

**FILLMORE COUNTY
BOARD OF COMMISSIONERS
MEETING AGENDA
August 27, 2019**

Fillmore County Courthouse, 101 Fillmore Street - Preston, MN

Mitch Lentz - First District
Randy Dahl - Second District

Larry Hindt - Third District
Duane Bakke - Fourth District

Marc Prestby - Fifth District

9:00 a.m. Pledge of Allegiance
 Approve agenda

 Approve Consent Agenda:

1. August 13, 2019 County Board minutes
2. Renewal of Liquor, Wine, Club or 3.2% license for Serenity Hills, LLC for the period of September 29, 2019 through September 29, 2020 as approved by Sheriff DeGeorge and County Attorney Corson
3. Renewal of Tobacco License for the period of October 1, 2019 through September 30, 2020 as approved by Auditor/Treasurer for the following businesses: Casey's Retail Store, Family Dollar, American Legion Post #526, Gureck Inc. dba Cenex Gas Station, Kwik Trip, Preston Motor Mart, Shooters of Wykoff, and Goodies & Gas.

 Approve Commissioners' Warrants
 Review Auditor's Warrants

- 9:05 a.m. Brett Corson, County Attorney
1. Review County Attorney's role and responsibilities regarding veteran's court in Fillmore County
 2. Consider proposed 2020 budget

- 9:15 a.m. Cristal Adkins, Zoning
1. Consider access permit for field drive for Johnson's Rolling Acres, section 17 of Norway Township
 2. Consider access permit for field drive for Arlo Warnke, section 31 of Harmony Township
 3. Consider access permit for driveway expansion for Debra & Judith Kramer, section 1 of Carimona Township.
 4. Consider access permit for field drive expansion for Debra & Judith Kramer, section 1 of Carimona Township

- 9:20 a.m. Brian Hoff, Assessor
1. Consider proposed 2020 budget

9:30 a.m. Citizens Input

- 9:35 a.m. Jessica Erickson, Director of Nursing
1. Statewide Health Improvement Partnership (SHIP) update
 2. Toward Zero Deaths (TZD) update and consider resolution
 3. Breastfeeding Peer Counselor update
 4. Review Community Health Board (CHB) Funding

FILLMORE COUNTY BOARD OF COMMISSIONERS

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9:45 a.m. Kristina Kohn, Human Resources

1. Resignation of Kurt Njos, Social Worker, effective August 23, 2019.
2. Request to replace Social Worker position in Social Services through internal transfer effective September 30, 2019.
3. Request to advertise for replacement Social Worker/RN in Public Health.
4. Resignation of Samantha Keasling, Deputy, effective 9/2/19.
5. Request to replace full time deputy position through promotion of internal employee effective September 3, 2019 as requested by the Sheriff.
6. Request to replace full time dispatcher position effective September 9, 2019 at LELS 25-36 month.

10:00 a.m. Consider closing meeting pursuant to M.S. 13D.03 for Local #85 Law Enforcement Labor Services (LELS) labor contract strategy session.

11:00 a.m. Bobbie Vickerman, Coordinator

1. Consider proposed 2020 budgets for the following:
 - General Government
 - Board of Commissioners
 - Policy Coordinator
 - Other General Government
2. Discussion with possible action regarding Board Member Committee Appointments

Calendar review, Committee Reports and Announcements

MEETINGS: (Conference Room 102U, Fillmore County Courthouse unless otherwise indicated)

Monday, August 26	6:00 p.m.	Zumbro Valley Health Center, Rochester	<i>Lentz</i>
Tuesday, August 27	7:30 a.m.	Highway Committee, Highway Office Building, Preston	<i>Bakke/Prestby</i>
	9:00 a.m.	County Board – Special Meeting, Commissioners’ Boardroom, Courthouse, Preston	
	1:00 p.m.	Fillmore-Houston Joint Board of Health, Mabel Community Center, Mabel	
Monday, September 2	All Day	Fillmore County Offices Closed – Labor Day Holiday	
Tuesday, September 3	9:00 a.m.	County Board – Special Meeting, Commissioners’ Boardroom, Courthouse, Preston	
Monday, September 9	6:00 p.m.	Development Achievement Center (DAC), Preston	<i>Lentz</i>
Monday, September 9	6:30 p.m.	SEMCAC, St Charles	<i>Dahl</i>
Tuesday, September 10	9:00 a.m.	County Board - Regular Meeting, Commissioners’ Boardroom, Courthouse, Preston	
Wednesday, September 11	12:00 noon	DFO Joint Powers Board, Rochester	<i>Bakke, Prestby</i>

FILLMORE COUNTY COMMISSIONERS' MINUTES

August 13, 2019

This is a preliminary draft of the August 13, 2019 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.

The Board of County Commissioners of Fillmore County, Minnesota met in regular session this 13th day of August, 2019 at 9:00 a.m. in the Commissioners' Board Room, Fillmore County Courthouse, in the City of Preston.

The following members were present: Commissioners Duane Bakke, Marc Prestby, Randy Dahl, and Mitch Lentz. Also present were: Bobbie Vickerman, Coordinator/Clerk; Paul Hajduk, MCIT Risk Management Consultant; Laura Christensen, SWCD District Administrator; Sara Sturgis, Fillmore County History Center Director; Jeff Brand, Surveyor; Jessica Erickson, Director of Nursing; Ron Gregg, Highway Engineer; Kristina Kohn, Human Resources Officer; Dave Kiehne, Recorder; Brett Corson, County Attorney; Kevin Olson, Social Service Manager; Diane Olson, Social Service Fiscal Officer; Lori Affeldt, Financial Director; Marla Stanton, Assistant County Attorney; Brian Hoff, Assessor; Bonita Underbakke; Susan Ritter; Anne Marie Flynn; Karen Reisner, Fillmore County Journal; and Gretchen Mensink-Lovejoy, Republican Leader.

The Pledge of Allegiance was recited.

On motion by Lentz, seconded by Dahl, the Board unanimously approved the amended agenda.

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

1. August 6, 2019 County Board minutes
2. Successful completion of probation for Donald Bray, Courthouse Security Officer effective 7/18/19 as recommended by the Sheriff
3. Successful completion of probation for Cristal Smith, Intermittent Dispatcher, effective 6/1/19 as recommended by the Sheriff

On motion by Prestby, seconded by Dahl, the Board unanimously approved the Commissioner warrants.

The Auditor's warrants were reviewed.

Paul Hajduk, MCIT Risk Management Consultant reviewed the annual MCIT report.

Dave Kiehne, Recorder presented the proposed 2020 budget for the Recorder's Department.

The Citizen's Input portion of the meeting was opened and closed at 9:44 a.m.

Laura Christensen, Soil & Water Conservation District (SWCD) Administrator presented their proposed budget for 2020. Christensen also reviewed the mission for SWCD and explained how their services are provided.

Sara Sturgis, Fillmore County History Center Director was present.

Sturgis introduced herself as the new Director and explained that she and the Assistant Director, Bretta Grabau, are busy learning about their new positions and connecting with members and other stakeholders of the Society. She updated the Board regarding the History Center strategic goals. They are working to improve patron experience and membership, noting that the genealogy hours and the business hours are now the same. Policies & procedures, committee descriptions, and board responsibilities are being worked on as well as efforts to improve the stability of the museum. Sturgis appreciates the support given by the County and is hoping for a continued support for the Historical Society for 2020.

Jeff Brand, Surveyor presented the proposed 2020 budget.

Kevin Olson, Social Services Manager was present.

On motion by Dahl, seconded by Lentz, the Board unanimously approved the Foster Care Transportation Agreement with Kingsland Schools for the 2019-2020 school year.

Kevin Olson and Diane Olson presented the proposed 2020 budget for the Social Services Department.

Jessica Erickson, Public Health Director of Nursing was present.

On motion by Dahl, seconded by Lentz, the Board unanimously approved the Memorandum of Agreement for Minnesota Vaccines for Children (MnVFC) Houston County.

On motion by Prestby, seconded by Lentz, the Board unanimously approved the Memorandum of Agreement for Minnesota Vaccines for Children (MnVFC) Wabasha County.

On motion by Lentz, seconded by Dahl, the Board unanimously approved the Memorandum of Agreement for Minnesota Vaccines for Children (MnVFC) Mower County.

On motion by Dahl, seconded by Lentz, the Board unanimously approved the Memorandum of Agreement for Minnesota Vaccines for Children (MnVFC) Goodhue County.

On motion by Prestby, seconded by Lentz, the Board unanimously approved the Memorandum of Agreement for Minnesota Vaccines for Children (MnVFC) Winona County.

Erickson presented the Public Health Department 2020 budget.

The Chair recessed the meeting at 10:25 a.m. and resumed back in session at 10:31 a.m.

Ron Gregg, Highway Engineer was present.

On motion by Prestby, seconded by Dahl, the Board voted unanimously to award the City of Wykoff reconstruction project SAP 023-605-035 to Alcon Excavating Inc., with the lowest bid for Option B of \$1,173,448.38 and construction to take place next year, May 2020, with the contingency that the City of Wykoff also agrees with this option.

Kristina Kohn, Human Resources was present.

Human Resources Officer Kohn presented the first reading of the draft updates to the "Work Hours and Attendance" policy. She will bring the policy back for a second reading.

On motion by Dahl, seconded by Lentz, the Board unanimously approved the request to advertise for replacement Case Aide in Social Services as requested by the Social Services Manager and recommended by the Personnel Committee.

On motion by Dahl, seconded by Lentz, the Board unanimously approved the classification setting of the Finance Director position at Grade 16 as recommended by David Drown & Associates.

FILLMORE COUNTY COMMISSIONERS' MINUTES

August 13, 2019

On motion by Lentz, seconded by Dahl, the Board unanimously approved the request to set the salary for Lori Affeldt, Finance Director to Grade 16/Step 1 effective August 1, 2019.

Bobbie Vickerman, Coordinator was present.

Following discussion, it was the consensus of the Board to continue to purchase toner for two of the desktop printers in the Assessor's Office.

On motion by Lentz, seconded by Prestby, the Board unanimously approved the policies and procedures of the Finance Department, as recommended by the County Coordinator and the Finance Director.

On motion by Prestby, seconded by Lentz, the Board unanimously approved the Finance Department to handle all warrants.

Discussion ensued regarding the move of Victim Services along with the Women's Shelter offices and creating of a small conference room in the space that was formerly the Zoning/Feedlot Department. Vickerman will check with the Women's Shelter to see if they are still interested in renting a space.

A review of the calendar was done and the following committee reports and announcements were given:

- Bakke asked the Board members to look over committees as new member will be at next meeting
- Solid Waste Bakke/Prestby – discussed getting another tractor, but have since removed from budget
- SEMCAC Dahl – Bus facility in Kasson is ready and reviewed annual report
- Emergency Communications Lentz – GIS big topic
- Election today – Canvassing Election Results Thursday at 9:00 am
- August 22nd, Planning & Zoning Commission meeting, Soil hearing

On motion by Prestby and seconded by Lentz the Chair adjourned the meeting at 12:08 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 9/29/2019 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 5072595866
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 \$100,000 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).

Debbi Rustau 11-7-66 477-74-1184 8-8-19
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 Date
(Signature certifies that renewal of a liquor, wine or club license has been approved by the city/county as stated above.)
Brett Cowan 8/16/19
County Attorney Signature Date
County Board issued licenses only (Signature certifies licensee is eligible for license).
[Signature] 08/14/19

Police/Sheriff Signature Date
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.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/13/2019

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).

PRODUCER Harmony Insurance Group 103 Main Ave N P.O. Box 357 Harmony MN 55939		CONTACT NAME: James Lutes PHONE (A/C No, Ext): 507-886-2100 FAX (A/C, No): 507-886-2812 E-MAIL ADDRESS: jim@harmonyinsurancegroup.com	
INSURED Serenity Hills 21722 US 52 Preston MN 55965-1473		INSURER(S) AFFORDING COVERAGE INSURER A: AUTO OWNERS INS CO INSURER B: SCOTTSDALE INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 18988	

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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:		08567029	12/15/2018	12/15/2019	EACH OCCURRENCE \$ 1,000,000
		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000				
		MED EXP (Any one person) \$ 10,000				
		PERSONAL & ADV INJURY \$ 1,000,000				
		GENERAL AGGREGATE \$ 2,000,000				
	PRODUCTS - COMP/OP AGG \$ 2,000,000					
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTION \$					BODILY INJURY (Per person) \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
						EACH OCCURRENCE \$
						AGGREGATE \$
						\$
						PER STATUTE OTH-ER
						E.L. EACH ACCIDENT \$
						E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$
B	Liquor Liability		2018000303	09/29/2019	09/29/2020	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

101 Fillmore St
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.

AUTHORIZED REPRESENTATIVE

James T Lutes

License Application to Make Retail Sales of Cigarette and Other Tobacco Products

To be completed by applicant when applying for a license with a city or county.

FOR MUNICIPAL USE ONLY

Applicant's Minnesota Tax ID Number

7004654

The Minnesota Tax ID must be issued in the same legal name of the licensee below.

License Authority

License Number

Period Covered

Date of Issuance

Cigarettes/tobacco products will be sold (a separate license is required for each location or vending machine):

☒ Over Counter

☐ Through Vending Machine

☐ Both

Licensee's Legal Name

CASEY'S RETAIL COMPANY

Business Trade Name (doing business as)

CASEY'S GENERAL STORE #2993

Complete Address of Business Location (permit location)

875 HWY 52 N

County

FILLMORE

City

PRESTON, MN 55965-1082

State

ZIP Code

Mailing Address (if different than business address)

ATTN: MIKAEL LAGE, PO BOX 3001, ANKENY, IA 50021

City

State

ZIP Code

Federal Employer ID Number (FEIN)

20-1025921

Daytime Phone

515-965-6517

Other Phone Number

507-765-4562

Fax Number

515-965-6205

Email Address

mikael.lage@caseys.com

Type of legal organization (check one):

☐ Sole proprietor

☐ Partnership

☐ Other (describe)

☐ Minnesota corporation: Enter date of incorporation

☒ Out-of-state corporation: State of incorporation IOWA

Are you registered to do business in Minnesota?

☒ Yes

☐ No

Corporate officers or partners (attach a list if necessary)

Name

PLEASE SEE THE ATTACHED OFFICER'S LIST

Title

Address

City

State

ZIP Code

Name

Title

Address

City

State

ZIP Code

As a licensed tobacco products or cigarette retailer, I understand that:

1. I can purchase cigarettes only from a Minnesota distributor or subjobber who holds a license with the Minnesota Department of Revenue.
2. I must obtain a tobacco products distributor license if I purchase untaxed tobacco products from an out-of-state company.
3. I may not sell cigarettes affixed with Minnesota Native American stamps unless my retail business is located on a reservation that has a tax agreement with the State of Minnesota.
4. I may not purchase from or exchange cigarettes or tobacco products with another retailer.
5. I must keep complete and legible cigarette and tobacco products invoices on the licensed premises, or make invoices available within one hour of request, for at least one year after the date of the purchase.
6. I know that the Minnesota Department of Revenue and/or law enforcement may conduct cigarette and tobacco inspections of the premises, including inspections of inventory, invoices and licenses, and I understand that a refusal to allow an inspection is grounds for revocation of my license.
7. I know that failure to comply with all requirements can result in criminal penalties, including the loss of cigarettes and tobacco products.

Licensee Signature

Julia L. Jackowski

Title

JULIA L. JACKOWSKI, SECRETARY FOR CASEY'S RETAIL CO.

Print Name

Date

Daytime Phone

07/29/2019 515-965-6517

Licensing Agent's Signature

Title

Print Name

Date

Daytime Phone

License applicant: Submit this form to the licensing authority along with the license application.

Licensing authority: Mail, email or fax to:

Minnesota Revenue, Mail Station 3331, St. Paul, MN 55146-3331.

Fax: 651-556-5236. Email: cigarette.tobacco@state.mn.us

License Application to Make Retail Sales of Cigarette and Other Tobacco Products

To be completed by applicant when applying for a license with a city or county.

FOR MUNICIPAL USE ONLY

Applicant's Minnesota Tax ID Number

3570005

The Minnesota Tax ID must be issued in the same legal name of the licensee below.

Cigarettes/tobacco products will be sold (a separate license is required for each location or vending machine):

☒ Over Counter

☐ Through Vending Machine

☐ Both

License Authority	<i>Fillmore Co.</i>
License Number	<i>2019-02</i>
Period Covered	<i>10-1-19 to 9-30-20</i>
Date of Issuance	

Licensee's Legal Name

Family Dollar Inc.

Federal Employer ID Number (FEIN)

56-2056614

Business Trade Name (doing business as)

Family Dollar Store #30453

Daytime Phone

507-481-2002

Complete Address of Business Location (permit location)

710 HIGHWAY 52 NORTH

County

FILLMORE

Other Phone Number

757-321-5000

City

PRESTON

State

MN

ZIP Code

55965

Fax Number

757-321-5214

Mailing Address (if different than business address)

500 Volvo Parkway

City

Chesapeake

State

VA

ZIP Code

23320

Email Address

cbrown@dollartree.com

Type of legal organization (check one):

☐ Sole proprietor

☐ Minnesota corporation: Enter date of incorporation _____

☐ Partnership

☒ Out-of-state corporation: State of incorporation **North Carolina**

☐ Other (describe) _____

Are you registered to do business in Minnesota? ☒ Yes ☐ No

Corporate officers or partners (attach a list if necessary)

Name

Title

See Attached

Address

City

State

ZIP Code

Name

Title

Address

City

State

ZIP Code

As a licensed tobacco products or cigarette retailer, I understand that:

1. I can purchase cigarettes only from a Minnesota distributor or subjobber who holds a license with the Minnesota Department of Revenue.
2. I must obtain a tobacco products distributor license if I purchase untaxed tobacco products from an out-of-state company.
3. I may not sell cigarettes affixed with Minnesota Native American stamps unless my retail business is located on a reservation that has a tax agreement with the State of Minnesota.
4. I may not purchase from or exchange cigarettes or tobacco products with another retailer.
5. I must keep complete and legible cigarette and tobacco products invoices on the licensed premises, or make invoices available within one hour of request, for at least one year after the date of the purchase.
6. I know that the Minnesota Department of Revenue and/or law enforcement may conduct cigarette and tobacco inspections of the premises, including inspections of inventory, invoices and licenses, and I understand that a refusal to allow an inspection is grounds for revocation of my license.
7. I know that failure to comply with all requirements can result in criminal penalties, including the loss of cigarettes and tobacco products.

Licensee Signature

Carolyn Brown

Title

Store License Coordinator

Print Name

Carolyn Brown

Date

8/6/19

Daytime Phone

757-321-5000

Licensing Agent's Signature

Store Lic. Coordinator

Title

Print Name

Date

Daytime Phone

License applicant: Submit this form to the licensing authority along with the license application.

Licensing authority: Mail, email or fax to:

Minnesota Revenue, Mail Station 3331, St. Paul, MN 55146-3331.

Fax: 651-556-5236. Email: cigarette.tobacco@state.mn.us

License Application to Make Retail Sales of Cigarette and Other Tobacco Products

To be completed by applicant when applying for a license with a city or county.

Applicant's Minnesota Tax ID Number

9742415

The Minnesota Tax ID must be issued in the same legal name of the licensee below.

FOR MUNICIPAL USE ONLY

License Authority	Fillmore Co.
License Number	2019-03
Period Covered	10-1-19 to 9-30-20
Date of Issuance	

Cigarettes/tobacco products will be sold (a separate license is required for each location or vending machine):

☒ Over Counter ☐ Through Vending Machine ☐ Both

Licensee's Legal Name

American Legion Post 526

Business Trade Name (doing business as)

Federal Employer ID Number (FEIN)

Daytime Phone

Complete Address of Business Location (permit location)

410 M. 11 St. P.O. Box 7

County

Fillmore

Other Phone Number

City

Peterson

State

MN

ZIP Code

55962

Fax Number

Mailing Address (if different than business address)

City

State

ZIP Code

Email Address

Type of legal organization (check one):

☐ Sole proprietor

☒ Minnesota corporation: Enter date of incorporation 5/10/1955

☐ Partnership

☐ Out-of-state corporation: State of incorporation

☐ Other (describe)

Are you registered to do business in Minnesota? ☐ Yes ☐ No

Corporate officers or partners (attach a list if necessary)

Name

James Loreh

Title

Commander

Address

P.O. Box

City

Lie Roy

State

MN

ZIP Code

55951

Name

Duane Hegland

Title

Vice Commander

Address

32365 County Rd 25 N

City

Peterson

State

MN

ZIP Code

55962

As a licensed tobacco products or cigarette retailer, I understand that:

1. I can purchase cigarettes and tobacco from a Minnesota distributor or subjobber who holds a license with the Minnesota Department of Revenue. The Cigarette and Tobacco Distributor List is on our website. Go to www.revenue.state.mn.us and type Distributor List in the Search box.
2. I must obtain a tobacco products distributor license if I purchase untaxed tobacco products from an out-of-state company.
3. I may not sell cigarettes affixed with Minnesota Native American stamps unless my retail business is located on a reservation that has a tax agreement with the State of Minnesota.
4. I may not purchase from or exchange cigarettes or tobacco products with another retailer.
5. I must keep complete and legible cigarette and tobacco products invoices on the licensed premises, or make invoices available within one hour of request, for at least one year after the date of the purchase.
6. I know that the Minnesota Department of Revenue and/or law enforcement may conduct cigarette and tobacco inspections of the premises, including inspections of inventory, invoices and licenses, and I understand that a refusal to allow an inspection is grounds for revocation of my license.
7. I know that failure to comply with all requirements can result in criminal penalties, including the loss of cigarettes and tobacco products.

Licensee Signature

Maynard B Benson

Title

Finance Officer

Print Name

Maynard B Benson

Date

8-1-19

Daytime Phone

507-875-2359

Licensing Agent's Signature

Title

Print Name

Date

Daytime Phone

License applicant: Submit this form to the licensing authority along with the license application.

Licensing authority: Mail, email or fax to:

Minnesota Revenue, Mail Station 3331, St. Paul, MN 55146-3331.

Fax: 651-556-5236. Email: cigarette.tobacco@state.mn.us

License Application to Make Retail Sales of Cigarette and Other Tobacco Products

To be completed by applicant when applying for a license with a city or county.

Print or Type

Applicant's Minnesota Tax ID Number

6149975

The Minnesota Tax ID must be issued in the same legal name of the licensee below.

FOR MUNICIPAL USE ONLY

License Authority	Fillmore Co
License Number	2019-04
Period Covered	10-1-19 to 9-30-20
Date of Issuance	

Cigarettes/tobacco products will be sold (a separate license is required for each location or vending machine):

☒ Over Counter ☐ Through Vending Machine ☐ Both

Licensee's Legal Name	GUREK INC.	Federal Employer ID Number (FEIN)	83-4081233
Business Trade Name (doing business as)	CENEA Gas Station	Daytime Phone	347-644-2594
Complete Address of Business Location (permit location)	404 MAIN St. South	County	FILLMORE County
City	CHATHFIELD MN	State	MN
		ZIP Code	55923
Mailing Address (if different than business address)		State	
		ZIP Code	
		Fax Number	
		Email Address	TEJINDER964@gmail.com

Type of legal organization (check one):

☒ Sole proprietor ☐ Partnership ☐ Other (describe) _____

☐ Minnesota corporation: Enter date of incorporation _____

☐ Out-of-state corporation: State of incorporation _____

Are you registered to do business in Minnesota? ☒ Yes ☐ No

Corporate officers or partners (attach a list if necessary)

Name	TEJINDER SINGH	Title	owner
Address	835 40th St NW	City	Rochester
		State	MN
		ZIP Code	55901
Name		Title	
Address		City	
		State	
		ZIP Code	

As a licensed tobacco products or cigarette retailer, I understand that:

- I can purchase cigarettes and tobacco from a Minnesota distributor or subjobber who holds a license with the Minnesota Department of Revenue. The Cigarette and Tobacco Distributor List is on our website. Go to www.revenue.state.mn.us and type Distributor List in the Search box.
- I must obtain a tobacco products distributor license if I purchase untaxed tobacco products from an out-of-state company.
- I may not sell cigarettes affixed with Minnesota Native American stamps unless my retail business is located on a reservation that has a tax agreement with the State of Minnesota.
- I may not purchase from or exchange cigarettes or tobacco products with another retailer.
- I must keep complete and legible cigarette and tobacco products invoices on the licensed premises, or make invoices available within one hour of request, for at least one year after the date of the purchase.
- I know that the Minnesota Department of Revenue and/or law enforcement may conduct cigarette and tobacco inspections of the premises, including inspections of inventory, invoices and licenses, and I understand that a refusal to allow an inspection is grounds for revocation of my license.
- I know that failure to comply with all requirements can result in criminal penalties, including the loss of cigarettes and tobacco products.

Licensee Signature	Tejinder Singh	Title	owner	Print Name	TEJINDER SINGH	Date	07/29/19	Daytime Phone	347-644-2594
Licensing Agent's Signature		Title		Print Name		Date		Daytime Phone	

License applicant: Submit this form to the licensing authority along with the license application.

Licensing authority: Mail, email or fax to:
Minnesota Revenue, Mail Station 3331, St. Paul, MN 55146-3331.
Fax: 651-556-5236. Email: cigarette.tobacco@state.mn.us

License Application to Make Retail Sales of Cigarette and Other Tobacco Products

To be completed by applicant when applying for a license with a city or county.

FOR MUNICIPAL USE ONLY

Applicant's Minnesota Tax ID Number

7356595

The Minnesota Tax ID must be issued in the same legal name of the licensee below.

Cigarettes/tobacco products will be sold (a separate license is required for each location or vending machine):

☐ Over Counter ☐ Through Vending Machine ☐ Both

Licensee's Legal Name

Kwik Trip, Inc.

Business Trade Name (doing business as)

Kwik Trip #848

Complete Address of Business Location (permit location)

415 Main Ave. N.

County

Fillmore

City

Harmony

State

MN

ZIP Code

55939

Mailing Address (if different than business address)

PO Box 2107

City

La Crosse

State

WI

ZIP Code

54602

License Authority

Fillmore Co.

License Number

2019-05

Period Covered

10-1-19 to 9-30-20

Date of Issuance

Federal Employer ID Number (FEIN)

39-1036365

Daytime Phone

507-886-2424

Other Phone Number

608-793-6262

Fax Number

608-793-6120

Email Address

LicensingDept@kwiktrip.com

Type of legal organization (check one):

☐ Sole proprietor

☐ Minnesota corporation: Enter date of incorporation _____

☐ Partnership

☒ Out-of-state corporation: State of incorporation **Wisconsin**

☐ Other (describe) _____

Are you registered to do business in Minnesota? ☐ Yes ☐ No

Corporate officers or partners (attach a list if necessary)

Name

Donald P. Zietlow

Title

President

Address

2802 Bergamot Pl

City

Onalaska

State

WI

ZIP Code

54650

Name

Title

Address

City

State

ZIP Code

As a licensed tobacco products or cigarette retailer, I understand that:

1. I can purchase cigarettes only from a Minnesota distributor or subjobber who holds a license with the Minnesota Department of Revenue.
2. I must obtain a tobacco products distributor license if I purchase untaxed tobacco products from an out-of-state company.
3. I may not sell cigarettes affixed with Minnesota Native American stamps unless my retail business is located on a reservation that has a tax agreement with the State of Minnesota.
4. I may not purchase from or exchange cigarettes or tobacco products with another retailer.
5. I must keep complete and legible cigarette and tobacco products invoices on the licensed premises, or make invoices available within one hour of request, for at least one year after the date of the purchase.
6. I know that the Minnesota Department of Revenue and/or law enforcement may conduct cigarette and tobacco inspections of the premises, including inspections of inventory, invoices and licenses, and I understand that a refusal to allow an inspection is grounds for revocation of my license.
7. I know that failure to comply with all requirements can result in criminal penalties, including the loss of cigarettes and tobacco products.

Licensee Signature

Donald P. Zietlow

Title

President

Print Name

Donald P. Zietlow

Date

7-31-19

Daytime Phone

608-793-6262

Licensing Agent's Signature

Title

Print Name

Date

Daytime Phone

License applicant: Submit this form to the licensing authority along with the license application.

Licensing authority: Mail, email or fax to:

Minnesota Revenue, Mail Station 3331, St. Paul, MN 55146-3331.

Fax: 651-556-5236. Email: cigarette.tobacco@state.mn.us

License Application to Make Retail Sales of Cigarette and Other Tobacco Products

To be completed by applicant when applying for a license with a city or county.

Print or Type

Applicant's Minnesota Tax ID Number

3571548

The Minnesota Tax ID must be issued in the same legal name of the licensee below.

FOR MUNICIPAL USE ONLY

License Authority	Fillmore Co
License Number	2019-06
Period Covered	10-1-19 to 9-30-20
Date of Issuance	

Cigarettes/tobacco products will be sold (a separate license is required for each location or vending machine):

☒ Over Counter

☐ Through Vending Machine

☐ Both

Licensee's Legal Name

Business Trade Name (doing business as)

Complete Address of Business Location (permit location)

City

Mailing Address (if different than business address)

City

County

State

ZIP Code

Federal Employer ID Number (FEIN)

Daytime Phone

Other Phone Number

Fax Number

Email Address

Type of legal organization (check one):

☐ Sole proprietor

☒ Partnership

☐ Other (describe) _____

☒ Minnesota corporation: Enter date of incorporation _____

☐ Out-of-state corporation: State of incorporation _____

Are you registered to do business in Minnesota? ☐ Yes ☐ No

Corporate officers or partners (attach a list if necessary)

Name	Jeff Schwichtenberg	Title	President	City	Minneapolis	State	MN	ZIP Code	55949
Address	500 Hillcrest	City	Minneapolis	State	MN	ZIP Code	55949		
Name	Rich Irish	Title	Vice President	City	Chattfield	State	MN	ZIP Code	55923
Address	304 Burr Oak	City	Chattfield	State	MN	ZIP Code	55923		

As a licensed tobacco products or cigarette retailer, I understand that:

- I can purchase cigarettes and tobacco from a Minnesota distributor or subjobber who holds a license with the Minnesota Department of Revenue. The Cigarette and Tobacco Distributor List is on our website. Go to www.revenue.state.mn.us and type Distributor List in the Search box.
- I must obtain a tobacco products distributor license if I purchase untaxed tobacco products from an out-of-state company.
- I may not sell cigarettes affixed with Minnesota Native American stamps unless my retail business is located on a reservation that has a tax agreement with the State of Minnesota.
- I may not purchase from or exchange cigarettes or tobacco products with another retailer.
- I must keep complete and legible cigarette and tobacco products invoices on the licensed premises, or make invoices available within one hour of request, for at least one year after the date of the purchase.
- I know that the Minnesota Department of Revenue and/or law enforcement may conduct cigarette and tobacco inspections of the premises, including inspections of inventory, invoices and licenses, and I understand that a refusal to allow an inspection is grounds for revocation of my license.
- I know that failure to comply with all requirements can result in criminal penalties, including the loss of cigarettes and tobacco products.

Licensee Signature	Rich Irish	Title	VP	Print Name	Richard P Irish	Date	7/29-19	Daytime Phone	507-467-2121
Licensing Agent's Signature		Title		Print Name		Date		Daytime Phone	

License applicant: Submit this form to the licensing authority along with the license application.

Licensing authority: Mail, email or fax to:

Minnesota Revenue, Mail Station 3331, St. Paul, MN 55146-3331.

Fax: 651-556-5236. Email: cigarette.tobacco@state.mn.us

License Application to Make Retail Sales of Cigarette and Other Tobacco Products

To be completed by applicant when applying for a license with a city or county.

Applicant's Minnesota Tax ID Number

The Minnesota Tax ID must be issued in the same legal name of the licensee below.

FOR MUNICIPAL USE ONLY

License Authority	Fillmore Co.
License Number	2019-08
Period Covered	10-1-19 to 9-30-20
Date of Issuance	

Cigarettes/tobacco products will be sold (a separate license is required for each location or vending machine):

☒ Over Counter ☐ Through Vending Machine ☐ Both

Licensee's Legal Name

Shooters of Wykoff, LLC

Federal Employer ID Number (FEIN)

26-3803990

Business Trade Name (doing business as)

Shooters

Daytime Phone

507-352-2281

Complete Address of Business Location (permit location)

113 N Gold Street

County
Fillmore

Other Phone Number

507-951-9404

City

Wykoff

State

MN.

ZIP Code

55990

Fax Number

Mailing Address (if different than business address)

P.O. Box 74

City

Wykoff

State

Mn.

ZIP Code

55990

Email Address

gartner.shari@gmail.com

Type of legal organization (check one):

☐ Sole proprietor

☒ Partnership

☐ Other (describe)

☐ Minnesota corporation: Enter date of incorporation

☐ Out-of-state corporation: State of incorporation

Are you registered to do business in Minnesota? ☐ Yes ☐ No

Corporate officers or partners (attach a list if necessary)

Name

Shari Gartner

Title

President

Address

25136 Jack Pine Rd

City

Preston

State

Mn.

ZIP Code

55965

Name

Title

Address

City

State

ZIP Code

As a licensed tobacco products or cigarette retailer, I understand that:

1. I can purchase cigarettes and tobacco from a Minnesota distributor or subjobber who holds a license with the Minnesota Department of Revenue. The Cigarette and Tobacco Distributor List is on our website. Go to www.revenue.state.mn.us and type Distributor List in the Search box.
2. I must obtain a tobacco products distributor license if I purchase untaxed tobacco products from an out-of-state company.
3. I may not sell cigarettes affixed with Minnesota Native American stamps unless my retail business is located on a reservation that has a tax agreement with the State of Minnesota.
4. I may not purchase from or exchange cigarettes or tobacco products with another retailer.
5. I must keep complete and legible cigarette and tobacco products invoices on the licensed premises, or make invoices available within one hour of request, for at least one year after the date of the purchase.
6. I know that the Minnesota Department of Revenue and/or law enforcement may conduct cigarette and tobacco inspections of the premises, including inspections of inventory, invoices and licenses, and I understand that a refusal to allow an inspection is grounds for revocation of my license.
7. I know that failure to comply with all requirements can result in criminal penalties, including the loss of cigarettes and tobacco products.

Licensee Signature

Shari Gartner

Title

President

Print Name

Shari Gartner

Date

8/6/19

Daytime Phone

507-352-2281

Licensing Agent's Signature

Title

Print Name

Date

Daytime Phone

License applicant: Submit this form to the licensing authority along with the license application.

Licensing authority: Mail, email or fax to:

Minnesota Revenue, Mail Station 3331, St. Paul, MN 55146-3331.

Fax: 651-556-5236. Email: cigarette.tobacco@state.mn.us

License Application to Make Retail Sales of Cigarette and Other Tobacco Products

To be completed by applicant when applying for a license with a city or county.

Print or Type

Applicant's Minnesota Tax ID Number

3931297

The Minnesota Tax ID must be issued in the same legal name of the licensee below.

FOR MUNICIPAL USE ONLY

License Authority	Filmore Co
License Number	2019-09
Period Covered	10-1-19 to 9-30-20
Date of Issuance	

Cigarettes/tobacco products will be sold (a separate license is required for each location or vending machine):

☒ Over Counter ☐ Through Vending Machine ☐ Both

Licensee's Legal Name

Goodies & Gas LLC

Business Trade Name (doing business as)

Federal Employer ID Number (FEIN)

47-3388555

Daytime Phone

507-352-2421

Other Phone Number

N/A

Fax Number

N/A

Email Address

goodiesanagas@yahoo.com

Complete Address of Business Location (permit location)

104 East Front Street

City

Wykoff

County

Filmore

State

MN

ZIP Code

55990

Mailing Address (if different than business address)

City

State

ZIP Code

Type of legal organization (check one):

☐ Sole proprietor

☐ Partnership

☐ Other (describe)

☒ Minnesota corporation: Enter date of incorporation January 2015

☐ Out-of-state corporation: State of incorporation

Are you registered to do business in Minnesota? ☒ Yes ☐ No

Corporate officers or partners (attach a list if necessary)

Name

Spencer Goodman

Title

Owner

Address

135 Gold Street South

City

Wykoff

State

MN

ZIP Code

55990

Name

Title

Address

City

State

ZIP Code

As a licensed tobacco products or cigarette retailer, I understand that:

1. I can purchase cigarettes and tobacco from a Minnesota distributor or subjobber who holds a license with the Minnesota Department of Revenue. The Cigarette and Tobacco Distributor List is on our website. Go to www.revenue.state.mn.us and type Distributor List in the Search box.
2. I must obtain a tobacco products distributor license if I purchase untaxed tobacco products from an out-of-state company.
3. I may not sell cigarettes affixed with Minnesota Native American stamps unless my retail business is located on a reservation that has a tax agreement with the State of Minnesota.
4. I may not purchase from or exchange cigarettes or tobacco products with another retailer.
5. I must keep complete and legible cigarette and tobacco products invoices on the licensed premises, or make invoices available within one hour of request, for at least one year after the date of the purchase.
6. I know that the Minnesota Department of Revenue and/or law enforcement may conduct cigarette and tobacco inspections of the premises, including inspections of inventory, invoices and licenses, and I understand that a refusal to allow an inspection is grounds for revocation of my license.
7. I know that failure to comply with all requirements can result in criminal penalties, including the loss of cigarettes and tobacco products.

Licensee Signature

Spencer Goodman

Title

Owner

Print Name

Spencer Goodman

Date

8/20/19

Daytime Phone

352-2421

Licensing Agent's Signature

Title

Print Name

Date

Daytime Phone

License applicant: Submit this form to the licensing authority along with the license application.

Licensing authority: Mail, email or fax to:

Minnesota Revenue, Mail Station 3331, St. Paul, MN 55146-3331.

Fax: 651-556-5236. Email: cigarette.tobacco@state.mn.us

Business Information

Statement of Understanding

Sign Here

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8/23/19 9:03AM
1 County Revenue Fund

*** Fillmore County ***



Audit List for Board COMMISSIONER'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	
3	DEPT				Board Of Commissioners			
	3804	Bakke/Duane						
		01-003-000-0000-6335		124.12	July 2019 Mileage		Employee Automobile Allowance	N
					07/02/2019 07/30/2019			
	3804	Bakke/Duane		124.12	1 Transactions			
	82132	Fillmore Co Journal, Sethre Media Group						
		01-003-000-0000-6233		9.50	7/9/19 Board Mtg Minutes	102589	Publications	N
					07/29/2019 07/29/2019			
		01-003-000-0000-6233		11.00	7/23/19 Board Mtg Minutes	102607	Publications	N
					08/12/2019 08/12/2019			
	82132	Fillmore Co Journal, Sethre Media Group		20.50	2 Transactions			
3	DEPT Total:			144.62	Board Of Commissioners	2 Vendors	3 Transactions	
11	DEPT				District Court			
	86400	MN Dept Of Human Services						
		01-011-000-0000-6285		1,900.00	Mandatory Sex Offender Assess	900007-476	Professional Fees	N
					08/05/2019 08/05/2019			
	86400	MN Dept Of Human Services		1,900.00	1 Transactions			
	5101	Novotny Law Office, LTD						
		01-011-000-0000-6261		130.00	Court Appointed Attorney	1006	Court Appointed Attorneys	Y
					08/07/2019 08/07/2019			
	5101	Novotny Law Office, LTD		130.00	1 Transactions			
11	DEPT Total:			2,030.00	District Court	2 Vendors	2 Transactions	
14	DEPT				Law Library			
	437	Thomson Reuters-West Payment Center						
		01-014-000-0000-6451		365.50	July West Charges	840715927	Reference Materials	N
					07/01/2019 07/31/2019			
	437	Thomson Reuters-West Payment Center		365.50	1 Transactions			
14	DEPT Total:			365.50	Law Library	1 Vendors	1 Transactions	
91	DEPT				County Attorney			
	81188	Civil Process Specialists						

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1 County Revenue Fund

*** Fillmore County ***



Audit List for Board COMMISSIONER'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	
	01-091-000-0000-6377		Personal Service Subpoena-ES	CP-19-0520	Fees And Service Charges	Y
		75.00	08/08/2019 08/08/2019			
81188	Civil Process Specialists	75.00	1 Transactions			
86566	Cornerhouse					
	01-091-000-0000-6375	163.34	Cornerhouse Training	062119	Vehicle Forfeiture Expenditures	Y
			07/31/2019 07/31/2019			
86566	Cornerhouse	163.34	1 Transactions			
4004	Grebin,CCR,RPR/Deborah A					
	01-091-000-0000-6282	16.00	Closing Argument Transcript-SS		Transcripts	N
			08/21/2019 08/21/2019			
4004	Grebin,CCR,RPR/Deborah A	16.00	1 Transactions			
91	DEPT Total:	254.34	County Attorney	3 Vendors	3 Transactions	
102	DEPT		Surveyor			
106	Fillmore Co Treasurer					
	01-102-000-0000-6561	67.87	July 2019 Fuel		Gasoline Diesel And Other Fuels	N
			07/29/2019 07/29/2019			
106	Fillmore Co Treasurer	67.87	1 Transactions			
102	DEPT Total:	67.87	Surveyor	1 Vendors	1 Transactions	
103	DEPT		Assessor			
4252	Blagsvedt/Cindy					
	01-103-000-0000-6273	3,125.00	July Contract Service/Assessor		Professional Fees	N
			07/02/2019 07/30/2019			
4252	Blagsvedt/Cindy	3,125.00	1 Transactions			
6645	David Enright					
	01-103-000-0000-6335	235.48	Appraisal Training Mileage		Employee Automobile Allowance	N
			08/04/2019 08/08/2019			
6645	David Enright	235.48	1 Transactions			
106	Fillmore Co Treasurer					
	01-103-000-0000-6561	71.24	July 2019 Assessor Fuel		Gasoline Diesel And Other Fuels	N
			07/11/2019 07/26/2019			

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1 County Revenue Fund

*** Fillmore County ***



Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES

Page 4

Vendor	Name	Rpt		Warrant Description	Invoice #	Account/Formula Descripti	1099
No.	Account/Formula	Accr	Amount	Service Dates	Paid On Bhf #	On Behalf of Name	
106	Fillmore Co Treasurer		71.24	1 Transactions			
111	Fillmore Co Treasurer- Credit Card/ACH						
	01-103-000-0000-6337		1,146.53	Conference Lodging RA, DE		Other Travel Expense	N
				06/28/2019 07/16/2019			
111	Fillmore Co Treasurer- Credit Card/ACH		1,146.53	1 Transactions			
83550	Kelly Printing & Signs LLC						
	01-103-000-0000-6402		72.00	Business Cards - DE & BH	34169	Stationary And Forms	N
				07/26/2019 07/26/2019			
83550	Kelly Printing & Signs LLC		72.00	1 Transactions			
25315	Pierce/Kayla						
	01-103-000-0000-6335		249.40	Willmar Conference Mileage		Employee Automobile Allowance	N
				08/14/2019 08/16/2019			
	01-103-000-0000-6337		10.00	Willmar Conference Meals		Other Travel Expense	N
				08/16/2019 08/16/2019			
25315	Pierce/Kayla		259.40	2 Transactions			
103	DEPT Total:		4,909.65	Assessor	6 Vendors	7 Transactions	
111	DEPT			Facilities Mtce			
1056	BDS-Bowman's Door Solutions						
	01-111-000-0000-6317		266.00	Repair Striker E Security Door	WO-19348	Building Maintenance	N
				08/07/2019 08/07/2019			
1056	BDS-Bowman's Door Solutions		266.00	1 Transactions			
5751	Fastenal Company						
	01-111-000-0000-6580		116.68	Double Sided Tape	MNPRE80553	Other Repair And Maintenance Suppl	N
				08/02/2019 08/02/2019			
5751	Fastenal Company		116.68	1 Transactions			
3370	Haakenson Electric, Inc						
	01-111-000-0000-6317		65.00	FCOB Ballast & Light Switch	4820	Building Maintenance	N
				08/09/2019 08/09/2019			
3370	Haakenson Electric, Inc		65.00	1 Transactions			
26012	Schultz/Terry						
	01-111-000-0000-6377		30.00	Renewed Boiler License		Fees And Service Charges	N

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1 County Revenue Fund

*** Fillmore County ***



Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES

Page 5

Vendor	Name	Rpt	Warrant Description	Invoice #	Account/Formula Descripti	1099
No.	Account/Formula	Accr	Service Dates	Paid On Bhf #	On Behalf of Name	
26012	Schultz/Terry		08/06/2019 08/06/2019	1 Transactions		
111	DEPT Total:	477.68	Facilites Mtce	4 Vendors	4 Transactions	
125	DEPT		Veteran Services			
4487	Preston Service Plus					
	01-125-000-0000-6580	44.09	Oil Change - Transit 7/16	12760	Other Repair And Maintenance Suppl	Y
			07/16/2019 07/16/2019			
4487	Preston Service Plus	44.09	1 Transactions			
6963	Sterling Solutions, Inc					
	01-125-000-0000-6377	750.00	2019 Annual VIMS Renewal	00770-035	Fees And Service Charges	N
			08/02/2019 08/02/2019			
6963	Sterling Solutions, Inc	750.00	1 Transactions			
125	DEPT Total:	794.09	Veteran Services	2 Vendors	2 Transactions	
149	DEPT		Other General Government			
4928	1 Source					
	01-149-000-0000-6408	693.68	County Supplies - ERGO	244476-0	County Shared Office Supplies	Y
			08/07/2019 08/07/2019			
4928	1 Source	693.68	1 Transactions			
7183	CCP Industries,Inc					
	01-149-000-0000-6404	298.55	Hand Soap for Dispensers	IN02368460	County Shared Cleaning Supplies	N
			08/08/2019 08/08/2019			
7183	CCP Industries,Inc	298.55	1 Transactions			
149	DEPT Total:	992.23	Other General Government	2 Vendors	2 Transactions	
201	DEPT		Enhanced 911 System			
111	Fillmore Co Treasurer- Credit Card/ACH					
	01-201-000-0000-6640	146.00	Dispatch Batteries		Equipment Purchased	N
			06/12/2019 06/12/2019			
111	Fillmore Co Treasurer- Credit Card/ACH	146.00	1 Transactions			

*** Fillmore County ***



Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES

Vendor	Name	Rpt	Amount	Warrant Description	Invoice #	Account/Formula Descripti	1099
No.	Account/Formula	Accr		Service Dates	Paid On Bhf #	On Behalf of Name	
201	DEPT Total:		146.00	Enhanced 911 System	1 Vendors	1 Transactions	
202	DEPT			Sheriff			
111	Fillmore Co Treasurer- Credit Card/ACH						
	01-202-000-0000-6285		1,035.00	POST Licenses		Professional Fees	N
				05/29/2019 05/29/2019			
	01-202-000-0000-6337		31.43	Fuel		Other Travel Expense	N
				04/05/2019 04/05/2019			
	01-202-000-0000-6357		75.00	DMT Refresher - JD		Peace Officer Training Expense	N
				07/03/2019 07/03/2019			
	01-202-000-0000-6357		293.93	CPR Training		Peace Officer Training Expense	N
				05/30/2019 05/30/2019			
	01-202-000-0000-6357		179.06	Targets		Peace Officer Training Expense	N
				05/06/2019 05/06/2019			
	01-202-000-0000-6357		75.00	DMT Refresher - LB		Peace Officer Training Expense	N
				05/30/2019 05/30/2019			
	01-202-000-0000-6357		75.00	DMT Refresher - JH		Peace Officer Training Expense	N
				04/12/2019 04/12/2019			
	01-202-000-0000-6357		125.00	Training		Peace Officer Training Expense	N
				04/01/2019 04/01/2019			
	01-202-000-0000-6357		125.00	Training		Peace Officer Training Expense	N
				04/01/2019 04/01/2019			
	01-202-000-0000-6357		75.00	DMT Refresher - DK		Peace Officer Training Expense	N
				04/03/2019 04/03/2019			
	01-202-000-0000-6357		125.00	Training		Peace Officer Training Expense	N
				04/06/2019 04/06/2019			
	01-202-000-0000-6357		75.00	DMT Refresher - JG		Peace Officer Training Expense	N
				04/06/2019 04/06/2019			
	01-202-000-0000-6357		125.00	Training		Peace Officer Training Expense	N
				04/15/2019 04/15/2019			
	01-202-000-0000-6357		317.61	Training - DD		Peace Officer Training Expense	N
				05/01/2019 05/01/2019			
	01-202-000-0000-6357		317.61	Training - SS		Peace Officer Training Expense	N
				05/01/2019 05/01/2019			
	01-202-000-0000-6357		317.61	Training - DK		Peace Officer Training Expense	N
				05/01/2019 05/01/2019			
	01-202-000-0000-6357		317.61	Training - LB		Peace Officer Training Expense	N
				05/01/2019 05/01/2019			
	01-202-000-0000-6357		75.00	DMT Refresher - BG		Peace Officer Training Expense	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
			05/11/2019 05/11/2019			
	01-202-000-0000-6357		75.00	DMT Refresher - DD		Peace Officer Training Expense N
			05/13/2019 05/13/2019			
	01-202-000-0000-6408		37.98	USB Drives		Other Office Supplies N
			04/13/2019 04/13/2019			
	01-202-000-0000-6652		665.19	Sheriff Data Lines/901 Houston	9833259957	Squad Car Technology N
			06/02/2019 07/01/2019			
	01-202-000-0000-6652		665.19	Sheriff Data Lines/901 Houston	9835248213	Squad Car Technology N
			07/02/2019 08/01/2019			
111	Fillmore Co Treasurer- Credit Card/ACH		5,203.22	22 Transactions		
83550	Kelly Printing & Signs LLC					
	01-202-000-0000-6455		485.00	Charger Squad Graphics	34143	Law Enforcement Supplies N
			07/24/2019 07/24/2019			
	01-202-000-0000-6402		184.28	Envelopes - Sheriff Dept	34174	Stationary And Forms N
			07/26/2019 07/26/2019			
83550	Kelly Printing & Signs LLC		669.28	2 Transactions		
3500	Severson Oil Company					
	01-202-000-0000-6561		230.00	July 2019 Fuel	20248	Gasoline Diesel And Other Fuels N
			07/06/2019 07/26/2019			
3500	Severson Oil Company		230.00	1 Transactions		
4998	SOUTHLAND AUTO					
	01-202-000-0000-6311		243.82	2014 Durango Repairs	1481	Miscellaneous Repairs And Maintenance N
			07/03/2019 07/03/2019			
4998	SOUTHLAND AUTO		243.82	1 Transactions		
355	Streicher's Inc.					
	01-202-000-0000-6173		92.50	Badge	11381148	Uniform Allowance N
			08/05/2019 08/05/2019			
355	Streicher's Inc.		92.50	1 Transactions		
202	DEPT Total:		6,438.82	Sheriff	5 Vendors	27 Transactions
206	DEPT			D.A.R.E. Program		
	111 Fillmore Co Treasurer- Credit Card/ACH					
	01-206-000-0000-6416		125.00	DARE Gift Cards		Misc Supplies N
			05/04/2019 05/04/2019			

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No.	Account/Formula	Accr		Service Dates	Paid On Bhf #	On Behalf of Name	
111	Fillmore Co Treasurer- Credit Card/ACH		125.00	1 Transactions			
206	DEPT Total:		125.00	D.A.R.E. Program	1 Vendors	1 Transactions	
251	DEPT			County Jail			
111	Fillmore Co Treasurer- Credit Card/ACH						
	01-251-000-0000-6205		6.85	Postage		Postage And Postal Box Rent	N
				04/24/2019 04/24/2019			
	01-251-000-0000-6245		400.00	Jail Conference - LB		Registration Fees	N
				07/24/2019 07/24/2019			
	01-251-000-0000-6337		18.68	Transport Meal		Other Travel Expense	N
				06/20/2019 06/20/2019			
	01-251-000-0000-6416		30.64	Jail Supplies		Misc Supplies	N
				05/02/2019 05/02/2019			
	01-251-000-0000-6416		20.98	Jail TV		Misc Supplies	N
				05/08/2019 05/08/2019			
	01-251-000-0000-6416		51.96	Jail Supply		Misc Supplies	N
				06/04/2019 06/04/2019			
	01-251-000-0000-6416		3.90	Jail Supplies		Misc Supplies	N
				06/07/2019 06/07/2019			
	01-251-000-0000-6416		20.98	Jail TV		Misc Supplies	N
				06/08/2019 06/08/2019			
	01-251-000-0000-6416		18.98	Jail TV		Misc Supplies	N
				04/08/2019 04/08/2019			
	01-251-000-0000-6416		20.98	Jail TV		Misc Supplies	N
				07/08/2019 07/08/2019			
	01-251-000-0000-6416		44.80	USB		Misc Supplies	N
				07/23/2019 07/23/2019			
	01-251-000-0000-6455		330.00	Polo Shirts		Law Enforcement Supplies	N
				06/18/2019 06/18/2019			
111	Fillmore Co Treasurer- Credit Card/ACH		968.75	12 Transactions			
4899	HEALTHDIRECT #119						
	01-251-000-0000-6431		480.78	Inmate Meds		Drugs And Medicine	N
				07/31/2019 07/31/2019			
4899	HEALTHDIRECT #119		480.78	1 Transactions			
83550	Kelly Printing & Signs LLC						
	01-251-000-0000-6455		46.00	Clothing for Dispatch	34311	Law Enforcement Supplies	N

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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	
83550	Kelly Printing & Signs LLC		07/31/2019 07/31/2019 1 Transactions			
7156	Midwest Monitoring & Surveillance 01-251-000-0000-6285		124.04 Drug Testing 07/31/2019 07/31/2019 1 Transactions	DT0719314	Professional Fees	N
7156	Midwest Monitoring & Surveillance		124.04			
251	DEPT Total:		1,619.57	County Jail	4 Vendors	15 Transactions
281	DEPT			Emergency Mgmt Services		
111	Fillmore Co Treasurer- Credit Card/ACH 01-281-000-0000-6244		225.00	EM Membership 06/12/2019 06/12/2019	Continuing Education	N
	01-281-000-0000-6244		373.06	Training - DK 05/08/2019 05/08/2019	Continuing Education	N
	01-281-000-0000-6245		615.00	EM Conference 06/14/2019 06/14/2019	Registration Fees	N
	01-281-000-0000-6203		70.02	Sheriff Data Lines/901 Houston 06/02/2019 07/01/2019	Telephone	N
	01-281-000-0000-6203		70.02	Sheriff Data Lines/901 Houston 07/02/2019 08/01/2019	Telephone	N
111	Fillmore Co Treasurer- Credit Card/ACH		1,353.10	5 Transactions		
281	DEPT Total:		1,353.10	Emergency Mgmt Services	1 Vendors	5 Transactions
441	DEPT			Public Health		
6619	Angela Serfling 01-441-000-0000-6447		636.26	July 2019 Mileage 07/08/2019 07/30/2019 1 Transactions	LPHA Grant Expenses	N
6619	Angela Serfling		636.26			
4637	Erickson/Jessica 01-441-000-0000-6447		87.00	July 2019 Mileage 07/11/2019 07/24/2019 1 Transactions	LPHA Grant Expenses	N
4637	Erickson/Jessica		87.00			
111	Fillmore Co Treasurer- Credit Card/ACH					

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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	
	01-441-000-0000-6448		39.59	July 2019 SHIP Cellphone	9835275329	Ship Grant Expenses	N
				07/03/2019 08/02/2019			
111	Fillmore Co Treasurer- Credit Card/ACH		39.59	1 Transactions			
4178	MEDELA						
	01-441-000-0000-6448		2,641.72	Breastfeeding Equipment	12454272	Ship Grant Expenses	N
				08/01/2019 08/01/2019			
	01-441-000-0000-6448		1,837.36	Breastfeeding Pump/Equipment	12454876	Ship Grant Expenses	N
				08/01/2019 08/01/2019			
	01-441-000-0000-6448		336.00	Breastfeeding Equip Stand	12455201	Ship Grant Expenses	N
				08/02/2019 08/02/2019			
4178	MEDELA		4,815.08	3 Transactions			
441	DEPT Total:		5,577.93	Public Health	4 Vendors	6 Transactions	
442	DEPT			Wic Program			
5417	Playscapes						
	01-442-000-0000-6639		2,513.70	WIC/FHV Toys/Decor	IN081217	Equipment Purchased	N
				08/06/2019 08/06/2019			
5417	Playscapes		2,513.70	1 Transactions			
6665	Sydney Gilbert						
	01-442-000-0000-6335		12.18	WIC July 2019 Mileage		Employee Automobile Allowance	N
				07/11/2019 07/11/2019			
6665	Sydney Gilbert		12.18	1 Transactions			
442	DEPT Total:		2,525.88	Wic Program	2 Vendors	2 Transactions	
443	DEPT			Nursing Service			
2138	Baker/Jan						
	01-443-000-0000-6104		38.34	July 2019 Conference - 2 days		Per Diem	N
				07/31/2019 08/01/2019			
	01-443-000-0000-6335		120.64	July 2019 Mileage		Employee Automobile Allowance	N
				07/03/2019 07/30/2019			
	01-443-000-0000-6337		5.00	Parking Pass - July Conference		Other Travel Expense	N
				07/31/2019 08/01/2019			
2138	Baker/Jan		163.98	3 Transactions			

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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	
4683	Barrier Free Access, Inc. 01-443-000-0000-6433		807.40	Maint/Lift Repairs Clie #0637 07/31/2019 07/31/2019	13772	Waiver Reimbursables	N
4683	Barrier Free Access, Inc.		807.40	1 Transactions			
106	Fillmore Co Treasurer 01-443-000-0000-6561		10.08	July 2019 Fuel 07/02/2019 07/02/2019		Gasoline Diesel And Other Fuels	N
106	Fillmore Co Treasurer		10.08	1 Transactions			
111	Fillmore Co Treasurer- Credit Card/ACH 01-443-000-0000-6203		22.77	July 2019 Nurse Cellphone 07/03/2018 08/02/2019	9835275329	Telephone	N
111	Fillmore Co Treasurer- Credit Card/ACH		22.77	1 Transactions			
4177	GATZKE/MICHELE 01-443-000-0000-6335		211.12	July 2019 Mileage 07/02/2019 07/30/2019		Employee Automobile Allowance	N
4177	GATZKE/MICHELE		211.12	1 Transactions			
5428	Hall/Alexis 01-443-000-0000-6104		5.15	Meeting Per Diem Meal 07/31/2019 07/31/2019		Per Diem	N
	01-443-000-0000-6104		51.23	2-Day Meal Per Diem 07/31/2019 08/01/2019		Per Diem	N
	01-443-000-0000-6335		345.10	July 2019 Mileage 07/10/2019 07/29/2019		Employee Automobile Allowance	N
	01-443-000-0000-6561		21.70	Fuel for Fleet Car 08/01/2019 08/01/2019		Gasoline Diesel And Other Fuels	N
5428	Hall/Alexis		423.18	4 Transactions			
5710	Holst/Jessica 01-443-000-0000-6335		12.76	WIC July 2019 Mileage 07/11/2019 07/11/2019		Employee Automobile Allowance	N
5710	Holst/Jessica		12.76	1 Transactions			
6186	Johnson/Breanna 01-443-000-0000-6335		88.16	July 2019 Mileage 07/02/2019 07/30/2019		Employee Automobile Allowance	N

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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	
6186	Johnson/Breanna		88.16	1 Transactions			
83550	Kelly Printing & Signs LLC						
	01-443-000-0000-6408		104.56	ROI Forms	34181	Other Office Supplies	N
				07/26/2019 07/26/2019			
	01-443-000-0000-6408		52.00	Business Card - Gilbert/Draper	34196	Other Office Supplies	N
				07/29/2019 07/29/2019			
83550	Kelly Printing & Signs LLC		156.56	2 Transactions			
4752	Logsdon/Linda						
	01-443-000-0000-6335		316.10	July 2019 Mileage		Employee Automobile Allowance	N
				07/02/2019 07/30/2019			
4752	Logsdon/Linda		316.10	1 Transactions			
1089	Loven/Julie						
	01-443-000-0000-6335		167.62	July 2019 Mileage		Employee Automobile Allowance	N
				07/03/2019 07/31/2019			
1089	Loven/Julie		167.62	1 Transactions			
4841	ROCHESTER CITY LINES						
	01-443-000-0000-6433		234.00	Waiver Reimbursement #3455	148190719	Waiver Reimbursables	N
				07/19/2019 07/19/2019			
4841	ROCHESTER CITY LINES		234.00	1 Transactions			
6366	Vernon Memorial Healthcare Inc						
	01-443-000-0000-6431		92.33	EPI for Emergency Kit	14175	Drugs & Medicine	N
				07/10/2019 07/10/2019			
6366	Vernon Memorial Healthcare Inc		92.33	1 Transactions			
443	DEPT Total:		2,706.06	Nursing Service	13 Vendors	19 Transactions	
603	DEPT			Feedlot			
111	Fillmore Co Treasurer- Credit Card/ACH						
	01-603-000-0000-6408		984.79	Geosystem-Zoning/Feedlot		Other Office Supplies	N
				06/28/2019 06/28/2019			
111	Fillmore Co Treasurer- Credit Card/ACH		984.79	1 Transactions			

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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	
603	DEPT Total:		984.79	Feedlot	1 Vendors	1 Transactions	
1	Fund Total:		31,513.13	County Revenue Fund		102 Transactions	

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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
310	DEPT		Highway Maintenance			
1891	Bruening Rock Products, Inc.					
	13-310-000-0000-6505		4,336.31	rock	136154	Aggregate N
1891	Bruening Rock Products, Inc.		4,336.31	1 Transactions		
6150	Cintas Corporation No.2					
	13-310-000-0000-6293		8.80	uniforms	4024875192	Uniform Expense N
	13-310-000-0000-6293		9.86	uniforms	4024875223	Uniform Expense N
	13-310-000-0000-6293		17.65	uniforms	4025105470	Uniform Expense N
	13-310-000-0000-6293		8.73	uniforms	4025267799	Uniform Expense N
	13-310-000-0000-6293		24.67	uniforms	4025269743	Uniform Expense N
	13-310-000-0000-6293		8.82	uniforms	4025269793	Uniform Expense N
	13-310-000-0000-6293		9.86	uniforms	4025318005	Uniform Expense N
	13-310-000-0000-6293		8.80	uniforms	4025318024	Uniform Expense N
	13-310-000-0000-6293		14.65	uniforms	4025514584	Uniform Expense N
	13-310-000-0000-6293		8.73	uniforms	4025725886	Uniform Expense N
	13-310-000-0000-6293		8.82	uniforms	4025727421	Uniform Expense N
	13-310-000-0000-6293		66.27	uniforms	4025727527	Uniform Expense N
	13-310-000-0000-6293		8.80	uniforms	4025808388	Uniform Expense N
	13-310-000-0000-6293		9.86	uniforms	4025808475	Uniform Expense N
	13-310-000-0000-6293		17.65	uniforms	4026001673	Uniform Expense N
	13-310-000-0000-6293		8.73	uniforms	4026190990	Uniform Expense N
	13-310-000-0000-6293		24.67	uniforms	4026192970	Uniform Expense N
	13-310-000-0000-6293		8.82	uniforms	4026193019	Uniform Expense N
	13-310-000-0000-6293		8.80	uniforms	4026260305	Uniform Expense N
	13-310-000-0000-6293		9.86	uniforms	4026260452	Uniform Expense N
	13-310-000-0000-6293		14.83	uniforms	4026478320	Uniform Expense N
	13-310-000-0000-6293		8.91	uniforms	4026667337	Uniform Expense N
	13-310-000-0000-6293		9.00	uniforms	4026669000	Uniform Expense N
	13-310-000-0000-6293		24.99	uniforms	4026669088	Uniform Expense N
	13-310-000-0000-6293		8.98	uniforms	4026741957	Uniform Expense N
	13-310-000-0000-6293		28.95	uniforms	4026742039	Uniform Expense N
	13-310-000-0000-6293		17.83	uniforms	4026950823	Uniform Expense N
6150	Cintas Corporation No.2		406.34	27 Transactions		
99	Erickson Engineering LLC					
	13-310-000-0000-6629		550.00	Co 5 slide services	13221	Infrastructure Improvement N
	13-310-000-0000-6629		300.00	bridge repair services	13222	Infrastructure Improvement 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
99	Erickson Engineering LLC		850.00	2 Transactions		
4529	Grainger					
	13-310-000-0000-6466		6.37	safety supplies	9255022676	Safety Materials N
4529	Grainger		6.37	1 Transactions		
3632	Milestone Materials Inc					
	13-310-000-0000-6505		593.41	rock	123642	Aggregate N
	13-310-000-0000-6505		306.16	rock	125018	Aggregate N
	13-310-000-0000-6505		160.73	rock	125019	Aggregate N
	13-310-000-0000-6505		388.22	rock	125020	Aggregate N
	13-310-000-0000-6505		433.59	rock	125021	Aggregate N
	13-310-000-0000-6505		89.03	rock	125022	Aggregate N
	13-310-000-0000-6505		939.77	rock	125023	Aggregate N
	13-310-000-0000-6505		83.33	rock	125024	Aggregate N
	13-310-000-0000-6505		254.03	rock	125025	Aggregate N
	13-310-000-0000-6505		89.59	rock	125026	Aggregate N
3632	Milestone Materials Inc		3,337.86	10 Transactions		
272	Newman Signs					
	13-310-000-0000-6515		110.94	signs	TRFINV013685	Traffic Signs N
	13-310-000-0000-6515		1,327.20	signs	TRFINV013886	Traffic Signs N
	13-310-000-0000-6515		125.95	signs	TRFINV013894	Traffic Signs N
272	Newman Signs		1,564.09	3 Transactions		
5471	Precise MRM LLC					
	13-310-000-0000-6580		38.79	truck data plan	200-1022135	Other Repair And Maintenance Suppl N
5471	Precise MRM LLC		38.79	1 Transactions		
310	DEPT Total:		10,539.76	Highway Maintenance	7 Vendors	45 Transactions
320	DEPT			Highway Construction		
6044	Braun Intertec Corporation Inc					
	13-320-000-0000-6377		327.75	services	B180004	Fees And Service Charges N
6044	Braun Intertec Corporation Inc		327.75	1 Transactions		
8755	Valley Home Improvement					
	13-320-000-0000-6501		20.97	supplies	61535	Engineering And Surveying Supplies 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
8755	Valley Home Improvement		20.97	1 Transactions		
320	DEPT Total:		348.72	Highway Construction	2 Vendors	2 Transactions
330	DEPT			Equipment Maintenance Shops		
3691	Bauer Built Inc					
	13-330-000-0000-6516		47.88	tires/parts	36104	Tires & Repairs N
	13-330-000-0000-6516		45.00	labor	36104	Tires & Repairs N
	13-330-000-0000-6516		304.50	tires/parts	36610	Tires & Repairs N
	13-330-000-0000-6516		1,085.00	tires/parts	36759	Tires & Repairs N
	13-330-000-0000-6516		120.00	labor	36759	Tires & Repairs N
	13-330-000-0000-6516		115.00	labor	36828	Tires & Repairs N
	13-330-000-0000-6516		20.00	tires/parts	36828	Tires & Repairs N
	13-330-000-0000-6516		15.00	labor	36840	Tires & Repairs N
	13-330-000-0000-6516		10.00	tires/parts	36840	Tires & Repairs N
	13-330-000-0000-6516		200.11	tires/parts	36935	Tires & Repairs N
	13-330-000-0000-6516		15.00	labor	36935	Tires & Repairs N
	13-330-000-0000-6516		100.00	labor	37029	Tires & Repairs N
	13-330-000-0000-6516		1,625.00	tires/parts	37029	Tires & Repairs N
3691	Bauer Built Inc		3,702.49	13 Transactions		
6150	Cintas Corporation No.2					
	13-330-000-0000-6576		149.70	supplies	4025727405	Shop Supplies & Tools N
	13-330-000-0000-6576		149.70	supplies	4026668925	Shop Supplies & Tools N
6150	Cintas Corporation No.2		299.40	2 Transactions		
5005	Cintas Corporation- First Aid & Safety					
	13-330-000-0000-6576		95.30	supplies	5014459871	Shop Supplies & Tools N
5005	Cintas Corporation- First Aid & Safety		95.30	1 Transactions		
8165	Dave Syverson Freightliner					
	13-330-000-0000-6575		68.35	parts	318178	Machinery Parts N
	13-330-000-0000-6575		112.84	parts	318346	Machinery Parts N
	13-330-000-0000-6575		360.80	parts	318476	Machinery Parts N
	13-330-000-0000-6575		132.84	parts	318900	Machinery Parts N
	13-330-000-0000-6575		3.44	parts	318929	Machinery Parts N
	13-330-000-0000-6575		31.41	parts	319423	Machinery Parts N
	13-330-000-0000-6575		493.05	parts	319709	Machinery Parts N

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No.	Account/Formula	Accr	Amount	Service Dates	Paid On Bhf #	On Behalf of Name
8165	Dave Syverson Freightliner		1,202.73	7 Transactions		
9142	Force America Distributing LLC					
	13-330-000-0000-6575		410.51	parts	001-1360845	Machinery Parts N
9142	Force America Distributing LLC		410.51	1 Transactions		
6696	H & L Mesabi Company					
	13-330-000-0000-6576		229.45	supplies	4362	Shop Supplies & Tools N
6696	H & L Mesabi Company		229.45	1 Transactions		
155	Hammell Equipment Inc					
	13-330-000-0000-6575		9.95	parts	I114792	Machinery Parts N
	13-330-000-0000-6561		98.45	additive	RI62340	Gasoline Diesel And Other Fuels N
155	Hammell Equipment Inc		108.40	2 Transactions		
2669	Hammell Equipment Inc					
	13-330-000-0000-6575		164.00	parts	HI46782	Machinery Parts N
2669	Hammell Equipment Inc		164.00	1 Transactions		
3714	Hovey Oil Co Inc					
	13-330-000-0000-6561		1,574.25	#2 diesel	101074	Gasoline Diesel And Other Fuels N
	13-330-000-0000-6561		1,895.40	#2 diesel	99429	Gasoline Diesel And Other Fuels N
	13-330-000-0000-6561		224.40	gas	99429	Gasoline Diesel And Other Fuels N
	13-330-000-0000-6561		3,366.00	gas	99435	Gasoline Diesel And Other Fuels N
	13-330-000-0000-6561		1,765.15	#2 diesel	99437	Gasoline Diesel And Other Fuels N
	13-330-000-0000-6561		1,560.00	#2 diesel	99473	Gasoline Diesel And Other Fuels N
	13-330-000-0000-6561		1,169.74	#2 diesel	99477	Gasoline Diesel And Other Fuels N
3714	Hovey Oil Co Inc		11,554.94	7 Transactions		
170	Hyland Motor Company					
	13-330-000-0000-6575		347.00	parts	141263	Machinery Parts N
	13-330-000-0000-6575		431.10	parts	141458	Machinery Parts N
170	Hyland Motor Company		778.10	2 Transactions		
9403	Menards Rochester South					
	13-330-000-0000-6576		41.87	supplies	2242	Shop Supplies & Tools N
9403	Menards Rochester South		41.87	1 Transactions		
303	Preston Equipment Company					

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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	Amount	Service Dates	Paid On Bhf #	On Behalf of Name	
	13-330-000-0000-6561		183.54	additive	01-75897	Gasoline Diesel And Other Fuels	N
303	Preston Equipment Company		183.54	1 Transactions			
5753	RDO Equipment Co						
	13-330-000-0000-6575		337.44	parts	P84466	Machinery Parts	N
	13-330-000-0000-6575		13.25	parts	P84827	Machinery Parts	N
	13-330-000-0000-6575		169.93	parts	P84925	Machinery Parts	N
	13-330-000-0000-6575		2,869.65	parts	P84926	Machinery Parts	N
	13-330-000-0000-6575		262.45	parts	P84927	Machinery Parts	N
	13-330-000-0000-6575		416.81	parts	P85019	Machinery Parts	N
	13-330-000-0000-6575		756.93	parts	P85103	Machinery Parts	N
5753	RDO Equipment Co		4,826.46	7 Transactions			
7757	Universal Truck Equipment Inc						
	13-330-000-0000-6575		263.50	parts	49994	Machinery Parts	N
	13-330-000-0000-6575		135.50	parts	50067	Machinery Parts	N
	13-330-000-0000-6575		497.50	parts	50077	Machinery Parts	N
	13-330-000-0000-6575		37.80	parts	50109	Machinery Parts	N
7757	Universal Truck Equipment Inc		934.30	4 Transactions			
8755	Valley Home Improvement						
	13-330-000-0000-6625		706.46	breakroom remodel	61152	Building Improvement	N
	13-330-000-0000-6625		62.93	breakroom remodel	61172	Building Improvement	N
	13-330-000-0000-6625		99.32	breakroom remodel	61244	Building Improvement	N
8755	Valley Home Improvement		868.71	3 Transactions			
4079	Village Farm & Home						
	13-330-000-0000-6576		10.58	supplies	42170	Shop Supplies & Tools	N
4079	Village Farm & Home		10.58	1 Transactions			
330	DEPT Total:		25,410.78	Equipment Maintenance Shops	16 Vendors	54 Transactions	
340	DEPT			Local Option Sales Tax			
99	Erickson Engineering LLC						
	13-340-000-0000-6265		184.00	consulting	13188	Consulting	N
99	Erickson Engineering LLC		184.00	1 Transactions			

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13 County Road & Bridge

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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	
340	DEPT Total:		184.00	Local Option Sales Tax	1 Vendors	1 Transactions	
13	Fund Total:		36,483.26	County Road & Bridge		102 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	Service Dates	Paid On Bhf #	On Behalf of Name	
390	DEPT		Resource Recovery Center			
6150	Cintas Corporation No.2					
	14-390-000-0000-6377	13.38	Uniforms	4027636122	Fees And Service Charges	N
			08/09/2019 08/09/2019			
	14-390-000-0000-6377	13.65	Uniforms	4028107009	Fees And Service Charges	N
			08/16/2019 08/16/2019			
6150	Cintas Corporation No.2	27.03	2 Transactions			
106	Fillmore Co Treasurer					
	14-390-000-0000-6561	56.00	July 2019 Gasoline		Gasoline Diesel And Other Fuels	N
			07/30/2019 07/30/2019			
	14-390-000-0000-6561	237.80	July 2019 Diesel		Gasoline Diesel And Other Fuels	N
			07/01/2019 07/31/2019			
106	Fillmore Co Treasurer	293.80	2 Transactions			
83550	Kelly Printing & Signs LLC					
	14-390-000-0000-6311	220.00	Chatfield Recycling Sign	34088	Miscellaneous Repairs And Maintenar	N
			07/19/2019 07/19/2019			
83550	Kelly Printing & Signs LLC	220.00	1 Transactions			
2050	Liberty Tire Recycling LLC					
	14-390-000-0000-6862	1,068.53	Tires	1647549	Management Of Problem Wastes	N
			08/10/2019 08/10/2019			
2050	Liberty Tire Recycling LLC	1,068.53	1 Transactions			
390	DEPT Total:	1,609.36	Resource Recovery Center	4 Vendors	6 Transactions	
14	Fund Total:	1,609.36	Sanitation Fund		6 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	Service Dates	Paid On Bhf #	On Behalf of Name	
350	DEPT		County Airport			
5763	Bolton & Menk Inc.					
	23-350-000-0000-6626	156.21	#23 MstrPln/ALP St 5%	0235813	Mn Improvement Const/Grant	N
			06/28/2019 06/28/2019			
	23-350-000-0000-6628	2,811.71	#23 MstrPln/ALP Fed 90%	0235813	Fed Improvement Const/Grant	N
			06/28/2019 06/28/2019			
	23-350-000-0000-6630	156.20	#23 MstrPln/ALP Cnty 5%	0235813	County Share Construction/Improver	N
			06/28/2019 06/28/2019			
5763	Bolton & Menk Inc.	3,124.12	3 Transactions			
1435	Deters/Isaac					
	23-350-000-0000-6305	260.94	Mtc & Fuel	11775	Machinery And Equipment Repairs	Y
			06/20/2019 06/20/2019			
	23-350-000-0000-6316	1,650.00	2019 1st 1/2 Mowing	11775	Grounds Maintenance	Y
			06/20/2019 06/20/2019			
1435	Deters/Isaac	1,910.94	2 Transactions			
170	Hyland Motor Company					
	23-350-000-0000-6305	237.50	Mower Mtc & Supplies	141097	Machinery And Equipment Repairs	N
			06/17/2019 06/17/2019			
	23-350-000-0000-6305	431.10	Mower Mtc & Repair	141458	Machinery And Equipment Repairs	N
			07/29/2019 07/29/2019			
170	Hyland Motor Company	668.60	2 Transactions			
3984	Schroeder/Pamela					
	23-350-000-0000-6337	6.00	MCOA Meeting Parking		Other Travel Expense-Meals	N
			07/30/2019 07/30/2019			
3984	Schroeder/Pamela	6.00	1 Transactions			
350	DEPT Total:	5,709.66	County Airport	4 Vendors	8 Transactions	
351	DEPT		Airport Fuel Sales			
4524	SynTech Systems					
	23-351-000-0000-6377	550.00	Fuel System Tech Support	192338	Fees And Service Charges	N
			07/18/2019 07/18/2019			
4524	SynTech Systems	550.00	1 Transactions			

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23 County Airport Fund

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Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES

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<u>Vendor 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>Service Dates</u>	<u>Paid On Bhf #</u>	<u>On Behalf of Name</u>	
351	DEPT Total:		550.00	Airport Fuel Sales	1 Vendors	1 Transactions
23	Fund Total:		6,259.66	County Airport Fund		9 Transactions
	Final Total:		75,865.41	90 Vendors	219 Transactions	

*** Fillmore County ***

Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES



Recap by Fund	<u>Fund</u>	<u>AMOUNT</u>	<u>Name</u>	
	1	31,513.13	County Revenue Fund	
	13	36,483.26	County Road & Bridge	
	14	1,609.36	Sanitation Fund	
	23	6,259.66	County Airport Fund	
	All Funds	75,865.41	Total	Approved by,
			
			

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 8/15/19 12:38PM
 1 County Revenue Fund

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Audit List for Board AUDITOR'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	
5536	MiEnergy Cooperative			108.27	radio tower electric		Electricity	N
	01-251-000-0000-6251							
5536	MiEnergy Cooperative			108.27	1 Transactions			
1 Fund Total:				108.27	County Revenue Fund	1 Vendors	1 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	Amount	Service Dates	Paid On Bhf #	On Behalf of Name
396	City of Ostrander					
	13-000-000-0000-2101		5,827.47	601-35/603-004 Ost LRIP#4		Due To Other Govt Units (Acc) N
	13-320-000-0000-6265		2,868.40	601-035 Eng	17-2019	Consulting N
	13-320-000-0000-6265		1,544.52	603-004 Eng	17-2019	Consulting N
	13-320-000-0000-6344		155,666.30	603-004 M/C #10	17-2019	Sap Municipal Construction N
	13-320-000-0000-6344		456,852.91	601-035 M/C #10	17-2019	Sap Municipal Construction N
396	City of Ostrander		622,759.60	5 Transactions		
7542	Fillmore Co Treasurer					
	13-330-000-0000-6561		896.33	July fuel tax		Gasoline Diesel And Other Fuels N
7542	Fillmore Co Treasurer		896.33	1 Transactions		
5536	MiEnergy Cooperative					
	13-330-000-0000-6251		68.01	electricity	302875004	Electricity N
	13-300-000-0000-6306		44.47	electricity	302875008	Radio Tower Repair & Services N
	13-310-000-0000-6251		42.00	electricity	302875011	Electricity N
	13-330-000-0000-6251		128.55	electricity	302875012	Electricity N
	13-330-000-0000-6251		27.90	electricity	302875013	Electricity N
	13-330-000-0000-6251		22.40	electricity	333377001	Electricity N
	13-330-000-0000-6251		80.52	electricity	333377002	Electricity N
5536	MiEnergy Cooperative		413.85	7 Transactions		
308	Preston Public Utilities					
	13-330-000-0000-6251		558.68	utilities	4458327	Electricity N
	13-330-000-0000-6251		43.64	utilities	4473A342	Electricity N
	13-330-000-0000-6251		929.34	utilities	4473B341	Electricity N
308	Preston Public Utilities		1,531.66	3 Transactions		
13 Fund Total:			625,601.44	County Road & Bridge	4 Vendors	16 Transactions

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14 Sanitation Fund

*** Fillmore County ***



Audit List for Board AUDITOR'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	
5882	Winneshiek County Landfill							
	14-390-000-0000-6374			2,770.60	Tipping Fees	23425	Landfill Tipping Fees	N
5882	Winneshiek County Landfill			2,770.60	1 Transactions			
14 Fund Total:				2,770.60	Sanitation Fund	1 Vendors	1 Transactions	

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 76 Trust And Agency Fund

*** Fillmore County ***



Audit List for Board AUDITOR'S VOUCHERS ENTRIES

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Vendor Name	<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>
110 Fillmore Co Treasurer					
76-000-000-0000-2006		1,967.00	RRC Sales & Use Tax		Commercial Sw Mgmt Tax N
76-000-000-0000-2007		146.00	041, 101 & 602 sales/use tax		Sales Tax Collected N
110 Fillmore Co Treasurer		2,113.00	2 Transactions		
76 Fund Total:		2,113.00	Trust And Agency Fund	1 Vendors	2 Transactions

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80 Taxes And Penalties Fund

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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	
82133	Fillmore Co Auditor-Treasurer						
	80-871-000-0000-5014		4.26	Forfeiture Process Deed Tax		State Deed Tax	N
82133	Fillmore Co Auditor-Treasurer		4.26	1 Transactions			
8605	Fillmore Co Recorder						
	80-871-000-0000-5501		46.00	Forfeiture Recording Fee		Recording Fees	N
8605	Fillmore Co Recorder		46.00	1 Transactions			
80 Fund Total:			50.26	Taxes And Penalties Fund	2 Vendors	2 Transactions	

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 87 State Revenue And School

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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	
1859	MN Department Of Finance						
	87-000-000-0000-2100		2,093.00	July 2019 Vitals		Due To Other Governmental Agenci	N
	87-000-000-0000-2313		4,263.00	July 2019 Vitals		Real Estate Surcharge	N
	87-000-000-0000-2405		50.00	July 2019 Vitals		Forfeit Sale State Deed Fee	N
1859	MN Department Of Finance		6,406.00		3 Transactions		
5993	Mn Dept Of Health						
	87-000-000-0000-2312		255.00	July 2019 Vitals		Well Management Funds	N
5993	Mn Dept Of Health		255.00		1 Transactions		
87 Fund Total:			6,661.00	State Revenue And School Fund	2 Vendors	4 Transactions	
Final Total:			637,304.57	11 Vendors	26 Transactions		

*** Fillmore County ***



Audit List for Board AUDITOR'S VOUCHERS ENTRIES

Recap by Fund	<u>Fund</u>	<u>AMOUNT</u>	<u>Name</u>	
	1	108.27	County Revenue Fund	
	13	625,601.44	County Road & Bridge	
	14	2,770.60	Sanitation Fund	
	76	2,113.00	Trust And Agency Fund	
	80	50.26	Taxes And Penalties Fund	
	87	6,661.00	State Revenue And School Fund	
	All Funds	637,304.57	Total	Approved by,
			
			

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1 County Revenue Fund

*** Fillmore County ***



Audit List for Board AUDITOR'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
80306	Auto License Bureau 01-205-000-0000-6382		50.00	Forfeited Vehicle Title Transf 08/07/2019 08/07/2019 1 Transactions	31001592	Vehicle Forfeiture Exp Ms169A.63 N
80306	Auto License Bureau		50.00			
3219	Centurylink 01-149-000-0000-6203		1,353.57	August Phone Acct #89549526 07/08/2019 08/07/2019 1 Transactions		Telephone N
3219	Centurylink		1,353.57			
85440	Centurylink 01-149-000-0000-6203		6,584.14	Aug Phone w/correct 301269347 07/26/2019 08/25/2019 1 Transactions		Telephone N
85440	Centurylink		6,584.14			
6648	Clifton Larson Allen LLP 01-045-000-0000-6285		26,000.00	2018 Audit Services 07/29/2019 07/29/2019 1 Transactions	094-083072	Professional Fees N
6648	Clifton Larson Allen LLP		26,000.00			
6317	Enterprise Fleet Management 01-202-000-0000-6650		4,014.05	August lease vehicle charges 08/01/2019 08/31/2019 1 Transactions	FBN3763254	Vehicles Purchased N
6317	Enterprise Fleet Management		4,014.05			
1479	Loffler Companies, Inc 01-149-000-0000-6235		893.76	Copy Usage 7/1/19-7/31/19 07/01/2019 07/31/2019 1 Transactions	3176028	Copy Machine - Copies BW and Col N
1479	Loffler Companies, Inc		893.76			
6676	Marco - Phones 01-149-000-0000-6203		3,419.66	Aug Contract/Phone Service 08/01/2019 08/31/2019 1 Transactions	25316714	Telephone N
6676	Marco - Phones		3,419.66			
2545	Marco, Inc 01-060-000-0000-6285		11,796.00	Managed IT August 2019 08/09/2019 09/08/2019	INV6647284	Professional Fees N
	01-060-000-0000-6640		9,500.00	Contract Hours 08/12/2019 08/12/2019	INV6652434	Equipment Purchased N

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1 County Revenue Fund

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Audit List for Board AUDITOR'S VOUCHERS ENTRIES

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Vendor	Name		<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>	
2545	Marco, Inc		21,296.00		2 Transactions		
9361	MN Dept Of Corrections						
	01-251-000-0000-6301		605.00	June Inmate Wages	00000560634	Icwc Wage Expense	N
				06/01/2019	06/30/2019		
9361	MN Dept Of Corrections		605.00		1 Transactions		
308	Preston Public Utilities						
	01-111-000-0000-6251		5,702.27	Courthouse Utilities		Electricity	N
				06/30/2019	07/31/2019		
	01-111-000-0000-6251		3,133.88	FCOB Utilities		Electricity	N
				06/25/2019	07/30/2019		
	01-251-000-0000-6251		2,760.79	Jail Utilities		Electricity	N
				06/25/2019	07/30/2019		
308	Preston Public Utilities		11,596.94		3 Transactions		
1 Fund Total:			75,813.12	County Revenue Fund		10 Vendors	13 Transactions

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 13 County Road & Bridge

*** Fillmore County ***



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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	
3219	Centurylink							
	13-300-000-0000-6203			143.42	telephone	5078673784	Telephone	N
3219	Centurylink			143.42	1 Transactions			
396	City of Ostrander							
	13-000-000-0000-2101			1,495.75	601-35/603-004 Ost LRIP #4		Due To Other Govt Units (Acc)	N
					08/16/2019 08/16/2019			
	13-320-000-0000-6265			4,497.38	601-035 Eng	19-2019	Consulting	N
	13-320-000-0000-6265			2,421.67	603-004 Eng	19-2019	Consulting	N
	13-320-000-0000-6344			131,319.08	601-035 M/C #11	19-2019	Sap Municipal Construction	N
	13-320-000-0000-6344			97,509.10	603-004 M/C #11	19-2019	Sap Municipal Construction	N
396	City of Ostrander			237,242.98	5 Transactions			
13 Fund Total:				237,386.40	County Road & Bridge	2 Vendors	6 Transactions	

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14 Sanitation Fund

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Audit List for Board AUDITOR'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
308	Preston Public Utilities					
	14-390-000-0000-6251		425.00	Transfer Station Utilities		Electricity
				06/25/2019	07/30/2019	
308	Preston Public Utilities		425.00	1 Transactions		
5882	Winneshiek County Landfill					
	14-390-000-0000-6374		1,339.80	Tipping Fees	23439	Landfill Tipping Fees
				08/12/2019	08/12/2019	
5882	Winneshiek County Landfill		1,339.80	1 Transactions		
14 Fund Total:			1,764.80	Sanitation Fund	2 Vendors	2 Transactions

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23 County Airport Fund

*** Fillmore County ***



Audit List for Board AUDITOR'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	
5536	MiEnergy Cooperative							
	23-350-000-0000-6251			37.32	Electricity 6/30/19-8/1/19		Electricity	N
					06/30/2019 08/01/2019			
	23-350-000-0000-6251			288.70	Electricity 7/1/19-8/1/19		Electricity	N
					07/01/2019 08/01/2019			
5536	MiEnergy Cooperative			326.02	2 Transactions			
23 Fund Total:				326.02	County Airport Fund	1 Vendors	2 Transactions	

smensink
 8/23/19 9:16AM
 73 Greenleafton Septic Projec

*** Fillmore County ***



Audit List for Board AUDITOR'S VOUCHERS ENTRIES

Page 7

Vendor	Name		Rpt		Warrant Description	Invoice #	Account/Formula Descripti	1099
No.	Account/Formula	Accr		Amount	Service Dates	Paid On Bhf #	On Behalf of Name	
5536	MiEnergy Cooperative							
	73-611-000-0000-6251			321.79	Greenleafton Treatment Plant		Electricity	N
					06/30/2019 08/01/2019			
	73-611-000-0000-6251			96.07	Greenleafton Grinder-Correct		Electricity	N
					07/01/2019 08/01/2019			
5536	MiEnergy Cooperative			417.86	2 Transactions			
73 Fund Total:				417.86	Greenleafton Septic Project	1 Vendors	2 Transactions	
Final Total:				315,708.20	16 Vendors	25 Transactions		

*** Fillmore County ***

Audit List for Board AUDITOR'S VOUCHERS ENTRIES



Recap by Fund	<u>Fund</u>	<u>AMOUNT</u>	<u>Name</u>	
	1	75,813.12	County Revenue Fund	
	13	237,386.40	County Road & Bridge	
	14	1,764.80	Sanitation Fund	
	23	326.02	County Airport Fund	
	73	417.86	Greenleifton Septic Project	
	All Funds	315,708.20	Total	Approved by,
			
			

REQUEST FOR COUNTY BOARD ACTION

Agenda Date: 8/27/2019 Amount of time requested (minutes): 10

Dept.: County Attorney's Office Prepared By: Brett Corson / bnp

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:

1.

Regular Agenda:

Documentation
(Yes/No):

1. County Attorney's role and responsibilities regarding veteran's court
In Fillmore County.

YES

Memo of Understanding

All requests for County Board agenda must be in the Coordinator'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: bvickerman@co.fillmore.mn.us; ainglett@co.fillmore.mn.us; and kruesink@co.fillmore.mn.us

MEMORANDUM OF UNDERSTANDING
Between the County Attorneys of the Third Judicial District,
State of Minnesota,
Regarding Operation of the Third District Veteran's Treatment Court

This Memorandum of Understanding is entered between the County Attorneys of the Third Judicial District of the State of Minnesota, Dodge, Freeborn, Fillmore, Houston, Mower, Olmsted, Rice, Steele, Wabasha, Waseca and Winona (collectively, "the County Attorneys") to memorialize their respective involvement in the Third District Veteran's Treatment Court ("VTC") to serve criminal justice-involved veterans in the Third Judicial District.

WHEREAS, the County Attorneys are committed to the supporting the operation of the VTC; and

WHEREAS, the County Attorneys recognize that the VTC operates with two "hub" locations, Owatonna (Steele County) on the west and Preston (Fillmore County) on the east; and

WHEREAS, the County Attorneys desire to work cooperatively and efficiently within the structure of the VTC; and

WHEREAS, the Steele County Attorney and Fillmore County Attorney are willing to appear at VTC court sessions with the consent of the County Attorney's Office that initiated the prosecution of the criminal matter(s) for which the VTC referral was made; and

WHEREAS, the County Attorneys expect that a successful VTC will promote the access of rehabilitative services for criminal justice-involved veterans, reduce the use of incarceration, reduce recidivism, and encourage veterans to engage in a pro-social lifestyle;

NOW THEREFORE, the County Attorneys set forth their acknowledgement of their roles and expectations in the operation of the VTC as follows:

1. For VTC participants appearing in Steele County, the undersigned County Attorneys hereby authorize the Steele County Attorney, or his designee, to appear at VTC court hearings on behalf of the County Attorney's Office that initiated the prosecution of the criminal matter(s) for which the VTC referral was made.
2. For VTC participants appearing in Fillmore County, the undersigned County Attorneys hereby authorize the Fillmore County Attorney, or his designee, to appear at VTC court hearings on behalf of the County Attorney's Office that initiated the prosecution of the criminal matter(s) for which the VTC referral was made.
3. The authority granted to the Steele County Attorney's Office and the Fillmore County Attorney's Office under this Memorandum of Understanding is expressly given for the convenience of the County Attorneys and may not be construed as a delegation of any other lawful authority.

4. The County Attorney's Office that initiated the prosecution of the criminal matter(s) for which the VTC referral was made is not precluded from appearing at, or providing information regarding, any VTC staffing or court session.
5. Approval of entry into the VTC is discretionary with the County Attorney's Office who initiates prosecution of a veteran. The undersigned County Attorneys will give due consideration to criminal defendants' military service status and will refer potential VTC participants where such referral is consistent with public safety, VTC eligibility criteria and the veteran's need for rehabilitative services.
6. The County Attorneys will continue to work collaboratively and communicate to address unforeseen contingencies in the operation of the VTC with a goal of supporting sustained operations, while not unduly burdening the member counties.

IN WITNESS WHEREOF, the County Attorneys memorialize their mutual understanding of the roles and responsibilities set forth above.

BY:

_____	Date: _____	_____	Date: _____
Dodge County Attorney		Freeborn County Attorney	
_____	Date: _____	_____	Date: _____
Fillmore County Attorney		Houston County Attorney	
_____	Date: _____	_____	Date: _____
Mower County Attorney		Olmsted County Attorney	
_____	Date: _____	_____	Date: _____
Rice County Attorney		Steele County Attorney	
_____	Date: _____	_____	Date: _____
Wabasha County Attorney		Waseca County Attorney	
_____	Date: _____		
Winona County Attorney			

Bobbie
8/20/19 10:00AM

*** 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>BUDGET</u> <u>2018</u>	<u>2018</u> <u>Actual</u> <u>Mo. 01 - 12</u>	<u>BUDGET</u> <u>2019</u>	<u>2019</u> <u>Actual</u> <u>Mo. 01 - 06</u>	<u>2020</u> <u>Budget</u>
091	DEPT	County Attorney						
		01-091-000-0000-5501	Fees And Charges	20,000 -	31,463 -	24,000 -	8,336 -	17,000 -
		01-091-000-0000-5612	Forfeitures	0	2,948 -	3,000 -	2,675 -	0
		01-091-000-0000-5831	Miscellaneous Revenue	6,000 -	1,100 -	1,600 -	0	0
		01-091-000-0000-5832	Formal Complaint Revenue	0	731 -	0	3,369 -	7,000 -
		01-091-000-0000-6105	Gross Salaries	323,662	331,809	352,510	179,575	322,335
		01-091-000-0000-6115	Parttime Salaries	0	0	0	0	28,060
		01-091-000-0000-6152	Life Insurance	43	47	48	25	39
		01-091-000-0000-6162	P.E.R.A. - Employer	24,275	23,585	26,439	13,468	24,175
		01-091-000-0000-6171	Social Security- Employer	20,067	18,441	21,856	10,240	21,724
		01-091-000-0000-6172	Medicare- Employer	4,693	4,303	5,112	2,395	5,081
		01-091-000-0000-6174	Co.Health Contribution	50,003	42,784	70,529	32,039	73,029
		01-091-000-0000-6205	Postage And Postal Box Rent	0	72	0	0	0
		01-091-000-0000-6206	Employee Electronic Device Reimbu	0	840	840	420	840
		01-091-000-0000-6242	Membership Dues	4,500	10,079	4,500	11,861	24,000
		01-091-000-0000-6245	Registration Fees	0	397	800	2,063	4,200
		01-091-000-0000-6282	Transcripts	1,000	35	1,000	0	500
		01-091-000-0000-6285	Professional Fees	4,000	6,202	4,000	0	2,000
		01-091-000-0000-6335	Employee Automobile Allowance	500	337	500	770	1,600
		01-091-000-0000-6337	Other Travel Expense	300	1,670	300	327	700
		01-091-000-0000-6377	Fees And Service Charges	16,000	3,291	14,000	1,448	2,900
		01-091-000-0000-6402	Stationary And Forms	100	137	120	0	0
		01-091-000-0000-6408	Other Office Supplies	0	77	100	152	310
		01-091-000-0000-6451	Reference Materials	3,500	7,009	5,200	2,645	5,300
DEPT	091	County Attorney	Revenue	26,000 -	36,242 -	28,600 -	14,380 -	24,000 -
			Expend.	452,643	451,115	507,854	257,428	516,793
			Net	426,643	414,873	479,254	243,048	492,793
FUND	01	County Revenue Fund	Revenue	26,000 -	36,242 -	28,600 -	14,380 -	24,000 -
			Expend.	452,643	451,115	507,854	257,428	516,793
			Net	426,643	414,873	479,254	243,048	492,793
Final Totals			Revenue	26,000 -	36,242 -	28,600 -	14,380 -	24,000 -
			Expend.	452,643	451,115	507,854	257,428	516,793
			Net	426,643	414,873	479,254	243,048	492,793

2020

7.50%

Attorney	Hourly/Salary	Gross Salaries	Life Insurance	PERA	Social Security	Medicare	Health Insurance	Total Cost	FTE
BC		\$ 116,390.00	\$ 9.60	\$ 8,729.25	\$ 7,216.18	\$ 1,687.66	\$ 23,177.82	\$ 157,210.51	1
MH	\$ 34.89	\$ 15,377.77	\$ 9.60	\$ 1,153.33	\$ 953.42	\$ 222.98	\$ 23,700.27	\$ 41,417.37	1
3/16/2020	\$ 36.01	\$ 60,901.91	\$ -	\$ 4,567.64	\$ 3,775.92	\$ 883.08	\$ -	\$ 70,128.55	
		\$ 76,279.68	\$ 9.60	\$ 5,720.98	\$ 4,729.34	\$ 1,106.06	\$ 23,700.27	\$ 111,545.92	1
MS	\$ 37.14	\$ 76,137.00	\$ 9.60	\$ 5,710.28	\$ 4,720.49	\$ 1,103.99	\$ 10,929.78	\$ 98,611.14	1
12/18/2020	\$ 38.26	\$ 3,137.32	\$ -	\$ 235.30	\$ 194.51	\$ 45.49	\$ -	\$ 3,612.62	
		\$ 79,274.32	\$ 9.60	\$ 5,945.57	\$ 4,915.01	\$ 1,149.48	\$ 10,929.78	\$ 102,223.76	1
BP	\$ 23.23	\$ 22,739.27	\$ 9.60	\$ 1,705.44	\$ 1,409.83	\$ 329.72	\$ 15,221.10	\$ 41,414.97	1
7/16/2020	\$ 23.98	\$ 27,651.94	\$ -	\$ 2,073.90	\$ 1,714.42	\$ 400.95	\$ -	\$ 31,841.21	
		\$ 50,391.20	\$ 9.60	\$ 3,779.34	\$ 3,124.25	\$ 730.67	\$ 15,221.10	\$ 73,256.17	1
DJ	\$ 26.98	\$ 28,059.20			\$ 1,739.67	\$ 406.86	\$ -	\$ 30,205.73	1
		\$ 350,394.40	\$ 38.40	\$ 24,175.14	\$ 21,724.45	\$ 5,080.72	\$ 73,028.97	\$ 474,442.09	5

3.0%

* salary increases based on 2.5%

* health insurance increased based on 7.5% per Flex Benefits Consultant

REQUEST FOR COUNTY BOARD ACTION

Agenda Date: 8/27/2019 Amount of time requested (minutes):

Dept.: Zoning

Prepared By: Kristi Ruesink

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):

1.

Regular Agenda:

Documentation
(Yes/No):

1. Consider an access permit for field drive for Johnson's Rolling Acres, section 17 of Norway Township.
2. Consider an access permit for field drive for Arlo Warnke, section 31 of Harmony Township.
3. Consider an access permit to expand driveway for Debra & Judith Kramer, section 1 of Carimona Township.
4. Consider an access permit to expand field drive for Debra & Judith Kramer, section 1 of Cariomona Township.

All requests for County Board agenda must be in the Coordinator'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: bvickerman@co.fillmore.mn.us; ainglett@co.fillmore.mn.us; and kruesink@co.fillmore.mn.us

ACCESS PERMIT APPLICATION

FILLMORE COUNTY

(This application must be fully completed before it can be processed. Failure to complete the form in its entirety will only result in further delays)

(1) Name of all Landowners: Johnson Rolling Phone #: 507-864-3096

Phone #: 507-421-3014

email address: Richard.jra@icegroup.cc Phone #:

Mailing Address: 24484 Bear Paw Rd Peterson MN 5596
Address City State Zip

(2) Parcel #: 04.0151.000 Permit #

(3) Legal Description (from deed, abstract, or Recorder's Office): To be filled out by the Zoning Office

SE/NE

Section: 17 (4) Township: Norway¹⁰³ (5) Range: 8

Permission is being applied for to construct an access to County Road 107 at the following location

(qtr/qtr) Section 17 Township Name Norway

Reason for Access Field Access

TOTAL FEE: \$200.00 (NON-REFUNDABLE)

(4) Signature of all Landowners: _____ Date: _____

_____ Date: _____

_____ Date: _____

After review of the site, it is recommended that the access be (approved) (disapproved) to the above applicant for the following reason(s). GOOD SIGHT DISTANCE AND A GOOD FIELD ACCESS POINT.

Specifications/Conditions: CONSTRUCT THE ACCESS WITH A 20FT WIDE TOP AND 4:1 INSLOPES
ON THE SIDE OF THE ACCESS, NO CULVERT IS REQUIRED.

[Signature] 8/14/2019 Cristal [Signature] 8-14-19
County Engineer Date Zoning Administrator Date

Based on the above recommendation and all other known facts, the Fillmore County Board of Commissioners do hereby (approve, disapprove) this request for an access to a county road.

Board Chairman _____ Date _____ County Auditor _____ Date _____

pdmt

040150000

COUNTY 107

040151000

040154000

25475

CURRENT RD

25307

040138010

040139000



ACCESS PERMIT APPLICATION

FILLMORE COUNTY

(This application must be fully completed before it can be processed. Failure to complete the form in its entirety will only result in further delays)

(1) Name of all Landowners: Arlo Warnke Phone #: 507 440 8702

Phone #: _____

Email Address: Warnke.A@ycbor.com Phone #: _____

Mailing Address: 28426 CO RD 30 Harmony MN 55939
Address City State Zip

(2) Parcel #: 140200000 Permit # _____

(3) Legal Description (from deed, abstract, or Recorder's Office): _____
To be filled out by the Zoning Office

Section: 31 (4) Township: 104 (5) Range: 12

Permission is being applied for to construct an access to County Road _____ at the following location

(qtr/qtr) SE/NE/NW Section 31 Township Name Harmony

Reason for Access Field Access

TOTAL FEE: \$200.00 (NON-REFUNDABLE)

(4) Signature of all Landowners: Arlo Warnke Date: 7-19-19

Date: _____

Date: _____

After review of the site, it is recommended that the access be (approved) (disapproved) to the above applicant for the following reason(s): THE SELLING OF ACREAGE AND NEEDS ACCESS TO THE FIELD

GOOD SIGHT DISTANCE
CONSTRUCT THE ACCESS 100' FT EAST OF THE PINE TREES. CONSTRUCT
Specifications/Conditions: THE ACCESS WITH A 20FT WIDE TOP, 4:1 SLOPES ON EACH SIDE, REQUIRES A
50 FT-15" CULVERT.

[Signature]
County Engineer

8/13/2019
Date

Cristal Allen
Zoning Administrator

8-14-19
Date

Based on the above recommendation and all other known facts, the Fillmore County Board of Commissioners do hereby (approve, disapprove) this request for an access to a county road.

Board Chairman _____ Date _____

County Auditor _____ Date _____



140204020

140204000

140204010

140200000

31

ACCESS PERMIT APPLICATION FILLMORE COUNTY

(This application must be fully completed before it can be processed. Failure to complete the form in its entirety will only result in further delays)

(1) Name of all Landowners: Debra Kramer Phone #: 765-2347

Judith Kramer Phone #: 765-2347

email address: _____ Phone #: _____

Mailing Address: 27439 County 12 Preston Mn 55945
Address City State Zip

(2) Parcel #: 220002.000 Permit # _____

(3) Legal Description (from deed, abstract, or Recorder's Office): _____
To be filled out by the Zoning Office

Section: 1 (4) Township: 102 (5) Range: 11

Permission is being applied for to construct an access to County Road City 12 at the following location

(qtr/qtr) NE/NW Section 1 Township Name Carimona

Reason for Access widen field drive - 40' ft for equip.

TOTAL FEE: \$200.00 (NON-REFUNDABLE)

(4) Signature of all Landowners: Debra Kramer Date: 8-14-19

Judith Kramer Date: 8-14-19

Date: _____

After review of the site, it is recommended that the access be (approved) (disapproved) to the above applicant for the following reason(s). THIS IS A FARM SITE ACCESS AND NEEDS ADDITIONAL ROOM TO MOVE LARGE AG. EQUIPMENT IN AND OUT

Specifications/Conditions: WIDEN THE ACCESS TO THE NORTH 15 FT ALLOWING A 34 FT WIDE DRIVEWAY, CONSTRUCT 4:1 SIDE SLOPES, AND EXTEND THE 18 INCH CULVERT 35 FT TO THE EAST.

[Signature]
County Engineer

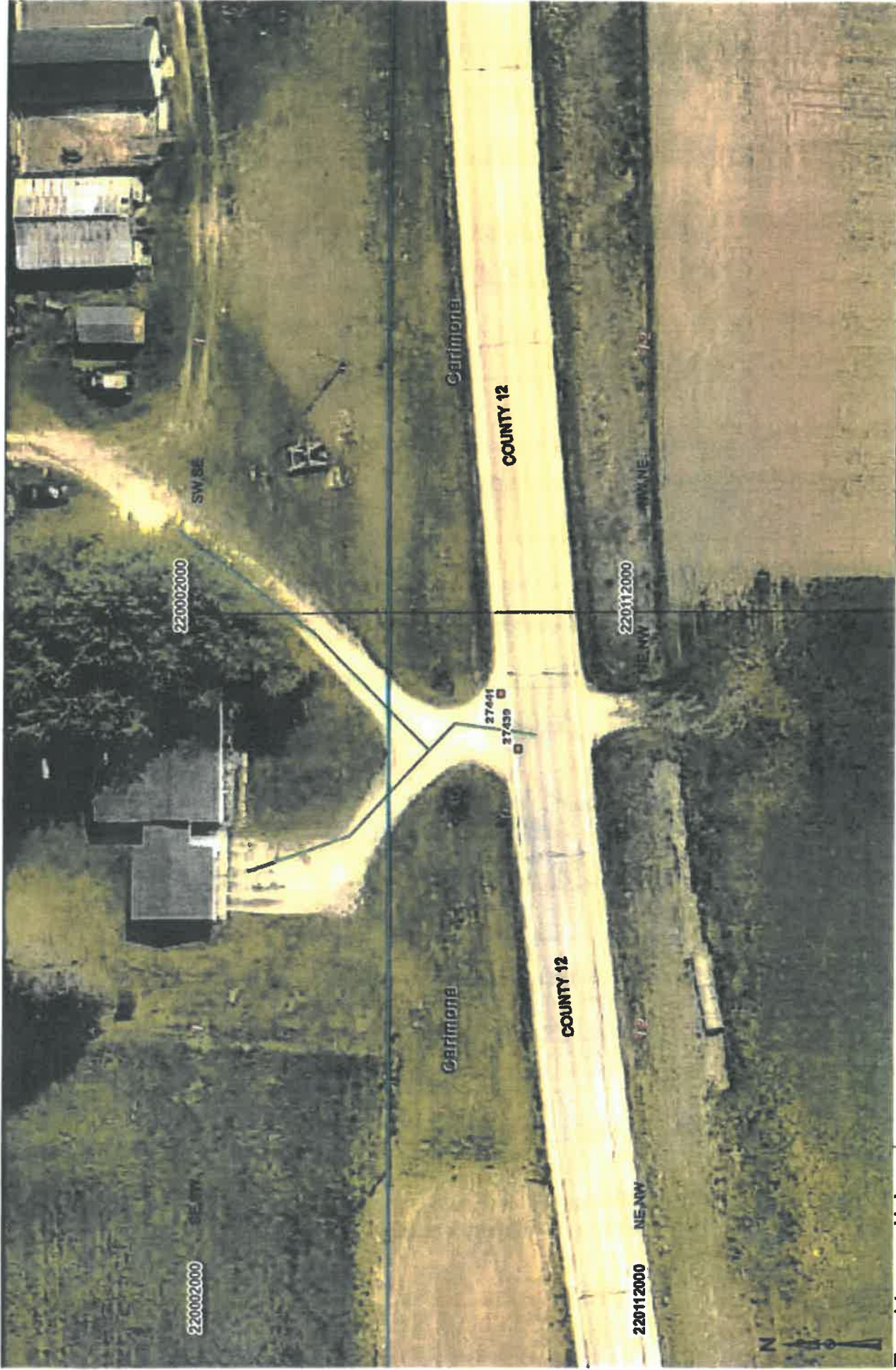
8/21/2019
Date

Cristal Atkins 8-23-19
Zoning Administrator Date

Based on the above recommendation and all other known facts, the Fillmore County Board of Commissioners do hereby (approve, disapprove) this request for an access to a county road.

Board Chairman

Date



These data are provided on an "AS-IS" basis, without warranty of any type, expressed or implied, including but not limited to any warranty as to their performance, merchantability, or fitness for any particular purpose.

Kramer

Date: 8/14/2019

KR

This map is not a substitute for accurate field surveys or for locating actual property lines and any adjacent features.



ACCESS PERMIT APPLICATION FILLMORE COUNTY

(This application must be fully completed before it can be processed. Failure to complete the form in its entirety will only result in further delays)

(1) Name of all Landowners: Debra Kramer Phone #: 765-2347
Judith Kramer Phone #: 765-2347

email address: _____ Phone #: _____

Mailing Address: 27439 County 12 Preston Mn 55965
Address City State Zip

(2) Parcel #: 220002.000 Permit # _____

(3) Legal Description (from deed, abstract, or Recorder's Office): _____
To be filled out by the Zoning Office

Section: 01 (4) Township: 102 (5) Range: 11

Permission is being applied for to construct an access to County Road 12 at the following location

(qtr/qtr) SE/SE Section 1 Township Name Carimona

Reason for Access widen property drive - 40' for
TOTAL FEE: \$200.00 (NON-REFUNDABLE) eqpt.

(4) Signature of all Landowners: Judith Kramer Date: 8-14-19
Debra Kramer Date: _____
Date: _____

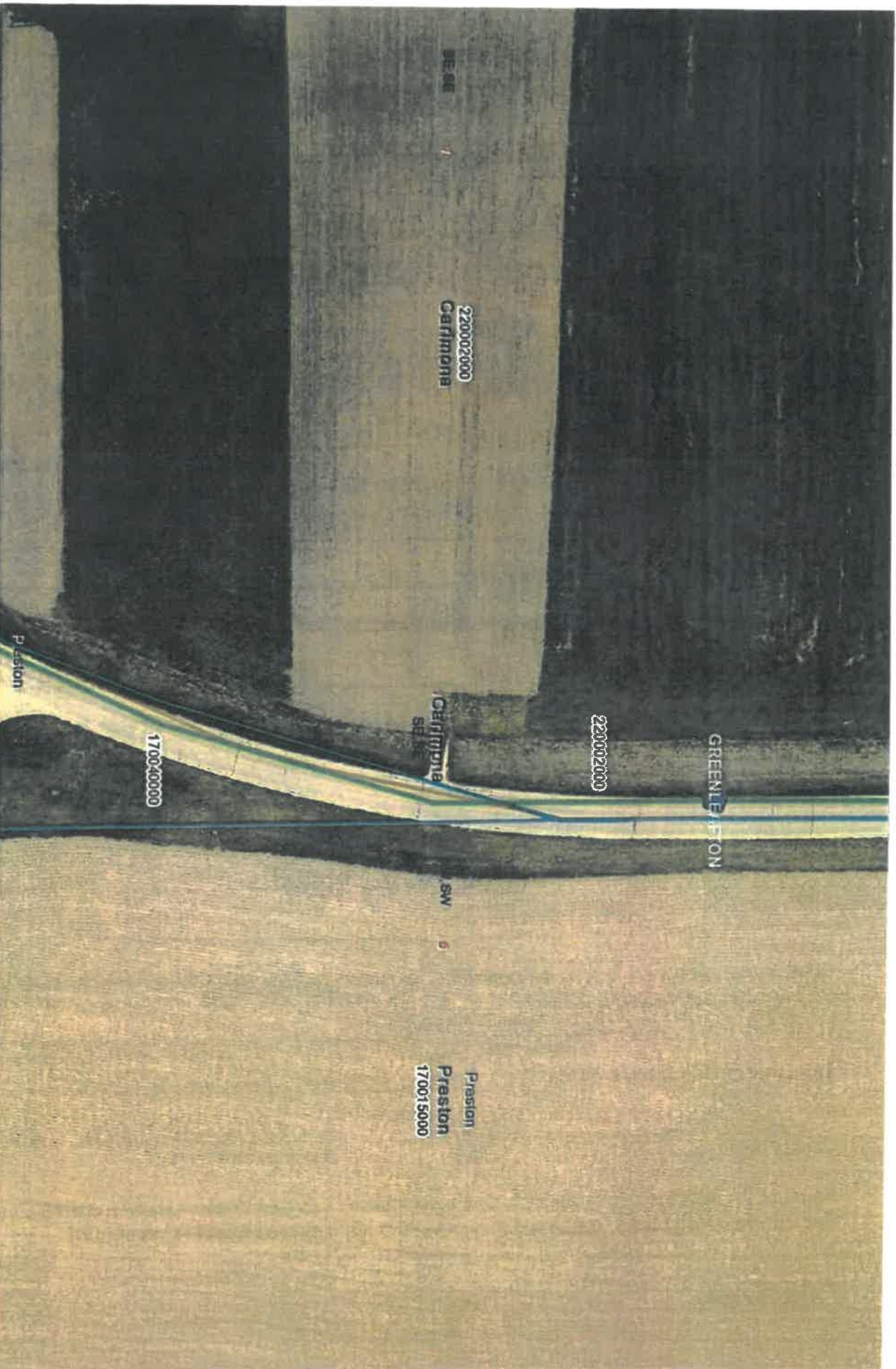
After review of the site, it is recommended that the access be (approved) (disapproved) to the above applicant for the following reason(s). REQUIRES A WIDER ACCESS FOR THE MOVEMENT OF LARGE AG. EQUIPMENT, HAS GOOD SIGHT DISTANCE

Specifications/Conditions: WIDEN THE ACCESS 12 FT TO THE NORTH AND CONSTRUCT 4:1 SIDE SLOPES. ACCESS DOES NOT REQUIRE A CULVERT.

[Signature] 8/21/2019 Cristal Alkino 8-23-19
County Engineer Date Zoning Administrator Date

Based on the above recommendation and all other known facts, the Fillmore County Board of Commissioners do hereby (approve, disapprove) this request for an access to a county road.

Board Chairman _____ Date _____



These data are provided on an "AS-IS" basis, without warranty of any type, expressed or implied, including but not limited to any warranty as to their performance, merchantability, or fitness for any particular purpose.

Kramer

Date: 8/14/2019

KR

This map is not a substitute for accurate field surveys or for locating actual property lines and any adjacent features.



2020

7.50%

Assessor	Hourly/Salary	Gross Salaries	Life Insurance	PERA	Social Security	Medicare	Health Insurance	Cost to County	FTE
New Assessor	\$ 36.01	\$ 76,773.32	\$ 9.60	\$ 5,758.00	\$ 4,759.95	\$ 1,113.21	\$ 15,221.10	\$ 103,635.18	1
		\$ 76,773.32	\$ 9.60	\$ 5,758.00	\$ 4,759.95	\$ 1,113.21	\$ 15,221.10	\$ 103,635.18	1
SB	\$ 23.23	\$ 45,359.48	\$ 9.60	\$ 3,401.96	\$ 2,812.29	\$ 657.71	\$ 10,742.73	\$ 62,983.77	1
11/27/2020	\$ 23.98	\$ 4,301.41		\$ 322.61	\$ 266.69	\$ 62.37		\$ 4,953.08	
		\$ 49,660.89	\$ 9.60	\$ 3,724.57	\$ 3,078.98	\$ 720.08	\$ 10,742.73	\$ 67,936.85	1
KP	\$ 20.61	\$ 9,189.48	\$ 9.60	\$ 689.21	\$ 569.75	\$ 133.25	\$ 15,221.10	\$ 25,812.39	1
3/18/2020	\$ 21.29	\$ 35,897.60		\$ 2,692.32	\$ 2,225.65	\$ 520.52		\$ 41,336.09	
		\$ 45,087.09	\$ 9.60	\$ 3,381.53	\$ 2,795.40	\$ 653.76	\$ 15,221.10	\$ 67,148.48	1
DE	\$ 22.48	\$ 16,014.19	\$ 9.60	\$ 1,201.06	\$ 992.88	\$ 232.21	\$ 10,742.73	\$ 29,192.67	1
5/1/2020	\$ 23.23	\$ 32,977.89		\$ 2,473.34	\$ 2,044.63	\$ 478.18		\$ 37,974.04	
		\$ 48,992.08	\$ 9.60	\$ 3,674.41	\$ 3,037.51	\$ 710.39	\$ 10,742.73	\$ 67,166.71	1
BH	\$ 29.23	\$ 62,318.36	\$ 9.60	\$ 4,673.88	\$ 3,863.74	\$ 903.62	\$ 10,742.73	\$ 82,511.92	1
		\$ 62,318.36	\$ 9.60	\$ 4,673.88	\$ 3,863.74	\$ 903.62	\$ 10,742.73	\$ 82,511.92	1
RA	\$ 23.23	\$ 30,287.27	\$ 9.60	\$ 2,271.55	\$ 1,877.81	\$ 439.17	\$ 10,742.73	\$ 45,628.13	1
7/30/2020	\$ 23.98	\$ 19,860.24		\$ 1,489.52	\$ 1,231.33	\$ 287.97		\$ 22,869.06	
		\$ 50,147.51	\$ 9.60	\$ 3,761.06	\$ 3,109.15	\$ 727.14	\$ 10,742.73	\$ 68,497.19	1
		\$ 332,979.25	\$ 57.60	\$ 24,973.44	\$ 20,644.71	\$ 4,828.20	\$ 73,413.12	\$ 456,896.32	6

2.5% Wage Increase

7.5% Health Insurance Increase

Bobbie
8/20/19 10:02AM

*** Fillmore County ***



USER- SELECTED BUDGET REPORT

Page 2

01 FUND County Revenue Fund

Report Basis: Modified Accrual

<u>Account Number</u>			<u>BUDGET</u> <u>2018</u>	<u>2018</u> <u>Actual</u> <u>Mo. 01 - 12</u>	<u>BUDGET</u> <u>2019</u>	<u>2019</u> <u>Actual</u> <u>Mo. 01 - 06</u>	<u>2020</u> <u>Budget</u>
103	DEPT	Assessor					
01- 103- 000- 0000- 5501		Fees And Charges	79,300 -	81,937 -	81,000 -	3,328 -	81,000 -
01- 103- 000- 0000- 6105		Gross Salaries	281,322	278,703	405,781	166,393	332,979
01- 103- 000- 0000- 6110		Overtime Salaries	0	135	0	710	0
01- 103- 000- 0000- 6152		Life Insurance	48	47	87	29	58
01- 103- 000- 0000- 6162		P.E.R.A. - Employer	21,099	19,499	30,434	12,138	24,974
01- 103- 000- 0000- 6171		Social Security- Employer	17,442	15,965	25,159	9,663	20,645
01- 103- 000- 0000- 6172		Medicare- Employer	4,079	3,725	5,884	2,260	4,828
01- 103- 000- 0000- 6174		Co.Health Contribution	55,918	47,362	102,932	35,567	73,413
01- 103- 000- 0000- 6205		Postage And Postal Box Rent	70	72	72	76	80
01- 103- 000- 0000- 6206		Employee Electronic Device Reimb:	540	480	540	270	480
01- 103- 000- 0000- 6241		Advertising	560	881	500	306	500
01- 103- 000- 0000- 6242		Membership Dues	830	680	895	795	1,000
01- 103- 000- 0000- 6244		Continuing Education	2,100	1,665	2,100	2,910	5,000
01- 103- 000- 0000- 6245		Registration Fees	660	350	660	0	660
01- 103- 000- 0000- 6273		Professional Fees	0	0	0	4,200	0
01- 103- 000- 0000- 6335		Employee Automobile Allowance	3,000	1,284	3,000	626	2,000
01- 103- 000- 0000- 6337		Other Travel Expense	2,150	1,490	2,200	993	2,000
01- 103- 000- 0000- 6377		Fees And Service Charges	0	8,112	0	0	0
01- 103- 000- 0000- 6401		Office Specific Supplies	100	687	450	273	100
01- 103- 000- 0000- 6402		Stationary And Forms	140	76	140	0	140
01- 103- 000- 0000- 6561		Gasoline Diesel And Other Fuels	600	512	600	151	600
01- 103- 000- 0000- 6637		Software Expenses	0	1,188	0	152	0
DEPT	103	Assessor					
		Revenue	79,300 -	81,937 -	81,000 -	3,328 -	81,000 -
		Expend.	390,658	382,913	581,434	237,512	469,457
		Net	311,358	300,976	500,434	234,184	388,457
FUND	01	County Revenue Fund					
		Revenue	79,300 -	81,937 -	81,000 -	3,328 -	81,000 -
		Expend.	390,658	382,913	581,434	237,512	469,457
		Net	311,358	300,976	500,434	234,184	388,457
Final Totals							
		Revenue	79,300 -	81,937 -	81,000 -	3,328 -	81,000 -
		Expend.	390,658	382,913	581,434	237,512	469,457
		Net	311,358	300,976	500,434	234,184	388,457

REQUEST FOR COUNTY BOARD ACTION

Agenda Date: 8/27/2019 Amount of time requested (minutes): 20

Dept.: Fillmore County Public Health Prepared By: Jessica Erickson, DON

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. Statewide Health Improvement Partnership (SHIP) | |
| a. Fillmore County Speed Signage Project | Yes |
| b. Community/School Speed Signage Project | Yes |
| c. SHIP update | |
| 2. Toward Zero Deaths (TZD) Grant | |
| a. 2018-2020 TZD Update | Yes |
| b. 2019-2020 Grant Resolution | Yes |
| 3. Breastfeeding Peer Counselor update | No |
| 4. CHB Funding review | Yes |

YES

All requests for County Board agenda must be in the Coordinator'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: bvickerman@co.fillmore.mn.us; ainglett@co.fillmore.mn.us; and kruesink@co.fillmore.mn.us

Fillmore County Public Health



Brenda Leigh Pohlman, BS, MPH, CPST
902 Houston Street NW, Suite 2
Preston, MN 55965-1094
Phone: 507-765-3898
Fax: 507-765-2139
bpohlman@co.fillmore.mn.us



Draft Letter
August 29, 2019

Dear:

Fillmore County Public Health is part of the Statewide Health Improvement Partnership (SHIP), which aims to increase active living, health eating, and tobacco-free environments. At this time, we would like to offer your organization the opportunity to participate in a traffic-calming project to increase safety for pedestrians, bicyclists, and motorists.

We are offering each community in Fillmore County the opportunity to receive one battery powered portable radar speed sign at no cost. Solar powered signs are also available but require a cost-share of \$. Information regarding the signage available is attached with this letter.

The requirements for participating in this traffic-calming project are to provide cost-sharing as needed, manage ongoing maintenance for the signage, and complete two additional strategic events for traffic calming in your community. Examples of strategic events are working with enforcement in the speed sign area, providing education in your community, or monitoring data collected from the speed units.

Interested communities may complete and return the attached traffic calming application to be by September 31, 2019.

Fillmore County SHIP has other opportunities available. Please contact me, if you are interested in:

- Assessing pedestrian and bicycle counts.
- Hosting an active living workshop.
- Contractual assistance with active living, safe routes to school, complete streets, master, comprehensive, land use zoning, pedestrian and bicycling, and other similar plans via funding from the Statewide Health Improvement Partnership (SHIP).
- Resources to implement wayfinding and mapping for walking and biking.
- Additional traffic calming pilot projects.
- Implementing new pedestrian and bicycle roadway markings or signage.

Sincerely,

Brenda Leigh Pohlman, BS, MPH, CPST
Public Health Educator

Statewide Health Improvement Partnership (SHIP)
Fillmore County Traffic Calming Project

Organization:	
Contact:	
Address:	
City:	
Zip Code:	
Email:	
Phone:	

From this grant of equipment, your organization noted above agrees to:

1. Provide necessary cost-sharing for portable speed signage by October 31, 2019.
2. Install and move portable speed signage to address community need.
3. Support ongoing maintenance of the portable speed signage received.
4. Select and complete two activities from the strategic activities below.
5. Submit data from the portable speed sign to Fillmore County.
6. Collaborate with Fillmore County Public Health to complete a traffic calming success story for your community.

Check Two	Strategic Activity	Examples:
	1. Enforcement	Work with city or county law enforcement to patrol in the area of the speed signage or other areas of concern in your community.
	2. Education	Provide information and resources regarding active transportation for all road users to residents, visitors, work places, etc.
	3. Encouragement	Offer strategic events or opportunities to increase public awareness on how speeding impact pedestrians, bicyclists, and motorists. Examples include presentations, bike rodeos, health fairs.
	4. Equity	Support safe access for walking and biking to increase physical activity and reduce barriers to transportation. Examples include developing plans that include transportation or working on safe routes to school.

Organization Representative	Fillmore County Representative
Date	Date

**Statewide Health Improvement Partnership (SHIP)
Traffic Calming Project Proposal 2019-2020**

Goal: Implement practices that create safe and active communities for all modes of transportation.

Community Need: Multiple partners, communities, and citizens have express concerns regarding speed limit compliance.

Strategy: Complete active living activities that address the 6 E's of engineering, enforcement, education, encouragement, equity, and evaluation.

Objective 1 (County): By October 31, 2019, purchase and utilize two portable speed signage units for traffic calming within Fillmore County.

- Engineering Activity: Select, install, and provide long-term maintenance of signage.
- Enforcement Activity: Provide enforcement support in areas where speeding concerns are noted.
- Education Activity: Provide information and resources regarding active transportation for all modalities on roadways.
- Encouragement Activity: Offer strategic events or opportunities to increase public awareness on how speeding impact pedestrians, bicyclists, and motorists.
- Equity Activity: Support safe access for walking and biking for Fillmore County residents and visitors in order to increase physical activity and reduce barriers to transportation.
- Evaluation: Monitor data collected from portable speed signage units.

Project Cost: SHIP funding may be used for basic battery units that include data collection features. Fillmore County would pay for upgrades to a solar-powered option. See sample pricing from Radarsign. Price comparisons will be completed prior to implementation.

Objective 2 (Cities): By October 31, 2019, partner with communities and schools within Fillmore County to purchase and utilize at least one portable signage unit for traffic calming in their location.

- Partners would provide cost-sharing as necessary and implement engineering and at least two other activities of the 6 E's activities from above.

SHIP will offer:

- Assessment assistance with pedestrian and bicycle counts.
- Community partners the opportunity to host an active living workshop.
- Contractual assistance with active living, safe routes to school, complete streets, master, comprehensive, land use zoning, pedestrian and bicycling, and other similar plans via funding from the Statewide Health Improvement Partnership (SHIP).
- Resources to implement wayfinding and mapping for walking and biking.
- Funds for additional traffic calming pilot projects.
- Funding for implementation of new pedestrian and bicycle roadway markings or signage.

Project Cost: SHIP funding may be used for basic battery units that include data collection features. Community partners would pay for upgrades to a solar-powered option. See sample pricing from Radarsign. Price comparisons will be completed prior to implementation. There would be no cost to Fillmore County for Objective 2.

TC-400 Battery Power Portable Radar Speed Sign

Lightweight. Portable. Installs In Under 2 Minutes!

The TC-400 is a battery powered, portable radar speed sign with an 11" LED display that can be used in multiple locations making it a valuable investment for any community, police department, school or business. One person can easily move this sign and have it installed and fully operational in under 2 minutes. Using multiple back brackets on existing poles allows a regular rotation of the radar speed sign for ongoing traffic calming. Additionally, it allows same day response to speeding complaints. Just unlock the sign from the pole and move it to another location. It's that quick and easy. The TC-400 speed display is easily readable up to 400 feet away, and is ideal for roads with a speed limit of 5-35 mph. The K-band radar detects vehicles up to 1200 ft. away; radar housing weighs only 26 lbs.; rugged design defeats most vandalism and the TC-400 includes a 2 year warranty. The TC-400 comes with 2 batteries, 1 bracket and 1 charger. Additional batteries, brackets and chargers can be purchased.



Click [here](#) to view a short video demonstrating our portable TC-400 battery operated unit.

TC-600 Full Matrix Radar Speed Sign

AC and Solar Power Models (Available with 'Safety in a Box' & School Zone Flashing Beacons)

The TC-600 radar speed sign offers a 13" full matrix LED display that is available in AC and solar power models. The TC-600 speed display is easily readable up to 600 feet away, and is ideal for roads with a speed limit of 10-45 mph. This sign offers a full matrix display that can display alerts such as "Slow Down, Too Fast & Sharp Curve Ahead." In addition this, the TC-600 offers a simulated camera flash that is available in white, blue and red.



Click [here](#) for a link to a short video demonstrating our TC-600 solar and AC operated unit.

Our signs offer advanced design features that make them a great solution for your traffic calming needs:

- **Construction:** Thick armored Bashplate™ and polycarbonate cover protect the LEDs and internal components from abuse, vandalism, weather, and bullets.
- **Energy Efficient:** Our solar powered radar speed signs use a small solar panel and still provide 24/7 operation, while our battery powered signs will operate for +/-2 weeks on fully charged batteries.
- **Traffic Data:** Optional traffic data reporting software allows you to report, organize and analyze the traffic data gathered from our signs, providing meaningful information that can be used to validate the effectiveness of the sign. No recurring fees, a one-time charge
- **Detection:** Our radar unit can detect vehicles up to 1200 feet away, often 3x that of competing models
- **Visibility:** Our display brightness does not come with a trade-off in battery life, as some do.
- **Wi-Fi Enabled:** Allows for quick and easy sign operation and data download from most web enabled devices; and is 10x faster and has 10x the range of Bluetooth and uses no proprietary 'app' to communicate with the radar speed sign. All Apple devices are compatible with Wi-Fi.
- **Warranty:** Our standard warranty is 2 years
- **Quality Standards**
 - ISO 9001:2015 Certified Quality System
 - 100% MUTCD compliant
 - NEMA 4 level compliant housing

Streetsmart Data Reporting

All of our signs can be used to conduct traffic studies as they report:

- Vehicle Counts – Weekly, Daily, Hourly, ½ & ¼ hour data
 - Speed Limit Violations – Weekly, Daily, Hourly, ½ & ¼ hour data
 - % of Vehicles Speeding – Daily, Hourly, ½ & ¼ hour data
 - Average Vehicle Speeds – Daily, Hourly, ½ & ¼ hour data
 - Vehicle Average Speeds in 5 mph bins (16-20, 21-25, 26-30, 31-35 mph, etc.)
 - Vehicle Peak Speeds in 5 mph bins (16-20, 21-25, 26-30, 31-35 mph, etc.)
 - Daily 50th & 85th percentile speeds
 - # and % of daily speeders > 5 mph over speed limit
 - # and % of daily speeders > 10 mph over speed limit
 - Customer selectable times for School Zone period data
 - 2, 3, or 4 week data charts for trend analysis
-

Our pricing is as follows:

Model (Hyper-linked to our website)

Price

[TC-400 \(Battery Operated Only\)](#)

\$2,895.00 (plus shipping)

[TC-600 Solar Powered](#)

\$3,595.00 (plus shipping)

[TC-600 AC powered](#)

\$2,695.00 (plus shipping)

[TC-600 Solar Powered Hyper Alerts](#)

\$4,100.00 (plus shipping)

[Safety In A Box \(TC-600S\) Turn Key Bundle](#)

\$4,350.00 (plus shipping)

[Streetsmart Data Collection & Reporting Software](#)

\$275.00 per sign (optional)

If you will let me know which sign(s) you are interested in and the quantity of signs, I will put together more of a formal line item quote for you. Keep in mind that we do price breaks on 2+ signs. My contact information, including my cell phone number are listed below.

William Warwick

Account Manager



1220 Kennestone Circle, Suite 130

Marietta, GA 30066

Work: 678.965.4814

Mobile: 770.878.3869

Fax: 678.278.1256

Email: wwarwick@radarsign.com

Website: www.radarsign.com



MINNESOTA TOWARD ZERO DEATHS

TZD'S STATEWIDE GOAL: Fewer than 300 fatalities and 850 serious injuries on Minnesota's roads by 2020

Key accomplishments

- A 42 percent reduction in the number of traffic deaths since TZD was launched in 2003.
- A statewide seat belt use rate of 92 percent.
- Passage of stronger traffic safety policies related to seat belt use, texting while driving, ignition interlock, graduated driving licensing, impaired driving, and speeding in work zones.
- Eight regional partnerships statewide that collaborate and build local relationships to implement TZD.
- A statewide trauma system enabling 99 percent of Minnesotans to reach a trauma hospital within 60 minutes.
- Implementation of low-cost, high-benefit strategies for intersection and lane-departure crashes on state and local roads.
- More than 900 statewide conference participants annually.

WHAT IS THE MINNESOTA TOWARD ZERO DEATHS PROGRAM?

Minnesota TZD is the state's cornerstone traffic safety program that employs an interdisciplinary approach to reducing traffic crashes, injuries, and deaths on Minnesota roads. The program's vision is to reduce fatalities and serious injuries to zero.

The program is a partnership between the Minnesota Departments of Public Safety, Transportation, and Health; the University of Minnesota; and other stakeholders.

Minnesota TZD works to create a culture in which traffic deaths and serious injuries are no longer acceptable through the integrated application of the "4Es": Education, Enforcement, Engineering, and Emergency Medical and Trauma Services. The program also uses data to target areas for improvement, employ proven countermeasures, implement best practices, and advance innovations and new technologies.



Program goals

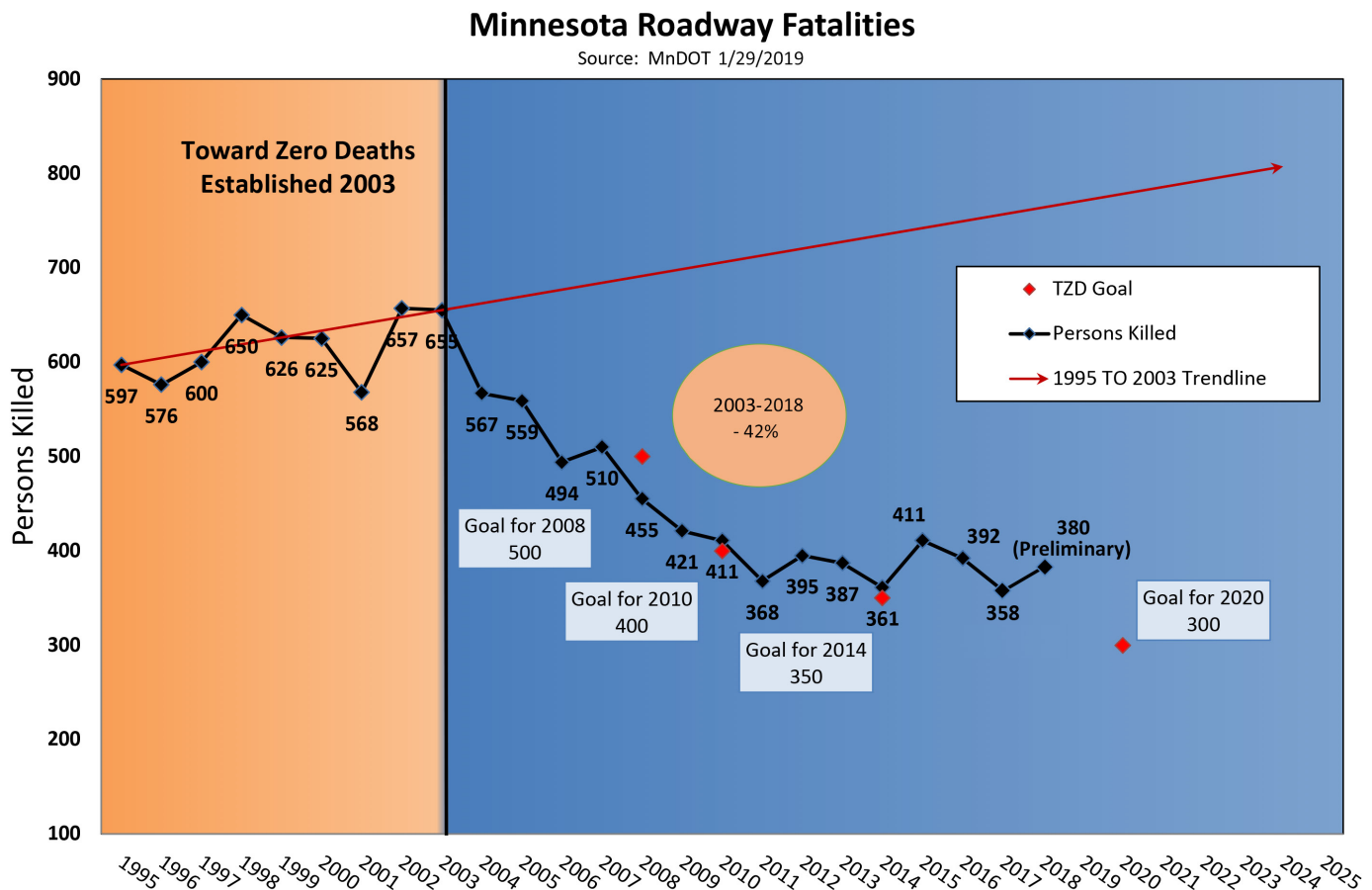
- Pursue public support of traffic safety as a priority
- Strengthen TZD as a priority for all units of government and traffic safety partnerships
- Promote and implement effective traffic safety initiatives

Traffic safety is everyone's responsibility: Get involved!

- Contact your regional TZD coordinator and/or participate in a local TZD safety coalition (minnesotatzd.org/initiatives/regions).
- Attend the annual statewide TZD conference and/or regional workshops (minnesotatzd.org/events).
- Attend the TZD stakeholder breakfasts in person or participate online (minnesotatzd.org/events/breakfasts).
- Request to be added to the TZD mailing list: Idolan@umn.edu.

For more information

- Contact Kristine Hernandez, Statewide TZD Program Coordinator, 507-286-7601, kristine.hernandez@state.mn.us
- Contact Linda Dolan, Program Coordinator, 612-625-4533, ldolan@umn.edu
- Visit the TZD website: MinnesotaTZD.org



In 2003, 655 traffic deaths occurred on Minnesota's roads. That same year, the statewide TZD program was launched as a deliberate, interdisciplinary approach to traffic safety. Despite increases in the number of licensed drivers, registered motor vehicles, and vehicle miles traveled, there were 380* traffic deaths in Minnesota in 2018—a 42 percent reduction from 2003.

*preliminary count

RESOLUTION

FILLMORE COUNTY BOARD OF COMMISSIONERS

Preston, Minnesota 55965

Date August 27, 2019 Resolution No. 2019-XXX

Motion by _____
Commissioner _____ Second by Commissioner _____

Resolution
Authorizing Execution of Grant Agreement

BE IT RESOLVED; that Fillmore County Public Health and Fillmore County Sheriff have entered into an agreement for two grants with the Minnesota Department of Public Safety, for traffic safety enforcement and mobilizations during the period from October 1, 2019 through September 30, 2020.

WHEREAS; The Fillmore County Public Health Director and the Fillmore County Sheriff, their appointee, or successor, are hereby authorized to execute such agreements and amendments as are necessary to implement Toward Zero Deaths (TZD) project on behalf of Fillmore County Public Health and the Fillmore County Sheriff, to be the fiscal agent and administer the grant.

I certify that the above resolution was adopted by the Fillmore County Board of Commissioners for Fillmore County Public Health and Fillmore County Sheriff on Tuesday, August 27, 2019.

SIGNED:

WITNESSETH:

(Signature)

(Signature)

Board Chair

(Title)

County Coordinator

(Title)

August 27, 2019

(Date)

August 27, 2019

(Date)

VOTING AYE

Commissioners Bakke ☐ Prestby ☐ Dahl ☐ Lentz ☐ Hindt ☐

VOTING NAY

Commissioners Bakke ☐ Prestby ☐ Dahl ☐ Lentz ☐ Hindt ☐

STATE OF MINNESOTA
COUNTY OF FILLMORE

I, Bobbie Vickerman, 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 27th day of August, 2019.

Witness my hand and official seal at Preston, Minnesota the 27th day of August, 2019.

SEAL

Bobbie Vickerman, Coordinator/Clerk
Fillmore County Board of Commissioners



MINNESOTA TOWARD **ZERO** DEATHS

TZD'S STATEWIDE GOAL: Fewer than 300 fatalities and 850 serious injuries on Minnesota's roads by 2020

Two grants received with one administered by Fillmore County Sheriff's Office and on by Fillmore County Public Health. TZD Enforcement Grant through the Sheriff's Office is used for overtime traffic safety enforcement and mobilizations. The TZD Safe Road Grant residing with Public Health is used for a coalition, education, and outreach efforts.

TZD Grant Activities 2018-2019

- Host six coalition meetings per year. This is a joint effort between Fillmore and Houston County.
- Complete review of fatal and injury crashes.
- Participate in regional and statewide TZD efforts.
- Collaborate with enforcement to highlight traffic safety mobilizations for seat belt, distracted driving, and impaired driving.
- Provide awareness about distracted driving. Thus far, 11 events have been held reaching 1,166 people.
- Institute teen driving and parent education program with local medical clinics.
- Educate alcohol retailers about responsible server practices. Nine establishments have completed training, which includes 44 staff.
- Offer community awareness events and activities focusing upon impaired driving reduction. Two events conducted reaching 335 people.
- Hold victim impact presentations in area communities or schools. Two presentations provided reaching 725 people.

TZD Proposed Grant Activities 2019-2020

- Maintain coalition, crash review processes, and general education tied to enforcement mobilization events.
- Continue education and outreach to reduce impact of distracted driving.
- Host victim impact presentations.
- Continue providing alcohol retailer and citizen education to reduce impaired driving.
- Collaborate with worksites to address traffic safety training and policies.
- Develop and implement pedestrian safety education for pedestrians and motorists that includes event outreach and messaging, a high visibility crosswalk event, and enhanced enforcement and education.
- Partner with Driver's Education to enhance parent education processes.

CHB
Grant Allocations

August 2019

Grant/Contract Name: Child & Teen Checkups (C&TC)

Purpose: Encourages preventive care for eligible children and teens (age birth-20) enrolled in Medical Assistance or MinnesotaCare

Statutory Reference: §16A.15; §16C.05

Allocation Methodology: State determines number of eligibles (age birth-20) per year to determine budget amount

- 2019 rate per eligible is \$26.50 per year determines budget amount
- Fillmore-Houston CHB grant amount: \$99,746
 - Fillmore: \$59,704.50
 - Houston: \$40,041.50
- Combined expenses reflect total of each county's actual cost incurred until each county's allotted funds are expended
- Payments received monthly are divided by each county's actual expense and credited to appropriate accounts, up to each county's allotted grant amount

Terms: Grant cycle is calendar year

Recommendation: Approve continuation of utilizing allocation methodology as described above

Billed:	Fillmore	Houston	Total	EFT rec'd	Fillmore pd	Payment	Fillmore actual	Houston Actual
C&TC	\$ 59,704.50	\$ 40,041.50	\$ 99,746.00					
Jan	\$ 4,618.63	\$ 2,279.13	\$ 6,897.76	3/19/19	3/20/19	\$ 6,897.76	\$ 4,618.63	\$ 2,279.13
Feb	\$ 3,687.23	\$ 1,300.00	\$ 4,987.23	3/19/19	3/20/19	\$ 4,987.23	\$ 3,687.23	\$ 1,300.00
Mar	\$ 5,958.99	\$ 1,316.00	\$ 7,274.99	4/30/19	5/16/19	\$ 7,274.99	\$ 5,958.99	\$ 1,316.00
Apr	\$ 3,733.23	\$ 1,778.84	\$ 5,512.07	5/29/19	6/18/19	\$ 5,512.07	\$ 3,733.23	\$ 1,778.84
May	\$ 3,471.68	\$ 2,097.00	\$ 5,568.68	7/9/19	7/10/19	\$ 5,568.68	\$ 3,471.68	\$ 2,097.00
June	\$ 8,688.86	\$ 3,117.00	\$ 11,805.86	7/19/19	7/31/19	\$ 11,805.86	\$ 8,688.86	\$ 3,117.00
July	\$ 7,832.00	\$ 2,654.00	\$ 10,486.00	8/20/19	8/21/19	\$ 10,486.00	\$ 7,832.00	\$ 2,654.00
Aug			\$ -					
Sept			\$ -					
Oct			\$ -					
Nov			\$ -					
Dec			\$ -					
	\$ 37,990.62	\$ 14,541.97	\$ 52,532.59					
remaning	\$ 21,713.88	\$ 25,499.53						

Grant/Contract Name: Children & Youth with Special Health Needs (CYSHN)

Purpose: To provide assessments for children and youth with special health needs

Statutory Reference: §144.05; §144.2215-144.2219

Allocation Methodology: State identifies and makes referral to local public health when an assessment is required for an identified individual

- Reimbursement based on actual allowable expenses incurred
- Combined quarterly allowable charges reflect the total of each county's incurred charges; rates of assessments and any necessary follow-up are set by the State
- Payment received quarterly is divided by each county's actual incurred charges and credited to appropriate accounts

Terms: Grant cycle is calendar year; current 5-year cycle, 1/2017 – 12/2021

Recommendation: Approve continuation of utilizing allocation methodology as described above

Billed:	Fillmore	Houston	Total	EFT rec'd	Fillmore pd	Payment	Fillmore actual	Houston Actual
CYSHN								
1st Qtr	\$ 450.00		\$ 450.00	5/7/19	5/16/19	\$ 450.00	\$ 450.00	\$ -
2nd Qtr	\$ 75.00	\$ -	\$ 75.00	8/8/19	8/14/19	\$ 75.00	\$ 75.00	
3rd Qtr			\$ -					
4th Qtr			\$ -					
	\$ 525.00	\$ -	\$ 525.00					

Grant/Contract Name: Eliminating Health Disparities Initiative (EHDI)

Purpose: To provide screenings for children with hearing impairments and concerns

Statutory Reference: §144.05; §144.2215-144.2219

Allocation Methodology: State identifies and makes referral to local public health when an assessment is required for an identified individual

- Reimbursement based on actual allowable expenses incurred
- Combined quarterly allowable charges reflect the total of each county's incurred charges; rates of assessments and any necessary follow-up are set by the State
- Payment received quarterly is divided by each county's actual incurred charges and credited to appropriate accounts

Terms: Grant cycle is calendar year; current 5-year cycle 1/2017 -12/2021

Recommendation: Approve continuation of utilizing allocation methodology as described above

Billed:	Fillmore	Houston	Total	EFT rec'd	Fillmore pd	Payment	Fillmore actual	Houston Actual
EHDI								
1st Qtr	\$ 450.00		\$ 450.00	5/6/2019	5/16/19	\$ 450.00	\$ 450.00	\$ -
2nd Qtr	\$ 675.00	\$ -	\$ 675.00	7/31/2019	7/31/2019	\$ 675.00	\$ 675.00	
3rd Qtr			\$ -					
4th Qtr			\$ -					
	\$ 1,125.00	\$ -	\$ 1,125.00					

Grant/Contract Name: Follow Along Program (FAP)

Purpose: To assess and track the developmental stages of infants and children to age 5

Statutory Reference: §144.882; §144.05, sections (b) and (f)

Allocation Methodology: State determines award amount for the CHB

- 2019 Fillmore-Houston CHB grant amount: \$3,888
 - Fillmore: \$1,944
 - Houston: \$1,944
- Allocation is divided 50/50 for each county, as determined by the State report form
- Combined billed amount reflects ¼ of annual allotment for each county
- Payment received quarterly is divided in half to reflect the billed amount and credited to appropriate accounts

Terms: Changing to Federal fiscal year; current 5-year cycle will be 10/1/2019 – 9/30/2024, combining FAP and MCH

Recommendation: Approve continuation of utilizing allocation methodology as described above

Billed:	Fillmore	Houston	Total	EFT rec'd	Fillmore pd	Payment	Fillmore actual	Houston Actual
FAP								
July-Sept	\$ 648.00	\$ 648.00	\$ 1,296.00	11/7/18	11/14/18	\$ 1,296.00	\$ 648.00	\$ 648.00
Oct-Dec	\$ 648.00	\$ 648.00	\$ 1,296.00	2/4/19	2/6/19	\$ 1,296.00	\$ 648.00	\$ 648.00
Jan-Mar	\$ 648.00	\$ 648.00	\$ 1,296.00	5/7/19	5/16/19	\$ 1,296.00	\$ 648.00	\$ 648.00
Apr-June	\$ -	\$ -	\$ -					
	\$ 1,944.00	\$ 1,944.00	\$ 3,888.00					

Grant/Contract Name: Healthy Families America – Evidence-Based Family Home Visiting (HFA-EBFHV)

Purpose: To provide home visiting to eligible families through a programming and support framework grounded in an evidence-based model by promoting the healthy development of children, secure attachments between caregivers and children, increase self-sufficiency and safety of families with infants and improved pregnancy outcomes

Statutory Reference: §145A.17

Allocation Methodology: State determines award amount for the Healthy Families Southeast MN (HFSEMN) 9-county regional grant

- 2019-2022 HFSEMN 9-county regional grant amount: \$4,935,072
- 2019-2022 Fillmore-Houston CHB grant amount: \$654,248
 - 2019 Fillmore-Houston CHB grant amount: \$217,912
 - 2019-2020 Fillmore grant amount: \$111,568
 - 2019-2020 Houston grant amount: \$106,344
- Combined quarterly expenses reflect the total of each county's actual cost incurred until each county's allotted funds are expended
- Payment received quarterly is divided by each county's actual expense and credited to appropriate accounts, up to each county's allotted grant amount

Terms: Current 4-year cycle is 5/2019 – 12/2022

Recommendation: Approve continuation of utilizing allocation methodology as described above

Grant/Contract Name: Local Public Health Grant (LPH)

Purpose: Community health boards have statutory responsibility under the Local Public Health Act, and work in partnership with MDH to address the areas of public health responsibility

Statutory Reference: §145A

Allocation Methodology: State determines award amount for the CHB

- 2019 Fillmore-Houston CHB grant amount: \$176,693
 - Fillmore: \$93,647.29
 - Houston: \$83,045.71
- Allocation is divided by percentage of current population as determined at beginning of the grant cycle; this is an ongoing historical allocation trend
- Combined expenses reflect the total of each county's actual cost incurred until each county's allotted funds are expended
- Payment received monthly is divided by each county's actual expense and credited to appropriate accounts, up to each county's allotted grant amount

Terms: Grant cycle is calendar year; current 5-year cycle is 1/2015 – 12/2019

Recommendation: Approve continuation of utilizing allocation methodology as described above

Billed:	Fillmore	Houston	Total	EFT rec'd	Fillmore pd	Payment	Fillmore actual	Houston Actual
LPH	\$ 98,647.00	\$ 83,046.00	\$ 181,693.00					
Jan	\$ 6,788.71	\$ 11,093.50	\$ 17,882.21	2/28/19	3/6/19	\$ 17,882.21	\$ 6,788.71	\$ 11,093.50
Feb	\$ 5,805.81	\$ 22,599.50	\$ 28,405.31	4/3/19	4/11/19	\$ 28,405.31	\$ 5,805.81	\$ 22,599.50
Mar	\$ 10,635.85	\$ 14,097.60	\$ 24,733.45	5/7/19	5/16/19	\$ 24,733.45	\$ 10,635.85	\$ 14,097.60
Apr	\$ 8,584.82	\$ 16,634.32	\$ 25,219.14	6/13/19	6/19/19	\$ 25,219.14	\$ 8,584.82	\$ 16,634.32
May	\$ 9,414.27	\$ 18,621.08	\$ 28,035.35	7/18/19	7/31/19	\$ 28,035.35	\$ 9,414.27	\$ 18,621.08
June	\$ 13,950.32	\$ -	\$ 13,950.32	8/16/19	8/21/19	\$ 13,950.32	\$ 13,950.32	\$ -
July	\$ 12,899.52		\$ 12,899.52					
Aug			\$ -					
Sept			\$ -					
Oct			\$ -					
Nov			\$ -					
Dec			\$ -					
	\$ 68,079.30	\$ 83,046.00	\$ 151,125.30			\$ 138,225.78	\$ 55,179.78	\$ 83,046.00
remaining	\$ 30,567.70	\$ -	\$ 30,567.70					

Grant/Contract Name: Maternal Child Health (MCH)

Purpose: To improve the health status of children, youth, women, and their families

Statutory Reference: §145.882 and §144.05, sections (b) and (f)

Allocation Methodology: State determines award amount for the CHB

- 2019 Fillmore-Houston CHB grant amount: \$47,914
 - Fillmore: \$25,394.42
 - Houston: \$22,519.58
- Allocation is divided by percentage of current population as determined at beginning of the grant cycle; this is an ongoing historical allocation trend
- Combined expenses reflect the total of each county's actual cost incurred until each county's allotted funds are expended
- Payment received monthly is divided by each county's actual expense and credited to appropriate accounts, up to each county's allotted grant amount

Terms: Was calendar year, changing to Federal fiscal year; current 5-year cycle will be 10/1/2019 – 9/30/2024, combining MCH with FAP

Recommendation: Approve continuation of utilizing allocation methodology as described above

Billed:	Fillmore	Houston	Total	EFT rec'd	Fillmore pd	Payment	Fillmore actual	Houston Actual
MCH	\$ 18,686.20	\$ 17,248.80	\$ 35,935.00					
Jan	\$ 1,078.28	\$ 2,351.80	\$ 3,430.08	2/28/19	3/6/19	\$ 3,430.08	\$ 1,078.28	\$ 2,351.80
Feb	\$ 331.40	\$ 5,721.10	\$ 6,052.50	3/22/19	3/27/19	\$ 6,052.50	\$ 331.40	\$ 5,721.10
Mar	\$ 5,746.91	\$ 1,630.20	\$ 7,377.11	4/26/19	5/16/19	\$ 7,377.11	\$ 5,746.91	\$ 1,630.20
Apr	\$ 4,709.40	\$ 1,348.40	\$ 6,057.80	6/7/19	6/12/19	\$ 6,057.80	\$ 4,709.40	\$ 1,348.40
May	\$ 6,400.32	\$ 3,561.80	\$ 9,962.12	7/10/19	7/17/19	\$ 9,962.12	\$ 6,400.32	\$ 3,561.80
June	\$ 838.64	\$ 2,459.60	\$ 3,298.24	8/1/19	8/7/19	\$ 3,055.39	\$ 419.89	\$ 2,635.50
Adj	\$ (418.75)	\$ 175.90	\$ (242.85)					
July			\$ -					
Aug			\$ -					
Sept			\$ -					

	\$ 18,686.20	\$ 17,248.80	\$ 35,935.00
remaining	\$ -	\$ -	\$ -

Grant/Contract Name: Peer Breastfeeding Support (PBFS)

Purpose: To provide support to breastfeeding mothers in the WIC program

Statutory Reference: §16A.15 and §16C.05

Allocation Methodology: Fillmore County is the grant recipient; not a CHB allocation

- 2019 Fillmore grant amount: \$23,275
- Reimbursement based on actual allowable expenses incurred up to the grant amount

Terms: Current 5-year cycle is 1/2016 – 12/2020; budget and work plan are on Federal fiscal year, October to September

Recommendation: Approve continuation of utilizing allocation methodology as described above

Billed:	Fillmore	Houston	Total	EFT rec'd	Fillmore pd	Payment	Fillmore actual	Houston Actual
PBFS								
Oct-Dec	\$ 1,606.00	\$ 2,644.00	\$ 4,250.00	2/12/19	2/20/19	\$ 4,250.00	\$ 1,606.00	\$ 2,644.00
Jan-Mar	\$ 1,763.00	\$ 1,979.00	\$ 3,742.00	5/7/19	5/16/19	\$ 3,742.00	\$ 1,763.00	\$ 1,979.00
Apr-June	\$ 546.00	\$ 1,964.00	\$ 2,510.00	8/1/19	8/7/19	\$ 2,510.00	\$ 546.00	\$ 1,964.00
Jul-Sept			\$ -					
	\$ 3,915.00	\$ 6,587.00	\$ 10,502.00					

Grant/Contract Name: Perinatal Hepatitis B

Purpose: To provide follow-up with women to reduce risk of transmission of Hepatitis B virus from mother to child at birth

Statutory Reference: §144.05 subdivision 1 (b)

Allocation Methodology: To provide screenings and follow-up for individuals as identified by MDH and referred to local public health

- Reimbursement based on actual allowable expenses incurred
- Combined quarterly allowable charges reflect the total of each county's incurred charges; rates are set by the State
- Payment received quarterly is divided by each county's actual incurred charges and credited to appropriate accounts

Terms: Grant cycle is Federal fiscal year; current 5-year cycle is 10/2017 – 9/2023

Recommendation: Approve continuation of utilizing allocation methodology as described above

Grant/Contract Name: Public Health Emergency Preparedness (PHEP)

Purpose: To provide organizational and operational capacity to carry out the CDC's Public Health Preparedness Capabilities

Statutory Reference: §145A; §144.0742

Allocation Methodology: State determines award amount for the CHB

- 2019 Fillmore-Houston CHB grant amount: \$50,778
 - Fillmore: \$25,389
 - Houston: \$28,389
- Allocation is divided 50/50 for each county, as determined by the State
- Combined expenses reflect the total of each county's actual cost incurred until each county's allotted funds are expended
- Payment received monthly is divided by each county's actual expense and credited to appropriate accounts, up to each county's allotted grant amount

Terms: Grant cycle is State fiscal year; current 5-year cycle is 7/2019 – 6/2024

Recommendation: Approve continuation of utilizing allocation methodology as described above

Billed:	Fillmore	Houston	Total	EFT rec'd	Fillmore pd	Payment	Fillmore actual	Houston Actual
PHEP 2019	\$ 25,389.00	\$ 25,389.00	\$ 50,778.00					
Jul-Sept	\$ 5,501.14	\$ 2,194.60	\$ 7,695.74	10/31/18	11/13/18	\$ 7,695.74	\$ 5,501.14	\$ 2,194.60
Oct-Dec	\$ 9,033.01	\$ 1,609.36	\$ 10,642.37	2/11/19	2/11/19	\$ 10,642.37	\$ 9,033.01	\$ 1,609.36
Jan-Mar	\$ 4,930.62	\$ 4,231.59	\$ 9,162.21	5/22/19	6/18/19	\$ 9,162.21	4930.62	4231.59
Apr-June	\$ 5,924.33	\$ 6,216.32	\$ 12,140.65	8/8/19	8/14/19	\$ 12,140.65	\$ 5,924.33	\$ 6,216.32
	\$ 25,389.10	\$ 14,251.87	\$ 39,640.97					

Grant/Contract Name: Statewide Health Improvement Partnership (SHIP)

Purpose: To support community-driven solutions to expand opportunities for active living, healthy eating, and commercial tobacco-free living

Statutory Reference: §145.986

Allocation Methodology: State determines award amount for the CHB

- 2019 Fillmore-Houston CHB grant amount: \$166,227
 - Fillmore: \$88,100.31
 - Houston: \$78,126.69
- Allocation is divided by percentage of current population as determined at beginning of grant cycle; this is an ongoing historical allocation trend
- Combined expenses reflect the total of each county's actual cost incurred until each county's allotted funds are expended
- Payment received monthly is divided by each county's actual expense and credited to appropriate accounts, up to each county's allotted grant amount

Terms: Current 5-year cycle is 11/2015 – 10/2020

Recommendation: Approve continuation of utilizing allocation methodology as described above

Billed:	Fillmore	Houston	Total	EFT rec'd	Fillmore pd	Payment	Fillmore actual	Houston Actual
SHIP 2019	\$ 84,776.08	\$ 81,450.92	\$ 166,227.00					
2018 C/O	\$ 28,373.92	\$ 24,913.94	\$ 53,287.86					
Available	\$ 113,150.00	\$ 106,364.86	\$ 219,514.86					
Nov	\$ 4,354.52	\$ 4,727.33	\$ 9,081.85	1/22/19	2/6/19	\$ 9,081.85	\$ 4,354.52	\$ 4,727.33
Dec	\$ 3,298.84	\$ 2,126.00	\$ 5,424.84	1/30/19	2/6/19	\$ 5,424.84	\$ 3,298.84	\$ 2,126.00
Jan	\$ 6,705.58	\$ 6,127.27	\$ 12,832.85	3/4/19	3/6/19	\$ 12,832.85	\$ 6,705.58	\$ 6,127.27
Feb	\$ 3,692.54	\$ 3,312.40	\$ 7,004.94	4/16/19	5/16/19	\$ 7,004.94	\$ 3,692.54	\$ 3,312.40
Mar	\$ 4,611.10	\$ 4,897.98	\$ 9,509.08	5/8/19	5/16/19	\$ 9,509.08	\$ 4,611.10	\$ 4,897.98
Apr	\$ 6,251.41	\$ 18,037.00	\$ 24,288.41	6/6/19	6/12/19	\$ 24,288.41	\$ 6,251.41	\$ 18,037.00
May	\$ 4,203.84	\$ 19,040.55	\$ 23,244.39	7/19/19	7/31/19	\$ 23,244.39	\$ 4,203.84	\$ 19,040.55
June	\$ 5,308.03	\$ 5,680.10	\$ 10,988.13	7/26/19	7/31/19	\$ 10,988.13	\$ 5,308.03	\$ 5,680.10
Jul			\$ -					
Aug			\$ -					
Sept			\$ -					
Oct			\$ -					
	\$ 38,425.86	\$ 63,948.63	\$ 102,374.49					
remaining	\$ 74,724.14	\$ 42,416.23	\$ 117,140.37					

Grant/Contract Name: Temporary Assistance to Needy Families (TANF) Home Visiting

Purpose: To provide home visiting to families at or below 200% of the federal poverty guidelines and who are at risk of child abuse, neglect, or delinquency

Statutory Reference: §145A.17

Allocation Methodology: State determines award amount for the CHB

- 2019 Fillmore-Houston CHB grant amount: \$55,394
 - Fillmore: \$29,358.82
 - Houston: \$26,035.18
- Allocation is divided by percentage of eligibles provided by the Income Maintenance Unit of each respective county, which is adjusted at the beginning of each grant cycle
- Combined expenses reflect the total of each county's actual cost incurred until each county's allotted funds are expended
- Payment received monthly is divided by each county's actual expense and credited to appropriate accounts, up to each county's allotted grant amount

Terms: Grant cycle is State fiscal year, current 5-year cycle is 7/2019 – 6/2023

Recommendation: Approve continuation of utilizing allocation methodology as described above

Billed:	Fillmore	Houston	Total	EFT rec'd	Fillmore pd	Payment	Fillmore actual	Houston Actual
TANF	\$ 29,359.00	\$ 26,035.00	\$ 55,394.00					
Jan	\$ 1,770.23	\$ 2,304.50	\$ 4,074.73	2/28/19	3/6/19	\$ 4,074.73	\$ 1,770.23	\$ 2,304.50
Feb	\$ 2,257.48	\$ 3,067.90	\$ 5,325.38	3/25/19	3/27/19	\$ 5,325.38	\$ 2,257.48	\$ 3,067.90
Mar	\$ 2,123.86	\$ 2,292.40	\$ 4,416.26	4/25/19	5/16/19	\$ 4,416.26	\$ 2,123.86	\$ 2,292.40
Apr	\$ 3,854.60	\$ 2,263.95	\$ 6,118.55	5/23/19	6/18/19	\$ 6,118.55	\$ 3,854.60	\$ 2,263.95
May	\$ 3,768.22	\$ 3,194.40	\$ 6,962.62	7/3/19	7/10/19	\$ 6,962.62	\$ 3,768.22	\$ 3,194.40
June	\$ 832.46	\$ -	\$ 832.46	8/12/19	8/14/19	\$ 832.46	\$ 832.46	\$ -
New contract/budget cycle 7/2019 to 6/2020								
	\$ 29,358.00	\$ 26,036.00						
July			\$ -					
Aug			\$ -					
Sept			\$ -					
Oct			\$ -					
Nov			\$ -					
Dec			\$ -					
	\$ -	\$ -	\$ -					
remaining	\$ 29,358.00	\$ 26,036.00						

Grant/Contract Name: Women, Infants, and Children (WIC)

Purpose: To provide nutrition education and supplemental nutrition for women, infants, and children who meet eligibility requirements

Statutory Reference: §145.894 (b) and Minnesota Rules 4617.0030, USDA 7 C.F.R., part 246, section 17

Allocation Methodology: State determines award amount for the CHB; compensation utilizes State quarterly funding letters that outline participant caseload count and participant rate (currently \$16 per participant for 2019)

- 2019 Fillmore-Houston CHB grant amount: \$55,394
 - Fillmore: \$29,358.82
 - Houston: \$26,035.18
- Combined expenses reflect the total of each county's actual cost incurred and are invoiced as such
- Payment received monthly (full or partial) is divided by each county's actual monthly caseload ratio
- End of fiscal year settlement: If a county has been reimbursed all their expenses and they are still less than their participation ratio, then the other county will be reimbursed any remaining expenses beyond their participation ratio up to the balance of remaining WIC reimbursement paid. It's important to note that the participation ratio of each county will often be different from their actual expense to reimbursement paid ratio.
- As a guiding principle, both counties are funded up to their participation ratio as long as they have expenses to be recouped. When reimbursement falls short of expenses incurred, both counties are funded up to their participation ratio of total reimbursement received, as long as they have expenses to be reimbursed.

Terms: Grant cycle is calendar year, current 5-year cycle is 1/2016 – 12/2020

Recommendation: Approve continuation of utilizing allocation methodology as described above

Billed:	Fillmore	Houston	Total	EFT rec'd	Fillmore pd	Payment	Fillmore actual	Houston Actual
WIC 2019	Fillmore	Houston	Total	EFT rec'd			Fillmore	pd am Houston amt
Oct-18	\$ 7,647.00	\$ 5,181.00	\$ 12,828.00	1/2/19	1/15/19	\$12,828.00	\$ 7,647.00	\$ 5,181.00
Nov-18	\$ 7,699.00	\$ 6,812.00	\$ 14,511.00	1/9/19	1/9/19	\$ 14,512.00	\$ 7,700.00	\$ 6,812.00
Dec-18	\$ 7,112.00	\$ 5,225.00	\$ 12,337.00	2/6/19	2/11/19	\$ 12,337.00	\$ 7,112.00	\$ 5,225.00
Jan-19	\$ 8,295.00	\$ 5,275.00	\$ 13,570.00	3/1/19	3/6/19	\$ 13,570.00	\$ 8,295.00	\$ 5,275.00
Feb-19	\$ 7,129.00	\$ 5,768.00	\$ 12,897.00	3/27/19	3/27/19	\$ 6,336.00	\$ 3,928.00	\$ 2,408.00
				4/23/19	5/16/19	\$ 6,561.00	\$ 3,201.00	\$ 3,360.00
Mar-19	\$ 10,155.00	\$ 8,303.00	\$ 18,458.00	4/23/19	5/16/19	\$ 18,458.00	\$ 10,155.00	\$ 8,303.00
Apr-19	\$ 13,926.00	\$ 7,211.00	\$ 21,137.00	5/23/19	6/18/19	\$ 3,381.00	\$ 2,198.00	\$ 1,183.00
May-19	\$ 9,408.00	\$ 10,398.00	\$ 19,806.00	7/31/19	7/31/19	\$ 19,806.00	\$ 9,408.00	\$ 10,398.00
Jun-19	\$ 8,413.00	\$ 11,976.00	\$ 20,389.00	8/9/19	8/14/19	\$ 8,669.00	\$ 5,461.47	\$ 3,207.53
Jul-19	\$ 11,371.00	\$ 10,695.00	\$ 22,066.00					
Aug-19			\$ -					
Sep-19			\$ -					
	\$ 91,155.00	\$ 76,844.00	\$ 167,999.00			\$ 116,458.00	\$ 65,105.47	\$ 51,352.53

REQUEST FOR COUNTY BOARD ACTION

Agenda Date: 8/27/2019

Amount of time requested (minutes):

10

Dept.: Coordinator

Prepared By: Kristina Kohn

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.

Regular Agenda:

Documentation
(Yes/No):

- | | |
|---|-----|
| 1. Resignation of Kurt Njos, Social Worker, effective August 23, 2019. | No |
| 2. Request to replace Social Worker position in Social Services through internal transfer effective September 30, 2019 as requested by the Social Services Manager, recommended by the Personnel Committee and in accordance with County policy | Yes |
| <ul style="list-style-type: none"> a. Nicole Lanz b. Current Social Worker in Public Health (3 years) c. Both department heads and discussed and agreed in advance d. Pay rate will remain the unchanged at Grade 12/Step 2 (\$27.11) | |
| 3. Request to advertise for replacement Social Worker/RN in Public Health as requested by the Director of Nursing | Yes |
| 4. Resignation of Samantha Keasling, Deputy, effective 9/2/19. | No |
| <ul style="list-style-type: none"> a. Following 9 ½ years' service | |
| 5. Request to replace full time deputy position through promotion of internal employee effective September 3, 2019 as requested by the Sheriff, recommended by the Personnel Committee and in accordance with County Policy | |
| <ul style="list-style-type: none"> a. Scott Sweeney b. Current Dispatcher in Sheriff's Department (10 years) c. Fully Licensed Officer d. Request starting pay at LELS 13-24 months (\$24.9870) e. Requesting second step due to significant experience with Fillmore County Sheriff's Department and to maintain current wage f. Must serve a 6 month probation per union contract | |
| 6. Request to replace full time dispatcher position effective September 9, 2019 at LELS 25-36 month as requested by the Sheriff and recommended by the Personnel Committee and in accordance with County Policy | Yes |
| <ul style="list-style-type: none"> a. Cristal Smith- Current Intermittent Dispatcher b. \$23.39 c. Wage request due to employee being fully trained, completed probation and to maintain current wage | |

All requests for County Board agenda must be in the Coordinator'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: bvickerman@co.fillmore.mn.us; koman@co.fillmore.mn.us; and kruesink@co.fillmore.mn.us

Hire Analysis Form
(All sections must be completed.)

Date: 2019-08-14 Department: Social Services

Requested By: Kevin Olson Title of Position being requested: Social Worker

Requested date to post: Aug 14, 2019

Is the position currently in the budget? ☒ Yes ☐ No If yes, how many hours per week is the position currently? 40

Number of hours requested: 40 Replacement position: ☐ Yes ☒ No Date position vacated: Aug 23, 2019

If the request is for a new position, what has created the need for the position?

Why would this position be filled rather than absorbing the job duties within the department?

This is a position currently filled by Kurt Njos who has tendered his resignation. This position is needed to maintain adequate staffing for the safety of our children and adults in Fillmore County.

Has an assessment been made regarding the need for full-time vs. part-time? Explain.

Yes this is currently a full time position and the workload cannot be handles by a part time position.

Where does the specific funding for this position originate?

County funded

What real or permanent savings can be generated by this position?

This position receives revenue for the county in for qualified targeted case management from DHS.

Has this position, including job description, been reviewed with HR?

Yes

Are similar duties being performed in the County? If yes, could other positions/departments share in completing these tasks? Explain how this might work.

No

Reviewed by Personnel Committee: _____

☐ Recommended for Board Approval ☐ No Recommendation Made

☐ Not Recommended for Board Approval Reason: _____

Date on Board Agenda: _____

☐ Approved by Board ☐ Not Approved by Board Reason: _____

Hire Analysis Form
(All sections must be completed.)

Date: 2019-08-22 Department: Public Health

Requested By: Jessica Erickson Title of Position being requested: Social worker/RN

Requested date to post: Aug 27, 2019

Is the position currently in the budget? ☒ Yes ☐ No If yes, how many hours per week is the position currently? 40

Number of hours requested: 40 Replacement position: ☒ Yes ☐ No Date position vacated:

If the request is for a new position, what has created the need for the position? n/a

Why would this position be filled rather than absorbing the job duties within the department? Full case load. Other case managers are at capacity and would not be able to absorb case load.

Has an assessment been made regarding the need for full-time vs. part-time? Explain. Yes. 45-50 clients is a high case load and needs full time case manager

Where does the specific funding for this position originate? Levy but has reimbursed by MA for case management

What real or permanent savings can be generated by this position? To continue to meet the clients needs to enable them to stay in community and also bring revenue in from case management.

Has this position, including job description, been reviewed with HR? Yes

Are similar duties being performed in the County? If yes, could other positions/departments share in completing these tasks? Explain how this might work. no

Reviewed by Personnel Committee:

☐ Recommended for Board Approval ☐ No Recommendation Made

☐ Not Recommended for Board Approval Reason:

Date on Board Agenda:

☐ Approved by Board ☐ Not Approved by Board Reason:

Hire Analysis Form
(All sections must be completed.)

Date: Department:

Requested By: Title of Position being requested:

Requested date to post:

Is the position currently in the budget? ☒ Yes ☐ No If yes, how many hours per week is the position currently?

Number of hours requested: Replacement position: ☒ Yes ☐ No Date position vacated:

If the request is for a new position, what has created the need for the position?

Why would this position be filled rather than absorbing the job duties within the department?

We would be unable to fulfill the duties of this position by absorbing within the department. City contract obligations, patrol hours, scheduled deputy coverage would be insufficient.

Has an assessment been made regarding the need for full-time vs. part-time? Explain.

Yes, there is not a sufficient part-time pool of employees.

Where does the specific funding for this position originate?

Sheriff's Office budget.

What real or permanent savings can be generated by this position?

This position is essential to fulfilling our public safety obligations.

Has this position, including job description, been reviewed with HR?

Yes

Are similar duties being performed in the County? If yes, could other positions/departments share in completing these tasks? Explain how this might work.

No.

Reviewed by Personnel Committee:

☐ Recommended for Board Approval ☐ No Recommendation Made

☐ Not Recommended for Board Approval Reason:

Date on Board Agenda:

☐ Approved by Board ☐ Not Approved by Board Reason:

Hire Analysis Form
(All sections must be completed.)

Date: Department:

Requested By: Title of Position being requested:

Requested date to post:

Is the position currently in the budget? ☒ Yes ☐ No If yes, how many hours per week is the position currently?

Number of hours requested: Replacement position: ☒ Yes ☐ No Date position vacated:

If the request is for a new position, what has created the need for the position?

Why would this position be filled rather than absorbing the job duties within the department?

This is a 24/7 operational position, we need to maintain this number of dispatchers to ensure the schedule is filled and someone is always sitting in the chair.

Has an assessment been made regarding the need for full-time vs. part-time? Explain.

Yes, there is not a sufficient part-time pool of employees.

Where does the specific funding for this position originate?

Sheriff's Office budget.

What real or permanent savings can be generated by this position?

This position is essential to fulfilling our public safety obligations.

Has this position, including job description, been reviewed with HR?

Yes

Are similar duties being performed in the County? If yes, could other positions/departments share in completing these tasks? Explain how this might work.

No.

Reviewed by Personnel Committee:

☐ Recommended for Board Approval ☐ No Recommendation Made

☐ Not Recommended for Board Approval Reason:

Date on Board Agenda:

☐ Approved by Board ☐ Not Approved by Board Reason: