed 50 MN DEED Small Business Emergency Loans for a total of \$1.2 million.

### Early Care and Education Wrap Around Grants

SMIF approved 18 Early Care and Education Wrap Around Grants totaling \$180,000 in partnership with Minnesota Department of Education. This grant helped fund early care and education wrap around services for children birth to age eight from underserved populations impacted by the pandemic.



*Learn how you can help!*

To learn more about our **COVID-19 RESPONSE**, and the many partners and donors who have supported these efforts, visit [smifoundation.org/covid-19](https://smifoundation.org/covid-19). Making a gift to SMIF's general endowment supports these response efforts, including expenses related to the administration of these emergency funds and other essential response resources. Visit [smifoundation.org/donate](https://smifoundation.org/donate) to make a gift.

# Your Gift MADE AN IMPACT ON THEIR STORIES

“ In February 2020 when we were jumping-up-and-down-ecstatic to receive a Child Care Expansion Grant through SMIF, we didn't fully understand the true impact it would have on our ability to provide a safe, caring environment for children and families during one of the darkest times of our lives. Not only did the grant allow us to open an additional classroom during the pandemic so the children could learn safely in smaller group sizes, we also received critical support from the dedicated professionals at SMIF. Jeff Andrews helped us work through financial management and planning while John Katz went above and beyond to help us solve issues we were having with our online QuickBooks program. In this time of social distancing, it's this encouragement and generosity that helped our staff remain positive and know that their work was making a true difference in the lives of others. We cannot thank the donors and professionals of Southern Minnesota Initiative Foundation enough for your foresight, dedication and support throughout this pandemic.”

**-CHRISTINA VALDEZ, DIRECTOR OF LISTOS PRESCHOOL AND CHILDCARE**



“ I'm so grateful to Southern Minnesota Initiative Foundation for their Grow A Farmer Assistance Grant. We've so far distributed funds to our members for things as diverse as installing internet on their farm, getting drone photography, starting up a tea business, buying COVID safety and health equipment and supplies, setting up an online fiber sale site, and more than that. It's been really interesting to see what the farmers are doing with these funds. We're all really dependent on each other when we're small entrepreneurs like this and the more healthy our local economy is we all do better. We've kind of adopted that model for ourselves, 'We all do better when we all do better.' From everyone in the Cannon River Sustainable Farming Association to Southern Minnesota Initiative Foundation, a big thank you for supporting us in our Cannon Valley Grown Project.”

**-GWEN ANDERSON, BOARD SECRETARY OF CANNON RIVER SUSTAINABLE FARMING ASSOCIATION**



“ In April of 2020, Preston Area Community Foundation (PACF) discussed ways to help the local business community at the onset of the pandemic challenges. PACF reached out to the local EDA to develop a grant and loan program for local businesses to use for normal operating expenses. At this same time, SMIF made available a Community Foundation Relief Fund to be used by community foundations to address pandemic issues in their community. PACF reached out to the F & M Community Bank for support to take advantage of the \$5,000 SMIF matching grant and generously, the bank agreed to underwrite the entire \$5,000 PACF contribution. Thanks to SMIF and F & M Community Bank, the EDA loan and grant program funds increased to \$30,000. To date, over \$21,000 has been provided to local businesses with applications still being accepted. Preston area businesses have been so grateful to receive this support during these challenging times. Our community stepped up this year and we are proud of the work PACF accomplished with the help of local organizations and SMIF.”

**- CHUCK AUG, BOARD MEMBER OF PRESTON AREA COMMUNITY FOUNDATION**





SOUTHERN MINNESOTA  
INITIATIVE FOUNDATION

Collaborating for Regional Vitality

# Fillmore County Investments

We envision southern Minnesota as a prosperous and growing region with vibrant communities, innovative and successful economies, and engaged and valued citizens. To achieve this vision, Southern Minnesota Initiative Foundation, a regional development and philanthropic organization, fosters economic and community vitality in 20 counties of southern Minnesota through a culture of collaboration and partnership.

For every donation of  
from Fillmore County

\$1

=

\$30

is invested back into  
Fillmore County  
communities.\*

\*Includes grants, loans & programming

29 LOANS

\$1.5 million to Fillmore County entrepreneurs

349 GRANTS

\$2.2 million to support community initiatives

***\$5 million invested annually to the 20 counties of  
south central and southeastern Minnesota***

Since 1986, Southern Minnesota Initiative  
Foundation has leveraged local investments &  
partnerships to create a stronger **Fillmore County**:

**\$368,000** in local donations to SMIF

**\$11 million**

invested by SMIF in Fillmore County  
through grants, loans, and programming for  
stronger kids, businesses and communities



## Loans & Equity Investments\* Supporting local entrepreneurs & creating jobs

|                                                  |                                                         |
|--------------------------------------------------|---------------------------------------------------------|
| Featherstone Fruits & Vegetables LLC, Rushford   | Small, organic CSA (Community Support Agriculture) farm |
| The Driftless Fly Fishing Company LLC, Preston   | Fly fishing guide service                               |
| A.J.'s Diner, Fountain                           | 50's style diner                                        |
| Parkway Market & Cafe, Lanesboro                 | Local food grocery & cafe                               |
| Don's Family Market, Spring Valley               | Grocery store                                           |
| Valley Design Enterprises Incorporated, Fountain | Powder coating and table manufacturer                   |

\*Southern Minnesota Initiative Foundation in partnership with CEDA and DEED hold the Comprehensive Economic Development Strategy for Region 10, allowing these counties to apply for Economic Development Administration funding at the Federal level.

## Grants Investments in economic development, early childhood and community vitality

|                                                                                               |                                                                       |
|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| Harmony EDA                                                                                   | Grant to promote outdoor recreation, music, the arts and tourism      |
| Fillmore County Public Health                                                                 | Hundreds of books awarded through literacy grant                      |
| Canton Historical Society                                                                     | Awarded 34 gallons of paint to restore Canton Railroad Depot          |
| Lanesboro Economic Development Authority                                                      | Grant to support local entrepreneurship including loans and trainings |
| Fillmore Central School District                                                              | Provide technology to students to administer distance learning        |
| Emergency Child Care Grants                                                                   | 13 child care providers/centers received COVID-19 relief dollars      |
| Small Business Relief Grants                                                                  | 41 businesses received COVID-19 relief grants                         |
| Community Foundation Relief Fund Grants, Lanesboro, Rushford, Spring Valley, Preston, Harmony | Grants to support COVID-19 relief efforts in each community           |

## Affiliate Funds Increasing rural philanthropy

|                                          |                                             |
|------------------------------------------|---------------------------------------------|
| Arthur J. Miller Scholarship Fund        | Mabel Community Fund                        |
| Charles & Irene Reps Scholarship Fund    | Partners in Education (school support fund) |
| Christianson Family Foundation           | Preston Area Community Foundation           |
| Fillmore Central School Foundation       | Robertson Scholarship                       |
| Foundation for Rushford-Peterson Schools | Rushford Community Foundation               |
| Harmony Area Community Foundation        | Rushford-Peterson Community Chest           |
| Lanesboro Area Community Foundation      | Spring Valley Area Community Foundation     |

## Community Collaborations Bringing communities together for change

|                                                                              |                                                              |
|------------------------------------------------------------------------------|--------------------------------------------------------------|
| City of Chatfield, Regional Community Growth Initiative                      | Chatfield Community Growth Initiative                        |
| Spring Valley EDA, Regional Community Growth Initiative                      | Fillmore County Early Childhood Initiative (Started in 2008) |
| Rushford Community Growth Initiative                                         |                                                              |
| Rural Entrepreneurial Venture (REV) Communities, Spring Valley and Lanesboro |                                                              |

## Making a Difference

Responding quickly to help our smallest communities through the pandemic



At the onset of the pandemic, SMIF offered a matching grant to the 30 Community Foundations under its umbrella so that they could directly assist those in need. For every dollar they raised for their localized relief efforts, SMIF offered a match of four dollars. The community foundations in Harmony, Lanesboro, Preston, Rushford and Spring Valley were able to provide a total of \$30,425 to support their local schools, food shelves, businesses and community members.

# REQUEST FOR COUNTY BOARD ACTION

Agenda Date: 9/7/2021

Amount of time requested (minutes):

20

Dept.: Fillmore County Public Health

Prepared By: Jessica Erickson

State item(s) of business with brief analysis. If requesting multiple items, please number each item for clarity. Provide relevant material(s) for documentation. Please note on each item if documentation is needed and attached.

Consent Agenda:

Documentation  
(Yes/No):

Regular Agenda:

Documentation  
(Yes/No):

1. Consider purchase of chairs with grant funding
2. COVID update
3. Budget

Yes  
No  
Yes (Bobbie)

All requests for County Board agenda must be in the Administrator's office **No later than noon Thursday prior to the Board date**. Items received after this time **will** not be placed on the Board agenda. All requests should be sent to: [bhillery@co.fillmore.mn.us](mailto:bhillery@co.fillmore.mn.us); [koman@co.fillmore.mn.us](mailto:koman@co.fillmore.mn.us); and [kruesink@co.fillmore.mn.us](mailto:kruesink@co.fillmore.mn.us)



1920 North Broadway  
Rochester MN 55906  
507-282-3870

**Quotation 38424**  
**Quote Date** 08/30/21  
**Customer** 1154  
**Terms** Due Upon Receipt  
**Account Representative** JULIE HALDEMAN

**Quote To**

County of Fillmore  
902 HOUSTON ST NW STE 2  
Preston MN 55965-1094

**Ship To**

County of Fillmore  
902 HOUSTON ST NW STE 2  
Preston MN 55965-1094

Fillmore County Public Health- Series 2

**SOURCEWELL**

Jessica Erickson  
507-765-3898  
jerickson@co.fillmore.mn.us

| Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Quantity | Unit Price<br>Sell/List/Disc | Extended Price |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------|----------------|
| 1 436UPH - Steelcase Series 2; Chair-Upholstered back<br>Upholstery Color Scheme: Non-Contrasting<br>Back Stitch Detail: No Stitch Detail<br>Back Finish: Cogent: Connect 5S25 - GRAPHITE<br>Sewn Back Upholstery Type: Non-Sewn<br>Back Cover: With Fabric Back Cover<br>Back Cover Finish: Cogent: Connect 5S25 - GRAPHITE<br>Seat Finish: Cogent: Connect 5S25 - GRAPHITE<br>Sewn Seat Upholstery Type: Non-Sewn<br>Color Scheme: Black<br>Base Finish: Plastic - PG1 6205 - BLACK<br>Headrest Option: No Headrest<br>Coat Hanger: No Coat Hanger<br>Lumbar Option: Adjustable Lumbar<br>Arm Type: Height,Width,Pivot,Depth Arm<br>Cylinder Type: Standard Range<br>Caster or Glide Type: Hard Casters<br>Soil Retardant Option: No Soil Retardant<br>STEELCASE | 30       | 487.35<br>1,083.00<br>55.00% | 14,620.50      |

Accepted by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_



1920 North Broadway  
Rochester MN 55906  
507-282-3870

Quotation **38424**

Page 2 / 4 (cont'd)

| Description           |                                       | Quantity | Unit Price<br>Sell/List/Disc | Extended Price |
|-----------------------|---------------------------------------|----------|------------------------------|----------------|
| 2                     | DELIVERY - FURNITURE DELIVERY<br>SGOP | 1        | 285.00<br>0.00<br>0.00%      | 285.00         |
| Quotation Totals      |                                       |          |                              |                |
| Sub Total             |                                       |          |                              | 14,905.50      |
| Minnesota NON-Taxable |                                       |          |                              | 0.00           |
| Grand Total           |                                       |          |                              | 14,905.50      |





*Select Images are provided as a preliminary color and type representation and should not be used for final color and product selection. Due to individual computer/monitor/printer settings: color, texture, pattern, size and feature rendering may vary from the actual sample. For accuracy, order and view an actual sample.*

End of Quotation

Accepted by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_



## Finish Summary

| Product Type | Finish Group Description | Finish Description | Finish                                                                              |
|--------------|--------------------------|--------------------|-------------------------------------------------------------------------------------|
| Seating      | Seat Finish              | 5S25 - GRAPHITE    |  |
|              | Back Finish              | 5S25 - GRAPHITE    |  |
|              | Back Cover Finish        | 5S25 - GRAPHITE    |  |
|              | Base Finish              | 6205 - BLACK       |  |

*Select Images are provided as a preliminary color and type representation and should not be used for final color and product selection. Due to individual computer/monitor/printer settings: color, texture, pattern, size and feature rendering may vary from the actual sample. For accuracy, order and view an actual sample.*

Accepted by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

## Terms and Conditions of Sale

1. Orders: It is understood and agreed that an order cannot be canceled except by mutual consent, subject to Vendor's approval. If a percentage cancellation charge is made by the vendor, the percentage will be applied to the contract cost of the items canceled and be invoiced to the Customer/Purchaser. If Vendor is unable to accommodate the request for cancellation, the sale will be final.
2. Change orders: Request to change the scope of the project after product has been ordered or the labor quote has been approved by Purchaser may result in change order fees.
3. Price: All prices are firm for 30 days from the date of this proposal unless manufacturer assesses a price increase or otherwise specifically noted.
4. Tax: Proposals and orders are subject to applicable sales tax.
5. Deposit: Fifty percent (50%) deposit is required with order unless Purchaser is legally exempt, or negotiation has been made.
6. Terms: Net due upon receipt of invoice. A finance charge of 1.5% per month will be charged on all balances over thirty (30) days. Schmidt Goodman Office Products, Inc. reserves the right to charge a credit card fee if that payment method is chosen. The fee will be added to the total of the transaction and will be equal to the cost of processing the selected credit card. Maximum Credit Card payment allowed \$5000. per order.
7. Delivery: in the event that delivery/installation is provided as part of the sale, the following shall apply; Job site shall be clear and free of debris prior to installation. Electric current, heat, and elevator services will be furnished without charge to Schmidt Goodman Office Products, Inc. Delivery/installation hours shall be made during normal business hours (eight-hour, five-day work week Monday thru Friday). If Delivery/Installation is required at a time other than stated, Purchaser agrees to pay Schmidt Goodman Office Products, Inc. the applicable overtime rate. Upon delivery of goods by Schmidt Goodman Office Products, Inc. to Purchaser's location, all risk of loss or damage shall pass to the Purchaser, including but not limited to loss/damage by weather, other trades such as painting, plastering, wall covering, window treatments, fire or other elements. Purchaser agrees to hold Schmidt Goodman office Products, Inc. harmless from loss for such reasons.
8. Delivery/Installation Delays: If Premises of Purchaser are not ready for installation/delivery the Purchaser agrees to pay ninety percent (90%) of the value of the delivered goods within five (5) days. If product cannot be delivered/installed as originally scheduled due to site readiness Purchaser agrees to pay any cost of storage, re-direct of freight, labor hours of double handling product and any other costs incurred due to non-readiness of job site.
9. Lien and security interest: Schmidt Goodman Office Products, Inc. shall have and retain a lien on and security interests, in all goods until all goods have been paid for in full. Upon non-payment of goods Schmidt Goodman Office Products, Inc. shall have the right to recover possession of such of goods. Cost of removal of goods shall be at the expense of the Purchaser.
10. Costs and attorney fees: In the event the Purchaser should fail to comply with any of the terms, conditions, or provisions hereof, and should it become necessary for Schmidt Goodman Office Products, Inc. to incur costs or engage the services of others, Purchaser agrees to pay all costs and expenses incurred by Schmidt Goodman office Products, Inc.; including costs and reasonable attorney's fees, whether out of court, at trial or appellate levels or in bankruptcy/insolvency proceedings, or otherwise.
11. Lack of control: Schmidt Goodman Office Products, Inc. shall not be liable for any damages, arising out of failure, delay or interruption in the performance of this proposal/order caused by strike, flood, wind, war, civil disturbance, fire, act of God, shortage of labor or materials, or any other matter beyond its direct and sole control.
12. Trade/Manufacture standards: The goods shall be subject to reasonable variation from standard in color, quality, finish and variations allowed by the trade customs of the industry.
13. Warranty Disclaimer: Schmidt Goodman Office Products, Inc. will assist Purchaser in the resolution of problems or claims concerning damaged and/or defective materials within guarantee or warranty period as stated by the manufacturer supplier or fabricator. Schmidt Goodman Office Products, Inc. will arrange for the repair or replacement of any damaged or defectives goods covered under Manufacturer's warranty. Schmidt Goodman Office Products, Inc. neither guarantees nor warrants that the manufacturer will comply with the terms of its warranty and Schmidt Goodman Office Products, Inc. does not adopt, guarantee or warranty that the manufacturer will comply with its obligations. Schmidt Goodman Office Products, Inc. shall not be liable for defects in, or loss to the goods sold or caused by the goods sold. Schmidt Goodman Office Products, Inc. hereby disclaims all warranties, expressed or implied, including without limitation, implied warranties of merchantability or fitness for a particular purpose and Schmidt Goodman Office Products, Inc. shall not be liable for any actual indirect, special, incidental or consequential damages to Purchaser or to any third party as consequence of the alleged breach of any such warranty. Purchaser agrees to indemnify and hold harmless Schmidt Goodman Office Products, Inc. and its agents and employees of and from any claims for damage or loss due to due to damage or injury caused by the goods after delivery to the Purchaser.



1920 North Broadway  
Rochester MN 55906  
507-282-3870

**Quotation 38425**  
**Quote Date** 08/30/21  
**Customer** 1154  
**Terms** Due Upon Receipt  
**Account Representative** JULIE  
HALDEMAN

**Quote To**

County of Fillmore  
902 HOUSTON ST NW STE 2  
Preston MN 55965-1094

**Ship To**

County of Fillmore  
902 HOUSTON ST NW STE 2  
Preston MN 55965-1094

Fillmore Cty Public Hlth- Series2 Stool

A deposit of 50% is required on all orders. Maximum of \$5,000/order on credit card. A 4% process fee will be imposed on credit card transactions above \$5,000. Balance due upon receipt of order. Order is non-refundable/Non-returnable. SG terms/conditions apply

| Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Quantity | Unit Price<br>Sell/List/Disc | Extended Price |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------|----------------|
| 1 436UPHSTOOL - Steelcase Series 2; Stool-Upholstered back<br>Upholstery Color Scheme: Non-Contrasting<br>Back Stitch Detail: No Stitch Detail<br>Back Finish: Cogent: Connect 5S25 - GRAPHITE<br>Sewn Back Upholstery Type: Non-Sewn<br>Back Cover: With Fabric Back Cover<br>Back Cover Finish: Cogent: Connect 5S25 - GRAPHITE<br>Seat Finish: Cogent: Connect 5S25 - GRAPHITE<br>Sewn Seat Upholstery Type: Non-Sewn<br>Color Scheme: Black<br>Base Finish: Plastic - PG1 6205 - BLACK<br>Headrest Option: No Headrest<br>Coat Hanger: No Coat Hanger<br>Lumbar Option: Adjustable Lumbar<br>Arm Type: Height,Width,Pivot,Depth Arm<br>Caster or Glide Type: Hard Casters<br>Soil Retardant Option: No Soil Retardant<br>STEELCASE | 1        | 578.25<br>1,285.00<br>55.00% | 578.25         |
| 2 DELIVERY - FURNITURE DELIVERY<br>SGOP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1        | 45.00<br>0.00<br>0.00%       | 45.00          |

**Quotation Totals**

Accepted by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_



1920 North Broadway  
Rochester MN 55906  
507-282-3870

Quotation **38425**

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|                       |        |
|-----------------------|--------|
| Sub Total             | 623.25 |
| Minnesota NON-Taxable | 0.00   |
| Grand Total           | 623.25 |

*Select Images are provided as a preliminary color and type representation and should not be used for final color and product selection. Due to individual computer/monitor/printer settings: color, texture, pattern, size and feature rendering may vary from the actual sample. For accuracy, order and view an actual sample.*

End of Quotation

Accepted by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

## Finish Summary

| Product Type | Finish Group Description | Finish Description | Finish                                                                              |
|--------------|--------------------------|--------------------|-------------------------------------------------------------------------------------|
| Seating      | Seat Finish              | 5S25 - GRAPHITE    |  |
|              | Back Finish              | 5S25 - GRAPHITE    |  |
|              | Back Cover Finish        | 5S25 - GRAPHITE    |  |
|              | Base Finish              | 6205 - BLACK       |  |

*Select Images are provided as a preliminary color and type representation and should not be used for final color and product selection. Due to individual computer/monitor/printer settings: color, texture, pattern, size and feature rendering may vary from the actual sample. For accuracy, order and view an actual sample.*

Accepted by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_



## Terms and Conditions of Sale

1. Orders: It is understood and agreed that an order cannot be canceled except by mutual consent, subject to Vendor's approval. If a percentage cancellation charge is made by the vendor, the percentage will be applied to the contract cost of the items canceled and be invoiced to the Customer/Purchaser. If Vendor is unable to accommodate the request for cancellation, the sale will be final.
2. Change orders: Request to change the scope of the project after product has been ordered or the labor quote has been approved by Purchaser may result in change order fees.
3. Price: All prices are firm for 30 days from the date of this proposal unless manufacturer assesses a price increase or otherwise specifically noted.
4. Tax: Proposals and orders are subject to applicable sales tax.
5. Deposit: Fifty percent (50%) deposit is required with order unless Purchaser is legally exempt, or negotiation has been made.
6. Terms: Net due upon receipt of invoice. A finance charge of 1.5% per month will be charged on all balances over thirty (30) days. Schmidt Goodman Office Products, Inc. reserves the right to charge a credit card fee if that payment method is chosen. The fee will be added to the total of the transaction and will be equal to the cost of processing the selected credit card. Maximum Credit Card payment allowed \$5000. per order.
7. Delivery: in the event that delivery/installation is provided as part of the sale, the following shall apply; Job site shall be clear and free of debris prior to installation. Electric current, heat, and elevator services will be furnished without charge to Schmidt Goodman Office Products, Inc. Delivery/installation hours shall be made during normal business hours (eight-hour, five-day work week Monday thru Friday). If Delivery/Installation is required at a time other than stated, Purchaser agrees to pay Schmidt Goodman Office Products, Inc. the applicable overtime rate. Upon delivery of goods by Schmidt Goodman Office Products, Inc. to Purchaser's location, all risk of loss or damage shall pass to the Purchaser, including but not limited to loss/damage by weather, other trades such as painting, plastering, wall covering, window treatments, fire or other elements. Purchaser agrees to hold Schmidt Goodman office Products, Inc. harmless from loss for such reasons.
8. Delivery/Installation Delays: If Premises of Purchaser are not ready for installation/delivery the Purchaser agrees to pay ninety percent (90%) of the value of the delivered goods within five (5) days. If product cannot be delivered/installed as originally scheduled due to site readiness Purchaser agrees to pay any cost of storage, re-direct of freight, labor hours of double handling product and any other costs incurred due to non-readiness of job site.
9. Lien and security interest: Schmidt Goodman Office Products, Inc. shall have and retain a lien on and security interests, in all goods until all goods have been paid for in full. Upon non-payment of goods Schmidt Goodman Office Products, Inc. shall have the right to recover possession of such of goods. Cost of removal of goods shall be at the expense of the Purchaser.
10. Costs and attorney fees: In the event the Purchaser should fail to comply with any of the terms, conditions, or provisions hereof, and should it become necessary for Schmidt Goodman Office Products, Inc. to incur costs or engage the services of others, Purchaser agrees to pay all costs and expenses incurred by Schmidt Goodman office Products, Inc.; including costs and reasonable attorney's fees, whether out of court, at trial or appellate levels or in bankruptcy/insolvency proceedings, or otherwise.
11. Lack of control: Schmidt Goodman Office Products, Inc. shall not be liable for any damages, arising out of failure, delay or interruption in the performance of this proposal/order caused by strike, flood, wind, war, civil disturbance, fire, act of God, shortage of labor or materials, or any other matter beyond its direct and sole control.
12. Trade/Manufacture standards: The goods shall be subject to reasonable variation from standard in color, quality, finish and variations allowed by the trade customs of the industry.
13. Warranty Disclaimer: Schmidt Goodman Office Products, Inc. will assist Purchaser in the resolution of problems or claims concerning damaged and/or defective materials within guarantee or warranty period as stated by the manufacturer supplier or fabricator. Schmidt Goodman Office Products, Inc. will arrange for the repair or replacement of any damaged or defectives goods covered under Manufacturer's warranty. Schmidt Goodman Office Products, Inc. neither guarantees nor warrants that the manufacturer will comply with the terms of its warranty and Schmidt Goodman Office Products, Inc. does not adopt, guarantee or warranty that the manufacturer will comply with its obligations. Schmidt Goodman Office Products, Inc. shall not be liable for defects in, or loss to the goods sold or caused by the goods sold. Schmidt Goodman Office Products, Inc. hereby disclaims all warranties, expressed or implied, including without limitation, implied warranties of merchantability or fitness for a particular purpose and Schmidt Goodman Office Products, Inc. shall not be liable for any actual indirect, special, incidental or consequential damages to Purchaser or to any third party as consequence of the alleged breach of any such warranty. Purchaser agrees to indemnify and hold harmless Schmidt Goodman Office Products, Inc. and its agents and employees of and from any claims for damage or loss due to due to damage or injury caused by the goods after delivery to the Purchaser.

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# \*\*\* Fillmore County \*\*\*



## USER-SELECTED BUDGET REPORT

Page 1

Options: 1 = Budget Amount, 2 = Yearly Amount, 3 = Dashed Lines, 4 = Estimated

Page Break Option: 1

- 1 - Page Break by FUND
- 2 - Page Break by DEPT
- 3 - Page Break by PROGRAM
- 4 - Page Break by SERVICE

Column Selector 1 2 1 2 1

|           |        |        |        |        |        |
|-----------|--------|--------|--------|--------|--------|
| Column    | 2020   | 2020   | 2021   | 2021   | 2022   |
| Headings: | Budget | Actual | Budget | Actual | Budget |

Line Spacing: 1

- 1 - Single Spaced
- 2 - Double Spaced

Year: 2020  
Months: 01 Thru 12

2021  
01 Thru 08

Print Subtotal By FUND Y  
Print Subtotal By DEPT Y  
Print Subtotal By PROGRAM N  
Print Subtotal By SERVICE N  
Print Subtotal By Object Range N

Report Basis: 2  
1 - Cash  
2 - Modified Accrual  
3 - Full Accrual

Include on the Report 1  
1 - All G/L Accounts  
2 - Only G/L Accounts with Budget Amts.  
3 - Only G/L Accounts without Budget Amts.  
4 - Only Budget Accounts with zero Amts.  
5 - Only Active G/L Accounts  
Include Zero Dollar Accts: N  
Round Amounts: Y  
Save Report: N

Comment:

FUND Range From 1 Thru 1

DEPT Range From 441 Thru 448

| <u>Account Number</u> |                      |                                   | <u>2020</u><br><u>Budget</u> | <u>2020</u><br><u>Actual</u><br><u>Mo. 01 - 12</u> | <u>2021</u><br><u>Budget</u> | <u>2021</u><br><u>Actual</u><br><u>Mo. 01 - 08</u> | <u>2022</u><br><u>Budget</u> |           |
|-----------------------|----------------------|-----------------------------------|------------------------------|----------------------------------------------------|------------------------------|----------------------------------------------------|------------------------------|-----------|
| 441                   | DEPT                 | Public Health                     |                              |                                                    |                              |                                                    |                              |           |
|                       | 01-441-000-0000-5323 | COVID-19 Vaccine Implementation   | 0                            | 0                                                  | 0                            | 44,505 _                                           | 0                            |           |
|                       | 01-441-000-0000-5326 | COVID-19 Grant                    | 0                            | 49,178 _                                           | 0                            | 0                                                  | 0                            |           |
|                       | 01-441-000-0000-5327 | Influenza Vaccine Projects        | 0                            | 30                                                 | 0                            | 40,397 _                                           | 0                            |           |
|                       | 01-441-000-0000-5328 | CICT Grant                        | 0                            | 27,769 _                                           | 0                            | 0                                                  | 0                            |           |
|                       | 01-441-000-0000-5353 | TZD Safe Roads                    | 0                            | 1,015 _                                            | 0                            | 0                                                  | 0                            |           |
|                       | 01-441-000-0000-5354 | MN- LPH Grant                     | 98,647 _                     | 98,647 _                                           | 98,647 _                     | 65,695 _                                           | 129,761 _                    |           |
|                       | 01-441-000-0000-5355 | MN - IFA Grant                    | 2,024 _                      | 2,630 _                                            | 2,100 _                      | 0                                                  | 2,100 _                      |           |
|                       | 01-441-000-0000-5356 | MN - Ship Grant                   | 84,776 _                     | 104,558 _                                          | 84,776 _                     | 48,126 _                                           | 88,100 _                     |           |
|                       | 01-441-000-0000-5413 | Immunization Cooperative Agreem   | 0                            | 0                                                  | 0                            | 0                                                  | 96,336 _                     |           |
|                       | 01-441-000-0000-5414 | Preparedness Grant                | 24,143 _                     | 16,243 _                                           | 24,208 _                     | 16,239 _                                           | 24,843 _                     |           |
|                       | 01-441-000-0000-5416 | TZD Save Rd 20.600                | 13,624 _                     | 4,637 _                                            | 13,158 _                     | 4,625 _                                            | 11,000 _                     |           |
|                       | 01-441-000-0000-5437 | Immunization Cooperative Agreem   | 0                            | 0                                                  | 0                            | 13,715 _                                           | 0                            |           |
|                       | 01-441-000-0000-5439 | CYSHN                             | 2,000 _                      | 6,079 _                                            | 1,500 _                      | 675 _                                              | 1,500 _                      |           |
|                       | 01-441-000-0000-5462 | 93.268 CFDA CASA IPI              | 5,500 _                      | 6,000 _                                            | 7,000 _                      | 0                                                  | 6,000 _                      |           |
|                       | 01-441-000-0000-5468 | Fed - 93.558 Nurse Home Visit TAI | 24,373 _                     | 23,804 _                                           | 25,481 _                     | 22,499 _                                           | 24,373 _                     |           |
|                       | 01-441-000-0000-5473 | MDH EHDI 93.314                   | 1,500 _                      | 2,025 _                                            | 1,500 _                      | 1,200 _                                            | 2,000 _                      |           |
|                       | 01-441-000-0000-5503 | Other Fees                        | 0                            | 1,251 _                                            | 1,124 _                      | 1,479 _                                            | 1,500 _                      |           |
|                       | 01-441-000-0000-5563 | E.P.S. Nurse Reimb. & Imm Reg.    | 59,890 _                     | 60,202 _                                           | 59,890 _                     | 24,243 _                                           | 28,143 _                     |           |
|                       | 01-441-000-0000-6054 | Immunization Cooperative Agreem   | 0                            | 0                                                  | 0                            | 13,753                                             | 0                            |           |
|                       | 01-441-000-0000-6088 | COVID-19 Grant Expense (with Hou  | 0                            | 2,171                                              | 0                            | 0                                                  | 0                            |           |
|                       | 01-441-000-0000-6239 | Training Expenses                 | 0                            | 190                                                | 0                            | 0                                                  | 0                            |           |
|                       | 01-441-000-0000-6334 | Immunization Cooperative Agreem   | 0                            | 0                                                  | 0                            | 1,056                                              | 0                            |           |
|                       | 01-441-000-0000-6335 | Employee Automobile Allowance     | 0                            | 105                                                | 0                            | 102                                                | 0                            |           |
|                       | 01-441-000-0000-6377 | Fees & Service Charges            | 0                            | 2,247                                              | 0                            | 0                                                  | 0                            |           |
|                       | 01-441-000-0000-6390 | TZD Save Roads Basic 20.600       | 2,704                        | 0                                                  | 2,238                        | 0                                                  | 2,000                        |           |
|                       | 01-441-000-0000-6420 | IVP Grant (01.441.5327)           | 0                            | 6,399                                              | 0                            | 3,784                                              | 0                            |           |
|                       | 01-441-000-0000-6437 | CTC Expenses                      | 3,000                        | 1,163                                              | 2,000                        | 1,230                                              | 2,000                        |           |
|                       | 01-441-000-0000-6445 | TANF Expenses                     | 360                          | 1,016                                              | 1,000                        | 978                                                | 700                          |           |
|                       | 01-441-000-0000-6447 | LPHA Grant Expenses               | 4,000                        | 11,348                                             | 5,000                        | 18,988                                             | 5,000                        |           |
|                       | 01-441-000-0000-6448 | Ship Grant Expenses               | 30,000                       | 57,120                                             | 30,000                       | 770                                                | 30,000                       |           |
|                       | 01-441-000-0000-6449 | Preparedness Grant                | 1,457                        | 62                                                 | 1,500                        | 425                                                | 1,367                        |           |
| DEPT                  | 441                  | Public Health                     | Revenue                      | 316,477 _                                          | 404,008 _                    | 319,384 _                                          | 283,398 _                    | 415,656 _ |
|                       |                      |                                   | Expend.                      | 41,521                                             | 81,821                       | 41,738                                             | 41,086                       | 41,067    |
|                       |                      |                                   | Net                          | 274,956 _                                          | 322,187 _                    | 277,646 _                                          | 242,312 _                    | 374,589 _ |



|                       |      |                                   | <u>2020</u>   | <u>2020</u>        | <u>2021</u>   | <u>2021</u>        | <u>2022</u>   |
|-----------------------|------|-----------------------------------|---------------|--------------------|---------------|--------------------|---------------|
| <u>Account Number</u> |      |                                   | <u>Budget</u> | <u>Actual</u>      | <u>Budget</u> | <u>Actual</u>      | <u>Budget</u> |
|                       |      |                                   |               | <u>Mo. 01 - 12</u> |               | <u>Mo. 01 - 08</u> |               |
| 442                   | DEPT | Wic Program                       |               |                    |               |                    |               |
| 01-442-000-0000-5418  |      | Fed-10.557 WIC Peer Breast Feedir | 13,698 -      | 17,291 -           | 23,074 -      | 10,030 -           | 21,481 -      |
| 01-442-000-0000-5452  |      | Fed - 10.557 WIC Grant            | 90,000 -      | 96,242 -           | 90,000 -      | 36,733 -           | 90,000 -      |
| 01-442-000-0000-5502  |      | WIC Other                         | 0             | 0                  | 0             | 146 -              | 0             |
| 01-442-000-0000-6105  |      | Gross Salaries                    | 0             | 4,910              | 0             | 2,473              | 5,000         |
| 01-442-000-0000-6171  |      | Social Security-Employer          | 0             | 320                | 0             | 153                | 300           |
| 01-442-000-0000-6172  |      | Medicare-Employer                 | 0             | 75                 | 0             | 36                 | 50            |
| 01-442-000-0000-6205  |      | Postage And Postal Box Rent       | 0             | 45                 | 0             | 0                  | 0             |
| 01-442-000-0000-6335  |      | Employee Automobile Allowance     | 750           | 131                | 750           | 81                 | 300           |
| 01-442-000-0000-6424  |      | WIC-Peer Breastfeeding Support Gr | 371           | 1,733              | 3,319         | 967                | 1,200         |
| 01-442-000-0000-6639  |      | Equipment Purchased               | 0             | 4,100 -            | 0             | 0                  | 0             |
| 01-442-000-0000-6859  |      | WIC Medical Supplies              | 800           | 476                | 700           | 227                | 500           |
| DEPT                  | 442  | Wic Program                       |               |                    |               |                    |               |
|                       |      | Revenue                           | 103,698 -     | 113,533 -          | 113,074 -     | 46,909 -           | 111,481 -     |
|                       |      | Expend.                           | 1,921         | 3,590              | 4,769         | 3,937              | 7,350         |
|                       |      | Net                               | 101,777 -     | 109,943 -          | 108,305 -     | 42,972 -           | 104,131 -     |
| 443                   | DEPT | Nursing Service                   |               |                    |               |                    |               |
| 01-443-000-0000-5503  |      | Other Fees                        | 6,100 -       | 4,723 -            | 6,000 -       | 1,388 -            | 5,000 -       |
| 01-443-000-0000-5506  |      | COVID-19 Injection Fee            | 0             | 0                  | 0             | 141,571 -          | 0             |
| 01-443-000-0000-5509  |      | LCTS                              | 60,000 -      | 53,038 -           | 60,000 -      | 27,161 -           | 50,000 -      |
| 01-443-000-0000-5512  |      | School Health                     | 11,000 -      | 9,531 -            | 11,000 -      | 9,594 -            | 10,000 -      |
| 01-443-000-0000-5513  |      | Waiver Reimbursement              | 60,000 -      | 51,002 -           | 60,000 -      | 39,977 -           | 60,000 -      |
| 01-443-000-0000-5832  |      | Refunds & Reimbursements          | 325 -         | 114 -              | 325 -         | 340 -              | 100 -         |
| 01-443-000-0000-6104  |      | Per Diem                          | 900           | 360                | 900           | 135                | 700           |
| 01-443-000-0000-6105  |      | Gross Salaries                    | 1,074,952     | 992,966            | 1,120,656     | 751,663            | 1,166,324     |
| 01-443-000-0000-6110  |      | Overtime Salaries                 | 0             | 0                  | 0             | 669                | 0             |
| 01-443-000-0000-6152  |      | Life Insurance                    | 163           | 152                | 163           | 106                | 160           |
| 01-443-000-0000-6162  |      | P.E.R.A. - Employer               | 77,032        | 83,462             | 84,049        | 55,078             | 87,474        |
| 01-443-000-0000-6171  |      | Social Security-Employer          | 63,680        | 67,414             | 69,481        | 43,786             | 72,312        |
| 01-443-000-0000-6172  |      | Medicare-Employer                 | 14,893        | 15,766             | 16,250        | 10,240             | 16,912        |
| 01-443-000-0000-6174  |      | Co.Health Contribution            | 201,111       | 194,369            | 221,887       | 145,757            | 241,693       |
| 01-443-000-0000-6203  |      | Telephone                         | 360           | 77                 | 468           | 270                | 460           |
| 01-443-000-0000-6206  |      | Employee Electronic Device Reimbu | 1,620         | 2,040              | 2,100         | 1,550              | 2,000         |
| 01-443-000-0000-6241  |      | Advertising                       | 100           | 173                | 100           | 14                 | 100           |
| 01-443-000-0000-6242  |      | Membership Dues                   | 250           | 234                | 250           | 4,574              | 3,500         |
| 01-443-000-0000-6245  |      | Registration Fees                 | 150           | 180                | 150           | 0                  | 800           |

## USER-SELECTED BUDGET REPORT

01 FUND County Revenue Fund

Report Basis: Modified Accrual

|                      |                                 | 2020      | 2020        | 2021      | 2021        | 2022      |
|----------------------|---------------------------------|-----------|-------------|-----------|-------------|-----------|
|                      |                                 | Budget    | Actual      | Budget    | Actual      | Budget    |
|                      |                                 |           | Mo. 01 - 12 |           | Mo. 01 - 08 |           |
| Account Number       | Account Description             |           |             |           |             |           |
| 01-443-000-0000-6335 | Employee Automobile Allowance   | 20,000    | 5,734       | 13,000    | 3,259       | 10,000    |
| 01-443-000-0000-6337 | Other Travel Expense            | 500       | 0           | 0         | 0           | 300       |
| 01-443-000-0000-6377 | Fees & Service Charges          | 0         | 119         | 119       | 0           | 119       |
| 01-443-000-0000-6408 | Other Office Supplies           | 0         | 552         | 0         | 0           | 0         |
| 01-443-000-0000-6419 | PH Doc Software Support         | 26,766    | 26,151      | 26,887    | 20,715      | 27,108    |
| 01-443-000-0000-6431 | Drugs & Medicine                | 15,000    | 23,675      | 15,000    | 131         | 15,000    |
| 01-443-000-0000-6432 | Public Health Supplies          | 1,000     | 0           | 1,000     | 0           | 0         |
| 01-443-000-0000-6433 | Waiver Reimbursables            | 60,000    | 92,171      | 60,000    | 84,051      | 60,000    |
| 01-443-000-0000-6437 | C & Tc Supplies                 | 0         | 430         | 0         | 0           | 0         |
| 01-443-000-0000-6445 | TANF Home Visits                | 0         | 0           | 0         | 1,276       | 0         |
| 01-443-000-0000-6561 | Gasoline Diesel And Other Fuels | 300       | 34          | 500       | 0           | 500       |
| 01-443-000-0000-6825 | Collaborative/Time Study        | 0         | 100         | 0         | 100         | 0         |
| 01-443-100-0000-5396 | PHNC Visit - MSHO               | 55,000 -  | 18,497 -    | 45,000 -  | 0           | 30,000 -  |
| 01-443-100-0000-5397 | PHNC Visit - MA                 | 5,000 -   | 4,021 -     | 6,750 -   | 0           | 5,000 -   |
| 01-443-110-0000-5306 | Ucare CM MSHO                   | 60,000 -  | 55,379 -    | 50,000 -  | 29,952 -    | 60,000 -  |
| 01-443-110-0000-5307 | UCare CM MSC+                   | 4,000 -   | 11,996 -    | 10,000 -  | 7,126 -     | 15,000 -  |
| 01-443-110-0000-5358 | EW-CM-MSHO                      | 70,000 -  | 82,824 -    | 64,000 -  | 20,176 -    | 64,000 -  |
| 01-443-110-0000-5362 | EW-CM-MSC+                      | 20,000 -  | 14,955 -    | 17,000 -  | 3,601 -     | 15,000 -  |
| 01-443-113-0000-5308 | Ucare LTCC MSHO                 | 50,000 -  | 46,214 -    | 50,000 -  | 23,559 -    | 46,000 -  |
| 01-443-113-0000-5309 | Ucare LTCC MSC+                 | 20,000 -  | 20,388 -    | 20,000 -  | 14,584 -    | 21,000 -  |
| 01-443-113-0000-5358 | LTCC MSHO                       | 45,000 -  | 41,012 -    | 43,000 -  | 15,509 -    | 43,000 -  |
| 01-443-113-0000-5362 | LTCC MSC+                       | 25,000 -  | 27,666 -    | 24,000 -  | 11,199 -    | 25,000 -  |
| 01-443-114-0000-5359 | CM CAD1                         | 60,000 -  | 63,678 -    | 75,000 -  | 27,595 -    | 70,000 -  |
| 01-443-114-0000-5427 | FED-CM-CAD1                     | 60,000 -  | 68,765 -    | 75,000 -  | 27,605 -    | 70,000 -  |
| 01-443-114-0000-5428 | FED-CM-AC(Alternative Care)     | 15,000 -  | 10,101 -    | 12,500 -  | 3,229 -     | 12,500 -  |
| 01-443-114-0000-5429 | FED-CM-EW(Elderly Waver)        | 5,000 -   | 6,315 -     | 5,000 -   | 2,692 -     | 6,000 -   |
| 01-443-115-0000-5506 | PP Immunization                 | 2,500 -   | 1,910 -     | 2,500 -   | 215 -       | 2,000 -   |
| 01-443-116-0000-5506 | MA Immunization                 | 3,500 -   | 3,669 -     | 2,000 -   | 1,076 -     | 4,000 -   |
| 01-443-117-0000-5506 | MC Immunization                 | 15,000 -  | 12,019 -    | 15,000 -  | 2,318 -     | 15,000 -  |
| 01-443-118-0000-5506 | Private Insurance Immunization  | 10,000 -  | 11,714 -    | 10,000 -  | 3,842 -     | 10,000 -  |
| DEPT 443             | Nursing Service                 |           |             |           |             |           |
|                      | Revenue                         | 662,425 - | 619,531 -   | 664,075 - | 414,309 -   | 638,600 - |
|                      | Expend.                         | 1,558,777 | 1,506,159   | 1,632,960 | 1,123,374   | 1,705,462 |
|                      | Net                             | 896,352   | 886,628     | 968,885   | 709,065     | 1,066,862 |
| 444                  | DEPT Home Health                |           |             |           |             |           |
| 01-444-000-0000-6203 | Telephone                       | 0         | 77          | 0         | 0           | 0         |

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\*\*\* Fillmore County \*\*\*



USER-SELECTED BUDGET REPORT

Page 5

01 FUND County Revenue Fund

Report Basis: Modified Accrual

|              |                      |                                   | <u>2020</u>   | <u>2020</u>        | <u>2021</u>   | <u>2021</u>        | <u>2022</u>   |
|--------------|----------------------|-----------------------------------|---------------|--------------------|---------------|--------------------|---------------|
|              |                      |                                   | <u>Budget</u> | <u>Actual</u>      | <u>Budget</u> | <u>Actual</u>      | <u>Budget</u> |
|              |                      |                                   |               | <u>Mo. 01 - 12</u> |               | <u>Mo. 01 - 08</u> |               |
| DEPT         | 444                  | Home Health                       | Revenue       | 0                  | 0             | 0                  | 0             |
|              |                      |                                   | Expend.       | 0                  | 77            | 0                  | 0             |
|              |                      |                                   | Net           | 0                  | 77            | 0                  | 0             |
| 445          | DEPT                 | Community Health                  |               |                    |               |                    |               |
|              | 01-445-000-0000-6802 | Appropriations                    | 31,500        | 31,500             | 31,500        | 31,500             | 31,500        |
| DEPT         | 445                  | Community Health                  | Revenue       | 0                  | 0             | 0                  | 0             |
|              |                      |                                   | Expend.       | 31,500             | 31,500        | 31,500             | 31,500        |
|              |                      |                                   | Net           | 31,500             | 31,500        | 31,500             | 31,500        |
| 446          | DEPT                 | Mch Program                       |               |                    |               |                    |               |
|              | 01-446-000-0000-5325 | Houston Grant Revenue Portion     | 0             | 428,464 -          | 0             | 288,892 -          | 0             |
|              | 01-446-000-0000-5453 | Fed - 93.994 MCH Grant            | 25,307 -      | 10,457 -           | 25,410 -      | 13,825 -           | 25,410 -      |
|              | 01-446-000-0000-5502 | MCH Other                         | 100,000 -     | 41,277 -           | 50,000 -      | 25,497 -           | 50,000 -      |
|              | 01-446-000-0000-5503 | EBHV-Other                        | 0             | 13,079 -           | 4,500 -       | 6,570 -            | 20,000 -      |
|              | 01-446-000-0000-5650 | EBHV 93.870                       | 101,425 -     | 76,348 -           | 87,492 -      | 7,705 -            | 89,367 -      |
|              | 01-446-000-0000-6088 | Houston Grant Passthrough (01-44  | 0             | 436,249            | 0             | 278,051            | 0             |
|              | 01-446-000-0000-6206 | Employee Electronic Device Reimbu | 180           | 0                  | 0             | 0                  | 0             |
|              | 01-446-000-0000-6257 | EBHV Expense                      | 23,825        | 6,013              | 11,381        | 3,105              | 10,000        |
|              | 01-446-000-0000-6335 | Employee Automobile Allowance     | 1,392         | 590                | 1,392         | 442                | 1,392         |
|              | 01-446-000-0000-6408 | Other Office Supplies             | 100           | 0                  | 100           | 0                  | 0             |
|              | 01-446-000-0000-6640 | Equipment Purchased               | 0             | 48                 | 0             | 0                  | 0             |
|              | 01-446-000-0000-6825 | Collaborative/Time Study          | 100           | 0                  | 100           | 0                  | 100           |
| DEPT         | 446                  | Mch Program                       | Revenue       | 226,732 -          | 569,625 -     | 167,402 -          | 342,489 -     |
|              |                      |                                   | Expend.       | 25,597             | 442,900       | 12,973             | 281,598       |
|              |                      |                                   | Net           | 201,135 -          | 126,725 -     | 154,429 -          | 60,891 -      |
| FUND         | 01                   | County Revenue Fund               | Revenue       | 1,309,332 -        | 1,706,697 -   | 1,263,935 -        | 1,087,105 -   |
|              |                      |                                   | Expend.       | 1,659,316          | 2,066,047     | 1,723,940          | 1,481,495     |
|              |                      |                                   | Net           | 349,984            | 359,350       | 460,005            | 394,390       |
| Final Totals |                      |                                   | Revenue       | 1,309,332 -        | 1,706,697 -   | 1,263,935 -        | 1,087,105 -   |
|              |                      |                                   | Expend.       | 1,659,316          | 2,066,047     | 1,723,940          | 1,481,495     |
|              |                      |                                   | Net           | 349,984            | 359,350       | 460,005            | 394,390       |

| Public Health Nursing Department 443 |               |                 | PUBLIC HEALTH - NURSING |              |                 |              |                  |                 |      |
|--------------------------------------|---------------|-----------------|-------------------------|--------------|-----------------|--------------|------------------|-----------------|------|
| Nursing 443                          | Hourly/Salary | Gross Salaries  | Life Insurance          | PERA         | Social Security | Medicare     | Health Insurance | Total Cost      | FTE  |
| B Hill                               | \$ 31.48      | \$ 65,478.40    | \$ 6.36                 | \$ 4,910.88  | \$ 4,059.66     | \$ 949.44    | \$ -             | \$ 75,404.74    | 1    |
| A Hall                               | \$ 31.08      | \$ 56,565.60    | \$ 9.60                 | \$ 4,242.42  | \$ 3,507.07     | \$ 820.20    | \$ 12,482.67     | \$ 77,627.56    | 1    |
| 11/18/2022                           | \$ 32.01      | \$ 8,322.60     | \$ -                    | \$ 624.20    | \$ 516.00       | \$ 120.68    | \$ -             | \$ 9,583.47     |      |
| J Erickson                           | \$ 43.67      | \$ 24,586.21    | \$ 9.60                 | \$ 1,843.97  | \$ 1,524.35     | \$ 356.50    | \$ 12,482.67     | \$ 40,803.29    | 1    |
| 4/8/2022                             | \$ 44.99      | \$ 68,249.83    | \$ -                    | \$ 5,118.74  | \$ 4,231.49     | \$ 989.62    | \$ -             | \$ 78,589.68    |      |
| B Pohlman                            | \$ 42.43      | \$ 77,222.60    | \$ 9.60                 | \$ 5,791.70  | \$ 4,787.80     | \$ 1,119.73  | \$ 12,482.67     | \$ 101,414.09   | 1    |
| 10/13/2022                           | \$ 43.62      | \$ 11,341.20    |                         | \$ 850.59    | \$ 703.15       | \$ 164.45    |                  | \$ 13,059.39    |      |
| E Draper                             | \$ 32.40      | \$ 42,120.00    | \$ 9.60                 | \$ 3,159.00  | \$ 2,611.44     | \$ 610.74    | \$ -             | \$ 48,510.78    | 1    |
| 8/12/2022                            | \$ 33.45      | \$ 26,091.00    |                         | \$ 1,956.83  | \$ 1,617.64     | \$ 378.32    | \$ -             | \$ 30,043.79    |      |
| J Holst                              | \$ 35.78      | \$ 21,718.46    | \$ 9.60                 | \$ 1,628.88  | \$ 1,346.54     | \$ 314.92    | \$ 27,857.49     | \$ 52,875.90    | 1    |
| 4/17/2022                            | \$ 36.72      | \$ 54,088.56    |                         | \$ 4,056.64  | \$ 3,353.49     | \$ 784.28    |                  | \$ 62,282.98    |      |
| A Simonson                           | \$ 32.40      | \$ 63,180.00    | \$ 9.60                 | \$ 4,738.50  | \$ 3,917.16     | \$ 916.11    | \$ 18,848.66     | \$ 91,610.03    | 1    |
| 12/9/2022                            | \$ 33.45      | \$ 4,348.50     |                         | \$ 326.14    | \$ 269.61       | \$ 63.05     |                  | \$ 5,007.30     |      |
| D Johnson                            | \$ 32.40      | \$ 64,573.20    | \$ 9.60                 | \$ 4,842.99  | \$ 4,003.54     | \$ 936.31    | \$ 18,122.90     | \$ 92,488.54    | 1    |
| 12/15/2022                           | \$ 33.45      | \$ 2,910.15     |                         | \$ 218.26    | \$ 180.43       | \$ 42.20     |                  | \$ 3,351.04     |      |
| M Gatske                             | \$ 33.75      | \$ 7,020.00     | \$ 9.60                 | \$ 526.50    | \$ 435.24       | \$ 101.79    | \$ 12,899.31     | \$ 20,992.44    | 0.8  |
| 2/14/2022                            | \$ 34.64      | \$ 50,435.84    |                         | \$ 3,782.69  | \$ 3,127.02     | \$ 731.32    |                  | \$ 58,076.87    |      |
| S Hall                               | \$ 32.01      | \$ 16,645.20    | \$ 9.60                 | \$ 1,248.39  | \$ 1,032.00     | \$ 241.36    | \$ 18,122.90     | \$ 37,299.45    | 1    |
| 4/1/2022                             | \$ 32.97      | \$ 51,433.20    |                         | \$ 3,857.49  | \$ 3,188.86     | \$ 745.78    |                  | \$ 59,225.33    |      |
| E Amdahl - CA                        | \$ 22.93      | \$ 31,780.98    | \$ 9.60                 | \$ 2,383.57  | \$ 1,970.42     | \$ 460.82    | \$ 12,482.67     | \$ 49,088.07    | 1    |
| 9/1/2022                             | \$ 23.67      | \$ 16,426.98    |                         | \$ 1,232.02  | \$ 1,018.47     | \$ 238.19    |                  | \$ 18,915.67    |      |
| L Logsdon                            | \$ 39.73      | \$ 30,989.40    | \$ 9.60                 | \$ 2,324.21  | \$ 1,921.34     | \$ 449.35    | \$ 12,482.67     | \$ 48,176.56    | 1    |
| 5/15/2022                            | \$ 40.78      | \$ 53,014.00    |                         | \$ 3,976.05  | \$ 3,286.87     | \$ 768.70    |                  | \$ 61,045.62    |      |
| P Melver                             | \$ 36.72      | \$ 76,377.60    | \$ 9.60                 | \$ 5,728.32  | \$ 4,735.41     | \$ 1,107.48  | \$ 12,482.67     | \$ 100,441.08   | 1    |
| S Gilbert                            | \$ 33.45      | \$ 54,858.00    | \$ 9.60                 | \$ 4,114.35  | \$ 3,401.20     | \$ 795.44    | \$ 12,482.67     | \$ 75,661.26    | 0.8  |
| 12/28/2022                           | \$ 34.49      | \$ 827.76       | \$ -                    | \$ 62.08     | \$ 51.32        | \$ 12.00     | \$ -             | \$ 953.17       |      |
| B Johnson                            | \$ 33.45      | \$ 20,304.15    | \$ 9.60                 | \$ 1,522.81  | \$ 1,258.86     | \$ 294.41    | \$ 18,122.90     | \$ 41,512.73    | 1    |
| 4/16/2022                            | \$ 34.49      | \$ 50,803.77    | \$ -                    | \$ 3,810.28  | \$ 3,149.83     | \$ 736.65    | \$ -             | \$ 58,500.54    |      |
| A Rodger                             | \$ 30.13      | \$ 7,833.80     | \$ 9.60                 | \$ 587.54    | \$ 485.70       | \$ 113.59    | \$ 27,857.49     | \$ 36,887.71    | 1    |
| 2/18/2022                            | \$ 31.08      | \$ 56,565.60    | \$ -                    | \$ 4,242.42  | \$ 3,507.07     | \$ 820.20    | \$ -             | \$ 65,135.29    |      |
| V Topness                            | \$ 24.14      | \$ 50,211.20    | \$ 9.60                 | \$ 3,765.84  | \$ 3,113.09     | \$ 728.06    | \$ 12,482.67     | \$ 70,310.47    | 1    |
|                                      |               | \$ 1,166,323.79 | \$ 159.96               | \$ 87,474.28 | \$ 72,312.07    | \$ 16,911.69 | \$ 241,693.01    | \$ 1,584,874.81 | 16.6 |
|                                      |               |                 |                         |              |                 |              |                  |                 |      |
|                                      |               |                 |                         |              |                 |              |                  |                 |      |
| Reflects a 12% insurance increase    |               |                 |                         |              |                 |              |                  |                 |      |
| Reflects a 3% COLA/Market Rate       |               |                 |                         |              |                 |              |                  |                 |      |

Bobbie  
9/1/21

2:02PM

# \*\*\* Fillmore County \*\*\*



## USER-SELECTED BUDGET REPORT

Page 1

Options: 1 = Budget Amount, 2 = Yearly Amount, 3 = Dashed Lines, 4 = Estimated

Page Break Option: 1

- 1 - Page Break by FUND
- 2 - Page Break by DEPT
- 3 - Page Break by PROGRAM
- 4 - Page Break by SERVICE

Column Selector 1 2 1 2 1

|           |        |        |        |        |        |
|-----------|--------|--------|--------|--------|--------|
| Column    | 2020   | 2020   | 2021   | 2021   | 2022   |
| Headings: | Budget | Actual | Budget | Actual | Budget |

Line Spacing: 1

- 1 - Single Spaced
- 2 - Double Spaced

Year: 2020  
Months: 01 Thru 12

2021  
01 Thru 08

Print Subtotal By FUND Y  
Print Subtotal By DEPT Y  
Print Subtotal By PROGRAM N  
Print Subtotal By SERVICE N  
Print Subtotal By Object Range N

Report Basis: 2  
1 - Cash  
2 - Modified Accrual  
3 - Full Accrual

Include on the Report 1  
1 - All G/L Accounts  
2 - Only G/L Accounts with Budget Amts.  
3 - Only G/L Accounts without Budget Amts.  
4 - Only Budget Accounts with zero Amts.  
5 - Only Active G/L Accounts

Include Zero Dollar Accts: N  
Round Amounts: Y  
Save Report: N

Comment:

FUND Range From 11 Thru 11

| Account Number       | Account Description               | 2020<br>Budget | 2020<br>Actual<br>Mo. 01 - 12 | 2021<br>Budget | 2021<br>Actual<br>Mo. 01 - 08 | 2022<br>Budget |
|----------------------|-----------------------------------|----------------|-------------------------------|----------------|-------------------------------|----------------|
| 420 DEPT             | Income Maintenance                |                |                               |                |                               |                |
| 11-420-000-0000-6350 | Unallocated Operating Expenses    | 0              | 0                             | 15,577         | 0                             | 0              |
| 11-420-600-0000-5001 | Property Taxes-Current            | 593,111 -      | 555,442 -                     | 717,203 -      | 0                             | 0              |
| 11-420-600-0000-5004 | Property Taxes-Delinquent         | 0              | 4,768 -                       | 0              | 0                             | 0              |
| 11-420-600-0000-5007 | Mobile Home Tax - Current         | 0              | 69 -                          | 0              | 0                             | 0              |
| 11-420-600-0000-5008 | Mobile Home Tax - Prior & Delinqu | 0              | 32 -                          | 0              | 0                             | 0              |
| 11-420-600-4800-6105 | Oh Salaries                       | 123,565        | 127,124                       | 128,858        | 78,880                        | 134,671        |
| 11-420-600-4800-6110 | Overtime Salaries                 | 0              | 16                            | 0              | 17                            | 0              |
| 11-420-600-4800-6152 | Life Insurance                    | 19             | 20                            | 19             | 12                            | 19             |
| 11-420-600-4800-6162 | Pera-Employer Share-Oh            | 9,267          | 9,571                         | 9,664          | 5,917                         | 10,100         |
| 11-420-600-4800-6171 | Fica-Employer Share-Oh            | 7,661          | 7,613                         | 7,989          | 4,607                         | 8,350          |
| 11-420-600-4800-6172 | Medicare-Employer Share-Oh        | 1,792          | 1,780                         | 1,868          | 1,077                         | 1,953          |
| 11-420-600-4800-6174 | Co. Health Contribution           | 33,132         | 33,343                        | 35,913         | 21,452                        | 40,340         |
| 11-420-600-4800-6203 | Communications- Telephone         | 2,317          | 1,183                         | 824            | 574                           | 1,024          |
| 11-420-600-4800-6205 | Im Postage Charges                | 6,727          | 4,897                         | 6,385          | 2,743                         | 5,780          |
| 11-420-600-4800-6206 | Employee Electronic Device Reimbu | 240            | 240                           | 240            | 160                           | 240            |
| 11-420-600-4800-6241 | Advertising                       | 65             | 0                             | 0              | 139                           | 100            |
| 11-420-600-4800-6242 | Membership Dues & Registration Fe | 220            | 220                           | 220            | 200                           | 200            |
| 11-420-600-4800-6243 | General Administrative Expense    | 726            | 691                           | 773            | 318                           | 664            |
| 11-420-600-4800-6245 | Registration Fees                 | 482            | 0                             | 0              | 0                             | 344            |
| 11-420-600-4800-6262 | State Auditor Charges             | 3,300          | 0                             | 0              | 0                             | 0              |
| 11-420-600-4800-6265 | Consulting Fees-Professional      | 1,500          | 0                             | 0              | 0                             | 0              |
| 11-420-600-4800-6270 | Data Processing Prof Fees         | 2,655          | 0                             | 0              | 0                             | 0              |
| 11-420-600-4800-6273 | Professional Fees IM E-Doc        | 31,326         | 33,412                        | 36,753         | 26,751                        | 40,428         |
| 11-420-600-4800-6305 | Equipment Repairs & Maintenance   | 207            | 0                             | 100            | 0                             | 100            |
| 11-420-600-4800-6311 | Misc Repairs & Maintenance        | 45             | 0                             | 45             | 0                             | 50             |
| 11-420-600-4800-6331 | Staff Development Travel          | 2,500          | 194                           | 1,300          | 53                            | 1,300          |
| 11-420-600-4800-6335 | Travel                            | 253            | 210                           | 208            | 193                           | 260            |
| 11-420-600-4800-6337 | Oh Meals-Travel Expense           | 116            | 0                             | 0              | 0                             | 0              |
| 11-420-600-4800-6342 | Equipment Rental & Leasing        | 1,795          | 0                             | 1,795          | 0                             | 0              |
| 11-420-600-4800-6353 | Cost Of Space                     | 9,300          | 9,768                         | 9,768          | 7,020                         | 9,402          |
| 11-420-600-4800-6354 | Property, Liability Insurance     | 3,633          | 5,230                         | 5,230          | 0                             | 0              |
| 11-420-600-4800-6355 | Worker's Comp Ins                 | 1,436          | 1,441                         | 1,441          | 0                             | 0              |
| 11-420-600-4800-6408 | Office Supplies                   | 1,750          | 602                           | 1,750          | 1,170                         | 1,750          |
| 11-420-600-4800-6639 | Asset Inventory                   | 2,532          | 0                             | 0              | 0                             | 0              |
| 11-420-600-4801-6105 | Salaries-Income Maintenance       | 639,115        | 660,737                       | 650,360        | 400,065                       | 591,525        |

## USER-SELECTED BUDGET REPORT

11 FUND Human Services Fund

Report Basis: Modified Accrual

| Account Number       | Account Description               | 2020<br>Budget | 2020<br>Actual<br>Mo. 01 - 12 | 2021<br>Budget | 2021<br>Actual<br>Mo. 01 - 08 | 2022<br>Budget |
|----------------------|-----------------------------------|----------------|-------------------------------|----------------|-------------------------------|----------------|
| 11-420-600-4801-6110 | Overtime Pay-Fin Workers          | 0              | 334                           | 0              | 530                           | 0              |
| 11-420-600-4801-6152 | Life Insurance                    | 106            | 99                            | 106            | 60                            | 90             |
| 11-420-600-4801-6162 | Pera-Employer Share-Im            | 47,934         | 49,757                        | 48,777         | 28,827                        | 44,364         |
| 11-420-600-4801-6171 | Fica-Employer Share-Im            | 39,625         | 38,931                        | 40,322         | 22,563                        | 36,675         |
| 11-420-600-4801-6172 | Medicare-Employer Share-Im        | 9,267          | 9,105                         | 9,430          | 5,277                         | 8,577          |
| 11-420-600-4801-6174 | Co. Health Contribution           | 160,975        | 156,529                       | 174,327        | 101,982                       | 162,050        |
| 11-420-600-4801-6243 | General Administrative Expense    | 2,422          | 3,427                         | 3,052          | 1,963                         | 3,677          |
| 11-420-601-0000-5421 | Federal Grants-Admin              | 6,536 -        | 5,499 -                       | 4,474 -        | 3,236 -                       | 4,671 -        |
| 11-420-610-0000-5421 | Fed Reimb-Admin                   | 39,404 -       | 37,830 -                      | 40,468 -       | 16,579 -                      | 51,985 -       |
| 11-420-610-0000-5835 | Adc Max Recoveries                | 3,613 -        | 625                           | 2,837 -        | 1,273 -                       | 1,429 -        |
| 11-420-610-0000-6002 | Payments To State-Co Share Maxis  | 2,710          | 156                           | 2,128          | 955                           | 1,072          |
| 11-420-620-0000-5835 | Ga Recoveries                     | 9,338 -        | 9,333 -                       | 8,724 -        | 4,226 -                       | 8,576 -        |
| 11-420-620-0000-5844 | Ga Non Max Recoveries             | 800 -          | 1,389 -                       | 750 -          | 483 -                         | 458 -          |
| 11-420-620-0000-5886 | CARES misc revenue                | 0              | 5,000 -                       | 0              | 0                             | 0              |
| 11-420-620-0000-6002 | Payments To State, County Share M | 9,000          | 6,099                         | 8,600          | 4,443                         | 7,500          |
| 11-420-620-0000-6009 | Burials                           | 9,580          | 15,190                        | 11,200         | 19,417                        | 16,000         |
| 11-420-630-0000-5421 | Fed - Admin Reimbursement Grant   | 167,128 -      | 159,925 -                     | 157,825 -      | 76,870 -                      | 162,682 -      |
| 11-420-630-0000-5835 | Fs Recoveries                     | 1,666 -        | 6,623 -                       | 2,238 -        | 1,518 -                       | 3,620 -        |
| 11-420-630-0000-6002 | Pmt To State-County Share Maxis   | 1,333          | 4,226                         | 1,790          | 84                            | 2,896          |
| 11-420-640-0000-5222 | State Reimbursement-Program Inc   | 5,870 -        | 6,457 -                       | 6,411 -        | 2,377 -                       | 6,065 -        |
| 11-420-640-0000-5421 | Fed Reimb-Administration          | 147,197 -      | 185,941 -                     | 127,348 -      | 91,654 -                      | 169,474 -      |
| 11-420-640-0000-5422 | Fed Reimb-Program Incentive       | 47,018 -       | 46,250 -                      | 47,085 -       | 23,293 -                      | 46,307 -       |
| 11-420-640-0000-5501 | Fees Npa                          | 842 -          | 630 -                         | 821 -          | 330 -                         | 665 -          |
| 11-420-640-0000-5503 | Fees-Project Intercept            | 1,119 -        | 2,525 -                       | 994 -          | 1,175 -                       | 994 -          |
| 11-420-640-0000-6105 | Salaries-Child Support            | 155,328        | 156,424                       | 161,525        | 98,145                        | 164,235        |
| 11-420-640-0000-6110 | Overtime salaries-CS              | 0              | 90                            | 0              | 35                            | 0              |
| 11-420-640-0000-6152 | Life Insurance                    | 29             | 29                            | 29             | 16                            | 29             |
| 11-420-640-0000-6162 | Pera-Employer Share-Cs            | 11,650         | 12,085                        | 12,114         | 7,103                         | 12,318         |
| 11-420-640-0000-6171 | Fica-Employer Share-Cs            | 9,630          | 9,354                         | 10,015         | 5,475                         | 10,183         |
| 11-420-640-0000-6172 | Medicare-Employer Share-Cs        | 2,252          | 2,188                         | 2,342          | 1,281                         | 2,381          |
| 11-420-640-0000-6174 | Co. Health Contribution           | 31,479         | 31,522                        | 33,809         | 24,748                        | 58,463         |
| 11-420-640-0000-6243 | General Administrative Expense    | 708            | 1,051                         | 809            | 744                           | 1,274          |
| 11-420-640-0000-6260 | Fed Offset Fees-Cs Tax Intercept  | 1,337          | 3,390                         | 1,125          | 1,271                         | 1,500          |
| 11-420-640-0000-6264 | Atty Legal Charges-Child Support  | 22,336         | 22,014                        | 26,618         | 6,147                         | 27,417         |
| 11-420-640-0000-6268 | Blood Test-Paternity Charges      | 594            | 87                            | 495            | 0                             | 328            |
| 11-420-640-0000-6273 | Professional Fees                 | 28,888         | 31,899                        | 35,089         | 24,691                        | 38,598         |

## USER-SELECTED BUDGET REPORT

11 FUND Human Services Fund

Report Basis: Modified Accrual

|                       |                                   | <u>2020</u>   | <u>2020</u>        | <u>2021</u>   | <u>2021</u>        | <u>2022</u>   |
|-----------------------|-----------------------------------|---------------|--------------------|---------------|--------------------|---------------|
|                       |                                   | <u>Budget</u> | <u>Actual</u>      | <u>Budget</u> | <u>Actual</u>      | <u>Budget</u> |
|                       |                                   |               | <u>Mo. 01 - 12</u> |               | <u>Mo. 01 - 08</u> |               |
| <u>Account Number</u> | <u>Account Description</u>        |               |                    |               |                    |               |
| 11-420-640-0000-6286  | Sheriff's Serv Fee Charges-Cs     | 3,800         | 1,657              | 3,389         | 571                | 3,389         |
| 11-420-640-0000-6331  | Staff Development Travel          | 1,588         | 12                 | 600           | 0                  | 600           |
| 11-420-640-0000-6335  | Travel                            | 26            | 0                  | 33            | 0                  | 33            |
| 11-420-640-0000-6337  | Cs Meals-Travel Expense           | 87            | 0                  | 55            | 0                  | 55            |
| 11-420-640-0000-6353  | Cost Of Space                     | 1,980         | 1,776              | 1,176         | 1,980              | 2,640         |
| 11-420-640-0000-6377  | Fees And Service Charges          | 0             | 6,485              | 0             | 0                  | 0             |
| 11-420-640-0000-6408  | Office Supplies                   | 695           | 122                | 425           | 0                  | 425           |
| 11-420-640-1770-5503  | Ivd Legal Fees                    | 25 -          | 0                  | 106 -         | 0                  | 106 -         |
| 11-420-640-4700-5503  | Blood Test Fees-Cs                | 298 -         | 448 -              | 322 -         | 0                  | 382 -         |
| 11-420-650-0000-5222  | State Reimb-Program & Health Ins  | 182,050 -     | 237,595 -          | 215,248 -     | 146,661 -          | 241,970 -     |
| 11-420-650-0000-5326  | Periodic Data match Alloc         | 7,772 -       | 7,867 -            | 7,867 -       | 7,437 -            | 7,867 -       |
| 11-420-650-0000-5328  | State Incentive Income MA         | 8,220 -       | 13,645 -           | 8,270 -       | 7,211 -            | 9,559 -       |
| 11-420-650-0000-5415  | Federal Incentive MA              | 4,721 -       | 9,346 -            | 4,962 -       | 4,939 -            | 6,250 -       |
| 11-420-650-0000-5421  | Fed Reimb-Administration          | 368,700 -     | 333,748 -          | 365,090 -     | 170,684 -          | 335,531 -     |
| 11-420-650-0000-5422  | Fed Reimb-Program & Health Ins    | 147,909 -     | 201,055 -          | 173,508 -     | 118,024 -          | 195,437 -     |
| 11-420-650-0000-5835  | Ma Recoveries                     | 289,350 -     | 142,162 -          | 221,967 -     | 139,604 -          | 223,103 -     |
| 11-420-650-0000-6003  | Ma Nh Under 65                    | 43,520        | 34,982             | 40,989        | 13,567             | 40,999        |
| 11-420-650-0000-6004  | Ma Recoveries Due State           | 217,013       | 102,287            | 166,475       | 34,770             | 167,327       |
| 11-420-650-0000-6024  | Health Insurance Premium Pmts     | 218,940       | 334,452            | 270,137       | 209,416            | 313,995       |
| 11-420-650-0000-6025  | Medicare Qmb Pmts                 | 34,141        | 49,809             | 41,740        | 33,782             | 46,534        |
| 11-420-650-0000-6210  | Medical Transportation            | 76,878        | 57,481             | 76,878        | 39,154             | 76,878        |
| 11-420-650-0000-6243  | Ma-Birth Certificate Cost         | 13            | 26                 | 13            | 26                 | 26            |
| 11-420-650-0000-6267  | Consulting Fee-County Based Purcl | 8,190         | 8,770              | 8,770         | 9,214              | 9,214         |
| 11-420-650-4405-6003  | Ma Icf Mr Co Sh                   | 3,156         | 1,266              | 3,171         | 6,061              | 3,183         |
| 11-420-680-0000-5421  | Fed Reimb-Indochinese-Admin       | 103 -         | 219 -              | 115 -         | 50 -               | 98 -          |
| 11-420-740-4910-5421  | Children's & Adult Mental Health  | 12,096 -      | 0                  | 0             | 0                  | 0             |
| DEPT 420              | Income Maintenance                |               |                    |               |                    |               |
|                       | Revenue                           | 2,044,886 -   | 1,973,173 -        | 2,114,633 -   | 817,624 -          | 1,477,229 -   |
|                       | Expend.                           | 2,044,886     | 2,051,403          | 2,114,633     | 1,255,646          | 2,113,525     |
|                       | Net                               | 0             | 78,230             | 0             | 438,022            | 636,296       |
| 430                   | DEPT Social Service               |               |                    |               |                    |               |
| 11-430-000-0000-5001  | Property Taxes-Current            | 1,000,606 -   | 945,752 -          | 1,011,140 -   | 0                  | 0             |
| 11-430-000-0000-5004  | Property Taxes-Delinquent         | 0             | 8,748 -            | 0             | 0                  | 0             |
| 11-430-000-0000-5007  | Mobile Home Tax - Current         | 0             | 133 -              | 0             | 0                  | 0             |
| 11-430-000-0000-5008  | Mobile Home Tax - Delinquent      | 0             | 55 -               | 0             | 0                  | 0             |
| 11-430-000-0000-6350  | Unallocated Operating Expenses    | 0             | 0                  | 11,004        | 0                  | 0             |



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\*\*\* Fillmore County \*\*\*



USER-SELECTED BUDGET REPORT

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11 FUND Human Services Fund

Report Basis: Modified Accrual

| <u>Account Number</u> | <u>Account Description</u>        | <u>2020<br/>Budget</u> | <u>2020<br/>Actual</u><br>Mo. 01 - 12 | <u>2021<br/>Budget</u> | <u>2021<br/>Actual</u><br>Mo. 01 - 08 | <u>2022<br/>Budget</u> |
|-----------------------|-----------------------------------|------------------------|---------------------------------------|------------------------|---------------------------------------|------------------------|
| 11-430-700-0000-5331  | State Ccsa-Chn & Comm Serv Gran   | 223,677 -              | 223,677 -                             | 215,214 -              | 215,214 -                             | 211,914 -              |
| 11-430-700-0000-5387  | LTSS SSTS (MNCHOICES)             | 76,760 -               | 77,300 -                              | 84,346 -               | 29,394 -                              | 77,468 -               |
| 11-430-700-0000-5421  | Fed Grants-Admin                  | 33,430 -               | 32,089 -                              | 32,212 -               | 12,988 -                              | 31,246 -               |
| 11-430-700-0000-5435  | Title Xx Grant                    | 119,193 -              | 119,193 -                             | 114,684 -              | 76,456 -                              | 115,577 -              |
| 11-430-700-0000-5447  | 93778 LTSS SSTS(MNCHOICES)        | 84,538 -               | 94,378 -                              | 101,816 -              | 35,892 -                              | 93,940 -               |
| 11-430-700-0000-6105  | Salaries-Social Services          | 859,360                | 881,069                               | 838,346                | 536,828                               | 883,875                |
| 11-430-700-0000-6110  | Overtime Salaries                 | 0                      | 337                                   | 0                      | 255                                   | 0                      |
| 11-430-700-0000-6152  | Life Insurance                    | 125                    | 125                                   | 125                    | 81                                    | 125                    |
| 11-430-700-0000-6162  | Pera-Employer Share-Ss            | 64,452                 | 67,106                                | 60,848                 | 40,581                                | 66,291                 |
| 11-430-700-0000-6171  | Fica-Employer Share-Ss            | 53,280                 | 52,941                                | 50,301                 | 31,578                                | 54,800                 |
| 11-430-700-0000-6172  | Medicare-Employer Share-Ss        | 12,461                 | 12,381                                | 11,764                 | 7,385                                 | 12,816                 |
| 11-430-700-0000-6174  | Co. Health Contribution           | 148,644                | 149,407                               | 160,687                | 103,675                               | 184,980                |
| 11-430-700-0000-6203  | Communications-Telephone          | 2,317                  | 878                                   | 824                    | 503                                   | 818                    |
| 11-430-700-0000-6205  | Ss Postage Charges                | 2,623                  | 2,853                                 | 2,645                  | 1,711                                 | 2,755                  |
| 11-430-700-0000-6206  | Employee Electronic Device Reimbu | 1,620                  | 1,620                                 | 1,620                  | 885                                   | 1,350                  |
| 11-430-700-0000-6241  | Advertising, Public Information   | 58                     | 0                                     | 74                     | 136                                   | 100                    |
| 11-430-700-0000-6242  | Membership Dues & Registration Fe | 2,246                  | 2,462                                 | 2,462                  | 2,475                                 | 2,475                  |
| 11-430-700-0000-6243  | General Administrative Expense    | 4,023                  | 5,085                                 | 4,240                  | 2,651                                 | 5,194                  |
| 11-430-700-0000-6245  | Registration Fees                 | 1,205                  | 150                                   | 859                    | 335                                   | 859                    |
| 11-430-700-0000-6262  | State Auditor Charges             | 755                    | 0                                     | 0                      | 0                                     | 0                      |
| 11-430-700-0000-6265  | Consulting Fees-Ss                | 0                      | 164                                   | 0                      | 0                                     | 0                      |
| 11-430-700-0000-6270  | Data Processing Prof Fees         | 2,655                  | 0                                     | 0                      | 0                                     | 0                      |
| 11-430-700-0000-6273  | Professional Fees- SS -EDOC       | 577                    | 567                                   | 625                    | 433                                   | 688                    |
| 11-430-700-0000-6305  | Equipment Repairs & Maintenance   | 50                     | 0                                     | 50                     | 0                                     | 50                     |
| 11-430-700-0000-6311  | Misc Repairs & Maintenance        | 45                     | 0                                     | 45                     | 69                                    | 50                     |
| 11-430-700-0000-6331  | Staff Development Travel          | 11,130                 | 2,261                                 | 5,444                  | 1,077                                 | 5,444                  |
| 11-430-700-0000-6335  | Travel                            | 19,520                 | 12,274                                | 22,131                 | 8,805                                 | 22,131                 |
| 11-430-700-0000-6337  | Meals-Other Travel Expense        | 198                    | 12                                    | 164                    | 0                                     | 105                    |
| 11-430-700-0000-6342  | Equipment Rental & Leasing        | 1,795                  | 0                                     | 1,795                  | 0                                     | 0                      |
| 11-430-700-0000-6353  | Cost Of Space                     | 12,720                 | 12,456                                | 12,456                 | 9,000                                 | 12,594                 |
| 11-430-700-0000-6354  | Property,Liability Insurance      | 3,633                  | 5,230                                 | 5,230                  | 0                                     | 0                      |
| 11-430-700-0000-6355  | Worker's Comp Ins                 | 1,436                  | 1,441                                 | 1,441                  | 0                                     | 0                      |
| 11-430-700-0000-6408  | Office Supplies                   | 2,205                  | 1,260                                 | 2,205                  | 1,237                                 | 2,205                  |
| 11-430-700-0000-6803  | Misc Expense                      | 565                    | 275                                   | 661                    | 24                                    | 661                    |
| 11-430-700-1000-6269  | Computer Network Costs-Ssis Proj  | 1,397                  | 1,668                                 | 1,397                  | 1,440                                 | 1,440                  |
| 11-430-700-7000-6105  | Gross Salaries                    | 58,262                 | 59,575                                | 61,319                 | 40,375                                | 65,775                 |

## USER-SELECTED BUDGET REPORT

11 FUND Human Services Fund

Report Basis: Modified Accrual

| Account Number       | Account Description                 | 2020<br>Budget | 2020<br>Actual<br>Mo. 01 - 12 | 2021<br>Budget | 2021<br>Actual<br>Mo. 01 - 08 | 2022<br>Budget |
|----------------------|-------------------------------------|----------------|-------------------------------|----------------|-------------------------------|----------------|
| 11-430-700-7000-6120 | On Call                             | 10,400         | 10,600                        | 10,400         | 6,800                         | 10,400         |
| 11-430-700-7000-6152 | Life Insurance                      | 10             | 10                            | 10             | 6                             | 10             |
| 11-430-700-7000-6162 | P.E.R.A. - Employer                 | 4,370          | 4,774                         | 4,599          | 3,178                         | 4,933          |
| 11-430-700-7000-6171 | Social Security-Employer            | 3,612          | 3,623                         | 3,802          | 2,403                         | 4,078          |
| 11-430-700-7000-6172 | Medicare-Employer                   | 845            | 847                           | 889            | 562                           | 954            |
| 11-430-700-7000-6174 | Co.Health Contribution              | 14,867         | 14,915                        | 16,123         | 10,788                        | 18,123         |
| 11-430-700-7000-6206 | Employee Electronic Device Reimbu   | 180            | 180                           | 180            | 120                           | 180            |
| 11-430-700-7000-6337 | Meals - Travel Expense              | 35             | 0                             | 25             | 0                             | 0              |
| 11-430-710-0000-5323 | State Reimb - Parental Support CHI  | 4,107 -        | 5,445 -                       | 5,046 -        | 257 -                         | 3,239 -        |
| 11-430-710-0000-5388 | Child Protection Grant- State       | 0              | 75,000 -                      | 0              | 0                             | 0              |
| 11-430-710-0000-5398 | CP Opioid state grant               | 0              | 1,880 -                       | 0              | 1,880 -                       | 6,315 -        |
| 11-430-710-0000-5412 | Fed reimb - Parental Support - 935  | 0              | 195 -                         | 0              | 0                             | 0              |
| 11-430-710-0000-5413 | Fed Reimb - Parental Support-CHN    | 3,791 -        | 4,278 -                       | 4,657 -        | 0                             | 2,990 -        |
| 11-430-710-0000-5421 | Fed - Admin Reimbursement Grant     | 15,868 -       | 8,507 -                       | 11,234 -       | 7,443 -                       | 9,864 -        |
| 11-430-710-0000-5425 | 93.645 Fed Reimb - Parental Supp    | 0              | 440 -                         | 0              | 0                             | 0              |
| 11-430-710-0000-5432 | 4E Foster Care Fed Reimb            | 18,625 -       | 9,604 -                       | 18,000 -       | 28,439 -                      | 22,464 -       |
| 11-430-710-1160-6099 | Children's Transportation           | 0              | 7,132                         | 0              | 1,243                         | 1,000          |
| 11-430-710-1180-5501 | Fees And Charges-toxicology testir  | 50 -           | 0                             | 50 -           | 0                             | 0              |
| 11-430-710-1180-6099 | Health Related Serv-Testing         | 230            | 504                           | 195            | 368                           | 783            |
| 11-430-710-1190-6099 | Court Related Services & Activities | 0              | 22,258                        | 0              | 479                           | 3,650          |
| 11-430-710-1410-5501 | Home monitoring recoveries          | 84 -           | 0                             | 68 -           | 0                             | 0              |
| 11-430-710-1410-6099 | Adaptive Aids-Home Monitoring       | 2,503          | 0                             | 1,700          | 0                             | 1,200          |
| 11-430-710-1460-5430 | Adolesc Life Skills-Self-Fed        | 4,800 -        | 1,729 -                       | 2,000 -        | 1,000 -                       | 2,000 -        |
| 11-430-710-1460-6099 | Self Fund-Life Skills               | 4,800          | 2,000                         | 2,000          | 1,116                         | 2,000          |
| 11-430-710-1640-5222 | FAMILY RESPONSE STATE GRANT         | 2,364 -        | 2,296 -                       | 1,621 -        | 1,299 -                       | 1,590 -        |
| 11-430-710-1640-5412 | 93.556 Fed Reimb - FAMILY RESPO     | 3,853 -        | 3,870 -                       | 2,641 -        | 2,082 -                       | 2,591 -        |
| 11-430-710-1640-5448 | 93645 Fed Reimb-Family Resp         | 0              | 1,611 -                       | 0              | 1,491 -                       | 0              |
| 11-430-710-1640-6099 | Family Serv-Alternative Response    | 8,757          | 3,649                         | 6,002          | 6,464                         | 5,888          |
| 11-430-710-1660-6099 | Family Group Decision Making Cha    | 0              | 3,317                         | 0              | 0                             | 5,000          |
| 11-430-710-1670-6099 | Parent Support Outreach Services    | 7,898          | 3,289                         | 9,703          | 0                             | 6,229          |
| 11-430-710-1750-6099 | Northstar Kinship Assistance Recor  | 1,523          | 131                           | 540            | 0                             | 100            |
| 11-430-710-1780-5327 | Northstar Foster Care Recon-State   | 20,196 -       | 16,831 -                      | 21,060 -       | 7,919 -                       | 15,557 -       |
| 11-430-710-1780-6099 | Northstar Foster Care Reconciliatio | 3,417          | 1,210                         | 3,417          | 0                             | 568            |
| 11-430-710-1800-5501 | Parental fees- Treatment Foster car | 8,360 -        | 4,724 -                       | 0              | 20 -                          | 0              |
| 11-430-710-1800-6099 | Treatment Foster care               | 23,722         | 10,311                        | 10,000         | 12,831                        | 22,409         |
| 11-430-710-1812-5501 | Foster Care Parental Fees           | 5,065 -        | 2,875 -                       | 2,222 -        | 4,024 -                       | 2,880 -        |

## USER-SELECTED BUDGET REPORT

11 FUND Human Services Fund

Report Basis: Modified Accrual

| Account Number       | Account Description                 | 2020<br>Budget | 2020<br>Actual<br>Mo. 01 - 12 | 2021<br>Budget | 2021<br>Actual<br>Mo. 01 - 08 | 2022<br>Budget |
|----------------------|-------------------------------------|----------------|-------------------------------|----------------|-------------------------------|----------------|
| 11-430-710-1812-5834 | Foster Care Recoveries              | 6,815 -        | 9,108 -                       | 7,368 -        | 6,327 -                       | 6,847 -        |
| 11-430-710-1812-6052 | Child Family Foster Care            | 4,621          | 0                             | 0              | 0                             | 0              |
| 11-430-710-1812-6077 | Iv-E Foster Care Payments Cnug      | 39,766         | 47,816                        | 46,924         | 25,822                        | 46,600         |
| 11-430-710-1812-6099 | All Other Soc Serv (Excl Perm Plann | 27,921         | 90,593                        | 81,382         | 38,763                        | 82,242         |
| 11-430-710-1830-5501 | Chn Group Home Fees                 | 5,729 -        | 7,025 -                       | 4,463 -        | 930 -                         | 5,027 -        |
| 11-430-710-1830-5833 | Group Home Recoveries               | 0              | 8,054 -                       | 6,322 -        | 0                             | 2,014 -        |
| 11-430-710-1830-6099 | All Other Soc Serv (Excl Perm Plann | 68,577         | 9,179 -                       | 89,953         | 6,517                         | 78,204         |
| 11-430-710-1850-5501 | Chn Corr Fac Fees                   | 3,220 -        | 997 -                         | 2,565 -        | 643 -                         | 2,323 -        |
| 11-430-710-1850-5834 | Chn Corr Fac Rec                    | 0              | 16,198 -                      | 0              | 0                             | 0              |
| 11-430-710-1850-6099 | Correctional Fac -Chn All Other So  | 73,632         | 47,249                        | 51,848         | 0                             | 45,859         |
| 11-430-710-1860-5501 | Detention Parental Fees             | 2,948 -        | 1,995 -                       | 2,261 -        | 877 -                         | 1,893 -        |
| 11-430-710-1860-6099 | Detention-Children                  | 2,864          | 8,500                         | 18,035         | 1,396                         | 7,037          |
| 11-430-710-1880-6099 | Supervised Independent Living(18-   | 14,796         | 0                             | 0              | 0                             | 0              |
| 11-430-710-1910-5349 | CHN- CADI- STATE share              | 2,889 -        | 290 -                         | 2,100 -        | 58 -                          | 2,909 -        |
| 11-430-710-1910-5449 | CHN - CADI - Federal share          | 2,889 -        | 290 -                         | 2,100 -        | 58 -                          | 2,909 -        |
| 11-430-710-1920-5432 | Fed Grant-Altern Response 93.645    | 2,542 -        | 635 -                         | 1,740 -        | 0                             | 1,707 -        |
| 11-430-710-1930-5421 | Child welfare- TCM- Fed Share onl   | 80,454 -       | 138,838 -                     | 119,556 -      | 78,754 -                      | 140,736 -      |
| 11-430-710-1930-6099 | MA CW TCM CV-NEW                    | 1,678          | 0                             | 8,130          | 0                             | 7,184          |
| 11-430-710-1970-5421 | Fed-Admin Reimbursement Grants      | 0              | 55,424 -                      | 0              | 29,261 -                      | 58,400 -       |
| 11-430-710-1970-5422 | Fed-program Incentive reimburse     | 0              | 14,809 -                      | 0              | 13,544 -                      | 17,840 -       |
| 11-430-710-1970-5832 | Misc Recoveries-non SEAGR report    | 0              | 813 -                         | 0              | 600 -                         | 600 -          |
| 11-430-710-1970-6088 | Local Collaborative Services        | 0              | 56,267                        | 0              | 34,697                        | 76,840         |
| 11-430-710-1970-6099 | Local Collaborative Services        | 100            | 100                           | 100            | 100                           | 100            |
| 11-430-710-7000-5388 | Child Protection Grant-State- Corr  | 75,000 -       | 0                             | 75,000 -       | 75,000 -                      | 75,000 -       |
| 11-430-720-0000-5221 | Ccbsf Admin-State                   | 5,319 -        | 4,524 -                       | 5,819 -        | 2,548 -                       | 4,979 -        |
| 11-430-720-0000-5342 | Mfip Admin Cc-State                 | 15,543 -       | 16,665 -                      | 15,026 -       | 2,907 -                       | 15,123 -       |
| 11-430-720-0000-5421 | Bsf Child Care Admin                | 7,654 -        | 5,530 -                       | 6,303 -        | 3,800 -                       | 8,477 -        |
| 11-430-720-0000-5441 | Mfip Tanf E & T-Fed                 | 136,031 -      | 103,313 -                     | 123,081 -      | 23,707 -                      | 121,930 -      |
| 11-430-720-0000-5442 | Mfip Admin-Child Care-Federal       | 2,470 -        | 2,282 -                       | 2,684 -        | 1,100 -                       | 2,402 -        |
| 11-430-720-0000-5503 | Licensing,Backgrd Checks            | 5,050 -        | 1,000 -                       | 3,500 -        | 750 -                         | 3,500 -        |
| 11-430-720-2112-6073 | Bsf Ch Care Empl Out Of Home        | 9,773          | 9,773                         | 9,773          | 5,698                         | 9,773          |
| 11-430-720-2140-6077 | Ive Child Care                      | 2,622          | 0                             | 895            | 0                             | 895            |
| 11-430-720-2370-6099 | Stride/Mfip Empl & Training         | 98,193         | 117,786                       | 95,247         | 37,685                        | 114,252        |
| 11-430-730-0000-5345 | State Reimb-Cdtf Admin              | 6,600 -        | 4,818 -                       | 6,135 -        | 728 -                         | 5,337 -        |
| 11-430-730-0000-5421 | Fed Reimb-RI 25 Assess-Massts       | 14,932 -       | 13,747 -                      | 14,651 -       | 4,778 -                       | 13,368 -       |
| 11-430-730-0000-5501 | Detox Fees                          | 20,679 -       | 19,425 -                      | 21,460 -       | 8,409 -                       | 21,149 -       |

## USER-SELECTED BUDGET REPORT

11 FUND Human Services Fund

Report Basis: Modified Accrual

| Account Number       | Account Description                 | 2020<br>Budget | 2020<br>Actual<br>Mo. 01 - 12 | 2021<br>Budget | 2021<br>Actual<br>Mo. 01 - 08 | 2022<br>Budget |
|----------------------|-------------------------------------|----------------|-------------------------------|----------------|-------------------------------|----------------|
| 11-430-730-0000-5833 | Cd Misc Recoveries-Ins              | 1,000 -        | 0                             | 0              | 0                             | 0              |
| 11-430-730-3050-6099 | CD Assessment Rule 25               | 237            | 0                             | 0              | 0                             | 0              |
| 11-430-730-3590-6030 | Central Billing-Consolidated Fund   | 28,770         | 23,950                        | 28,240         | 1,084                         | 24,507         |
| 11-430-730-3711-6099 | Detoxification All Other Soc Ser    | 28,832         | 23,532                        | 29,312         | 15,555                        | 28,317         |
| 11-430-740-0000-5332 | Crest Mh Initiative                 | 95,986 -       | 95,182 -                      | 94,697 -       | 13,167 -                      | 94,561 -       |
| 11-430-740-4050-6099 | Child Outpt Diagnostic Assessment   | 3,437          | 0                             | 1,725          | 0                             | 0              |
| 11-430-740-4080-6099 | Adult Outpatient Diagnostic Assess  | 0              | 360                           | 380            | 0                             | 360            |
| 11-430-740-4160-6099 | Mh Adult Transportation             | 3,176          | 580                           | 3,313          | 997                           | 2,860          |
| 11-430-740-4180-6099 | CREST Flex funds                    | 2,500          | 0                             | 2,500          | 0                             | 2,500          |
| 11-430-740-4302-5222 | Children's Mh-Integrated Fund-St    | 23,173 -       | 23,173 -                      | 29,257 -       | 8,000 -                       | 23,173 -       |
| 11-430-740-4310-6099 | Ad Mh Crisis Assess & Intervention  | 0              | 20,322                        | 18,288         | 0                             | 20,322         |
| 11-430-740-4340-5335 | Adult Csp Rule 78                   | 51,786 -       | 51,786 -                      | 51,786 -       | 24,452 -                      | 51,786 -       |
| 11-430-740-4340-6067 | Psy Rehab-Csp                       | 15,330         | 3,966                         | 17,467         | 6,821                         | 17,273         |
| 11-430-740-4340-6099 | All Other Soc Serv (Excl Perm Plann | 0              | 296                           | 0              | 468                           | 382            |
| 11-430-740-4360-6099 | Adult Crisis Stabilization          | 3,634          | 0                             | 1,000          | 0                             | 1,000          |
| 11-430-740-4431-6067 | Crest Housing Subsidy               | 1,000          | 0                             | 0              | 1,360                         | 1,632          |
| 11-430-740-4520-5844 | Misc Collections Outpatient Treatm  | 12,880 -       | 20,191 -                      | 17,025 -       | 12,908 -                      | 19,885 -       |
| 11-430-740-4520-6050 | Prim Outpatient Treatment Title Xx  | 39,565         | 51,136                        | 42,675         | 33,563                        | 49,691         |
| 11-430-740-4521-5844 | Sex Offender Recoveries             | 426 -          | 476 -                         | 439 -          | 589 -                         | 477 -          |
| 11-430-740-4530-5501 | Par Fee-Child Outpatient Psychothe  | 0              | 8 -                           | 0              | 0                             | 0              |
| 11-430-740-4540-6099 | All Other Soc Serv (Excl Perm Plann | 360            | 918                           | 340            | 230                           | 502            |
| 11-430-740-4620-6097 | Children's Mh In-Home Counseling    | 950            | 4,307                         | 3,000          | 0                             | 3,438          |
| 11-430-740-4720-5833 | Poor Relief Recoveries              | 1,207 -        | 1,094 -                       | 1,100 -        | 1,060 -                       | 1,100 -        |
| 11-430-740-4720-6099 | Poor Relief-Mental Health Regl Trn  | 0              | 0                             | 8,000          | 0                             | 0              |
| 11-430-740-4721-6099 | State Operated Inpatient-Sex Offen  | 18,064         | 14,384                        | 17,950         | 8,332                         | 15,170         |
| 11-430-740-4830-5367 | RL 5 CHN MH COVID STATE             | 0              | 5,897 -                       | 0              | 0                             | 0              |
| 11-430-740-4830-5421 | Title Ive Foster Care Maint Reimb   | 3,116 -        | 0                             | 3,116 -        | 48,413 -                      | 12,528 -       |
| 11-430-740-4830-5436 | Fed-Chn Mh RI 5 Reimbursement       | 0              | 17,407 -                      | 0              | 0                             | 0              |
| 11-430-740-4830-5501 | RI 5 Mh Recoveries                  | 3,926 -        | 0                             | 0              | 2,333 -                       | 0              |
| 11-430-740-4830-5833 | Rule 5 Mh Chn Recoveries            | 0              | 3,232 -                       | 700 -          | 180 -                         | 0              |
| 11-430-740-4830-6077 | Iv-E Foster Care Payments Rule 5    | 20,000         | 97,075                        | 0              | 100,929                       | 170,000        |
| 11-430-740-4830-6099 | Rule 5 Child Resid Treatment        | 169,890        | 311,976                       | 173,350        | 74,257                        | 57,000         |
| 11-430-740-4890-5393 | CMH Respite Grant                   | 0              | 4,711 -                       | 11,855 -       | 2,273 -                       | 11,855 -       |
| 11-430-740-4890-6099 | Child Respite Care-Mh               | 16,865         | 12,604                        | 11,855         | 3,830                         | 11,855         |
| 11-430-740-4900-5421 | CHN MH TCM                          | 20,460 -       | 0                             | 0              | 0                             | 0              |
| 11-430-740-4900-5844 | Misc Collections - CHN Case Mgmt    | 968 -          | 0                             | 930 -          | 662 -                         | 269 -          |

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\*\*\* Fillmore County \*\*\*



USER-SELECTED BUDGET REPORT

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11 FUND Human Services Fund

Report Basis: Modified Accrual

|                             |                                      |  | 2020        | 2020        | 2021        | 2021        | 2022        |
|-----------------------------|--------------------------------------|--|-------------|-------------|-------------|-------------|-------------|
|                             |                                      |  | Budget      | Actual      | Budget      | Actual      | Budget      |
|                             |                                      |  |             | Mo. 01 - 12 |             | Mo. 01 - 08 |             |
| Account Number              | Account Description                  |  |             |             |             |             |             |
| 11-430-740-4900-5886        | CARES Misc revenue                   |  | 0           | 7,743 -     | 0           | 0           | 0           |
| 11-430-740-4900-6099        | Child Rule 79 Cs Mgmt                |  | 51,358      | 59,013      | 51,176      | 36,396      | 57,768      |
| 11-430-740-4910-6067        | Community Outreach For Mi            |  | 42,644      | 51,123      | 45,844      | 21,505      | 44,730      |
| 11-430-740-4911-6099        | RI 79 Mh Contract Vendors            |  | 97,529      | 55,731      | 78,000      | 33,390      | 69,967      |
| 11-430-740-4930-6099        | Mh Case Management                   |  | 0           | 702         | 0           | 0           | 0           |
| 11-430-750-0000-5334        | State Reimb-Mr Waiver Case Mgt       |  | 46,965 -    | 37,809 -    | 45,203 -    | 16,173 -    | 45,203 -    |
| 11-430-750-0000-5434        | CFDA 93.778 Fed Share-Mr Waiver      |  | 46,972 -    | 37,816 -    | 45,203 -    | 16,177 -    | 45,203 -    |
| 11-430-750-0000-5501        | MR/RC WAIVER FEE                     |  | 78 -        | 11 -        | 65 -        | 0           | 16 -        |
| 11-430-750-5160-6094        | Mental Retardation - Ma Waiver       |  | 15,513      | 6,677       | 17,570      | 3,220       | 14,868      |
| 11-430-750-5340-5332        | State-SiIs Grant                     |  | 1,636 -     | 598 -       | 1,280 -     | 315 -       | 1,406 -     |
| 11-430-750-5340-6050        | Semi Indep Living Skills Title Xx Po |  | 2,337       | 704         | 1,506       | 781         | 1,654       |
| 11-430-750-5350-5336        | Mn - Mr Family Support Program G     |  | 25,000 -    | 53,242 -    | 48,140 -    | 25,180 -    | 50,000 -    |
| 11-430-750-5350-6053        | DD Family Support Prog (Family Su    |  | 25,000      | 52,126      | 48,140      | 32,427      | 50,000      |
| 11-430-750-5380-6099        | Extended Employment All Other So     |  | 5,000       | 3,085       | 5,000       | 2,044       | 4,967       |
| 11-430-750-5410-6094        | Mr Adaptive Aids Or Special Equipr   |  | 0           | 0           | 0           | 767         | 0           |
| 11-430-750-5660-6050        | Adult Day Trn And Habil-Title Xx F   |  | 972         | 182         | 754         | 0           | 754         |
| 11-430-750-5930-5421        | VA/DD TCM- FED SH new                |  | 6,048 -     | 1,819 -     | 5,089 -     | 3,132 -     | 2,726 -     |
| 11-430-750-5930-5501        | VA/DD TCM FEE- NEW                   |  | 38 -        | 0           | 42 -        | 0           | 0           |
| 11-430-750-5930-6099        | Adult RI 185 Case Mgt-Non Waiver     |  | 1,049       | 964         | 1,313       | 515         | 1,126       |
| 11-430-760-0000-5222        | Adult Protection Grant-State         |  | 3,873 -     | 6,078 -     | 6,078 -     | 7,339 -     | 6,078 -     |
| 11-430-760-6020-6099        | Community Ed & Prevention            |  | 2,500       | 1,713       | 2,500       | 1,822       | 2,500       |
| 11-430-760-6040-6099        | Adult Protection Assessment Serv     |  | 0           | 115         | 0           | 0           | 0           |
| 11-430-760-6160-6099        | Alt Care Transp Services             |  | 7,723       | 5,640       | 8,250       | 3,618       | 8,250       |
| 11-430-760-6190-6099        | Court Related Adult Services         |  | 9,500       | 5,899       | 5,899       | 5,639       | 9,751       |
| 11-430-760-6910-5333        | Alt Care EW MA Elig-CADI- St sh-M    |  | 1,504 -     | 1,187 -     | 1,958 -     | 939 -       | 2,236 -     |
| 11-430-760-6910-5433        | Alt Care -EW Ma Elig-CADI-Fed sh     |  | 1,504 -     | 1,187 -     | 1,955 -     | 939 -       | 2,236 -     |
| 11-430-760-6950-6099        | Guardianship/Conservatorship         |  | 55,873      | 54,222      | 58,082      | 36,394      | 58,675      |
| DEPT 430 Social Service     | Revenue                              |  | 2,370,677 - | 2,437,037 - | 2,416,063 - | 864,808 -   | 1,484,843 - |
|                             | Expend.                              |  | 2,370,677   | 2,594,554   | 2,416,063   | 1,414,519   | 2,615,891   |
|                             | Net                                  |  | 0           | 157,517     | 0           | 549,711     | 1,131,048   |
| FUND 11 Human Services Fund | Revenue                              |  | 4,415,563 - | 4,410,210 - | 4,530,696 - | 1,682,432 - | 2,962,072 - |
|                             | Expend.                              |  | 4,415,563   | 4,645,957   | 4,530,696   | 2,670,165   | 4,729,416   |
|                             | Net                                  |  | 0           | 235,747     | 0           | 987,733     | 1,767,344   |
| Final Totals                | Revenue                              |  | 4,415,563 - | 4,410,210 - | 4,530,696 - | 1,682,432 - | 2,962,072 - |

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\*\*\* Fillmore County \*\*\*



USER-SELECTED BUDGET REPORT

Page 10

11 FUND Human Services Fund

Report Basis: Modified Accrual

| <u>Account Number</u> | <u>Account Description</u> | <u>2020<br/>Budget</u> | <u>2020<br/>Actual</u><br>Mo. 01 - 12 | <u>2021<br/>Budget</u> | <u>2021<br/>Actual</u><br>Mo. 01 - 08 | <u>2022<br/>Budget</u> |
|-----------------------|----------------------------|------------------------|---------------------------------------|------------------------|---------------------------------------|------------------------|
|                       | Expend.                    | 4,415,563              | 4,645,957                             | 4,530,696              | 2,670,165                             | 4,729,416              |
|                       | Net                        | 0                      | 235,747                               | 0                      | 987,733                               | 1,767,344              |

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# \*\*\* Fillmore County \*\*\*



## USER-SELECTED BUDGET REPORT

Page 1

Options: 1 = Budget Amount, 2 = Yearly Amount, 3 = Dashed Lines, 4 = Estimated

Page Break Option: 1

- 1 - Page Break by FUND
- 2 - Page Break by DEPT
- 3 - Page Break by PROGRAM
- 4 - Page Break by SERVICE

Column Selector 1 2 1 2 1

|           |        |        |        |        |        |
|-----------|--------|--------|--------|--------|--------|
| Column    | 2020   | 2020   | 2021   | 2021   | 2022   |
| Headings: | Budget | Actual | Budget | Actual | Budget |

Line Spacing: 1

- 1 - Single Spaced
- 2 - Double Spaced

Year: 2020

2021

Months: 01 Thru 12

01 Thru 08

|                   |              |   |
|-------------------|--------------|---|
| Print Subtotal By | FUND         | Y |
| Print Subtotal By | DEPT         | Y |
| Print Subtotal By | PROGRAM      | N |
| Print Subtotal By | SERVICE      | N |
| Print Subtotal By | Object Range | N |

Report Basis: 2

- 1 - Cash
- 2 - Modified Accrual
- 3 - Full Accrual

Include on the Report 1

- 1 - All G/L Accounts
- 2 - Only G/L Accounts with Budget Amts.
- 3 - Only G/L Accounts without Budget Amts.
- 4 - Only Budget Accounts with zero Amts.
- 5 - Only Active G/L Accounts

Include Zero Dollar Accts: N

Round Amounts: Y

Save Report: N

Comment:

FUND Range From 75 Thru 75

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\*\*\* Fillmore County \*\*\*



USER-SELECTED BUDGET REPORT

Page 2

75 FUND Fillmore County Colaborative

Report Basis: Modified Accrual

| <u>Account Number</u> |      | <u>Account Description</u>                              | <u>2020<br/>Budget</u> | <u>2020<br/>Actual<br/>Mo. 01 - 12</u> | <u>2021<br/>Budget</u> | <u>2021<br/>Actual<br/>Mo. 01 - 08</u> | <u>2022<br/>Budget</u> |
|-----------------------|------|---------------------------------------------------------|------------------------|----------------------------------------|------------------------|----------------------------------------|------------------------|
| 432                   | DEPT | Fillmore County Local Colaborative                      |                        |                                        |                        |                                        |                        |
|                       |      | 75-432-710-1970-5421 Fed - Admin Reimbursement Grant    | 59,565 -               | 41,509 -                               | 61,531 -               | 28,432 -                               | 58,400 -               |
|                       |      | 75-432-710-1970-5422 Fed - Program Incentive Reimburse  | 27,945 -               | 13,945 -                               | 20,010 -               | 5,665 -                                | 17,840 -               |
|                       |      | 75-432-710-1970-5832 Refunds & Reimbursements           | 1,950 -                | 813 -                                  | 600 -                  | 600 -                                  | 600 -                  |
|                       |      | 75-432-710-1970-6088 Local Collaborative Unique Serv-Ex | 89,460                 | 78,237                                 | 82,141                 | 2,923                                  | 76,840                 |
| DEPT                  | 432  | Fillmore County Local Colaborative Revenue              | 89,460 -               | 56,267 -                               | 82,141 -               | 34,697 -                               | 76,840 -               |
|                       |      | Expend.                                                 | 89,460                 | 78,237                                 | 82,141                 | 2,923                                  | 76,840                 |
|                       |      | Net                                                     | 0                      | 21,970                                 | 0                      | 31,774 -                               | 0                      |
| FUND                  | 75   | Fillmore County Colaborative Revenue                    | 89,460 -               | 56,267 -                               | 82,141 -               | 34,697 -                               | 76,840 -               |
|                       |      | Expend.                                                 | 89,460                 | 78,237                                 | 82,141                 | 2,923                                  | 76,840                 |
|                       |      | Net                                                     | 0                      | 21,970                                 | 0                      | 31,774 -                               | 0                      |
| Final Totals          |      | Revenue                                                 | 89,460 -               | 56,267 -                               | 82,141 -               | 34,697 -                               | 76,840 -               |
|                       |      | Expend.                                                 | 89,460                 | 78,237                                 | 82,141                 | 2,923                                  | 76,840                 |
|                       |      | Net                                                     | 0                      | 21,970                                 | 0                      | 31,774 -                               | 0                      |



2022

Office Support for Income Maintenance

| OVERALL          | Hourly/Salary | Gross Salaries       | Life Insurance  | PERA                | Social Security     | Medicare           | Health Insurance    | Total Cost           |
|------------------|---------------|----------------------|-----------------|---------------------|---------------------|--------------------|---------------------|----------------------|
| KO - SS Mgr      | \$ 49.79      | \$ 51,781.60         | \$ 9.60         | \$ 3,883.62         | \$ 3,210.46         | \$ 750.83          | \$ 27,857.49        | \$ 87,493.60         |
| 7/5/2022         | \$ 51.17      | \$ 53,216.80         |                 | \$ 3,991.26         | \$ 3,299.44         | \$ 771.64          |                     | \$ 61,279.15         |
|                  |               | <b>\$ 104,998.40</b> | <b>\$ 9.60</b>  | <b>\$ 7,874.88</b>  | <b>\$ 6,509.90</b>  | <b>\$ 1,522.48</b> | <b>\$ 27,857.49</b> | <b>\$ 148,772.75</b> |
| AT - OSS Sr.     | \$ 23.44      | \$ 12,188.80         | \$ 9.60         | \$ 914.16           | \$ 755.71           | \$ 176.74          | \$ 12,482.67        | \$ 26,527.67         |
| 3/30/2022        | \$ 24.14      | \$ 37,658.40         |                 | \$ 2,824.38         | \$ 2,334.82         | \$ 546.05          |                     | \$ 43,363.65         |
|                  |               | <b>\$ 49,847.20</b>  | <b>\$ 9.60</b>  | <b>\$ 3,738.54</b>  | <b>\$ 3,090.53</b>  | <b>\$ 722.78</b>   | <b>\$ 12,482.67</b> | <b>\$ 69,891.32</b>  |
| DO - Lead Fiscal | \$ 32.97      | \$ 34,288.80         | \$ 9.60         | \$ 2,571.66         | \$ 2,125.91         | \$ 497.19          | \$ 12,482.67        | \$ 51,975.82         |
| 7/1/2022         | \$ 33.91      | \$ 35,266.40         |                 | \$ 2,644.98         | \$ 2,186.52         | \$ 511.36          | \$ -                | \$ 40,609.26         |
|                  |               | <b>\$ 69,555.20</b>  | <b>\$ 9.60</b>  | <b>\$ 5,216.64</b>  | <b>\$ 4,312.42</b>  | <b>\$ 1,008.55</b> | <b>\$ 12,482.67</b> | <b>\$ 92,585.08</b>  |
| New ? - OSS Sr.  | \$ 21.31      | \$ 25,849.03         | \$ 9.60         | \$ 1,938.68         | \$ 1,602.64         | \$ 374.81          | \$ 27,857.49        | \$ 57,632.25         |
| 8/1/2022         | \$ 22.02      | \$ 19,091.34         |                 | \$ 1,431.85         | \$ 1,183.66         | \$ 276.82          |                     | \$ 21,983.68         |
|                  |               | <b>\$ 44,940.37</b>  | <b>\$ 9.60</b>  | <b>\$ 3,370.53</b>  | <b>\$ 2,786.30</b>  | <b>\$ 651.64</b>   | <b>\$ 27,857.49</b> | <b>\$ 79,615.93</b>  |
| TOTAL            |               | <b>\$ 269,341.17</b> | <b>\$ 38.40</b> | <b>\$ 20,200.59</b> | <b>\$ 16,699.15</b> | <b>\$ 3,905.45</b> | <b>\$ 80,680.32</b> | <b>\$ 390,865.08</b> |

50% to each account as Bold Totals

| SS 420-600-4800    | Hourly/Salary | Gross Salaries       | Life Insurance  | PERA                | Social Security    | Medicare           | Health Insurance    | Total Cost           |
|--------------------|---------------|----------------------|-----------------|---------------------|--------------------|--------------------|---------------------|----------------------|
| KO - SS Mgr        |               | \$ 104,998.40        | \$ 9.60         | \$ 7,874.88         | \$ 6,509.90        | \$ 1,522.48        | \$ 27,857.49        | \$ 148,772.75        |
|                    | 50%           | <b>\$ 52,499.20</b>  | <b>\$ 4.80</b>  | <b>\$ 3,937.44</b>  | <b>\$ 3,254.95</b> | <b>\$ 761.24</b>   | <b>\$ 13,928.75</b> | <b>\$ 74,386.37</b>  |
| AT - OSS Sr.       |               | \$ 49,847.20         | \$ 9.60         | \$ 3,738.54         | \$ 3,090.53        | \$ 722.78          | \$ 12,482.67        | \$ 69,891.32         |
|                    | 50%           | <b>\$ 24,923.60</b>  | <b>\$ 4.80</b>  | <b>\$ 1,869.27</b>  | <b>\$ 1,545.26</b> | <b>\$ 361.39</b>   | <b>\$ 6,241.34</b>  | <b>\$ 34,945.66</b>  |
| DO - Fiscal Super. |               | \$ 69,555.20         | \$ 9.60         | \$ 5,216.64         | \$ 4,312.42        | \$ 1,008.55        | \$ 12,482.67        | \$ 92,585.08         |
|                    | 50%           | <b>\$ 34,777.60</b>  | <b>\$ 4.80</b>  | <b>\$ 2,608.32</b>  | <b>\$ 2,156.21</b> | <b>\$ 504.28</b>   | <b>\$ 6,241.34</b>  | <b>\$ 46,292.54</b>  |
| New ? - OSS Sr.    |               | \$ 44,940.37         | \$ 9.60         | \$ 3,370.53         | \$ 2,786.30        | \$ 651.64          | \$ 27,857.49        | \$ 79,615.93         |
|                    | 50%           | <b>\$ 22,470.19</b>  | <b>\$ 4.80</b>  | <b>\$ 1,685.26</b>  | <b>\$ 1,393.15</b> | <b>\$ 325.82</b>   | <b>\$ 13,928.75</b> | <b>\$ 39,807.96</b>  |
| TOTAL              |               | <b>\$ 134,670.59</b> | <b>\$ 19.20</b> | <b>\$ 10,100.29</b> | <b>\$ 8,349.58</b> | <b>\$ 1,952.72</b> | <b>\$ 40,340.16</b> | <b>\$ 195,432.54</b> |

Reflects a 12% insurance increase

Reflects a 3% COLA/Market Rate

2022

Income Maintenance Staff

| SS 420-600-4801 | Hourly/Salary | Gross Salaries | Life Insurance | PERA         | Social Security | Medicare    | Health        | Total Cost    | FTE |
|-----------------|---------------|----------------|----------------|--------------|-----------------|-------------|---------------|---------------|-----|
| SM              | \$ 30.00      | \$ 62,400.00   | \$ 9.60        | \$ 4,680.00  | \$ 3,868.80     | \$ 904.80   | \$ 12,482.67  | \$ 84,345.87  | 1   |
| KM              | \$ 30.00      | \$ 62,400.00   | \$ 9.60        | \$ 4,680.00  | \$ 3,868.80     | \$ 904.80   | \$ 12,899.31  | \$ 84,762.51  | 1   |
| DP              | \$ 30.00      | \$ 62,400.00   | \$ 6.36        | \$ 4,680.00  | \$ 3,868.80     | \$ 904.80   | \$ 12,482.67  | \$ 84,342.63  | 1   |
| DR              | \$ 30.00      | \$ 62,400.00   | \$ 9.60        | \$ 4,680.00  | \$ 3,868.80     | \$ 904.80   | \$ 27,857.49  | \$ 99,720.69  | 1   |
| DZ              | \$ 30.00      | \$ 62,400.00   | \$ 9.60        | \$ 4,680.00  | \$ 3,868.80     | \$ 904.80   | \$ 12,482.67  | \$ 84,345.87  | 1   |
| DC              | \$ 30.00      | \$ 62,400.00   | \$ 6.36        | \$ 4,680.00  | \$ 3,868.80     | \$ 904.80   | \$ 12,899.31  | \$ 84,759.27  | 1   |
| TR              | \$ 29.24      | \$ 23,976.80   | \$ 9.60        | \$ 1,798.26  | \$ 1,486.56     | \$ 347.66   | \$ 18,122.90  | \$ 45,741.79  | 1   |
| 5/23/2022       | \$ 30.00      | \$ 37,800.00   |                | \$ 2,835.00  | \$ 2,343.60     | \$ 548.10   | \$ -          | \$ 43,526.70  |     |
|                 |               | \$ 61,776.80   | \$ 9.60        | \$ 4,633.26  | \$ 3,830.16     | \$ 895.76   | \$ 18,122.90  | \$ 89,268.49  | 1   |
| VA              | \$ 25.39      | \$ 37,450.25   | \$ 9.60        | \$ 2,808.77  | \$ 2,321.92     | \$ 543.03   | \$ 12,482.67  | \$ 55,616.23  | 1   |
| 9/15/2022       | \$ 26.16      | \$ 15,826.80   | \$ -           | \$ 1,187.01  | \$ 981.26       | \$ 229.49   | \$ -          | \$ 18,224.56  |     |
|                 |               | \$ 53,277.05   | \$ 9.60        | \$ 3,995.78  | \$ 3,303.18     | \$ 772.52   | \$ 12,482.67  | \$ 73,840.79  |     |
| JW              | \$ 25.39      | \$ 44,051.65   | \$ 9.60        | \$ 3,303.87  | \$ 2,731.20     | \$ 638.75   | \$ 27,857.49  | \$ 78,592.56  | 1   |
| 11/4/2022       | \$ 26.16      | \$ 9,025.20    |                | \$ 676.89    | \$ 559.56       | \$ 130.87   |               | \$ 10,392.52  |     |
|                 |               | \$ 53,076.85   | \$ 9.60        | \$ 3,980.76  | \$ 3,290.76     | \$ 769.61   | \$ 27,857.49  | \$ 88,985.08  | 1   |
| BD              | \$ 23.08      | \$ 18,002.40   | \$ 9.60        | \$ 1,350.18  | \$ 1,116.15     | \$ 261.03   | \$ 12,482.67  | \$ 33,222.03  | 1   |
| 5/17/2022       | \$ 23.84      | \$ 30,992.00   |                | \$ 2,324.40  | \$ 1,921.50     | \$ 449.38   | \$ -          | \$ 35,687.29  |     |
|                 |               | \$ 48,994.40   | \$ 9.60        | \$ 3,674.58  | \$ 3,037.65     | \$ 710.42   | \$ 12,482.67  | \$ 68,909.32  | 1   |
|                 |               | \$ 591,525.10  | \$ 89.52       | \$ 44,364.38 | \$ 36,674.56    | \$ 8,577.11 | \$ 162,049.85 | \$ 843,280.52 | 4   |

Reflects a 12% insurance increase

Reflects a 3% COLA/Market Rate

**2022****CHILD SUPPORT**

| <b>Child Support</b>   | <b>Hourly/Salary</b> | <b>Gross Salaries</b> | <b>Life Insurance</b> | <b>PERA</b>         | <b>Social Security</b> | <b>Medicare</b>    | <b>Health Insurance</b> | <b>Total Cost</b>    | <b>FTE</b> |
|------------------------|----------------------|-----------------------|-----------------------|---------------------|------------------------|--------------------|-------------------------|----------------------|------------|
| KO - Support Enf. Aide | \$ 22.20             | \$ 8,436.00           | \$ 9.60               | \$ 632.70           | \$ 523.03              | \$ 122.32          | \$ 18,122.90            | \$ 27,846.55         | 1          |
| 3/5/2022               | \$ 22.93             | \$ 38,981.00          |                       | \$ 2,923.58         | \$ 2,416.82            | \$ 565.22          |                         | \$ 44,886.62         |            |
| GS - CS Officer        | \$ 24.21             | \$ 20,990.07          | \$ 9.60               | \$ 1,574.26         | \$ 1,301.38            | \$ 304.36          | \$ 27,857.49            | \$ 52,037.16         | 1          |
| 6/1/2022               | \$ 25.02             | \$ 30,349.26          |                       | \$ 2,276.19         | \$ 1,881.65            | \$ 440.06          |                         | \$ 34,947.17         |            |
| JK - CS Officer        | \$ 31.48             | \$ 65,478.40          | \$ 9.60               | \$ 4,910.88         | \$ 4,059.66            | \$ 949.44          | \$ 12,482.67            | \$ 87,890.65         | 1          |
|                        |                      | <b>\$ 164,234.73</b>  | <b>\$ 28.80</b>       | <b>\$ 12,317.60</b> | <b>\$ 10,182.55</b>    | <b>\$ 2,381.40</b> | <b>\$ 58,463.06</b>     | <b>\$ 247,608.15</b> | <b>3</b>   |

Reflects a 12% insurance increase

Reflects a 3% COLA/Market Rate

2022

## Top Section Social Workers, Bottom Section Social Workers Office Support

| SS 430         | Hourly/Salary | Gross Salaries | Life Insurance | PERA         | Social Security | Medicare     | Health Insurance | Total Cost      | FTE |
|----------------|---------------|----------------|----------------|--------------|-----------------|--------------|------------------|-----------------|-----|
| Cbakken        | \$ 32.01      | \$ 19,430.07   | \$ 9.60        | \$ 1,457.26  | \$ 1,204.66     | \$ 281.74    | \$ -             | \$ 22,383.33    | 1   |
| 4/11/2022      | \$ 32.97      | \$ 48,564.81   |                | \$ 3,642.36  | \$ 3,011.02     | \$ 704.19    |                  | \$ 55,922.38    |     |
| SM - New       | \$ 28.25      | \$ 24,492.75   | \$ 9.60        | \$ 1,836.96  | \$ 1,518.55     | \$ 355.14    | \$ 18,122.90     | \$ 46,335.90    | 1   |
| 5/28/2022      | \$ 29.20      | \$ 35,419.60   |                | \$ 2,656.47  | \$ 2,196.02     | \$ 513.58    |                  | \$ 40,785.67    |     |
| KC             | \$ 37.26      | \$ 77,500.80   | \$ 9.60        | \$ 5,812.56  | \$ 4,805.05     | \$ 1,123.76  | \$ -             | \$ 89,251.77    | 1   |
| TC             | \$ 32.01      | \$ 16,645.20   | \$ 9.60        | \$ 1,248.39  | \$ 1,032.00     | \$ 241.36    | \$ 12,482.67     | \$ 31,659.22    | 1   |
| 3/27/2022      | \$ 32.97      | \$ 51,433.20   |                | \$ 3,857.49  | \$ 3,188.86     | \$ 745.78    |                  | \$ 59,225.33    |     |
| WE             | \$ 45.48      | \$ 94,598.40   | \$ 9.60        | \$ 7,094.88  | \$ 5,865.10     | \$ 1,371.68  | \$ 12,482.67     | \$ 121,422.33   | 1   |
| EF             | \$ 37.26      | \$ 77,500.80   | \$ 9.60        | \$ 5,812.56  | \$ 4,805.05     | \$ 1,123.76  | \$ 18,122.90     | \$ 107,374.67   | 1   |
| SS             | \$ 29.20      | \$ 32,879.20   | \$ 9.60        | \$ 2,465.94  | \$ 2,038.51     | \$ 476.75    | \$ 12,482.67     | \$ 50,352.67    | 1   |
| 7/13/2022      | \$ 30.13      | \$ 28,744.02   |                | \$ 2,155.80  | \$ 1,782.13     | \$ 416.79    |                  | \$ 33,098.74    |     |
| KF - Acct Tech | \$ 27.38      | \$ 52,213.66   | \$ 9.60        | \$ 3,916.02  | \$ 3,237.25     | \$ 757.10    | \$ 12,482.67     | \$ 72,616.30    | 1   |
| 11/30/2022     | \$ 28.11      | \$ 4,863.03    |                | \$ 364.73    | \$ 301.51       | \$ 70.51     |                  | \$ 5,599.78     |     |
| KK             | \$ 32.01      | \$ 58,258.20   | \$ 9.60        | \$ 4,369.37  | \$ 3,612.01     | \$ 844.74    | \$ 18,122.90     | \$ 85,216.82    | 1   |
| 11/13/2022     | \$ 32.97      | \$ 8,572.20    |                | \$ 642.92    | \$ 531.48       | \$ 124.30    |                  | \$ 9,870.89     |     |
| AR - Case Aide | \$ 24.41      | \$ 10,569.53   | \$ 9.60        | \$ 792.71    | \$ 655.31       | \$ 153.26    | \$ 12,482.67     | \$ 24,663.08    | 1   |
| 3/13/2022      | \$ 25.15      | \$ 41,422.05   |                | \$ 3,106.65  | \$ 2,568.17     | \$ 600.62    | \$ -             | \$ 47,697.49    |     |
| Cbothun        | \$ 31.08      | \$ 16,161.60   | \$ 9.60        | \$ 1,212.12  | \$ 1,002.02     | \$ 234.34    | \$ 27,857.49     | \$ 46,477.17    |     |
| 3/30/22        | \$ 32.01      | \$ 49,935.60   |                | \$ 3,745.17  | \$ 3,096.01     | \$ 724.07    | \$ -             | \$ 57,500.84    | 1   |
|                |               | \$ 749,204.72  | \$ 105.60      | \$ 56,190.35 | \$ 46,450.69    | \$ 10,863.47 | \$ 144,639.54    | \$ 1,007,454.38 | 11  |
| KO             |               | \$ 52,499.20   | \$ 4.80        | \$ 3,937.44  | \$ 3,254.95     | \$ 761.24    | \$ 13,928.75     | \$ 74,386.38    | 0.5 |
| AT             |               | \$ 24,923.60   | \$ 4.80        | \$ 1,869.27  | \$ 1,545.26     | \$ 361.39    | \$ 6,241.34      | \$ 34,945.67    | 0.5 |
| DO             |               | \$ 34,777.60   | \$ 4.80        | \$ 2,608.32  | \$ 2,156.21     | \$ 504.28    | \$ 6,241.34      | \$ 46,292.55    | 0.5 |
| New            |               | \$ 22,470.19   | \$ 4.80        | \$ 1,685.26  | \$ 1,393.15     | \$ 325.82    | \$ 13,928.75     | \$ 39,807.97    | 0.5 |
|                |               | \$ 134,670.59  | \$ 19.20       | \$ 10,100.29 | \$ 8,349.58     | \$ 1,952.72  | \$ 40,340.18     | \$ 195,432.56   |     |
| TOTAL SS       |               | \$ 883,875.31  | \$ 124.80      | \$ 66,290.65 | \$ 54,800.27    | \$ 12,816.19 | \$ 184,979.72    | \$ 1,202,886.94 |     |

## Child Protection Grant:

|                      |          |              |         |             |             |           |              |              |   |
|----------------------|----------|--------------|---------|-------------|-------------|-----------|--------------|--------------|---|
| N Lanz               | \$ 31.08 | \$ 26,946.36 | \$ 9.60 | \$ 2,020.98 | \$ 1,670.67 | \$ 390.72 | \$ 18,122.90 | \$ 49,161.23 | 1 |
| 5/27/2022            | \$ 32.01 | \$ 38,828.13 |         | \$ 2,912.11 | \$ 2,407.34 | \$ 563.01 |              | \$ 44,710.59 |   |
| 11-430-700-7000-6105 |          | \$ 65,774.49 | \$ 9.60 | \$ 4,933.09 | \$ 4,078.02 | \$ 953.73 | \$ 18,122.90 | \$ 93,871.83 | 1 |

Reflects a 12% insurance increase

Reflects a 3% COLA/Market Rate

Bobbie  
9/1/21

2:21PM

# \*\*\* Fillmore County \*\*\*



## USER-SELECTED BUDGET REPORT

Page 1

Options: 1 = Budget Amount, 2 = Yearly Amount, 3 = Dashed Lines, 4 = Estimated

Page Break Option: 1

- 1 - Page Break by FUND
- 2 - Page Break by DEPT
- 3 - Page Break by PROGRAM
- 4 - Page Break by SERVICE

Column Selector 1 2 1 2 1

|           |        |        |        |        |        |
|-----------|--------|--------|--------|--------|--------|
| Column    | 2020   | 2020   | 2021   | 2021   | 2022   |
| Headings: | Budget | Actual | Budget | Actual | Budget |

Line Spacing: 1

- 1 - Single Spaced
- 2 - Double Spaced

|         |            |            |
|---------|------------|------------|
| Year:   | 2020       | 2021       |
| Months: | 01 Thru 12 | 01 Thru 08 |

|                   |              |   |
|-------------------|--------------|---|
| Print Subtotal By | FUND         | Y |
| Print Subtotal By | DEPT         | Y |
| Print Subtotal By | PROGRAM      | N |
| Print Subtotal By | SERVICE      | N |
| Print Subtotal By | Object Range | N |

Report Basis: 2

- 1 - Cash
- 2 - Modified Accrual
- 3 - Full Accrual

Include on the Report 1

- 1 - All G/L Accounts
- 2 - Only G/L Accounts with Budget Amts.
- 3 - Only G/L Accounts without Budget Amts.
- 4 - Only Budget Accounts with zero Amts.
- 5 - Only Active G/L Accounts

|                            |   |
|----------------------------|---|
| Include Zero Dollar Accts: | N |
| Round Amounts:             | Y |
| Save Report:               | N |

Comment:

FUND Range From 1 Thru 1

DEPT Range From 125 Thru 125

Bobbie  
9/1/21 2:21PM

\*\*\* Fillmore County \*\*\*



USER-SELECTED BUDGET REPORT

Page 2

01 FUND County Revenue Fund

Report Basis: Modified Accrual

| <u>Account Number</u> |      |                      | <u>Account Description</u>        | <u>2020</u><br><u>Budget</u> | <u>2020</u><br><u>Actual</u><br><u>Mo. 01 - 12</u> | <u>2021</u><br><u>Budget</u> | <u>2021</u><br><u>Actual</u><br><u>Mo. 01 - 08</u> | <u>2022</u><br><u>Budget</u> |          |
|-----------------------|------|----------------------|-----------------------------------|------------------------------|----------------------------------------------------|------------------------------|----------------------------------------------------|------------------------------|----------|
| 125                   | DEPT | Veteran Services     |                                   |                              |                                                    |                              |                                                    |                              |          |
|                       |      | 01-125-000-0000-5379 | Mn - Other State Grants           | 10,000 -                     | 10,000 -                                           | 10,000 -                     | 0                                                  | 10,000 -                     |          |
|                       |      | 01-125-000-0000-5500 | Travel Pay                        | 7,000 -                      | 1,680 -                                            | 5,000 -                      | 0                                                  | 5,000 -                      |          |
|                       |      | 01-125-000-0000-5760 | Van Donations Private Restricted  | 0                            | 4,516 -                                            | 0                            | 0                                                  | 0                            |          |
|                       |      | 01-125-000-0000-6105 | Gross Salaries                    | 85,319                       | 58,593                                             | 87,883                       | 59,403                                             | 93,243                       |          |
|                       |      | 01-125-000-0000-6152 | Life Insurance                    | 15                           | 14                                                 | 15                           | 10                                                 | 15                           |          |
|                       |      | 01-125-000-0000-6162 | P.E.R.A. - Employer               | 6,399                        | 4,017                                              | 6,591                        | 3,963                                              | 6,993                        |          |
|                       |      | 01-125-000-0000-6171 | Social Security-Employer          | 5,290                        | 3,754                                              | 5,449                        | 3,676                                              | 5,781                        |          |
|                       |      | 01-125-000-0000-6172 | Medicare-Employer                 | 1,237                        | 878                                                | 1,274                        | 860                                                | 1,352                        |          |
|                       |      | 01-125-000-0000-6174 | Co.Health Contribution            | 6,296                        | 5,213                                              | 6,761                        | 3,717                                              | 7,490                        |          |
|                       |      | 01-125-000-0000-6203 | Telephone                         | 180                          | 261                                                | 0                            | 0                                                  | 0                            |          |
|                       |      | 01-125-000-0000-6206 | Employee Electronic Device Reimbu | 180                          | 0                                                  | 180                          | 120                                                | 180                          |          |
|                       |      | 01-125-000-0000-6241 | Advertising                       | 300                          | 0                                                  | 300                          | 0                                                  | 300                          |          |
|                       |      | 01-125-000-0000-6242 | Membership Dues                   | 150                          | 260                                                | 260                          | 250                                                | 300                          |          |
|                       |      | 01-125-000-0000-6244 | Continuing Education              | 300                          | 0                                                  | 300                          | 0                                                  | 300                          |          |
|                       |      | 01-125-000-0000-6245 | Registration Fees                 | 50                           | 0                                                  | 50                           | 50                                                 | 300                          |          |
|                       |      | 01-125-000-0000-6335 | Employee Automobile Allowance     | 1,000                        | 0                                                  | 1,000                        | 0                                                  | 1,000                        |          |
|                       |      | 01-125-000-0000-6337 | Other Travel Expense              | 900                          | 0                                                  | 900                          | 0                                                  | 900                          |          |
|                       |      | 01-125-000-0000-6377 | Fees And Service Charges          | 10,200                       | 6,289                                              | 10,200                       | 4,480                                              | 10,200                       |          |
|                       |      | 01-125-000-0000-6402 | Stationary And Forms              | 200                          | 0                                                  | 200                          | 0                                                  | 200                          |          |
|                       |      | 01-125-000-0000-6408 | Other Office Supplies             | 0                            | 466                                                | 0                            | 0                                                  | 0                            |          |
|                       |      | 01-125-000-0000-6420 | State Grant Expenses              | 10,000                       | 7,973                                              | 10,000                       | 9,373                                              | 10,000                       |          |
|                       |      | 01-125-000-0000-6561 | Gasoline Diesel And Other Fuels   | 3,000                        | 995                                                | 3,000                        | 945                                                | 3,000                        |          |
|                       |      | 01-125-000-0000-6580 | Other Repair And Maintenance Sup  | 600                          | 278                                                | 600                          | 0                                                  | 600                          |          |
| DEPT                  | 125  | Veteran Services     |                                   | Revenue                      | 17,000 -                                           | 16,196 -                     | 15,000 -                                           | 0                            | 15,000 - |
|                       |      |                      | Expend.                           | 131,616                      | 88,991                                             | 134,963                      | 86,847                                             | 142,154                      |          |
|                       |      |                      | Net                               | 114,616                      | 72,795                                             | 119,963                      | 86,847                                             | 127,154                      |          |
| FUND                  | 01   | County Revenue Fund  |                                   | Revenue                      | 17,000 -                                           | 16,196 -                     | 15,000 -                                           | 0                            | 15,000 - |
|                       |      |                      | Expend.                           | 131,616                      | 88,991                                             | 134,963                      | 86,847                                             | 142,154                      |          |
|                       |      |                      | Net                               | 114,616                      | 72,795                                             | 119,963                      | 86,847                                             | 127,154                      |          |
| Final Totals          |      |                      | Revenue                           | 17,000 -                     | 16,196 -                                           | 15,000 -                     | 0                                                  | 15,000 -                     |          |
|                       |      |                      | Expend.                           | 131,616                      | 88,991                                             | 134,963                      | 86,847                                             | 142,154                      |          |
|                       |      |                      | Net                               | 114,616                      | 72,795                                             | 119,963                      | 86,847                                             | 127,154                      |          |

2022

## VETERANS

| Veterans     | Hourly/Salary | Gross Salaries      | Life Insurance  | PERA               | Social Security    | Medicare           | Health Insurance   | Total Cost           | FTE        |
|--------------|---------------|---------------------|-----------------|--------------------|--------------------|--------------------|--------------------|----------------------|------------|
| HB - OSS Sr. | \$ 25.56      | \$ 15,949.44        | \$ 5.76         | \$ 1,196.21        | \$ 988.87          | \$ 231.27          | \$ 7,489.60        | \$ 25,861.14         | 0.6        |
| 6/26/2022    | \$ 26.28      | \$ 16,398.72        |                 | \$ 1,229.90        | \$ 1,016.72        | \$ 237.78          |                    | \$ 18,883.13         |            |
|              |               | <b>\$ 32,348.16</b> | <b>\$ 5.76</b>  | <b>\$ 2,426.11</b> | <b>\$ 2,005.59</b> | <b>\$ 469.05</b>   | <b>\$ 7,489.60</b> | <b>\$ 44,744.27</b>  | <b>0.6</b> |
| JM - VSO     | \$ 28.43      | \$ 2,274.40         | \$ 9.60         | \$ 170.58          | \$ 141.01          | \$ 32.98           | \$ -               | \$ 2,628.57          | 1          |
| 1/12/2022    | \$ 29.31      | \$ 58,620.00        |                 | \$ 4,396.50        | \$ 3,634.44        | \$ 849.99          |                    | \$ 67,500.93         |            |
|              |               | <b>\$ 60,894.40</b> | <b>\$ 9.60</b>  | <b>\$ 4,567.08</b> | <b>\$ 3,775.45</b> | <b>\$ 882.97</b>   | <b>\$ -</b>        | <b>\$ 70,129.50</b>  | <b>1</b>   |
|              |               | <b>\$ 93,242.56</b> | <b>\$ 15.36</b> | <b>\$ 6,993.19</b> | <b>\$ 5,781.04</b> | <b>\$ 1,352.02</b> | <b>\$ 7,489.60</b> | <b>\$ 114,873.77</b> | <b>1.6</b> |

Reflects a 12% insurance increase

Reflects a 3% COLA/Market Rate

# REQUEST FOR COUNTY BOARD ACTION

|                       |                                     |                   |
|-----------------------|-------------------------------------|-------------------|
| Agenda Date: 9/7/2021 | Amount of time requested (minutes): | 5                 |
| Dept.: Sanitation     | Prepared By:                        | Drew Hatzenbihler |

State item(s) of business with brief analysis. If requesting multiple items, please number each item for clarity. Provide relevant material(s) for documentation. Please note on each item if documentation is needed and attached.

## Consent Agenda:

## Regular Agenda:

## Documentation Yes or No

1. Consider resolution to set current market value for MSW at \$81.67 in pursuance of Minnesota Statutes, Chapter 297H (Yes)
  - a. This statute requires that any political subdivision that subsidizes solid waste services to establish a market price (defined as the lowest price available in an area) and pay SWM tax on tipping fees subsidized below market price (our tipping fees are not below market price)
  - b. See attached sheet for breakdown of market price.

All requests for County Board agenda must be in the Administrator's office **No later than noon Thursday prior to the Board date.** Items received after this time **will not** be placed on the Board agenda. All requests should be sent to: [bhillery@co.fillmore.mn.us](mailto:bhillery@co.fillmore.mn.us) and [tkraling@co.fillmore.mn.us](mailto:tkraling@co.fillmore.mn.us)



**RESOLUTION**

**FILLMORE COUNTY BOARD OF COMMISSIONERS  
Preston, Minnesota 55965**

Date September 7, 2021 Resolution No. 2021-

Motion by Commissioner \_\_\_\_\_ Second by Commissioner \_\_\_\_\_

WHEREAS, The County Board of Commissioners of the County of Fillmore, State of Minnesota, desires to subsidize solid waste services for residents of Fillmore County and

WHEREAS, said subsidy requires establishment of a market price for disposal of Municipal Solid Waste (MSW) as defined in Minnesota Statutes, Chapter 297H

THEREFORE BE IT RESOLVED, that the Fillmore County Board of Commissioners hereby establish the market price for MSW at \$81.67 per ton.

**VOTING AYE**

Commissioners

Bakke ☐

Dahl ☐

Hindt ☐

Lentz ☐

Prestby ☐

**VOTING NAY**

Commissioners

Bakke ☐

Dahl ☐

Hindt ☐

Lentz ☐

Prestby ☐

STATE OF MINNESOTA  
COUNTY OF FILLMORE

I, Bobbie Hillery, Clerk of the Fillmore County Board of Commissioners, State of Minnesota, do hereby certify that the foregoing resolution is a true and correct copy of a resolution duly passed at a meeting of the Fillmore County Board of Commissioners held on the 7th day of September, 2021.

Witness my hand and official seal at Preston, Minnesota the 7th day of September 2021.

SEAL

Bobbie Hillery, Administrator/Clerk  
Fillmore County Board of Commissioners

# Direct Haul Market Price Worksheet

| A      | B                            | C                                                                       | D                   | F                    | G                    | H             | I                                           | J                                           |
|--------|------------------------------|-------------------------------------------------------------------------|---------------------|----------------------|----------------------|---------------|---------------------------------------------|---------------------------------------------|
| Line # | Status Quo & Market Price    | Name and Location of Facility                                           | Taxable Tip Fee/Ton | MMSW Subsidy/Ton (1) | Round Trip Miles (2) | Cost/Ton Mile | Transportation Cost/Mile/Ton (Column G x H) | Total Cost/Ton (3) (Add Columns D, F and I) |
| 1      | Current Recovery or Disposal | Fillmore County Resource Recovery Center: 727 Hwy 52, Preston, MN 55965 | \$100               | \$0                  |                      |               |                                             | \$100                                       |
| 2      | Market Price                 | Waste Management Central Disposal 21265 430th St, Lake Mills, IA 50450  | \$36.67             |                      | 188.8                | \$0.24        | \$45                                        | \$81.67                                     |

1. If the cost/ton for a facility is subsidized in addition to the tip fee charged, enter the subsidy amount and type.
2. Assume the location of the county seat is the departure site for purposes of calculating round trip mileage
3. Total cost/ton includes the tip fee plus the local subsidy (if any) plus the cost of transportation.

**Note:** If Line 2J is less than Line 1J, you would use this as your market price. If Line 2J is more than Line 1D, you owe SWM tax on the difference. If you use your own landfill for the market price, tax is due on the subsidy per ton. Calculate the ratio for the residential and commercial SWM tax using your SCORE percentages.

# REQUEST FOR COUNTY BOARD ACTION

|                        |                                     |            |
|------------------------|-------------------------------------|------------|
| Agenda Date: 9/7/2021  | Amount of time requested (minutes): | 15 minutes |
| Dept.: Highway/Airport | Prepared By:                        | Ron Gregg  |

State item(s) of business with brief analysis. If requesting multiple items, please number each item for clarity. Provide relevant material(s) for documentation. Please note on each item if documentation is needed and attached.

Consent Agenda: None

Regular Agenda:

Documentation  
Yes or No

1. Consider moving the surface reconditioning project for CSAH 30 into the year 2022 and moving the CSAH 2 surface reconditioning project to the year 2024.
2. Consider weed spraying on the south half of the County is fall. Approve the use of unallocated funds in the Highway Department budget for fall spraying.
3. Consider the recommendation on the spending of the County Coronavirus Response and Relief Supplemental Appropriations Act (CRRSAA) funds received in the Highway Department on current SAP 023-615-017 CSAH 15 from CSAH 44 to Granger. The sum of the CRRSAA funds is \$251,500.00.
4. Consider entering into an agreement with the owners of the Thompson Pit to continue to obtain winter sand for use on County Roads.
5. Consider a final payment resolution for the 2021 Contracted Rock for Orval Sorum & Sons.
6. Consider a final payment resolution for the 2021 Contracted Rock for Milestone Materials.

All requests for County Board agenda must be in the Administrator's office **No later than noon Thursday prior to the Board date**. Items received after this time **will not** be placed on the Board agenda. All requests should be sent to: [bhillery@co.fillmore.mn.us](mailto:bhillery@co.fillmore.mn.us) and [tkraling@co.fillmore.mn.us](mailto:tkraling@co.fillmore.mn.us)

7.

All requests for County Board agenda must be in the Administrator's office **No later than noon Thursday prior to the Board date.** Items received after this time **will not** be placed on the Board agenda. All requests should be sent to: [bhillery@co.fillmore.mn.us](mailto:bhillery@co.fillmore.mn.us) and [tkraling@co.fillmore.mn.us](mailto:tkraling@co.fillmore.mn.us)

PSCHROEDER  
9/2/21 10:33AM

# \*\*\* Fillmore County \*\*\*



## REVENUES & EXPENDITURES BUDGET REPORT As of 09/2020

Page 2

13 FUND

County Road & Bridge

Report Basis: Modified Accrual

| Account Number                                                    | Status | Quarter<br>To Date | Year<br>To Date | Percent of Year<br>Budget | 75%<br>% of<br>BDG |
|-------------------------------------------------------------------|--------|--------------------|-----------------|---------------------------|--------------------|
| 300 DEPT Highway Administration                                   |        |                    |                 |                           |                    |
| ----- REVENUES -----                                              |        |                    |                 |                           |                    |
| 13- 300- 000- 0000- 5001 Current Taxes                            |        | 0.00               | 1,070,736.00-   | 1,964,180.00-             | 55                 |
| 13- 300- 000- 0000- 5004 Delinquent Taxes                         |        | 0.00               | 15,339.41-      | 0.00                      | 0                  |
| 13- 300- 000- 0000- 5008 Mobile Home Tax - Prior & Delinquent     |        | 0.00               | 88.76-          | 0.00                      | 0                  |
| 13- 300- 000- 0000- 5502 Refunds And Reimbursements               |        | 3,210.06-          | 4,180.21-       | 8,000.00-                 | 52                 |
| 13- 300- 000- 0000- 5580 Township - Services And Supplies         |        | 0.00               | 4,323.12-       | 5,000.00-                 | 86                 |
| 13- 300- 000- 0000- 5581 Municipalities - Services And Supplies   |        | 0.00               | 0.00            | 4,000.00-                 | 0                  |
| 13- 300- 000- 0000- 5582 Private Sector - Services And Supplies   |        | 104.64-            | 104.64-         | 2,000.00-                 | 5                  |
| 13- 300- 000- 0000- 5583 Other Governmental Fees                  |        | 0.00               | 0.00            | 2,000.00-                 | 0                  |
| 13- 300- 000- 0000- 5591 Intra County Fees For Highway            |        | 5,649.50-          | 20,519.21-      | 35,000.00-                | 59                 |
| 13- 300- 000- 0000- 5711 Interest Income                          |        | 2,433.77-          | 6,528.04-       | 8,000.00-                 | 82                 |
| 13- 300- 000- 0000- 5931 Sale Of Equipment                        |        | 0.00               | 3,947.50-       | 1,500.00-                 | 263                |
| 13- 300- 000- 0000- 5932 Sale Of Materials                        |        | 3,106.68-          | 7,054.42-       | 6,000.00-                 | 118                |
| ----- EXPENDITURES -----                                          |        |                    |                 |                           |                    |
| 13- 300- 000- 0000- 6105 Gross Salaries                           |        | 65,155.42          | 184,567.20      | 246,418.00                | 75                 |
| 13- 300- 000- 0000- 6152 Life Insurance                           |        | 7.20               | 21.60           | 29.00                     | 74                 |
| 13- 300- 000- 0000- 6162 P.E.R.A. - Employer                      |        | 4,886.65           | 13,842.53       | 18,481.00                 | 75                 |
| 13- 300- 000- 0000- 6171 Social Security- Employer                |        | 3,551.40           | 9,978.44        | 15,278.00                 | 65                 |
| 13- 300- 000- 0000- 6172 Medicare- Employer                       |        | 830.57             | 2,333.67        | 3,573.00                  | 65                 |
| 13- 300- 000- 0000- 6174 Co.Health Contribution                   |        | 17,271.66          | 51,814.98       | 74,682.00                 | 69                 |
| 13- 300- 000- 0000- 6203 Telephone                                |        | 2,249.53           | 7,018.06        | 11,000.00                 | 64                 |
| 13- 300- 000- 0000- 6205 Postage And Postal Box Rent              |        | 87.55              | 259.65          | 500.00                    | 52                 |
| 13- 300- 000- 0000- 6206 Employee Electronic Device Reimbursement |        | 120.00             | 360.00          | 480.00                    | 75                 |
| 13- 300- 000- 0000- 6241 Advertising                              |        | 55.60              | 272.96          | 500.00                    | 55                 |
| 13- 300- 000- 0000- 6242 Membership Dues                          |        | 0.00               | 4,072.00        | 4,100.00                  | 99                 |
| 13- 300- 000- 0000- 6245 Registration Fees                        |        | 0.00               | 210.00          | 1,000.00                  | 21                 |
| 13- 300- 000- 0000- 6270 Data Processing                          |        | 0.00               | 8,141.11        | 15,000.00                 | 54                 |
| 13- 300- 000- 0000- 6306 Radio Tower Repair & Services            |        | 143.65             | 361.39          | 1,000.00                  | 36                 |
| 13- 300- 000- 0000- 6335 Employee Automobile Allowance            |        | 0.00               | 0.00            | 100.00                    | 0                  |
| 13- 300- 000- 0000- 6337 Other Travel Expense                     |        | 0.00               | 9.68            | 1,500.00                  | 1                  |
| 13- 300- 000- 0000- 6350 Unallocated Operating Expenses           |        | 0.00               | 0.00            | 23,366.00                 | 0                  |
| 13- 300- 000- 0000- 6377 Fees And Service Charges                 |        | 725.65             | 1,482.82        | 2,000.00                  | 74                 |
| 13- 300- 000- 0000- 6408 Other Office Supplies                    |        | 38.61              | 80.25           | 200.00                    | 40                 |
| 13- 300- 000- 0000- 6639 Asset Inventory                          |        | 0.00               | 0.00            | 1,000.00                  | 0                  |

PSCHROEDER  
9/2/21 10:33AM

# \*\*\* Fillmore County \*\*\*



## REVENUES & EXPENDITURES BUDGET REPORT As of 09/2020

Page 4

13 FUND County Road & Bridge

Report Basis: Modified Accrual

| Account Number                                                | Status  | Quarter<br>To Date | Year<br>To Date | Percent of Year<br>Budget | 75%<br>% of<br>BDG |
|---------------------------------------------------------------|---------|--------------------|-----------------|---------------------------|--------------------|
| 310 DEPT Highway Maintenance                                  |         |                    |                 |                           |                    |
| ----- REVENUES -----                                          |         |                    |                 |                           |                    |
| 13-310-000-0000-5216 Regular Maintenance                      |         | 1,050,988.80-      | 2,595,667.70-   | 2,627,500.00-             | 99                 |
| 13-310-000-0000-5217 Municipal Maintenance                    |         | 0.00               | 355,807.41-     | 374,500.00-               | 95                 |
| ----- EXPENDITURES -----                                      |         |                    |                 |                           |                    |
| 13-310-000-0000-6105 Gross Salaries                           |         | 270,080.27         | 781,896.08      | 1,027,985.00              | 76                 |
| 13-310-000-0000-6110 Overtime Salaries                        |         | 1,757.01           | 29,760.24       | 40,000.00                 | 74                 |
| 13-310-000-0000-6152 Life Insurance                           |         | 40.80              | 122.50          | 164.00                    | 75                 |
| 13-310-000-0000-6162 P.E.R.A. - Employer                      |         | 20,323.20          | 59,734.23       | 77,099.00                 | 77                 |
| 13-310-000-0000-6171 Social Security- Employer                |         | 16,484.68          | 48,325.99       | 63,735.00                 | 76                 |
| 13-310-000-0000-6172 Medicare- Employer                       |         | 3,855.28           | 11,302.06       | 14,906.00                 | 76                 |
| 13-310-000-0000-6174 Co.Health Contribution                   |         | 49,040.71          | 147,000.37      | 212,181.00                | 69                 |
| 13-310-000-0000-6206 Employee Electronic Device Reimbursement |         | 840.00             | 2,520.00        | 3,360.00                  | 75                 |
| 13-310-000-0000-6245 Registration Fees                        |         | 0.00               | 0.00            | 1,000.00                  | 0                  |
| 13-310-000-0000-6251 Electricity                              |         | 126.00             | 336.00          | 500.00                    | 67                 |
| 13-310-000-0000-6293 Uniform Expense                          |         | 1,371.13           | 3,923.55        | 5,520.00                  | 71                 |
| 13-310-000-0000-6337 Other Travel Expense                     |         | 0.00               | 0.00            | 1,000.00                  | 0                  |
| 13-310-000-0000-6342 Machinery And Equipment Rental           |         | 0.00               | 0.00            | 32,500.00                 | 0                  |
| 13-310-000-0000-6367 County Park Maintenance                  |         | 0.00               | 0.00            | 100.00                    | 0                  |
| 13-310-000-0000-6466 Safety Materials                         |         | 400.00             | 3,031.39        | 6,000.00                  | 51                 |
| 13-310-000-0000-6505 Aggregate                                |         | 400,844.58         | 435,422.85      | 450,000.00                | 97                 |
| 13-310-000-0000-6506 Sand                                     |         | 0.00               | 2,478.00        | 25,000.00                 | 10                 |
| 13-310-000-0000-6515 Traffic Signs                            |         | 9,072.61           | 20,997.94       | 40,000.00                 | 52                 |
| 13-310-000-0000-6520 Culverts                                 |         | 6,083.32           | 15,123.21       | 10,000.00                 | 151                |
| 13-310-000-0000-6524 Dust Control                             |         | 1,316.00           | 1,316.00        | 2,000.00                  | 66                 |
| 13-310-000-0000-6525 Road Salt And Dust Control Chemicals     |         | 85,503.99          | 85,503.99       | 160,000.00                | 53                 |
| 13-310-000-0000-6526 Weed Control                             |         | 0.00               | 32,390.97       | 40,000.00                 | 81                 |
| 13-310-000-0000-6528 Bituminous Materials                     |         | 1,777.57           | 41,013.93       | 60,000.00                 | 68                 |
| 13-310-000-0000-6529 Seeding                                  |         | 1,081.98           | 1,439.98        | 1,000.00                  | 144                |
| 13-310-000-0000-6530 Striping Paint                           |         | 0.00               | 0.00            | 85,000.00                 | 0                  |
| 13-310-000-0000-6580 Other Repair And Maintenance Supplies    |         | 619.02             | 13,266.27       | 20,000.00                 | 66                 |
| 13-310-000-0000-6629 Infrastructure Improvement               |         | 7,310.40           | 7,310.40        | 25,000.00                 | 29                 |
| 13-310-000-0000-6639 Asset Inventory                          |         | 0.00               | 0.00            | 4,900.00                  | 0                  |
| 13-310-000-0000-6640 Equipment Purchased                      |         | 176,149.09         | 361,984.09      | 577,000.00                | 63                 |
| 310 DEPT Totals Highway Maintenance                           | Revenue | 1,050,988.80-      | 2,951,475.11-   | 3,002,000.00-             | 98                 |
|                                                               | Expend. | 1,054,077.64       | 2,106,200.04    | 2,985,950.00              | 71                 |
|                                                               | Net     | 3,088.84           | 845,275.07-     | 16,050.00-                | 267                |

**FILLMORE COUNTY BOARD OF COMMISSIONERS**  
**Preston, Minnesota 55965**

Motion by Commissioner \_\_\_\_\_ Second by Commissioner \_\_\_\_\_

**NOW THEN BE IT RESOLVED:**

Dated at Preston, Minnesota, this 7<sup>th</sup> day of September, 2021

**Final Payment:** \$ 1,378.42

\_\_\_\_\_, Chairman of the Board

Commissioners      Dahl ☐      Lentz ☐      Bakke ☐      Hindt ☐      Prestby ☐

Bobbie Hillery, Administrator  
Fillmore County Board of Commissioners

R E S O L U T I O N

**FILLMORE COUNTY BOARD OF COMMISSIONERS  
Preston, Minnesota 55965**

Date September 7, 2021 Resolution No. 2021-

Motion by Commissioner \_\_\_\_\_ Second by Commissioner \_\_\_\_\_

**WHEREAS, Milestone Materials** has in all things completed **2021 Rock Contract**, on CR 106, in City of Rushford Village and the County Board being fully advised in the premise.

**NOW THEN BE IT RESOLVED:** That we do hereby accept said completed **CP 23-21-02** for and on behalf of the County of Fillmore and authorize final payments as specified.

Dated at Preston, Minnesota, this 7th day of September, 2021

Contract Price:                                 \$       **9.72/ton**

Value of Work:                                 \$       **16,923.29**

**Final Payment:**                                 \$       **846.16**

**Milestone Materials**

\_\_\_\_\_, Chairman of the Board

**VOTING AYE**

Commissioners       Dahl ☐                       Lentz ☐                       Bakke ☐                       Hindt ☐                       Prestby ☐

**VOTING NAY**

Commissioners       Dahl ☐                       Lentz ☐                       Bakke ☐                       Hindt ☐                       Prestby ☐

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STATE OF MINNESOTA  
COUNTY OF FILLMORE

I, Bobbie Vickerman, Administrator of the Fillmore County Board of Commissioners, State of Minnesota, do hereby certify that the foregoing resolution is a true and correct copy of a resolution duly passed at a meeting of the Fillmore County Board of Commissioners held on the 7th day of September, 2021.

Witness my hand and official seal at Preston, Minnesota the 7th day of September, 2021.

SEAL

Bobbie Hillery, Administrator

Fillmore County Board of Commissioners



# REQUEST FOR COUNTY BOARD ACTION

Agenda Date: 9/7/2021

Amount of time requested (minutes):

5

Dept.: EDA

Prepared By:

Chris Hahn

State item(s) of business with brief analysis. If requesting multiple items, please number each item for clarity. Provide relevant material(s) for documentation. Please note on each item if documentation is needed and attached.

Consent Agenda:

Documentation  
(Yes/No):

Regular Agenda:

Documentation  
(Yes/No): yes

Consider approval of the following resolution by the Fillmore County EDA Board from the August 26, 2021 Regular Meeting:

- *to approve the Fillmore County EDA's participation in the initial feasibility and planning process (Phase 1) for a potential regional application to the **Federal EDA - Build Back Better Regional Challenge**. This represents a collaborative effort between Economic Development entities in Olmsted, Mower, Fillmore, Wabasha and Dodge Counties, and various stakeholders in the region including Community Economic Development Associates (CEDA) Rochester Area Economic Development, Inc. (RAEDI) and others.*

**Motion made by Bonita Underbakke, 2<sup>nd</sup> from Samantha Grabau, and approved via 7-0 roll call vote:**

**PLEASE NOTE:** Information on the next page retrieved from: [Build Back Better Regional Challenge | U.S. Economic Development Administration \(eda.gov\)](#)

All requests for County Board agenda must be in the Coordinator's office **No later than noon Wednesday prior to the Board date**. Items received after this time **will** not be placed on the Board agenda. All requests should be sent to: <mailto:bhillery@co.fillmore.mn.us>; <mailto:tkraling@co.fillmore.mn.us> and <mailto:lengle@co.fillmore.mn.us>

# BUILD BACK BETTER REGIONAL CHALLENGE

SUPERCHARGING LOCAL ECONOMIES

Want to take a deeper dive into the technical and programmatic aspects of submitting applications for our American Rescue Plan Build Back Better Regional Challenge? Check out our new, recorded [Build Back Better Regional Challenge applicant webinar!](#)



The [Build Back Better Regional Challenge](#) is designed to assist communities nationwide in their efforts to build back better by accelerating the economic recovery from the coronavirus pandemic and building local economies that will be resilient to future economic shocks.

The \$1 billion Build Back Better Regional Challenge will provide a transformational investment to 20-30 regions across the country that want to revitalize their economies. These regions will have the opportunity to grow new regional industry clusters or scale existing ones through planning, infrastructure, innovation and entrepreneurship, workforce development, access to capital, and more.

- **Phase 1:** 50-60 regional coalitions of partnering entities will be awarded ~\$500,000 in technical assistance funds to develop and support three to eight projects to grow a regional growth cluster.
- **Phase 2:** EDA will award 20-30 regional coalitions \$25 million to \$75 million, and up to \$100 million, to implement those projects.

As part of the \$300 million [Coal Communities Commitment](#), EDA will allocate at least \$100 million of the Build Back Better Regional Challenge funding to support coal communities.

## Stay Connected

(Subscribe to EDA's monthly e-newsletter)



## WHO SHOULD APPLY

EDA invites eligible applicants to form regional coalitions to apply for funding to implement a collection of three to eight distinct but related projects in their region, in coordination with industry and community partners, and aligned around a holistic vision to build and scale a strategic industry cluster. Applicants should identify one key coordinating lead institution per regional cluster to lead the concept and projects into the implementation phase, while fostering collaboration and coordinating resources to ensure these investments have the greatest economic impact on our communities, regions, and the nation.

Coalition members eligible to apply for investment assistance for their region include a(n):

- District Organization of an EDA-designated Economic Development District
- Indian Tribe or a consortium of Indian Tribes
- State, county, city, or other political subdivision of a State, including a special purpose unit of a State or local government engaged in economic or infrastructure development activities, or a consortium of political subdivisions
- Institution of higher education or a consortium of institutions of higher education
- Public or private non-profit organization or association acting in cooperation with officials of a political subdivision of a State

*Individuals or for-profit entities are not eligible.*



## APPLICATION DEADLINE

Phase 1 deadline:  
**October 19, 2021**

Phase 2 deadline:  
**March 15, 2022**



## CONTACTS

- Please send email inquiries about the American Rescue Plan Build Back Better Regional Challenge to [BuildBackBetter@eda.gov](mailto:BuildBackBetter@eda.gov).
- For additional questions, particularly region-specific questions, contact your state's Economic Development Representative. Visit [www.eda.gov/contact](http://www.eda.gov/contact) to find contact information for your Economic

agenda. All requests should be sent to: [mailto:bhillery@co.fillmore.mn.us](mailto:mailto:bhillery@co.fillmore.mn.us); [mailto:tkraling@co.fillmore.mn.us](mailto:mailto:tkraling@co.fillmore.mn.us) and [mailto:lengle@co.fillmore.mn.us](mailto:mailto:lengle@co.fillmore.mn.us)

# REQUEST FOR COUNTY BOARD ACTION

|                       |                                     |              |
|-----------------------|-------------------------------------|--------------|
| Agenda Date: 9/7/2021 | Amount of time requested (minutes): | 15           |
| Dept.: Administration | Prepared By:                        | Lindsi Engle |

State item(s) of business with brief analysis. If requesting multiple items, please number each item for clarity. Provide relevant material(s) for documentation. Please note on each item if documentation is needed and attached.

## Consent Agenda:

| <u>Regular Agenda:</u>                                                                                                              | <u>Documentation</u> |
|-------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| 1. Consider request to hire a temporary part time up to full time maintenance position to cover current employee's leave of absence | NO                   |
| 2. Discussion with possible action regarding 2022 health plan                                                                       | NO                   |
| a. Benefits Committee recommends staying with the Southeast Service Cooperative and Medica                                          |                      |
| 3. Consider request to initiate contract with Medsurety for COBRA and retiree outsourcing                                           | YES                  |

All requests for County Board agenda must be in the Administrator's office **No later than noon Thursday prior to the Board date.** Items received after this time **will not** be placed on the Board agenda. All requests should be sent to: [bhillery@co.fillmore.mn.us](mailto:bhillery@co.fillmore.mn.us) or [tkraling@co.fillmore.mn.us](mailto:tkraling@co.fillmore.mn.us)



# MEDSURETY

*Maximize Your Health Savings*



## FILLMORE COUNTY

SERVICES:

- COBRA STATE CONTINUATION ADMINISTRATION

ESTIMATED START DATE:

- 10-01-2021

952-303-5700

[www.medsurety.com](http://www.medsurety.com)

## Our Services

We focus on eliminating vendor fatigue for employers by providing more services and managing them through a dedicated account management model. We provide a single user experience for all account-based benefits and support thousands of plan designs for the entire suite of Consumer Directed Healthcare accounts all on one platform. We streamline the administration, funding, purchasing, and payment processes required for informed healthcare financial decision making.

We are the complete solution for all industries, employers of all sizes, individuals and partners.

MEDSURETY understands that HR teams handle more than just benefits and often spend numerous hours managing multiple service providers that takes time away from strategic organizational initiatives. For this reason, MEDSURETY provides additional HR resources to save you time and money with our market competitive services.

## One robust platform. One seamless experience. All your product and service needs.

### Consumer Accounts

- HSA
- VEBA
- Health Flexible Spending
- Dependent Care Assistance
- Health Reimbursement
- ICHRA
- QSEHRA
- Parking and Transit

### Administrative Services

- COBRA
- State Continuation
- Retiree Billing
- Active Billing
- Eligibility Administration
- Nondiscrimination Testing

### HR Resources

- Premium Only Plan
- Premium Only Plan w/ HSA
- Section 125 Cafeteria Plan
- 5500 Filing

## Our Plan Offerings

We offer the only solution that provides a single end-to-end user experience for administering reimbursement accounts coupled with a user experience that removes the complexity from decision making and streamlines health care management for consumers.

**CONFIDENTIAL**

| Select services and all accounts or account combinations you are offering your employees. |                                       |                 |            |             |
|-------------------------------------------------------------------------------------------|---------------------------------------|-----------------|------------|-------------|
| Service                                                                                   | Monthly PEPM                          | Monthly Minimum | Set Up Fee | Renewal Fee |
| COBRA & STATE CONTINUATION                                                                |                                       |                 |            |             |
| COBRA & State Continuation: 41+                                                           | <input type="checkbox"/> \$0.75 PBEPM | \$30.00         | \$250.00   | \$100.00    |
| COBRA & State Continuation: w/ Ben Admin Platform Access                                  | <input type="checkbox"/> \$1.00 PBEPM | \$50.00         | \$250.00   | \$100.00    |

**CONFIDENTIAL****SCHEDULE FOR COBRA / STATE CONTINUATION SERVICES**

MEDSURETY offers per benefit eligible per month pricing that considers the special circumstances and needs of employers experiencing a varying level of COBRA events.

**Per Benefit Eligible Pricing for employers that want fees to be consistent to easily manage their budget**

**Pricing 41 + Benefit Eligible**

| <b>EMPLOYER FEES</b>                                                               | <b>Per Benefit Eligible Pricing</b> |
|------------------------------------------------------------------------------------|-------------------------------------|
| Set-Up Fee                                                                         | \$250                               |
| Annual Renewal Fee                                                                 | \$100.00                            |
| Per Benefit Eligible Fee (# of benefit eligible)                                   | \$0.75 per month                    |
| Monthly Minimum<br><i>(Billed when service total is less than monthly minimum)</i> | \$30.00                             |
| Take-over Notice & Coupon Book per QB (Qualified Beneficiary)                      | Included                            |
| Per Qualifying Event Notices                                                       | Included                            |
| Monthly Fee Per Active QB (Qualified Beneficiary)                                  | Included                            |
| Initial Notifications (per new hire)                                               | Included                            |
| Coverage Reinstatement with the Carrier                                            | Included                            |
| Custom Letter Mailing                                                              | Included                            |
| COBRA Participant Termination Notice                                               | Included                            |
| Rate Change Letters                                                                | Included                            |
| Continuation Carrier Notifications                                                 | Included                            |
| Life Continuation (if required)                                                    | Included                            |
| Subsidy Administration                                                             | Included                            |
| Online Services                                                                    | Included                            |
| Real-Time & Monthly Reporting                                                      | Included                            |
| Reporting to Carrier                                                               | Included                            |
| <b>OPTIONAL:</b> Past Due Notices to Enrollees                                     | \$2.00                              |
| <b>OPTIONAL:</b> Retro COBRA Initial Rights Notices <sup>1</sup>                   | \$3.00                              |
| <b>OPTIONAL:</b> Open Enrollment Packets <sup>2</sup>                              | \$25.00                             |
| Compliance Assistance                                                              | Contact MEDSURETY                   |

1). COBRA General Rights Notification for all existing employees who may not have previously received a notice or at the request of employer if proof of delivery cannot be demonstrated. Fee billed per notice.

2) MEDSURETY will mail Open Enrollment Packets to Pending and Active COBRA Qualified Beneficiaries and Retirees, we provide the enrollment form and we require the employer to provide PDF's of the open enrollment materials. We charge \$25.00 per packet plus postage and print costs.

**MEDSURETY retains the 2% Premium Administration Fee**

**OPTIONAL: SCHEDULE FOR RETIREE BILLING SERVICES**

We understand that the maintenance of billing, tracking and dispersing premiums each month can be an overwhelming task. Streamline your HR workload and let MEDSURETY do the heavy lifting to administer billing and payment functions that meet the needs of your employee and retiree populations.

| <b>EMPLOYER FEES</b>                         |                  |
|----------------------------------------------|------------------|
| Participant Fee (#enrolled)                  | \$5.00 per month |
| Take-over Notice & Coupon Book (per Retiree) | Included         |
| Participant Termination Notice               | Included         |
| Online Services                              | Included         |
| Real-Time & Monthly Reporting                | Included         |
| Past Due Notices to Enrollees                | Included         |
| Eligibility Reporting to Carriers            | Included         |
| Rate Change Letters                          | Included         |

**CONFIDENTIAL**

**COBRA / STATE CONTINUATION ADMINISTERED WITH ACCESS TO BENADMIN PLATFORM**

MEDSURETY provides an easy and efficient administration solution for employers to leverage their benefits administration platform. By providing MEDSURETY access to your platform we pull termination and new hire information to efficiently process COBRA & State Continuation Events, taking the burden of sending events over or entering them into a COBRA software platform. MEDSURETY pulls new hire and termination reports weekly for processing.

**EMPLOYER DOES THREE THINGS:**

1. Terminates Active Coverage
2. Maintains the Benefits administration platform.
3. Reviews monthly carrier bills.

**Pricing**

| <b>EMPLOYER FEES</b>                                                               | <b>BENADMIN ACCESS<br/>Per Benefit Eligible Pricing</b> |
|------------------------------------------------------------------------------------|---------------------------------------------------------|
| Set-Up Fee                                                                         | \$250                                                   |
| Annual Renewal Fee                                                                 | \$100.00                                                |
| Per Benefit Eligible Fee (# of benefit eligible in the platform)                   | \$1.00 per month                                        |
| Monthly Minimum<br><i>(Billed when service total is less than monthly minimum)</i> | \$50.00                                                 |
| Take-over Notice & Coupon Book per QB (Qualified Beneficiary)                      | Included                                                |
| Per Qualifying Event Notices                                                       | Included                                                |
| Monthly Fee Per Active QB (Qualified Beneficiary)                                  | Included                                                |
| Initial Notifications (per new hire)                                               | Included                                                |
| Coverage Reinstatement with the Carrier                                            | Included                                                |
| Custom Letter Mailing                                                              | Included                                                |
| COBRA Participant Termination Notice                                               | Included                                                |
| Rate Change Letters                                                                | Included                                                |
| Continuation Carrier Notifications                                                 | Included                                                |
| Life Continuation (if required)                                                    | Included                                                |
| Subsidy Administration                                                             | Included                                                |
| Online Services                                                                    | Included                                                |
| Real-Time & Monthly Reporting                                                      | Included                                                |
| Reporting to Carrier                                                               | Included                                                |
| <b>OPTIONAL:</b> Past Due Notices to Enrollees                                     | \$2.00                                                  |
| <b>OPTIONAL:</b> Retro COBRA Initial Rights Notices <sup>1</sup>                   | \$3.00                                                  |
| <b>OPTIONAL:</b> Open Enrollment Packets <sup>2</sup>                              | \$25.00                                                 |
| Compliance Assistance                                                              | Contact MEDSURETY                                       |

1). COBRA General Rights Notification for all existing employees who may not have previously received a notice or at the request of employer if proof of delivery cannot be demonstrated. Fee billed per notice.

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**MEDSURETY retains the 2% Premium Administration Fee**



## Why Outsource COBRA / State Continuation Administration?

May 8, 2018 | [Banks](#), [Brokers](#), [Employers](#)



Whether you are a large company and have many qualifying events to keep track of, or you are a small organization that rarely has to deal with COBRA and Continuation, the complex rules and requirements, mandatory notices and multiple deadlines can be difficult to follow. Outsourcing your COBRA and Continuation administration can help you escape pitfalls in the complex rules for offering health benefits to former employees.

COBRA applies to employers with 20 or more employees, although how that number of employees is defined can be complicated, if you have fluctuations of employee numbers throughout the year, or numerous PT employees. State Continuation, or “mini-COBRA” varies from state to state and can apply to employers with 2-19 employees, and in some states, will apply to all employers.

### **The most common violations include:**

- Failing to send notices on time or not send them at all
- Failure to maintain distribution compliance of the COBRA general or initial rights notice
- Neglecting to list flexible spending accounts considered a type of health plan on notices
- Keeping inadequate records
- Not offering participants the right to add or change health plans at open enrollment.

**COBRA/Continuation is complex...** Understanding and keeping track of the various requirements can be challenging. You will need to administer correctly things like required notices, election and payment deadlines, late and partial payments, different coverage periods, changes to plan options, address changes and terminations of coverage.

**General or Initial Rights Notice Compliance...** There are a myriad of different notices that need to be distributed for different reasons. As we take on new clients, we constantly see that the general or initial notice is typically not provided, yet it’s a notice that’s required to be distributed to employees within 90 days after a [benefits enrollment](#).

**It can be costly...** The rules for COBRA administration are enforced by two federal agencies. The U.S. Department of Labor (DOL) oversees the laws notification and disclosure provisions, while the Internal

Revenue Service (IRS) deals with matters such as duration of coverage and who qualifies as a beneficiary. Both agencies can levy penalties for noncompliance the IRS can collect \$100 per day, the DOL \$110 per day.

The government rarely prosecutes COBRA violations. However, the larger risk for employers is that they'll be sued by individual workers over mistakes in COBRA administration, which can lead to monetary judgments, attorney's fees and court costs.

COBRA is one of the most litigated areas of benefits, says Christine Keller, an attorney at the Groom Law Group in Washington, D.C. The laws health benefit carries an inherent risk of adverse selection, she says. Although COBRA coverage costs more than regular health insurance, she explains, the people asking for it are the ones with a lot of medical expenses and the ones most motivated to seek legal remedies if they feel COBRA has been denied unfairly.

**It's time-consuming.** The knowledge and expertise needed to properly administer COBRA and/or State Continuation requires extensive training. Combined with the time expended by internal HR employees to administer COBRA/Continuation, the amount of training necessary is often disproportionate to the number of qualifying events. COBRA/Continuation administration can be stressful and time-consuming, and dealing with COBRA/Continuation in-house is often an inefficient use of HR's time and resources.

On the other hand, if your company experiences high employee turnover or numerous qualifying events, you could be overwhelmed by the amount of work required by COBRA/Continuation, taking away valuable time from other essential duties.

**Virtually no positive impact on the company...** when most processes or tasks being executed in a company are evaluated, some sort of positive impact is had because of these things being done. Particularly for HR-related tasks, we can usually point to an impact on the recruitment, satisfaction, retention, or growth of employees... and from a general task perspective cost savings or revenue growth. However, with in-house COBRA/Continuation administration, this really isn't the case.

**It can be... uncomfortable...** There can be discomfort in handling COBRA/Continuation for ex-employees. Let's say an employee is fired or laid off. Companies don't necessarily want to deal with the awkwardness of the communication that has to occur with these ex-employees regarding benefits.

Even if an employee leaves on their own accord. Maybe there is a little animosity there. Companies, smaller ones, potentially don't want to handle communication with that individual anymore. Even if an employee gets divorced, it can be an uncomfortable situation talking to that employee's former spouse about their COBRA/Continuation rights. A COBRA/Continuation administrator is an unbiased third party that handles these situations in a friendly, simple way, helping these people navigate the complexities of these benefits.

**CONTINUATION AND RETIREE BILLING  
ADMINISTRATION AGREEMENT  
between  
MEDSURETY, LLC and Fillmore County**

WHEREAS, Adopting Employer has established and maintains certain benefit plans (the “Plans”) that must comply with the Public Health Services Act (“PHSA”); and

WHEREAS, the Plan(s) name Adopting Employer as Plan Administrator and appoints Plan Administrator to act on behalf of the Plan; and

WHEREAS, some or all of the Plans are a “covered entities” subject to the privacy and security provisions of the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”); and

WHEREAS, the Plan Administrator is the entity capable of acting on behalf the Plans, as covered entities, for purposes of HIPAA; and

WHEREAS, MEDSURETY, LLC performs services (directly and indirectly) with respect to operating, administering, and providing recordkeeping for programs of the type of the Plans; and

WHEREAS, the Plan Administrator desires that MEDSURETY, LLC furnish certain services described in this Agreement in the operation and administration of the Plans.

NOW, THEREFORE, in consideration of the mutual promises and covenants contained herein, and the exhibits and Addenda, if any, attached hereto, the Plan Administrator and MEDSURETY, LLC hereby agree as follows:

- I. Definitions.** The following definitions shall apply to this Agreement and its Addenda, unless a term is specifically defined differently in an Addendum:
- A. **Addenda (or Addendum)** – means the Addenda or Addendum to this Agreement entered into by the Adopting Employer and/or Plan Administrator and MEDSURETY, LLC related to the particular Administrative Services to be provided by MEDSURETY, LLC in addition to the Administrative Services required hereunder.
  - B. **Administrative Services** - means those services relating to the administration of the Plan(s) to be performed by MEDSURETY, LLC as set forth in this Agreement and the exhibits and Addenda hereto.
  - C. **Adopting Employer** – means (1) the business entity identified in Exhibit A, and (2) any affiliate that, with the consent of the Adopting Employer, becomes an Employer by adopting the Agreement, or (3) any successor business organization that assumes the obligations of the Adopting Employer.
  - D. **Agreement** - means this Continuation and/or Retiree Billing Administration Agreement, any exhibits and Addenda attached hereto, and any outside agreements specifically described and incorporated by reference.
  - E. **Code** - means the Internal Revenue Code of 1986, as amended from time to time, and regulations thereunder.
  - F. **COBRA** - means the Consolidated Omnibus Budget Reconciliation Act of 1985 (as it appears in the PHSA and the Code), as amended from time to time, and regulations thereunder.
  - G. **Continuation Coverage** – means the continuation coverage required to be provided with respect to a Plan under applicable law. Such coverage may include continuation coverage under a group

health plan required by COBRA, USERRA, and/or state law and/or continuation coverage under a group term life insurance plan required by state law.

- H. **Covered Individual** – means an individual properly covered under a Plan, including a Participant and any individual covered through the Participant, pursuant to the terms of the Plan.
- I. **Effective Date** - means the date identified in Exhibit A, which is the date on which the Agreement is effective.
- J. **HIPAA** - means the Health Insurance Portability and Accountability Act of 1996, as amended from time to time, and regulations thereunder.
- K. **MEDSURETY, LLC** – means MEDSURETY, LLC, an independent contractor designated by the Adopting Employer and/or Plan Administrator through this Agreement to perform certain Administrative Services pursuant to this Agreement with respect to the Plan(s).
- L. **Participant** – means an eligible employee or former employee of Adopting Employer participating in a Plan in accordance with the terms thereof and an employee or former employee of the Adopting Employer receiving Continuation Coverage.
- M. **PHSA** – means the Public Health Services Act and regulations thereunder, as may be amended from time to time, and regulations thereunder.
- N. **Plan, Plans or Plan(s)** - means the program(s) or arrangement(s) of benefits, as noted in Exhibit B, established and maintained by Adopting Employer with respect to which MEDSURETY, LLC provides Administrative Services under this Agreement and its Addenda.
- O. **Plan Administrator** – means the Adopting Employer or any person to whom the responsibilities of Plan Administrator have been contractually delegated..
- R. **USERRA** – means the Uniformed Services Employment and Reemployment Rights Act of 1994 and regulations thereunder, as amended from time to time.

## II. **MEDSURETY, LLC Status and Responsibilities**

- A. **Status of MEDSURETY, LLC.** The Adopting Employer shall not (1) name MEDSURETY, LLC as Plan Administrator in any documents applicable to the Plans, nor (2) hold out to other parties or third parties that MEDSURETY, LLC serves in such capacity. In addition, MEDSURETY, LLC does not intend to assume any of the administrative duties or responsibilities commensurate with such designation.
- B. **Capacity of MEDSURETY, LLC.** In fulfilling its duties and obligations under this Agreement, MEDSURETY, LLC shall act as the administrative agent of the Adopting Employer and/or Plan Administrator with respect to the Plans and does not intend to be a Plan Administrator (as such term is defined under applicable law or the Plans) of the Plans or with respect to the Plan assets. In addition, MEDSURETY, LLC shall not be required to participate in or act in a manner that aids or assists another person's breach of a fiduciary's duty.
- C. **Limited Responsibilities.** MEDSURETY, LLC agrees to provide only the Administrative Services specifically described in this Agreement. Any responsibility with respect to establishment, maintenance, and administration of any Plan(s) or plan(s) sponsored by the Adopting Employer not specifically delegated to MEDSURETY, LLC herein shall remain the responsibility of the Adopting Employer and/or Plan Administrator.

- D. **Account Servicing and Employee Communication.** MEDSURETY, LLC shall make available to the Adopting Employer one or more client service representatives to respond to the Adopting Employer's questions regarding general administrative issues.
- E. **Recordkeeping.** MEDSURETY, LLC shall keep all Plan records related to the Administrative Services performed by MEDSURETY, LLC for the Plan(s).
- F. **Compliance with Applicable Law.** MEDSURETY, LLC shall comply with all applicable federal and state laws and regulations applicable to MEDSURETY, LLC based upon MEDSURETY, LLC responsibilities under this Agreement.
- G. **Insurance.** MEDSURETY, LLC shall maintain professional liability and errors and omissions insurance in the amount of \$1,000,000.00, MEDSURETY, LLC shall provide the Adopting Employer and Plan Administrator information regarding the insurance carrier(s) of such policy or policies and shall make such contracts available for review upon request
- H. **Subcontractors.** MEDSURETY, LLC may hire subcontractors to perform any of the services required of it under this Agreement and to act as its designee for purposes of this Agreement. MEDSURETY, LLC shall provide prompt notice to the Adopting Employer and Plan Administrator of the use of, or change of, subcontractors and shall make such contracts available for review upon request.
- I. **Prior Administration.** If a Plan existed prior to the Effective Date, MEDSURETY, LLC shall have no responsibility to audit or review the prior administration of the Plan for compliance with the terms of the Plan and/or applicable law. If, in the course of providing Administrative Services to the Plan, MEDSURETY, LLC discovers an error that occurred prior to the Effective Date, MEDSURETY, LLC will promptly notify the Adopting Employer and Plan Administrator of such error. The Adopting Employer and Plan Administrator shall be solely responsible for determining whether, and in what manner, such error shall be addressed. Upon request, MEDSURETY, LLC may assist the Adopting Employer and Plan Administrator with correcting such error, provided that the Adopting Employer and Plan Administrator agree to pay any additional fees requested by MEDSURETY, LLC. Notwithstanding anything herein to the contrary, MEDSURETY, LLC shall have no liability for the failure to discover errors in administration of the Plan occurring prior to the Effective Date.

### III. Duties of Adopting Employer and Plan Administrator

- A. **Plan Establishment & Maintenance.** The Adopting Employer shall establish and maintain the Plans. The Plan Administrator shall be responsible for the operation and administration of the Plans. In accordance with this Agreement, MEDSURETY, LLC shall provide Administrative Services to the Adopting Employer and Plan Administrator in connection with the operation and administration of the Plans.
- B. **FMLA Determinations.** The Adopting Employer shall make determinations regarding FMLA, including, but not limited to, whether FMLA applies. MEDSURETY, LLC shall not make determinations regarding FMLA. Furthermore, MEDSURETY, LLC shall be entitled to rely upon the information provided by Adopting Employer and is under no obligation to independently verify such information.
- C. **Continuation Law Compliance.** Unless Adopting Employer, Plan Administrator, and MEDSURETY, LLC have entered a Continuation Services Agreement Addendum, Adopting Employer shall be solely responsible for compliance with applicable law regarding the provision of Continuation Coverage (e.g., COBRA, USERRA, and state continuation laws), including, but not limited to, providing individuals covered by the Plans with notices and other information concerning Continuation Coverage. If Adopting Employer, Plan Administrator, and MEDSURETY, LLC have entered a Continuation Services Agreement Addendum, Adopting Employer shall be solely responsible for compliance with applicable law regarding: (i) the provision of Continuation

Coverage (e.g., COBRA, USERRA, and state continuation laws) with respect to any plans sponsored by the Adopting Employer not specifically identified in such Addendum, and (ii) any responsibilities under such applicable law not specifically assigned to MEDSURETY, LLC in such Addendum.

- D. **Medical Child Support Order Compliance.** Plan Administrator shall be solely responsible for all aspects of compliance with state law and the Child Support Performance and Incentive Act of 1998 regarding medical child support orders. Plan Administrator shall provide notice to MEDSURETY, LLC of any Covered Individuals covered under a Plan by virtue of a medical child support order and of any Covered Individuals who cease to be covered under a Plan by virtue of the expiration of a medical child support order. MEDSURETY, LLC shall be entitled to rely upon the information provided by Plan Administrator pertaining to medical child support orders.
- E. **Payment of Administrative Services Fees.** In consideration of MEDSURETY, LLC's performance of the Administrative Services described in this Agreement, the Adopting Employer and/or Plan Administrator shall pay MEDSURETY, LLC's administrative fees as described in Exhibit B.
1. **Failure to Timely Pay.** Fees are withdrawn, via ACH debit, from the specified Adopting Employer's bank account. Notification of fees due will be sent to the Adopting Employer's finance contact, identified in Exhibit A, at least two (2) days prior to any withdrawal. Failure to pay any such fees within thirty (30) days of the date upon which they are due may, at MEDSURETY, LLC's option, result in MEDSURETY, LLC's (1) imposition of a late fee equal to the lesser of (i) 1.5% of the outstanding balance or \$75 per month, whichever is greater, or (ii) the maximum amount allowed by the usury laws of the applicable state, and/or (2) suspension of performance of its services under this Agreement until such time as such fees are paid or termination of this Agreement.
  2. **Increases.** The administrative fees identified in Exhibit B may increase upon reasonable notice in the event of and in direct proportion to any rate increases implemented by the United States Postal Service. Such increases shall be effective January 1 on or next following the effective date of the postage rate increase. MEDSURETY, LLC also reserves the right to charge additional fees for repeating, or expanding the scope of, its services due to inaccurate, incomplete, or unusable data supplied by the Adopting Employer.
  3. **Fees for Additional Services.** In the event additional services that are not part of the normal Administrative Services contemplated by this Agreement and Addenda, or chosen by Plan Administrator on Exhibit B, are required, MEDSURETY, LLC may charge the Adopting Employer an additional fee commensurate with the additional services provided. Such additional services may include, but are not limited to, the provision of additional notices or other related services required by an amendment to applicable law occurring after the Effective Date. MEDSURETY, LLC shall inform the Adopting Employer of the amount of the additional fee in advance of conducting the additional administrative services.
  4. **Payment by Third Party.** Notwithstanding anything herein to the contrary, the Adopting Employer and/or Plan Administrator may enter into an agreement with a third party (e.g., a broker) pursuant to which the third party agrees to pay all or a portion of the administrative service fees due to MEDSURETY, LLC under this Agreement. In such event, MEDSURETY, LLC shall accept payments from such third party. The Adopting Employer and Plan Administrator's obligation to pay MEDSURETY, LLC's fees as described herein shall be satisfied to the extent such fees are in fact paid by a third party. However, Employer and/or Plan Administrator shall remain liable hereunder for the payment of any and all fees not actually paid by such third party.

- F. **Regulatory Compliance.** Adopting Employer and/or Plan Administrator shall be responsible for compliance with applicable laws and regulations pertaining to the Plans. The Adopting Employer and/or Plan Administrator shall be responsible for any and all governmental or regulatory charges resulting from Adopting Employer's establishment and operation of the Plans. This provision does not relieve MEDSURETY, LLC from any statutory or agency requirements placed directly on it as a result of performing services under this Agreement(s).
- G. **Plan Interpretation.** As Plan Administrator, the Adopting Employer possesses and exercises ultimate authority and responsibility for determining benefits under the Plan(s) and making Plan decisions including, but not limited to, decisions regarding eligibility for participation, termination of participation, and payment of benefits. This authority and responsibility includes, but is not limited to, final review of Continuation Coverage denials.
- H. **Other Information.** The Adopting Employer and/or Plan Administrator (including a designee) shall comply with all requests for information made by MEDSURETY, LLC reasonably necessary for MEDSURETY, LLC to fulfill its duties under this Agreement or reasonably necessary for MEDSURETY, LLC to bill Adopting Employer for its services hereunder. Any documentation received by the Adopting Employer and/or Plan Administrator (including a designee) that should have been initially provided to MEDSURETY, LLC shall be promptly forwarded to MEDSURETY, LLC.
- I. **Authorized Representatives.** Until otherwise advised in writing by the Adopting Employer and/or Plan Administrator, MEDSURETY, LLC may accept the authority and rely upon the instructions of, or documents signed by, representatives of the Adopting Employer and/or Plan Administrator listed in Exhibit C. Additional documentation, specifying persons authorized for various purposes, may also be executed by the parties from time to time, and MEDSURETY, LLC shall be entitled to rely upon such documentation without questions, unless it has actual knowledge that such person's authority has been revoked.
- J. **Legal Obligations.** The Adopting Employer and/or Plan Administrator shall possess ultimate responsibility and authority for the operation of the Plans and for their compliance with all applicable laws and regulations pursuant to the provisions of the Plan(s).

#### IV. Records & Information

- A. **Maintenance and Access.** MEDSURETY, LLC and Plan Administrator shall maintain adequate records relating to the terms and operation of the Plans for at least the Plan year to which the records relate and for an eight (8) year period thereafter. Each party shall have access to the records relating to the Plans maintained by the other party during normal business hours and upon reasonable notice and request and subject to applicable laws and regulations. The parties shall maintain the confidentiality of any information relating to Covered Individuals and the Plans in accordance with applicable laws and regulations.
- B. **Record Use.** MEDSURETY, LLC, Adopting Employer, and Plan Administrator agree that the medical records, names, addresses, telephone numbers, Social Security numbers and other personal information relating to Covered Individuals, which MEDSURETY, LLC may obtain as a result of performing Administrative Services may be collected, maintained and used by MEDSURETY, LLC and Plan Administrator as necessary to administer the Plans. MEDSURETY, LLC and Plan Administrator may use patient specific and individually identifiable information, as necessary to properly administer the Plans, to defend any claim related to the Plans or to the provision of services under this Agreement, or as otherwise may be permitted by state or federal law. All parties agree that such information shall be considered confidential and protected as required under applicable law including, but not limited to, HIPAA.
- C. **Confidential Business Information.** MEDSURETY, LLC, Adopting Employer, and Plan Administrator shall each take all necessary steps to protect the other party's confidential business information.

Such information shall not be disclosed to third parties without the express written consent of the other parties unless required by law or court order.

- D. **Nonpublic Data.** MEDSURETY, LLC, Adopting Employer, and Plan Administrator shall comply with applicable state law governing the use and disclosure of nonpublic, private, and/or confidential data to the extent applicable.
- E. **Transfer of Records.** When this Agreement ends, MEDSURETY, LLC may transfer to Adopting Employer, Plan Administrator, and/or any successor administrator those records MEDSURETY, LLC determines are reasonably necessary to effectuate a smooth transition of administration of the Plan(s) and any other records MEDSURETY, LLC possesses that relate to the Plans. MEDSURETY, LLC intends that this transfer of records will satisfy its obligation to maintain such records as described above. MEDSURETY, LLC shall provide Plan Administrator an opportunity to review the records and obtain copies of any such records in addition to the records MEDSURETY, LLC has identified as necessary for a smooth transition or otherwise transferred. The details of such transfer including, but not limited to, the means, method and timing, shall be agreed to by the parties. All costs associated with such a record review and transfer will be paid by the Adopting Employer and/or Plan Administrator. Notwithstanding anything to the contrary herein, MEDSURETY, LLC shall not provide records to any person that would violate HIPAA or any other applicable laws.
- F. **HIPAA Business Associate.** MEDSURETY, LLC acknowledges its role as a business associate of certain Plan(s) for purposes of the privacy and security standards under HIPAA. Exhibit D reflects the business associate agreement(s).

#### V. **Indemnification and Limitation of Liability**

- A. **MEDSURETY, LLC's Duty to Indemnify.** MEDSURETY, LLC shall indemnify, hold harmless, and defend the Plan Administrator and the Adopting Employer and their directors, officers, employees, and agents from and against any and all liabilities, losses or damages arising out of any third-party claims, lawsuits, or causes of action, and any costs and expenses associated therewith (including any attorneys' fees the Plan Administrator and Adopting Employer may incur or be asked to pay), to the extent they arise, directly or indirectly, from MEDSURETY, LLC's negligence, gross negligence, willful misconduct, fraud, criminal conduct, or material breach of this Agreement, including, but not limited to, any liability, losses, damages, claims, lawsuits, or causes of action and any costs and expenses associated therewith (including any attorneys' fees the Plan Administrator and Adopting Employer may incur or be asked to pay) arising under any law.
- B. **Indemnification by the Plan Administrator for Coverage Decisions.** If the Plan Administrator reverses a decision made by MEDSURETY, LLC, including a decision to provide Continuation Coverage, or provides direction to MEDSURETY, LLC regarding the application of applicable law that differs from MEDSURETY, LLC's standard practices, the Plan Administrator shall notify MEDSURETY, LLC in writing of such decision and shall indemnify, hold harmless, and defend MEDSURETY, LLC from and against any and all liabilities, losses, damages, claims, lawsuits, causes of action, costs, and expenses MEDSURETY, LLC may incur because of any such reversal by the Plan Administrator.
- C. **No Guarantee of Benefits.** MEDSURETY, LLC does not assume any responsibility, risk, liability or obligation for the general policy direction of the Plan(s), the adequacy of funding thereof, or any act or omission or breach of duty by parties other than MEDSURETY, LLC. MEDSURETY, LLC is not and shall not be deemed a guarantor with respect to any benefits payable under the Plans.
- D. **Indemnification for Plan Design/Interpretation.** MEDSURETY, LLC is not engaged in the practice of law. The resolution of any legal issues concerning the Plan(s), the coverage, or the interpretation is the responsibility of the Plan Administrator and/or the Adopting Employer and their legal



counsel. The Plan Administrator and Adopting Employer shall indemnify, hold harmless, and defend MEDSURETY, LLC from and against any and all liabilities, losses, damages, claims, lawsuits, or causes of action, and any costs and expenses associated therewith (including any attorneys' fees MEDSURETY, LLC may incur or be asked to pay), arising, directly or indirectly, out of the design and/or interpretation of the Plans, including, but not limited to, any liability, losses, damages, claims, lawsuits, or causes of action and any costs and expenses associated therewith (including any attorneys' fees MEDSURETY, LLC may incur or be asked to pay) arising under any state, federal or local law or regulation.

- E. **General Indemnification.** The Plan Administrator and the Adopting Employer shall indemnify, hold harmless, and defend MEDSURETY, LLC and its directors, officers, employees, and agents from and against any and all liabilities, losses or damages arising out of any claims, lawsuits, or causes of action, and any costs and expenses associated therewith (including any attorneys' fees MEDSURETY, LLC may incur or be asked to pay), which arise, directly or indirectly, from the Plan Administrator's or Adopting Employer's act or omission to act in its administration of the Plans, including, but not limited to, any liability, losses, damages, claims, lawsuits, or causes of action and any costs and expenses associated therewith (including any attorneys' fees MEDSURETY, LLC may incur or be asked to pay) arising under any law.
- F. **Indemnification for Prior Administration.** If a party other than MEDSURETY, LLC previously provided administrative services to the Plan(s), the Plan Administrator and the Adopting Employer shall indemnify, hold harmless, and defend MEDSURETY, LLC and its directors, officers, employees, and agents from and against any and all liabilities, losses or damages arising out of any claims, lawsuits, or causes of action, and any costs and expenses associated therewith (including any attorneys' fees MEDSURETY, LLC may incur or be asked to pay), which arise, directly or indirectly, from such prior administrative services, including, but not limited to, any liability, losses, damages, claims, lawsuits, or causes of action and any costs and expenses associated therewith (including any attorneys' fees MEDSURETY, LLC may incur or be asked to pay) arising under any law.
- G. **Limitation of MEDSURETY, LLC's Liability.** MEDSURETY, LLC shall exercise, in the performance of its duties, reasonable care and shall be liable for loss only when caused by MEDSURETY, LLC's (or MEDSURETY, LLC's subcontractors') negligence, gross negligence, fraud, willful misconduct, criminal conduct or a material breach of this Agreement. MEDSURETY, LLC shall be responsible for direct damages caused by its failure to satisfy its duties hereunder; provided, however, that MEDSURETY, LLC shall not be liable for any incidental or consequential damages caused by its failure to satisfy its duties hereunder or for any benefits payable under the Plans. MEDSURETY, LLC shall not be liable for the processing of Plan activity that is delayed due to circumstances beyond its reasonable control, including, but not limited to, national, state, or city disaster, acts of God, severe weather, or any other circumstances that would affect MEDSURETY, LLC or its trading platforms, software, voice response systems, or Internet systems. MEDSURETY, LLC shall also not be liable for processing of Plan activity where such processing directly or indirectly relates to or is conditioned upon on the actions of a party that previously provided administrative services to the Plan(s) if MEDSURETY, LLC has not received accurate information regarding the prior actions of such other party in a timely manner and/or the prior actions of such other party were in error.
- H. **Reliance on Data & Direction.** Notwithstanding any provision of this Agreement to the contrary, MEDSURETY, LLC is not responsible or liable for any acts or omissions made pursuant to any direction, consent or other request reasonably believed by MEDSURETY, LLC to be genuine and from an authorized representative of the Adopting Employer and Plan Administrator. MEDSURETY, LLC is not responsible or liable for acts or omissions made in reliance on erroneous data provided by Adopting Employer or Plan Administrator to the extent MEDSURETY, LLC's acts or omissions are attributable to the erroneous data, or for the failure of Adopting Employer or Plan Administrator to perform their obligations under this Agreement.

## VI. Term and Termination

- A. **Term.** This Agreement is effective as of the date first written hereinabove and shall continue for a period of twenty-four (24) consecutive months and for each twelve (12) consecutive month period thereafter until termination of this Agreement pursuant to this Section VI of the Agreement.
- B. **Termination.** This Agreement may be terminated by either party at any time by written notice of intention to terminate given to the other party to be effective as of a specified date not less than sixty (60) days from the date such notice is received. Notwithstanding the foregoing, in the event the Plan Administrator terminates this Agreement pursuant to this Section VI.B. during any contract term for reasons other than termination for cause, as described in Section VI.C. below, the Plan shall pay to MEDSURETY, LLC such transition reporting fees actually incurred by MEDSURETY, LLC to transfer administration to a successor service provider.
- C. **Termination For Cause.** Either party shall have the right to immediately terminate the Agreement upon:
1. The material breach of the terms of this Agreement, by either MEDSURETY, LLC or the Adopting Employer, including failure to remit service fees due MEDSURETY, LLC, if such material breach is not corrected within ten (10) days of receipt of written notice specifying the nature of the breach to the satisfaction of the non-breaching party;
  2. The bankruptcy or insolvency of the Adopting Employer or MEDSURETY, LLC; or
  3. The enactment of any law, promulgation of any regulation or action of any State or Federal agency or authority which makes or declares illegal the continuance of this Agreement or the performance of any of the Administrative Services by MEDSURETY, LLC hereunder.
- D. **Post-Termination Obligations.** MEDSURETY, LLC may, as mutually agreed upon by the Adopting Employer and/or Plan Administrator and MEDSURETY, LLC, provide certain Administrative Services following the termination of this Agreement.

## VII. Miscellaneous

- A. **Agreement Amendment.** This Agreement may be amended only by the parties' mutual agreement in writing executed by all parties, except that MEDSURETY, LLC may amend this Agreement to the extent necessary to comply with applicable federal, state or local laws or regulations.
- B. **Notices.** All notices, requests, consents and other communications required or permitted under this Agreement shall be in writing and delivered personally, or sent by registered or certified mail or nationally recognized overnight carrier, postage prepaid, electronic transmission, or by facsimile transmission, to the address set forth in Exhibit A, or to such other address set forth in a notice given in the manner herein provided. All such notices, requests, information or other communications shall be deemed to have been given (i) when delivered if personally delivered, (ii) three business days after having been placed in the mail, if delivered by registered or certified mail, (iii) the business day after having been placed with a nationally recognized overnight carrier, if delivered by nationally recognized overnight carrier, and (iv) the business day after transmittal by facsimile if transmitted with electronic confirmation of receipt.
- C. **Severability.** The provisions of this Agreement are severable. If any provision of this Agreement is held invalid by a court of law or other tribunal, the invalidity of any provision will not affect any other provision of this Agreement.

- D. **Survival.** The rights and obligations described in Sections IV, V, and VI will survive termination of this Agreement.
- E. **No Waiver of Rights.** Nothing in this Agreement shall be deemed to limit or abrogate any right or remedy available under law. The failure of any party to insist upon the strict observation or performance of any provision of this Agreement or to exercise any right or remedy shall not impair or waive any such right or remedy.
- F. **Copyrighted Works.** The Adopting Employer acknowledges that MEDSURETY, LLC and its agents are the sole copyright owners of all administrative guides and forms and all other materials provided under the terms of this Agreement and that such materials are proprietary to MEDSURETY, LLC. MEDSURETY, LLC grants the Adopting Employer a nonexclusive, nontransferable right to copy such materials provided such copies are needed for the sole purpose of collecting and reporting information regarding Participants or notifying Participants of information regarding the Plan(s). Other materials provided by MEDSURETY, LLC shall not be copied or reproduced by the Adopting Employer without MEDSURETY, LLC's prior written consent.
- G. **Non-Assumption of Liabilities.** Unless specifically provided in this Agreement including Addenda, the parties do not assume the existing or future obligations, liabilities or debts of the other party.
- H. **Entire Agreement.** This Agreement shall supersede and replace any and all other agreements between the parties relating to the same subject matter. This Agreement contains the entire agreement and understanding of the parties relating to the subject matter hereof, except as otherwise provided in this Agreement.
- I. **Authority.** This Agreement is the valid and binding obligation of the Adopting Employer and Plan Administrator, enforceable in accordance with its terms. The execution and performance of this Agreement has been duly authorized by all necessary action of the Adopting Employer's governing body. The Adopting Employer and Plan Administrator have the full legal right, power and authority to enter into and perform the Agreement. Each party represents that this Agreement has been executed by a duly authorized representative.
- J. **Governing Law.** The Agreement shall be governed by and interpreted in accordance with applicable federal law. To the extent the federal law does not govern, this Agreement shall be governed by the laws of the State of Minnesota and the courts in such state shall have sole and exclusive jurisdiction of any dispute related hereto and arising hereunder.
- K. **Third Party Beneficiaries.** The obligations of each party to this Agreement shall inure solely to the benefit of the other signatory party(ies). Except as expressly provided in this Agreement, no person or entity is intended to be or shall be construed or deemed to be a third party beneficiary of this Agreement.
- L. **Successors and Assigns.** This Agreement shall be binding on any successors, assigns and subcontractors of the parties authorized under this Agreement.
- M. **Audit Rights.** The parties agree to cooperate in all reasonable audits. Audit fees shall be payable by the party initiating the audit. Audits shall be conducted using procedures mutually agreed upon by the parties. Results of the audit may be shared with the party being audited at the sole discretion of the party initiating the audit.
- N. **Counterparts.** This Agreement may be executed in two or more counterparts, each of which shall be deemed an original, but all of which taken together shall constitute one and the same instrument.

- O. **Force Majeure.** Neither party shall be liable for any delay or failure to perform its obligations under this Agreement arising out of a cause beyond its control or without its fault or negligence. Such causes may include, but are not limited to, fires, floods, and natural disasters.

IN WITNESS WHEREOF, the parties have executed this Agreement to be effective as of the effective date indicated above.

Adopting Employer/Plan Administrator

**MEDSURETY, LLC**

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

Title: \_\_\_\_\_



By:

Authorized Representative of MEDSURETY, LLC

Its: President & Foudjnder

## **LIST OF EXHIBITS AND ADDENDA**

### **Exhibits:**

|           |                                                  |
|-----------|--------------------------------------------------|
| Exhibit A | Adopting Employer/Plan Administrator Information |
| Exhibit B | Administrative Fees                              |
| Exhibit C | Authorized Representatives                       |
| Exhibit D | Business Associate Agreement                     |

### **Addenda:**

|                                                                          |
|--------------------------------------------------------------------------|
| Continuation Services Agreement Addendum to the Administration Agreement |
| Retiree Billing Services Agreement Addendum                              |

## EXHIBIT A: Adopting Employer/Plan Administrator Information

### EMPLOYER INFORMATION:

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|                                                                              |                                                                                   |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| Employer Name:                                                               | Fillmore County                                                                   |
| Address:                                                                     | 101 Fillmore St                                                                   |
| City, State and Zip:                                                         | Preston MN 55965                                                                  |
| Phone Number:                                                                | 507-765-4566                                                                      |
| Federal EIN:                                                                 | 41-6005794                                                                        |
| If applicable, subsidiaries and/or affiliates participating in the Plan are: | N/A                                                                               |
| Agent of Service of Legal Process:                                           | Gallagher Benefits Services<br>3600 American Blvd W #500<br>Bloomington, MN 55431 |

### ADDITIONAL INFORMATION:

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**Effective Date means:** October 1, 2021

Section III.B.1.

Finance contact information:

|                      |                  |
|----------------------|------------------|
| Employer Name:       | Fillmore County  |
| Address:             | 101 Fillmore St  |
| City, State and Zip: | Preston MN 55965 |
| Phone Number:        | 507-765-4566     |

Section VII.B. Notices:

If to the Adopting Employer and Plan Administrator:

|                      |                  |
|----------------------|------------------|
| Employer Name:       | Fillmore County  |
| Address:             | 101 Fillmore St  |
| City, State and Zip: | Preston MN 55965 |
| Phone Number:        | 507-765-4566     |

If to MEDSURETY, LLC:

18001 Highway 7 Suite 204  
Minnetonka, MN 55345  
Phone: (952) 303-5700

Note: Upon the occurrence of a change in any of the above address information, each party shall notify the other party(ies) of such change within five (5) business days of the effective date of the change.

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## EXHIBIT B: Administrative Fees

The following describes the standard and optional COBRA continuation services and fees. Choose your Pricing Option below.

Employer Size (Number of benefit eligible):

☐ COBRA & State Continuation: 20 – 40 Benefit Eligible EE's

☒ COBRA & State Continuation: 41+ Benefit Eligible EE's

**DELETE ALL FEE SCHEDULES AND THIS NOTE THAT ARE NOT RELEVANT**

### **STANDARD COBRA – STATE CONTINUATION – RETIREE/ACTIVE BILLING SERVICES** **PER BENEFIT ELIGIBLE FEES (41 and more)**

| Description of Standard Service                                                                                                                                                                                                                                                           | Fee      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| Set-Up Fee (waived with HSA/FSA administration)                                                                                                                                                                                                                                           | \$250.00 |
| Annual Renewal Fee                                                                                                                                                                                                                                                                        | \$100.00 |
| Take-over Notice & Coupon Book (per QB)                                                                                                                                                                                                                                                   | Included |
| Participant Fee (# of benefit eligible employees)                                                                                                                                                                                                                                         | \$0.75   |
| Monthly Minimum: billed when monthly service total is less than \$30.00                                                                                                                                                                                                                   | \$30.00  |
| MEDSURETY Retains the 2% premium administrative fee                                                                                                                                                                                                                                       | 2%       |
| Per Qualifying Event                                                                                                                                                                                                                                                                      | \$0      |
| Monthly Fee Per Active QB                                                                                                                                                                                                                                                                 | \$0      |
| Initial Notifications (per new hire)                                                                                                                                                                                                                                                      | \$0      |
| Qualifying Event Notices                                                                                                                                                                                                                                                                  | \$0      |
| Custom Letter Mailing                                                                                                                                                                                                                                                                     | \$0      |
| COBRA Participant Termination Notice                                                                                                                                                                                                                                                      | \$0      |
| Rate Change Letters                                                                                                                                                                                                                                                                       | \$0      |
| Continuation Carrier Notifications                                                                                                                                                                                                                                                        | \$0      |
| MN Life Continuation                                                                                                                                                                                                                                                                      | \$0      |
| Subsidy Administration                                                                                                                                                                                                                                                                    | \$0      |
| Online Services                                                                                                                                                                                                                                                                           | \$0      |
| Real-Time & Monthly Reporting                                                                                                                                                                                                                                                             | \$0      |
| Reporting to Carrier                                                                                                                                                                                                                                                                      | \$0      |
| <b>Optional:</b> Past Due Notices to Enrollees                                                                                                                                                                                                                                            | \$2.00   |
| <b>Optional:</b> Retro COBRA Initial Rights Notices <sup>1</sup>                                                                                                                                                                                                                          | \$3.00   |
| 1. COBRA General Rights Notification for all existing employees who may not have previously received a notice or at the request of employer if proof of delivery cannot be demonstrated. Fee billed per notice.                                                                           |          |
| <b>Optional:</b> Open Enrollment Packets <sup>2</sup>                                                                                                                                                                                                                                     | \$25.00  |
| 2. MEDSURETY will mail Open Enrollment Packets to Pending and Active COBRA Qualified Beneficiaries and Retirees, we provide the enrollment form and we require the employer to provide PDF's of the open enrollment materials. We charge \$25.00 per packet plus postage and print costs. |          |
| Annual Administration Fee                                                                                                                                                                                                                                                                 | \$0      |
| Per Qualifying Event                                                                                                                                                                                                                                                                      | Included |
| Participant Fee: Per Enrolled Participant Per Month                                                                                                                                                                                                                                       | \$5.00   |
| Participant Termination Notice                                                                                                                                                                                                                                                            | Included |
| Online Services                                                                                                                                                                                                                                                                           | Included |
| Real-Time & Monthly Reporting                                                                                                                                                                                                                                                             | Included |
| Past Due Notices to Enrollees                                                                                                                                                                                                                                                             | Included |
| Eligibility Reporting to Carriers                                                                                                                                                                                                                                                         | Included |
| Rate Change Letters                                                                                                                                                                                                                                                                       | Included |

**EXHIBIT C: Adopting Employer/Plan Administrator Authorized Representatives**

|              |                   |               |              |
|--------------|-------------------|---------------|--------------|
| <b>Name:</b> | <b>Signature:</b> | <b>Title:</b> | <b>Date:</b> |
| <b>Name:</b> | <b>Signature:</b> | <b>Title:</b> | <b>Date:</b> |
| <b>Name:</b> | <b>Signature:</b> | <b>Title:</b> | <b>Date:</b> |
| <b>Name:</b> | <b>Signature:</b> | <b>Title:</b> | <b>Date:</b> |



## EXHIBIT D: Business Associate Agreement

This Business Associate Agreement ("Agreement") is entered into by and between **Fillmore County** on behalf of the Plan ("Covered Entity") and MEDSURETY, LLC. ("Business Associate").

### I. Purpose

- A. Business Associate is contractually obligated to provide certain services related to one or more "covered entities" as that term is defined and regulated under HIPAA. The parties to this Agreement acknowledge that (1) Business Associate is a "business associate" as that term is defined and regulated under the Health Insurance Portability and Accountability Act of 1996, as amended ("HIPAA"); and (2) Business Associate provides services to one of more "covered entities" as that term is defined and regulated under HIPAA.
- B. This Agreement is intended to constitute a "business associate" agreement between the Plan, as a Covered Entity, and the Business Associate, as required under the privacy and security provisions of HIPAA, as amended. Portions of HIPAA apply directly to Business Associate as provided in the Health Information Technology for Economic and Clinical Health Act ("HITECH"), part of the American Recovery and Reinvestment Act of 2009 ("ARRA"). Business Associate's obligations under this Agreement may be the same as, or in some cases in addition to, Business Associate's own obligations under HIPAA as provided in HITECH.

### II. Special Definitions

The following definitions are used by this Agreement:

- A. **Agreement** – means this Business Associate Agreement, which is an agreement required under 45 C.F.R. Section 164.314(a)(2) between a Business Associate and a Covered Entity.
- B. **ARRA** – means the American Recovery and Reinvestment Act of 2009.
- C. **Breach** – means the unauthorized acquisition, access, use, or disclosure of Protected Health Information regarding a Covered Individual that compromises the security or privacy of the Protected Health Information as determined in accordance with 45 C.F.R. Section 164.402. Notwithstanding the foregoing, a Breach does not include: (1) any unintentional acquisition, access, or use of Protected Health Information by an employee or individual acting under the authority of Covered Entity or Business Associate and in the scope of the employment or relationship between the employee or individual and Covered Entity or Business Associate, provided such information is not further acquired, accessed, used, or disclosed by any person without authorization; (2) any inadvertent disclosure by an individual who is authorized to access Protected Health Information at Covered Entity's or Business Associate's facility to another similarly situated individual at the same facility, provided such information is not further acquired, accessed, used, or disclosed by any person without authorization; and (3) a disclosure of Protected Health Information in a situation in which Business Associate has a good faith belief that the person(s) to which the unauthorized disclosure was made would not reasonably have been able to retain such information.

- D. **Business Associate** – means MEDSURETY, LLC, person described in 45 C.F.R. Section 160.103 who performs certain functions on behalf of a Covered Entity.
- E. **Covered Electronic Transactions** – shall have the meaning given to the term “transaction” in 45 C.F.R. Section 160.103.
- F. **Covered Entity** – means the Plan, an entity described in 45 C.F.R. Section 160.103.
- G. **Covered Individual** – means a person who is eligible for payment of certain services or supplies rendered or sold to the person or the person’s eligible dependents under the terms, conditions, limitations, and exclusions of the Plan.
- H. **Data Aggregation** – means, with respect to Protected Health Information created or received by Business Associate in its capacity as a business associate (as that term is defined in 45 C.F.R. Section 160.103) of the Plan, the combining of such Protected Health Information by Business Associate with the Protected Health Information received by Business Associate in its capacity as a business associate of another covered entity (as those terms are defined in 45 C.F.R. Section 160.103), to permit data analyses that relate to the health care operations of the respective covered entities.
- I. **Designated Record Set** – means a group of records maintained by or for Covered Entity that is (1) the medical records and billing records about Individuals maintained by or for a covered health care provider, (2) the enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for Covered Entity, or (3) used, in whole or in part, by or for Covered Entity to make decisions about Individuals. As used herein, the term “Record” means any item, collection, or grouping of information that includes Protected Health Information and is maintained, collected, used or disseminated by or for Covered Entity.
- J. **Effective Date** – means October 1, 2021, unless specifically noted otherwise herein.
- K. **Electronic Health Record** – means an electronic record of health-related information regarding an Individual that is created, gathered, managed, and consulted by authorized health care clinicians and their staff.
- L. **Electronic Protected Health Information** – shall have the same meaning as the term “electronic protected health information” in 45 C.F.R. 160.103, limited to the information created, received, maintained, or transmitted by Business Associate from or on behalf of Covered Entity.
- M. **HITECH** – means Health Information Technology for Economic and Clinical Health Act.
- N. **HHS** – means the United States Department of Health and Human Services.
- O. **Including** – means “including but not limited to.”
- P. **Individual** – shall have the same meaning as the term “individual” in 45 C.F.R. Section 160.103 and shall include a person who qualifies as a personal representative in accordance with 45 C.F.R. Section 164.502(g).
- Q. **Limited Data Set** – shall have the same meaning as the term “limited data set” in 45 C.F.R. Section 164.514(e)(2).
- R. **Plan** – means the “organized health care arrangement”, as that term is defined in 45 C.F.R. Section 160.103, consisting of Group Medical Plan, Group Dental Plan, Group Vision Plan, Group Basic Life AD&D Plan, Group Voluntary Life Plan & FSA.

- S. **Privacy Rule** – means the Standards and Privacy of Individually Identifiable Health Information at 45 C.F.R. Part 160 and Part 164, subparts A and E and the privacy provisions of HIPAA, as amended.
- T. **Protected Health Information** – shall have the same meaning as the term “protected health information” in 45 C.F.R. 160.103, limited to the information created, received, maintained, or transmitted by Business Associate from or on behalf of Covered Entity. Protected Health Information specifically includes Electronic Protected Health Information.
- U. **Provider** – means a hospital or professional practitioner duly certified or licensed to provide health care services to Covered Individuals.
- V. **Required By Law** – shall have the same meaning as the term “required by law” in 45 C.F.R. Section 164.103.
- W. **Secretary** – means the Secretary of the Department of Health and Human Services or his/her designee.
- X. **Security Incident** – shall have the same meaning as the term “security incident” in 45 C.F.R. Section 164.304, unless defined differently in Covered Entity’s policies and procedures for compliance with the Security Rule, which shall be provided to the Business Associate.
- Y. **Security Rule** – means the Security Standards and Implementation Specifications at 45 C.F.R. Part 160 and Part 164, subpart C and the security provisions of HIPAA, as amended.
- Z. **Standards for Electronic Transactions Rule** - means the final regulations issued by HHS concerning standard transactions and code sets under the Administrative Simplification provisions of HIPAA, 45 C.F.R. Part 160 and Part 162.
- AA. **Subcontractor** – means an individual described in 45 C.F.R. Section 160.103.
- BB. **Unsecured Protected Health Information** – means Protected Health Information that has not been rendered unusable, unreadable, or indecipherable to unauthorized individuals through the use of a technology or methodology specified by the Secretary. As of August 24, 2009, the Secretary has specified the following technologies and methodologies that will render Protected Health Information unusable, unreadable, and indecipherable (i.e., secured Protected Health Information): (1) encryption as described in the Secretary’s guidance and determined by the National Institute of Standard and Technology to meet the standards described in such guidance, or (2) destruction, in accordance with the procedures identified in the Secretary’s guidance, of the media on which the Protected Health Information was stored or recorded.

### III. Privacy Provisions

- A. **Introduction.** Business Associate, on behalf of Covered Entity, performs or assists in the performance of functions and activities that may involve the use, disclosure, receipt and/or creation of Protected Health Information. The "business associate" provisions of the Privacy Rule govern the terms and conditions under which the Business Associate may use or disclose Protected Health Information. In general, Business Associate agrees and intends to act such that (1) Covered Entity can fulfill its responsibilities under HIPAA; and (2) Business Associate can fulfill its contractual obligations under this Agreement. In addition, Business Associate specifically acknowledges its direct liability for the failure to comply with certain portions of the Privacy Rule as provided under HITECH and the regulations issued thereunder.
- B. **Permitted Uses and Disclosures by Business Associate.**
1. Except as otherwise limited in this Agreement, Business Associate may use or disclose Protected Health Information (i) to perform functions, activities, or services for, or on behalf of, Covered Entity pursuant to any services agreement with the Business Associate, (ii) as permitted or required by this Agreement, and (iii) as Required by Law. Business Associate may disclose Protected Health Information to other business associates of Covered Entity, or to business associates of another covered entity that is part of an organized health care arrangement that includes Covered Entity, to the fullest extent allowed under applicable law.
  2. Except as otherwise limited in this Agreement, Business Associate may use Protected Health Information for the proper management and administration of its business or to carry out its legal responsibilities.
  3. Except as otherwise limited in this Agreement, Business Associate may disclose Protected Health Information for the proper management and administration of its business, if:
    - i) the disclosures are Required by Law, or
    - ii) Business Associate obtains reasonable assurances from the person to whom the information is disclosed that the information will be held confidentially and will be used or further disclosed only as Required by Law or for the purpose for which it was disclosed to such person, and the person will notify the Business Associate of any instances of which the person is aware in which the confidentiality of the information has been breached.
  4. Except as otherwise limited in this Agreement, Business Associate may use Protected Health Information to provide Data Aggregation services to Covered Entity as permitted by 45 C.F.R. Section 164.504(e)(2)(i)(B).
  5. Except as otherwise limited in this Agreement, Business Associate may use Protected Health Information to report violations of law to appropriate Federal and State authorities, consistent with 45 C.F.R. Section 164.502(j)(1).
  6. Business Associate will limit the use, disclosure, or request of Protected Health Information, to the extent practicable, (i) to the Limited Data Set, or (ii) if needed by Business Associate, to the minimum necessary (as determined by Business Associate) to accomplish the intended purpose of such use, disclosure, or request, except to the extent a broader use, disclosure, or request of Protected Health

Information is allowed by the Privacy Rule. Business Associate's ability to satisfy the requirement of this Paragraph III.B.6 by use of the Limited Data Set shall be available until the effective date of subsequent guidance issued by the Secretary regarding what constitutes "minimum necessary," at which time Business Associate will take reasonable efforts to limit the use, disclosure, or request of Protected Health Information to the minimum necessary (as defined by such Secretary's guidance) to accomplish the intended purpose of such use, disclosure, or request, except to the extent a broader use, disclosure, or request of Protected Health Information is allowed by the Privacy Rule.

7. Except as otherwise authorized by the Privacy Rule, Business Associate shall not directly or indirectly receive remuneration (whether financial or nonfinancial) in exchange for any Protected Health Information of a Covered Individual unless Covered Entity has received a valid authorization from the Covered Individual that includes a specification of whether the Protected Health Information can be further exchanged for remuneration by the entity receiving Protected Health Information of that Covered Individual. This Paragraph III.B.7 shall apply to exchanges of Protected Health Information occurring on or after the compliance date applicable under the final regulations issued under HITECH that address this restriction.
8. Except as otherwise allowed by the Privacy Rule, Business Associate may not use or disclose Protected Health Information regarding a Covered Individual with respect to a communication about a product or service that encourages recipients of the communication to purchase or use the product or service unless Covered Entity receives no direct or indirect payment in exchange for making such communication and the communication is made to the Covered Individual: (i) to describe a health-related product or service (or payment for such product or service) that is provided by, or included in, the Plan, including communications about the entities participating in a health care provider network or health plan network, replacement of, or enhancements to, the Plan, and health-related products or services available only to Covered Individuals that add value to, but are not part of, the Plan; (ii) for treatment of the Covered Individual; or (iii) for case management or care coordination for the Covered Individual, or to direct or recommend alternative treatments, therapies, health care providers, or settings of care to the Covered Individual. Notwithstanding the foregoing, Business Associate may use or disclose Protected Health Information regarding a Covered Individual with respect to a communication about a product or service that encourages recipients of the communication to purchase or use the product or service if the communication relates to a prescription drug that is currently being prescribed for a Covered Individual and any financial remuneration received by Covered Entity in exchange for making the communication is reasonably related to Covered Entity's cost of making the communication. This Paragraph III.B.8 shall apply to disclosures of Protected Health Information occurring on or after the compliance date applicable under the final regulations issued under HITECH that address this restriction.

C. **Limitations on Business Associate's Uses and Disclosures.** With respect to Protected Health Information that Business Associate creates, receives, maintains, or transmits on behalf of Covered Entity, Business Associate will not use or further disclose the Protected Health Information other than as permitted or required by this Agreement (including, but not limited to, any restrictions described in Section III.E.4) or as Required by Law.

D. **Additional Obligations of Business Associate.** Except as otherwise specified in this Agreement, the provisions of this Paragraph III.D. apply only to Protected Health

Information that Business Associate creates, receives, maintains, or transmits on behalf of Covered Entity.

1. **Safeguards.** Business Associate will use appropriate safeguards to prevent the improper use of, disclosure of, and tampering with Protected Health Information and to reasonably and appropriately protect the confidentiality, integrity, and availability of the Protected Health Information.
2. **Reporting and Mitigation.** Business Associate will report to Covered Entity any acquisition, access, use, or disclosure of Protected Health Information of which Business Associate becomes aware, or that is reported to Business Associate by an agent or Subcontractor, that is in violation of this Agreement. Such report shall be made within ten (10) business days of its discovery (as that term is defined in 45 C.F.R. Section 164.410(a)(2)) by Business Associate. Business Associate agrees to promptly mitigate, to the extent practicable, any harmful effect that is known to Business Associate of an acquisition, access, use, or disclosure in violation of this Agreement. This obligation includes, but is not limited to, any acquisition, access, use, or disclosure of Unsecured Protected Health Information that may constitute a Breach. The determination of whether a Breach has occurred, and of the resultant action, shall be the responsibility of Covered Entity.
3. **Agents and Subcontractors.** Business Associate will enter into a written contract with any agent or Subcontractor who creates, receives, maintains, or transmits Protected Health Information on behalf of Business Associate that requires such agent or Subcontractor to comply with the same restrictions and conditions that apply by and through this Agreement to Business Associate with respect to such information.
4. **Access to Protected Health Information.** Within fifteen (15) days of a request by Covered Entity for access to Protected Health Information about a Covered Individual, Business Associate shall make available to Covered Entity or, as directed by Covered Entity, a Covered Individual such Protected Health Information contained in a Designated Record Set. If the Protected Health Information requested by Covered Entity is maintained in a Designated Record Set electronically, Business Associate shall make available, within the time period specified above, a copy of such information in the electronic form and format specified by Covered Entity, provided such information is readily producible in such form and format. If the information is not readily producible in such form and format, Business Associate shall make the information available in a readable electronic form and format as agreed to by the parties. In the event any Covered Individual requests access to Protected Health Information directly from Business Associate, Business Associate shall within five (5) days forward such request to Covered Entity. Notwithstanding anything herein to the contrary, Covered Entity shall be ultimately responsible for providing access to the requested Protected Health Information or making the determination to deny access to requested Protected Health Information.
5. **Amendment of Protected Health Information.** Within fifteen (15) days of receipt of a request from Covered Entity or a Covered Individual for the amendment of Protected Health Information or a record regarding a Covered Individual contained in a Designated Record Set, Business Associate shall (i) provide such information to Covered Entity for amendment, and (ii) incorporate any such amendments in the Protected Health Information as required by 45 C.F.R. Section 164.526. It shall be Covered Entity's responsibility to promptly notify Business Associate of the request for an amendment. Notwithstanding anything herein to the contrary, Covered Entity shall be ultimately responsible for

determining whether the requested amendment shall be made and, if the request is denied, in whole or in part, complying with 45 C.F.R. Section 164.526.

6. **Disclosure Accounting.** Business Associate agrees to track such disclosures of Protected Health Information and information related to such disclosures as is necessary to enable Covered Entity to respond to a request by a Covered Individual for an accounting of disclosures of Protected Health Information in accordance with 45 C.F.R. Section 164.528. Within fifteen (15) days of receipt of notice from Covered Entity that it has received a request for an accounting of disclosures of Protected Health Information regarding a Covered Individual, Business Associate shall make available to Covered Entity such information as is in Business Associate's possession and is required for Covered Entity to make the accounting required by 45 C.F.R. Section 164.528. At a minimum, Business Associate shall provide Covered Entity with the following information: (i) the date of the disclosure; (ii) the name of the entity or person who received the Protected Health Information, and if known, the address of such entity or person; (iii) a brief description of the Protected Health Information disclosed; and, (iv) a brief statement of the purpose of such disclosure which includes an explanation of the basis for such disclosure. Business Associate hereby agrees to implement an appropriate record keeping process to enable it to comply with the requirements of this section and applicable law. It shall be Covered Entity's responsibility to promptly notify Business Associate of the request for an accounting, and to prepare and deliver any such accounting requested. In addition to the foregoing, Business Associate shall track other disclosures and/or make available to Covered Entity such information as is necessary for Covered Entity to comply with any additional accounting requirements effective as of the compliance date applicable under final regulations implementing such requirements. Notwithstanding anything herein to the contrary, Covered Entity shall be ultimately responsible for providing the disclosure accounting to the Covered Individual.
7. **Access to Business Associate's Internal Records.** Business Associate shall make its internal practices, books, and records relating to the use and disclosure of Protected Health Information received from, or created or received by Business Associate on behalf of, Covered Entity available to Covered Entity or the Secretary, for the purposes of the Secretary's determining compliance with HIPAA for Covered Entity and/or Business Associate.
8. **Electronic Transactions.** In the event the Business Associate transmits or receives any Covered Electronic Transaction on behalf of Covered Entity, it shall comply with all applicable provisions of the Standards for Electronic Transactions Rule to the extent Required by Law, and shall ensure that any agents and Subcontractors that assist Business Associate in conducting Covered Electronic Transactions on behalf of Covered Entity agree in writing to comply with the Standards for Electronic Transactions Rule to the extent Required by Law.

E. **Obligations and Rights of Covered Entity.**

1. **Notice of Privacy Practices.** Covered Entity shall provide Business Associate with the notice of privacy practices that Covered Entity produces in accordance with 45 C.F.R. Section 164.520, as well as any changes to such notice.
2. **Requests by Covered Entity.** Covered Entity shall not request or direct Business Associate to use or disclose Protected Health Information in any manner that would not be permissible under the Privacy Rule if done by Covered Entity. This includes, but is not limited to, requests or directions for disclosure of Protected Health Information to the Plan sponsor in a capacity other than acting on behalf of the

Plan as Covered Entity. To the extent a dispute or difference of opinion exists between the Business Associate and Covered Entity regarding whether a use or disclosure is permissible, Business Associate may disclose the Protected Health Information under objection pursuant to the specific, written direction of Covered Entity. Any disclosures made pursuant to such specific, written direction shall be subject to the indemnification provisions of the Agreement.

3. **Changes in Permission.** Covered Entity shall notify Business Associate of any changes in, or revocation of, permission by an Individual to use or disclose Protected Health Information, to the extent that such changes may affect Business Associate's use or disclosure of Protected Health Information.
4. **Restrictions.** Covered Entity shall notify Business Associate of any restriction to the use or disclosure of Protected Health Information to which Covered Entity has agreed in accordance with 45 C.F.R. Section 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of Protected Health Information. Such restrictions include, but are not limited to, a Covered Individual's request not to disclose Protected Health Information for purposes of payment or health care operations where the Protected Health Information relates solely to a health item or service for which the health care provider has been paid in full out-of-pocket by, or on behalf of, the Covered Individual.
5. **Agreement Breaches by Business Associate.** If Covered Entity obtains knowledge of a pattern of activity or practice of Business Associate that constitutes a material breach or violation of Business Associate's obligations under this Agreement, Covered Entity will take reasonable steps to cure such breach or end such violation. If Covered Entity cannot successfully cure the breach or end the violation, Covered Entity shall terminate the Agreement in accordance with Section VI.B if feasible.



#### IV. Electronic Security Provisions

- A. **Introduction.** This section applies where Business Associate, on behalf of Covered Entity, performs or assists in the performance of functions and activities that may involve the creation, maintenance, receipt, or transmission of Electronic Protected Health Information. This Section IV along with the other sections of the Business Associate Agreement are (1) intended to meet the requirements of the "business associate" provisions of Security Rule, and (2) govern the terms and conditions under which the Business Associate may create, maintain, receive, and transmit Electronic Protected Health Information on behalf of Covered Entity. In general, Business Associate agrees and intends to act such that (1) Covered Entity can fulfill its responsibilities under HIPAA; (2) Business Associate can fulfill its responsibilities under HIPAA; and (3) Business Associate can fulfill its contractual obligations under this Agreement.
- B. **Obligations of Business Associate.** In accordance with the Security Rule, Business Associate agrees to:
1. Conduct a security risk assessment (in accordance with 45 C.F.R. Section 164.308(a)(1)(ii)(A)) and adopt and implement policies and procedures designed to ensure compliance with the Security Rule and this Agreement including, but not limited to, identifying a security officer and training personnel. This Paragraph IV.B.1 shall be effective as of the compliance date applicable under the final regulations issued under HITECH that address this requirement.
  2. Implement administrative, physical and technical safeguards (including written policies and procedures) that reasonably and appropriately protect the confidentiality, integrity, and availability of the Electronic Protected Health Information that Business Associate creates, maintains, receives, or transmits on behalf of Covered Entity;
  3. Report to Covered Entity any Security Incident of which Business Associate becomes aware within ten (10) business days of its discovery by the Business Associate;
  4. Promptly mitigate, to the extent practicable, any harmful effect of a Security Incident that is known to Business Associate; and
  5. Enter into a written contract with any agent or Subcontractor to whom Business Associate provides Electronic Protected Health Information that requires such agent or Subcontractor to comply with the same restrictions and conditions that apply under this Section IV to Business Associate, including, but not limited to, implementing reasonable and appropriate safeguards to protect such information.
- C. **Obligations of Covered Entity.** Covered Entity shall not request or direct Business Associate to create, maintain, receive, or transmit Electronic Protected Health Information in any manner that would not be permissible under the Security Rule.

#### V. Breach Notification Requirements

If Business Associate accesses, maintains, retains, modifies, records, stores, destroys, or otherwise holds, uses, or discloses Unsecured Protected Health Information, Business Associate shall notify Covered Entity of a Breach of such Unsecured Protected Health Information without unreasonable delay, but no later than sixty (60) days following discovery of the Breach. Such notice shall include an identification of each Covered Individual whose Unsecured Protected Health Information has been, or is reasonably believed by Business Associate to have been, accessed, acquired, or disclosed during such Breach and any other available information needed by Covered Entity to enable it to comply with its notification obligations under the Privacy Rule and Security Rule. For purposes of this Section V, a Breach is deemed to have been discovered by Business Associate

upon the first day on which such Breach is known, or by exercising reasonable diligence would have been known, to Business Associate (including any person, other than the individual committing the Breach, that is an employee, officer or agent of Business Associate (determined in accordance with the Federal common law of agency)).

## **VI. Term and Termination**

- A. **Term.** The Term of this Agreement will begin and become effective on the Effective Date and shall terminate when all of the Protected Health Information created or received by Business Associate on behalf of Covered Entity is destroyed or returned to Covered Entity, or, if it is infeasible to return or destroy Protected Health Information, protections are extended to such information, in accordance with the termination provisions in this Section VI.
- B. **Termination.** In the event that a party (the "non-breaching party") discovers and determines that the other party (the "breaching party") materially breached or violated any of its obligations under this Agreement, the non-breaching party will notify the breaching party of such breach in writing and may immediately terminate the Agreement upon notice to the breaching party or may provide the breaching party with an opportunity to take reasonable steps to cure the breach or end the violation, as applicable, within a mutually agreed upon period of time. If the breaching party's attempts to cure the breach or end the violation are unsuccessful within that period, without limiting the rights of the parties under the Agreement, the non-breaching party may immediately terminate the Agreement upon notice to the breaching party.
- C. **Effect of Relationship Termination.**
  - 1. Except as provided in paragraphs (2) and/or (3) of this sub-section, upon termination of the Agreement, for any reason, Business Associate shall return or destroy all Protected Health Information created or received by it on behalf of Covered Entity. This provision shall apply to Protected Health Information that is in the possession of Business Associate and/or its Subcontractors or agents. Business Associate will not retain any copies of Protected Health Information.
  - 2. In the event that Business Associate determines that returning or destroying Protected Health Information is infeasible, Business Associate will notify Covered Entity of the conditions that make return or destruction infeasible. Upon mutual agreement of the parties that return or destruction of Protected Health Information is infeasible, Business Associate will extend the protections of this Agreement to such Protected Health Information and limit further uses and disclosures of such Protected Health Information to those purposes that make the return or destruction infeasible, for so long as Business Associate maintains such Protected Health Information.
  - 3. Should Covered Entity notify Business Associate that the information necessary to comply with the recordkeeping requirements under other applicable law includes the Protected Health Information, Business Associate shall return or provide to Covered Entity such information, including Protected Health Information.

## **VII. General Provisions**

- A. **Regulatory References.** A reference in this Agreement to a section in the Privacy Rule or the Security Rule means the section as in effect or as amended.
- B. **Amendment.** The parties agree to take such action as is necessary to amend this Agreement from time to time as is necessary for Covered Entity and/or Business Associate

to comply with the requirements of the Privacy Rule, the Security Rule, and the Health Insurance Portability and Accountability Act of 1996, Pub. L. No. 104-191.

- C. **Interpretation.** Any ambiguity in this Agreement shall be resolved to permit each party to comply with the Privacy Rule and the Security Rule, if applicable.
- D. **Survival.** The respective rights and obligations under this Agreement shall survive the termination of this Agreement and any related agreement, including a services agreement.
- E. **Indemnity.** Each party will indemnify, hold harmless, and defend the other party and its affiliates, officers, directors, employees or agents from and against any claim, cause of action, liability, damage, cost or expense, including attorneys' fees and court or proceeding costs, arising out of or in connection with any non-permitted or violating use or disclosure of Protected Health Information or other breach of this Agreement by such party or any Subcontractor, agent, person or entity under such party's control.
- F. **No Third Party Beneficiaries.** Nothing express or implied in this Agreement is intended to confer, nor shall anything herein confer, upon any person other than the parties hereto, any rights obligations, or liabilities whatsoever.
- G. **Conformance with Law.** The parties agree to take such action as is necessary to amend this Agreement from time to time as is necessary for the parties to comply with the requirements of HIPAA as they apply to each party.
- H. **Action.** For purposes of this Agreement, whenever action is required by a party to this Agreement, such action must be taken by a person or persons with authority to act on behalf of such party to this Agreement.
- I. **Governing Law.** This Agreement shall be governed by the law of Minnesota, except to the extent preempted by federal law.
- J. **Severability.** The invalidity or unenforceability of any provision of this Agreement shall not affect the validity or enforceability of any other provision of this Agreement, which shall remain in full force and effect.
- K. **Notices.** All notices and communications required by this Agreement shall be in writing. Such notices and communications shall be given in one of the following forms: (i) by delivery in person, (ii) by a nationally-recognized, next-day courier service, (iii) by first-class, registered or certified mail, postage prepaid; or (iv) by electronic mail to the address that each party specifies in writing.
- L. **Entire Agreement.** This Agreement constitutes the entire agreement between the parties with respect to its subject matter and constitutes and supersedes all prior agreements, representations and understandings of the parties, written or oral, with regard to this same subject matter. Notwithstanding the foregoing, this Agreement is intended to supplement (rather than supersede) the agreement between Business Associate and the sponsor of the Plan related to the services that Business Associate provides with respect to administration of the Plan.
- M. **Counterparts.** This Agreement may be executed in counterparts, each of which so executed shall be construed to be an original, but all of which together shall constitute one agreement binding on all parties, notwithstanding that all parties are not signatories to the same counterpart. Transmission by facsimile or electronic mail of an executed counterpart of this Agreement shall be deemed to constitute due and sufficient delivery of such

counterpart. This Agreement and any amendment or modification may not be denied legal effect or enforceability solely because it is in electronic form, or because an electronic signature or electronic record was used in its formation.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the date set forth below.

**Business Associate:**

By: MEDSURETY, LLC



on behalf of the Business Associate.

Print Name: David R. Cantu

Title: President & Founder

**Covered Entity:**

Fillmore County

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

on behalf of the Covered Entity.

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

Title: \_\_\_\_\_

## **ADDENDUM: CONTINUATION SERVICES**

**between**

### **MEDSURETY, LLC ("MEDSURETY, LLC") and Fillmore County**

The purpose of this Addendum is to describe the additional and specific Administrative Services, in addition to those services described in the Agreement, to be furnished by MEDSURETY, LLC to the Plan(s) with respect to compliance with Continuation Coverage requirements.

**VIII. Definitions.** In addition to the definitions contained in the Agreement, which are hereby incorporated herein to the extent not inconsistent herewith, the following definitions shall apply to this Addendum:

- A. **Addendum** – means this Continuation Services Agreement Addendum to the Agreement.
- B. **Alternative Coverage** – means coverage offered as an alternative to Continuation Coverage which if selected....
- C. **Applicable Premium** – means the premium (if any) to be charged to each Continuation Participant determined consistent with applicable law. The Applicable Premium may include any administrative or other fee (e.g., the 2% administrative fee or the 50% disability extension fee) that may be charged to a Continuation Participant, if any. The Applicable Premium may vary depending on the type of Continuation Coverage elected by, or required to be provided to, a Continuation Participant.
- D. **Continuation Participant** – means any person receiving Continuation Coverage under the Plan(s) in accordance with applicable law. This includes, but is not limited to, Qualified Beneficiaries.
- E. **Effective Date** - means the date identified in Exhibit A, which is the date on which the Addendum is effective.
- F. **Insignificant Shortfalls** – Payment amounts for Continuation Coverage within the lesser of (i) \$50, or (ii) ten percent (10%), of the actual amount due.
- G. **Plan(s)** - means the programs or arrangements of benefits established and maintained by the Adopting Employer with respect to which MEDSURETY, LLC provides services under this Addendum, as identified in Exhibit B.
- H. **Qualified Beneficiary** – means a Covered Individual who has lost coverage under a Plan as the result of a Qualifying Event and who is entitled to elect (or receive without an election) Continuation Coverage. Qualified Beneficiary includes, but is not limited to, individuals determined to be “qualified beneficiaries” under COBRA.
- I. **Qualifying Event** – means the loss of coverage under a Plan on account of an event specifically identified in applicable law as an event triggering a right to Continuation Coverage.
- J. **Specific Rights Notice** – means the written notification to a Qualified Beneficiary or his/her rights and responsibilities with respect to the Qualified Beneficiary’s particular Qualifying Event.

## IX. MEDSURETY, LLC Responsibilities

- A. **Continuation Coverage Administration.** MEDSURETY, LLC shall provide services with respect to Continuation Coverage under the Plan(s), identified in Exhibit B, as described in this Article II. MEDSURETY, LLC will not provide any services regarding administration of the Plans unless such service is specifically described in this Article II or is required under another agreement between the Adopting Employer and/or Plan Administrator and MEDSURETY, LLC. MEDSURETY, LLC shall begin to provide services as of the Effective Date. If the Plan(s) existed prior to the Effective Date, the following provisions shall apply with respect to implementation of MEDSURETY, LLC's services:
1. MEDSURETY, LLC shall notify all Qualified Beneficiaries who experienced a Qualifying Event prior to the Effective Date and who have not yet elected Continuation Coverage that MEDSURETY, LLC is administering the Continuation Coverage and that all communications and questions regarding the Continuation Coverage should be directed to MEDSURETY, LLC.
  2. The per month fee for each Qualified Beneficiary receiving Continuation Coverage will apply with respect to all such Qualified Beneficiaries as of the Effective Date.
  3. The per COBRA event fee (if applicable) will be charged only with respect to Qualifying Events for which MEDSURETY, LLC mails the Specific Rights Notice to the Qualified Beneficiary on or after the Effective Date.
- B. **General (Initial) Notices.** If selected as an optional service in Exhibit B, MEDSURETY, LLC shall, based upon information provided by Adopting Employer, issue a general COBRA notice to all individuals who enroll in the Plan(s) subject to COBRA coincident with or subsequent to the Effective Date. MEDSURETY, LLC is entitled to rely upon the information provided by Adopting Employer and is under no obligation to independently verify such information.
- C. **Continuation Coverage Eligibility, Notification of Right to Elect, and Notification of Unavailability.** MEDSURETY, LLC shall determine that a Qualifying Event has occurred based upon information provided to it by the Adopting Employer and/or the person making the claim for Continuation Coverage. Such determinations regarding claims shall be made in accordance with the written terms and conditions of the applicable Plan. With respect to this responsibility, MEDSURETY, LLC is entitled to rely upon the information provided by Adopting Employer and is under no obligation to independently verify such information. If MEDSURETY, LLC determines a Qualifying Event has occurred, MEDSURETY, LLC will provide to each Qualified Beneficiary any notices and/or election forms required under applicable law or otherwise necessary to facilitate the provision of Continuation Coverage.

If MEDSURETY, LLC determines no Qualifying Event has occurred, or a Covered Individual is not entitled to Continuation Coverage or an extension of Continuation Coverage, MEDSURETY, LLC shall provide to any person whose claim for Continuation Coverage is denied a notice of the reasons for the denial and of the person's rights, if any, to have the denial reviewed in accordance with the terms and provisions of the applicable Plan.

MEDSURETY, LLC will refer to the Adopting Employer any claim or class of claims specified in writing by the Adopting Employer as well as any claim that is disputed after the initial denial. The Adopting Employer shall have final discretionary authority to make all determinations regarding Continuation Coverage under the Plan.

Notices described herein will be provided based upon the information provided by Adopting Employer.

- D. **Processing Elections.** If the Adopting Employer has terminated coverage pending election of Continuation Coverage and payment of the initial premiums for such coverage, and if the Qualified Beneficiary elects Continuation Coverage and pays any required premiums within the timeframes described in the election notification with respect to the applicable Plan(s), MEDSURETY, LLC shall either: (1) complete and submit any documentation to insurance carriers and/or third party service providers required to reinstate coverage under such Plan for Continuation Coverage purposes, or (2) at the request of the Adopting Employer, submit information directly back to the Adopting Employer for submission to the carrier.

If the Adopting Employer has not terminated coverage pending election of Continuation Coverage and payment of the initial premiums for such coverage, and if the Qualified Beneficiary does not elect Continuation Coverage or pay any required premiums within the timeframes described in the election notification with respect to the applicable Plan(s), Adopting Employer shall complete and submit any required documentation to insurance carriers and/or third party services providers regarding termination of Qualified Beneficiary's coverage under a Plan due to the Qualifying Event. MEDSURETY, LLC shall have no responsibility with respect to recovery or recoupment of benefits provided under a Plan after the effective date of the termination of the Qualified Beneficiary's coverage.

- E. **Termination of Continuation Coverage.** Except as specifically noted below, MEDSURETY, LLC shall complete and submit any required documentation to insurance carriers and/or third party services providers regarding termination of a Continuation Participant's Continuation Coverage under a Plan, including, but not limited to, termination due to expiration of the required continuation period or failure to timely pay premiums. MEDSURETY, LLC shall also notify impacted Continuation Participants of the termination of Continuation Coverage. If such coverage is available, MEDSURETY, LLC shall also notify Continuation Participants of the right elect conversion coverage upon termination of Continuation Coverage. MEDSURETY, LLC shall have no responsibility with respect to recovery or recoupment of benefits provided under a Plan after the effective date of the termination of the Continuation Participant's Continuation Coverage.
- F. **Notice of Continuation Coverage Premiums.** Based upon the Adopting Employer's determination of the Applicable Premium, MEDSURETY, LLC shall issue to a Continuation Participant premium payment coupons reflecting the premium amount that must be paid by such Continuation Participant and the applicable timeframes.
- G. **Collection of Continuation Coverage Premiums.** MEDSURETY, LLC shall collect payments for Continuation Coverage premiums and forward them electronically to the Adopting Employer by the 15<sup>th</sup> of the month next following the month in which they were received. MEDSURETY, LLC shall accept, as payment in full, Insignificant Shortfalls. Insufficient premium payments that do not constitute Insignificant Shortfalls shall be posted to Continuation Participant's account, followed (if practicable) by notification by MEDSURETY, LLC stating that the remaining balance must be paid by the due date of such payment, including any applicable grace period, to retain coverage. If significant payment is not received by the due date, including any applicable grace period, MEDSURETY, LLC shall return insufficient premium payments to Continuation Participant. MEDSURETY, LLC shall accept no payments made or received (as appropriate) after the due date of such payment, including any applicable grace period.
- H. **Open Enrollment.** MEDSURETY, LLC shall provide Adopting Employer the names and addresses of Continuation Participants entitled to participate in open enrollment that the Adopting Employer may use to distribute open enrollment materials.
- I. **Reports.** At the end of each calendar month, MEDSURETY, LLC will prepare reports detailing the ongoing activities and status for each Qualified Beneficiary and Continuation Participant. This report will be made available to Plan Administrator by the 15<sup>th</sup> of each calendar month.

- J. **Administrative Materials.** At the direction of the Adopting Employer and/or Plan Administrator, MEDSURETY, LLC shall prepare draft documentation relating to Continuation Coverage under the Plans, including, but not limited to, initial notices of rights, election notices, election forms, and various administrative forms. If Plan Administrator wishes to finalize and approve for use the administrative documents, Plan Administrator must request copies of the documentation from MEDSURETY, LLC. Finalization of the documents shall be accomplished prior to the use or distribution of such documents.

**X. Duties of Adopting Employer/Plan Administrator**

- A. **Determination of Applicable Continuation Coverage.** Adopting Employer shall determine which Continuation Coverage laws apply, in general, to each Plan and shall notify MEDSURETY, LLC of that determination within ten (10) days following the date on which MEDSURETY, LLC begins to provide services to the Adopting Employer. If the applicable Continuation Coverage laws with respect to any Plan change, the Adopting Employer shall notify MEDSURETY, LLC immediately. Upon a Qualifying Event, the Adopting Employer shall determine and notify MEDSURETY, LLC (along with notice of the event) which Continuation Coverage laws apply as a result of the Qualifying Event. MEDSURETY, LLC is entitled to rely upon the Adopting Employer's determination and is under no obligation to independently verify such determination. Notwithstanding the foregoing, MEDSURETY, LLC may, upon request, provide assistance with determination which Continuation Coverage laws apply.
- B. **Provision of Relevant Information.** The Adopting Employer shall provide to MEDSURETY, LLC all relevant information, as determined by MEDSURETY, LLC, necessary for MEDSURETY, LLC to perform the Administrative Services required by this Addendum. Within ten (10) days following the date on which MEDSURETY, LLC begins to provide Administrative Services to the Adopting Employer with respect to Continuation Coverage, the Adopting Employer shall provide to MEDSURETY, LLC a list of all Continuation Participants and all Qualified Beneficiaries who have not yet become Continuation Participants and the dates on which: (i) such individuals experienced Qualifying Events, (ii) such individuals' coverage under the Plan(s) ended, (iii) such individuals were provided an election notice, if any, and (iv) such individuals elected Continuation Coverage, if they have done so. MEDSURETY, LLC is entitled to rely upon all information provided by the Adopting Employer and is under no obligation to independently verify such information.
- C. **Termination of Coverage.** The Adopting Employer shall be responsible for terminating coverage under a Plan pending election of Continuation Coverage and payment of the initial premium for such coverage, then upon the occurrence of an event triggering a loss of coverage under the Plan. The Adopting Employer shall be solely responsible for completing and submitting to insurance carriers and/or third party service providers any documentation required to terminate such Covered Individual's coverage under the Plan. The Adopting Employer shall also notify MEDSURETY, LLC of the event and the termination of the Qualified Beneficiary's coverage within seven (7) of the event or of receipt of notification from a Qualified Beneficiary of the event.
- D. **Late Notification to MEDSURETY, LLC.** MEDSURETY, LLC's responsibilities under this Agreement are, in some cases, triggered upon notification by the Adopting Employer as described above. If such notification is not timely, MEDSURETY, LLC shall use best efforts to quickly perform its responsibilities. However, ultimate responsibility for any consequences, damages, penalties, and the like attributable in whole or in part to the late notification to MEDSURETY, LLC remain with the Adopting Employer. For purposes of this provision, "timely" refers to a period of time specified in this Agreement or, if not specified, the period of time reasonably sufficient for MEDSURETY, LLC to perform its responsibilities within the time period required under applicable law.
- E. **Cost of Continuation Coverage.** Plan Administrator shall provide MEDSURETY, LLC with the Applicable Premium calculations for Continuation Coverage under each Plan at least thirty (30) days prior to the start of the twelve-month period to which they relate. MEDSURETY, LLC shall be



entitled to rely on such information. Unless Plan Administrator provides written direction otherwise, MEDSURETY, LLC shall charge Continuation Participants the maximum premium for Continuation Coverage allowed under applicable law. If Plan Administrator fails to timely notify MEDSURETY, LLC of the Applicable Premium, MEDSURETY, LLC shall continue to charge premiums for the Continuation Coverage based upon the Applicable Premium for the prior twelve-month period. If Plan Administrator notifies MEDSURETY, LLC of a new Applicable Premium for an applicable twelve-month period after the deadline provided above, MEDSURETY, LLC may begin charging Continuation Coverage premiums based upon the new Applicable Premium beginning with the first month occurring at least thirty (30) days following MEDSURETY, LLC's receipt of such information from Plan Administrator. MEDSURETY, LLC shall be released and relieved of all liability related to, and shall be indemnified by Plan Administrator with respect to, premium changes made after the start of the applicable twelve-month period as a result of Plan Administrator's failure to comply with the notice requirement contained herein.

- F. **Continuation Coverage Documents.** The Adopting Employer shall provide direction to MEDSURETY, LLC, as necessary, regarding Continuation Coverage documentation. If the Adopting Employer requests review of documentation, such materials must be approved within thirty (30) days following delivery by MEDSURETY, LLC, unless such deadline is extended by mutual agreement of all parties. The Adopting Employer's failure to object within such time period (including any agreed upon extension period) shall constitute approval. The Adopting Employer shall be solely responsible for the content of Continuation Coverage documentation it has been provided for review and approval.
- G. **Alternative Coverage.** The Adopting Employer must notify MEDSURETY, LLC of any Alternative Coverage that impacts the services that would otherwise be provided by MEDSURETY, LLC under this Agreement. If such Alternative Coverage increases the amount of work MEDSURETY, LLC must perform to comply with this Agreement, MEDSURETY, LLC reserves the right to charge additional administrative service fees hereunder as agreed by the parties. MEDSURETY, LLC shall be entitled to rely on the information provided by the Adopting Employer.
- H. **Continuation Coverage Determinations.** Through this Agreement, the Adopting Employer delegates to MEDSURETY, LLC authority to make the described determinations related to Continuation Coverage under the Plans. If the Adopting Employer disagrees with MEDSURETY, LLC on a particular determination, the Adopting Employer shall immediately notify MEDSURETY, LLC, in writing, of such disagreement and direct MEDSURETY, LLC regarding the situation. The Adopting Employer shall be solely responsible for the final determination of such a claim, which shall be communicated in writing to MEDSURETY, LLC. MEDSURETY, LLC shall be entitled to rely on the final determination made by the Adopting Employer.
- I. **Review of Reports.** The Adopting Employer shall review all reports provided by MEDSURETY, LLC and shall notify MEDSURETY, LLC of any errors or omissions in the reports within five (5) days of their receipt. For purposes of this Agreement, a report is deemed received on the earlier of: (1) the date on which MEDSURETY, LLC notifies the Adopting Employer of the report's availability on MEDSURETY, LLC's website, or (2) the date on which the report is sent by MEDSURETY, LLC to the Adopting Employer. Without limiting the generality of the foregoing, the Adopting Employer shall be solely responsible for comparing the information contained in such reports with information provided by the insurance carriers and/or third party service providers to confirm: (i) reinstatement of coverage for Qualified Beneficiaries electing Continuation Coverage; and (ii) termination of Continuation Coverage for Participants losing Continuation Coverage. If the Adopting Employer does not notify MEDSURETY, LLC of any errors or omissions within such five (5) day period, the Adopting Employer shall be deemed to have approved the accuracy of the reports and MEDSURETY, LLC shall be released and relieved of all liability, and shall be indemnified by Adopting Employer with respect to, any action or inaction by MEDSURETY, LLC that is reflected in the information contained in the reports. If the Adopting Employer does find an error or discrepancy and notifies MEDSURETY, LLC of such within the 5-day period provided above,

MEDSURETY, LLC will take immediate steps to address the matter. Notwithstanding anything herein to the contrary, MEDSURETY, LLC shall not be liable for any error or omission of an insurance carrier and/or third party service provider with respect to reinstating or terminating a Qualified Beneficiary's or Continuation Participant's coverage if MEDSURETY, LLC has fulfilled its responsibilities under Section II.D. and II.E. of this Addendum.

**XI. Term and Termination**

- A. **Term.** This Addendum is effective as of the Effective Date and shall continue in effect for the term of the Agreement, unless earlier terminated pursuant to this Article IV of the Addendum.
- B. **Termination.** This Addendum shall terminate coincident with the termination of the Agreement. In addition, this Addendum may be terminated or shall terminate, without regard to the termination of the Agreement, as provided in Article VI of the Agreement.

IN WITNESS WHEREOF, the parties have executed this Agreement to be effective as of the Effective Date.

**Adopting Employer/Plan Administrator**

**MEDSURETY, LLC**

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

Title: \_\_\_\_\_



By:

Authorized Representative of MEDSURETY, LLC

Its: President & Founder

**ADDENDUM: RETIREE BILLING SERVICES AGREEMENT ADDENDUM**  
**between**  
**MEDSURETY, LLC and Fillmore County**

The purpose of this Addendum is to describe additional and specific Administrative Services, in addition to those services described in the Agreement, to be furnished by MEDSURETY, LLC to the Plan(s).

**XII. Definitions**

In addition to the definitions contained in the Agreement, which are hereby incorporated herein to the extent not inconsistent herewith, the following definitions shall apply to this Addendum:

- A. **Addendum** – means this Retiree Billing Services Agreement Addendum to the Agreement.
- B. **Effective Date** – means the date identified in Exhibit A, which is the date on which the Addendum is effective.
- C. **Premium** – means the amount charged to the Covered Retiree for a period of coverage under the Plan(s), as determined by the Adopting Employer.
- D. **Covered Retirees** - means those Covered Individuals who have retired from active service with the Adopting Employer and who continue to be covered under one or more of the Plans providing group health coverage that are not already receiving coverage other than through Continuation Coverage.
- E. **Insignificant Shortfalls** – Payment amounts for coverage under the Plan within the lesser of (i) \$50, or (ii) ten percent (10%), of the actual amount due.
- F. **Plan(s)** – means the programs or arrangements of benefits, as noted in Exhibit B, established and maintained by the Adopting Employer with respect to which MEDSURETY, LLC provides Administrative Services under this Agreement and its Addenda.

**XIII. MEDSURETY, LLC Responsibilities**

- A. **Billing for Premiums.** Based upon the information provided by the Adopting Employer, MEDSURETY, LLC shall provide to Covered Retirees premium payment coupons reflecting the premium amount that must be paid by such Covered Retiree.
- B. **Collection of Premiums.** MEDSURETY, LLC shall collect payments from Covered Retirees, and forward them to Adopting Employer by the 15<sup>th</sup> of the month next following the month in which they were received. Insufficient premium payments that do not constitute Insignificant Shortfalls shall be posted to Retiree's account, followed (if practicable) by notification by MEDSURETY, LLC stating that the remaining balance must be paid by the due date of such payment, including any applicable grace period, to retain coverage. If significant payment is not received by the due date, including any applicable grace period, MEDSURETY, LLC shall return insufficient premium payments to Retiree. MEDSURETY, LLC shall accept no payments made or received (as appropriate) after the due date of such payment, including any applicable grace period.
- C. **Termination of Coverage.** MEDSURETY, LLC shall complete and submit any required documentation to insurance carriers and/or third party service providers regarding termination of a Covered Retiree's coverage under a Plan, including, but not limited to, termination due to expiration of the retiree coverage provided under the Plan or failure to timely pay premiums. MEDSURETY, LLC shall also notify impacted Covered Retirees of the termination of coverage. MEDSURETY, LLC shall have no responsibility with respect to recovery or recoupment of benefits provided under a Plan after the effective date of the termination of the Covered Retiree's

coverage. Notwithstanding the foregoing, MEDSURETY, LLC shall have no responsibility with respect to terminating coverage under the Plan upon a retiree's retirement (if coverage terminates prior to an election by a retiree of retiree coverage under the Plan).

- D. **Reports.** At the end of each month, MEDSURETY, LLC will prepare reports detailing the ongoing activities and status for each Covered Retiree. This report will be made available to Plan Administrator by the 15<sup>th</sup> of each month.

#### **XIV. Duties of Adopting Employer and Plan Administrator**

- A. **Covered Retiree Information.** The Adopting Employer or Plan Administrator shall, in a mutually agreed format, provide MEDSURETY, LLC with a listing of all Covered Retirees participating in the Plans and the Plan(s) in which they are participating. The Adopting Employer or the Plan Administrator shall also promptly provide MEDSURETY, LLC with written notice (online) of any addition or deletion of Covered Retirees. MEDSURETY, LLC may rely on the most current information in its possession regarding the Covered Retirees in providing services under the Agreement.
- B. **Amount of Premium.** The Adopting Employer or Plan Administrator shall notify MEDSURETY, LLC of the amount of the Premium(s) under the Plan(s) at least thirty (30) days prior to the start of the period to which they relate. MEDSURETY, LLC shall be entitled to rely on such information. If the Adopting Employer and/or Plan Administrator notify MEDSURETY, LLC of a new Premium after the deadline provided above, MEDSURETY, LLC may begin charging the new Premium beginning with the first month occurring at least thirty (30) days following MEDSURETY, LLC's receipt of such information from the Adopting Employer and/or Plan Administrator. MEDSURETY, LLC shall be released and relieved of all liability related to, and shall be indemnified by the Adopting Employer and Plan Administrator with respect to, the Adopting Employer's and/or Plan Administrator's failure to comply with the notice requirement contained herein.
- C. **Review of Reports.** The Adopting Employer shall review all reports provided by MEDSURETY, LLC and shall notify MEDSURETY, LLC of any errors or omissions in the reports within five (5) days of their receipt. For purposes of this Agreement, a report is deemed received on the earlier of: (1) the date on which MEDSURETY, LLC notifies the Adopting Employer of the report's availability on MEDSURETY, LLC's website, or (2) the date on which the report is sent by MEDSURETY, LLC to the Adopting Employer. Without limiting the generality of the foregoing, the Adopting Employer shall be solely responsible for comparing the information contained in such reports with information provided by the insurance carriers and/or third party service providers to confirm: (i) reinstatement of coverage for Covered Retirees; and (ii) termination of coverage for Covered Retirees losing coverage. If the Adopting Employer does not notify MEDSURETY, LLC of any errors or omissions within such thirty (30) day period, the Adopting Employer shall be deemed to have approved the accuracy of the reports and MEDSURETY, LLC shall be released and relieved of all liability, and shall be indemnified by the Adopting Employer with respect to, any action or inaction by MEDSURETY, LLC that is reflected in the information contained in the reports. If the Adopting Employer does find an error or discrepancy and notifies MEDSURETY, LLC of such within the 30-day period provided above, MEDSURETY, LLC will take immediate steps to address the matter. Notwithstanding anything herein to the contrary, MEDSURETY, LLC shall not be liable for any error or omission of an insurance carrier and/or third party service provider with respect to reinstating or terminating a Covered Retiree's coverage if MEDSURETY, LLC has fulfilled its responsibilities under Section II.C. hereof.

#### **XV. Term and Termination**

- A. **Term.** This Addendum is effective as of the Effective Date and shall continue in effect for the term of the Agreement, unless earlier terminated pursuant to this Article IV of the Addendum.

- B. **Termination.** This Addendum shall terminate coincident with the termination of the Agreement. In addition, this Addendum may be terminated or shall terminate, without regard to the termination of the Agreement, as provided in Article VI of the Agreement.

IN WITNESS WHEREOF, the parties have executed this Addendum to be effective as of the Effective Date.

**Adopting Employer/Plan Administrator**

**MEDSURETY, LLC**

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

Title: \_\_\_\_\_



By:

Authorized Representative of MEDSURETY, LLC

Its: President & Founder

**Agreement  
Between the University of Minnesota  
And  
Fillmore County  
For providing Extension programs locally and  
employing Extension Staff**

**This Agreement** (“Agreement”) between the County of Fillmore Minnesota (“County”) and Regents of the University of Minnesota on behalf of its Extension unit, 240 Coffey Hall, St. Paul, Minnesota, 55108 (“University”) is effective January 1, 2022, and supersedes and replaces any and all current or existing agreements relating to Extension and its programs that may exist between the County and University.

The term of this Agreement shall be three (3) years, beginning on January 1, 2022 and ending on December 31, 2024, unless earlier terminated as provided in paragraphs 8 and 9.

**WITNESSETH:**

**WHEREAS**, Minn. Stat. §38.34 authorizes a Board of County Commissioners to incur expenses and spend money for County Extension work; and

**WHEREAS**, the money set aside and appropriated by the County Board in the County Extension Fund may be paid out by orders of the University’s Director of Extension, or the Director’s designee, as identified in Minn. Stat. §38.36, Subd. 3; and

**WHEREAS**, Minn. Stat. §38.37 provides that Extension educators must be employed according to University personnel procedures and must be University employees; and

**WHEREAS**, it is the intention of the County and University that the University shall provide Extension services on behalf of the County in exchange for considerations as detailed herein.

**NOW THEREFORE**, in consideration of the mutual undertaking and agreements contained within this Agreement, the County and University hereby agree as follows:

1. In accordance with Minn. Stat. §38.37 County desires to augment University’s state-wide Extension programs. The programs that the County will augment are detailed in Table A below.

Table A

| <b>Program</b>                            | <b>FTE</b>  | <b>2022 Price</b> | <b>FTE</b>  | <b>2023 Price</b> | <b>FTE</b>  | <b>2024 Price</b> |
|-------------------------------------------|-------------|-------------------|-------------|-------------------|-------------|-------------------|
| Extension Educator, AFNR (Ag)             | 0.50        | \$42,500          | 0.50        | \$43,457          | 0.50        | \$44,543          |
| Extension Educator, 4-H Youth Development | 1.00        | \$76,949          | 1.00        | \$78,681          | 1.00        | \$80,648          |
| <b>Total</b>                              | <b>1.50</b> | <b>\$119,449</b>  | <b>1.50</b> | <b>\$122,138</b>  | <b>1.50</b> | <b>\$125,191</b>  |

2. County recognizes that University costs for supporting these positions may increase from year to year. The costs payable for these positions are reviewed by the Association of Minnesota Counties' ("AMC") Extension Committee and University's Extension central administration, at which time the parties will agree on an appropriate inflation factor for the coming year(s). Unless County and University otherwise agree, the inflation factor will be as agreed to by AMC and University.

3. Based on the County's funding commitment, University will be responsible for providing salary & fringe benefits for the positions, enhanced programming from regional extension educator staff, program supervision, travel (mileage, meals, and lodging), in-service training within program area, payroll, and accounting services.

The County agrees to provide local support in the form of support staff, office space, office furnishings, telephone, computer, software, internet service,, storage space, and general office supplies. The University will recommend support staff responsibilities, technology needs and other office standards. Nevertheless, the level of availability and type of local support will be determined by the County as established in the annual budget.

4. University will bill the County on a quarterly basis and the County will submit payment within thirty-five (35) days of receipt of the bill. The total annual amount to be paid by the County shall be paid in four (4) equal quarterly payments.

5. During an extended leave of absence (e.g. FMLA; educational leave), the University will continue the program with regional educators and/or temporary employees with involvement and concurrence of the County, The County will be billed at the contract price and will not incur any additional charges for regional educators or temporary employees.

6. As vacancies occur (e.g. retirement, resignation), and if the County and University agree to continue to support the desired program and position, University will hire new personnel with involvement and concurrence of the County. The County will not be billed for a position during the time that position is vacant. If temporary employees are hired to continue the program during the hiring process, the County will be billed at the contract price.

7. The University will complete an annual performance evaluation of each University Extension employee working in the County and supporting the programs identified in paragraph 1. The County Extension Committee will have the option to provide input to University on such evaluation. The

University in accordance with University personnel guidelines will determine salary adjustment of each University Extension employee.

8. Annually, the County Extension Committee, in coordination with University, will be responsible for approving the County Extension educational programming and services, as provided for in Minn. Stat. §38.34.

9. Nothing in this Agreement precludes the County or University at any time during the term of this Agreement from requesting a modification of the County Extension program, including an adjustment of the number of University Extension personnel working in the County. The County or University will provide a minimum of ninety (90) days prior notice if either party desires a change in programs that results in a decrease in the staffing or funding level, and both parties agree to enter into good faith discussions to address such request.

10. If University or the County in good faith determines that funding is no longer available to support the programs or positions providing services locally, either party may terminate this Agreement. Termination of the Agreement in its entirety requires a minimum of ninety (90) days prior notice. Notice shall be dated and provided in writing to the parties listed below as the contacts for this Agreement.

|               |                                                                                                               |
|---------------|---------------------------------------------------------------------------------------------------------------|
| If to County: | Administrator, Fillmore County<br>Courthouse Building<br>101 Fillmore Street, PO Box 466<br>Preston, MN 55965 |
|---------------|---------------------------------------------------------------------------------------------------------------|

|                   |                                                                                                                                                                                                                                       |
|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| If to University: | University of Minnesota<br>Minnesota Extension<br>Attn: Dean Beverly Durgan<br>240 Coffey Hall<br>1420 Eckles Avenue<br>St. Paul, MN 55108<br>Facsimile No.: 612-625-6227<br>E-mail: <a href="mailto:mnext@umn.edu">mnext@umn.edu</a> |
|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

11. Each party agrees that it will be responsible for its own actions and the results thereof to the extent authorized by law and shall not be responsible for the acts of the other party or the results thereof. The County's liability is governed by the provisions of Minn. Stat. Chap. 466 and other applicable laws. The University's liability is governed by the provisions of the Minnesota Tort Claims Act, Minn. Stat. §3.736 and other applicable law.

12. Pursuant to Minn. Stat. §16C.05, Subd. 5, the University agrees that County, the State Auditor, or any of their duly authorized representatives at any time during normal business hours and as often as they may reasonably deem necessary, shall have access to and the right to examine, audit, excerpt, and transcribe any books, documents, papers, records, etc., which are pertinent to the accounting practices and procedures of relating to this Agreement. University agrees to maintain these records in accordance with applicable law.



13. All data collected, created, received, maintained, or disseminated for any purposes by the activities of University because of this Agreement is governed by the Minnesota Government Data Practices Act, Minn. Stat. Chap. 13, as amended, the Minnesota Rules implementing such Act now in force or as adopted, as well as Federal Regulations on data privacy.

14. The University is committed to the policy that all persons shall have equal access to its programs, facilities, and employment without regard to race, color, creed, religion, national origin, sex, age, marital status, disability, public assistance status, veteran status, sexual orientation or other classifications protected by state or federal law. In adhering to this policy, the University abides by the Minnesota Human Rights Act, Minnesota Statute Ch. 363A; by the Federal Civil Rights Act, 42 U.S.C. 2000e; by the requirements of Title IX of the Education Amendments of 1972; by Sections 503 and 504 of the Rehabilitation Act of 1973; by the Americans With Disabilities Act of 1990; by Executive Order 11246, as amended; by 38 U.S.C. 2012, the Vietnam Era Veterans Readjustment Assistance Act of 1972, as amended; and by other applicable statutes and regulations relating to equality of opportunity.

15. This Agreement may be executed in counterparts and/or by electronic signature, each counterpart of which will be deemed an original, and all of which together will constitute one agreement. The executed counterparts of this Agreement may be delivered by electronic means, such as email and/or facsimile, and the receiving party may rely on the receipt of such executed counterpart as if the original had been received.

**IN WITNESS WHEREOF**, the parties by their respective authorized agents or officers have executed this Agreement.

**COUNTY of Fillmore**

**Regents of the University of Minnesota**

BY \_\_\_\_\_  
Chair, County Board of Commissioners

BY \_\_\_\_\_

DATE \_\_\_\_\_

DATE \_\_\_\_\_

Approved as to form:

BY \_\_\_\_\_  
County Attorney

DATE \_\_\_\_\_

BY \_\_\_\_\_

DATE \_\_\_\_\_

**ADDENDUM TO**  
**Agreement between the University of Minnesota and Fillmore County**  
**For providing Extension programs locally and employing Extension Staff**

This Addendum is made to the Memorandum of Agreement (“MOA”) for providing Extension programs locally and employing Extension staff between the County of Fillmore, Minnesota (“County”) and Regents of the University of Minnesota, through Extension. The Addendum will remain in place for the term of the Memorandum of Agreement and will be effective as of January 1, 2022.

**Program Intern – 4-H/Youth Development**

County agrees to provide the funds identified below to support the following Extension Program Interns (college students). Hourly rate includes salary and mileage. This table is in addition to Table A in the Memorandum of Agreement.

| <b>Program Intern</b> | <b>2022 Price</b> | <b>2023 Price</b> | <b>2024 Price</b> |
|-----------------------|-------------------|-------------------|-------------------|
| Rate per Hour         | \$15.00           | \$15.34           | \$15.72           |
| Hours                 | 320               | 320               | 320               |
| Total                 | \$4800            | \$5891            | \$6036            |

**Program Intern – Agriculture**

County agrees to provide the funds identified below to support the following Extension Program Interns (college students). Hourly rate includes salary and mileage. This table is in addition to Table A in the Memorandum of Agreement.

| <b>Program Intern</b> | <b>2022 Price</b> | <b>2023 Price</b> | <b>2024 Price</b> |
|-----------------------|-------------------|-------------------|-------------------|
| Rate per Hour         | \$15.00           | \$15.34           | \$15.72           |
| Hours                 | 200               | 200               | 200               |
| Total                 | \$3000            | \$3068            | \$3144            |

This Addendum may be executed in counterparts and/or by electronic signature, each counterpart of which will be deemed an original, and all of which together will constitute one agreement. The executed counterparts of this Addendum may be delivered by electronic means, such as email and/or facsimile, and the receiving party may rely on the receipt of such executed counterpart as if the original had been received.

The parties by their respective authorized agents or officers have executed this addendum.

COUNTY of Fillmore\_\_\_\_\_

Regents of the University of Minnesota

BY \_\_\_\_\_  
Chair, County Extension Committee

By \_\_\_\_\_  
Dean

DATE \_\_\_\_\_

DATE \_\_\_\_\_

BY \_\_\_\_\_  
Chair, County Board of Commissioners

DATE \_\_\_\_\_



MEMO FROM REGIONAL DIRECTOR

# 2022 Extension Department Budget

To: Bobbie Hillery, Fillmore County Administrator

Date: June 23, 2021

On the behalf of the Fillmore County Extension Committee (CEC), the recommended 2022 Extension Department budget, 2022-2024 Memorandum of Agreement & addendum are attached.

Requests for budget changes in 2022:

- 2022 represents year 1 of the 2022-2024 Memorandum of Agreement (MOA) between Fillmore County and the University of Minnesota. The MOA includes an increase in staff price of 2.25% in 2022, 2.25% in 2023 and a 2.5% in 2024. The CEC recommends the Fillmore County Board approve & sign the attached MOA which is for a 1.0 FTE 4-H Extension Educator and a 0.5 FTE AFNR Extension Educator.
- The CEC recommends the summer 4-H intern position continued to be funded for 320 hours as indicated in the MOA addendum.
- The CEC recommends using the savings from the decrease in the AFNR Educator position cost of \$5854 to support the changes above and to add a 200 hour summer intern for agriculture at the cost of \$3000.

It was noted at the CEC meeting that this request will need to be reviewed by the County Board. Michael Cruse, Ag Educator and myself are available to attend a county board meeting to present this information.

The Extension Office provides a valuable service to the Fillmore County citizens with access to research-based information and addressing community needs. I would welcome the opportunity to meet with you and the County Board to discuss this budget request.

Sincerely,

Lisa M Dierks, Regional Director



UNIVERSITY OF MINNESOTA EXTENSION

| Fillmore                                                                                                              | 2016<br>actual | 2017<br>actual | 2018<br>actual | 2019<br>actual | 2020<br>actual |  | 2021 FINAL | 2020 Proposed |
|-----------------------------------------------------------------------------------------------------------------------|----------------|----------------|----------------|----------------|----------------|--|------------|---------------|
| Copies & Taxable sales (Revenue)                                                                                      | -805           | -875           | -937           | -1,055         | -1,154         |  | -1000      | -1000         |
| Per diem                                                                                                              | 1350           | 765            | 900            | 765            | 900            |  | 1125       | 1125          |
| Gross Salaries 0.4 SS                                                                                                 | 16762          | 0              | 19653          | 26,654         | 26,654         |  | 20363      | 21566         |
| Part Time Salary - Summer Assist                                                                                      | 0              | 0              | 0              | 0              | 0              |  | 10808      | 10645         |
| Life Insurance                                                                                                        | 4              | 0              | 5              | 4              | 4              |  | 4          | 4             |
| PERA                                                                                                                  | 1257           | 0              | 1474           | 1,338          | 1,338          |  | 1527       | 1617          |
| Social Security                                                                                                       | 954            | 0              | 1060           | 1,653          | 1,653          |  | 1933       | 1997          |
| Medicare                                                                                                              | 223            | 0              | 248            | 387            | 387            |  | 452        | 467           |
| Co healthy Contribute                                                                                                 | 7149           | 0              | 6781           | 5,667          | 5,667          |  | 4796       | 4993          |
| Publications                                                                                                          | 1225           | 450            | 1175           | 48             | 1,140          |  | 1250       | 1250          |
| Leadership training                                                                                                   | 200            | 0              | 0              | 0              | 0              |  | 0          | 0             |
| Computer - Fair Entry                                                                                                 | 7              | 528            | 300            | 300            | 730            |  | 300        | 300           |
| Alt Funding Contract (Extension staff)<br>0.5 Ag, 1.0 Educator 320 Hr Summer 4-H<br>intern, 200 Hr Ag Intern (\$3000) | 116453         | 118987         | 121793         | 123,220        | 157,465        |  | 128060     | 127249        |
| Contract Repairs and Maintenance                                                                                      | 2797           | 861            | 0              | 0              | 0              |  | 0          | 0             |
| Employee Automobile allowance                                                                                         | 848            | 525            | 423            | 383            | 136            |  | 600        | 600           |
| Hall rent                                                                                                             | 150            | 0              | 0              | 0              | 0              |  | 0          | 0             |
| Fees and Service                                                                                                      | 120            | 100            | 100            | 388            | 0              |  | 120        | 120           |
| Office supplies                                                                                                       | 200            | 450            | 154            | 459            | 14             |  | 500        | 500           |
| Stationary & forms                                                                                                    | 400            | 126            | 0              | 0              | 0              |  | 0          | 0             |
| Other supplies                                                                                                        | -46            | 0              | 0              | 0              | 0              |  | 0          | 0             |
| Asset inventory                                                                                                       | 268            | 110            | 0              | 189            | 0              |  | 281        | 281           |
| Total                                                                                                                 | 149516         | 122027         | 153129         | 160,400        | 194,934        |  | 171119     | 171714        |