MILLE LACS COUNTY EST 1857

***Meeting Agenda***
Regular Meeting of the County Board

ORIGINAL

Tuesday, February 16, 2021 at 9:00 a.m.
Board Room, Upper Level of the Historic Courthouse
Cmsr Tim Wilhelm: 15025 Williston Lane, Minnetonka, MN 55346

**9:00 AM**

1. CALL MEETING TO ORDER
2. PLEDGE OF ALLEGIANCE
3. APPROVE THE AGENDA (ADDITIONS AND DELETIONS)

**9:01 AM**

4. CONSENT AGENDA
   - 4.1. Approve 2/2/2021 County Board Meeting Minutes
   - 4.2. Review of Auditor's Warrants
   - 4.3. Consider Tobacco License for Lake Stop
   - 4.4. Consider Resolution No. 02-16-2021-01, Charitable Gambling Permit for Platte Lake Property Owner's Association
   - 4.5. Consider Resolution No. 02-16-2021-02, Charitable Gambling Permit for Milaca Golf Club
   - 4.6. Consider Resolution No. 02-16-2021-03, Charitable Gambling Permit for Ducks Unlimited
   - 4.7. Consider PWD Resolution No. 2021-2-16-21-3, Princeton Township Local Road Improvement Program (LRIP) Grant Sponsorship
   - 4.8. Consider PWD Resolution No. 2021-2-16-21-4, Accept CSAH 5 Box Culvert Replacement
   - 4.9. Consider PWD Resolution No. 2021-2-16-21-5, Borgholm Township Local Road Improvement Program (LRIP) Grant Sponsorship - 100th Avenue
   - 4.10. Consider PWD Resolution No. 2021-2-16-21-6, Borgholm Township Local Road Improvement Program (LRIP) Grant Sponsorship - 110th Avenue
   - 4.11. Consider Amendment to the UCARE Contract - County Participation Agreement
   - 4.12. Consider Scheduling a Public Hearing Date for Kennel License Application
   - 4.13. Information Only: January 2021 Jail Housing Report

**9:10 AM**

5. REGULAR AGENDA
   - 5.1. Consider Scheduling a Public Hearing for Drone Program
   - 5.2. Consider Support for Funding State Noxious Weed Prevention Program
   - 5.3. Consider Resignation of Land Services Director/County Recorder
   - 5.4. Consider Mille Lacs County Pandemic Economic Relief Grant Applications

**9:30 AM**

6. COMMITTEE REPORTS

**9:59 AM**

7. ADJOURN

**Work Session (Conference Room A):**

*(County Administrator Report as time allows)*

1. COVID-19 Public Health Report – (Kay Winterfeldt, Community Health Services Supervisor)
2. Sheriff's Office Taser Upgrade Report – (Kyle Burton, Chief Deputy)

# Untitled

3. Discussion on Filling the Administrator Vacancy – (Holly Wilson, Assistant County Administrator)
4. Mille Lacs County Commissioners Open Discussion

MILLE LACS COUNTY EST. 1857



***Board Agenda Request Form***
Board of County Commissioners

**Requested Meeting Date:** 02/16/2021
*(Board meets the 1st and 3rd Tuesday of each month)*

**Title of Item for Consideration:**
Approve 2/2/2021 County Board Meeting Minutes

**Consent Agenda**
☑ Approve/Deny Motion ☐ Information Only
☐ Schedule Public Hearing*
**provide sample notice that will run in paper*

**Regular Agenda – Estimate Time Needed:** _____ minutes
☐ Approve/Deny Motion ☐ Discussion Item
☐ Direction Requested ☐ Hold Public Hearing*
☐ Presentation of Information
**provide copy of hearing notice that was published*

**Submitted by:**
Holly Wilson

**Department:**
ASO

**Who will attend the meeting and be able to respond to questions? Give name and title:**
Holly Wilson, Assistant County Administrator

**Summary of Issue** *(include previous Board or Committee actions and/or minutes, as well as applicable dates):*
Approval of the County Board meeting minutes is required.

**Alternatives/Options/Comments:**

**Recommended Action/Motion:**
Approve the County Board meeting minutes.

**Financial Impact:**
*Is there a cost associated with this request?* ☐ *Yes* ☐ *No*
*What is the total cost, including tax and shipping?* $_____
*Are funds available in the budget?* ☐ *Yes* ☐ *No* *If no, please explain:*

**Additional Information Attached:**
☐ *Contract/Agreement*
*Approved by County Attorney's Office:* ☐ *Yes* ☐ *No* *If no, please explain:* _____
☑ *Minutes of Relevant Meeting(s)*
☑ *Background Information (such as price quotes, etc.)* Minutes

**Board action:** *(for use by Recording Secretary)*
☐ Approved ☐ Denied ☐ Tabled: _____

Chairman Oslin called the meeting to order at 9:03 a.m., with the following members present: Commissioners Wilhelm, Reynolds, Oslin, Tellinghuisen, and Peterson. The Pledge of Allegiance was recited.

Assistant County Administrator Holly Wilson introduced two (2) supplemental documents and four (4) add-on agenda request items to the County Board:

- 5.2 Consider Letter to Minnesota Governor and Attorney General – Supplemental Document;
- 5.4 Consider Mille Lacs County Pandemic Economic Relief Grant Applications – Supplemental Documents;
- 5.6 Accept Resignation of the County Administrator;
- 5.7 Approve Revision to Promotion, Demotion, and Transfer Section of Personnel Policy;
- 5.8 Consider Resolution No. 02-02-2021-02, Establish Chief Deputy Sheriff Wage
- 5.9 Review Updated Mille Lacs County Preparedness Plan

Cmsr Peterson motioned to accept the agenda as amended; Cmsr Tellinghuisen seconded. A roll call vote was called; Cmsrs Wilhelm, Reynolds, Oslin, Tellinghuisen, and Peterson voted aye. Motion carried.

CONSENT AGENDA

A motion was made by Cmsr Wilhelm seconded by Cmsr Reynolds, to approve the following consent agenda items:

- Approve 1/19/2021 County Board Meeting Minutes;
- Review of Auditor's Warrants;
- Approve Payment to Counsel for Legal Services;
- Approve Payment to Counsel for Legal Services;
- Consider Mass Dispensing Site Agreement - Milaca School;
- Consider Mass Dispensing Site Agreement - Onamia School;
- Consider Cleaning Services Agreements with Development Achievement Center (DAC);
- Consider Audit Engagement Letter with the Office of the Minnesota State Auditor;
- Consider Resolution No. 02-02-2021-01, Approval of Charitable Gambling;

*Board of County Commissioners*
*Mille Lacs County, Minnesota*
*Resolution No. : 02-02-2021-01*
*Approval of Charitable Gambling*

*BE IT RESOLVED, the Mille Lacs County Board of Commissioners hereby approves granting an Exempt Permit for Defending the Blue Line dba United Heroes League to conduct a raffle event on February 13, 2021 at Nitti's Hunters Point Resort located at 5436 479th St. Isle, MN 56342.*

Cmsr Oslin requested pulling consent agenda items 4.11, Consider Great Northern Trail Memo of Understanding Agreement, and 4.12, Information Only: County Engineer's Informational Notes, for discussion. Cmsr Wilhelm requested pulling consent agenda item 4.10, Consider Resolution No. 2021-2-2-21-2, 2019 LOST Road Projects 106, 112, and 151, for discussion. Assistant County Administrator Wilson noted a grammatical correction to agenda item 4.1, Approve 1/19/2021 County Board Meeting Minutes, and a grammatical correction to 4.9, Consider Resolution No. 02-02-2021-01, Approval of Charitable Gambling.

A roll call vote was called; Cmsrs Wilhelm, Reynolds, Oslin, Tellinghuisen, and Peterson voted aye. Motion carried.

CONSIDER RESOLUTION NO. 2021-2-2-21-2, 2019 LOST ROAD PROJECTS 106, 112, AND 151

County Engineer Neal Knopik discussed the resolved project drainage conflicts and the completion of the projects. Cmsr Wilhelm motioned to adopt Resolution No. 2021-2-2-21-2, 2019 LOST Road Projects 106, 112, and 151; Cmsr Peterson seconded. A roll call vote was called; Cmsrs Wilhelm, Reynolds, Oslin, Tellinghuisen, and Peterson voted aye. Motion carried.

*Board of County Commissioners*
*Mille Lacs County, Minnesota*
*ACCEPTANCE OF CP 048-106-019, CP 048-112-019 AND CP 048-151-019*
*2019 LOST ROADS PROJECTS 106, 112 and 151*
*PWD Resolution No. 2021-2-2-21-2*

*WHEREAS, CP 048-106-019, CP 048-112-019, CP 048-151-019, Contract No. 201806, 2019 LOST Roads, by OMG Midwest Inc. dba Minnesota Paving and Materials, 14475 Quiram Drive, Rogers, MN 55374; located on County Road 106 from 156' west of 170th Avenue/CR68 to 145th Avenue/CSAH 18, County Road 112 from TH 23 to 160th Street/CSAH9 and County Road 151 from 190th Street/CSAH 11 to 210th Street/CSAH 16; original contract cost was $6,549,790.76 and the final contract cost is $6,459,108.99; and the County Board being fully advised,*

*NOW THEREFORE, BE IT RESOLVED, that we do hereby accept said completed project for Mille Lacs County and authorize final payment.*

CONSIDER GREAT NORTHERN TRAIL MEMO OF UNDERSTANDING AGREEMENT

County Engineer Neal Knopik discussed the request for the trail agreement; stating that the County would like to distribute $1000 for use associated with the trail agreement. Discussion occurred among the commissioners concerning the agreement. Cmsr Tellinghuisen motioned to approve the Great Northern Trail Memo of Understanding Agreement; Cmsr Peterson seconded. A roll call vote was called; Cmsrs Wilhelm, Reynolds, Oslin, Tellinghuisen, and Peterson voted aye. Motion carried.

INFORMATION ONLY: COUNTY ENGINEER'S INFORMATIONAL NOTES

Discussion occurred among the Commissioners concerning the Public Works updates included in the informational notes. Cmsr Oslin thanked County Engineer Knopik for the Soo Line Trail stop sign project and stated that many constituents were pleased with the final result.

ACCEPT RESIGNATION OF COUNTY ADMINISTRATOR

County Attorney Joe Walsh stated that on January 31, 2021, County Administrator Pat Oman submitted his resignation. Walsh stated that Oman requested the ability to leave in good standing and receive 240 accrued vacation hours. Discussion occurred among the Commissioners concerning the request. Assistant County Administrator Wilson suggested accepting Oman's resignation request. Cmsr Peterson motioned to approve the resignation of the County Administrator Pat Oman and grant payment for the 240 accrued vacation hours; Cmsr Reynolds seconded. A roll call vote was called; Cmsrs Wilhelm, Reynolds, Oslin, and Peterson voted aye. Cmsr Tellinghuisen voted nay. Motion carried

CONSIDER 2021 LEGAL SERVICES AGREEMENT

Assistant County Administrator Wilson reviewed the 2021 Legal Services Agreement. Wilson reviewed the two monthly payment options that were available. Cmsr Peterson motioned to approve Option 1 (one) of the 2021 Legal Services Agreement; Cmsr Reynolds seconded. A roll call vote was called; Cmsrs Wilhelm, Reynolds, Oslin, Tellinghuisen, and Peterson voted aye. Motion carried

CONSIDER LETTER TO MINNESOTA GOVERNOR AND ATTORNEY GENERAL

Assistant County Administrator Wilson presented the proposed letter; County Attorney Walsh discussed the goal of sending the letter. Cmsr Tellinghuisen motioned to approve the Letter to the Minnesota Governor and Attorney General; Cmsr Peterson seconded. A roll call vote was called; Cmsrs Wilhelm, Reynolds, Oslin, Tellinghuisen, and Peterson voted aye. Motion carried

CONSIDER JOINT POWERS AGREEMENT FOR THE IMPLEMENTATION OF RUM RIVER COMPREHENSIVE WATER MANAGEMENT PLAN

Assistant County Administrator Wilson presented the One Watershed, One Plan (1W1P) joint powers agreement and discussed the previous January 28, 2021 policy meeting. Cmsr Reynolds stated that once the final plan is completed by early fall, it will be brought to the Board for approval. Discussion occurred among the Commissioners concerning various aspects of the agreement. Minnesota Board of Water and Soil Resources Conservationist Jason Weinerman provided insight concerning the joint powers agreement associated with the One Watershed, One Plan (1W1P) program. Cmsr Wilhelm motioned to table the Joint Powers Agreement for the Implementation of the Rum River Comprehensive Water Plan; Cmsr Peterson seconded. A roll call vote was called; Cmsrs Wilhelm, Reynolds, Oslin, Tellinghuisen, and Peterson voted aye. Motion carried

CONSIDER MILLE LACS COUNTY PANDEMIC ECONOMIC RELIEF GRANT APPLICATIONS

Economic Development Manager Michael Wimmer presented the Pandemic Economic Relief Grant Applications received. Discussion occurred among the Commissioners concerning reopening the grant program for businesses and non-profit organizations. Cmsr Wilhelm motioned to approve the Mille Lacs County Pandemic Economic Relief Grant Applications; Cmsr Reynolds seconded. A roll call vote was called; Cmsrs Wilhelm, Reynolds, Oslin, Tellinghuisen, and Peterson voted aye. Motion carried.

CONSIDER SMALL CITIES DEVELOPMENT PROGRAM CONTRACT WITH DEED

Economic Development Manager Wimmer presented the Small Cities Development Program contract with Minnesota Department of Employment and Economic Development (DEED). Cmsr Reynolds motioned to approve the Small Cities Development Program Contract with DEED; Cmsr Tellinghuisen seconded. A roll call vote was called; Cmsrs Wilhelm, Reynolds, Oslin, Tellinghuisen, and Peterson voted aye. Motion carried.

The Chairman recessed the meeting at 10:31 a.m.; the Chairman reconvened the meeting at 10:37 a.m.

APPROVE REVISION TO PROMOTION, DEMOTION, AND TRANSFER SECTION OF PERSONNEL POLICY

HR Manager Karly Fetters presented the request concerning a revision in the Promotion, Demotion, and Transfer section of the Personnel Policy. Cmsr Reynolds motioned to approve revision to the Promotion, Demotion, and Transfer Section of the Personnel Policy; Cmsr Peterson seconded. A roll call vote was called; Cmsrs Wilhelm, Reynolds, Oslin, Tellinghuisen, and Peterson voted aye. Motion carried.

CONSIDER RESOLUTION NO. 02-02-2021-02, ESTABLISH CHIEF DEPUTY SHERIFF WAGE

Assistant County Administrator Wilson discussed establishing the wage for the Chief Deputy. Wilson recommended starting the position at Step 3 of Grade S, due to individual's level of experience. Cmsr Peterson motioned to adopt Resolution No. 02-02-2021-02, Establish Chief Deputy Sheriff Wage; Cmsr Reynolds seconded. A roll call vote was called; Cmsrs Wilhelm, Reynolds, Oslin, Tellinghuisen, and Peterson voted aye. Motion carried.

*Board of County Commissioners*
*Mille Lacs County, Minnesota*
*Resolution No.: 02-02-2021-02*
*RESOLUTION*
*ESTABLISH WAGE FOR CHIEF DEPUTY SHERIFF KYLE BURTON*

*WHEREAS there will be a vacancy in the position of Chief Deputy Sheriff effective January 21, 2021; and*

*WHEREAS the County Board and the County Sheriff desire to fill this vacant position; and*
*WHEREAS, the County Board confirmed the appointment of Kyle Burton as Chief Deputy Sheriff effective January 22, 2021.*

*BE IT FURTHER RESOLVED to set Chief Deputy Burton's wage at Step 3, Grade S of the Non-Union pay scale; and*

*BE IT FURTHER RESOLVED to approve a reinstatement agreement for Chief Deputy Burton as follows: Chief Deputy Burton will serve as an employee of the Sheriff and serve in that position at the sole discretion of the Sheriff under MN Statute 387.145, Chief Deputy; Appointment: "Notwithstanding the provision of any law to the contrary, the sheriff of any county may appoint a chief deputy or first assistant with the approval of the county board."*

REVIEW UPDATED MILLE LACS COUNTY PREPAREDNESS PLAN

HR Manager Fetters discussed the revisions to the Mille Lacs County Preparedness Plan. Fetters stated that staff will no longer need to take their temperature when entering the workplace. Fetters discussed providing consistent information to staff concerning social distancing measures.

COMMITTEE REPORTS

No committee reports.

Cmsr Oslin permitted the opportunity for a constituent to speak at 10:49 a.m.

Mike Wausa
190th Street
Milaca, Minnesota

Mike Wausa expressed his concern regarding the COVID-19 pandemic's impact on local businesses. Mr. Wausa discussed his thoughts concerning the time it took to discuss the County Administrator's resignation at the County Board Meeting. Wausa provided his thoughts concerning the current President of the United States.

Cmsr Reynolds motioned to adjourn the meeting 10:51 a.m.; Cmsr Tellinghuisen seconded. A roll call vote was called; Cmsrs Reynolds, Oslin, Tellinghuisen, Peterson, and Wilhelm voted aye. Motion carried.

ATTEST:

Holly Wilson
Assistant County Administrator

Genny Reynolds
County Board Vice Chairperson

MILLE LACS COUNTY



**Board Agenda Request Form**
Board of County Commissioners

**Requested Meeting Date:** 02/16/2021
*(Board meets the 1st and 3rd Tuesday of each month)*

**Title of Item for Consideration:**
Review of Auditor's Warrants

**Consent Agenda**
☑ Approve/Deny Motion ☐ Information Only
☐ Schedule Public Hearing*
**provide sample notice that will run in paper*

**Regular Agenda – Estimate Time Needed:** _____ minutes
☐ Approve/Deny Motion ☐ Discussion Item
☐ Direction Requested ☐ Hold Public Hearing*
☐ Presentation of Information
**provide copy of hearing notice that was published*

**Submitted by:**
Holly Wilson

**Department:**
ASO

**Who will attend the meeting and be able to respond to questions? Give name and title:**
Holly Wilson, Assistant County Administrator

**Summary of Issue** *(include previous Board or Committee actions and/or minutes, as well as applicable dates):*
The County Board has authorized the County Auditor-Treasurer and the County Administrator to approve claims for payment according to guidelines adopted by the Board. Claims paid in such a manner are summarized and presented to the Board for review.

**Alternatives/Options/Comments:**

**Recommended Action/Motion:**
Review of Auditor's Warrants.

**Financial Impact:**
*Is there a cost associated with this request?* ☐ *Yes* ☐ *No*
*What is the total cost, including tax and shipping?* $_____
*Are funds available in the budget?* ☐ *Yes* ☐ *No* *If no, please explain:*

**Additional Information Attached:**
☐ *Contract/Agreement*
*Approved by County Attorney's Office:* ☐ *Yes* ☐ *No* *If no, please explain:* _____
☐ *Minutes of Relevant Meeting(s)*
☑ *Background Information (such as price quotes, etc.)* Auditor's Warrants

**Board action:** *(for use by Recording Secretary)*
☐ Approved ☐ Denied ☐ Tabled: _____

# **** Mille Lacs County ****

Audit List for Board AUDITOR'S VOUCHERS ENTRIES



| | | |
|---|---|---|
| Print List in Order By: | 1 | 1 - Fund (Page Break by Fund)<br>2 - Department (Totals by Dept)<br>3 - Vendor Number<br>4 - Vendor Name |
| Explode Dist. Formulas | Y | |
| Paid on Behalf Of Name on Audit List?: | N | |
| Type of Audit List: | D | D - Detailed Audit List<br>S - Condensed Audit List |
| Save Report Options?: | N | |

| | Vendor No. | Name / Account/Formula | Rpt Accr | Amount | Warrant Description / Service Dates | Invoice # / Paid On Bhf # | Account/Formula Descripti / On Behalf of Name | 1099 |
|---|---|---|---|---|---|---|---|---|
| | 999999993 | ABEL/JOEL | | | | | | |
| 1 | | 01-202-000-0000-5500 | | 75.00 | REIMB PROF SERV/CIVIL PROC | | Fees For Services | N |
| | 999999993 | ABEL/JOEL | | 75.00 | 1 Transactions | | | |
| | 1240 | Accurate Controls Inc | | | | | | |
| 3 | | 01-251-000-0000-6301 | P | 68.50 | TECH SUPPORT CALL | | Repair & Maintenace- Bldg & Equipn | N |
| 2 | | 01-251-000-0000-6402 | P | 1,204.16 | ACCESS CARDS 2020 PD 34 | | Supplies | N |
| | 1240 | Accurate Controls Inc | | 1,272.66 | 2 Transactions | | | |
| | 2007 | Advanced Graphix Inc | | | | | | |
| 4 | | 01-201-000-0000-6565 | | 22.00 | SQ 4 REFLECTIVE GRAPHICS | | Repair & Maintenance- Auto | N |
| | 2007 | Advanced Graphix Inc | | 22.00 | 1 Transactions | | | |
| | 1193 | Agnew Hardware Hank | | | | | | |
| 5 | | 01-110-000-0000-6402 | P | 17.20 | SCREWS | | Supplies | N |
| 6 | | 01-205-000-0000-6301 | P | 27.98 | ICE MELT | | Repair & Maintenace- Bldg & Equipn | N |
| | 1193 | Agnew Hardware Hank | | 45.18 | 2 Transactions | | | |
| | 3370 | Alternative Business Solutions | | | | | | |
| 14 | | 01-110-000-0000-6603 | P | 173.48 | 2 CUBICLE SPACERS | | Equip,Furniture,Fixtures | N |
| | 3370 | Alternative Business Solutions | | 173.48 | 1 Transactions | | | |
| | 945 | American Solutions For Business Inc | | | | | | |
| 7 | | 01-041-000-0000-6402 | | 132.07 | 1099, W2 ENVELOPES | | Office Supplies | N |
| | 945 | American Solutions For Business Inc | | 132.07 | 1 Transactions | | | |
| | 1103 | Anderson Bros Garage Inc | | | | | | |
| 8 | | 01-201-000-0000-6261 | P | 100.00 | TOW | | Professional Services | N |
| 10 | | 01-201-000-0000-6563 | P | 77.20 | DEPUTY GAS | | Gasoline | N |
| 9 | | 01-201-000-0000-6565 | P | 179.95 | VEH MAINT 28,24 | | Repair & Maintenance- Auto | N |
| 11 | | 01-205-000-0000-6563 | P | 135.80 | B&W GAS | | Gasoline | N |
| | 1103 | Anderson Bros Garage Inc | | 492.95 | 4 Transactions | | | |
| | 1073 | Anderson/Joan Stanoch | | | | | | |
| 12 | | 01-091-000-0000-6261 | P | 110.00 | 11.30.20 TRANSCRIPT JV-20-2460 | | Professional Services | Y |
| | 1073 | Anderson/Joan Stanoch | | 110.00 | 1 Transactions | | | |
| | 77982 | APG of Southern Minnesota, LLC | | | | | | |
| 13 | | 01-107-000-0000-6244 | P | 21.78 | OCT 12 MTG | | Publishing- Legal Notices & Want Ac | N |

| | Vendor No. | Name / Account/Formula | Rpt Accr | Amount | Warrant Description / Service Dates | Invoice # / Paid On Bhf # | Account/Formula Descripti / On Behalf of Name | 1099 |
|---|---|---|---|---|---|---|---|---|
| | 77982 | APG of Southern Minnesota, LLC | | 21.78 | 1 Transactions | | | |
| | 76249 | Aspen Mills | | | | | | |
| 20 | | 01-251-000-0000-6450 | P | 260.90 | UNIFORMS SINCLAIR PD 20 | | Uniforms | N |
| 19 | | 01-283-000-0000-6301 | P | 196.00 | STRM FIRE VULCAN LED | | Repair & Maintenance - Bldg & Equi | N |
| | 76249 | Aspen Mills | | 456.90 | 2 Transactions | | | |
| | 2275 | Assoc Of Mn Counties | | | | | | |
| 17 | | 01-003-000-0000-6243 | | 13,020.00 | AMC ANNUAL DUES | | Registration Fees | N |
| 18 | | 01-063-000-0000-6241 | | 1,900.00 | MNCITLA ANNUAL DUES | | Dues | N |
| | 2275 | Assoc Of Mn Counties | | 14,920.00 | 2 Transactions | | | |
| | 1968 | Assoc Of Mn Counties - (Registration) | | | | | | |
| 21 | | 01-003-000-0000-6241 | P | 250.00 | ANNUAL MTG | | Dues | N |
| | 1968 | Assoc Of Mn Counties - (Registration) | | 250.00 | 1 Transactions | | | |
| | 14003 | Auto Value - Milaca | | | | | | |
| 22 | | 01-060-000-0000-6565 | P | 20.99 | 1408 HEAD LAMP | | Repair & Maintenance- Auto | N |
| 23 | | 01-201-000-0000-6565 | P | 51.98 | WIPER BLADES SQ 39 | | Repair & Maintenance- Auto | N |
| | 14003 | Auto Value - Milaca | | 72.97 | 2 Transactions | | | |
| | 78199 | BECKSTROM/TRACI | | | | | | |
| 110 | | 01-393-000-0000-6261 | P | 450.00 | CONTRACTED SEPTIC INSPECTIONS | | Professional Services | Y |
| | 78199 | BECKSTROM/TRACI | | 450.00 | 1 Transactions | | | |
| | 2203 | Benton Trophy & Awards Inc | | | | | | |
| 24 | | 01-251-000-0000-6450 | P | 129.90 | PLAQUE | | Uniforms | N |
| | 2203 | Benton Trophy & Awards Inc | | 129.90 | 1 Transactions | | | |
| | 5892 | Billings Service Inc | | | | | | |
| 25 | | 01-201-000-0000-6565 | P | 1,306.60 | VEH MAINT 25,74,41 | | Repair & Maintenance- Auto | N |
| | 5892 | Billings Service Inc | | 1,306.60 | 1 Transactions | | | |
| | 76941 | Boettcher/Linda | | | | | | |
| 26 | | 01-003-000-0000-6333 | | 90.00 | PER DIEM | | Mileage & Per Diem- Non- Employee | Y |
| | 76941 | Boettcher/Linda | | 90.00 | 1 Transactions | | | |
| | 873 | Bureau Of Criminal Apprehension- Permit | | | | | | |
| 28 | | 01-228-000-0000-6803 | O | 1,965.00 | 4TH QTR CARRY PERMITS | | Miscellaneous Expense | N |
| 27 | | 01-283-000-0000-6203 | O | 630.00 | 4TH QTR CONNECT | | Phone | N |

| | Vendor No. | Name / Account/Formula | Rpt Accr | Amount | Warrant Description / Service Dates | Invoice # / Paid On Bhf # | Account/Formula Descripti / On Behalf of Name | 1099 |
|---|---|---|---|---|---|---|---|---|
| | 873 | **Bureau Of Criminal Apprehension- Permit** | | 2,595.00 | 2 Transactions | | | |
| | 77763 | **CD3 General Benefit Corporation** | | | | | | |
| 29 | | 01- 615- 000- 0000- 6261 | | 950.00 | MYCD3SYSTEM SOFTWARE | | Professional Services | N |
| | 77763 | **CD3 General Benefit Corporation** | | 950.00 | 1 Transactions | | | |
| | 2595 | **Comdata** | | | | | | |
| 30 | | 01- 201- 000- 0000- 6563 | P | 7,638.99 | DEPUTY GAS | | Gasoline | N |
| 31 | | 01- 201- 000- 0000- 6565 | P | 100.89 | DEPUTY MAINT | | Repair & Maintenance- Auto | N |
| 32 | | 01- 202- 000- 0000- 6563 | P | 104.01 | CT GAS | | Gasoline | N |
| 33 | | 01- 205- 000- 0000- 6563 | P | 139.53 | B&W GAS | | Gasoline | N |
| 35 | | 01- 251- 000- 0000- 6563 | P | 8.63 | JAIL GAS | | Gasoline | N |
| 34 | | 01- 251- 000- 0000- 6565 | P | 128.46 | JAIL VEH MAINT | | Repair & Maintenance- Auto | N |
| | 2595 | **Comdata** | | 8,120.51 | 6 Transactions | | | |
| | 76709 | **Corporate Mechanical Inc** | | | | | | |
| 36 | | 01- 110- 000- 0000- 6301 | | 1,503.02 | BLOWER MOTOR ACUTATOR SWITCH | | Repair & Maintenace- Bldg & Equipn | N |
| | 76709 | **Corporate Mechanical Inc** | | 1,503.02 | 1 Transactions | | | |
| | 77559 | **Counties Providing Technology** | | | | | | |
| 37 | | 01- 065- 000- 0000- 6268 | | 5,441.00 | DP SERVICES JAN | | Data Processing | N |
| 39 | | 01- 065- 000- 0000- 6268 | | 1,125.00 | ASSESSOR ANNUAL APEX MAINT | | Data Processing | N |
| 38 | | 01- 065- 000- 0000- 6342 | | 1,250.00 | I- BOX USAGE JAN | | Lease Agreements | N |
| | 77559 | **Counties Providing Technology** | | 7,816.00 | 3 Transactions | | | |
| | 76760 | **Culligan** | | | | | | |
| 40 | | 01- 205- 000- 0000- 6402 | P | 54.90 | WATER | | Supplies | N |
| | 76760 | **Culligan** | | 54.90 | 1 Transactions | | | |
| | 1106 | **Dacotah Paper Co** | | | | | | |
| 41 | | 01- 110- 000- 0000- 6402 | P | 1,653.23 | CLEANING SUPPLIES | | Supplies | N |
| 42 | | 01- 110- 000- 0000- 6402 | P | 336.80 | SHOP TOWELS | | Supplies | N |
| | 1106 | **Dacotah Paper Co** | | 1,990.03 | 2 Transactions | | | |
| | 78220 | **DATAWORKS PLUS LLC** | | | | | | |
| 43 | | 01- 201- 000- 0000- 6603 | | 12,150.00 | MOBILE ID ACCESS LICENSE | | Equip,Furniture,Fixtures | N |
| | 78220 | **DATAWORKS PLUS LLC** | | 12,150.00 | 1 Transactions | | | |
| | 76891 | **De Novo Consulting Solutions LLC** | | | | | | |
| 44 | | 01- 060- 000- 0000- 6261 | P | 3,850.00 | 2019 INDIRECT COST ALLOCATION | | Professional Services | N |

| | Vendor No. | Name / Account/Formula | Rpt Accr | Amount | Warrant Description / Service Dates | Invoice # / Paid On Bhf # | Account/Formula Descripti / On Behalf of Name | 1099 |
|---|---|---|---|---|---|---|---|---|
| | 76891 | De Novo Consulting Solutions LLC | | 3,850.00 | 1 Transactions | | | |
| | 77973 | DK DESIGNS | | | | | | |
| 45 | | 01-393-000-0000-6811 | | 250.00 | RECYCLING TRAILER GRAPHICS | | Recycling Contract | Y |
| | 77973 | DK DESIGNS | | 250.00 | 1 Transactions | | | |
| | 18771 | East Central Regional Juvenile Center | | | | | | |
| 46 | | 01-255-000-0000-6269 | P | 17,297.06 | CO DET AA CFS LG LG MED JHQ LL | | Detention & Rehab Services | N |
| 47 | | 01-255-000-0000-6269 | P | 125,664.00 | UNDER UTILIZED BED SPACE | | Detention & Rehab Services | N |
| | 18771 | East Central Regional Juvenile Center | | 142,961.06 | 2 Transactions | | | |
| | 5090 | East Side Glass Inc | | | | | | |
| 48 | | 01-110-000-0000-6301 | | 126.60 | GLASS PRINCETON PW | | Repair & Maintenace- Bldg & Equipn | N |
| | 5090 | East Side Glass Inc | | 126.60 | 1 Transactions | | | |
| | 5030 | Electric Motor Service | | | | | | |
| 49 | | 01-110-000-0000-6301 | P | 474.36 | CUH MOTOR REPLACE | | Repair & Maintenace- Bldg & Equipn | N |
| | 5030 | Electric Motor Service | | 474.36 | 1 Transactions | | | |
| | 78221 | ELECTRO WATCHMAN INC | | | | | | |
| 50 | | 01-110-000-0000-6261 | P | 3,615.30 | INSTALL ACCESS CONTROLS | | Professional Services | N |
| | 78221 | ELECTRO WATCHMAN INC | | 3,615.30 | 1 Transactions | | | |
| | 77807 | Enterprise FM Trust | | | | | | |
| 53 | | 01-060-000-0000-6565 | | 139.84 | MAINT COSTS | | Repair & Maintenance- Auto | N |
| 52 | | 01-110-000-0000-6261 | | 70.00 | MAINT FEE | | Professional Services | N |
| 62 | | 01-201-000-0000-6565 | | 427.88 | VEH MAINT 33 | | Repair & Maintenance- Auto | N |
| 63 | | 01-201-000-0000-6565 | | 215.00 | SERVICE FFE | | Repair & Maintenance- Auto | N |
| 61 | | 01-201-000-0000-6605 | | 2,868.56 | NEW SQUADS | | Vehicles | N |
| | 77807 | Enterprise FM Trust | | 3,721.28 | 5 Transactions | | | |
| | 2361 | Fairview Diagnostic Labs | | | | | | |
| 64 | | 01-251-000-0000-6283 | P | 170.66 | INMATES PD 46 | | Care Of Prisoners | N |
| | 2361 | Fairview Diagnostic Labs | | 170.66 | 1 Transactions | | | |
| | 77706 | Field Training Solutions | | | | | | |
| 65 | | 01-201-000-0000-6285 | | 295.00 | TRAINING E MEYER | | Training Expense | Y |
| | 77706 | Field Training Solutions | | 295.00 | 1 Transactions | | | |
| | 76695 | Galls LLC | | | | | | |

| | Vendor No. | Name / Account/Formula | Rpt Accr | Amount | Warrant Description / Service Dates | Invoice # / Paid On Bhf # | Account/Formula Descripti / On Behalf of Name | 1099 |
|---|---|---|---|---|---|---|---|---|
| 66 | | 01-201-000-0000-6450 | P | 11.50 | UNIFORMS C SCHAEFER | | Uniforms | N |
| 67 | | 01-201-000-0000-6450 | P | 139.99 | UNIFORMS E COX | | Uniforms | N |
| 68 | | 01-251-000-0000-6450 | P | 149.00 | CHEVRON BARS PD 20 | | Uniforms | N |
| | 76695 | Galls LLC | | 300.49 | 3 Transactions | | | |
| | 77801 | Geotab USA, Inc | | | | | | |
| 69 | | 01-110-000-0000-6261 | P | 576.00 | MONTHLY SUBSCRIPTION | | Professional Services | N |
| | 77801 | Geotab USA, Inc | | 576.00 | 1 Transactions | | | |
| | 77702 | Gierman Law LLC | | | | | | |
| 71 | | 01-015-000-0000-6267 | | 1,700.00 | CHIPS CUSTODIAL PARENT | | County Public Defender Fees | Y |
| | 77702 | Gierman Law LLC | | 1,700.00 | 1 Transactions | | | |
| | 7111 | Gopher State One-Call | | | | | | |
| 72 | | 01-110-000-0000-6261 | | 50.00 | OPERATOR FEE | | Professional Services | N |
| | 7111 | Gopher State One-Call | | 50.00 | 1 Transactions | | | |
| | 7085 | Grainger Parts Operations | | | | | | |
| 75 | | 01-201-000-0000-6402 | P | 105.30 | SUPPLIES | | Supplies | N |
| 74 | | 01-251-000-0000-6402 | P | 64.20 | PADLOCKS PD 19 | | Supplies | N |
| 73 | | 01-251-000-0000-6603 | P | 728.00 | 2 CHAIRS PD 25 | | Equip,Furniture,Fixtures | N |
| | 7085 | Grainger Parts Operations | | 897.50 | 3 Transactions | | | |
| | 7015 | Granite Electronics Inc | | | | | | |
| 77 | | 01-283-000-0000-6301 | P | 352.70 | HOOK UP & SETUP ANALYZER | | Repair & Maintenance - Bldg & Equi | N |
| 76 | | 01-283-000-0000-6803 | | 678.53 | MONTHLY SERV AGREEMENT | | Miscellaneous Expense | N |
| | 7015 | Granite Electronics Inc | | 1,031.23 | 2 Transactions | | | |
| | 2131 | Granite Ledge Electrical Contractors | | | | | | |
| 78 | | 01-110-000-0000-6301 | P | 254.74 | RELOCATE FIRE/HORN STROBE | | Repair & Maintenace- Bldg & Equipn | N |
| | 2131 | Granite Ledge Electrical Contractors | | 254.74 | 1 Transactions | | | |
| | 2699 | Hildi Inc | | | | | | |
| 80 | | 01-003-000-0000-6261 | P | 4,900.00 | GASB 75 CALCULATED & DISCLOSUR | | Professional Services | N |
| | 2699 | Hildi Inc | | 4,900.00 | 1 Transactions | | | |
| | 8068 | Hjort Excavating Inc | | | | | | |
| 81 | | 01-110-000-0000-6261 | P | 1,875.00 | CAMPUS SNOW REMOVAL | | Professional Services | N |
| | 8068 | Hjort Excavating Inc | | 1,875.00 | 1 Transactions | | | |

| | Vendor No. | Name / Account/Formula | Rpt Accr | Amount | Warrant Description / Service Dates | Invoice # / Paid On Bhf # | Account/Formula Descripti / On Behalf of Name | 1099 |
|---|---|---|---|---|---|---|---|---|
| | 78026 | Home Security Abstract & Title Company | | | | | | |
| 82 | | 01-107-000-0000-6801 | P | 20.00 | OVERPAY RECORDING FEES | | Refunds | N |
| | 78026 | Home Security Abstract & Title Company | | 20.00 | 1 Transactions | | | |
| | 2071 | Hytech Auto Of Milaca | | | | | | |
| 84 | | 01-201-000-0000-6565 | P | 2,825.37 | VEH MAINT 11.33.19.15.41.2 | | Repair & Maintenance- Auto | N |
| 85 | | 01-201-000-0000-6565 | P | 136.93 | VEH MAINT SQ 27,42 | | Repair & Maintenance- Auto | N |
| | 2071 | Hytech Auto Of Milaca | | 2,962.30 | 2 Transactions | | | |
| | 32903 | Hytech Automotive Of Princeton Inc | | | | | | |
| 86 | | 01-201-000-0000-6565 | P | 103.99 | VEH MAINT 13 | | Repair & Maintenance- Auto | N |
| | 32903 | Hytech Automotive Of Princeton Inc | | 103.99 | 1 Transactions | | | |
| | 2080 | Independent Emergency Services | | | | | | |
| 87 | | 01-281-000-0000-6803 | | 100.00 | E911 MONTHLY SERVICE | | Miscellaneous Expense | Y |
| 88 | | 01-281-000-0000-6803 | | 387.72 | PS/ALI SERVICE | | Miscellaneous Expense | Y |
| | 2080 | Independent Emergency Services | | 487.72 | 2 Transactions | | | |
| | 9084 | Information Systems Corp | | | | | | |
| 91 | | 01-063-000-0000-6261 | | 9,302.26 | APP XENDER ANNUAL SERVICE | | Professional Services | N |
| 92 | | 01-063-000-0000-6261 | | 795.00 | MICROFILM SYSTEM ANNUAL SERV | | Professional Services | N |
| | 9084 | Information Systems Corp | | 10,097.26 | 2 Transactions | | | |
| | 76940 | Intradyn | | | | | | |
| 89 | | 01-063-000-0000-6261 | | 1,000.00 | INTRADYN ANNUAL MAINT | | Professional Services | N |
| | 76940 | Intradyn | | 1,000.00 | 1 Transactions | | | |
| | 9057 | Isle Hardware Hank | | | | | | |
| 93 | | 01-110-000-0000-6261 | | 2.19 | COPY OF KEY | | Professional Services | N |
| | 9057 | Isle Hardware Hank | | 2.19 | 1 Transactions | | | |
| | 1502 | J.P.Cooke Company | | | | | | |
| 99 | | 01-201-000-0000-6402 | P | 29.65 | NOTARY STAMP BURTON | | Supplies | N |
| 98 | | 01-251-000-0000-6402 | P | 225.80 | NOTARY STAMPS | | Supplies | N |
| | 1502 | J.P.Cooke Company | | 255.45 | 2 Transactions | | | |
| | 10019 | Jh Larson Electric Co | | | | | | |
| 94 | | 01-110-000-0000-6402 | P | 314.96 | BULBS | | Supplies | N |
| | 10019 | Jh Larson Electric Co | | 314.96 | 1 Transactions | | | |

| | Vendor No. | Name / Account/Formula | Rpt Accr | Amount | Warrant Description / Service Dates | Invoice # / Paid On Bhf # | Account/Formula Descripti / On Behalf of Name | 1099 |
|---|---|---|---|---|---|---|---|---|
| | 10046 | Jims Mille Lacs Disposal Inc | | | | | | |
| 95 | | 01-110-000-0000-6251 | P | 500.76 | DISPOSAL CONTRACT | | Utility Services | N |
| | 10046 | Jims Mille Lacs Disposal Inc | | 500.76 | 1 Transactions | | | |
| | 17 | Johnson Auto Transport & Towing | | | | | | |
| 97 | | 01-201-000-0000-6565 | | 700.00 | MAINT ON MRAP | | Repair & Maintenance- Auto | Y |
| | 17 | Johnson Auto Transport & Towing | | 700.00 | 1 Transactions | | | |
| | 77504 | Johnson Controls Fire Protection LP | | | | | | |
| 96 | | 01-110-000-0000-6261 | | 1,215.88 | HCH & JC FIRE SYSTEM TEST | | Professional Services | N |
| | 77504 | Johnson Controls Fire Protection LP | | 1,215.88 | 1 Transactions | | | |
| | 77583 | Karpel Solutions | | | | | | |
| 100 | | 01-091-000-0000-6241 | | 13,504.50 | KARPEL ANNUAL FEE | | Dues | N |
| | 77583 | Karpel Solutions | | 13,504.50 | 1 Transactions | | | |
| | 2700 | Kehoe Enterprise Llc | | | | | | |
| 101 | | 01-201-000-0000-6565 | | 90.00 | PPD CAR WASH | | Repair & Maintenance- Auto | Y |
| | 2700 | Kehoe Enterprise Llc | | 90.00 | 1 Transactions | | | |
| | 77423 | Kelley,Wolter& Scott PA | | | | | | |
| 102 | | 01-811-000-0000-6804 | P | 26,307.60 | SEPT LEGAL FEES LORGE | | Contingency- General Fund | Y |
| 103 | | 01-811-000-0000-6804 | P | 1,021.00 | SEPT LEGAL FEES INDEMNIFICATIO | | Contingency- General Fund | Y |
| | 77423 | Kelley,Wolter& Scott PA | | 27,328.60 | 2 Transactions | | | |
| | 37225 | Kochs Hardware Hank | | | | | | |
| 104 | | 01-110-000-0000-6402 | P | 661.61 | MISC SUPPLIES | | Supplies | N |
| 105 | | 01-201-000-0000-6402 | P | 169.84 | MISC SUPPLIES | | Supplies | N |
| 106 | | 01-617-000-0000-6402 | P | 29.31 | MISC SUPPLIES | | Office Supplies | N |
| | 37225 | Kochs Hardware Hank | | 860.76 | 3 Transactions | | | |
| | 77760 | Larson/Elizabeth | | | | | | |
| 107 | | 01-091-000-0000-6261 | P | 42.75 | TRANSCRIPT JV-20-2460 | | Professional Services | Y |
| | 77760 | Larson/Elizabeth | | 42.75 | 1 Transactions | | | |
| | 999999993 | LILJEQUIST/CODY | | | | | | |
| 108 | | 01-202-000-0000-5500 | | 5.00 | REIMB PROF SERV/ CIVIL PROC | | Fees For Services | N |
| | 999999993 | LILJEQUIST/CODY | | 5.00 | 1 Transactions | | | |
| | 12139 | Lybacks Marine Inc | | | | | | |

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|---|---|---|---|---|---|---|---|---|
| 109 | | 01-207-000-0000-6565 | P | 236.94 | ATV REPAIR MAINT SQ 66 | | Repair & Maintenance- Auto | N |
| | 12139 | Lybacks Marine Inc | | 236.94 | 1 Transactions | | | |
| | 13453 | Maca-Mchrma | | | | | | |
| 15 | | 01-035-000-0000-6241 | | 439.00 | MACA 2021 DUES H WILSON | | Dues | N |
| 16 | | 01-035-000-0000-6241 | | 75.00 | MCHRMA DUES K FETTERS | | Dues | N |
| | 13453 | Maca-Mchrma | | 514.00 | 2 Transactions | | | |
| | 763 | Macpza | | | | | | |
| 111 | | 01-107-000-0000-6241 | | 170.00 | MACPZA DUES M MCPHERSON | | Dues | N |
| 112 | | 01-107-000-0000-6241 | | 80.00 | MACPZA DUES J STRUFFERT | | Dues | N |
| 113 | | 01-107-000-0000-6241 | | 80.00 | MACPZA DUES N PORTTIN | | Dues | N |
| | 763 | Macpza | | 330.00 | 3 Transactions | | | |
| | 13278 | Marvs True Value | | | | | | |
| 114 | | 01-110-000-0000-6301 | | 133.95 | PPW WOOD STOVE FIRE BRICK | | Repair & Maintenace- Bldg & Equipn | N |
| | 13278 | Marvs True Value | | 133.95 | 1 Transactions | | | |
| | 13502 | Mckesson Medical-Surgical Mn Supply Inc | | | | | | |
| 116 | | 01-251-000-0000-6283 | P | 438.23 | MED SUPPLIES PD 52 | | Care Of Prisoners | N |
| 117 | | 01-251-000-0000-6402 | P | 2,734.24 | MED MONITOR & STAND PD 52 | | Supplies | N |
| | 13502 | Mckesson Medical-Surgical Mn Supply Inc | | 3,172.47 | 2 Transactions | | | |
| | 13444 | Mei - Minnesota Elevator Inc | | | | | | |
| 156 | | 01-110-000-0000-6261 | | 897.80 | MONTHLY ELEVATOR INSPECT | | Professional Services | N |
| | 13444 | Mei - Minnesota Elevator Inc | | 897.80 | 1 Transactions | | | |
| | 2105 | Menards - Waite Park | | | | | | |
| 118 | | 01-110-000-0000-6301 | | 359.08 | REPAIR MATERIAL | | Repair & Maintenace- Bldg & Equipn | N |
| | 2105 | Menards - Waite Park | | 359.08 | 1 Transactions | | | |
| | 2880 | Mend Correctional Care | | | | | | |
| 119 | | 01-251-000-0000-6261 | | 22,554.56 | HEALTHCARE SERVICES PD 4 | | Professional Services | Y |
| | 2880 | Mend Correctional Care | | 22,554.56 | 1 Transactions | | | |
| | 78224 | MHSRC RANGE | | | | | | |
| 120 | | 01-201-000-0000-6285 | | 445.00 | TRAINING C SCHAEFER | | Training Expense | N |
| | 78224 | MHSRC RANGE | | 445.00 | 1 Transactions | | | |
| | 77858 | MID-MN INSPECTIONS LLC | | | | | | |

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|---|---|---|---|---|---|---|---|---|
| 121 | | 01-107-000-0000-6292 | P | 834.65 | CONTRACTED INSPECTIONS | | Building Code Contract Expense | Y |
| 122 | | 01-107-000-0000-6292 | P | 7,462.46 | CONTRACTED PLAN REVIEW | | Building Code Contract Expense | Y |
| | 77858 | MID-MN INSPECTIONS LLC | | 8,297.11 | 2 Transactions | | | |
| | 78149 | MIDWEST INVESTMENTS MINI MART | | | | | | |
| 291 | | 01-201-000-0000-6563 | P | 93.00 | GAS SQ 8 | | Gasoline | N |
| | 78149 | MIDWEST INVESTMENTS MINI MART | | 93.00 | 1 Transactions | | | |
| | 3461 | Midwest Machinery (Princeton) | | | | | | |
| 123 | | 01-110-000-0000-6301 | P | 606.99 | REPAIR SIDEWALK BRUSH | | Repair & Maintenace-Bldg & Equipn | N |
| 124 | | 01-110-000-0000-6301 | | 35.54 | REPLACE THERMOSTAT | | Repair & Maintenace-Bldg & Equipn | N |
| | 3461 | Midwest Machinery (Princeton) | | 642.53 | 2 Transactions | | | |
| | 77650 | Migala Law Office LLC | | | | | | |
| 125 | | 01-015-000-0000-6267 | | 1,750.00 | CHIPS NON CUSTODIAL | | County Public Defender Fees | Y |
| | 77650 | Migala Law Office LLC | | 1,750.00 | 1 Transactions | | | |
| | 13040 | Milaca Building Center | | | | | | |
| 128 | | 01-110-000-0000-6301 | P | 301.66 | MATERIAL FOR REPAIRS | | Repair & Maintenace-Bldg & Equipn | N |
| | 13040 | Milaca Building Center | | 301.66 | 1 Transactions | | | |
| | 13065 | Milaca Community Ed Dept | | | | | | |
| 127 | | 01-253-000-0000-6803 | P | 499.00 | GED PD 17 | | Miscellaneous Expense | N |
| | 13065 | Milaca Community Ed Dept | | 499.00 | 1 Transactions | | | |
| | 13263 | Mille Lacs Cty Area DAC Inc | | | | | | |
| 129 | | 01-060-000-0000-6261 | P | 118.44 | HWY CLEANING | | Professional Services | N |
| 130 | | 01-060-000-0000-6261 | P | 692.18 | COURTHOUSE CLEANING | | Professional Services | N |
| 131 | | 01-060-000-0000-6261 | P | 61.36 | WAHKON CLEANING | | Professional Services | N |
| | 13263 | Mille Lacs Cty Area DAC Inc | | 871.98 | 3 Transactions | | | |
| | 2927 | Mille Lacs Cty Land Service Office | | | | | | |
| 132 | | 01-617-000-0000-6402 | P | 941.80 | COPIES | | Office Supplies | N |
| | 2927 | Mille Lacs Cty Land Service Office | | 941.80 | 1 Transactions | | | |
| | 13099 | Mille Lacs Cty Public Works Department | | | | | | |
| 133 | | 01-393-000-0000-6811 | P | 20,351.32 | RECYCLING HAULING | | Recycling Contract | N |
| | 13099 | Mille Lacs Cty Public Works Department | | 20,351.32 | 1 Transactions | | | |
| | 75691 | Minnesota Computer Systems Inc | | | | | | |

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|---|---|---|---|---|---|---|---|---|
| 146 | | 01-063-000-0000-6603 | | 4,395.00 | COPIERS LSO | | Equip,Furniture,Fixtures | N |
| 147 | | 01-063-000-0000-6603 | | 5,860.00 | COPIERS SO | | Equip,Furniture,Fixtures | N |
| 138 | | 01-035-000-0000-6301 | | 236.08 | COPY MACHINE CONTRACT | 306698 | Repair & Maintenance-Bldg & Equip | N |
| 140 | | 01-100-000-0000-6301 | | 68.48 | COPY MACHINE CONTRACT | 306699 | Repair & Maintenace-Bldg & Equipn | N |
| 136 | | 01-201-000-0000-6301 | | 32.89 | COPY MACHINE CONTRACT | 307248 | Repair & Maintenace-Bldg & Equipn | N |
| 137 | | 01-251-000-0000-6301 | | 294.79 | COPY MACHINE CONTRACT | 307248 299918 | Repair & Maintenace-Bldg & Equipn | N |
| 135 | | 01-201-000-0000-6301 | | 50.44 | COPY MACHINE CONTRACT | 307249 | Repair & Maintenace-Bldg & Equipn | N |
| 141 | | 01-041-000-0000-6301 | | 66.83 | COPY MACHINE CONTRACT | 307250 | Repair & Maintenace-Bldg & Equipn | N |
| 144 | | 01-091-000-0000-6301 | | 111.02 | COPY MACHINE CONTRACT | 307251 | Repair & Maintenace-Bldg & Equipn | N |
| 142 | | 01-107-000-0000-6301 | | 57.86 | COPY MACHINE CONTRACT | 307252 | Repair & Maintenance-Bldg & Equip | N |
| 145 | | 01-255-000-0000-6301 | | 100.26 | COPY MACHINE CONTRACT | 307253 | Repair & Maintenace-Bldg & Equipn | N |
| 143 | | 01-025-000-0000-6402 | | 20.00 | COPY MACHINE CONTRACT | 307254 | Office Supplies | N |
| 139 | | 01-063-000-0000-6301 | | 37.73 | COPY MACHINE CONTRACT | 307255 | Repair & Maintenace-Bldg & Equipn | N |
| | 75691 | **Minnesota Computer Systems Inc** | | 11,331.38 | 13 Transactions | | | |
| | 13430 | **Minnesota Monitoring Inc** | | | | | | |
| 158 | | 01-255-000-0000-6261 | P | 180.00 | DRUG TESTING | | Professional Services | N |
| 157 | | 01-259-000-0000-6276 | P | 930.00 | REAM GRANT TB MT FB | | Electronic Monitoring Subsidy Gran | N |
| | 13430 | **Minnesota Monitoring Inc** | | 1,110.00 | 2 Transactions | | | |
| | 77105 | **Mitz/Dolores O** | | | | | | |
| 166 | | 01-091-000-0000-6261 | P | 50.88 | TRANSCRIPTS MLCSO 19006468 | | Professional Services | Y |
| 167 | | 01-091-000-0000-6261 | P | 64.75 | TRANSCRIPTS MLCSO 19011868 | | Professional Services | Y |
| 168 | | 01-091-000-0000-6261 | | 46.25 | TRANSCRIPTS 48-CR-20-2130 | | Professional Services | Y |
| 169 | | 01-091-000-0000-6261 | | 74.00 | TRANSCRIPT MLCSO 19006725 | | Professional Services | Y |
| | 77105 | **Mitz/Dolores O** | | 235.88 | 4 Transactions | | | |
| | 13470 | **Mn Counties Computer Coop** | | | | | | |
| 149 | | 01-060-000-0000-6261 | P | 150.00 | 1099 PROGRAMMING IFS | | Professional Services | Y |
| 150 | | 01-063-000-0000-6285 | | 180.00 | LEGAL DESCRIPTION TRAINING | | Training Expense | Y |
| 148 | | 01-255-000-0000-6241 | | 4,054.85 | CORRECTION USER GROUP | | Dues | Y |
| | 13470 | **Mn Counties Computer Coop** | | 4,384.85 | 3 Transactions | | | |
| | 13007 | **Mn Cty Attorneys Assn** | | | | | | |
| 115 | | 01-091-000-0000-6241 | | 4,000.00 | MCAA DUES | | Dues | N |
| | 13007 | **Mn Cty Attorneys Assn** | | 4,000.00 | 1 Transactions | | | |
| | 4059 | **Mn Dept Of Labor & Industry** | | | | | | |
| 155 | | 01-110-000-0000-6261 | O | 45.00 | INSPECT & LICENSE | | Professional Services | N |

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|---|---|---|---|---|---|---|---|---|
| | 4059 | **Mn Dept Of Labor & Industry** | | 45.00 | 1 Transactions | | | |
| | 151 | **Mn Office Of Enterprise Technology** | | | | | | |
| 159 | | 01-060-000-0000-6205 | | 1,300.00 | OET WAN SERVICES | | M-Net Hookup | N |
| | 151 | **Mn Office Of Enterprise Technology** | | 1,300.00 | 1 Transactions | | | |
| | 13014 | **Mn Sheriffs Assn** | | | | | | |
| 160 | | 01-063-000-0000-6285 | P | 140.00 | PSAP 911 CONF | | Training Expense | N |
| 161 | | 01-201-000-0000-6261 | | 7,886.86 | SHERIFF DUES | | Professional Services | N |
| | 13014 | **Mn Sheriffs Assn** | | 8,026.86 | 2 Transactions | | | |
| | 46474 | **Mn State Auditor** | | | | | | |
| 162 | | 01-045-000-0000-6262 | O | 19,683.50 | 7/22-11/24 AUDIT WORK | | Auditing And Accounting Services | N |
| | 46474 | **Mn State Auditor** | | 19,683.50 | 1 Transactions | | | |
| | 3175 | **Mocic** | | | | | | |
| 170 | | 01-201-000-0000-6242 | | 200.00 | ANNUAL MEMBER FEES | | Subscriptions | N |
| | 3175 | **Mocic** | | 200.00 | 1 Transactions | | | |
| | 13156 | **Motorola Inc** | | | | | | |
| 171 | | 01-283-000-0000-6301 | | 1,827.31 | MONTHLY MAINT | | Repair & Maintenance - Bldg & Equi | N |
| | 13156 | **Motorola Inc** | | 1,827.31 | 1 Transactions | | | |
| | 76894 | **NAPA Central Mn** | | | | | | |
| 172 | | 01-201-000-0000-6565 | P | 92.96 | MRAP 88 REPAIR MAINT | | Repair & Maintenance- Auto | N |
| | 76894 | **NAPA Central Mn** | | 92.96 | 1 Transactions | | | |
| | 75595 | **NCIC Operator Services** | | | | | | |
| 173 | | 01-253-000-0000-6803 | P | 1,450.00 | INMATE PHONE CARDS | | Miscellaneous Expense | N |
| | 75595 | **NCIC Operator Services** | | 1,450.00 | 1 Transactions | | | |
| | 75600 | **Nolan, Thompson & Leighton** | | | | | | |
| 174 | | 01-811-000-0000-6804 | P | 105,915.00 | FEES FEB 2020 | | Contingency- General Fund | Y |
| 175 | | 01-811-000-0000-6804 | P | 56,545.00 | FEES MARCH 2020 | | Contingency- General Fund | Y |
| 176 | | 01-811-000-0000-6804 | P | 23,670.45 | COST INCURRED OCT16-NOV16 | | Contingency- General Fund | Y |
| | 75600 | **Nolan, Thompson & Leighton** | | 186,130.45 | 3 Transactions | | | |
| | 49802 | **North Memorial Ambulance Service** | | | | | | |
| 177 | | 01-251-000-0000-6283 | P | 548.43 | A GARBOW PD 49 | | Care Of Prisoners | N |

| | Vendor No. | Name / Account/Formula | Rpt Accr | Amount | Warrant Description / Service Dates | Invoice # / Paid On Bhf # | Account/Formula Descripti / On Behalf of Name | 1099 |
|---|---|---|---|---|---|---|---|---|
| | 49802 | North Memorial Ambulance Service | | 548.43 | 1 Transactions | | | |
| | 50470 | Office Depot Inc | | | | | | |
| 183 | | 01-035-000-0000-6402 | P | 94.16 | OFFICE SUPPLIES | | Office Supplies | N |
| 185 | | 01-035-000-0000-6402 | | 60.96 | OFFICE SUPPLIES | | Office Supplies | N |
| 186 | | 01-041-000-0000-6402 | | 121.74 | OFFICE SUPPLIES | | Office Supplies | N |
| 181 | | 01-091-000-0000-6402 | P | 255.30 | OFFICE SUPPLIES | | Supplies | N |
| 182 | | 01-107-000-0000-6402 | P | 214.43 | OFFICE SUPPLIES | | Supplies | N |
| 179 | | 01-201-000-0000-6402 | P | 879.12 | OFFICE SUPPLIES | | Supplies | N |
| 178 | | 01-251-000-0000-6402 | P | 919.68 | TONER CALENDAR TAPE PD 22 | | Supplies | N |
| 180 | | 01-255-000-0000-6402 | P | 109.91 | OFFICE SUPPLIES | | Supplies | N |
| | 50470 | Office Depot Inc | | 2,655.30 | 8 Transactions | | | |
| | 3535 | On-Line Retrievers | | | | | | |
| 188 | | 01-201-000-0000-6451 | P | 90.00 | K9 BOARDING | | K-9 Expense | Y |
| 187 | | 01-231-000-0000-6261 | P | 950.00 | ANIMAL CONTROL | | Professional Services | Y |
| | 3535 | On-Line Retrievers | | 1,040.00 | 2 Transactions | | | |
| | 77356 | PFM Financial Advisors LLC | | | | | | |
| 189 | | 01-060-000-0000-6261 | P | 1,500.00 | 2019 DISCLOSURES | | Professional Services | Y |
| | 77356 | PFM Financial Advisors LLC | | 1,500.00 | 1 Transactions | | | |
| | 76136 | Pope Douglas Solid Waste Management | | | | | | |
| 190 | | 01-201-000-0000-6261 | P | 210.60 | RX DISPOSAL | | Professional Services | N |
| | 76136 | Pope Douglas Solid Waste Management | | 210.60 | 1 Transactions | | | |
| | 77391 | Premium Waters Inc | | | | | | |
| 191 | | 01-110-000-0000-6251 | P | 130.90 | WATER | | Utility Services | N |
| | 77391 | Premium Waters Inc | | 130.90 | 1 Transactions | | | |
| | 75389 | Princeton Minuteman Press | | | | | | |
| 192 | | 01-100-000-0000-6402 | P | 116.10 | REG/WINDOW ENVELOPES | | Supplies | N |
| 193 | | 01-201-000-0000-6402 | | 131.55 | SUPPLIES | | Supplies | N |
| | 75389 | Princeton Minuteman Press | | 247.65 | 2 Transactions | | | |
| | 78006 | QUADIENT FINANCE USA INC | | | | | | |
| 194 | | 01-060-000-0000-6202 | P | 380.15 | POSTAGE | | Postage | N |
| | 78006 | QUADIENT FINANCE USA INC | | 380.15 | 1 Transactions | | | |
| | 78226 | R&R SEPTIC VERN JERECZEK DEBBY GALI | | | | | | |

| | Vendor No. | Name / Account/Formula | Rpt Accr | Amount | Warrant Description / Service Dates | Invoice # / Paid On Bhf # | Account/Formula Descripti / On Behalf of Name | 1099 |
|---|---|---|---|---|---|---|---|---|
| 199 | | 01-617-000-0000-6850 | P | 10,125.00 | SSTS GRANT PAYMENT | | Grant Projects | N |
| | 78226 | R&R SEPTIC VERN JERECZEK DEBBY GALI | | 10,125.00 | 1 Transactions | | | |
| | 77940 | RAVE WIRELESS INC | | | | | | |
| 195 | | 01-281-000-0000-6261 | P | 6,175.00 | SMS TEXT EMAIL VOICE SMART | | Professional Services | N |
| | 77940 | RAVE WIRELESS INC | | 6,175.00 | 1 Transactions | | | |
| | 78028 | Republic Minden Transfer Station | | | | | | |
| 126 | | 01-393-000-0000-6811 | P | 5,871.42 | RECYCLING TIPPING FEE | | Recycling Contract | N |
| | 78028 | Republic Minden Transfer Station | | 5,871.42 | 1 Transactions | | | |
| | 18044 | Rinke-Noonan | | | | | | |
| 197 | | 01-107-000-0000-6261 | P | 300.00 | ADVICE TO REGISTRAR | | Professional Services | Y |
| 196 | | 01-617-000-0000-5591 | P | 1,278.00 | JOINT DITCH AUTHORITY | | County Ditch Revenues | Y |
| | 18044 | Rinke-Noonan | | 1,578.00 | 2 Transactions | | | |
| | 75457 | RTDS LLC | | | | | | |
| 200 | | 01-110-000-0000-6261 | P | 956.25 | REBUILD ELEC STRIKES LOCKSET | | Professional Services | N |
| | 75457 | RTDS LLC | | 956.25 | 1 Transactions | | | |
| | 77407 | RWB Emergency Lighting LLC | | | | | | |
| 203 | | 01-063-000-0000-6261 | P | 340.07 | DOCKING STATIONS | | Professional Services | Y |
| 201 | | 01-201-000-0000-6402 | | 1,589.60 | VEH SUPPLIES | | Supplies | Y |
| 202 | | 01-201-000-0000-6605 | | 16,518.80 | NEW SQ EQUIP | | Vehicles | Y |
| | 77407 | RWB Emergency Lighting LLC | | 18,448.47 | 3 Transactions | | | |
| | 77255 | SailorsAllen Law | | | | | | |
| 204 | | 01-015-000-0000-6267 | | 3,700.00 | PUBLIC DEFENDER | | County Public Defender Fees | Y |
| | 77255 | SailorsAllen Law | | 3,700.00 | 1 Transactions | | | |
| | 19982 | Sams Club - Gecf | | | | | | |
| 205 | | 01-201-000-0000-6402 | P | 10.98 | SUPPLIES | | Supplies | N |
| | 19982 | Sams Club - Gecf | | 10.98 | 1 Transactions | | | |
| | 934 | Scott County Treasurer | | | | | | |
| 206 | | 01-255-000-0000-6269 | O | 720.00 | CO DETENTION LC | | Detention & Rehab Services | N |
| | 934 | Scott County Treasurer | | 720.00 | 1 Transactions | | | |
| | 19253 | Secure-Tec Protection | | | | | | |
| 207 | | 01-110-000-0000-6301 | P | 219.95 | REPAIR PANIC BUTTON SYSTEM | | Repair & Maintenace- Bldg & Equipn | Y |

| | Vendor No. | Name / Account/Formula | Rpt Accr | Amount | Warrant Description / Service Dates | Invoice # / Paid On Bhf # | Account/Formula Descripti / On Behalf of Name | 1099 |
|---|---|---|---|---|---|---|---|---|
| | 19253 | Secure-Tec Protection | | 219.95 | 1 Transactions | | | |
| | 2049 | Shred Right | | | | | | |
| 208 | | 01-060-000-0000-6261 | P | 35.25 | SHRED ASO | | Professional Services | N |
| 209 | | 01-060-000-0000-6261 | P | 30.00 | SHRED CVS | | Professional Services | N |
| 210 | | 01-060-000-0000-6261 | P | 75.00 | SHRED SO | | Professional Services | N |
| 211 | | 01-060-000-0000-6261 | P | 15.00 | SHRED COURTS | | Professional Services | N |
| | 2049 | Shred Right | | 155.25 | 4 Transactions | | | |
| | 77462 | Society for HR Management | | | | | | |
| 212 | | 01-035-000-0000-6241 | | 219.00 | SHRM MEMBERSHIP H WILSON | | Dues | N |
| | 77462 | Society for HR Management | | 219.00 | 1 Transactions | | | |
| | 19061 | Star Tribune | | | | | | |
| 213 | | 01-253-000-0000-6803 | | 464.40 | SUBSCRIPTION PD 16 | | Miscellaneous Expense | N |
| | 19061 | Star Tribune | | 464.40 | 1 Transactions | | | |
| | 77148 | Streamworks LLC | | | | | | |
| 214 | | 01-041-000-0000-6202 | | 2,850.00 | PPD POSTAGE TNT | | Postage | N |
| 215 | | 01-100-000-0000-6202 | | 2,850.00 | PPD POSTAGE VALUATION | | Postage | N |
| | 77148 | Streamworks LLC | | 5,700.00 | 2 Transactions | | | |
| | 19144 | Streichers | | | | | | |
| 216 | | 01-201-000-0000-6261 | P | 3,652.27 | AMMO | | Professional Services | N |
| | 19144 | Streichers | | 3,652.27 | 1 Transactions | | | |
| | 76947 | Summit Food Service LLC | | | | | | |
| 217 | | 01-251-000-0000-6420 | P | 12,910.14 | INMATE MEALS PD 32 | | Food Service | N |
| | 76947 | Summit Food Service LLC | | 12,910.14 | 1 Transactions | | | |
| | 77854 | SWATMOD.COM | | | | | | |
| 218 | | 01-201-000-0000-6565 | | 450.00 | VEH MAINT MRAP SQ 88 | | Repair & Maintenance-Auto | Y |
| | 77854 | SWATMOD.COM | | 450.00 | 1 Transactions | | | |
| | 77972 | TAFT | | | | | | |
| 219 | | 01-811-000-0000-6804 | P | 50,824.73 | LEGAL FEES JURISDICTION | | Contingency-General Fund | Y |
| 220 | | 01-811-000-0000-6804 | P | 10,028.45 | LEGAL FEES INDEMNIFICATION | | Contingency-General Fund | Y |
| | 77972 | TAFT | | 60,853.18 | 2 Transactions | | | |
| | 2050 | Thrifty White Pharmacy | | | | | | |

| Vendor No. | Name / Account/Formula | Rpt Accr | Amount | Warrant Description / Service Dates | Invoice # / Paid On Bhf # | Account/Formula Descripti / On Behalf of Name | 1099 |
|---|---|---|---|---|---|---|---|
| 292 | 01-251-000-0000-6283 | | 1,559.01 | INMATE MED CART | | Care Of Prisoners | N |
| 2050 | **Thrifty White Pharmacy** | | 1,559.01 | 1 Transactions | | | |
| 76594 | **TRI-DIM Filter Corporation** | | | | | | |
| 221 | 01-110-000-0000-6402 | | 783.33 | FILTERS HSH CVS JAIL JC | | Supplies | N |
| 76594 | **TRI-DIM Filter Corporation** | | 783.33 | 1 Transactions | | | |
| 78056 | **TRITECH SOFTWARE SYSTEMS** | | | | | | |
| 222 | 01-227-000-0000-6261 | | 58,024.60 | SOFTWARE MAINT ANNUAL FEE | | Professional Services | N |
| 78056 | **TRITECH SOFTWARE SYSTEMS** | | 58,024.60 | 1 Transactions | | | |
| 660 | **Tw Vending** | | | | | | |
| 224 | 01-251-000-0000-6283 | P | 87.01 | INDIGENT PD 13 | | Care Of Prisoners | N |
| 223 | 01-253-000-0000-6803 | P | 6,677.82 | VENDING SALES PD 13 | | Miscellaneous Expense | N |
| 660 | **Tw Vending** | | 6,764.83 | 2 Transactions | | | |
| 2615 | **University Of Mn-Regents** | | | | | | |
| 225 | 01-603-000-0000-6261 | | 300.00 | FAIR ENTRY SUBSCRIPTION | | Professional Services | N |
| 2615 | **University Of Mn-Regents** | | 300.00 | 1 Transactions | | | |
| 77791 | **US Bank** | | | | | | |
| 267 | 01-091-000-0000-6402 | P | 75.00 | JOES CRIMINAL BENCHBOOK | MNCLE | Supplies | N |
| 268 | 01-091-000-0000-6261 | O | 3.00 | COURT RECORDS MORROW CTY | MORROW CTY | Professional Services | N |
| 266 | 01-091-000-0000-6241 | P | 181.00 | NDAA RENEWAL | NDAA | Dues | N |
| 269 | 01-091-000-0000-6261 | O | 6.00 | COURT RECORDS UMATILLA CTY | UMATILLA CTY | Professional Services | N |
| 77791 | **US Bank** | | 265.00 | 4 Transactions | | | |
| 77805 | **US Bank *** | | | | | | |
| 245 | 01-251-000-0000-6285 | P | 995.00- | REFUND TRAINING S BOST | | Training Expense | N |
| 241 | 01-251-000-0000-6402 | P | 124.75 | MAGNET CLAMP CLIP PD 24 | | Supplies | N |
| 244 | 01-251-000-0000-6565 | P | 500.00 | LUG NUTS SQ 44 | | Repair & Maintenance-Auto | N |
| 243 | 01-251-000-0000-6603 | P | 57.24 | CAR CHARGER SQ 29 PD 27 | | Equip,Furniture,Fixtures | N |
| 263 | 01-201-000-0000-6402 | | 45.90 | SUPPLIES BACK DROP | 2CO.COM | Supplies | N |
| 258 | 01-201-000-0000-6402 | P | 224.65 | SUPPLIES | ACCESSORY TECH | Supplies | N |
| 259 | 01-201-000-0000-6242 | P | 119.00 | AMAZON MEMBER FEE | AMAZON | Subscriptions | N |
| 249 | 01-201-000-0000-6402 | P | 35.97 | SUPPLIES | AMAZON | Supplies | N |
| 254 | 01-201-000-0000-6402 | P | 25.84 | OFFICE SUPPLIES | AMAZON | Supplies | N |
| 256 | 01-202-000-0000-6402 | P | 99.84 | CT SEC SUPPLIES | AMAZON | Office Supplies | N |
| 260 | 01-201-000-0000-6402 | | 301.14 | SUPPLIES-RIFLE MOUNT | EBAY | Supplies | N |
| 250 | 01-201-000-0000-6402 | P | 10.72 | SUPPLIES | KOCHS | Supplies | N |

| Vendor No. | Name / Account/Formula | Rpt Accr | Amount | Warrant Description / Service Dates | Invoice # / Paid On Bhf # | Account/Formula Descripti / On Behalf of Name | 1099 |
|---|---|---|---|---|---|---|---|
| 253 | 01-201-000-0000-6285 | P | 35.00 | TRAINING | MSA | Training Expense | N |
| 261 | 01-201-000-0000-6402 | | 1,415.00 | SUPPLIES | PATCH DEPOT | Supplies | N |
| 248 | 01-201-000-0000-6402 | P | 163.33 | SUPPLIES | PAYPAL | Supplies | N |
| 251 | 01-201-000-0000-6402 | P | 115.50 | SUPPLIES REAR FLIP SIGHTS | PAYPAL | Supplies | N |
| 252 | 01-201-000-0000-6402 | P | 28.17 | SUPPLIES GUN SLING | PAYPAL | Supplies | N |
| 262 | 01-201-000-0000-6402 | | 224.65 | SUPPLIES | PAYPAL | Supplies | N |
| 246 | 01-202-000-0000-6565 | P | 268.89 | NEW CT SEC TRANS VAN EQUIP | PAYPAL | Repair & Maintenance- Auto | N |
| 255 | 01-201-000-0000-6261 | P | 40.00 | FFL TRANSFER FEE | PRINCE GUN | Professional Services | N |
| 247 | 01-201-000-0000-6402 | P | 69.17 | SUPPLIES | VISTA | Supplies | N |
| 264 | 01-201-000-0000-6402 | | 63.35 | SUPPLIES | WALMART | Supplies | N |
| 257 | 01-201-000-0000-6261 | P | 90.00 | MO SERVICE FEE | WHENIWORK | Professional Services | N |
| 77805 | **US Bank *** | | 3,063.11 | 23 Transactions | | | |
| 77806 | **US Bank **** | | | | | | |
| 238 | 01-035-000-0000-6402 | | 39.20 | ASO VITAL RECORDS SUPPLIES | AMAZON | Office Supplies | N |
| 226 | 01-063-000-0000-6301 | P | 35.99 | TECH SERVICES | AMAZON | Repair & Maintenace- Bldg & Equipn | N |
| 239 | 01-063-000-0000-6301 | | 59.97 | TECH SERVICES SUPPLIES | AMAZON | Repair & Maintenace- Bldg & Equipn | N |
| 230 | 01-110-000-0000-6402 | P | 34.69 | MAINT | AMAZON | Supplies | N |
| 233 | 01-110-000-0000-6402 | P | 62.40 | MAINT | AMAZON | Supplies | N |
| 234 | 01-110-000-0000-6402 | P | 40.69 | MAINT | AMAZON | Supplies | N |
| 232 | 01-251-000-0000-6301 | P | 151.14- | CREDIT | AMAZON | Repair & Maintenace- Bldg & Equipn | N |
| 242 | 01-251-000-0000-6301 | P | 151.14 | JAIL SUPPLIES | AMAZON | Repair & Maintenace- Bldg & Equipn | N |
| 235 | 01-035-000-0000-6265 | P | 41.95 | EQUIFAX | EQUIFAX | Professional Services- Personnel | N |
| 231 | 01-060-000-0000-6849 | P | 616.00- | CREDIT | FDW CORP | CARES Act Expenditures | N |
| 77806 | **US Bank **** | | 301.11- | 10 Transactions | | | |
| 77939 | **US POSTAL SERVICE NEOPOST POSTAGE** | | | | | | |
| 270 | 01-060-000-0000-6202 | | 5,000.00 | PPD POSTAGE | | Postage | N |
| 77939 | **US POSTAL SERVICE NEOPOST POSTAGE** | | 5,000.00 | 1 Transactions | | | |
| 2587 | **Verizon Wireless** | | | | | | |
| 271 | 01-035-000-0000-6203 | | 139.50 | ADMIN SERV | | Phone | N |
| 273 | 01-041-000-0000-6203 | | 41.50 | AT | | Phone | N |
| 275 | 01-060-000-0000-6839 | | 2,210.00 | CVS | | reimb collections- inter office | N |
| 282 | 01-060-000-0000-6839 | | 309.66 | PW | | reimb collections- inter office | N |
| 283 | 01-063-000-0000-6203 | | 186.00 | IT | | Phone | N |
| 274 | 01-091-000-0000-6203 | | 420.00 | CTY ATTY | | Phone | N |
| 272 | 01-100-000-0000-6203 | | 227.50 | ASSESSOR | | Phone | N |
| 279 | 01-107-000-0000-6203 | | 83.00 | LSO | | Phone | N |
| 280 | 01-110-000-0000-6203 | | 129.50 | BLDG MAINT | | Phone | N |

| | Vendor No. | Name / Account/Formula | Rpt Accr | Amount | Warrant Description / Service Dates | Invoice # / Paid On Bhf # | Account/Formula Descripti / On Behalf of Name | 1099 |
|---|---|---|---|---|---|---|---|---|
| 281 | | 01-255-000-0000-6203 | | 325.50 | PROB | | Phone | N |
| 277 | | 01-280-000-0000-6203 | | 46.50 | EMER MGR | | Phone | N |
| 278 | | 01-617-000-0000-6203 | | 176.00 | ENVIRN RES | | Phone | N |
| 276 | | 01-701-000-0000-6203 | | 41.50 | ECON MGR | | Phone | N |
| | 2587 | **Verizon Wireless** | | 4,336.16 | 13 Transactions | | | |
| | 2937 | **Verus Corporation** | | | | | | |
| 284 | | 01-063-000-0000-6261 | P | 275.00 | WATCHGUARD FIREWALL | | Professional Services | N |
| | 2937 | **Verus Corporation** | | 275.00 | 1 Transactions | | | |
| | 2347 | **Vetter Johnson Architects Inc** | | | | | | |
| 285 | | 01-110-000-0000-6261 | P | 880.00 | BLDG SQ FOOTAGE CALC | | Professional Services | N |
| | 2347 | **Vetter Johnson Architects Inc** | | 880.00 | 1 Transactions | | | |
| | 77643 | **Visual Labs Inc** | | | | | | |
| 286 | | 01-201-000-0000-6242 | | 18,360.00 | SUBSCRIPTION FEE | | Subscriptions | N |
| | 77643 | **Visual Labs Inc** | | 18,360.00 | 1 Transactions | | | |
| | 23001 | **West Group** | | | | | | |
| 287 | | 01-091-000-0000-6402 | | 93.47 | LIBRARY CHARGES | | Supplies | N |
| 288 | | 01-091-000-0000-6402 | | 1,930.34 | WEST CHARGES | | Supplies | N |
| 289 | | 01-107-000-0000-6242 | P | 564.00 | SUBSCRIPTION | | Subscriptions | N |
| 290 | | 01-201-000-0000-6261 | P | 207.62 | DEC CONTRACT | | Professional Services | N |
| | 23001 | **West Group** | | 2,795.43 | 4 Transactions | | | |
| 1 Fund Total: | | | | 824,980.38 | County Revenue Fund | 133 Vendors | 263 Transactions | |

| | Vendor No. | Name / Account/Formula | Rpt Accr | Amount | Warrant Description / Service Dates | Invoice # / Paid On Bhf # | Account/Formula Descripti / On Behalf of Name | 1099 |
|---|---|---|---|---|---|---|---|---|
| | 77807 | Enterprise FM Trust | | | | | | |
| 58 | | 10-340-000-0000-6261 | | 45.00 | PW MAINT FEES | | Professional Services | N |
| 54 | | 10-340-000-0000-6344 | | 634.78 | PW UNIT 1415 | | Public Works Enterprise Lease | N |
| 55 | | 10-340-000-0000-6344 | | 570.03 | PW UNIT 1416 | | Public Works Enterprise Lease | N |
| 56 | | 10-340-000-0000-6344 | | 566.06 | PW UNIT 1417 | | Public Works Enterprise Lease | N |
| 57 | | 10-340-000-0000-6344 | | 653.98 | PW UNIT 1414 | | Public Works Enterprise Lease | N |
| 59 | | 10-340-000-0000-6575 | | 83.19 | PW PARTS 1412 | | Parts | N |
| 60 | | 10-340-000-0000-6575 | | 68.00 | PW LABOR 1412 | | Parts | N |
| | 77807 | Enterprise FM Trust | | 2,621.04 | 7 Transactions | | | |
| | 77801 | Geotab USA, Inc | | | | | | |
| 70 | | 10-340-000-0000-6261 | P | 936.00 | PW GEOTAB | | Professional Services | N |
| | 77801 | Geotab USA, Inc | | 936.00 | 1 Transactions | | | |
| | 50470 | Office Depot Inc | | | | | | |
| 184 | | 10-310-000-0000-6402 | P | 133.38 | OFFICE SUPPLIES | | Supplies | N |
| | 50470 | Office Depot Inc | | 133.38 | 1 Transactions | | | |
| | 77806 | US Bank ** | | | | | | |
| 236 | | 10-310-000-0000-6287 | O | 100.00 | TRAINING N KNOPIK | DOT | Seminar- Training (Engineering) | N |
| 237 | | 10-310-000-0000-6287 | O | 2.49 | TRAINING N KNOPIK | DOT | Seminar- Training (Engineering) | N |
| 227 | | 10-310-000-0000-6287 | O | 155.00 | TRAINING R PEDERSON | U OF M | Seminar- Training (Engineering) | N |
| 228 | | 10-310-000-0000-6287 | O | 120.00 | TRAINING J JORDAHL | U OF M | Seminar- Training (Engineering) | N |
| 229 | | 10-310-000-0000-6287 | O | 155.00 | TRAINING J JORDAHL | U OF M | Seminar- Training (Engineering) | N |
| 240 | | 10-310-000-0000-6288 | | 180.00 | TRAINING N KNOPIK | U OF M | Conferences (Adm) | N |
| | 77806 | US Bank ** | | 712.49 | 6 Transactions | | | |

10 Fund Total: 4,402.91 Public Works Department 4 Vendors 15 Transactions

| | Vendor No. | Name / Account/Formula | Rpt Accr | Amount | Warrant Description / Service Dates | Invoice # / Paid On Bhf # | Account/Formula Descripti / On Behalf of Name | 1099 |
|---|---|---|---|---|---|---|---|---|
| | 77511 | H2Over Viewers LLC | | | | | | |
| 79 | | 12-651-000-0000-6803 | P | 1,034.08 | JD1A RETERMINE VIEWER FEES | | Miscellaneous Expense | Y |
| | 77511 | H2Over Viewers LLC | | 1,034.08 | 1 Transactions | | | |
| | 78019 | HOUSTON ENGINEERING INC | | | | | | |
| 83 | | 12-652-001-0000-6803 | P | 2,057.25 | CD 2 ENGINEERING SERVICES | | Miscellaneous Expense- Redetermin | N |
| | 78019 | HOUSTON ENGINEERING INC | | 2,057.25 | 1 Transactions | | | |
| | 75339 | Isanti County Auditor-Treasurer | | | | | | |
| 90 | | 12-673-000-0000-6803 | O | 3,860.67 | 2019/2020 JD3 SETTLEMENT | | Miscellaneous Expense | N |
| | 75339 | Isanti County Auditor-Treasurer | | 3,860.67 | 1 Transactions | | | |
| | 13099 | Mille Lacs Cty Public Works Department | | | | | | |
| 134 | | 12-653-000-0000-6803 | P | 308.89 | COUNTY DITCH 3 BEAVER | | Miscellaneous Expense | N |
| | 13099 | Mille Lacs Cty Public Works Department | | 308.89 | 1 Transactions | | | |
| | 18044 | Rinke-Noonan | | | | | | |
| 198 | | 12-651-000-0000-6803 | | 32.38 | DITCH RETAINER | | Miscellaneous Expense | Y |
| 198 | | 12-652-001-0000-6803 | | 36.70 | DITCH RETAINER | | Miscellaneous Expense- Redetermin | Y |
| 198 | | 12-653-000-0000-6803 | | 37.22 | DITCH RETAINER | | Miscellaneous Expense | Y |
| 198 | | 12-654-000-0000-6803 | | 22.30 | DITCH RETAINER | | Miscellaneous Expense | Y |
| 198 | | 12-655-000-0000-6803 | | 13.20 | DITCH RETAINER | | Miscellaneous Expense | Y |
| 198 | | 12-656-000-0000-6803 | | 1.90 | DITCH RETAINER | | Miscellaneous Expense | Y |
| 198 | | 12-657-000-0000-6803 | | 7.10 | DITCH RETAINER | | Miscellaneous Expense | Y |
| 198 | | 12-661-000-0000-6803 | | 13.62 | DITCH RETAINER | | Miscellaneous Expense | Y |
| 198 | | 12-664-001-0000-6803 | | 35.58 | DITCH RETAINER | | Miscellaneous Expense- redetermin | Y |
| | 18044 | Rinke-Noonan | | 200.00 | 9 Transactions | | | |
| 12 Fund Total: | | | | 7,460.89 | General Ditch Fund | 5 Vendors | 13 Transactions | |

| Vendor No. | Name / Account/Formula | Rpt Accr | Amount | Warrant Description / Service Dates | Invoice # / Paid On Bhf # | Account/Formula Descripti / On Behalf of Name | 1099 |
|---|---|---|---|---|---|---|---|
| 21111 | US Bank Trust | | | | | | |
| 265 | 35-867-000-0000-6279 | | 500.00 | ADMIN FEE GO CAP IMPR REV 2014 | | Bond Administration Fees | N |
| 21111 | US Bank Trust | | 500.00 | 1 Transactions | | | |
| 35 Fund Total: | | | 500.00 | Debt Service Fund | 1 Vendors | 1 Transactions | |

| Vendor No. | Name / Account/Formula | Rpt Accr | Amount | Warrant Description / Service Dates | Invoice # / Paid On Bhf # | Account/Formula Descripti / On Behalf of Name | 1099 |
|---|---|---|---|---|---|---|---|
| 77807 | Enterprise FM Trust | | | | | | |
| 51 | 37-873-000-0000-6603 | | 4,113.53 | FLEET CARS | | Equip,Furniture,Fixtures | N |
| 77807 | Enterprise FM Trust | | 4,113.53 | 1 Transactions | | | |
| 37 Fund Total: | | | 4,113.53 | Capital Projects Fund | 1 Vendors | 1 Transactions | |

| Vendor No. | Name / Account/Formula | Rpt Accr | Amount | Warrant Description / Service Dates | Invoice # / Paid On Bhf # | Account/Formula Descripti / On Behalf of Name | 1099 |
|---|---|---|---|---|---|---|---|
| 13002 | **Mn Dept Of Health** | | | | | | |
| 151 | 75-887-000-0000-6805 | O | 595.00 | WELL CERT OCT | | Collected For Other Agencies | N |
| 152 | 75-887-000-0000-6805 | O | 977.50 | WELL CERTS NOV | | Collected For Other Agencies | N |
| 153 | 75-887-000-0000-6805 | O | 807.50 | WELL CERTS DEC | | Collected For Other Agencies | N |
| 13002 | **Mn Dept Of Health** | | 2,380.00 | 3 Transactions | | | |
| 4059 | **Mn Dept Of Labor & Industry** | | | | | | |
| 154 | 75-888-000-0000-6805 | O | 1,675.78 | QTRLY BUILDING PERMIT SUR | | Collected For Other Agencies | N |
| 4059 | **Mn Dept Of Labor & Industry** | | 1,675.78 | 1 Transactions | | | |
| 13013 | **Mn State Treasurer - Accounting Division** | | | | | | |
| 164 | 75-885-000-0000-6805 | O | 8,127.00 | ATTN HUSSEIN REC SUR 12/20 | | Collected For Other Agencies | N |
| 163 | 75-886-000-0000-6805 | O | 1,947.00 | ATTN HUSSEIN VITALS 12/20 | | Collected For Other Agencies | N |
| 165 | 75-891-000-0000-6805 | O | 78.00 | ATTN HUSSEIN ASSURANCE 12/20 | | Collected For Other Agencies | N |
| 13013 | **Mn State Treasurer - Accounting Division** | | 10,152.00 | 3 Transactions | | | |
| 75 Fund Total: | | | 14,207.78 | State Agency Fund | 3 Vendors | 7 Transactions | |
| Final Total: | | | 855,665.49 | 147 Vendors | 300 Transactions | | |

| Recap by Fund | Fund | AMOUNT | Name |
|---|---|---|---|
| | 1 | 824,980.38 | County Revenue Fund |
| | 10 | 4,402.91 | Public Works Department |
| | 12 | 7,460.89 | General Ditch Fund |
| | 35 | 500.00 | Debt Service Fund |
| | 37 | 4,113.53 | Capital Projects Fund |
| | 75 | 14,207.78 | State Agency Fund |
| | All Funds | 855,665.49 | Total |

Approved by, 1/22/2021

| | Vendor No. | Name / Account/Formula | Rpt Accr | Amount | Warrant Description / Service Dates | Invoice # / Paid On Bhf # | Account/Formula Descripti / On Behalf of Name | 1099 |
|---|---|---|---|---|---|---|---|---|
| | 3302 | **Centerpoint Energy Minnegasco** | | | | | | |
| 1 | | 01- 205- 000- 0000- 6251 | | 158.31 | ACCT# 6028296- 9 | | Utility Services | N |
| 2 | | 01- 205- 000- 0000- 6251 | | 698.73 | ACCT# 7369862- 3 | | Utility Services | N |
| | 3302 | **Centerpoint Energy Minnegasco** | | 857.04 | 2 Transactions | | | |
| | 13261 | **Milaca City Deputy Registrar** | | | | | | |
| 5 | | 01- 060- 000- 0000- 6243 | | 55.00 | REGISTRATION & TITLE | | Registration Fees | N |
| | 13261 | **Milaca City Deputy Registrar** | | 55.00 | 1 Transactions | | | |
| | 77818 | **WEX Bank** | | | | | | |
| 6 | | 01- 060- 000- 0000- 6563 | | 408.42 | FLEET CAR FUEL | | Gasoline | N |
| 7 | | 01- 110- 000- 0000- 6563 | | 182.06 | VEHICLE 1408 | | Gasoline | N |
| 11 | | 01- 201- 000- 0000- 6563 | | 4,843.27 | DEPUTY GAS | | Gasoline | N |
| 12 | | 01- 201- 000- 0000- 6565 | | 22.00 | DEPUTY MAINT | | Repair & Maintenance- Auto | N |
| 13 | | 01- 202- 000- 0000- 6563 | | 102.52 | CRT SECURITY GAS | | Gasoline | N |
| 14 | | 01- 205- 000- 0000- 6563 | | 182.57 | B&W GAS | | Gasoline | N |
| 8 | | 01- 617- 000- 0000- 6563 | | 47.08 | ER TRUCK 1413 | | Gasoline | N |
| | 77818 | **WEX Bank** | | 5,787.92 | 7 Transactions | | | |
| **1 Fund Total:** | | | | 6,699.96 | **County Revenue Fund** | **3 Vendors** | **10 Transactions** | |

| Vendor No. | Name / Account/Formula | Rpt Accr | Amount | Warrant Description / Service Dates | Invoice # / Paid On Bhf # | Account/Formula Descripti / On Behalf of Name | 1099 |
|---|---|---|---|---|---|---|---|
| 77818 | WEX Bank | | | | | | |
| 9 | 10-340-000-0000-6563 | | 2,950.01 | PW GAS | | Gasoline | N |
| 10 | 10-340-000-0000-6570 | | 11,104.82 | PW DIESEL | | Diesel | N |
| 77818 | WEX Bank | | 14,054.83 | 2 Transactions | | | |
| 10 Fund Total: | | | 14,054.83 | Public Works Department | 1 Vendors | 2 Transactions | |

| Vendor No. | Name / Account/Formula | Rpt Accr | Amount | Warrant Description / Service Dates | Invoice # / Paid On Bhf # | Account/Formula Descripti / On Behalf of Name | 1099 |
|---|---|---|---|---|---|---|---|
| 139 | **Mn Child Support Payment Center** | | | | | | |
| 3 | 11-420-640-0000-6835 | | 350.00 | MCI# 0011497637 | | Reimb Collections | N |
| 4 | 11-420-640-0000-6835 | | 200.00 | MCI# 0014466550 | | Reimb Collections | N |
| 139 | **Mn Child Support Payment Center** | | 550.00 | 2 Transactions | | | |
| **11 Fund Total:** | | | 550.00 | **Community and Veterans Servi** | **1 Vendors** | **2 Transactions** | |
| **Final Total:** | | | 21,304.79 | 5 Vendors | 14 Transactions | | |

| Recap by Fund | Fund | AMOUNT | Name |
|---|---|---|---|
| | 1 | 6,699.96 | County Revenue Fund |
| | 10 | 14,054.83 | Public Works Department |
| | 11 | 550.00 | Community and Veterans Servi |
| | All Funds | 21,304.79 | Total |

Approved by,

Eric Bartusch

2/1/2021

# **** Mille Lacs County ****

Audit List for Board AUDITOR'S VOUCHERS ENTRIES



| | Vendor No. | Name / Account/Formula | Rpt Accr | Amount | Warrant Description / Service Dates | Invoice # / Paid On Bhf # | Account/Formula Descripti / On Behalf of Name | 1099 |
|---|---|---|---|---|---|---|---|---|
| | 46024 | **Milaca Local Link** | | | | | | |
| 1 | | 01- 060- 000- 0000- 6205 | | 199.95 | HWY LINES | | M- Net Hookup | N |
| 2 | | 01- 281- 000- 0000- 6203 | | 1,231.78 | E- 911 CIRCUIT | | Phone | N |
| | 46024 | **Milaca Local Link** | | 1,431.73 | 2 Transactions | | | |
| | 44514 | **Mn Counties Ins Trust** | | | | | | |
| 3 | | 01- 060- 000- 0000- 6354 | | 290,881.00 | PC/WC RENEWAL | 18457R | Insurance | N |
| 10 | | 01- 060- 000- 0000- 6354 | | 981.00 | DRONE | 4771 | Insurance | N |
| | 44514 | **Mn Counties Ins Trust** | | 291,862.00 | 2 Transactions | | | |
| | 76652 | **SCI Broadband** | | | | | | |
| 13 | | 01- 201- 000- 0000- 6203 | | 142.43 | INTERNET- WAHKON | | Phone | N |
| | 76652 | **SCI Broadband** | | 142.43 | 1 Transactions | | | |
| 1 Fund Total: | | | | 293,436.16 | County Revenue Fund | 3 Vendors | 5 Transactions | |

| | Vendor No. | Name / Account/Formula | Rpt Accr | Amount | Warrant Description / Service Dates | Invoice # / Paid On Bhf # | Account/Formula Descripti / On Behalf of Name | 1099 |
|---|---|---|---|---|---|---|---|---|
| | 13053 | Milaca/City Of | | | | | | |
| 14 | | 10-340-000-0000-6255 | | 59.37 | WATER & SEWER | | Water & Sewer | N |
| 15 | | 10-340-000-0000-6255 | | 29.22 | MILACA TESTING LAB | | Water & Sewer | N |
| | 13053 | Milaca/City Of | | 88.59 | 2 Transactions | | | |
| | 44514 | Mn Counties Ins Trust | | | | | | |
| 4 | | 10-310-000-0000-6354 | | 76,000.00 | PC/WC RENEWAL | 18457R | Insurance (Property) | N |
| 5 | | 10-310-000-0000-6355 | | 48,000.00 | PC/WC RENEWAL | 18457R | Workmen's Comp Insurance | N |
| | 44514 | Mn Counties Ins Trust | | 124,000.00 | 2 Transactions | | | |
| | 76652 | SCI Broadband | | | | | | |
| 12 | | 10-340-000-0000-6203 | | 142.44 | INTERNET-WAHKON | | Phone | N |
| | 76652 | SCI Broadband | | 142.44 | 1 Transactions | | | |
| 10 Fund Total: | | | | 124,231.03 | Public Works Department | 3 Vendors | 5 Transactions | |

| | Vendor No. | Name / Account/Formula | Rpt Accr | Amount | Warrant Description / Service Dates | Invoice # / Paid On Bhf # | Account/Formula Descripti / On Behalf of Name | 1099 |
|---|---|---|---|---|---|---|---|---|
| | 139 | Mn Child Support Payment Center | | | | | | |
| 11 | | 11-420-640-0000-6835 | | 6.95 | MCI# 0014221034 | | Reimb Collections | N |
| | 139 | Mn Child Support Payment Center | | 6.95 | 1 Transactions | | | |
| | 44514 | Mn Counties Ins Trust | | | | | | |
| 6 | | 11-121-000-0000-6354 | | 1,113.13 | PC/WC RENEWAL | 18457R | Insurance | N |
| 7 | | 11-420-000-0000-6354 | | 12,203.19 | PC/WC RENEWAL | 18457R | Insurance - - Property/Casualty/Wc | N |
| 8 | | 11-430-700-0000-6354 | | 22,509.94 | PC/WC RENEWAL | 18457R | Insurance - - Property/Casualty/Wc | N |
| 9 | | 11-481-000-0000-6354 | | 5,400.74 | PC/WC RENEWAL | 18457R | Insurance | N |
| | 44514 | Mn Counties Ins Trust | | 41,227.00 | 4 Transactions | | | |
| 11 Fund Total: | | | | 41,233.95 | Community and Veterans Servi | 2 Vendors | 5 Transactions | |
| Final Total: | | | | 458,901.14 | 8 Vendors | 15 Transactions | | |

| Recap by Fund | Fund | AMOUNT | Name |
|---|---|---|---|
| | 1 | 293,436.16 | County Revenue Fund |
| | 10 | 124,231.03 | Public Works Department |
| | 11 | 41,233.95 | Community and Veterans Servi |
| | All Funds | 458,901.14 | Total |

Approved by,

Eric Bartusch

| | Vendor No. | Name / Account/Formula | Rpt Accr | Amount | Warrant Description / Service Dates | Invoice # / Paid On Bhf # | Account/Formula Descripti / On Behalf of Name | 1099 |
|---|---|---|---|---|---|---|---|---|
| | 3302 | Centerpoint Energy Minnegasco | | | | | | |
| 1 | | 01-110-000-0000-6251 | | 2,294.01 | ACCT# 5827449-9 | | Utility Services | N |
| 2 | | 01-110-000-0000-6251 | | 535.45 | ACCT# 5830488-2 | | Utility Services | N |
| | 3302 | Centerpoint Energy Minnegasco | | 2,829.46 | 2 Transactions | | | |
| | 999999993 | GF CENTRAL ESCROW | | | | | | |
| 6 | | 01-060-000-0000-6838 | | 25.10 | OVERPAYMENT 17-025-0900 | | Reimb collections-Taxes | N |
| | 999999993 | GF CENTRAL ESCROW | | 25.10 | 1 Transactions | | | |
| | 13028 | Milaca City Public Works | | | | | | |
| 3 | | 01-110-000-0000-6251 | | 87.06 | 01-1811-00-0 | | Utility Services | N |
| 4 | | 01-110-000-0000-6251 | | 917.81 | 01-16261-00-1 | | Utility Services | N |
| 5 | | 01-110-000-0000-6251 | | 74.06 | 01-13286-00-5 | | Utility Services | N |
| | 13028 | Milaca City Public Works | | 1,078.93 | 3 Transactions | | | |
| | 13282 | Mn Dept Of Finance | | | | | | |
| 10 | | 01-236-000-0000-6832 | | 20.00 | % FORF ICR# 19005826 | | Distribution % Of Forfeiture Proceec | N |
| 11 | | 01-236-000-0000-6832 | | 117.60 | % FORF ICR# 17005509 | | Distribution % Of Forfeiture Proceec | N |
| 12 | | 01-236-000-0000-6832 | | 34.50 | % FORF ICR# 19001777 | | Distribution % Of Forfeiture Proceec | N |
| 13 | | 01-236-000-0000-6832 | | 26.40 | % FORF ICR# 17011476 | | Distribution % Of Forfeiture Proceec | N |
| 14 | | 01-236-000-0000-6832 | | 16.00 | % FORF ICR# 17015195 | | Distribution % Of Forfeiture Proceec | N |
| | 13282 | Mn Dept Of Finance | | 214.50 | 5 Transactions | | | |
| 1 Fund Total: | | | | 4,147.99 | County Revenue Fund | 4 Vendors | 11 Transactions | |

| Vendor No. | Name / Account/Formula | Rpt Accr | Amount | Warrant Description / Service Dates | Invoice # / Paid On Bhf # | Account/Formula Descripti / On Behalf of Name | 1099 |
|---|---|---|---|---|---|---|---|
| 139 | **Mn Child Support Payment Center** | | | | | | |
| 7 | 11-420-640-0000-6835 | | 100.00 | MCI# 0014466550 | | Reimb Collections | N |
| 8 | 11-420-640-0000-6835 | | 200.00 | MCI# 0014193206 | | Reimb Collections | N |
| 9 | 11-420-640-0000-6835 | | 50.00 | MCI# 0014151894 | | Reimb Collections | N |
| 139 | **Mn Child Support Payment Center** | | 350.00 | 3 Transactions | | | |
| **11 Fund Total:** | | | 350.00 | **Community and Veterans Servi** | **1 Vendors** | **3 Transactions** | |
| **Final Total:** | | | 4,497.99 | 5 Vendors | 14 Transactions | | |

| Recap by Fund | Fund | AMOUNT | Name |
|---|---|---|---|
| | 1 | 4,147.99 | County Revenue Fund |
| | 11 | 350.00 | Community and Veterans Servi |
| | All Funds | 4,497.99 | Total |

Approved by,

Eric Bartosch

2/4/2021

MILLE LACS COUNTY EST. 1857

4.3

***Board Agenda Request Form***
Board of County Commissioners

**Requested Meeting Date:** 02/16/21
*(Board meets the 1st and 3rd Tuesday of each month)*

**Title of Item for Consideration:**
Consider Tobacco License for Lake Stop

**Consent Agenda**
☑ Approve/Deny Motion ☐ Information Only
☐ Schedule Public Hearing*
**provide sample notice that will run in paper*

**Regular Agenda – Estimate Time Needed:** _____ minutes
☐ Approve/Deny Motion ☐ Discussion Item
☐ Direction Requested ☐ Hold Public Hearing*
☐ Presentation of Information
**provide copy of hearing notice that was published*

**Submitted by:**
Eric Bartusch

**Department:**
Auditor - Treasurer

**Who will attend the meeting and be able to respond to questions? Give name and title:**
Holly Wilson, Interim County Administrator

**Summary of Issue** *(include previous Board or Committee actions and/or minutes, as well as applicable dates):*

Aadhira, L.L.C., dba Lake Stop, located at 104 N Main St., Wahkon, is leasing the location from Midwest Investment, L.L.C., whom had previously received County Board approval to make retail sales of cigarettes and other tobacco products. Lake Stop is requesting a tobacco license to make retail sales of cigarettes and other tobacco products as the lessee of this property. County Board approval is required.

**Alternatives/Options/Comments:**

**Recommended Action/Motion:**
Approve Aadhira, L.L.C.'s application for a tobacco license.

**Financial Impact:**
*Is there a cost associated with this request?* ☐ *Yes* ☑ *No*
*What is the total cost, including tax and shipping?* $_____
*Are funds available in the budget?* ☐ *Yes* ☐ *No* *If no, please explain:*

**Additional Information Attached:**
☐ *Contract/Agreement*
*Approved by County Attorney's Office:* ☐ *Yes* ☐ *No* *If no, please explain:*_____
☐ *Minutes of Relevant Meeting(s)*
☑ *Background Information (such as price quotes, etc.)*
Application

**Board action:** *(for use by Recording Secretary)*
☐ Approved ☐ Denied ☐ Tabled: _____

MINNESOTA · REVENUE

**CT102**

# 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: 7223758

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

*FOR MUNICIPAL USE ONLY*

| 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: Aadhira LLC

Federal Employer ID number (FEIN): 86-1464923

Business trade name (doing business as): Lake Stop

Daytime phone: 320-495-3394

Complete address of business location *(permit location)*: 104 N Main County: Mille Lacs

Other phone number: 347-599-8651

City: Wahkon State: Mn Zip code: 56386

Fax number: —

Mailing address *(if different than business address)* City State Zip code

Email address: laddi.chib8102@gmail.com

Business information

**Type of legal organization** *(check one)*:

☐ Sole proprietor

☐ Partnership

☐ Other *(describe)* _____

☒ Minnesota corporation: Enter date of incorporation 1-12-21

☐ 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: Navdeep Chib Title: President

Address: 24908 County Rd 7 Apt 316 City: St Augusta State: Mn Zip code: 56301

Name Title

Address City State Zip code

Statement of understanding

**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.

Sign here

| Licensee signature | Title | Print name | Date | Daytime phone |
|---|---|---|---|---|
| [signature] | President | Navdeep Chib | 1/21/21 | 347599.8651 |

| 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 or fax a copy of approved form to:
Minnesota Revenue, Mail Station 3331, St. Paul, MN 55146-3331.

(Rev. 8/12)

MILLE LACS COUNTY EST. 1857

4.4

***Board Agenda Request Form***
Board of County Commissioners

**Requested Meeting Date:** 02/16/21
*(Board meets the 1st and 3rd Tuesday of each month)*

**Title of Item for Consideration:**
Consider Resolution No. 02-16-2021-01, Charitable Gambling Permit for Platte Lake Property Owner's Association

**Consent Agenda**
☑ Approve/Deny Motion ☐ Information Only
☐ Schedule Public Hearing*
**provide sample notice that will run in paper*

**Regular Agenda – Estimate Time Needed:** _____ minutes
☐ Approve/Deny Motion ☐ Discussion Item
☐ Direction Requested ☐ Hold Public Hearing*
☐ Presentation of Information
**provide copy of hearing notice that was published*

**Submitted by:**
Eric Bartusch

**Department:**
Auditor - Treasurer

**Who will attend the meeting and be able to respond to questions? Give name and title:**
Holly Wilson, Interim County Administrator

**Summary of Issue** *(include previous Board or Committee actions and/or minutes, as well as applicable dates):*

Platte Lake Property Owner's Association submitted an Application to operate a new gambling premise located at Bayview Bar and Grill, 39497 92nd Ave, Onamia MN 56359. The site currently has gambling activities conducted by Rum River, but those gambling activities are scheduled to cease effective February 28, 2021. Platte Lake Property Owner's Association is requesting to begin operations on March 1, 2021. County Board approval is required.

**Alternatives/Options/Comments:**

**Recommended Action/Motion:**
Adopt Resolution 02-16-2021-01 to approve the gambling premise permit.

**Financial Impact:**
*Is there a cost associated with this request?* ☐ *Yes* ☑ *No*
*What is the total cost, including tax and shipping?* $_____
*Are funds available in the budget?* ☐ *Yes* ☐ *No* *If no, please explain:*

**Additional Information Attached:**
☐ *Contract/Agreement*
*Approved by County Attorney's Office:* ☐ *Yes* ☐ *No* *If no, please explain:*_____
☐ *Minutes of Relevant Meeting(s)*
☑ *Background Information (such as price quotes, etc.)*
Gambling Application

**Board action:** *(for use by Recording Secretary)*
☐ Approved ☐ Denied ☐ Tabled: _____

Board of County Commissioners
Mille Lacs County, Minnesota

**Resolution No. :** 02-16-2021-01

Approval of Charitable Gambling

BE IT RESOLVED, the Mille Lacs County Board of Commissioners hereby approves granting a new gambling premise located at Bayview Bar and Grill, 39497 92nd Ave, Onamia MN 56359.

Adopted this 16th day of February, 2021

Attest:

Holly Wilson
Interim County Administrator

Genny Reynolds
County Board Vice Chairperson

MINNESOTA LAWFUL GAMBLING



# LG214 Premises Permit Application — Annual Fee $150 (NON-REFUNDABLE)

## REQUIRED ATTACHMENTS TO LG214

1. If the premises is leased, attach a copy of your lease. Use **LG215 Lease for Lawful Gambling Activity.**
2. $150 annual premises permit fee, for each permit (non-refundable). Make check payable to "**State of Minnesota.**"

**Mail the application and required attachments to:**
Minnesota Gambling Control Board
1711 West County Road B, Suite 300 South
Roseville, MN 55113

**Questions?** Call 651-539-1900 and ask for Licensing.

## ORGANIZATION INFORMATION

Organization Name: Platte Lake Property Owners Assoc. License Number: 31337

Chief Executive Officer (CEO) Dean Rochleau Daytime Phone: 320-630-0243

Gambling Manager: Jody Kane Daytime Phone: 218-821-1026

## GAMBLING PREMISES INFORMATION

Current name of site where gambling will be conducted: Bayview Bar and Grill

List any previous names for this location:

Street address where premises is located: 39497 92nd Avenue
(Do not use a P.O. box number or mailing address.)

City: Onamia **OR** Township: County: Mille Lacs Zip Code: 56359

Does your organization own the building where the gambling will be conducted?

☐ **Yes** ☑ **No** **If no,** attach LG215 Lease for Lawful Gambling Activity.

A lease is not required if only a raffle will be conducted.

Is any other organization conducting gambling at this site? ☐ Yes ☑ No ☐ Don't know

Note: Bar bingo can only be conducted at a site where another form of lawful gambling is being conducted by the applying organization or another permitted organization. Electronic games can only be conducted at a site where paper pull-tabs are played.

Has your organization previously conducted gambling at this site? ☑ Yes ☐ No ☐ Don't know

## GAMBLING BANK ACCOUNT INFORMATION; MUST BE IN MINNESOTA

Bank Name: Mid MN Federal Credit Union Bank Account Number: 3073564165

Bank Street Address: 200 S 6th Street City: Brainerd State: **MN** Zip Code: 56401

## ALL TEMPORARY AND PERMANENT OFF-SITE STORAGE SPACES

| Address (Do not use a P.O. box number): | City: | State: | Zip Code: |
|---|---|---|---|
| 26439 370th Ave | Hillman | MN | 56338 |
| 1312 Industrial Park Rd SW | Brainerd | MN | 56401 |
| | | MN | |

# LG214 Premises Permit Application



## ACKNOWLEDGMENT BY LOCAL UNIT OF GOVERNMENT: APPROVAL BY RESOLUTION

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

City Name: _____

Date Approved by City Council: _____

Resolution Number: _____
(If none, attach meeting minutes.)

Signature of City Personnel:

_____

Title: _____ Date Signed: _____

**Local unit of government must sign.**

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

County Name: Mille Lacs

Date Approved by County Board: _____

Resolution Number: _____
(If none, attach meeting minutes.)

Signature of County Personnel:

_____

Title: _____ Date Signed: _____

TOWNSHIP NAME: _____

**Complete below only if required by the county.**
On behalf of the township, I acknowledge that the organization is applying to conduct gambling activity within the township limits. (A township has no statutory authority to approve or deny an application, per Minnesota Statutes 349.213, Subd. 2.)

Print Township Name: _____

Signature of Township Officer: _____

Title: _____ Date Signed: _____

## ACKNOWLEDGMENT AND OATH

1. I hereby consent that local law enforcement officers, the Board or its agents, and the commissioners of revenue or public safety and their agents may enter and inspect the premises.
2. The Board and its agents, and the commissioners of revenue and public safety and their agents, are authorized to inspect the bank records of the gambling account whenever necessary to fulfill requirements of current gambling rules and law.
3. I have read this application and all information submitted to the Board is true, accurate, and complete.
4. All required information has been fully disclosed.
5. I am the chief executive officer of the organization.
6. I assume full responsibility for the fair and lawful operation of all activities to be conducted.
7. I will familiarize myself with the laws of Minnesota governing lawful gambling and rules of the Board and agree, if licensed, to abide by those laws and rules, including amendments to them.
8. Any changes in application information will be submitted to the Board no later than ten days after the change has taken effect.
9. I understand that failure to provide required information or providing false or misleading information may result in the denial or revocation of the license.
10. I understand the fee is non-refundable regardless of license approval/denial.

_____ _____

**Signature of Chief Executive Officer (designee may not sign)** Date

Data privacy notice: The information requested on this form (and any attachments) will be used by the Gambling Control Board (Board) to determine your organization's qualifications to be involved in lawful gambling activities in Minnesota. Your organization has the right to refuse to supply the information; however, if your organization refuses to supply this information, the Board may not be able to determine your organization's qualifications and, as a consequence, may refuse to issue a permit. If your organization supplies the information requested, the Board will be able to process your organization's application. Your organization's name and address will be public information when received by the Board. All other information provided will be private data about your organization until the Board issues the permit. When the Board issues the permit, all information provided will become public. If the Board does not issue a permit, all information provided remains private, with the exception of your organization's name and address which will remain public. Private data about your organization are available to: Board members, Board staff whose work requires access to the information; Minnesota's Department of Public Safety, Attorney General, Commissioners of Administration, Minnesota Management & Budget, and Revenue; Legislative Auditor, national and international gambling regulatory agencies; anyone pursuant to court order; other individuals and agencies specifically authorized by state or federal law to have access to the information; individuals and agencies for which law or legal order authorizes a new use or sharing of information after this notice was given; and anyone with your written consent.

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

MILLE LACS COUNTY EST. 1857

4.5

***Board Agenda Request Form***
Board of County Commissioners

**Requested Meeting Date:** 02/16/21
*(Board meets the 1st and 3rd Tuesday of each month)*

**Title of Item for Consideration:**
Consider Resolution No. 02-16-2021-02, Charitable Gambling Permit for Milaca Golf Club

**Consent Agenda**
☑ Approve/Deny Motion ☐ Information Only
☐ Schedule Public Hearing*
**provide sample notice that will run in paper*

**Regular Agenda – Estimate Time Needed:** _____ minutes
☐ Approve/Deny Motion ☐ Discussion Item
☐ Direction Requested ☐ Hold Public Hearing*
☐ Presentation of Information
**provide copy of hearing notice that was published*

**Submitted by:**
Eric Bartusch

**Department:**
Auditor - Treasurer

**Who will attend the meeting and be able to respond to questions? Give name and title:**
Holly Wilson, Interim County Administrator

**Summary of Issue** *(include previous Board or Committee actions and/or minutes, as well as applicable dates):*
Milaca Golf Club submitted an Application for Exempt Permit to conduct a raffle event on April 11, 2021 at Milaca Golf Club located at 15679 Central Ave, Milaca, MN 56353. County Board approval is required.

**Alternatives/Options/Comments:**

**Recommended Action/Motion:**
Adopt Resolution No. 02-16-2021-02 to approve the Application for Exempt Permit for Ducks Unlimited to conduct a raffle event on April 11, 2021 at Milaca Golf Club located at 15679 Central Ave, Milaca, MN 56353.

**Financial Impact:**
*Is there a cost associated with this request?* ☐ *Yes* ☑ *No*
*What is the total cost, including tax and shipping?* $_____
*Are funds available in the budget?* ☐ *Yes* ☐ *No* *If no, please explain:*

**Additional Information Attached:**
☐ *Contract/Agreement*
*Approved by County Attorney's Office:* ☐ *Yes* ☐ *No* *If no, please explain:* _____
☐ *Minutes of Relevant Meeting(s)*
☑ *Background Information (such as price quotes, etc.)*
Gambling Application, Resolution.

**Board action:** *(for use by Recording Secretary)*
☐ Approved ☐ Denied ☐ Tabled: _____

Board of County Commissioners
Mille Lacs County, Minnesota

**Resolution No. :** 02-16-2021-02

Approval of Charitable Gambling

BE IT RESOLVED, the Mille Lacs County Board of Commissioners hereby approves granting an Exempt Permit for Milaca Golf Club to conduct a raffle event on April 11, 2021 at Milaca Golf Club located at 15679 Central Ave, Milaca, MN 56353.

Adopted this 16th day of February, 2021

Attest:

Holly Wilson
Interim County Administrator

Genny Reynolds
County Board Vice Chairperson

MINNESOTA LAWFUL GAMBLING

# LG220 Application for Exempt Permit



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

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

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

## Application Fee (non-refundable)

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

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

## ORGANIZATION INFORMATION

Organization Name: Milaca Golf Club

Previous Gambling Permit Number: X-93919-20-04

Minnesota Tax ID Number, if any:

Federal Employer ID Number (FEIN), if any: 41-0793187

Mailing Address: PO Box 175

City: Milaca State: Mn Zip: 56353 County: Mille Lacs

Name of Chief Executive Officer (CEO): Zachary Zillmer

CEO Daytime Phone: 320 983 CEO Email: Zacz@the-insurance-shoppe.com

(permit will be emailed to this email address unless otherwise indicated below)

Email permit to (if other than the CEO): milgolf@yahoo.com

## NONPROFIT STATUS

Type of Nonprofit Organization (check one):

☐ Fraternal ☐ Religious ☐ Veterans ☒ Other Nonprofit Organization

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

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

☒ **A current calendar year Certificate of Good Standing**
Don't have a copy? Obtain this certificate from:
MN Secretary of State, Business Services Division
60 Empire Drive, Suite 100
St. Paul, MN 55103

Secretary of State website, phone numbers:
www.sos.state.mn.us
651-296-2803, or toll free 1-877-551-6767

☐ **IRS income tax exemption (501(c)) letter in your organization's name**
Don't have a copy? To obtain a copy of your federal income tax exempt letter, have an organization officer contact the IRS toll free at 1-877-829-5500.

☐ **IRS - Affiliate of national, statewide, or international parent nonprofit organization (charter)**
If your organization falls under a parent organization, attach copies of both of the following:
1. IRS letter showing your parent organization is a nonprofit 501(c) organization with a group ruling; and
2. the charter or letter from your parent organization recognizing your organization as a subordinate.

## GAMBLING PREMISES INFORMATION

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

Physical Address (do not use P.O. box): 15679 Central Ave

Check one:

☐ City: Zip: County:

☒ Township: Milaca Zip: 56353 County: Mille Lacs

Date(s) of activity (for raffles, indicate the date of the drawing): 4/11/21

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

☐ Bingo ☐ Paddlewheels ☐ Pull-Tabs ☐ Tipboards ☒ Raffle

**Gambling equipment** for bingo paper, bingo boards, raffle boards, paddlewheels, pull-tabs, and tipboards must be obtained from a distributor licensed by the Minnesota Gambling Control Board. EXCEPTION: Bingo hard cards and bingo ball selection devices may be borrowed from another organization authorized to conduct bingo. To find a licensed distributor, go to

# LG220 Application for Exempt Permit



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

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

- ☐ The application is acknowledged with no waiting period.
- ☐ The application is acknowledged with a 30-day waiting period, and allows the Board to issue a permit after 30 days (60 days for a 1st class city).
- ☐ The application is denied.

Print City Name: _____

Signature of City Personnel:

_____

Title: _____ Date: _____

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

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

- ☐ The application is acknowledged with no waiting period.
- ☐ The application is acknowledged with a 30-day waiting period, and allows the Board to issue a permit after 30 days.
- ☐ The application is denied.

Print County Name: _____

Signature of County Personnel:

_____

Title: _____ Date: _____

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

Print Township Name: _____

Signature of Township Officer: _____

Title: _____ Date: _____

## CHIEF EXECUTIVE OFFICER'S SIGNATURE (required)

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

Chief Executive Officer's Signature: _____ Date: 1/25/2021
(Signature must be CEO's signature; designee may not sign)

Print Name: Zachary Zillmer

## REQUIREMENTS

**Complete a separate application for:**
- all gambling conducted on two or more consecutive days; or
- all gambling conducted on one day.

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

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

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

## MAIL APPLICATION AND ATTACHMENTS

**Mail application with:**

_____ a copy of your proof of nonprofit status; and

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

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

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

Data privacy notice: The information requested on this form (and any attachments) will be used by the Gambling Control Board (Board) to determine your organization's qualifications to be involved in lawful gambling activities in Minnesota. Your organization has the right to refuse to supply the information; however, if your organization refuses to supply this information, the Board may not be able to determine your organization's qualifications and, as a consequence, may refuse to issue a permit. If your organization supplies the information requested, the Board will be able to process the application. Your organization's name and address will be public information when received by the Board. All other information provided will be private data about your organization until the Board issues the permit. When the Board issues the permit, all information provided will become public. If the Board does not issue a permit, all information provided remains private, with the exception of your organization's name and address which will remain public. Private data about your organization are available to Board members, Board staff whose work requires access to the information; Minnesota's Department of Public Safety; Attorney General; Commissioners of Administration, Minnesota Management & Budget, and Revenue; Legislative Auditor, national and international gambling regulatory agencies; anyone pursuant to court order; other individuals and agencies specifically authorized by state or federal law to have access to the information; individuals and agencies for which law or legal order authorizes a new use or sharing of information after this notice was given; and anyone with your written consent.

## Business Record Details »

Minnesota Business Name
**Milaca Golf Club**

**Business Type**
Nonprofit Corporation (Domestic)

**File Number**
B-655

**Filing Date**
06/13/1956

**Renewal Due Date**
12/31/2021

**Number of Shares**
NONE

**President**
JOE TAPP
15679 Central Ave
Milaca, MN 56353
USA

**MN Statute**
317A

**Home Jurisdiction**
Minnesota

**Status**
Active / In Good Standing

**Registered Office Address**
15679 Central Ave N PO Box 175
Milaca, MN 56353
USA

**Registered Agent(s)**
(Optional) Currently No Agent

Filing History

4.5

MILLE LACS COUNTY EST 1857

4.6

***Board Agenda Request Form***
Board of County Commissioners

**Requested Meeting Date:** 02/16/21
*(Board meets the 1st and 3rd Tuesday of each month)*

**Title of Item for Consideration:**
Consider Resolution No. 02-16-2021-03, Charitable Gambling Permit for Ducks Unlimited

**Consent Agenda**
☑ Approve/Deny Motion ☐ Information Only
☐ Schedule Public Hearing*
**provide sample notice that will run in paper*

**Regular Agenda – Estimate Time Needed:** _____ minutes
☐ Approve/Deny Motion ☐ Discussion Item
☐ Direction Requested ☐ Hold Public Hearing*
☐ Presentation of Information
**provide copy of hearing notice that was published*

**Submitted by:**
Eric Bartusch

**Department:**
Auditor - Treasurer

**Who will attend the meeting and be able to respond to questions? Give name and title:**
Holly Wilson, Interim County Administrator

**Summary of Issue** *(include previous Board or Committee actions and/or minutes, as well as applicable dates):*
Ducks Unlimited submitted an Application for Exempt Permit to conduct a raffle event on April 22, 2021 at Northern Lights Banquet Center located at 10376 112th Ave, Milaca, MN 56353. County Board approval is required.

**Alternatives/Options/Comments:**

**Recommended Action/Motion:**
Adopt Resolution No. 02-16-2021-03.

**Financial Impact:**
*Is there a cost associated with this request?* ☐ *Yes* ☑ *No*
*What is the total cost, including tax and shipping?* $_____
*Are funds available in the budget?* ☐ *Yes* ☐ *No* *If no, please explain:*

**Additional Information Attached:**
☐ *Contract/Agreement*
*Approved by County Attorney's Office:* ☐ *Yes* ☐ *No* *If no, please explain:*_____
☐ *Minutes of Relevant Meeting(s)*
☑ *Background Information (such as price quotes, etc.)*
Gambling Application, Resolution

**Board action:** *(for use by Recording Secretary)*
☐ Approved ☐ Denied ☐ Tabled: _____

Board of County Commissioners
Mille Lacs County, Minnesota

**Resolution No. :** 02-16-2021-03

Approval of Charitable Gambling

BE IT RESOLVED, the Mille Lacs County Board of Commissioners hereby approves granting an Exempt Permit for Ducks Unlimited to conduct a raffle event on April 22, 2021 at Northern Lights Banquet Center located at 10376 112th Ave, Milaca, MN 56353

Adopted this 16th day of February, 2021

Attest:

Holly Wilson
Interim County Administrator

Genny Reynolds
County Board Vice Chairperson

MINNESOTA LAWFUL GAMBLING

# LG220 Application for Exempt Permit



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

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

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

## Application Fee (non-refundable)

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

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

## ORGANIZATION INFORMATION

Organization Name: Ducks Unlimited Wigeon Chapter #309

Previous Gambling Permit Number: X-3659

Minnesota Tax ID Number, if any:

Federal Employer ID Number (FEIN), if any:

Mailing Address: [redacted] 12954 8th Ave N

City: Zimmerman State: MN Zip: 55398 County: Sherburne

Name of Chief Executive Officer (CEO): Barry Wendorf

Daytime Phone: 763-227-8587 Email: barrywendorf@hotmail.com

## NONPROFIT STATUS

Type of Nonprofit Organization (check one):

☐ Fraternal ☐ Religious ☐ Veterans ☑ Other Nonprofit Organization

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

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

☐ **A current calendar year Certificate of Good Standing**

Don't have a copy? Obtain this certificate from:

MN Secretary of State, Business Services Division
60 Empire Drive, Suite 100
St. Paul, MN 55103

Secretary of State website, phone numbers:
www.sos.state.mn.us
651-296-2803, or toll free 1-877-551-6767

☐ **IRS income tax exemption (501(c)) letter in your organization's name**

Don't have a copy? To obtain a copy of your federal income tax exempt letter, have an organization officer contact the IRS toll free at 1-877-829-5500.

☑ **IRS - Affiliate of national, statewide, or international parent nonprofit organization (charter)**

If your organization falls under a parent organization, attach copies of both of the following:

1. IRS letter showing your parent organization is a nonprofit 501(c) organization with a group ruling, and
2. the charter or letter from your parent organization recognizing your organization as a subordinate.

## GAMBLING PREMISES INFORMATION

Name of premises where the gambling event will be conducted (for raffles, list the site where the drawing will take place): Northern Lights Banquet Center

Address (do not use P.O. box): 10376 112th Ave

City or Township: Milaca Zip: 56353 County: Mille Lacs

Date(s) of activity (for raffles, indicate the date of the drawing): [redacted] April 22, 2021

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

☐ Bingo* ☐ Paddlewheels* ☐ Pull-Tabs* ☐ Tipboards*

☑ Raffle **(total value of raffle prizes awarded for the calendar year: $** 10,000 **)**

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

## LG220 Application for Exempt Permit



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

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

____ The application is acknowledged with no waiting period.

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

____ The application is denied.

Print City Name: _____

Signature of City Personnel:

_____

Title: _____ Date: _____

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

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

____ The application is acknowledged with no waiting period.

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

____ The application is denied.

Print County Name: _____

Signature of County Personnel:

_____

Title: _____ Date: _____

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

Print Township Name: _____

Signature of Township Officer: _____

Title: _____ Date: _____

### CHIEF EXECUTIVE OFFICER'S SIGNATURE (required)

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

Chief Executive Officer's Signature: _____ Date: 1-27-21
(Signature must be CEO's signature; designee may not sign)

Print Name: Barry Wendorf

### REQUIREMENTS

**Complete a separate application for:**
- all gambling conducted on two or more consecutive days, or
- all gambling conducted on one day.

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

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

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

### MAIL APPLICATION AND ATTACHMENTS

**Mail application with:**

____ a copy of your proof of nonprofit status, and

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

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

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

Data privacy notice: The information requested on this form (and any attachments) will be used by the Gambling Control Board (Board) to determine your organization's qualifications to be involved in lawful gambling activities in Minnesota. Your organization has the right to refuse to supply the information; however, if your organization refuses to supply this information, the Board may not be able to determine your organization's qualifications and, as a consequence, may refuse to issue a permit. If your organization supplies the information requested, the Board will be able to process the application. Your organization's name and address will be public information when received by the Board. All other information provided will be private data about your organization until the Board issues the permit. When the Board issues the permit, all information provided will become public. If the Board does not issue a permit, all information provided remains private, with the exception of your organization's name and address which will remain public. Private data about your organization are available to Board members, Board staff whose work requires access to the information; Minnesota's Department of Public Safety; Attorney General; Commissioners of Administration, Minnesota Management & Budget, and Revenue; Legislative Auditor, national and international gambling regulatory agencies; anyone pursuant to court order; other individuals and agencies specifically authorized by state or federal law to have access to the information; individuals and agencies for which law or legal order authorizes a new use or sharing of information after this notice was given; and anyone with your written consent.

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

MILLE LACS COUNTY EST 1857

4.7

***Board Agenda Request Form***
Board of County Commissioners

**Requested Meeting Date:** 02/16/21
*(Board meets the 1st and 3rd Tuesday of each month)*

**Title of Item for Consideration:**
Consider PWD Resolution No. 2021-2-16-21-3, Princeton Township Local Road Improvement Program (LRIP) Grant Sponsorship

**Consent Agenda**
☑ Approve/Deny Motion ☐ Information Only
☐ Schedule Public Hearing*
**provide sample notice that will run in paper*

**Regular Agenda – Estimate Time Needed:** _____ minutes
☐ Approve/Deny Motion ☐ Discussion Item
☐ Direction Requested ☐ Hold Public Hearing*
☐ Presentation of Information
**provide copy of hearing notice that was published*

**Submitted by:**
Neal Knopik, County Engineer

**Department:**
Public Works

**Who will attend the meeting and be able to respond to questions? Give name and title:**
Neal Knopik, County Engineer

**Summary of Issue** *(include previous Board or Committee actions and/or minutes, as well as applicable dates):*

Princeton Township has requested that Mille Lacs County be a sponsor for the grant application it is authoring for this year's Local Road Improvement Program (LRIP) Grant. The project will improve 50th Avenue in Princeton Township from CSAH 1 to 40th Street. Princeton Township is requesting $1,136,200.00 in funds from the state for these improvements and is not requested a financial commitment from the County. The County will advertise, award, request funding from the state and issue payments to the contractor on behalf of the township.

**Alternatives/Options/Comments:**

**Recommended Action/Motion:**
Adopt PWD Resolution No. 2021-2-16-21-3.

**Financial Impact:**
*Is there a cost associated with this request?* ☐ *Yes* ☑ *No*
*What is the total cost, including tax and shipping?* $_____
*Are funds available in the budget?* ☐ *Yes* ☐ *No* *If no, please explain:*

**Additional Information Attached:**
☐ *Contract/Agreement*
*Approved by County Attorney's Office:* ☐ *Yes* ☐ *No* *If no, please explain:*_____
☐ *Minutes of Relevant Meeting(s)*
☑ *Background Information (such as price quotes, etc.)*
Sponsorship Resolution and Princeton grant application

**Board action:** *(for use by Recording Secretary)*
☐ Approved ☐ Denied ☐ Tabled: _____

**Board of County Commissioners**
**Mille Lacs County, Minnesota**

# RESOLUTION APPROVING SPONSORSHIP FOR LOCAL ROAD IMPROVEMENTS PROGRAM (LRIP) GRANT FOR FISCAL YEAR 2025 WITH PRINCETON TOWNSHIP

## PWD Resolution 2021-2-16-21-3

Be it resolved that Mille Lacs County agrees to act as the sponsoring agency for the project identified as Princeton Township Local Roads Improvement Program (LRIP) Grant seeking State Aid and has reviewed and approved the application as proposed. Per this resolution, the County is not responsible for any costs which the grant does not cover, nor will the County maintain this project. The Township is responsible for the design, inspection, construction to the State Standards and all costs associated with the project. Should the grant application be successful, Mille Lacs County and Princeton Township will enter into a formal agreement outlining the responsibilities of each party.

Be it further resolved that Neal Knopik, Mille Lacs County Engineer, is hereby authorized to act as agent on behalf of this sponsoring agency.

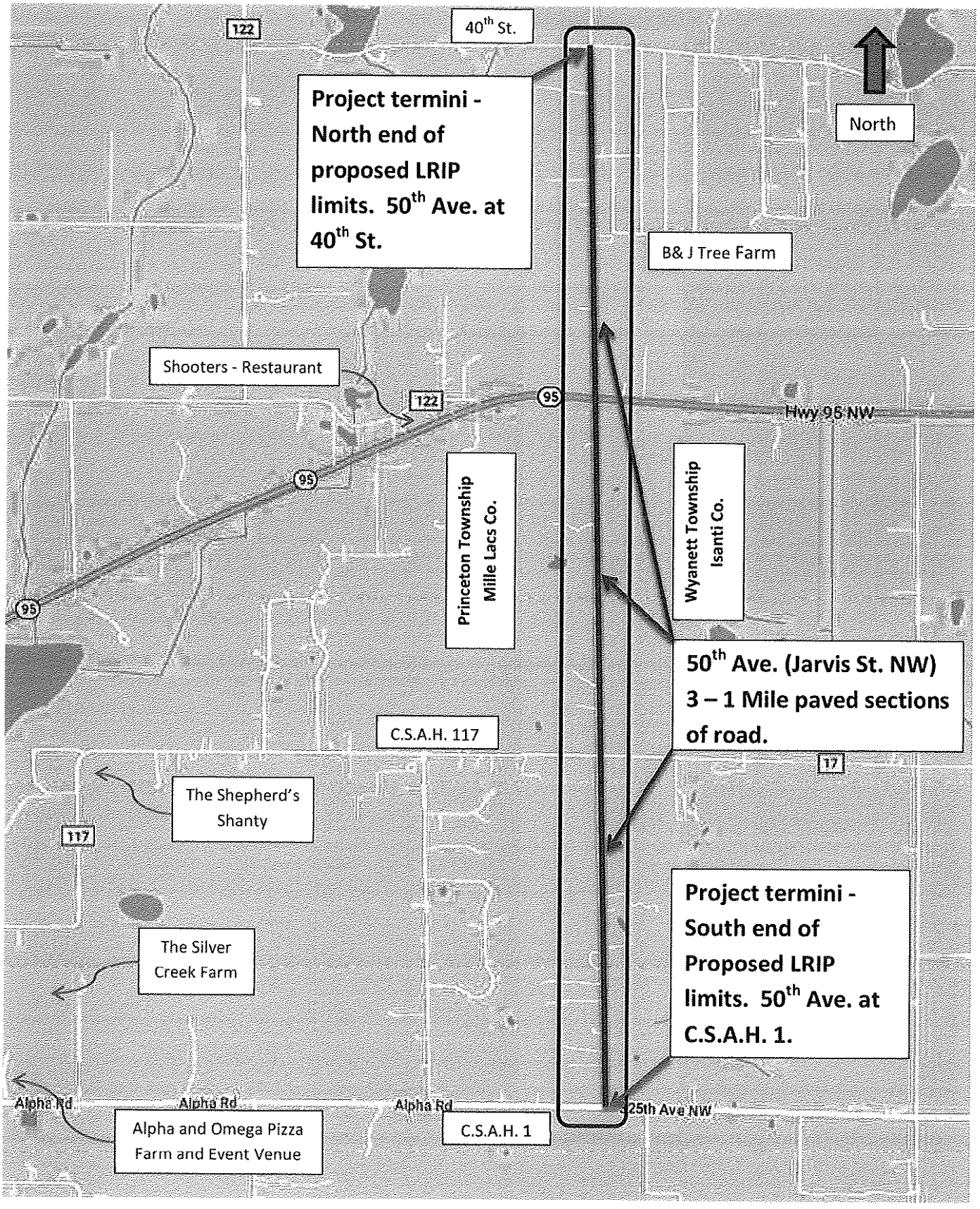
Certification

I hereby certify that the foregoing resolution is a true and correct copy of a resolution adopted by Mille Lacs County on this 16th day of February, 2021.

ATTEST:

Holly Wilson
Mille Lacs County Assistant Administrator

Genny Reynolds
Mille Lacs County Commissioner




LRIP_PrincetonTownship_50thAveMapB

DEPARTMENT OF TRANSPORTATION

# Local Road Improvement Program

**2020 Application Form**

State Aid for Local Transportation

| A. Applicant Information | | |
|---|---|---|
| 1. Name (First & Last): William Whitcomb | 2. Phone Number: 763-389-4431 | |
| 3. E-mail: clerk@princetontownshipmn.us | 4. Agency Type: Township | |
| 5. Agency Name: Princeton Township | | |
| 6. Street Address: 10039 55th Street | | |
| 7. City: Princeton | 8. State: MN | 9. Zip Code: 55371 |
| 10. Sponsoring County and County Engineer name **(required if applicant is small city or township)** | | |

| B. Project Location | |
|---|---|
| 1. MnDOT District: D3 | 2. County: Mille Lacs |
| 3. City: Princeton | 4. Township: Princeton |
| 5. Name of Road: 50th Ave. | 6. Type of Road: Township Road |
| 7. Road Authority Type *(which agency owns and has jurisdiction of the road)*: Township | |
| 8. Project Termini: From C.S.A.H. 1 | 9. To: 40th Street |

## C. Project Description

1. Type of Project. Reconstruction

2. Select the LRIP Account requested for funding. Routes of Regional Significance

3. Provide a summary of the proposed project and the transportation deficiencies that will be eliminated, including a description of operational and general safety benefits of the project. Projects seeking funding from the Rural Road Safety Account will need to provide a more detailed description of safety issues and benefits under Section D3.

50th Ave. is a three mile stretch of bituminous road which is divided into three one mile segments connecting Mille Lacs C.S.A.H. 1; Mille Lacs C.S.A.H. 117; State Hwy 95 and 40th Street. It is a town line road located on the border between Princeton Township, Mille Lacs County and Wyanett Township, Isanti County. 50th Ave. is a minor collector road serving numerous residents from the several counties providing access to C.S.A.H. 1, C.S.A.H. 117 and mostly to State Hwy. 95. Commuters, business and recreational travelers to and from the Twin City Metro area use 50th Ave. as an access to State Hwy 95 since it is only one of three paved routes from a Rum River crossing at Isanti County Road 7.

50th Ave. is a 24 feet wide bituminous road with narrow gravel shoulders. It was originally paved in three seperate sections from the mid-1970s to the mid-1990s. The road is degrading significantly: alligator cracking, pot holes, several soft areas at low points have been patched and progressive stress cracking. The road is aged and definitely needs repair. Princeton Township anticipates that the bituminous road surface will be reclaimed to provide additional aggregate base, the soft areas will be subcut and fabric installed, culverts will be replaced, gravel added and a new bituminous surface installed.

Princeton Township has been the road authority responsible for its maintenance. However, repairing and paving three miles of bituminous road is a financial burden that Princeton Township alone cannot handle.

DEPARTMENT OF TRANSPORTATION

**Local Road Improvement Program**
**2020 Application Form**
State Aid for Local Transportation

## D. LRIP Account Considerations and Eligibility

### *D1. Trunk Highway Corridor Account Considerations and Eligibility*

1. Describe the state trunk highway project and how the local road(s) will be impacted by the trunk highway project. Funds from this account are for local road improvements impacted by trunk highway projects where local agencies have cost responsibility. It is not intended to be used for improvements or projects on the trunk highway or within the trunk highway corridor right of way that require local cost sharing per MnDOT's Cost Participation Policy.

N/A

### *D2. Routes of Regional Significance Account Considerations and Eligibility*

1. For Routes of Regional Significance projects, which of the following criteria does your project meet (select all that apply)?

- [x] Farm to Market route
- [ ] Part of an economic development plan
- [x] Provides capacity or congestion relief to a parallel trunk highway system or county road
- [ ] Part of a 10-ton route network
- [ ] Connect to regional tourist destination
- [x] Is a connection to the regional system, trunk highway, or a county road

2. Describe the number of persons and potential multiple local agencies that will be positively impacted by the project and how they will benefit.

Approx. 650 vehicles access these stretches of road daily. Local agencies to be positively impacted include Princeton Township, Mille Lacs County, Wyanett Township and Isanti County.

DEPARTMENT OF TRANSPORTATION

**Local Road Improvement Program**
**2020 Application Form**
State Aid for Local Transportation

*D2. Routes of Regional Significance Account Considerations and Eligibility*

3. Describe the project contribution to the local, regional or state economy, and economic development or redevelopment efforts.

We've had and continue to have a growing Rural Residential area in this part of our township.

This growth has led to several new small business start-ups in this part of our township as well as existing ones. New businesses include: a small boutique, The Shepards Shanty; Silver Creek farm (a Pumpkin patch and corn maze); and Alpha and Omega Pizza Farm. Existing businesses: B&J Christmas Tree farm with direct acces to 50th Ave., Shooters Resaurant.

Princeton Township has had approx. 20 new homes constructed within a 2 mile radius of 50th Ave. since 2019. Wyanett Township has had about 9 new homes.

*D3. Rural Road Safety Account Considerations and Eligibility (Only County State Aid Highways are eligible)*

1. Is this project on a County State Aid Highway? No

2. Is this project or components of this project identified in a County Road Safety Plan? No

3. Identify the appropriate focus area that your project/safety strategy aligns with in the Minnesota Strategic Highway Safety Plan. - please select -

| *D3. Rural Road Safety Account Considerations and Eligibility (Only County State Aid Highways are eligible)* |
| --- |
| 4. Identify the type of crash or safety hazard this project is trying to address. Respond even if project is in a county safety plan or the Minnesota Strategic Highway Safety Plan. |
| 5. Describe how this project improves safety, reduce traffic crashes, fatalities, injuries, and property damages. Respond even if project is in a county safety plan or the Minnesota Strategic Highway Safety Plan. |

DEPARTMENT OF TRANSPORTATION

**Local Road Improvement Program**
**2020 Application Form**
State Aid for Local Transportation

## E. Project Readiness and Ability to Maintain

1. Estimated Construction Year: 2022

2. Are there railroad impacts (RR xing or RR tracks within 600' of the project)? No RR xings or tracks within 600'

3. What is the status of the engineering and design work on the project? Design work not started

Several soil borings have been taken. Preliminary design has started to provide enough information to estimate the construction costs.

4. Has this project been selected for federal funding, and if so what year in the STIP? No

5. Is right of way acquisition required? If so, describe the status of these efforts. No ROW

6. Describe the local agency's ability to adequately provide for the safe operation and maintenance of the facility upon completion.

Princeton Township is currently responsible and will continue to provide the maintenance of 50th Ave. The high volume of traffic makes 50th Ave. a priority for snowplowing and maintenance year round.

## F. Multimodal/Complete Streets

Identify infrastructure improvements for non-motorized and/or transit users on this project.

No improvements for non-motorized users is proposed as part of this project.

DEPARTMENT OF TRANSPORTATION

# Local Road Improvement Program

**2020 Application Form**

State Aid for Local Transportation

## G. Estimated Project Cost

**Source of Funding**

1. LRIP Request: $ 1,136,200.00
2. Federal Funds:
3. State Aid Funds:
4. Local/Other Funds: $ 51,650.00
5. MnDOT Trunk Highway Funds:
6. Total Project Cost: $ 1,187,850.00

## H. Attachments

- [x] At least one project location map with routes and project termini labeled
- [x] Engineer's Estimate with an itemized breakdown
- [x] Project schedule
- [x] Local agency resolution
- [x] Resolution of support from sponsoring county agreeing to be sponsor and agreeing to perform sponsor tasks as identified above in section "Project Selection" (required for applications by townships and cities under 5,000 population)
- [ ] Other letters of concurrence or support

When you are ready to submit the application, save the application form with LRIP, agency and road in the name of the document; e.g. LRIP_RamseyCounty_CSAH30.pdf.

The application and attachments are due by 4:00 p.m. on **March 3, 2021**. Applications and attachments should be submitted electronically to saltirhelp.dot@state.mn.us. Please limit the file size transmitted via email to no more than 10 MB. State Aid will send a reply acknowledging receipt of the application. If you haven't received a reply from State Aid within a few days of submittal, send an email to saltirhelp.dot@state.mn.us to inquire about the status of the application.

More information is available at:

- LRIP website at: http://www.dot.state.mn.us/stateaid/lrip.html.
- PowerPoint on LRIP at: http://www.dot.state.mn.us/stateaid/training/lrip.pptx

If you have questions regarding this solicitation, contact Marc Briese at 651-366-3802 or marc.briese@state.mn.us.

MILLE LACS COUNTY EST 1857

4.8

***Board Agenda Request Form***
Board of County Commissioners

**Requested Meeting Date:** 02/16/21
*(Board meets the 1st and 3rd Tuesday of each month)*

**Title of Item for Consideration:**
Consider PWD Resolution No. 2021-2-16-21-4, Accept CSAH 5 Box Culvert Replacement over Prairie Brook

**Consent Agenda**
☑ Approve/Deny Motion ☐ Information Only
☐ Schedule Public Hearing*
**provide sample notice that will run in paper*

**Regular Agenda – Estimate Time Needed:** _____ minutes
☐ Approve/Deny Motion ☐ Discussion Item
☐ Direction Requested ☐ Hold Public Hearing*
☐ Presentation of Information
**provide copy of hearing notice that was published*

**Submitted by:**
Neal Knopik, County Engineer

**Department:**
Public Works

**Who will attend the meeting and be able to respond to questions? Give name and title:**
Neal Knopik, County Engineer

**Summary of Issue** *(include previous Board or Committee actions and/or minutes, as well as applicable dates):*
Please approve the resolution to accept CSAH 5 Box Culvert Replacement over Prairie Brook Project. This project is complete and has been inspected by MnDOT. After acceptance, the County will make the final payment to the Contractor and request the balance of the bridge bond funds from MnDOT.

**Alternatives/Options/Comments:**

**Recommended Action/Motion:**
Adopt PWD Resolution No. 2021-2-16-21-4, and Accept CSAH 5 Culvert Replacement over Prairie Brook.

**Financial Impact:**
*Is there a cost associated with this request?* ☑ *Yes* ☐ *No*
*What is the total cost, including tax and shipping?* $274,525.46
*Are funds available in the budget?* ☑ *Yes* ☐ *No* *If no, please explain:*

**Additional Information Attached:**
☐ *Contract/Agreement*
*Approved by County Attorney's Office:* ☐ *Yes* ☐ *No* *If no, please explain:* _____
☐ *Minutes of Relevant Meeting(s)*
☑ *Background Information (such as price quotes, etc.)*
Resolution No. 2021-2-16-21-4, CSAH 5 Box Culvert Replacement over Prairie Brook

**Board action:** *(for use by Recording Secretary)*
☐ Approved ☐ Denied ☐ Tabled: _____

**Board of County Commissioners**
**Mille Lacs County, Minnesota**

# ACCEPTANCE OF SAP 048-605-015
# CSAH 5 BOX CULVERT REPLACEMENT OVER PRAIRIE BROOK

**PWD Resolution No. 2021-2-16-21- 4**

WHEREAS, SAP 048-605-015, Contract No. 201904, CSAH Box Culvert Replacement over Prairie Brook, by Helmin Construction, Inc., 4980 420th Avenue, Foley, MN 56329; located on County State Aid Highway 5 over Prairie Brook; original contract cost was $274,527 and the final contract cost is $274,525.46; and the County Board being fully advised,

NOW THEREFORE, BE IT RESOLVED, that we do hereby accept said completed project for Mille Lacs County and authorize final payment.

Adopted this 16th day of February, 2021

ATTEST:

Holly Wilson
Mille Lacs County Assistant Administrator

Genny Reynolds
Mille Lacs County Commissioner

MILLE LACS COUNTY EST. 1857

4.9

***Board Agenda Request Form***
Board of County Commissioners

**Requested Meeting Date:** 02/16/21
*(Board meets the 1st and 3rd Tuesday of each month)*

**Title of Item for Consideration:**
Consider PWD Resolution No. 2021-2-16-21-5, Borgholm Township Local Road Improvement Program (LRIP) Grant Sponsorship - 100th Avenue

**Consent Agenda**
☑ Approve/Deny Motion ☐ Information Only
☐ Schedule Public Hearing*
**provide sample notice that will run in paper*

**Regular Agenda – Estimate Time Needed:** _____ minutes
☐ Approve/Deny Motion ☐ Discussion Item
☐ Direction Requested ☐ Hold Public Hearing*
☐ Presentation of Information
**provide copy of hearing notice that was published*

**Submitted by:**
Neal Knopik, County Engineer

**Department:**
Public Works

**Who will attend the meeting and be able to respond to questions? Give name and title:**
Neal Knopik, County Engineer

**Summary of Issue** *(include previous Board or Committee actions and/or minutes, as well as applicable dates):*

Borgholm Township has requested that Mille Lacs County be a sponsor for two grant applications it is authoring for this year's Local Road Improvement Program (LRIP) Grant. This resolution is for the 100th Avenue project which will improve 100th Avenue in Borgholm Township from County Road 118 to County Road 2. Borgholm Township is requesting $590,000.00 in funds from the state for these improvements and is not requested a financial commitment from the County. The County will advertise, award, request funding from the state and issue payments to the contractor on behalf of the township.

**Alternatives/Options/Comments:**

**Recommended Action/Motion:**
Adopt PWD Resolution No. 2021-2-16-21-5.

**Financial Impact:**
*Is there a cost associated with this request?* ☐ *Yes* ☑ *No*
*What is the total cost, including tax and shipping?* $_____
*Are funds available in the budget?* ☐ *Yes* ☐ *No* *If no, please explain:*

**Additional Information Attached:**
☐ *Contract/Agreement*
*Approved by County Attorney's Office:* ☐ *Yes* ☐ *No* *If no, please explain:* _____
☐ *Minutes of Relevant Meeting(s)*
☑ *Background Information (such as price quotes, etc.)*
Sponsorship Resolution and Borgholm grant application for 100th Avenue

**Board action:** *(for use by Recording Secretary)*
☐ Approved ☐ Denied ☐ Tabled: _____

**Board of County Commissioners**
**Mille Lacs County, Minnesota**

# RESOLUTION APPROVING SPONSORSHIP FOR LOCAL ROAD IMPROVEMENTS PROGRAM (LRIP) GRANT WITH BORGHOLM TOWNSHIP 100th AVENUE

## PWD Resolution 2021-2-16-21-5

Be it resolved that Mille Lacs County agrees to act as the sponsoring agency for the project identified as Borgholm Township Local Roads Improvement Program (LRIP) Grant 100th Avenue and is seeking State Aid and has reviewed and approved the draft application as proposed. Per this resolution, the County is not responsible for any costs which the grant does not cover, nor is the County responsible for maintaining this project. The Township is responsible for the design, inspection, construction to the State Standards and all costs associated with the project. Should the grant application be successful, Mille Lacs County and Princeton Township will enter into a formal agreement outlining these responsibilities.

Be it further resolved that Neal Knopik, Mille Lacs County Engineer, is hereby authorized to act as agent on behalf of this sponsoring agency.

Certification

I hereby certify that the foregoing resolution is a true and correct copy of a resolution adopted by Mille Lacs County on this 16th day of February, 2021.

ATTEST:

Holly Wilson
Mille Lacs County Assistant Administrator

Genny Reynolds
Mille Lacs County Commissioner

DEPARTMENT OF TRANSPORTATION

# Local Road Improvement Program

**2020 Application Form**

State Aid for Local Transportation

| A. Applicant Information | | |
|---|---|---|
| 1. Name (First & Last): Chris Carlson | 2. Phone Number: (320) 249-6886 | |
| 3. E-mail: Chatawhilefarm@jetup.net | 4. Agency Type: Township | |
| 5. Agency Name: Borgholm Township | | |
| 6. Street Address: 16041 70th Avenue | | |
| 7. City: Milaca | 8. State: MN | 9. Zip Code: 56353 |
| 10. Sponsoring County and County Engineer name **(required if applicant is small city or township)** Mille Lacs County - Neal Knopik | | |

| B. Project Location | |
|---|---|
| 1. MnDOT District: D3 | 2. County: Mille Lacs |
| 3. City: Milaca | 4. Township: Borgholm |
| 5. Name of Road: 100th Ave | 6. Type of Road: Township Road |
| 7. Road Authority Type *(which agency owns and has jurisdiction of the road)*: Township | |
| 8. Project Termini: From County Road 118 | 9. To: County Road 2 |

## C. Project Description

1. Type of Project. Reconstruction

2. Select the LRIP Account requested for funding. Routes of Regional Significance

3. Provide a summary of the proposed project and the transportation deficiencies that will be eliminated, including a description of operational and general safety benefits of the project. Projects seeking funding from the Rural Road Safety Account will need to provide a more detailed description of safety issues and benefits under Section D3.

The project consists of the reconstruction of 1.0 mile of 100th Ave from County Road 118 to County Road 2. This corridor is currently 24 - 26 ft wide with limited shouldering. The limited structure of the road results in structural related cracking and heaving. This project would improve the lanes to 11' and the shoulders to 4' which would provide a 30' top for the roadway. This will allow residential, agricultural and commercial vehicles to safely pull over to the side in the case of an emergency as well as provide an increased factor of safety for pedestrians performing recreational activities on the increased shoulder width. This project will increase the structural capacity of this corridor to a 10-ton design. The improved structural capacity of this roadway would allow agricultural and commercial vehicles and equipment to utilize this 10-ton corridor to access Mille Lacs County's 10-ton corridor network through County Road 118 or County Road 2, bypassing the possibility of congesting traffic on US Hwy 169. This reconstruction will also allow the structural defects in the poor soil areas and minimal structural sections to be replaced with the 10-ton design section allowing all of the defects to be removed and reinforced. This project will allow the in-slopes to be improved to 4:1 slopes. The improved in-slopes will allow for better recovery of vehicles within the clear zone.

DEPARTMENT OF TRANSPORTATION

**Local Road Improvement Program**
**2020 Application Form**
State Aid for Local Transportation

## D. LRIP Account Considerations and Eligibility

### *D1. Trunk Highway Corridor Account Considerations and Eligibility*

1. Describe the state trunk highway project and how the local road(s) will be impacted by the trunk highway project. Funds from this account are for local road improvements impacted by trunk highway projects where local agencies have cost responsibility. It is not intended to be used for improvements or projects on the trunk highway or within the trunk highway corridor right of way that require local cost sharing per MnDOT's Cost Participation Policy.

### *D2. Routes of Regional Significance Account Considerations and Eligibility*

1. For Routes of Regional Significance projects, which of the following criteria does your project meet (select all that apply)?

- [ ] Farm to Market route
- [ ] Part of an economic development plan
- [ ] Provides capacity or congestion relief to a parallel trunk highway system or county road
- [ ] Part of a 10-ton route network
- [ ] Connect to regional tourist destination
- [ ] Is a connection to the regional system, trunk highway, or a county road

2. Describe the number of persons and potential multiple local agencies that will be positively impacted by the project and how they will benefit.

This project will directly benefit the Township of Borgholm. Improving this corridor to a 10-ton design allows a 10-ton connection to Mille Lacs County's 10-ton corridor network by accessing County Road 118 and County Road 2. This also benefits the agricultural economic generators that live on this roadway in allowing them to more effectively and efficiently access their fields as well as deliver crops to market. This improvement of this corridor also creates relief from the congestion of US Hwy 169 as well as preventing agricultural vehicles and equipment from interrupting the flow of traffic and increasing the risk of accidents.

*D2. Routes of Regional Significance Account Considerations and Eligibility*

3. Describe the project contribution to the local, regional or state economy, and economic development or redevelopment efforts.

This project contributes to the agricultural economic growth generators that are on this roadway more effectively and efficiently access their fields and deliver their crops to market. There are several commercial businesses on this roadway that service larger commercial vehicles and a 10-ton corridor allows these vehicles to be worked on and transported without affecting the service life of the roadway. This project will increase the safety and comfort level of traffic utilizing this corridor. Customers and traffic tend to gravitate towards corridors that offer higher levels of comfort and safety which will in turn provide more economic activity within Borgholm Township.

*D3. Rural Road Safety Account Considerations and Eligibility (Only County State Aid Highways are eligible)*

1. Is this project on a County State Aid Highway? - please select -

2. Is this project or components of this project identified in a County Road Safety Plan? - please select -

3. Identify the appropriate focus area that your project/safety strategy aligns with in the Minnesota Strategic Highway Safety Plan. - please select -

| *D3. Rural Road Safety Account Considerations and Eligibility (Only County State Aid Highways are eligible)* |
| --- |
| 4. Identify the type of crash or safety hazard this project is trying to address. Respond even if project is in a county safety plan or the Minnesota Strategic Highway Safety Plan. |
| 5. Describe how this project improves safety, reduce traffic crashes, fatalities, injuries, and property damages. Respond even if project is in a county safety plan or the Minnesota Strategic Highway Safety Plan. |

DEPARTMENT OF TRANSPORTATION

**Local Road Improvement Program**
**2020 Application Form**
State Aid for Local Transportation

## E. Project Readiness and Ability to Maintain

1. Estimated Construction Year: 2022

2. Are there railroad impacts (RR xing or RR tracks within 600' of the project)? No RR xings or tracks within 600'

3. What is the status of the engineering and design work on the project? Design in progress

The engineering design process has started to provide a detailed engineer's opinion of costs.

4. Has this project been selected for federal funding, and if so what year in the STIP? No

5. Is right of way acquisition required? If so, describe the status of these efforts. No ROW

6. Describe the local agency's ability to adequately provide for the safe operation and maintenance of the facility upon completion.

Borgholm Township has a maintenance program in place to routinely inspect and implement maintenance practices to ensure the full service life of this roadway.

## F. Multimodal/Complete Streets

Identify infrastructure improvements for non-motorized and/or transit users on this project.

The primary infrastructure that is used by non-motorized pedestrians is the shoulder. The existing right-of-way is 66 feet wide and the proposed project is a rural road design with ditches. There are no trail networks in the area that could be utilized. There is not enough right-of-way to provide trail construction and a safe buffer. With the design being rural rather than urban, a sidewalk is not feasible. The infrastructure that is going to be improved is the shouldering. With a wider shoulder, pedestrians will be able to commute and perform recreational activities away from the influence of traffic. The shoulder surface improvement to bituminous will allow for more types of recreational activities to be utilized safely. Given the circumstances, pedestrian traffic and activity is higher than ever, especially in rural areas. Unfortunately there has also been an increase in accidents involving pedestrians as a result.

DEPARTMENT OF TRANSPORTATION

# Local Road Improvement Program

**2020 Application Form**

State Aid for Local Transportation

## G. Estimated Project Cost

**Source of Funding**

1. LRIP Request: $ 590,000.00
2. Federal Funds:
3. State Aid Funds:
4. Local/Other Funds:
5. MnDOT Trunk Highway Funds:
6. Total Project Cost: $ 590,000.00

## H. Attachments

- ☐ At least one project location map with routes and project termini labeled
- ☐ Engineer's Estimate with an itemized breakdown
- ☐ Project schedule
- ☐ Local agency resolution
- ☐ Resolution of support from sponsoring county agreeing to be sponsor and agreeing to perform sponsor tasks as identified above in section "Project Selection" (required for applications by townships and cities under 5,000 population)
- ☐ Other letters of concurrence or support

When you are ready to submit the application, save the application form with LRIP, agency and road in the name of the document; e.g. LRIP_RamseyCounty_CSAH30.pdf.

The application and attachments are due by 4:00 p.m. on **March 3, 2021**. Applications and attachments should be submitted electronically to saltirhelp.dot@state.mn.us. Please limit the file size transmitted via email to no more than 10 MB. State Aid will send a reply acknowledging receipt of the application. If you haven't received a reply from State Aid within a few days of submittal, send an email to saltirhelp.dot@state.mn.us to inquire about the status of the application.

More information is available at:

- LRIP website at: http://www.dot.state.mn.us/stateaid/lrip.html.
- PowerPoint on LRIP at: http://www.dot.state.mn.us/stateaid/training/lrip.pptx

If you have questions regarding this solicitation, contact Marc Briese at 651-366-3802 or marc.briese@state.mn.us.

MILLE LACS COUNTY EST 1857

4.10

***Board Agenda Request Form***
Board of County Commissioners

**Requested Meeting Date:** 02/16/21
*(Board meets the 1st and 3rd Tuesday of each month)*

**Title of Item for Consideration:**
Consider PWD Resolution No. 2021-2-16-21-6, Borgholm Township Local Road Improvement Program (LRIP) Grant Sponsorship - 110th Avenue

**Consent Agenda**
☑ Approve/Deny Motion ☐ Information Only
☐ Schedule Public Hearing*
**provide sample notice that will run in paper*

**Regular Agenda – Estimate Time Needed:** _____ minutes
☐ Approve/Deny Motion ☐ Discussion Item
☐ Direction Requested ☐ Hold Public Hearing*
☐ Presentation of Information
**provide copy of hearing notice that was published*

**Submitted by:**
Neal Knopik, County Engineer

**Department:**
Public Works

**Who will attend the meeting and be able to respond to questions? Give name and title:**
Neal Knopik, County Engineer

**Summary of Issue** *(include previous Board or Committee actions and/or minutes, as well as applicable dates):*

Borgholm Township has requested that Mille Lacs County be a sponsor for two grant applications it is authoring for this year's Local Road Improvement Program (LRIP) Grant. This resolution is for the 110th Avenue project which will improve 110th Avenue in Borgholm Township from County Road 33 to 155th Street near the airport. Borgholm Township is requesting $560,000.00 in funds from the state for these improvements and is not requested a financial commitment from the County. The County will advertise, award, request funding from the state and issue payments to the contractor on behalf of the township.

**Alternatives/Options/Comments:**

**Recommended Action/Motion:**
Adopt PWD Resolution No. 2021-2-16-21-6.

**Financial Impact:**
*Is there a cost associated with this request?* ☐ *Yes* ☑ *No*
*What is the total cost, including tax and shipping?* $_____
*Are funds available in the budget?* ☐ *Yes* ☐ *No* *If no, please explain:*

**Additional Information Attached:**
☐ *Contract/Agreement*
*Approved by County Attorney's Office:* ☐ *Yes* ☐ *No* *If no, please explain:*_____
☐ *Minutes of Relevant Meeting(s)*
☑ *Background Information (such as price quotes, etc.)*
Sponsorship Resolution and Borgholm grant application for 110th Avenue

**Board action:** *(for use by Recording Secretary)*
☐ Approved ☐ Denied ☐ Tabled: _____

**Board of County Commissioners**
**Mille Lacs County, Minnesota**

# RESOLUTION APPROVING SPONSORSHIP FOR LOCAL ROAD IMPROVEMENTS PROGRAM (LRIP) GRANT WITH BORGHOLM TOWNSHIP 110th AVENUE

## PWD Resolution 2021-2-16-21-6

Be it resolved that Mille Lacs County agrees to act as the sponsoring agency for the project identified as Borgholm Township Local Roads Improvement Program (LRIP) Grant 110th Avenue and is seeking State Aid and has reviewed and approved the draft application as proposed. Per this resolution, the County is not responsible for any costs which the grant does not cover, nor is the County responsible for maintaining this project. The Township is responsible for the design, inspection, construction to the State Standards and all costs associated with the project. Should the grant application be successful, Mille Lacs County and Princeton Township will enter into a formal agreement outlining these responsibilities.

Be it further resolved that Neal Knopik, Mille Lacs County Engineer, is hereby authorized to act as agent on behalf of this sponsoring agency.

Certification

I hereby certify that the foregoing resolution is a true and correct copy of a resolution adopted by Mille Lacs County on this 16th day of February, 2021.

ATTEST:

Holly Wilson
Mille Lacs County Assistant Administrator

Genny Reynolds
Mille Lacs County Commissioner

DEPARTMENT OF TRANSPORTATION

# Local Road Improvement Program

**2020 Application Form**

State Aid for Local Transportation

| A. Applicant Information | | |
|---|---|---|
| 1. Name (First & Last): Chris Carlson | 2. Phone Number: (320) 249-6886 | |
| 3. E-mail: Chatawhilefarm@jetup.net | 4. Agency Type: Township | |
| 5. Agency Name: Borgholm Township | | |
| 6. Street Address: 16041 70th Avenue | | |
| 7. City: Milaca | 8. State: MN | 9. Zip Code: 56353 |
| 10. Sponsoring County and County Engineer name (**required if applicant is small city or township**)<br>Mille Lacs County - Neal Knopik | | |

| B. Project Location | |
|---|---|
| 1. MnDOT District: D3 | 2. County: Mille Lacs |
| 3. City: Milaca | 4. Township: Borgholm & Milaca |
| 5. Name of Road: 110th Ave | 6. Type of Road: Township Road |
| 7. Road Authority Type *(which agency owns and has jurisdiction of the road)*: Township | |
| 8. Project Termini: From County Road 33 | 9. To: 155th St |

## C. Project Description

1. Type of Project. Reconstruction

2. Select the LRIP Account requested for funding. Routes of Regional Significance

3. Provide a summary of the proposed project and the transportation deficiencies that will be eliminated, including a description of operational and general safety benefits of the project. Projects seeking funding from the Rural Road Safety Account will need to provide a more detailed description of safety issues and benefits under Section D3.

This project consists of the reconstruction of 0.51 miles of 110th Ave, which borders Borgholm Township and Milaca Township, from County Road 33 to 155th St. Currently this corridor has a 26 - 28 ft width with limited shoulder. 110th Ave is the only roadway that provides access to the Milaca Municipal Airport. This project would widen the top to 30' with 11' lanes and 4' shoulders and structurally would be a 10-ton design. The structure of the roadway is minimal which causes structural defects in the roadway that are most severe in the spring months. The improvement of the structural aspect of this road way will allow the townships to remove the lower quality soil areas and replace with class 5 aggregate. The in-slopes will also be improved to 4:1 to allow for better recovery of vehicles that veer off of the roadway. The improved structural design will allow traffic utilizing Mille Lacs County's 10-ton corridor system to utilize this corridor as well to access the regional municipal airport. With this improved width and structure, this corridor will be able to support higher residential, agricultural and commercial traffic counts, improve recovery in the clear zone, and allow a greater factor of safety for pedestrians on the shoulder.

## D. LRIP Account Considerations and Eligibility

### *D1. Trunk Highway Corridor Account Considerations and Eligibility*

1. Describe the state trunk highway project and how the local road(s) will be impacted by the trunk highway project. Funds from this account are for local road improvements impacted by trunk highway projects where local agencies have cost responsibility. It is not intended to be used for improvements or projects on the trunk highway or within the trunk highway corridor right of way that require local cost sharing per MnDOT's Cost Participation Policy.

### *D2. Routes of Regional Significance Account Considerations and Eligibility*

1. For Routes of Regional Significance projects, which of the following criteria does your project meet (select all that apply)?

- [ ] Farm to Market route
- [ ] Part of an economic development plan
- [ ] Provides capacity or congestion relief to a parallel trunk highway system or county road
- [ ] Part of a 10-ton route network
- [ ] Connect to regional tourist destination
- [ ] Is a connection to the regional system, trunk highway, or a county road

2. Describe the number of persons and potential multiple local agencies that will be positively impacted by the project and how they will benefit.

The Township of Borgholm, the Township of Milaca and the City of Milaca will directly benefit from this project. Due to this being the only access to the Milaca Municipal Airport, the greater part of Mille Lacs County will also benefit from this improved corridor as well. Milaca and Borgholm Township will benefit from having a 10-ton township road that connects to the County's 10-ton corridor network. The City of Milaca will benefit directly by having a safer more comfortable corridor to access the regional airport.

*D2. Routes of Regional Significance Account Considerations and Eligibility*

3. Describe the project contribution to the local, regional or state economy, and economic development or redevelopment efforts.

The Milaca Municipal Airport won the Governor's Award for their excellence in planning and development. The improvement of this corridor will allow for the expansion of that development to allow safe and comfortable access to the region's airport. There is also an agricultural economic generator located on this corridor that utilizes this roadway to deliver their crop to market. Improving the width and structure of this roadway allows this seasonal economic generating activity to safely use this 10-ton network as well as increase the factor of safety for the residents either accessing the Milaca Municipal Airport or commuting to County Road 33 navigating around these activities. The residential/commercial development to the south of this project can also utilize this corridor to access the airport.

*D3. Rural Road Safety Account Considerations and Eligibility (Only County State Aid Highways are eligible)*

1. Is this project on a County State Aid Highway? - please select -

2. Is this project or components of this project identified in a County Road Safety Plan? - please select -

3. Identify the appropriate focus area that your project/safety strategy aligns with in the Minnesota Strategic Highway Safety Plan. - please select -

| *D3. Rural Road Safety Account Considerations and Eligibility (Only County State Aid Highways are eligible)* |
|---|
| 4. Identify the type of crash or safety hazard this project is trying to address. Respond even if project is in a county safety plan or the Minnesota Strategic Highway Safety Plan. |
| 5. Describe how this project improves safety, reduce traffic crashes, fatalities, injuries, and property damages. Respond even if project is in a county safety plan or the Minnesota Strategic Highway Safety Plan. |

## E. Project Readiness and Ability to Maintain

1. Estimated Construction Year: 2022

2. Are there railroad impacts (RR xing or RR tracks within 600' of the project)? No RR xings or tracks within 600'

3. What is the status of the engineering and design work on the project? Design completed (plan complete)

Plans and Specifications are complete and ready to bid.

4. Has this project been selected for federal funding, and if so what year in the STIP? No

5. Is right of way acquisition required? If so, describe the status of these efforts. No ROW

6. Describe the local agency's ability to adequately provide for the safe operation and maintenance of the facility upon completion.

Milaca Township, Borgholm Township and the City of Milaca have a maintenance plan in place that will ensure that this roadway will be maintained to last the full service life of this corridor.

## F. Multimodal/Complete Streets

Identify infrastructure improvements for non-motorized and/or transit users on this project.

The primary infrastructure that is used by non-motorized pedestrians is the shoulder. The existing right-of-way is 66 feet wide and the proposed project is a rural road design with ditches. There are no trail networks in the area that could be utilized. There is not enough right-of-way to provide trail construction and a safe buffer. With the design being rural rather than urban, a sidewalk is not feasible. The infrastructure that is going to be improved is the shouldering. With a wider shoulder, pedestrians will be able to commute and perform recreational activities away from the influence of traffic. The shoulder surface improvement to bituminous will allow for more types of recreational activities to be utilized safely. Given the circumstances, pedestrian traffic and activity is higher than ever, especially in rural areas. Unfortunately there has also been an increase in accidents involving pedestrians as a result. The improvements of this project will allow for safer pedestrian and recreational usage of the shoulders, which is the only means of transit for non-motorized users.

## G. Estimated Project Cost

**Source of Funding**

1. LRIP Request: $ 560,000.00
2. Federal Funds:
3. State Aid Funds:
4. Local/Other Funds:
5. MnDOT Trunk Highway Funds:
6. Total Project Cost: $ 560,000.00

## H. Attachments

- ☐ At least one project location map with routes and project termini labeled
- ☐ Engineer's Estimate with an itemized breakdown
- ☐ Project schedule
- ☐ Local agency resolution
- ☐ Resolution of support from sponsoring county agreeing to be sponsor and agreeing to perform sponsor tasks as identified above in section "Project Selection" (required for applications by townships and cities under 5,000 population)
- ☐ Other letters of concurrence or support

When you are ready to submit the application, save the application form with LRIP, agency and road in the name of the document; e.g. LRIP_RamseyCounty_CSAH30.pdf.

The application and attachments are due by 4:00 p.m. on **March 3, 2021**. Applications and attachments should be submitted electronically to saltirhelp.dot@state.mn.us. Please limit the file size transmitted via email to no more than 10 MB. State Aid will send a reply acknowledging receipt of the application. If you haven't received a reply from State Aid within a few days of submittal, send an email to saltirhelp.dot@state.mn.us to inquire about the status of the application.

More information is available at:

- LRIP website at: http://www.dot.state.mn.us/stateaid/lrip.html.
- PowerPoint on LRIP at: http://www.dot.state.mn.us/stateaid/training/lrip.pptx

If you have questions regarding this solicitation, contact Marc Briese at 651-366-3802 or marc.briese@state.mn.us.

MILLE LACS COUNTY EST 1857

4.11

***Board Agenda Request Form***
Board of County Commissioners

**Requested Meeting Date:** 02/16/21
*(Board meets the 1st and 3rd Tuesday of each month)*

**Title of Item for Consideration:**
Consider Amendment to the UCARE Contract's County Participation Agreement

**Consent Agenda**
☑ Approve/Deny Motion ☐ Information Only
☐ Schedule Public Hearing*
**provide sample notice that will run in paper*

**Regular Agenda – Estimate Time Needed:** _____ minutes
☐ Approve/Deny Motion ☐ Discussion Item
☐ Direction Requested ☐ Hold Public Hearing*
☐ Presentation of Information
**provide copy of hearing notice that was published*

**Submitted by:**
Kay Winterfeldt

**Department:**
CVS Community Health Services

**Who will attend the meeting and be able to respond to questions? Give name and title:**
Kay Winterfeldt, Community Health Services Administrator and Supervisor/Beth Crook CVS Director

**Summary of Issue** *(include previous Board or Committee actions and/or minutes, as well as applicable dates):*

UCARE contract amendment with Mille Lacs County to detail Public Health Nurse Home Visits reimbursement. Details provide reimbursement for Covered Services provided to Minnesota Health Care Programs Enrollees, coding information, and payment amounts. This amendment will generate revenue from Family Home Visiting nurses completing home visits to clients enrolled in the Family Home Visiting program.

**Alternatives/Options/Comments:**

**Recommended Action/Motion:**

Approve and authorize Mille Lacs County Community and Veterans Services Director, Beth Crook, to sign and submit the amendment to the County Participation Agreement.

**Financial Impact:**
*Is there a cost associated with this request?* ☐ *Yes* ☑ *No*
*What is the total cost, including tax and shipping?* $_____
*Are funds available in the budget?* ☐ *Yes* ☐ *No* *If no, please explain:*

**Additional Information Attached:**
☑ *Contract/Agreement*
*Approved by County Attorney's Office:* ☑ *Yes* ☐ *No* *If no, please explain:* _____
☐ *Minutes of Relevant Meeting(s)*
☐ *Background Information (such as price quotes, etc.)*

Contract; Amendment.

**Board action:** *(for use by Recording Secretary)*
☐ Approved ☐ Denied ☐ Tabled: _____

**AMENDMENT**
**to the**
**COUNTY PARTICIPATION AGREEMENT COUNTY PARTICIPATION AGREEMENT**
**by and between**
**UCARE MINNESOTA**
**and**
**MILLE LACS COUNTY**
**DBA MILLE LACS COUNTY COMMUNITY AND VETERANS SERVICES**

The Provider Participation Agreement between UCare Minnesota, together with its affiliate UCare Health, Inc. ("UCare"), and **Mille Lacs County dba Mille Lacs County Community and Veterans Services**, is hereby amended, effective April 1, 2021, as follows:

I. The payment exhibit containing reimbursement provisions for Public Health Nurse Home visits is amended as follows:

**PUBLIC HEALTH NURSE HOME VISITS REIMBURSEMENT**

1.1 Reimbursement for Covered Services provided to Minnesota Health Care Programs Enrollees

| | |
|---|---|
| • Medical Assistance<br>• MinnesotaCare<br>• Minnesota Senior Care Plus (MSC+)<br>• Minnesota Special Needs Basic Care (*UCare Connect*)<br>• Minnesota Senior Health Options (MSHO)<br>• Minnesota Special Needs Basic Care, integrated (*UCare Connect + Medicare*) | S9123 - $180.00<br><br>S9123-U8- $180.00<br><br>*Provider will file claims to UCare with the U8 modifier, when applicable, in accordance with DHS guidelines.* |

II. All other terms of the parties Agreement shall remain in full force and effect.

*[The rest of this page intentionally left blank.]*

IN WITNESS WHERE OF, a duly authorized representative of each party has executed this Amendment in the manner appropriate to each as of the date indicated by its signature.

UCare Minnesota
PO Box 52
500 Stinson Blvd NE
Minneapolis, MN 55440-8551

Ghita Worcester
Senior Vice President of Public Affairs and Chief Marketing Officer

prccontractadmin@ucare.org

Date

Mille Lacs County dba Mille Lacs County Community and Veterans Services
620 Central Ave N
Milaca, MN 56353-1744

*Signature*

Printed Name: Beth Crook

Title

Email:

Date

**COUNTY PARTICIPATION AGREEMENT**
**between**
**UCARE MINNESOTA**
**And**
**Mille Lacs County dba Mille Lacs County Community and Veterans Services**

THIS AGREEMENT is made and entered into this first day of October, 2013 (the "Effective Date"), by and between UCare Minnesota ("UCare") and **Mille Lacs County dba Mille Lacs County Community and Veterans Services** ("Participant" or "County").

WHEREAS, UCare, a health maintenance organization licensed by the State of Minnesota, is engaged in the business of making quality health care available on a prepaid basis; and

WHEREAS, Participant desires to participate as a provider of certain health services for UCare Enrollees; and

WHEREAS, UCare desires that Participant participate as a provider of certain health services for UCare Enrollees;

NOW, THEREFORE, it is agreed as follows:

## ARTICLE 1: DEFINITIONS

1.1 Definitions. The following terms as used in this Agreement shall have the meanings ascribed to them below unless the context clearly requires a different meaning:

"Abuse" means the definition set out in Minnesota Rules, Part 9505.2165, subpart 2. Abuse shall also include substantial failure to provide Medical Necessary items and services that are required to be provided to an Enrollee under this Agreement if the failure has adversely affected or has substantial likelihood of adversely affecting the health of the Enrollee.

"Advance Directives?" means requirements as specified under 42 C.F.R. § 422.128(E),

"Agent" means an entity which is under contract with UCare to perform certain functions related to this Agreement on behalf of UCare.

"Agreement" means this Agreement, including any schedules or other attachments hereto, all as presently in effect or as hereafter amended.

"Care Coordination for MSHO Enrollees" means the coordination of all Medicare and Medicaid health and long-term care services for MSHO Enrollees, and the coordination of services to an MSHO Enrollee among different health and social service professionals and across settings of care.

"Case Management for MSC+ Enrollees" means the coordination of Medicaid health and long-term care services for an MSC+ Enrollee receiving Elderly Waiver Services among different health and social service professionals and across settings of care.

"Case Management for *UCare Connect* Enrollees" means the coordination of Medicare and Medicaid health services for an Enrollee.

"Certificate of Coverage" means a plan of health care coverage issued by UCare to an Enrollee who is eligible for benefits under any of the products listed in **Exhibit D**, and which contains the terms and conditions of such coverage. Certificate of Coverage includes plans of health care coverage generally referred to as "evidence of coverage" for Enrollees enrolled in a Medicare product.

"Clean Claim" means a claim that has no defect or impropriety, including any lack of required substantiating documentation, including, but not limited to, coordination of benefits information, or particular circumstance requiring special treatment that prevents timely payment from being made on the claim.

"CMS" means the Centers for Medicare and Medicaid Services.

"Co-payment" or "Coinsurance" means the amount an Enrollee is required to pay for certain Covered Services in accordance with the Enrollee's Certificate of Coverage.

"Covered Services" means those medical, surgical, hospital, and other health care services designated as covered by the terms of the Certificate of Coverage.

"Deductible" means the annual dollar amount of allowed charges for Covered Services, as specified in the Enrollee's Certificate of Coverage, that the Enrollee is required to pay as a precondition to payment by UCare.

"Dual Program" products are those products that are financially sponsored by more than one agency or entity.

"Elderly Waiver Provider" means a provider that has entered into a written agreement with the County to provide Elderly Waiver services to Enrollees.

"Elderly Waiver Services" means Home and Community Based Services authorized under Minnesota's federal waiver under § 1915(c) of the Social Security Act, 42 U.S.C. § 1396, and pursuant to Minnesota Statutes, § 256B.0915.

"Enrollee" means any person who is enrolled in UCare and who is therefore eligible for benefits under a Certificate of Coverage.

"Fraud" means the definition set out in Minnesota Rules, Part 9505.2165, subpart 4.

"Health Care Professional" means a physician, optometrist, chiropractor, psychologist,

dentist, physician assistant, physical or occupational therapist, therapist assistant, speech-language pathologist, audiologist, registered or practical nurse (including nurse practitioner, clinical nurse specialist, certified registered nurse anesthetist, and certified nurse midwife, licensed independent clinical social worker, licensed marriage and family therapist, licensed professional counselor , and registered therapy technician).

"Home Care Services" includes nursing services, private duty nursing services, home health aide services, personal care services, nursing supervision of personal care services under Minnesota Statutes Section 256B.0625, subdivisions 6a, 7, and 19a, and home health services pursuant to Section 1861(m) of the Social Security Act.

"Medically Necessary or Medical Necessity" means, with the exception of CADI and TBI Waiver services, pursuant to Minnesota Rules, Part 9505.0175, Subpart 25, a health service that is consistent with the Enrollee's diagnosis or condition and: A) is recognized as the prevailing standard or current practice by the provider's peer group; B) is rendered in response to a life threatening condition or pain; or to treat an injury, illness or infection; or to treat a condition that could result in physical or mental function consistent with prevailing community standards for diagnosis or condition; or C) is a preventive health service defined under Minnesota Rules, Part 9505.0355.

"Medicare" means the federal insurance program for aged and disabled people as defined under 42 U.S.C. 1395 et.seq.

"Medicare Advantage Plan(s)" means a coordinated care plan offered pursuant to 42 U.S.C. § 1395w-21(a)(2)(A), including specialized Medicare Advantage Plans for special needs individuals ("Special Needs Plans").

"MSHO" means Minnesota Senior Health Options.

"Network" means the network of Participating Providers available to Enrollees.

"Participant" means any physician, hospital, other facility, other health care professional or other provider that has entered into a written agreement with UCare to provide Covered Services to Enrollees.

"Primary Care" is a type of medical care delivery which emphasizes first contact care and assumes ongoing care coordination for the Enrollee in both health maintenance and therapy of illness. It is comprehensive in scope and includes the overall coordination of the care of the Enrollee's health problems, including the appropriate use of consultants and community resources.

"Primary Care Clinic" means any clinic that has entered into a written clinic participation agreement with UCare and that employs or contracts with Primary Care Physicians.

"Primary Care Physician" means any physician who is employed by or under contract with an entity that has in place a written participation agreement with UCare, who practices

Primary Care, and who is professionally qualified in specialty organizations in one or more of the following disciplines: family practice, pediatrics, internal medicine, obstetrics and gynecology.

"Provider Manual" includes any administrative manual made available to Participating Providers by UCare, specifying various administrative policies and procedures, including the Provider manual at www.ucare.org as it may be amended from time to time.

"Service Authorization" means an approval by UCare or UCare's Agent that a particular service or treatment is Medically Necessary and that all appropriate, cost effective alternatives have been considered. Service Authorizations are required for specified services or treatment for claims to be processed for payment.

## ARTICLE 2: APPLICABILITY

2.1 Products covered under this Agreement. This Agreement sets forth the rights, obligations, and duties of the parties in connection with the furnishing of services to Enrollees of the products, as listed under **Exhibit D**, and the conditions under which Covered Services shall be provided by Participant to such Enrollees.

## ARTICLE 3: ELIGIBILITY FOR COVERED SERVICES

3.1 Identification cards. UCare shall give Enrollees an identification card that shall contain the name of the Enrollee, his or her Enrollee number, the specific product under which the Enrollee has obtained coverage, and his or her Primary Care Clinic.

3.2 Verification of eligibility. Participant may verify the current status of the Enrollee's eligibility for Covered Services by requesting presentation by the Enrollee of his or her identification card or by contacting UCare. However, if UCare subsequently determines that the individual was not eligible for coverage for the services rendered, those services shall be ineligible for payment and Participant may then directly bill the Enrollee for such services, if permitted by applicable state and federal rules and regulations. UCare shall reimburse Participant for Covered Services provided to Enrollees when Participant affirmatively verifies the Enrollee's eligibility by using the UCare-approved process for electronic eligibility in accordance with Minn. Stat. § 62J.536, even if UCare subsequently determines that the individual was not eligible for coverage under a UCare product at the time such services were rendered.

## ARTICLE 4: PROVISION OF SERVICES

4.1 Professional services. Participant shall provide to Enrollees the Covered Services of the type specified in **Exhibit A** and appropriate ancillary Covered Services related thereto, in

accordance with professionally recognized standards of practice and in a manner so as to assure quality of care and treatment, and the terms and conditions of this Agreement. Any other services provided to the County are also specified in **Exhibit A**. In the event Participant provides health or social services which are not Covered Services, UCare will not compensate Participant for such services without prior written approval by UCare.

4.1.1 To the extent the County and UCare have entered into a separate Delegation Agreement, Participant must follow the terms of such Delegation Agreement, which are incorporated into this Agreement by this reference. To the extent the terms of a Delegation Agreement and this Agreement conflict, the Delegation Agreement shall control.

4.1.2 The Targeted Case Management Services Addendum dated, as amended, by and between the parties is incorporated into this Agreement by this reference. To the extent the terms of this Agreement and the Addendum conflict, the Addendum shall control.

4.2 Participating Provider Delivery System. At all times during the term of this Agreement, County shall maintain agreements with a number of geographically dispersed Elderly Waiver providers sufficient to provide Covered Services to Enrollees in a timely and effective manner throughout the area in which County provides services, and in a manner to comply with applicable state access rules. The County must have procedures for ongoing oversight of Elderly Waiver Providers and Elderly Waiver Services. In its communications with its contracted Elderly Waiver Providers, the County will provide notice to the County's Elderly Waiver Providers that UCare is accessing the Elderly Waiver Services through county contracts. County agrees to require Elderly Waiver Providers to comply with all provisions of this Agreement which apply to them, including compliance with all applicable state and federal rules and regulations.

4.3 Professional and facility services. County shall require Elderly Waiver Providers to provide Enrollees the Covered Elderly Waiver Services of the type specified in UCare's contract with the State of Minnesota and appropriate ancillary Covered Services related thereto, in accordance with the generally accepted standard of practice for the community in which Elderly Waiver Providers render such services and in a manner so as to assure quality of care and treatment. In the event an Elderly Waiver Provider provides services which are not Covered Services, UCare will not compensate such Elderly Waiver Providers for such services without prior written approval by UCare.

4.4 Referral and authorization requirements. Participant shall provide Enrollees with Covered Services in accordance with the referral requirements described in the Provider Manual. In the event Participant provides and/or coordinates Covered Services which require a referral or Service Authorization pursuant to the Provider Manual, but which have not been authorized by UCare or UCare's Agent, UCare will not compensate Participant for such services unless Participant has obtained written approval from UCare prior to providing such service. Pursuant to Minnesota Statutes, Section 62D.12, subd. 19, UCare will not deny or limit coverage of the service which the Enrollee has received solely on the basis of lack of Service Authorization, to the extent that the service would otherwise have been covered by UCare had Service Authorization been obtained. Participant will not bill

Enrollee for lack of compensation from UCare due to Participant's failure to obtain a required referral or Service Authorization. Written referrals are not required for obstetrical and gynecological services mandated through Minnesota Statutes §62Q.52

4.5 Provision of services. Participant agrees that, to the extent feasible, the Covered Services provided or coordinated by it shall be made available and accessible to Enrollees promptly and in a manner which assures continuity of care. In addition, Participant shall:

a) Not differentiate or discriminate in the treatment of its patients by reason of the fact that a certain portion of its patients are Enrollees ;
b) Provide services to Enrollees and accept all referrals of Enrollees in the same manner and within the same time availability as offered its other patients;
c) Not differentiate or discriminate in the treatment of Enrollees because of race, sex, color, creed, religion, health status, age, physical disability, developmental disability, national origin, public assistance status, ancestry, marital status or sexual orientation;
d) Provide or coordinate Covered Services in a culturally competent manner to all Enrollees including those Enrollees with limited English proficiency or reading skills, diverse cultural and ethnic backgrounds and physical and developmental disabilities;
e) Comply with all applicable statutes and regulations regarding accessibility and availability of health care services;
f) Ensure that Covered Services are provided to Enrollees by trained Health Care Professionals acting within the scope of an appropriate license, certification, or registration;
g) Not withhold or delay Medically Necessary care that is covered by this Agreement if withholding or delaying such care adversely affects, or has a substantial likelihood of adversely affecting, Enrollee's health;
h) Where applicable, inform Enrollees of follow-up care and provide training in self-care; and
i) Not engage in Fraud or Abuse.

4.6 Obligations and duties. Participant shall be and remain subject to all of the same duties, liabilities, and responsibilities towards Enrollees as exist generally between a healthcare professional and a patient. Nothing in this Agreement shall limit or relieve Participant's duties to its patients or Enrollees.

4.7 Communications with Enrollees. Participant shall have the right and is encouraged to discuss with each Enrollee pertinent details regarding the diagnosis of such Enrollee's condition, the nature and purpose of any recommended procedure, the potential risks and benefits of any recommended treatment, and any reasonable alternative to such recommended treatment. Participant may discuss UCare's Participant reimbursement method with an Enrollee, subject only to Participant's general contractual and ethical obligations not to make false or misleading statements and to Participant's obligation under this Agreement to maintain the confidentiality of specific reimbursement rates paid by UCare to Participant.

4.8 Participant's internal operations. The operation and maintenance of the offices, facilities and equipment of Participant shall be solely under the control and supervision of Participant. Participant shall have sole control over the selection and supervision of its staff. UCare shall not control or be responsible for the medical opinions or treatment rendered by Participant.

4.9 Location of facilities. On or prior to the Effective Date, Participant shall identify to UCare all locations where Covered Services of Participant are made available, as shown in **Exhibit C**. Information provided shall include the Participant's national provider identifier number or uniform MN Provider Identification Number (UMPI). Participant shall provide written notice to UCare, not less than 30 days prior to any change of location, or material reduction in services. UCare shall have the right to refuse to include such location under this Agreement by giving written notice to Participant within 30 days of receiving such notice.

## ARTICLE 5: CONFIDENTIALITY AND RECORDS

5.1 Confidentiality. UCare and Participant shall safeguard an Enrollee's privacy and confidentiality of all information regarding Enrollees in accordance with all applicable Federal and State statutes and regulations, including the requirements established by UCare and each applicable product. In addition, Participant agrees to assure the accuracy of an Enrollee's medical, health and enrollment information and records, as applicable.

5.2 HIPAA compliance. UCare and Participant shall be in compliance with the privacy and security standards of the Health Insurance Portability and Accountability Act of 1996 (42 U.S.C. §1320d), including all applicable provisions of the federal privacy standards at 42 C.F.R. §§160-164. UCare and Participant also agree that they shall enter into a business associate agreement, as described in those regulations at 45 C.F.R. § 164.504(e), if such an agreement is required, as reasonably determined by either party.

5.3 Agreement terms. Participant shall, and shall cause its agents and employees to, keep confidential the terms of this Agreement, including the reimbursement rates, during and after the term of this Agreement, except as required by law.

5.4 Collection and retention of information. Participant shall maintain an accurate and timely record system through which all pertinent information relating to medical management and of Enrollees is documented, accumulated, and made available to appropriate health professionals. These records shall be retained for a period of at least ten (10) years, following the provision of services, or for such longer period as required by applicable law or regulation.

5.5 Right to inspect; release of information to UCare. Participant agrees to provide to UCare during the term of this Agreement and for a period of ten (10) years following the provision of services access to all information and records, or copies of records, related to this Agreement or to Covered Services provided under this Agreement. Participant shall

promptly provide, without charge to UCare, records or copies of records relating to this Agreement or to Enrollees as reasonably requested by UCare. UCare shall develop and implement a process for securing necessary consents from Enrollees or their legal representatives in connection with the enrollment process to authorize the release of records provided under this section. Participant has no obligation to release records to the extent such release is unlawful.

5.6 Right to inspect; release of information to federal and state agencies.

Participant agrees to cooperate, assist, and provide information (in a manner consistent with State and Federal law, as requested by the U.S. Department of Health and Human Services, the Comptroller General, CMS, the Minnesota Department of Health, the Minnesota Department of Human Services and/or its designees in any audit or inspection during this Agreement and for a period of ten (10) years following its termination or from the date of completion of any audit, whichever is later. With respect to UCare's Medicare Advantage Plans, including , Participant agrees to ensure that a contract with a "downstream entity" as defined by 42 C.F.R. § 422.2 requires the downstream entity to allow the U.S. Department of Health and Human Services, the Comptroller General, CMS or their designees the right to audit, evaluate, and inspect any books, contracts, and records, including medical records, of the downstream entity involving any transactions related to CMS' contract(s) with UCare for Medicare Advantage Plans including special needs plans. Participant has no obligation to release records to the extent such release is unlawful.

5.7 Advance Directives. As set forth in 42 C.F.R. § 422.128(e), Participant shall prominently document in each Medicare Enrollees medical record whether or not the Enrollee has executed an advance directive.

## ARTICLE 6: BILLING AND REIMBURSEMENT

6.1 Payment. Participant shall accept as payment in full for Covered Services the reimbursement paid by UCare in accordance with **Exhibit B** through **B7**of this Agreement. Other than in coordinating benefits with other payers, Participant shall not:

a) Hold Enrollees financially responsible;
b) Collect or attempt to collect from Enrollees reimbursement for Covered Services except for Co-payments, Coinsurance, and Deductibles;
c) Collect or attempt to collect from Enrollees additional reimbursement for any service rendered by Participant that is ineligible for coverage under the Enrollee's Certificate of Coverage unless Participant informed the Enrollee, in writing, of the ineligibility of such service and obtained Enrollee's signed acknowledgement of such ineligibility and resultant responsibility to pay for such service prior to its delivery; and
d) Collect or attempt to collect from Enrollees reimbursement for influenza, pneumococcal, hepatitis B, and any other vaccinations for which UCare is responsible for payment.

Participant shall hold UCare ultimately responsible for payment for authorized Medically Necessary Covered Services rendered to Enrollees, except for Co-Payments, Coinsurance, and Deductibles related to Covered Services.

6.2 Member protection provisions.

6.2.1 State of Minnesota member protection provision. The following provision is incorporated into this Agreement as required by Minnesota Statutes §62D.123 as amended from time to time:

Participant agrees that in no event, including but not limited to nonpayment by UCare, insolvency of UCare, or breach of this Agreement, shall Participant bill, charge, collect a deposit from, seek compensation, remuneration or reimbursement from, or have any recourse against an Enrollee or persons (other than UCare) acting on the Enrollee's behalf for services provided pursuant to this Agreement. This provision does not prohibit Participant from collecting Co-payments, Deductibles, or charges for any services rendered by Participant that are ineligible for coverage.

Participant agrees that this provision shall survive the termination of this Agreement, for authorized services rendered prior to the termination of this Agreement, regardless of the cause giving rise to termination and shall be construed to be for the benefit of Enrollees. This provision is not intended to apply to services provided after this Agreement has been terminated.

Participant agrees that this provision supersedes any oral or written contrary agreement now existing or hereafter entered into between Participant and the Enrollee or persons acting on their behalf insofar as such contrary agreement relates to liability for payment for services provided under the terms and conditions of this Agreement. Suspension under this Section is not subject to Section 10.4 Dispute Resolution.

6.2.2 Federal member protection provision.

The following provisions are incorporated into this Agreement as required by 42 C.F.R. § 422.504(g)(1) and 42 C.F.R. § 422.504(i)(3)(i) as amended from time to time:

Participant is prohibited from holding an Enrollee liable for payment of any fees that are the legal obligation of UCare. Participant agrees that in no event, including but not limited to nonpayment by UCare, insolvency of UCare, or breach of this Agreement, shall Participant bill, charge, collect a deposit from, seek compensation, remuneration or reimbursement from, or have any recourse against an Enrollee or persons (other than UCare) acting on his/her behalf for services provided pursuant to this Agreement. This provision does not prohibit Participant from collecting Co-payments, Coinsurance, Deductibles, or charges for any services rendered by Participant that are ineligible for coverage. In addition, provided this Agreement has not been terminated, Participant shall continue to provide Enrollees with Covered Services through the duration of the contract

period for which CMS premium payment has been made to UCare.

For Enrollees eligible to receive benefits under both Medicare and Medicaid, Participant shall not hold Enrollees liable for Medicare Part A and B cost sharing when the State is responsible for paying such amounts. Participant shall accept UCare's payment as payment in full.

6.3 Billing procedure. Participant shall submit to UCare all statements for Covered Services rendered by Participant to Enrollees under this Agreement, using complete statistical and descriptive medical and patient data for services provided. Unless otherwise directed by UCare in writing, Participant shall submit claims in accordance with the Provider Manual and Minn. Stat. § 62J.536, including related regulatory guidance as amended from time to time, using current HCPCS, ICD, and CPT codes. Participant shall cooperate with UCare's efforts to prepare for implementation of ICD-10 and ASC X12 version 5010 for HIPAA transactions, and claims shall comply with such standards when they become effective. Participant shall certify that such statements accurately and completely reflect the services provided. Participant shall not bill the Enrollee for Covered Services in the event Participant fails to submit claims in accordance with the provisions of this section.

County shall submit claims for Elderly Waiver Services as directed by UCare. For Enrollees receiving Care Coordination or Case Management Services through the County, the County shall submit claims for Elderly Waiver Services UCare. All other claims for Elderly Waiver Services will be submitted directly to UCare. This billing process is subject to change at UCare's discretion.

6.4 Claims submission timeline. Participant shall submit to UCare, in a format approved by UCare and in compliance with state and federal law, claims for Covered Services no more than 12 months from the date the Covered Services were rendered, or from the date Participant had knowledge of Enrollee's coverage under a UCare Certificate of Coverage, whichever is later. Claims submitted after such period shall be denied.

6.5 Reimbursement of claims. UCare shall pay Participant for timely filed claims for Covered Services an amount determined in accordance with **Exhibits B through B1**, less any applicable Co-payments, Coinsurance, and Deductibles. UCare shall make prompt payment of Clean Claims (unless pended for coordination of benefits or to investigate Fraud or Abuse) within 30 days after receipt and shall comply with all applicable State and Federal statutes, rules, and regulations relating to reimbursement of claims. UCare has no obligation to reimburse claims for services which are not consistent with the terms for this Agreement. Specifically and without limitation, UCare has no obligation to reimburse claims submitted by Participant and its practitioners, for services until the Participant and its practitioners have successfully completed the credentialing process.

6.6 Corrective adjustments. UCare shall have the right to make, and Participant shall have the right to request, corrective adjustments to any previous payment for, or denial of, a claim for Covered Services; provided, however, that any corrections by UCare or requests for corrective adjustments by Participant shall be made within 12 months from the date the

claim was paid or denied by UCare. For purposes of this section, such time limit shall not apply to adjustments initiated by UCare to address duplicate claims payments, payments for claims determined to be related to Fraud or Abuse, payment for health care acquired conditions, or payment for claims submitted in a manner contrary to this Agreement.

6.7 Verification and collection of Co-payments or Deductible. Participant must not deny Covered Services to an Enrollee receiving Medical Assistance or MinnesotaCare because of the Enrollee's inability to pay the Co-payment pursuant to 42 C.F.R. § 447.53. However, Participant may choose not to provide Covered Services to Enrollees based upon an Enrollee's history of bad debt. Participant must not deny services to the Enrollee upon his or her first visit to the provider, must give the Enrollee advance notice of the Participant's debt policy, and allow the Enrollee a reasonable opportunity to make payment.

6.8 Insurance coordination and subrogation. Participant shall make a good faith effort to secure information on the sources of third party coverage available to an Enrollee for whom Participant provides Covered Services, and shall forward such information to UCare. Participant agrees to coordinate benefits with other payers in accordance with industry and Medicare standards and procedures, and to submit copies of all bills coordinated with other payers to UCare upon UCare's request. Participant shall cooperate with UCare in connection with UCare's subrogation and coordination of benefits activities.

If UCare has primary financial responsibility for Covered Services, UCare shall reimburse Participant an amount determined in accordance with the payment terms of this Agreement without regard to payments to be made to Participant by such other payer. If UCare has secondary financial responsibility for Covered Services, UCare shall reimburse Participant, after receipt by Participant of reimbursement from the primary payer, an amount equal to the reimbursement that UCare would have paid to Participant under the payment terms of this Agreement had UCare been the primary payer, less any amounts paid to Participant by the primary payer.

6.9 No payment for health care acquired conditions. Participant shall not bill UCare for health care acquired conditions, or "Never Events", in accordance with state and federal coverage guidelines as they may be amended from time to time. Participant shall notify UCare if a Never Event has occurred related to a claim that has been paid so that UCare can make the appropriate adjustment. UCare shall not reimburse Participant for Never Events, and shall follow state and federal coverage guidelines in determining whether denial or recovery of payment is warranted.

## ARTICLE 7: QUALITY ASSURANCE AND UTILATION MANAGEMENT AND EVALUATION

7.1 Medical review and evaluation. Participant agrees to cooperate fully with, participate in, and abide by UCare's decisions concerning any reasonable programs, such as quality assurance review, utilization management, and peer review, that may be established from

time to time by, at the direction of, or in cooperation with UCare to promote the provision of high quality Covered Services to Enrollees and to monitor and control the utilization and cost of Covered Services rendered to Enrollees by Participating Providers. Participant further agrees to cooperate, as may be reasonably requested by UCare, with any independent organization or entity contracted by UCare to provide quality review and quality improvement activities related to Covered Services provided under this Agreement. Participant shall make available to UCare all information pertaining to Enrollees reasonably requested by UCare in connection with each such review or program.

7.2 Reports. Participant agrees to furnish UCare with any reports or data concerning the services provided by Participant to Enrollees as UCare may reasonably require and in such form as UCare shall reasonably designate. Such data and reports shall be accurate, provided at Participant's expense and by a date determined by UCare after consultation with Participant. Participant shall report to UCare credible information necessary for UCare to investigate potential Fraud, waste or Abuse, related to services provided to Enrollees. Participant acknowledges that Enrollees consent to such disclosures upon enrollment and shall not require UCare to obtain additional consents and releases from Enrollees prior to providing such data and reports to UCare.

7.3 Complaints, appeals, and grievances. Participant shall cooperate with UCare's Enrollee complaint system and procedures as described in the Enrollee's Certificate of Coverage. Participant shall designate a person with appropriate authority to be responsible for cooperating with UCare in the handling and resolution of all complaints, appeals, and grievances. Participant shall adhere to the applicable state and federal appeals and expedited appeals procedures, including gathering and forwarding to UCare information regarding such appeals in accordance with the procedure described in the Provider Manual. Participant shall inform UCare of all material complaints, appeals, and grievances filed with Participant which are related to Participants delivery of Covered Services. Participant shall cooperate with and participate in UCare's dispute resolution process, shall comply with UCare's requirements (as described in the Provider Manual) related to resolution of service denials and denials/ terminations/ reductions of service, and shall assist UCare in resolving complaints, appeals, and grievances, as reasonably requested by UCare.

7.4 Medical error reporting. Participant is encouraged to develop and implement patient safety policies to systemically reduce medical errors. Such policies may include systems for identifying and reporting errors and systems analyses to discover and implement error-reducing technologies.

7.5 Review, performance, and service improvement programs. Participant shall be subject to and comply fully with all reasonable protocols established or modified from time to time by UCare with respect to the provision of Covered Services to Enrollees, including, without limitation:

a) Protocols related to coverage policies, quality assurance, and utilization management;
b) Protocols and procedures as set forth in the Provider Manual or other protocols and procedures disseminated to Participant;

c) Protocols and procedures related to UCare's surveys of Participant's sites; and
d) Protocols and procedures to identify assess and establish treatment plans for Enrollees who have complex or serious medical conditions.

In the event UCare modifies these programs following the Effective Date of this Agreement, UCare shall communicate such changes to Participant prior to their adoption and permit Participant 30 days to comply with such additional or revised programs, unless a longer period of time is agreed upon by the parties. Continued failure to comply with any protocol and/or procedure as set forth in this Agreement may result in loss of reimbursement to Participant and/or termination of the Agreement.

7.6 Performance Data. Participant shall allow UCare to use participant's performance data.

Examples of participant performance data to be used include, but are not limited to:
- Quality improvement activities.
- Public reporting to consumers.
- Preferred status designation in the network (tiering) for narrow networks.
- Reduced member cost sharing.

## ARTICLE 8: LICENSURE STATUS, CREDENTIALING, AND COMPLIANCE

8.1 Licensure status. Participant agrees to ensure that its employed and contracted Health Care Professionals will maintain, without material restriction, all federal, state, and local licenses and permits required to provide Covered Services under this Agreement. Participant shall notify UCare in writing within ten days of any termination, suspension, restriction, stipulation, limitation, qualification or other disciplinary action regarding the license, certification, staff privileges at a health care facility, or participation status with Medicare or Medicaid of any health care professional providing services under this Agreement or employed by Participant.

8.2 Compliance with state and federal laws. Participant agrees to comply fully with all applicable state and federal statutes, rules, and regulations pertaining to the delivery of Covered Services, including but not limited to:
a) all applicable Medicare and CMS laws, regulations, and instructions, as well as UCare's contractual obligations with CMS as applicable,
b) all state and federal laws applicable to entities which receive federal funds
c) Applicable provisions of contracts between UCare and the State of Minnesota governing products under this Agreement which have been communicated to Participant; and
d) all applicable laws and regulations promulgated under Title VI of the Civil Rights Act of 1964, the Age Discrimination Act of 1975, and the Americans with Disabilities Act.

UCare acknowledges that it oversees and is accountable to CMS for all Medicare Advantage (*UCare for Seniors*) and MSHO requirements, and has overall responsibility to comply with applicable CMS contracts. As reasonably requested by UCare, Participant

shall cooperate with UCare's efforts to comply with all applicable state and federal statutes, rules, and regulations, including but not limited to all applicable Medicare and CMS laws, regulations, and instructions.

8.3 Exclusion from federal health care programs. Participant shall monitor the list of individuals and entities excluded from participating in the Medicare and Medicaid programs which is maintained by the HHS-OIG, and ensure that it does not employ or contract with individuals or entities which Participant knows or should know are or become excluded from participation in federal health care programs under § 1128 or § 1128A of the Social Security Act. If any contracted provider, subcontractor, employee or owner becomes excluded, Participant shall take corrective action and make a report to UCare within 24 hours of learning of the exclusion.

8.4 Lobbying disclosure. Participant certifies that federally appropriated funds are not and have not been expended by or on behalf of Participant to pay for any person for influencing or attempting to influence an officer or employee of any federal agency or any member or employee of the U.S. Congress in connection with the awarding of a federal contract, grant, loan, or cooperative agreement, or the renewal or modification thereof. If funds other than federally appropriated funds have been or will be paid for any activity described by the preceding sentence, Participant shall complete and submit the Standard Form LLL "Disclosure Form to Report Lobbying" in accordance with its instructions.

8.5 Compliance with CMS requirements for "downstream" contracts. If Participant subcontracts with providers and entities ("Subcontractors") to provide services to Medicare Advantage Plan Enrollees, such subcontracts must contain provisions that are consistent with the below CMS requirements. Participant shall provide UCare with copies of the subcontracts upon UCare's request, to confirm compliance with this provision.

a) Subcontractor agrees to safeguard an Enrollee's privacy and confidentiality, consistent with all State and Federal laws (including requirements from UCare necessary for compliance), and to assure the accuracy of an Enrollee's medical, health and enrollment information and records, as applicable.
b) Subcontractor shall hold Enrollees harmless for payment of fees that are the legal obligation of UCare. In addition, provided this Agreement has not been terminated, Subcontractor shall continue to provide any Medicare Advantage Enrollee with Covered Services through the duration of the contract period for which CMS premium payment has been made to UCare. Furthermore, in the event an Enrollee is hospitalized on the date of termination of UCare's contract with CMS or in the event of UCare's insolvency, Subcontractor shall continue to provide the Enrollee Covered Services until the Enrollee is discharged.
c) Subcontractor agrees to maintain records pertaining to Covered Services provided under the agreement for a period of at least ten (10) years following provision of services, and agrees to allow the U.S. Department of Health and Human Services, the Comptroller General, or their designees the right to audit, evaluate, and inspect any books, contracts, and records, including medical records, of the Subcontractor involving any transactions related to CMS' contract(s) with UCare

for Medicare Advantage plans including special needs plans, during the Agreement and for a period of ten (10) years following its termination or from the date of completion of any audit, whichever is later.

d) Subcontractor acknowledges that UCare oversees and is accountable to CMS for any functions and responsibilities described in Medicare Advantage regulations, and Subcontractor agrees to comply with Medicare laws, regulations, and CMS instructions, as well as provide services consistent with and comply with UCare's contractual obligations with CMS.

e) Subcontractor shall comply with all protocols and procedures established or modified from time to time by UCare with respect to Covered Services provided to Enrollees, including but not limited to the UCare Provider Manual.

f) Any function delegated by UCare to Participant under this Agreement that is further delegated by Subcontractor to another person or entity must be pursuant to a written agreement that complies with 42 C.F.R. § 422.504(i)(4).

g) Subcontractor acknowledges that UCare or its Agent agrees to make reimbursement within 30 days after receipt of a Clean Claim, using any forms approved by UCare.

## ARTICLE 9: INSURANCE AND INDEMNIFICATION

9.1 Participant insurance. Participant shall procure and maintain throughout the term of this Agreement, at Participant's sole cost and expense:

a) policies of professional liability insurance as shall be necessary to insure Participant's obligations herein, in an amount not less than the state statutory maximum liability limits; and

b) policies of general liability and other insurance as shall be necessary to insure Participant's obligations which are not less than the state statutory maximum liability limits.

9.2 UCare insurance. UCare agrees to procure and maintain throughout the term of this Agreement, at UCare's sole cost and expense, policies of general liability and professional liability insurance. UCare shall provide to Participant within ten days of Participant's request evidence of initial and continued compliance with the provisions of this section.

9.3 Participant hold harmless. Participant shall indemnify, defend, and hold UCare harmless from any claims, liabilities, losses, demands, costs, and expenses of any kind, including reasonable attorney's fees, regulatory penalties, and payment recoveries by government agencies, which UCare may hereafter incur, sustain or be required to pay by reason of any negligent act or omission, breech of this Agreement or any intentional misconduct of Participant or of any servant, agent, physician or employee of Participant. This section is not, as to UCare or as to any third party, a waiver of any defense or immunity otherwise available to Participant and Participant shall, under all circumstances, remain able to raise and such defense or immunity, including, but not limited to, the tort liability limits for municipalities under Minnesota Statutes Chapter 466, in any action or claim relating to services provided by Participant under this agreement.

9.4 UCare hold harmless. UCare shall indemnify, defend, and hold Participant harmless from any claims, liabilities, losses, demands, costs, and expenses of any kind, including reasonable attorney's fees, which Participant may hereafter incur, sustain or be required to pay by reason of any negligent act or omission or any intentional misconduct of UCare or of any servant, agent, physician or employee of UCare.

## ARTICLE 10: TERM AND TERMINATION

10.1 Term. The term of this Agreement shall commence on the Effective Date of this Agreement and shall continue until terminated in accordance with the terms of this Agreement.

10.2 Termination. This Agreement may be terminated by the mutual agreement of the parties or as follows:

10.2.1 Termination by UCare upon Event of Default. This Agreement may be terminated by UCare upon written notice to Participant, with such termination effective as described in this section, upon the occurrence of an Event of Default by Participant hereunder. Each of the following shall constitute an Event of Default by Participant and termination may occur as follows:

a) Effective immediately, upon Participant's suspension or exclusion from participation in federal or state health care programs;
b) Effective immediately, upon a determination by UCare that the health, safety, or welfare of one or more Enrollees is in immediate jeopardy if the Agreement is continued;
c) Effective immediately, upon any material impairment of Participant's ability to perform under this Agreement;
d) Effective immediately, if Participant fails to maintain an insurance program as described in Section 9.1;
e) Effective immediately, if Participant becomes insolvent, is adjudicated as bankrupt or has a receiver appointed or makes a general assignment for the benefit of creditors;
f) Effective immediately, upon a determination by UCare based on reliable evidence that Participant has made any untrue statements of material fact or any intentional misrepresentation of any fact, whether or not material, in any claim for payment, or any application form, survey, questionnaire or statement provided to UCare;
g) Effective immediately, upon a reasonable belief by UCare that Participant is engaged in Fraud or Abuse with regard to the provision of Covered Services under this Agreement. This reasonable belief may be, but is not required to be, based upon the finding of a state or federal government agency, the Medicaid Fraud Control Unit, a court of law, or other legal entity that Participant is or has been engaged in Fraud or Abuse with regard to Covered Services provided under this Agreement or similar services;
h) Effective no less than 30 days following notice, if a change occurs in Participant's

affiliations, staff privileges, or specialty status in such a way as to substantially limit Participant's range of services or access to participating hospitals; or

i) Effective no less than 30 days following notice, if one or more of Participant's Health Care Professionals is (i) suspended or excluded from the federal or state health care programs, (ii) indicted or convicted for a felony or any criminal charge relating to the practice of medicine or to providing health care services, or (iii) the subject of disciplinary action by an applicable board or a hospital (including any limitations on the Health Care Professional's license or staff privileges), provided that UCare may, in addition to or in lieu of terminating this Agreement, terminate such health care professional's authority to provide Covered Services under this Agreement, effective immediately upon notice thereof.

10.2.2 Termination by Participant upon Event of Default. This Agreement may be terminated by Participant immediately upon written notice to UCare upon the occurrence of an Event of Default by UCare hereunder. Each of the following shall constitute an Event of Default by UCare:

a) Revocation of any certification or license of UCare necessary for performance of this Agreement;

b) UCare becomes insolvent, is adjudicated as bankrupt or has a receiver appointed or makes a general assignment for the benefit of creditors; or

10.2.3 Breach. Except as otherwise permitted upon an Event of Default as defined above, either party shall have the right to terminate this Agreement in the event of the other party's material breach of a provision of this Agreement in accordance with this section. The party alleging the breach shall provide the other party with detailed notice of the alleged breach and of the intent to terminate the Agreement in the event the breach is not cured within a specified reasonable time period, which shall not be less than 30 days. In the event that the breach is not cured within such time frame, then this Agreement shall terminate as provided in the notice provided by the terminating party. The nonbreaching party may terminate this Agreement immediately upon written notice, without providing the breaching party an opportunity to cure the material breach, if the material breach is of the same type as described in a prior notice sent, pursuant to this section and within the 12 months prior to the current breach, by the nonbreaching party to the breaching party regarding a breach that was previously cured.

10.2.4 Without cause termination. This Agreement may be terminated by UCare or Participant, without cause in accordance with this paragraph, by providing the other party with written notice of its intent to terminate. Such notice must specify the termination date. The termination date must be the last day of a month and must be a date that is at least 125 days after notice is given. Unless otherwise terminated pursuant to this section, such termination shall be effective only on the termination date. This right to terminate does not preclude UCare or Participant from exercising its right to arbitrate a dispute as provided in Section 10.4 of this Agreement.

10.2.5 Termination of subcontractors. In the event Participant has subcontracted with other providers or entities to provide Covered Services under this Agreement, any termination

of this Agreement shall also include termination of those subcontractors for Covered Services provided under this Agreement.

10.3 Rights and obligations. The rights and obligations of each party to this Agreement shall continue through the termination date hereof. Each party will remain liable for any obligations or liabilities arising from activities undertaken prior to the effective date of termination. Upon notice of termination of this Agreement, UCare and Participant each shall have the right to give notice of that termination to Enrollees. UCare and Participant each shall cooperate with the other in providing such notification, and Participant shall cooperate with UCare in transferring to other Participating Providers all Enrollees then under Participant's care, effective no later than the termination of this Agreement. In certain cases, Participant may be required to continue providing Covered Services to Enrollees for up to 120 days, in accordance with applicable law, or for a longer period of time, in accordance with Minnesota Statutes § 62Q.56(1)(a). For such continued care, UCare shall compensate Participant under the terms of this Agreement with respect to otherwise Covered Services rendered by Participant to the Enrollee.

10.4 Dispute resolution. Any dispute arising out of or related to this Agreement shall be settled in accordance with this section. Nothing in this section shall prohibit a party from giving notice of termination under the terms of this Agreement.

10.4.1 If any clinically-based dispute develops about participation status, it will be handled in accordance with UCare's credentialing policies and procedures. If any other dispute develops between the parties relating to this Agreement, the parties will meet and negotiate in good faith in an attempt to resolve it and will follow the dispute resolution processes outlined below.

10.4.2 If such dispute remains unresolved 30 days after one party sent written notice of the dispute to the other party, either party may submit the dispute for resolution through good faith negotiations between one self-appointed executive officer of each party. Unless the parties mutually agree to extend their negotiations or agree to an alternative process, if the dispute remains unresolved 30 days after the date the executive officers commenced their negotiations, then the dispute shall be submitted to mediation. The mediation shall be conducted by one mediator who shall be selected jointly by the parties within ten days after notice of either party's request for mediation. The mediation shall be non-binding and shall commence promptly, but in any case within 30 days after selection of the mediator. Each party shall bear its own costs associated with the mediation, but the costs of the mediator and related expenses (meeting room costs, etc.) shall be shared equally.

10.4.3 In the event the mediator declares that the parties are at an impasse or not all disputes are resolved, then a party may bring an action in any court of competent jurisdiction as the party deems necessary.

10.4.4 Additionally, nothing in this section will limit a party from bringing an action in any court of competent jurisdiction for injunctive or other equitable relief as a party deems necessary or appropriate to stop the conduct or threatened conduct of the other party. In

addition, if a party to this Agreement is named as a defendant in a third party lawsuit, claims for contribution or indemnification against the other party hereto may be brought in the third party litigation.

## ARTICLE 11: MISCELLANEOUS

11.1 Notice. All notices, communications, payments, and other documents required or permitted by this Agreement shall be conclusively deemed to be given (i) upon receipt if the same is delivered personally, by courier, by delivery service, or (ii) two days after being sent by registered or certified United States mail, postage prepaid and addressed to the recipient at the address shown in the signature block to this Agreement, or to such other addresses as may be provided by either party to the other.

11.2 Relationship of parties. The relationship between the parties hereto is that of independent entities contracting with each other solely for the purpose of effecting the provisions of this Agreement. Neither of the parties hereto, nor any of their respective employees, shall be construed to be the agent, employee or representative of the other. Further, this Agreement shall not be construed to create a partnership, joint venture or like relationship between the parties hereto.

11.3 Advertisement. Participant agrees that UCare may list Participant's name, address, telephone number, website, specialty or other area of concentration, and other publicly available information such as special services offered by Participant in such listings, directories, brochures, and other writings as may be determined by UCare.

11.4 Amendment. This Agreement may be amended by UCare by providing written notice to Participant specifying the effective date, in accordance with and subject to the limitations of this section, for purposes of bringing this Agreement into compliance with a federal or state law, rule, regulation, or agency mandate. Such amendment shall become effective on the effective date or the compliance date (if later) of the law, regulation, or agency mandate that gave rise to the need to amend this Agreement for purposes of conforming to such requirement. Any other amendments or modifications to this Agreement must be mutually agreed to by the parties, in writing, and signed by both parties.

11.5 Governing law. This Agreement is made and entered into in the State of Minnesota and shall be governed in all respects by the laws of the State of Minnesota.

11.6 Benefit. Participant's rights, duties, obligations, and undertakings under this Agreement are binding upon Participant and are not assignable in whole or in part without the prior written approval of UCare, which consent shall not be unreasonably withheld. UCare shall have the absolute right, in its sole discretion, to assign all or any of its rights and obligations hereunder to an entity that controls or is controlled by UCare.

11.7 Entire agreement. Except as otherwise expressly provided herein, this Agreement

embodies the entire agreement between UCare and Participant concerning the subject matter of this Agreement and supersedes all other previous oral or written agreements concerning all or any part of the subject matter of this Agreement.

11.8 Severability. If any part of this Agreement should be determined to be invalid, unenforceable, or contrary to law, that part shall be deleted and the other parts of this Agreement shall remain fully effective.

11.9 Survival. Any section of this Agreement that by its terms contemplates or requires continuing effect following termination of this Agreement shall survive such termination. Specifically, and without limitation, Sections 5.1, 5.2, 5.3, 5.4, 5.5, 5.6, 9.3, 9.4, 10.3 and 10.4 shall survive termination of this Agreement.

11.10 Approvals of this Agreement. The effectiveness of this Agreement is subject to the approval of this Agreement by the Minnesota Department of Health pursuant to its authority to regulate health maintenance organizations.

IN WITNESS WHEREOF, each party has caused this Agreement to be signed on its behalf by its duly authorized representative.

**UCare Minnesota**
P.O. Box 52
500 Stinson Blvd., NE.
Minneapolis, MN 55440-8551

Beth Monsrud
Senior Vice President,
Chief Financial Officer

8/23/2013
Date

**Mille Lacs County dba Mille Lacs County Community and Veterans Services**
525 2nd Street SE
Milaca, MN 56353

By

Phil Peterson
Printed Name

Ctr Bd Chr
Formal Title

8-6-13
Date

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**EXHIBIT A**
**to the**
**County Participation Agreement**

**SERVICES PROVIDED UNDER THIS AGREEMENT**

Participant shall provide the Services for which UCare has marked with an "X", and shall not provide the Services marked as "n/a".

| List of Services | X or n/a |
|---|---|
| Public Health Services | X |
| Public Health Nursing Services | X |
| Car Seat Education Services | |
| Medicare Certified Home Care Services | |
| Care Coordination – MSHO, as specified in the Delegation Agreement between the parties | |
| Case Management MSC+, as specified in the Delegation Agreement between the parties | |
| Case Management *UCare Connect*, as specified in the Delegation Agreement between the parties | |
| Chemical Dependency Assessments | |
| Mental Health Services | |
| Targeted Case Management Services as specified in the Addendum between the parties | |
| Elderly Waiver Services network access and oversight | |

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**EXHIBIT B**
**to the**
**County Participation Agreement**
**PUBLIC HEALTH SERVICES**

**REIMBURSEMENT SCHEDULE**

**ARTICLE 1: UCARE PRODUCTS**

1.1 Reimbursement for Covered Services provided to UCare Enrollees. UCare shall reimburse Participant for Covered Services provided to Enrollees according to the following schedules, less any applicable Copayments, Coinsurance, and Deductibles, unless the billed charge is less than the amount identified in the schedule, in which case UCare will pay the billed charge. If there is no rate in the Payment Methodology fee schedule, then UCare will pay based on the rates in Default 1 and if there is no rate available in the Default 1 fee schedule, payment will revert to the payment rates in Default 2. Referenced fee schedules are those in effect at the time of the service. Claims are paid in accordance with UCare's payment policies and procedures.

| Product | Payment Methodology | Default - 1 | Default – 2 |
|---|---|---|---|
| 1) Medical Assistance<br>2) MinnesotaCare<br>3) MSC+ (Non-Dually Eligible)<br>4) Connect (Non-Dually Eligible) | State of Minnesota Medical Assistance Fee Schedule | Medicare Fee Schedule and UCare's Actuary Fee Schedule where no Medicare Fee exists (The Medicare Fee Schedule is greater than the Medical Assistance Fee Schedule and therefore MNCare Tax is considered to be included) | 50% of billed charge |
| 1) Minnesota Senior Care Plus (MSC+) – Dually Eligible<br>2) Connect – Dually Eligible | In accordance with Minnesota Statutes, Section 256B.0625, Subdivision 57, UCare shall reimburse Participant the difference in the Medicare payment and 80% of the Minnesota Medicare physician fee schedule or 100% of the State of Minnesota Medical Assistance fee schedule, whichever is greater (see Example A). | UCare Actuary Fee Schedule | 50% of billed charge |

| Product | Payment Methodology | Default - 1 | Default – 2 |
|---|---|---|---|
| 1) Minnesota Senior Health Options (MSHO) – Dually Eligible | In accordance with Minnesota Statutes, Section 256B.0625, Subdivision 57, UCare shall reimburse Participant for physician services with the UCare MSHO Fee Schedule. The UCare MSHO Physician Fee Schedule is established using 80% of the Minnesota Medicare fee schedule, or 100% of the State Medicaid fee schedule, whichever is the greater of the two (see Example B). | UCare Actuary Fee Schedule | 50% of billed charge |
| 1) Medicare Select | UCare shall reimburse Participant 100% of the Enrollee's Copayment, Coinsurance and Deductibles, subsequent to Medicare fiscal intermediary's payment to Participant | UCare shall reimburse Participant for Covered Services listed in the Certificate of Coverage which are not eligible for coverage by fee-for-service Medicare at the UCare Actuary Fee Schedule | |
| 1) Medicare Advantage (*UCare for Seniors*) | Medicare Fee Schedule | UCare Actuary Fee Schedule | 50% of billed charges |

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Example A:

Where 80% of the Medicare fee schedule is greater than the Medicaid fee schedule:

| Charge | Medicare Allow | Medicare Paid | Medicaid Allowed | UCare Allowed | UCare Pay | Member Liability |
|---|---|---|---|---|---|---|
| $100.00 | $70.00 | $56.00 | $50.00 | $ - | $ - | $ - |

Where Medicaid fee schedule is greater than the 80% of the Medicare fee schedule:

| Charge | Medicare Allow | Medicare Paid | Medicaid Allowed | UCare Allowed | UCare Pay | Member Liability |
|---|---|---|---|---|---|---|
| $100.00 | $70.00 | $56.00 | $60.00 | $60.00 | $4.00 | $ - |

Example B:

Where 80% of the Medicare fee schedule is greater than the Medicaid fee schedule:

| Charge | Medicare Allow | Medicare Paid | Medicaid Allowed | UCare Allowed | UCare Pay | Member Liability |
|---|---|---|---|---|---|---|
| $100.00 | $70.00 | $56.00 | $50.00 | $56.00 | $56.00 | $ - |

Where Medicaid fee schedule is greater than the 80% of the Medicare fee schedule:

| Charge | Medicare Allow | Medicare Paid | Medicaid Allowed | UCare Allowed | UCare Pay | Member Liability |
|---|---|---|---|---|---|---|
| $100.00 | $70.00 | $56.00 | $60.00 | $60.00 | $60.00 | $ - |

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**EXHIBIT B1**
**to the**
**County Participation Agreement**

## PUBLIC HEALTH NURSE HOME VISITS REIMBURSEMENT

1.1 Reimbursement for Covered Services provided to Minnesota Health Care Programs Enrollees.

| | | |
|---|---|---|
| • Medical Assistance<br>• MinnesotaCare<br>• Minnesota Senior Care Plus (MSC+)<br>• *UCare Connect* | **S9123** | **$110.00** |

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**EXHIBIT C**
**to the**
**County Participation Agreement**

**SITE LISTING**

| Practicing Addresses: | Identifying Numbers: | Billing Address: |
|---|---|---|
| Mille Lacs County dba Mille Lacs County Community and Veterans Services<br>525 2nd Street SE<br>Milaca, MN 56353<br>Ph. 320-983-8208<br>Fax _____<br>Mille Lacs County | Tax ID#: 41-6005845<br><br>NPI: 1104827500 (PH)<br><br>NPI: 1619108156 (HS) | Same |

*[The rest of this page intentionally left blank.]*

**EXHIBIT D**
**to the**
**County Participation Agreement**

**PRODUCTS COVERED UNDER THIS AGREEMENT**

- Minnesota Health Care Programs products:
  - Medical Assistance
  - MinnesotaCare
  - Minnesota Senior Care Plus (MSC+), non-dually eligible
  - Minnesota Special Needs Basic Care/*UCare Connect,* non-dually eligible

- Medicare Products:
  - Medicare Select / *UCare SeniorSelect*
  - Medicare Advantage products / *UCare for Seniors*

- Dual Eligibles:
  - Minnesota Senior Health Options (MSHO)
  - Minnesota Senior Care Plus (MSC+), dually eligible
  - Minnesota Special Needs Basic Care/*UCare Connect,* dually eligible

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MILLE LACS COUNTY EST. 1857

4.12

***Board Agenda Request Form***
Board of County Commissioners

**Requested Meeting Date:** 02/16/21
*(Board meets the 1st and 3rd Tuesday of each month)*

**Title of Item for Consideration:**
Consider Scheduling Public Hearing Date for Kennel License Application

**Consent Agenda**
☑ Approve/Deny Motion ☐ Information Only
☑ Schedule Public Hearing*
**provide sample notice that will run in paper*

**Regular Agenda – Estimate Time Needed:** _____ minutes
☐ Approve/Deny Motion ☐ Discussion Item
☐ Direction Requested ☐ Hold Public Hearing*
☐ Presentation of Information
**provide copy of hearing notice that was published*

**Submitted by:**
Michele McPherson, Director

**Department:**
Land Services Office

**Who will attend the meeting and be able to respond to questions? Give name and title:**
Michele McPherson, Director

**Summary of Issue** *(include previous Board or Committee actions and/or minutes, as well as applicable dates):*

Susan and Jay Kenady have submitted a kennel license application to have up to 10 breeding French Bulldogs. The ordinance requires a public hearing prior to issuance of the license. Neighbors within 1/4 mile and the township will be notified 10 days prior to the hearing by written notice.

**Alternatives/Options/Comments:**

**Recommended Action/Motion:**
Approve scheduling public hearing for kennel license.

**Financial Impact:**
*Is there a cost associated with this request?* ☐ *Yes* ☐ *No*
*What is the total cost, including tax and shipping?* $_____
*Are funds available in the budget?* ☐ *Yes* ☐ *No* *If no, please explain:*

**Additional Information Attached:**
☐ *Contract/Agreement*
*Approved by County Attorney's Office:* ☐ *Yes* ☐ *No* *If no, please explain:*_____
☐ *Minutes of Relevant Meeting(s)*
☑ *Background Information (such as price quotes, etc.)*
Public Hearing Notice

**Board action:** *(for use by Recording Secretary)*
☐ Approved ☐ Denied ☐ Tabled: _____

**Public Hearing Notice**

The Mille Lacs County Board of Commissioners, at their March 2, 2021 meeting, will conduct a public hearing regarding a kennel license application to breed French Bulldogs (up to 10 dogs) submitted by Susan and Jay Kenady on property located at 22589 160th Avenue and legally described as the South Half of the South Half of the Northeast Quarter of Section 18, Township 39, Range 27, Mille Lacs County, Minnesota (15-018-0201). The March 2, 2021 Board meeting begins at 9:00 am, the public hearing will occur after the start of the meeting. For the exact time, please check the meeting agenda posted on the County's website at www.co.mille-lacs.mn.us or contact the Land Services Office at 320/983-8308.

MILLE LACS COUNTY EST. 1857

4.13

***Board Agenda Request Form***
Board of County Commissioners

**Requested Meeting Date:** 02/16/21
*(Board meets the 1st and 3rd Tuesday of each month)*

**Title of Item for Consideration:**
Information Only: January 2021 Jail Housing Report

**Consent Agenda**
☐ Approve/Deny Motion ☑ Information Only
☐ Schedule Public Hearing*
**provide sample notice that will run in paper*

**Regular Agenda – Estimate Time Needed:** _____ minutes
☐ Approve/Deny Motion ☐ Discussion Item
☐ Direction Requested ☐ Hold Public Hearing*
☐ Presentation of Information
**provide copy of hearing notice that was published*

**Submitted by:**
Sheriff Don Lorge

**Department:**
Mille Lacs County Sheriff's Office

**Who will attend the meeting and be able to respond to questions? Give name and title:**
Sheriff Don Lorge

**Summary of Issue** *(include previous Board or Committee actions and/or minutes, as well as applicable dates):*

In January 2021 Mille Lacs county jail boarded prisoners for DOC for $1,680.00 Itasca County for $1540.00 There was $1,579.17 in pay to stay fees and $956.58 in booking fees for a total of $5,755.75This months jail population varied between 31 and 41 inmates a day. Year to date out of county boarding fees collected is approximately $3,220.00

**Alternatives/Options/Comments:**

**Recommended Action/Motion:**
Information only.

**Financial Impact:**
*Is there a cost associated with this request?* ☐ *Yes* ☐ *No*
*What is the total cost, including tax and shipping?* $_____
*Are funds available in the budget?* ☐ *Yes* ☐ *No* *If no, please explain:*

**Additional Information Attached:**
☐ *Contract/Agreement*
*Approved by County Attorney's Office:* ☐ *Yes* ☐ *No* *If no, please explain:* _____
☐ *Minutes of Relevant Meeting(s)*
☐ *Background Information (such as price quotes, etc.)*

**Board action:** *(for use by Recording Secretary)*
☐ Approved ☐ Denied ☐ Tabled: _____

MILLE LACS COUNTY

5.1

***Board Agenda Request Form***
Board of County Commissioners

**Requested Meeting Date:** 02/16/21
*(Board meets the 1st and 3rd Tuesday of each month)*

**Title of Item for Consideration:**
Consider Scheduling a Public Hearing for Drone Program

**Consent Agenda**
☐ Approve/Deny Motion ☐ Information Only
☐ Schedule Public Hearing*
**provide sample notice that will run in paper*

**Regular Agenda – Estimate Time Needed:** _____ minutes
☑ Approve/Deny Motion ☐ Discussion Item
☐ Direction Requested ☐ Hold Public Hearing*
☐ Presentation of Information
**provide copy of hearing notice that was published*

**Submitted by:**
Chief Deputy Kyle Burton

**Department:**
Sheriff's Office

**Who will attend the meeting and be able to respond to questions? Give name and title:**
Sheriff Don Lorge and Chief Deputy Kyle Burton

**Summary of Issue** *(include previous Board or Committee actions and/or minutes, as well as applicable dates):*

Request the Board Approve a Motion to conduct a public hearing at the March 2nd board meeting to allow for public comment on our Unmanned Aerial Vehicle (done) program.

Minnesota State Statute 626.19 Sub 9 States: "A law enforcement agency must provide an opportunity for public comment before it purchases or uses a UAV (unmanned aerial vehicle). At A minimum, the agency must accept public comments submitted electronically or by mail. The governing body with jurisdiction over the budget of a local law enforcement agency must provide an opportunity for public comment at a regularly scheduled meeting."

**Alternatives/Options/Comments:**

**Recommended Action/Motion:**
Schedule a public hearing for March 2nd, 2021 regarding the Sheriff's Office Drone Program.

**Financial Impact:**
*Is there a cost associated with this request?* ☐ *Yes* ☑ *No*
*What is the total cost, including tax and shipping?* $_____
*Are funds available in the budget?* ☐ *Yes* ☐ *No* *If no, please explain:*

**Additional Information Attached:**
☐ *Contract/Agreement*
*Approved by County Attorney's Office:* ☐ *Yes* ☐ *No* *If no, please explain:*_____
☐ *Minutes of Relevant Meeting(s)*
☐ *Background Information (such as price quotes, etc.)*

**Board action:** *(for use by Recording Secretary)*
☐ Approved ☐ Denied ☐ Tabled: _____

MILLE LACS COUNTY EST 1857

5.2

***Board Agenda Request Form***
Board of County Commissioners

**Requested Meeting Date:** 02/16/20
*(Board meets the 1st and 3rd Tuesday of each month)*

**Title of Item for Consideration:**
Consider Support for Funding State Noxious Weed Prevention Program

**Consent Agenda**
☐ Approve/Deny Motion ☐ Information Only
☐ Schedule Public Hearing*
**provide sample notice that will run in paper*

**Regular Agenda – Estimate Time Needed:** 5 minutes
☑ Approve/Deny Motion ☐ Discussion Item
☐ Direction Requested ☐ Hold Public Hearing*
☐ Presentation of Information
**provide copy of hearing notice that was published*

**Submitted by:**
Susan Shaw

**Department:**
Mille Lacs Soil & Water Conservation District

**Who will attend the meeting and be able to respond to questions? Give name and title:**
Susan Shaw, District Administrator

**Summary of Issue** *(include previous Board or Committee actions and/or minutes, as well as applicable dates):*
During the last legislative session, the MDA received a budget of $450K for FY20/21 to fund the Noxious Weed Program. This was the first direct funding for noxious and invasive weeds at the department since the budget was eliminated in 2002. Beginning in the 2022/23 biennium, the $450K could be reduced by half. This funding is important to keep services that MDA provides to partners at the county and municipal level, as well as the grants and other funds to control and eradicate noxious weeds throughout the state.

**Alternatives/Options/Comments:**
No support and a joint letter would not be sent.

**Recommended Action/Motion:**
Support sustained legislative funding at the $450K level for the FY22/23 biennium per governors budget, and sign a joint letter of support.

**Financial Impact:**
*Is there a cost associated with this request?* ☐ *Yes* ☑ *No*
*What is the total cost, including tax and shipping?* $_____
*Are funds available in the budget?* ☐ *Yes* ☐ *No* *If no, please explain:*

**Additional Information Attached:**
☐ *Contract/Agreement*
*Approved by County Attorney's Office:* ☐ *Yes* ☐ *No* *If no, please explain:* _____
☐ *Minutes of Relevant Meeting(s)*
☑ *Background Information (such as price quotes, etc.)*
Letter of support.

**Board action:** *(for use by Recording Secretary)*
☐ Approved ☐ Denied ☐ Tabled: _____

February 16, 2021

Representative Sondra Erickson
273 State Office Building
St. Paul, MN 55155

Senator Andrew Mathews
95 University Avenue W.
Minnesota Senate Bldg., Room 2105
St. Paul, MN 55155

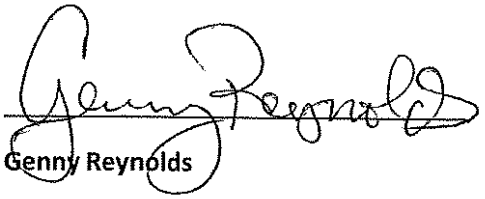
**RE: Support for Funding State Noxious Weed Prevention Program**

On behalf of the Mille Lacs County Board of Commissioners and the Soil and Water Conservation District, we respectfully request that you support fully funding the State Noxious Weed Prevention Program for FY 22-23, at the FY 20-21 level of $450,000 for the biennium as requested in the current Governor's budget.

These funds will be critically important to sustaining the ongoing efforts to manage the negative financial and environmental impacts of noxious weed infestations. These impacts are costly to agricultural producers and public land managers, who already spend valuable time and resources controlling noxious weeds. A reduced effort at the state level will inevitably increase the expense of addressing weed infestation locally. Weeds certainly do not respect property or jurisdictional boundaries, so a statewide monitoring and control program is essential. Newly relevant and impactful invasive species, such as palmer amaranth, will have untold fiscal impacts on producers if not properly managed. The State Noxious Weed Prevention program is our first line of defense against these threats to the livelihoods of so many Minnesotans. We ask that you support these efforts.

Thank you for your time and consideration of our request.

Respectfully,



**Genny Reynolds**

Vice Chair - Mille Lacs County Board of Commissioners

**Jake Janski**

Chair- Mille Lacs County Soil and Water Conservations District Board

MILLE LACS COUNTY EST 1857

5.3

***Board Agenda Request Form***
Board of County Commissioners

**Requested Meeting Date:** 02/16/21
*(Board meets the 1st and 3rd Tuesday of each month)*

**Title of Item for Consideration:**
Consider Resignation of Land Services Director/County Recorder

**Consent Agenda**
☐ Approve/Deny Motion ☐ Information Only
☐ Schedule Public Hearing*
**provide sample notice that will run in paper*

**Regular Agenda – Estimate Time Needed:** 1 minutes
☑ Approve/Deny Motion ☐ Discussion Item
☐ Direction Requested ☐ Hold Public Hearing*
☐ Presentation of Information
**provide copy of hearing notice that was published*

**Submitted by:**
Holly Wilson, Personnel Director

**Department:**
ASO

**Who will attend the meeting and be able to respond to questions? Give name and title:**
Holly Wilson, Personnel Director

**Summary of Issue** *(include previous Board or Committee actions and/or minutes, as well as applicable dates):*
The Administrative Services Office has received notification from Michele McPherson of her resignation from the position of Mille Lacs County Land Services Director/County Recorder effective March 5, 2021.

**Alternatives/Options/Comments:**

**Recommended Action/Motion:**
Accept the resignation of Mille Lacs County Land Services Director/County Recorder, Michele McPherson.

**Financial Impact:**
*Is there a cost associated with this request?* ☐ *Yes* ☑ *No*
*What is the total cost, including tax and shipping?* $_____
*Are funds available in the budget?* ☐ *Yes* ☐ *No* *If no, please explain:*

**Additional Information Attached:**
☐ *Contract/Agreement*
*Approved by County Attorney's Office:* ☐ *Yes* ☐ *No* *If no, please explain:*_____
☐ *Minutes of Relevant Meeting(s)*
☑ *Background Information (such as price quotes, etc.)*
Resignation letter

**Board action:** *(for use by Recording Secretary)*
☐ Approved ☐ Denied ☐ Tabled:_____

February 2, 2021

Commissioner Dave Oslin, Chair
Mille Lacs County Board of Commissioners
635 2nd Street SE
Milaca, MN 56353

Re: Resignation

Dear Commission Oslin and Board Members:

I have been offered and will be accepting the position of the City Administrator for the City of Princeton. I am resigning my position as the Mille Lacs County Director of Land Services/County Recorder effective March 5, 2021. My start date with the City will be March 8, 2021.

I have enjoyed my 15 years of service to the citizens of Mille Lacs County and will miss my staff and the members of the Board of Adjustment and Planning Commission. I intend to make my departure as seamless as possible for the remaining staff and will be of service after my departure if I am needed for anything.

Sincerely,

Michele McPherson
Land Services Director/County Recorder

MILLE LACS COUNTY EST 1857

5.4

**Board Agenda Request Form**
Board of County Commissioners

**Requested Meeting Date:** 02/16/21
*(Board meets the 1st and 3rd Tuesday of each month)*

**Title of Item for Consideration:**
Consider Mille Lacs County Pandemic Economic Relief Grant Applications

**Consent Agenda**
☐ Approve/Deny Motion ☐ Information Only
☐ Schedule Public Hearing*
**provide sample notice that will run in paper*

**Regular Agenda – Estimate Time Needed:** 5 minutes
☑ Approve/Deny Motion ☐ Discussion Item
☐ Direction Requested ☐ Hold Public Hearing*
☐ Presentation of Information
**provide copy of hearing notice that was published*

**Submitted by:**
Mike Wimmer

**Department:**
Economic Development

**Who will attend the meeting and be able to respond to questions? Give name and title:**
Mike Wimmer - Economic Development Manager

**Summary of Issue** *(include previous Board or Committee actions and/or minutes, as well as applicable dates):*
Staff is requesting board approval of the second group of Mille Lacs County Pandemic Economic Relief Grant applications. Staff will be presenting supplemental information including a detailed list of the businesses staff is recommending for grant approval at the County Board of Commissioners meeting. If approved, grant funds will only be released on the contigency that the selected businesses can provide additional documentation as outlined in the County's Pandemic Economic Relief Grant program guidelines.

**Alternatives/Options/Comments:**

**Recommended Action/Motion:**
Approve Mille Lacs County Pandemic Economic Relief Business Grant applications.

**Financial Impact:**
*Is there a cost associated with this request?* ☑ *Yes* ☐ *No*
*What is the total cost, including tax and shipping?* $_____
*Are funds available in the budget?* ☑ *Yes* ☐ *No* *If no, please explain:*

**Additional Information Attached:**
☐ *Contract/Agreement*
*Approved by County Attorney's Office:* ☐ *Yes* ☐ *No* *If no, please explain:* _____
☐ *Minutes of Relevant Meeting(s)*
☑ *Background Information (such as price quotes, etc.)*
Supplemental information will be handed out at the County Board of Commissioners meeting.

**Board action:** *(for use by Recording Secretary)*
☐ Approved ☐ Denied ☐ Tabled: _____

MILLE LACS COUNTY EST. 1857

ORIGINAL

***Meeting Agenda***
Regular Meeting of the County Board

Tuesday, February 16, 2021
Board Room, Upper Level of the Historic Courthouse

ADD ON

**ADD ONS:**

5.4 Consider Mille Lacs County Pandemic Economic Relief Grant Application
5.5 Consider Resolution No. 02-16-2021-04, Republic Services Renewal Agreement
5.6 Approve Labor Agreement with Minnesota Public Employees Association (MPEA)
5.7 Consider Land Services Manager/County Recorder Position Description and Proceed with Hire
5.8 Consider Sheriff's Office Snowmobile Purchase

## Pandemic Economic Relief Grant Applications

| Business Name | Location | Business Sector | Yrs in Bus. | MN DoR Payment | # FTE | Impact on Business | % Revenue Loss | Purpose of Funds | Staff Recommendation |
|---|---|---|---|---|---|---|---|---|---|
| HC Event Center | 10544 210th Street, Milaca | Wedding/Venue | 3 | No | 2 | Government Mandated Closure | 98% | Property Tax/Business Insurance | Approve ($10,000) |
| Northern Lights Ballroom | 10376 110th Ave, Milaca | Event Center | 14 | No | 1 | Government Mandated Closure | 78% | Property Taxes | Approve ($10,000) |
| Geno's Bar | 316 E Main Street, Onamia | Bar | 11 | No | 3 | Government Mandated Closure | 17% | Loan/Insurance/Working Capital | Approve ($10,000) |
| Retaliff | 518 1st Street, Princeton | Gym | 6 | No | 1 | Government Mandated Closure | 89% | Property Taxes/Mortgage/Building Repairs/Utilities | Approve ($10,000) |
| Global Retail Solutions | 325 10th Street NE, Milaca | Manufacturing | 3 | No | 5 | Lowered demand - primary customers (salons & gyms) closed by Exec. Order | 44% | Rent/Payroll | Approve ($10,000) |
| Anytime Fitness | 2025 2nd St. N, Princeton | Gym | 4 | No | 2 | Government Mandated Closure | 31% | Rent/Prop. Tax/Payroll | Approve ($10,000) |
| Santa Lucia's | 170 Central Ave S, Princeton | Restaurant | 4 | No | 10 | Government Mandated Closure | 24% | Mortgage/Property Taxes | Approve ($10,000) |
| Boshs Bar | 121 S Rum River Drive, Princeton | Wedding Apparel | 3 | No | 1 | Government Mandated Closure | 21% | Rent/Utilities/Building Repairs | Approve ($10,000) |
| Back Alley Bowl | 130 7th Street NE, Milaca | Bowling Alley | 58 | No | 3 | Government Mandated Closure | 89% | Property Taxes/Mortgage/Utilities/Payroll | Approve ($10,000) |
| Memories by Mikki Photography | 17804 50th Ave, Milaca | Wedding & Event Photography | 7 | No | 1 | Government Mandated Closure | 70% | Mortgage/Utilities/Business Insurance | Approve ($10,000) |
| Rough Cut Grill & Bar | 19034 US Hwy 169, Milaca | Restaurant | 10 | No | 4 | Government Mandated Closure | 25% | Payroll | Approve ($10,000) |
| Central MN Livestock Sounding | 255 3rd Ave SW, Milaca | Animal medical research supply | 4 | No | 0 | Lowered demand - primary customers restricted by Exec. Order | 30% | Rent/Insurance/Payroll/Building Repairs | Approve ($10,000) |
| Bayview Grill & Bar | 39497 92nd Ave, Onamia | Bar & Restaurant | 6 | No | 12 | Government Mandated Closure | 12% | Mortgage/Utilities | Approve ($10,000) |
| Isle Bowl & Pizza | 355 3rd Ave S, Isle | Bowling Alley | 7 | No | 3 | Government Mandated Closure | 14% | Payroll/Utilities | Approve ($10,000) |
| Dari Vi Café | 825 Highway 47 S, Isle | Restaurant | 51 | Yes | 2 | Government Mandated Closure | 33% | Property Tax/Business Insurance/Mortgage/Utilities | Approve ($10,000) |
| Daddio's Drive-In | 860 Central Ave N, Milaca | Restaurant | 75 | Yes | 3 | Government Mandated Closure | 59% | Mortgage/Working Capital | Approve ($10,000) |
| Cedarwood Family Restaurant | 515 Main St W, Onamia | Restaurant | 4 | Yes | 11 | Government Mandated Closure | 48% | Payroll/Utilities | Approve ($10,000) |
| Chico's Place | 29992 US Hwy 169, Onamia | Restaurant | 9 | No | 0 | Government Mandated Closure | 100% | Mortgage/Utilities | Approve ($10,000) |
| Howling Dog Pub | 1681 Wall Ave, Bock | Bar | 6 | Yes | 2 | Government Mandated Closure | 40% | Payroll/Utilities/Insurance | Approve ($10,000) |
| Jiggers Grill & Bar | 130 Central Ave S, Milaca | Bar & Restaurant | 18 | Yes | 2 | Government Mandated Closure | 38% | Property Tax/Payroll/Mortage | Approve ($10,000) |
| Waikiki Tan | 450 5th St SW #102, Milaca | Tanning Salon | 17 | No | 2 | Government Mandated Closure | 16% | Rent | Approve ($4,000) |
| Snap Fitness | 900 State Hwy 23, Milaca | Gym | 5 | Yes | 1 | Government Mandated Closure | 41% | Rent/Payroll | Approve ($10,000) |
| Princeton Lanes | 7853 State Hwy 95, Princeton | Bowling Alley | 5 | Yes | 0 | Government Mandated Closure | 82% | Payroll/Mortgage/Utilities | Approve ($10,000) |
| Blue Moon Saloon | 130 8th Street NE, Milaca | Bar | 27 | Yes | 1 | Government Mandated Closure | 46% | Payroll/Property Taxes/Utilities/Insurance | Approve ($10,000) |
| Da Boathouse in Da Bay | 43469 Vista Road, Isle | Bar & Restaurant | 6 | No | 8 | Government Mandated Closure | 25% | Payroll | Approve ($10,000) |
| Mille Lacs Hunting Lodge | 8659 340th Street, Onamia | Resort | 3 | No | 1 | Government Mandated Closure/Capacity Limitations | 10% | Property Tax/Utilities/Repairs/Insurance | Approve ($10,000) |
| Coffee Corner | 350 Central Ave S, Milaca | Coffee Shop | 8 | Yes | 3 | Government Mandated Closure | 15% | Commericial Rent | Approve ($10,000) |
| Beckham's Bar & Bistro | 230 Main Street W, Isle | Restaurant | 5 | No | 4 | Government Mandated Closure | 11% | Property Tax/Insurance/Rent/Payroll | Approve ($10,000) |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

ADD ON

5.A

MILLE LACS COUNTY EST. 1857

ADD ON

5.5

***Board Agenda Request Form***
Board of County Commissioners

**Requested Meeting Date:** 02/16/21
*(Board meets the 1st and 3rd Tuesday of each month)*

**Title of Item for Consideration:**
Consider Resolution No. 02-16-2021-04, Republic Services Renewal Agreement

**Consent Agenda**
☑ Approve/Deny Motion ☐ Information Only
☐ Schedule Public Hearing*
**provide sample notice that will run in paper*

**Regular Agenda – Estimate Time Needed:** _____ minutes
☐ Approve/Deny Motion ☐ Discussion Item
☐ Direction Requested ☐ Hold Public Hearing*
☐ Presentation of Information
**provide copy of hearing notice that was published*

**Submitted by:**
Dilan Christiansen

**Department:**
Environmental Resources

**Who will attend the meeting and be able to respond to questions? Give name and title:**
Dilan Christiansen, Environmental Resources Tech

**Summary of Issue** *(include previous Board or Committee actions and/or minutes, as well as applicable dates):*

On March 3, 2020, the County Board authorized execution of the Republic Services Credit Application in order to deliver recyclables to the Republic Services Transfer Station immediately. In order to continue delivering recyclables to Republic Services a one-year agreement renewal has been requested. Due to the depressed recycling markets and the amount of trips to the recycling facilities, the Republic Services Transfer Station is projected to be the most economical option for the County for the next year.

**Alternatives/Options/Comments:**

**Recommended Action/Motion:**
Adopt Resolution 02-16-2021-04

**Financial Impact:**
*Is there a cost associated with this request?* ☐ *Yes* ☑ *No*
*What is the total cost, including tax and shipping?* $_____
*Are funds available in the budget?* ☐ *Yes* ☐ *No* *If no, please explain:*

**Additional Information Attached:**
☑ *Contract/Agreement*
*Approved by County Attorney's Office:* ☐ *Yes* ☑ *No* *If no, please explain:* Submitted 2/2/2021
☐ *Minutes of Relevant Meeting(s)*
☑ *Background Information (such as price quotes, etc.)*
Resolution No. 02-16-2021-04, Recycling Services and Materials Agreement

**Board action:** *(for use by Recording Secretary)*
☐ Approved ☐ Denied ☐ Tabled: _____

Resolution No. 02-16-2021-04

# AMENDMENT TO RECYCLING SERVICES AND MATERIALS AGREEMENT

This Amendment to Recycling Services and Materials Management Agreement ("Amendment") is entered into as of January 18, 2021 ("Effective Date"), between Mille Lacs, Minnesota ("Seller"), and Allied Waste Services of North America, LLC, a Delaware Limited Liability Corporation d/b/a Minden Transfer Station ("Buyer").

## Recitals

A. Seller and Buyer entered into a Recycling Services and Materials Agreement, dated March 1, 2020, the ("Agreement")

B. Seller and Buyer have now agreed to extend the term of the Agreement and modify of terms as set forth below.

## Agreement

**NOW, THEREFORE**, for good and valuable consideration, the receipt and sufficiency of which the parties acknowledge, the parties agree to the following terms and conditions:

1. Term. Pursuant to Section 3 of the Agreement, Seller and Buyer agree to extend the term for an additional one (1) year Term now terminating on February 28, 2022.

2. Recycling Rebate/Tip Fee. Pursuant to Section 4 of the Agreement, Seller and Buyer agree that the current processing and disposal fees shall be increased by five percent (5%), beginning on March 1, 2021.

3. Capitalized Terms. Capitalized terms used but not otherwise defined in this Amendment shall have the meanings assigned to them in the Agreement.

4. Continuing Effect. Except as expressly modified or amended by this Amendment, all terms and provisions of the Agreement shall remain in full force and effect. In the case of a conflict in meaning between the Agreement and this Amendment, this Amendment shall prevail.

5. Counterparts. This Amendment may be executed in one or more counterparts, each of which shall be deemed an original and all of which combined shall constitute one and the same instrument. Facsimile and/or electronic copies of the parties 'signatures shall be valid and treated the same as original signatures.

*Signature page to follow*

IN WITNESS WHEREOF, the parties have entered into this Amendment to be effective as of the Effective Date.

**BUYER:**

ALLIED WASTE SERVICES OF NORTH AMERICA, LLC

By: _____
Name: _____
Title: _____

**SELLER:**

MILLE LACS COUNTY

By: Jenny Reynolds
Name: Jenny Reynolds
Title: Vice Chair

# RECYCLING SERVICES AND MATERIALS AGREEMENT

THIS RECYCLING SERVICES AND MATERIALS AGREEMENT (this "Agreement") is made effective **March 1st, 2020**, by and between Mille Lacs **Minnesota** ("Seller"), and Allied Waste Services of North America, LLC, a Delaware limited liability company d/b/a Minden Transfer Station("Buyer").

1. Delivery of Recyclable Materials. In accordance with the terms and conditions of this Agreement, Seller shall deliver Recyclable Materials (as defined below), but not any Unacceptable Contaminated Materials (as defined below), to the following of Buyer's locations:

(a) BFI Waste Systems of North America, LLC – Minden Transfer Station
245 35th Ave SE,
St Cloud, MN 56304

Seller shall furnish the Recyclable Materials from the following of Seller's locations:

(a) Mille Lacs County Minnesota
635 2nd Street SE
Milaca, MN 56353

2. Delivery Procedures; Operation of the Buyer's Locations.

(a) Acceptance of Recyclable Materials. Buyer shall have the right in its sole discretion to reject delivery of any loads offered for acceptance by Seller that do not constitute Recyclable Materials. "Recyclable Materials" means old corrugated containers ("OCC"); newspapers ("ONP"); Mixed Paper, Rigid Containers (aluminum cans, steel cans, High Density Polyethylene ("HDPE") and Polyethylene Terephthalate ("PET") plastic bottles, and glass bottles/jars); "Single Stream Curbside Materials" (Fiber and Rigid Containers collected curbside with rigid containers and fiber being commingled in collection vehicle and dumped collectively at the material recovery facility) that are authorized to be recycled at the Buyer's locations under then applicable federal, state and local laws, regulations, ordinances, rules, permits, licenses, and governmental orders or directives (collectively "Applicable Laws") and that is not Unacceptable Contaminated Materials (as defined below).

(b) Operation of the Buyer's Locations/Procedures. Seller's delivery of Recyclable Materials to the Buyer's locations, which shall occur only during the posted hours at the Buyer's locations, shall be governed by the rules, regulations, restrictions, and procedures applicable generally to sellers or haulers utilizing the Buyer's locations as Buyer may modify such procedures from time to time. Notwithstanding anything in this Agreement to the contrary, Buyer shall have the right, in its sole discretion, to close its locations, in whole or in part, either temporarily or permanently, at any time for any reason and the delivery of Recyclable Materials shall be suspended or adjusted accordingly. Upon any permanent closure of a Buyer's location, Buyer shall have the right to terminate this Agreement. Buyer at its sole discretion has the ability to determine which location recyclable deliveries occur, with the primary location to be Minneapolis.

(c) Seller's Compliance with Applicable Laws. Seller shall collect, transport and deliver Recyclable Materials to the Buyer's locations in compliance with all Applicable Laws and the procedures referenced in Section 2(b).

(d) Title to Waste. Seller represents and warrants to Buyer that either Seller or its customer shall hold clear title, free of all liens, claims and encumbrances, to the Recyclable Materials delivered by Seller to Buyer's locations. Title to, and risk of loss and responsibility or, Recyclable Materials delivered to the Buyer's locations by Seller shall pass at the time such Recyclable Materials are fully unloaded from the delivery vehicle at the Buyer's locations. Title to Unacceptable Contaminated Materials shall remain with Seller or its customer and shall never be deemed to pass to Buyer.

(e) Periodic Load Evaluations. **Seller and Buyer agree that the percentage of residual found in Sellers Single Stream is less than 10%. If a visual inspection identifies contaminates that are not accepted as Single Stream and those contaminates exceed 10% of the load, then a Contamination fee will be accessed. Buyer has sole discretion as to whether it will continue to process the load at the regular processing rate or charge the Seller a contamination fee of $150 per ton for the entire load or portion of the load.**

3. Term. Unless sooner terminated pursuant to this Section 3 or Section 6, this Agreement shall commence as of the date first written above and shall remain in full force and effect **for a period of 1 (1) year with an optional 1 year renewal that is mutually agreed upon by both the Buyer and Seller.** Either party may terminate this Agreement with a 60 day written notice. Upon expiration or termination of this Agreement, the obligations of Seller to deliver and of Buyer to accept Recyclable Materials shall terminate; provided, however, that all other rights and obligations of the parties under this Agreement (including those with respect to payment and indemnification) shall survive termination.

4. Recycle Rebate/Tip Fee.

(a) Rebate/Tip Fee. Seller shall pay Buyer **a processing fee and a transfer station hauling fee that totals $166 per ton for all Single Stream Curbside Recyclable Materials in which Seller delivers to the Buyer's transfer station.** Buyer shall increase the listed processing fee and disposal fee by **5%**, respectively, on each anniversary date of this Agreement.

(b) Payment. Buyer shall issue invoices to Seller for all rebates, fees, and other charges due under this Agreement. Buyer shall pay all Recycling Rebates within 45 days after the date of the invoice. Seller shall pay, without offset, all fees and charges due under this Agreement within 30 days after the date of the invoice. If Seller does not make payment by such date, Seller shall pay a late payment fee of one and one-half percent (1.5%) per month on the amount past due or the maximum amount allowed by Applicable Law, whichever is less. Buyer may, at its sole option, offset Recycling Rebates due to Seller against the Recycling Tip Fee or other amounts due to Buyer from Seller.

5. Unacceptable Contaminated Materials.

(a) Delivery of Unacceptable Contaminated Materials. Seller agrees that it shall not deliver any Unacceptable Contaminated Materials to Buyer's locations. If Seller delivers waste that contain both Recyclable Materials and Unacceptable Contaminated Materials, the entire delivery shall constitute Unacceptable Contaminated Materials if the Unacceptable Contaminated Materials cannot be separated from the Recyclable Materials through the reasonable efforts of Buyer, as Seller's agent to cause such separation, with the cost of such separation to be paid by Seller.

(b) Weighing and Inspection of Waste by Buyer. Buyer shall weigh all Recyclable Materials at its locations and the weight so determined shall be final and conclusive on both Seller and Buyer. However, Buyer may "downgrade" any load proportional to downgrades for moisture or contamination standards. Buyer shall have the right, but not the obligation, to inspect any of Seller's trucks to determine whether the recyclables delivered are Recyclable Materials or Unacceptable Contaminated Materials. Seller acknowledges and agrees that any failure by Buyer to perform any such inspection or to detect Unacceptable Contaminated Materials despite such inspection shall in no way relieve Seller from its obligation to deliver only Recyclable Materials or from its other obligations.

(c) Rejection of Unacceptable Contaminated Materials. If Seller delivers Unacceptable Contaminated Materials to the Buyer's locations, Buyer may, in its sole discretion: (i) reject such Unacceptable Contaminated Materials at Seller's expense; or (ii) if Buyer does not discover such Unacceptable Contaminated Materials in time to reject and reload such Unacceptable Contaminated Materials, after giving Seller telephonic notice thereof and a reasonable opportunity to dispose of such Unacceptable Contaminated Materials, Buyer may, as Seller's agent, dispose of such Unacceptable Contaminated Materials at a location authorized to accept such Unacceptable Contaminated Materials in accordance with all Applicable Laws and charge Seller all direct and indirect costs incurred due to handling, delivery and disposal of such Unacceptable Contaminated Materials, unless Seller otherwise elects to arrange for disposal of the Unacceptable Contaminated Materials. If Seller elects to dispose of such Unacceptable Contaminated Materials, it shall do so within such time period as Buyer reasonably deems necessary or appropriate in connection with the operation of its locations, including the preservation of the health and safety of its employees. If after electing to do so Seller does not dispose of the Unacceptable Contaminated Materials within such time period, Buyer may dispose of such Unacceptable Contaminated Materials as Seller's agent, without further notice to Seller, and Seller shall pay the direct and indirect costs set forth above. Notwithstanding the foregoing, no notice shall be required by Buyer to Seller for Buyer to dispose of Unacceptable Contaminated Materials as Seller's agent in emergency situations where in Buyer's reasonable judgment a delay in such disposal could constitute a hazard to its locations or any person on, about or near the premises.

(d) Definition of Unacceptable Contaminated Materials. For the purposes of this Agreement, "Unacceptable Contaminated Materials" means: (i) all materials that are not Recyclable Materials or which render Recyclable Material collected by Seller hereunder, non-recyclable; (ii) waste of any kind; provided, however, that Seller may allow a small percentage, in accordance with industry standards (not to exceed 10%), of waste to be a part of Recyclable Materials; (iii) any material that by reason of its composition, characteristics or quantity is defined as a "hazardous material," "hazardous waste," "hazardous substance," "extremely hazardous waste," "restricted hazardous waste," "toxic substance," "toxic waste," "toxic pollutant," "pollutant," "infectious waste," "medical waste," "radioactive waste," or "sewage sludge" under any Applicable Law; (iv) any material that requires other than normal handling, storage, management, transfer or recycling; or (v) any other material that may present a substantial endangerment to public health or safety, may cause applicable air quality or water effluent standards to be violated by the normal operation of the Buyer's location, or because of its size, durability or composition cannot be disposed of at the Buyer's location or has a reasonable possibility of otherwise adversely affecting the operation or useful life of the Buyer's location .

(e) Change in Law. Seller and Buyer agree that any change in Applicable Law that materially affect the performance or pricing of this Agreement will be reviewed by the parties within 30 days of such law taking effect. Both Buyer and Seller agree that after such review, the parties will use commercially reasonable efforts to agree to a modification to this Agreement in order to return this Agreement to substantially similar terms, conditions, or pricing that were present prior to change in such law.

6. Default.

(a) Events of Default. Each of the following shall be an event of default by Seller under this Agreement: (i) Seller fails to pay any amount due as and when the same becomes due under this Agreement; or (ii) Seller fails to perform any other material term, covenant or agreement contained in this Agreement on its part to be performed and such failure continues for a period of 30 days after written notice to Seller specifying the nature of such failure and requesting that it be remedied.

(b) Remedies on Default. Whenever any event of default by Seller shall have occurred and be continuing, Buyer shall have the following rights and remedies, which shall be in addition to any other remedies provided by Applicable Law or this Agreement: (i) upon the end of any applicable grace period in this Section 6, Buyer shall have the option to immediately terminate this Agreement unless during such period Seller has taken remedial steps the effect of which would be to enable Seller to cure such event of default within an additional 15 day period following the expiration of such grace period; and (ii) if Seller is then in default, Buyer may immediately terminate the Agreement without further notice. If Buyer stops accepting Recyclable Materials, Seller shall pay Buyer a service interruption fee in an amount determined by Buyer in its discretion up to the maximum amount allowed by Applicable Law.

7. Indemnification. Seller shall indemnify, defend (upon request by Buyer) and hold harmless Buyer and its affiliates and each of their shareholders, partners, officers, directors, divisions, subdivisions, affiliates, agents, employees, successors and assigns (the "Buyer Indemnified Parties") from and against any and all liabilities, losses, assessments, fines, penalties, forfeitures, damages, costs, expenses and disbursements, including reasonable legal fees, expert witness fees, litigation related expenses, and court costs in any litigation, investigation

or proceeding (collectively, "Losses"), whether arising out of a claim or loss of or damage to property or injury to or death of any person, including any Buyer Indemnified Party, or otherwise, caused by or arising out of (a) Seller's breach of this Agreement, (b) Seller's negligence or willful misconduct, or (c) Unacceptable Contaminated Materials.

8. Insurance. During the term of this Agreement, Seller shall maintain the following insurance coverages:

| | | |
|---|---|---|
| Workers' Compensation: | | |
| | Coverage A | Statutory |
| | Coverage B – Employer's Liability | $1,000,000 each Bodily Injury by Accident<br>$1,000,000 policy limit Bodily Injury by Disease<br>$1,000,000 each occurrence Bodily Injury by Disease |
| Automobile Liability: | | |
| | Bodily Injury/Property Damage Combined – Single Limit | $1,000,000<br>Coverage applies to all owned, non-owned, hired and leased vehicles (including trailers). |
| Commercial Umbrella: | | $1,000,000 |
| Commercial General Liability: | | |
| | Bodily Injury/Property Damage | $2,000,000 each occurrence |
| | Combined – Single Limit | $2,000,000 general aggregate (including products/completed operations) |

All policies required herein shall be written by insurance carriers with a rating of A.M. Bests of at least "A-" and a financial size category of at least VIII. Seller shall deliver the Certificates of Insurance evidencing the foregoing policies to Buyer before Seller delivers any waste to the Buyer's locations pursuant to this Agreement. The Certificate of Insurances and the insurance policies required by this Section 8 shall contain a provision that provides that the insurance coverage afforded under the policies will not be canceled or allowed to expire until at least 30 days prior written notice has been given to Buyer. With the exception of the workers' compensation policy, Buyer and the Buyer Indemnified Parties shall be shown as additional insured's under all of the insurance policies required by this Section 8. The policies required by this Section 8 shall be primary and the insurance providers shall agree to waive their rights of subrogation against Buyer.

9. General.

(a) Independent Contractor. Seller and Buyer shall perform their obligations under this Agreement as independent contractors. Neither party nor any of its employees, agents or subcontractors shall be, purport to be, or be deemed, the agent of the other party.

(b) Assignment; Binding Effect. Seller may not assign this Agreement without Buyer's prior written consent, which Allied may grant or withhold in its sole discretion. Buyer may assign this Agreement without the consent of Seller, and Seller acknowledges and agrees that any such assignment by Buyer shall release Buyer from any liability under this Agreement from and after the date of the assignment. This Agreement shall be binding upon and shall inure to the benefit of the parties and their respective successors and permitted assignees.

(c) Entire Agreement. This Agreement supersedes all prior agreements, written or oral, with respect to the subject matter of this Agreement. Only a written instrument signed by both parties hereto may modify this Agreement.

(d) Severability. If any one or more of the provisions contained in this Agreement is, for any reason, held to be invalid, illegal or unenforceable in any respect, such invalidity, illegality or unenforceability shall not affect any other provisions of this Agreement, and all other provisions shall remain in full force and effect.

(e) Waiver. No delay or omission by a party in exercising any right under this Agreement will operate as a waiver of that or any other right. A waiver or consent given by a party on any occasion is effective only on that occasion and not any other.

(f) Waiver of Jury Trial; Attorneys' Fees. By execution and delivery of this Agreement, each of the parties knowingly, voluntarily and irrevocably: (i) waives any right to trial by jury; and (ii) agrees that any dispute arising out of this Agreement shall be decided by court trial without a jury. If any legal action or any other proceeding is brought for the enforcement of this Agreement, or because of an alleged dispute, breach, default, or misrepresentation in connection with this Agreement, the prevailing party shall be entitled to recover reasonable attorneys' fees and other costs (including litigation related costs and expert witness fees) leading up to or incurred in that action or proceeding, in addition to any other relief to which it may be entitled

BY: ALLIED WASTE SERVICES OF NORTH AMERICA, LLC

**Republic:**

Jon Snyder 3-13-2020

Signature Date

Printed Name: Jon Snyder

Title: General Manager

**Customer: Mille Lacs County**

**635 2nd Street SE, Milaca, MN 56353**

3/17/2020

Signature Date

Printed Name: Pat Oman

Title: County Admin. Strategy

MILLE LACS COUNTY EST 1857

5.6

ADD ON

**Board Agenda Request Form**
Board of County Commissioners

**Requested Meeting Date:** 02/16/21
*(Board meets the 1st and 3rd Tuesday of each month)*

**Title of Item for Consideration:**
Approve Labor Agreement with Minnesota Public Employees Association (MPEA)

**Consent Agenda**
☐ Approve/Deny Motion ☐ Information Only
☐ Schedule Public Hearing*
**provide sample notice that will run in paper*

**Regular Agenda – Estimate Time Needed:** 2 minutes
☑ Approve/Deny Motion ☐ Discussion Item
☐ Direction Requested ☐ Hold Public Hearing*
☐ Presentation of Information
**provide copy of hearing notice that was published*

**Submitted by:**
Holly Wilson, Personnel Director

**Department:**
ASO

**Who will attend the meeting and be able to respond to questions? Give name and title:**
Holly Wilson, Personnel Director

**Summary of Issue** *(include previous Board or Committee actions and/or minutes, as well as applicable dates):*

The County has completed negotiations with MPEA and an agreement has been reached by both parties. The Agreement between Mille Lacs County Board and Minnesota Public Employees Association will be effective for the dates of January 1, 2020 through December 31, 2021.

**Alternatives/Options/Comments:**

**Recommended Action/Motion:**

Motion to approve the Agreement between Mille Lacs County Board and Minnesota Public Employees Association effective for the dates of January 1, 2020 through December 31, 2021.

**Financial Impact:**
*Is there a cost associated with this request?* ☑ *Yes* ☐ *No*
*What is the total cost, including tax and shipping?* $_____
*Are funds available in the budget?* ☑ *Yes* ☐ *No* *If no, please explain:*

**Additional Information Attached:**
☐ *Contract/Agreement*
*Approved by County Attorney's Office:* ☐ *Yes* ☐ *No* *If no, please explain:* _____
☐ *Minutes of Relevant Meeting(s)*
☑ *Background Information (such as price quotes, etc.)*
Collective Bargaining Agreement

**Board action:** *(for use by Recording Secretary)*
☐ Approved ☐ Denied ☐ Tabled: _____

MILLE LACS COUNTY

# LABOR AGREEMENT BETWEEN
# THE COUNTY OF MILLE LACS
# AND
# MINNESOTA PUBLIC EMPLOYEES ASSOCIATION
# (Sheriff's Office Supervisory Unit)

JANUARY 1, 2020 THROUGH DECEMBER 31, 2021

## Table of Contents

## Article I.
PURPOSE OF AGREEMENT

This Agreement is entered into by and between the County of Mille Lacs, hereinafter referred to as the Employer, and the Minnesota Public Employees Association, hereinafter referred to as the Association. The intent and purpose of this Agreement is to:

**Section 1.01** Establish procedures for the resolution of disputes concerning this Agreement's interpretation and/or application;

**Section 1.02** Specify the full and complete understanding of the parties; and

**Section 1.03** Place in written form the parties' agreement upon terms and conditions of employment for the duration of the Agreement.

## Article II.
RECOGNITION

**Section 2.01** The Employer recognizes the Association as the exclusive representative for all supervisors employed by Mille Lacs County in the Sheriff's Office who are public employees within the meaning of Minnesota Statute 179A.03, subd. 14, excluding confidential and all other employees as certified by the Bureau of Mediation Services Case No. 13PCE0298.

**Section 2.02** In the event the Employer and the Association are unable to agree as to the inclusion or exclusion in the bargaining unit of a new or modified job class, the issue shall be submitted to the Bureau of Mediation Services for determination.

## Article III.
EMPLOYER AUTHORITY

**Section 3.01** The Employer retains the full and unrestricted right to operate and manage all manpower, facilities, and equipment; to establish functions and programs; to determine the utilization of technology; to establish and modify the organizational structure; to select, direct, and to establish work schedules; to set and amend budgets and determine the number of personnel; and to perform any inherent managerial function not specifically limited by this Agreement.

**Section 3.02** Any term and condition of employment not specifically established or modified by this Agreement shall remain solely within the discretion of the Employer to modify, establish, or eliminate.

## Article IV.
ASSOCIATION SECURITY

**Section 4.01** The County shall deduct from the wages of employees, who authorize such a deduction in writing, an amount necessary to cover monthly Association dues; or a "Fair Share" deduction, as provided in Minnesota Statute Sec. 179A.06, Subd, 3 & 6, if the employee elects not to become a member of the Association. Such monies shall be remitted as directed by the Association.

**Section 4.02** The Association agrees to indemnify and hold the Employer harmless against any and all claims, suits, orders, or judgments brought or issued against the Employer as a result of any action taken or not taken by the Employer under the provisions of this Agreement.

## Article V.
## EMPLOYEE RIGHTS - GRIEVANCE PROCEDURE

**Section 5.01** DEFINITION OF A GRIEVANCE: For the purpose of this Agreement, a grievance shall be defined as a dispute or disagreement as to the interpretation or application of the specific terms and conditions of this Agreement.

**Section 5.02** PROCEDURE: Grievances, as defined by Section 5.01, shall be resolved in conformance with the following procedure:

Step 1. An Employee claiming a violation concerning the interpretation or application of this Agreement shall, within twenty-one (21) calendar days after such alleged violation has occurred, present such grievance to the Employee's supervisor as designated by the Employer. The Employer-designated representative will discuss and give an answer to such Step 1 grievance within ten (10) calendar days after receipt. A grievance not resolved in Step 1 and appealed to Step 2 shall be placed in writing, setting forth the nature of the grievance, the facts on which it is based, the provision or provisions of the Agreement allegedly violated, the remedy requested, and shall be appealed to Step 2 within ten (10) calendar days after the Employer-designated representative's final answer in Step 1. Any grievance not appealed in writing to Step 2 by the Association within ten (10) calendar days shall be considered waived.

Step 2. If appealed, the written grievance shall be presented by the Association and discussed with the Employer-designated Step 2 representative. The Employer-designated representative shall give the Association the Employer's Step 2 answer in writing within ten (10) calendar days after receipt of such Step 2 grievance. A grievance not resolved in Step 2 may be appealed to Step 3 within ten (10) calendar days following the Employer-designated representative's final Step 2 answer. Any grievance not appealed in writing to Step 3 by the Association within ten (10) calendar days shall be considered waived.

Step 3. If appealed, the written grievance shall be presented by the Association and discussed with the Employer-designated Step 3 representative. The Employer-designated representative shall give the Association the Employer's answer in writing within ten (10) calendar days after receipt of such Step 3 grievance. A grievance not resolved in Step 3 may be appealed to Step 4 within ten (10) calendar days following the Employer-designated representative's final answer in Step 3. Any grievance not appealed in writing to Step 4 by the Association within ten (10) calendar days shall be considered waived.

Step 4. A grievance unresolved in Step 3 and appealed to Step 4 by the Association shall be submitted to arbitration subject to the provisions of the Public Employment Labor Relations Act of 1971 as amended. The selection of an arbitrator shall be made in accordance with the "Rules Governing the Arbitration of Grievances" as established by the Minnesota Bureau of Mediation Services.

**Section 5.03** ARBITRATOR'S AUTHORITY:

(a) The arbitrator shall have no right to amend, modify, nullify, ignore, add to, or subtract from the terms and conditions of this Agreement. The arbitrator shall consider and decide only the specific issue(s) submitted in writing by the Employer and the Association and shall have no authority to make a decision on any other issue not so submitted.

(b) The arbitrator shall be without power to make decisions contrary to, or inconsistent with, or modifying or varying in any way the application of laws, rules or regulations having the force and effect of law. The arbitrator's decision shall be submitted in writing within thirty (30) days following close of the hearing or submission of briefs by the parties, whichever be later, unless the parties agree to an extension. The decision shall be based on just cause of application of the express terms of this Agreement and to the facts of the grievance presented.

(c) The fees and expenses for the arbitrator's services and proceedings shall be borne equally by the Employer and the Association, provided that each party shall be responsible for compensating its own representatives and witnesses. If either party desires a verbatim record of the proceedings, it may cause such a record to be made, providing it pays for the record. If both parties desire a verbatim record of the proceedings, the cost shall be shared equally.

**Section 5.04** WAIVER: If a grievance is not presented within the time limits set forth above, it shall be considered "waived." If a grievance is not appealed to the next step within the specified time limit or any agreed extension thereof, it shall be considered settled on the basis of the Employee's last answer. If the Employer does not answer a grievance or an appeal thereof within the specified time limits, the Association may elect to treat the grievance as denied at that step. The time limit in each step may be extended by mutual written agreement of the Employer and the Association. The filing or appeal of a grievance shall be deemed effective if it is personally served or post-marked within the time limits set forth above.

**Section 5.05** CHOICE OF REMEDY: If, as a result of the written Employer response in Step 3, the grievance remains unresolved, and if the grievance involves the suspension, demotion, or discharge of an employee who has completed the required probationary period, the grievance may be appealed either to Step 4 of Article V or a procedure such as: Civil Service, Veteran's Preference, or Human Rights. If appealed to any procedure other than Step 4 of Article V, the grievance is not subject to the arbitration procedure as provided in Step 4 of Article V. The aggrieved employee shall indicate in writing which procedure is to be utilized -- Step 4 of Article V or another appeal procedure -- and shall sign a statement to the effect that the choice of any other hearing precludes the aggrieved employee from making an appeal through Step 4 of Article V.

*An employee pursuing a remedy pursuant to a statute under the jurisdiction of the United States Equal Employment Opportunity Commission is not precluded from also pursuing an appeal under the grievance procedure of this Agreement.* If a court of competent jurisdiction rules contrary to the ruling in EEOC v. Board of Governors of State Colleges and Universities, 957 F.2d 424 (7th Cir.), cert. denied, 506 U.S. 906, 113 S. Ct. 299 (1992), or if Board of Governors is judicially or legislatively overruled, the italicized portion of this section shall be deleted.

## Article VI.
## HOLIDAYS

**Section 6.01** The following days are considered the official holidays for the County, and are to be compensated at straight time for regular and probationary full-time employees, provided the employee is on compensated payroll status the last working day preceding the holiday and the first working day following the holiday:

| Month | Holiday | Recognized Holiday |
|---|---|---|
| *January* | New Year's Day | January 1 |
| | Martin Luther King Day | Third Monday in January |
| *February* | President's Day | Third Monday in February |

| | | |
|---|---|---|
| *May* | Memorial Day | Last Monday in May |
| *July* | Independence Day | July 4 |
| *September* | Labor Day | First Monday in September |
| *November* | Veteran's Day | November 11 |
| | Thanksgiving Day | 4th Thursday in November |
| | Friday after Thanksgiving | Friday after Thanksgiving |
| *December* | *1/2 day Christmas Eve (only if Mon – Thurs) | December 24 |
| | Christmas Day | December 25 |

**Section 6.02** Holidays that fall on Sunday will be observed the following Monday, and holidays that fall on Saturday will be observed the preceding Friday, unless another day is designated by the Board. Regular and probationary employees scheduled to work other than the normal workweek of Monday through Friday shall receive the same number of holidays.

**Section 6.03** Designated holidays that occur within an employee's approved and compensated leaves of absence or vacation shall not be charged to the employee's sick days or vacation time, but shall be recorded as a holiday.

**Section 6.04** Employees will not receive holiday pay for holidays occurring while on an unpaid leave of absence, while receiving donated vacation time, or while receiving temporary total disability payments from workers' compensation.

**Section 6.05** Floating Holidays

(a) Regular full-time employees are allowed two (2) floating holidays annually. Scheduling of an employee's floating holiday(s) shall be by mutual agreement between the employee and supervisor. Should the number of employees requesting the use of their floating holiday exceed the number the supervisor determines necessary to effectively conduct business, the supervisor shall grant such requests on the basis of first request received; ties shall be broken by department seniority. Probationary employees are not eligible for floating holiday(s).

(b) A floating holiday cannot be carried over from one calendar year to the next and in no event shall an employee be compensated for an unused floating holiday.

**Section 6.06** Probationary and regular part-time employees shall receive compensation for recognized holidays on a pro-rated basis, determined by the number of hours they are budgeted to work per week, and paid at the time the holiday occurs. Regular part-time employees may request floating holidays, which are also pro-rated based on the number of hours they are budgeted to work per week, in the same manner as regular full-time employees.

## Article VII.
## VACATIONS

**Section 7.01** Probationary and Permanent Full Time Employees earn vacation benefits at the following rate:

| Years of Completed Service | Vacation Days | Vacation Hours Earned |
|---|---|---|
| Start of employment – 4 years | 11 | 3.385 |
| More than 4 years – 9 years | 13 | 4 |
| More than 9 years – 14 years | 17 | 5.231 |
| More than 14 years - 19 years | 19 | 5.846 |
| More than 19 years - 24 years | 21 | 6.462 |
| More than 24 years | 23 | 7.077 |

**Section 7.02** Probationary and Permanent Part Time employees shall earn vacation according to the same schedule but on a pro-rated basis, based on an average of the number of hours the employee works per week.

**Section 7.03** Employees shall be allowed to accrue up to two hundred forty (240) hours of vacation.

**Section 7.04** In all cases, use of vacation shall be subject to the needs and service obligations of the Employer. An employee must receive prior approval from their department head or designee for using vacation.

**Section 7.05** Probationary employees are not allowed to use vacation during their probationary period.

## Article VIII.
## SICK LEAVE

**Section 8.01** Full-time employees shall earn sick leave at the rate of one (1) working day for each full month of service. Part-time employees shall earn pro-rated sick leave based on their normal workweek.

(a) *For employees hired on or after January 1, 2013:* Employees shall not accrue more than five hundred twenty (520) hours of sick time.

(b) *For employees hired before January 1, 2013:* Employees who have a sick leave accumulation in excess of eight hundred (800) hours at the end of the last pay period paid in December shall have one-half (1/2) of the hours accumulated in excess of eight hundred (800) hours added to their vacation accrual, and the other one-half (1/2) shall be paid at the employee's regular base rate of pay as of the last pay period paid in December. The conversion to vacation and the cash payment shall be paid in January of the following year.

**Section 8.02** Sick leave may be used under the following circumstances:

(a) Absence necessitated by the inability to perform the duties of the position by reason of illness or injury.

(b) Absence for maintenance health care, restricted to the time associated with the appointment and reasonable travel time.

(c) Absence due to contagious disease, which would endanger the health of other employees or members of the public.

(d) Absence due to illness in the employee's immediate family. "Immediate family," for the purpose of this section, shall be defined as spouse, children, sibling, grandparent, or parent, stepparent, mother-in-law, father-in-law, or grandchild.

(e) Use of up to three days (24 hours) of sick leave shall be authorized in cases of death of a spouse, child, brother, sister, daughter-in-law, son-in-law, step-parent, step-child, parent, grandparent, or grandchild of either the employee or the employee's legal spouse. Use of additional sick leave for this purpose shall be subject to approval from the department head or designee.

(f) Absence due to an approved Family Medical Leave.

**Section 8.03** Prior to any employee's return to work from sick leave of over three (3) days, the Employer may request a physician's statement indicating the employee is able to return to work and perform the essential functions of the employee's job.

## Article IX.
SEVERANCE PAY

**Section 9.01** Severance pay will be paid to full-time employees upon:

(a) Retirement.

(b) Resignation because of disability verified by a physician.

(c) Death – Amount to be paid to the administrator of estate or legal beneficiary.

(d) Resignation in good standing.

(e) Layoff or elimination of position resulting in layoff.

**Section 9.02** Severance shall be paid as follows in cash, unless otherwise noted:

| Most Recent Hire Date | Continuous Years of Service | Leave Type | % of each Leave Type Included in the Computation of Severance |
|---|---|---|---|
| 1/1/13 or later | 10 or more years | Vacation | 100% |
| | | Sick Leave | 50% |
| | Less than 10 years | Vacation | 100% |
| | | Sick Leave | 0% |
| 1/1/99 – 12/31/12 | 10 or more years | Vacation | 100% |
| | | Sick Leave | 50% |
| | | Years of Service | 1 day's pay for each year of continuous service |
| | 3 or more years | Vacation | 100% |
| | | Sick Leave | 25% |
| | < 3 years | Vacation | 100% |
| | | Sick Leave | 0% |
| Prior to 1/1/99 | 10 or more years | Vacation | 100% |
| | | Sick Leave | 50% into a health care savings plan with the Minnesota State Retirement System |
| | | Years of Service | 1 day's pay for each year of continuous service |

## Article X.
INSURANCE

**Section 10.01** The Employer shall establish a medical insurance program (Base Plan) subject to the limitations, benefits, and conditions established by the contract between the Employer and the insurance carrier.

**Section 10.02** Effective January 1, 2020, for each insurance-eligible employee who selects single medical coverage, the Employer will contribute 100% of the single premium for the PEIP Value Option plan. For each eligible employee who selects family coverage, the Employer will contribute up to $930 per month toward the family premium.

In no case shall the Employer contribution exceed the actual cost of any of these insurance benefits. Any additional costs for such coverage shall be paid by the employee through payroll deduction.

For employees electing the PEIP Value Option plan, the Employer will contribute annually $1,200 for single coverage and $1,500 for family coverage toward the employee's VEBA plan to be made monthly over the course of a full year of enrollment.

For employees electing the PEIP HSA Compatible plan, the Employer will contribute annually $1,600 for single coverage and $2,500 for family coverage toward the employee's HSA or VEBA plan to be made monthly over the course of a full year of enrollment.

**Section 10.03** Any additional costs for such coverage shall be paid by the employee through payroll deduction. In no case shall the Employer contribution exceed that of the premium amount for the coverage (single or family) selected by the employee.

**Section 10.04** The Employer shall provide and pay the full cost of the monthly premium for life insurance for eligible employees for a minimum of $15,000.

**Section 10.05** The Employer shall provide and pay the full cost of the monthly premium for single dental insurance for eligible employees.

**Section 10.06** In the event the health insurance provisions of this Agreement fail to meet the requirements of the Affordable Care Act and its related regulations or cause the Employer to be subject to a penalty, tax or fine, the Association and the Employer will meet immediately to bargain over alternative provisions so as to comply with the Act and avoid any penalties, taxes or fines for the Employer.

**Section 10.07** All employees shall establish a Health Care Savings Plan through the Minnesota Statement Retirement System and shall place $30 into said account per paycheck.

## Article XI.
## SENIORITY, PROBATIONARY PERIODS

**Section 11.01** All newly hired or rehired employees shall serve a six (6) month's probationary period, during which time they may be terminated at the sole discretion of the Sheriff. When a newly hired employee resigns or is terminated before the employee's probationary period expires, the employee is not eligible to receive sick, vacation or severance pay.

**Section 11.02** Upon completion of the probationary period, employees shall become permanent employees within the meaning of this Agreement, and shall be credited with seniority dating from the first day of continuous employment with the Employer.

**Section 11.03** The principle of seniority shall apply in layoffs, recalls, and transfers provided however no permanent employee shall be laid off while probationary employees are working and provided further the senior employee is qualified to perform the work available.

**Section 11.04** Permanent job vacancies within the designated bargaining unit shall be posted by the Employer for a period of five (5) calendar days; first consideration shall be given to present employees covered by this Agreement, provided no applicant will be selected unless he/she:

(a) Has the necessary qualifications to meet the standards of the vacancy; and

(b) Has the ability to perform the duties and responsibilities of the job vacancy; and

(c) Applies within the five (5) calendar day posting time.

## Article XII.
LAYOFF

**Section 12.01** When the Employer determines it necessary to lay off a member of the bargaining unit, or to eliminate a position held by a unit member which results in their layoff, the Association shall be notified at least twenty-one (21) calendar days prior to the effective date of the layoff. Layoffs shall be made in reverse order of seniority, with the least senior employee in the classification to be laid off first.

**Section 12.02** Recall from layoff shall be by classification within the department, in inverse order of layoff. Employees shall retain rights to recall for one (1) year from the effective date of the layoff, at which time all rights to recall shall terminate. Notification of recall shall be by registered or certified mail to the employee's last address on file with the Administrative Services Office. It shall be the employee's responsibility to notify the Administrative Services Office of their current address. An employee who does not indicate acceptance of recall within ten (10) calendar days of the date the notice was mailed, shall be considered to have resigned from employment with the Employer. During the period of layoff, the employee will not accrue seniority and benefits, but will retain the seniority accrued as of the date of layoff.

## Article XIII.
WAGES

**Section 13.01** Effective January 1, 2020, employees shall receive a 2.50% general adjustment.

Effective January 1, 2021, employees shall receive a 2.50% general adjustment.

**Section 13.02** Annual step increases shall be granted on the 13th payroll.

**Section 13.03** If a position is evaluated at a lower pay grade, the employee will be placed on their current step in the new lower grade, and the employee's salary shall be frozen until such time when their grade and step placement exceeds their current pay rate.

## Article XIV.
UNIFORMS/SQUAD CARS

**Section 14.01** Full-time licensed peace officers which include the Jail Administrator, Lieutenant and Captain shall receive an annual taxable uniform allowance of $900. Part-time licensed peace officers shall receive a pro-rated annual taxable cash uniform allowance. The Assistant Jail Administrator and Administrative Jail Lieutenant shall receive an annual taxable uniform allowance of $900 and will be in uniform during the duration of their shift. The non-licensed PSAP Manager will receive a $250 allowance. Other non-licensed members shall receive an annual taxable uniform allowance of $250.

**Section 14.02** The uniform allowance shall be paid one-half (1/2) on the 13th payroll and one-half (1/2) on the 26th payroll of each year.

**Section 14.03** The Sheriff shall have sole discretion in determining which employees are assigned a take-home squad vehicle.

## Article XV.
POST LICENSE

The Employer shall pay the POST license renewal cost for each licensed peace officer required to be licensed.

## Article XVI.
DISCIPLINE

**Section 16.01** The Sheriff will discipline employees for just cause only. Discipline will be in the form of the following: oral reprimand, written reprimand, suspension, demotion, or discharge.

**Section 16.02** Suspensions, demotions, and discharges will be in written form.

**Section 16.03** Written reprimands, notices of suspension, and notices of discharge which are to become part of an employee's personnel file shall be read and acknowledged by the signature of the employee. Employees and the Association will receive a copy of such reprimands and/or notices.

**Section 16.04** Employees may examine their own individual personnel file at reasonable times under the direct supervision of the Sheriff or Personnel Director.

**Section 16.05** Grievances relating to written reprimands, suspensions, demotions and discharge shall be initiated by the Union at Step 2 of the grievance procedure in Article 5.

## Article XVII.
WAIVER

**Section 17.01** Any and all prior agreements, resolutions, practices, policies, rules and regulations regarding terms and conditions of employment, to the extent they are inconsistent with the provisions of this Agreement, are hereby superseded.

**Section 17.02** The parties mutually acknowledge that during the negotiations which resulted in this Agreement, each had the unlimited right and opportunity to make demands and proposals with respect to any term or condition of employment not removed by law from bargaining. All agreements and understandings arrived at by the parties are set forth in writing in this Agreement for the stipulated duration of this Agreement. The Employer and the Association each voluntarily and unqualifiedly waives the right to meet and negotiate regarding any and all terms and conditions of employment referred to or covered in this Agreement, or with respect to any term or condition of employment not specifically referred to or covered by this Agreement, even though such terms or conditions may not have been within the knowledge or contemplation of either or both of the parties at the time this contract was negotiated or executed.

## Article XVIII.
SAVINGS CLAUSE

**Section 18.01** This agreement is subject to the laws of the United States, the State of Minnesota, and the County of Mille Lacs. In the event any provision of this Agreement shall be held to be contrary to law by court of competent jurisdiction from whose final judgment or decree no appeal has been taken within the time provided or administrative ruling or is in violation of legislation or administrative regulations, such provisions shall be voided. All other provisions of this Agreement shall continue in full force and effect. The voided provision may be renegotiated at the written request of either party.

**Article XIX.**
DURATION

**Section 19.01** This Agreement shall be effective as of the 1st day of January, 2020, and shall remain in effect until the 31st day of December, 2021, and shall remain in effect from year to year thereafter unless either party shall give written notice prior to any anniversary date of its desire to amend or terminate the Agreement.

In witness thereof, the parties hereto have set their signatures on this ___ day of_____, 2021.

COUNTY OF MILLE LACS

Dave Oslin,
Chairman of the Board

Holly Wilson
Assistant County Administrator

Don Lorge, County Sheriff

MINNESOTA PUBLIC EMPLOYEES ASSOCIATION (MNPEA)

Rob Fowler, MNPEA

~~Jason LaSart~~, Steward
Bradley Hunt

MILLE LACS COUNTY

2020 Uniform Payscale MPEA

2.5% general adjustment

| Grade | MIN | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| A | $ 11.67 | $ 12.17 | $ 12.51 | $ 12.85 | $ 13.19 | $ 13.54 | $ 13.88 | $ 14.22 | $ 14.56 | $ 14.90 | $ 15.24 | $ 15.58 |
| B | $ 12.46 | $ 12.99 | $ 13.36 | $ 13.72 | $ 14.09 | $ 14.45 | $ 14.81 | $ 15.18 | $ 15.54 | $ 15.90 | $ 16.27 | $ 16.63 |
| C | $ 13.30 | $ 13.87 | $ 14.26 | $ 14.65 | $ 15.04 | $ 15.42 | $ 15.81 | $ 16.20 | $ 16.59 | $ 16.98 | $ 17.37 | $ 17.75 |
| D | $ 14.20 | $ 14.81 | $ 15.22 | $ 15.64 | $ 16.05 | $ 16.47 | $ 16.88 | $ 17.29 | $ 17.71 | $ 18.12 | $ 18.54 | $ 18.95 |
| E | $ 15.16 | $ 15.81 | $ 16.25 | $ 16.69 | $ 17.13 | $ 17.58 | $ 18.02 | $ 18.46 | $ 18.90 | $ 19.35 | $ 19.79 | $ 20.23 |
| F | $ 16.18 | $ 16.87 | $ 17.35 | $ 17.82 | $ 18.29 | $ 18.76 | $ 19.24 | $ 19.71 | $ 20.18 | $ 20.65 | $ 21.13 | $ 21.60 |
| G | $ 17.27 | $ 18.01 | $ 18.52 | $ 19.02 | $ 19.53 | $ 20.03 | $ 20.53 | $ 21.04 | $ 21.54 | $ 22.05 | $ 22.55 | $ 23.06 |
| H | $ 18.44 | $ 19.23 | $ 19.77 | $ 20.30 | $ 20.84 | $ 21.38 | $ 21.92 | $ 22.46 | $ 23.00 | $ 23.54 | $ 24.07 | $ 24.61 |
| I | $ 19.68 | $ 20.53 | $ 21.10 | $ 21.68 | $ 22.25 | $ 22.82 | $ 23.40 | $ 23.97 | $ 24.55 | $ 25.12 | $ 25.70 | $ 26.27 |
| J | $ 20.96 | $ 21.86 | $ 22.47 | $ 23.08 | $ 23.70 | $ 24.31 | $ 24.92 | $ 25.53 | $ 26.14 | $ 26.76 | $ 27.37 | $ 27.98 |
| K | $ 22.32 | $ 23.28 | $ 23.93 | $ 24.58 | $ 25.24 | $ 25.89 | $ 26.54 | $ 27.19 | $ 27.84 | $ 28.50 | $ 29.15 | $ 29.80 |
| L | $ 23.77 | $ 24.79 | $ 25.49 | $ 26.18 | $ 26.88 | $ 27.57 | $ 28.27 | $ 28.96 | $ 29.65 | $ 30.35 | $ 31.04 | $ 31.74 |
| M | $ 25.32 | $ 26.41 | $ 27.15 | $ 27.88 | $ 28.62 | $ 29.36 | $ 30.10 | $ 30.84 | $ 31.58 | $ 32.32 | $ 33.06 | $ 33.80 |
| N | $ 26.97 | $ 28.12 | $ 28.91 | $ 29.70 | $ 30.48 | $ 31.27 | $ 32.06 | $ 32.85 | $ 33.63 | $ 34.42 | $ 35.21 | $ 36.00 |
| O | $ 28.72 | $ 29.95 | $ 30.79 | $ 31.63 | $ 32.47 | $ 33.30 | $ 34.14 | $ 34.98 | $ 35.82 | $ 36.66 | $ 37.50 | $ 38.34 |
| P | $ 30.59 | $ 31.90 | $ 32.79 | $ 33.68 | $ 34.58 | $ 35.47 | $ 36.36 | $ 37.26 | $ 38.15 | $ 39.04 | $ 39.94 | $ 40.83 |
| Q | $ 32.57 | $ 33.97 | $ 34.92 | $ 35.87 | $ 36.82 | $ 37.78 | $ 38.73 | $ 39.68 | $ 40.63 | $ 41.58 | $ 42.53 | $ 43.48 |
| R | $ 34.69 | $ 36.18 | $ 37.19 | $ 38.20 | $ 39.22 | $ 40.23 | $ 41.24 | $ 42.26 | $ 43.27 | $ 44.28 | $ 45.30 | $ 46.31 |
| S | $ 36.95 | $ 38.53 | $ 39.61 | $ 40.69 | $ 41.77 | $ 42.85 | $ 43.92 | $ 45.00 | $ 46.08 | $ 47.16 | $ 48.24 | $ 49.32 |
| T | $ 39.35 | $ 41.03 | $ 42.18 | $ 43.33 | $ 44.48 | $ 45.63 | $ 46.78 | $ 47.93 | $ 49.08 | $ 50.23 | $ 51.38 | $ 52.52 |
| U | $ 41.90 | $ 43.70 | $ 44.93 | $ 46.15 | $ 47.37 | $ 48.60 | $ 49.82 | $ 51.04 | $ 52.27 | $ 53.49 | $ 54.71 | $ 55.94 |
| V | $ 44.63 | $ 46.54 | $ 47.85 | $ 49.15 | $ 50.45 | $ 51.76 | $ 53.06 | $ 54.36 | $ 55.66 | $ 56.97 | $ 58.27 | $ 59.57 |
| W | $ 47.53 | $ 49.57 | $ 50.96 | $ 52.34 | $ 53.73 | $ 55.12 | $ 56.51 | $ 57.90 | $ 59.28 | $ 60.67 | $ 62.06 | $ 63.45 |
| X | $ 50.62 | $ 52.79 | $ 54.27 | $ 55.75 | $ 57.22 | $ 58.70 | $ 60.18 | $ 61.66 | $ 63.14 | $ 64.61 | $ 66.09 | $ 67.57 |
| Y | $ 53.91 | $ 56.22 | $ 57.80 | $ 59.37 | $ 60.94 | $ 62.52 | $ 64.09 | $ 65.67 | $ 67.24 | $ 68.81 | $ 70.39 | $ 71.96 |

MILLE LACS COUNTY

2021 Uniform Payscale MPEA

2.5% general adjustment

| Grade | MIN | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| A | $ 11.96 | $ 12.48 | $ 12.83 | $ 13.17 | $ 13.52 | $ 13.87 | $ 14.22 | $ 14.57 | $ 14.92 | $ 15.27 | $ 15.62 | $ 15.97 |
| B | $ 12.77 | $ 13.32 | $ 13.69 | $ 14.06 | $ 14.44 | $ 14.81 | $ 15.18 | $ 15.56 | $ 15.93 | $ 16.30 | $ 16.67 | $ 17.05 |
| C | $ 13.63 | $ 14.22 | $ 14.62 | $ 15.01 | $ 15.41 | $ 15.81 | $ 16.21 | $ 16.61 | $ 17.00 | $ 17.40 | $ 17.80 | $ 18.20 |
| D | $ 14.55 | $ 15.18 | $ 15.60 | $ 16.03 | $ 16.45 | $ 16.88 | $ 17.30 | $ 17.73 | $ 18.15 | $ 18.58 | $ 19.00 | $ 19.43 |
| E | $ 15.54 | $ 16.20 | $ 16.66 | $ 17.11 | $ 17.56 | $ 18.02 | $ 18.47 | $ 18.92 | $ 19.38 | $ 19.83 | $ 20.28 | $ 20.74 |
| F | $ 16.58 | $ 17.30 | $ 17.78 | $ 18.26 | $ 18.75 | $ 19.23 | $ 19.72 | $ 20.20 | $ 20.69 | $ 21.17 | $ 21.65 | $ 22.14 |
| G | $ 17.70 | $ 18.46 | $ 18.98 | $ 19.50 | $ 20.01 | $ 20.53 | $ 21.05 | $ 21.56 | $ 22.08 | $ 22.60 | $ 23.12 | $ 23.63 |
| H | $ 18.90 | $ 19.71 | $ 20.26 | $ 20.81 | $ 21.36 | $ 21.92 | $ 22.47 | $ 23.02 | $ 23.57 | $ 24.12 | $ 24.68 | $ 25.23 |
| I | $ 20.17 | $ 21.04 | $ 21.63 | $ 22.22 | $ 22.81 | $ 23.40 | $ 23.98 | $ 24.57 | $ 25.16 | $ 25.75 | $ 26.34 | $ 26.93 |
| J | $ 21.49 | $ 22.41 | $ 23.03 | $ 23.66 | $ 24.29 | $ 24.92 | $ 25.54 | $ 26.17 | $ 26.80 | $ 27.43 | $ 28.05 | $ 28.68 |
| K | $ 22.88 | $ 23.86 | $ 24.53 | $ 25.20 | $ 25.87 | $ 26.54 | $ 27.20 | $ 27.87 | $ 28.54 | $ 29.21 | $ 29.88 | $ 30.54 |
| L | $ 24.37 | $ 25.41 | $ 26.13 | $ 26.84 | $ 27.55 | $ 28.26 | $ 28.97 | $ 29.68 | $ 30.40 | $ 31.11 | $ 31.82 | $ 32.53 |
| M | $ 25.95 | $ 27.07 | $ 27.82 | $ 28.58 | $ 29.34 | $ 30.10 | $ 30.86 | $ 31.61 | $ 32.37 | $ 33.13 | $ 33.89 | $ 34.64 |
| N | $ 27.64 | $ 28.83 | $ 29.63 | $ 30.44 | $ 31.25 | $ 32.05 | $ 32.86 | $ 33.67 | $ 34.48 | $ 35.28 | $ 36.09 | $ 36.90 |
| O | $ 29.44 | $ 30.70 | $ 31.56 | $ 32.42 | $ 33.28 | $ 34.14 | $ 35.00 | $ 35.86 | $ 36.72 | $ 37.58 | $ 38.44 | $ 39.29 |
| P | $ 31.35 | $ 32.69 | $ 33.61 | $ 34.53 | $ 35.44 | $ 36.36 | $ 37.27 | $ 38.19 | $ 39.10 | $ 40.02 | $ 40.93 | $ 41.85 |
| Q | $ 33.39 | $ 34.82 | $ 35.79 | $ 36.77 | $ 37.74 | $ 38.72 | $ 39.69 | $ 40.67 | $ 41.64 | $ 42.62 | $ 43.59 | $ 44.57 |
| R | $ 35.56 | $ 37.08 | $ 38.12 | $ 39.16 | $ 40.20 | $ 41.24 | $ 42.27 | $ 43.31 | $ 44.35 | $ 45.39 | $ 46.43 | $ 47.47 |
| S | $ 37.87 | $ 39.49 | $ 40.60 | $ 41.71 | $ 42.81 | $ 43.92 | $ 45.02 | $ 46.13 | $ 47.23 | $ 48.34 | $ 49.45 | $ 50.55 |
| T | $ 40.33 | $ 42.06 | $ 43.24 | $ 44.42 | $ 45.59 | $ 46.77 | $ 47.95 | $ 49.13 | $ 50.30 | $ 51.48 | $ 52.66 | $ 53.84 |
| U | $ 42.95 | $ 44.79 | $ 46.05 | $ 47.30 | $ 48.56 | $ 49.81 | $ 51.07 | $ 52.32 | $ 53.57 | $ 54.83 | $ 56.08 | $ 57.34 |
| V | $ 45.74 | $ 47.71 | $ 49.04 | $ 50.38 | $ 51.71 | $ 53.05 | $ 54.38 | $ 55.72 | $ 57.06 | $ 58.39 | $ 59.73 | $ 61.06 |
| W | $ 48.72 | $ 50.81 | $ 52.23 | $ 53.65 | $ 55.07 | $ 56.50 | $ 57.92 | $ 59.34 | $ 60.77 | $ 62.19 | $ 63.61 | $ 65.03 |
| X | $ 51.88 | $ 54.11 | $ 55.62 | $ 57.14 | $ 58.65 | $ 60.17 | $ 61.68 | $ 63.20 | $ 64.71 | $ 66.23 | $ 67.74 | $ 69.26 |
| Y | $ 55.26 | $ 57.63 | $ 59.24 | $ 60.85 | $ 62.47 | $ 64.08 | $ 65.69 | $ 67.31 | $ 68.92 | $ 70.53 | $ 72.15 | $ 73.76 |

MILLE LACS COUNTY EST. 1857

5.7

ADD ON

**Board Agenda Request Form**
Board of County Commissioners

**Requested Meeting Date:** 02/16/21
*(Board meets the 1st and 3rd Tuesday of each month)*

**Title of Item for Consideration:**
Consider Land Services Manager/County Recorder Position Description and Proceed with Hire

**Consent Agenda**
☐ Approve/Deny Motion ☐ Information Only
☐ Schedule Public Hearing*
**provide sample notice that will run in paper*

**Regular Agenda – Estimate Time Needed:** 1 minutes
☑ Approve/Deny Motion ☐ Discussion Item
☐ Direction Requested ☐ Hold Public Hearing*
☐ Presentation of Information
**provide copy of hearing notice that was published*

**Submitted by:**
Holly Wilson, Personnel Director

**Department:**
Administrative Services Office

**Who will attend the meeting and be able to respond to questions? Give name and title:**
Holly Wilson, Personnel Director

**Summary of Issue** *(include previous Board or Committee actions and/or minutes, as well as applicable dates):*

The Administrative Services Office recieved notification of the resignation of Land Services Director/County Recorder effective March 5, 2021 and is requesting to fill the vacancy as Land Services Manager/County Recorder. Approval is needed to revise the position description of Land Services Director to Land Services Manager/County Recorder and to proceed with filling the position. The position description has been reviewed and graded by the County's consultant and is recommended at a grade O.

**Alternatives/Options/Comments:**

**Recommended Action/Motion:**

Approve revision of the Land Services Director position description to a Land Services Manager/County Recorder and proceed with filling the postion.

**Financial Impact:**
*Is there a cost associated with this request?* ☑ *Yes* ☐ *No*
*What is the total cost, including tax and shipping?* $_____
*Are funds available in the budget?* ☑ *Yes* ☐ *No* *If no, please explain:*

**Additional Information Attached:**
☐ *Contract/Agreement*
*Approved by County Attorney's Office:* ☐ *Yes* ☐ *No* *If no, please explain:* _____
☐ *Minutes of Relevant Meeting(s)*
☑ *Background Information (such as price quotes, etc.)*
Position Description

**Board action:** *(for use by Recording Secretary)*
☐ Approved ☐ Denied ☐ Tabled: _____

MILLE LACS COUNTY EST 1857

*Position Description*

## LAND SERVICES MANAGER/COUNTY RECORDER

| | |
|---|---|
| Department: | Land Services Office |
| **Grade:** | **O** |
| Reports to: | County Administrator |
| FLSA Overtime Status: | Exempt (E) |
| Revision Date: | February 2021 |

### OBJECTIVE

The Land Services Manager/County Recorder provides direction for the office's operations/services within the county. The Land Services Manager/County Recorder interprets policies and ordinances and ensures uniform application to the public.

### SCOPE

Works under direction of the County Administrator. Provides work direction to the Land Services office staff.

### ESSENTIAL FUNCTIONS

The following duties are normal for this position. These are not to be construed as exclusive or all-inclusive. Other duties may be required and assigned.

1. Uses independent judgment to provide supervision and leadership to department personnel under span of control. Provides training and work direction, ensuring staff knows and follows department and county rules, as well as sound work and safety practices, in order to accomplish the job objectives and avoid injury or loss.

2. Oversees the land zoning functions for the county while ensuring compliance with applicable federal, state and local ordinances and policies, including directing the work of the Planning Commission and Board of Adjustment.

3. Oversees the implementation of the County Development Ordinance.

4. Acts as County Recorder by fulfilling all functions by MN State Statute of the Office of County Recorder. Develops, implements and maintains programs and procedures related to laws passed by the Minnesota State Legislature governing filing, recording and retention of documents including Registrar of Title (Torrens), Abstracts of Title, and Personal Property documentation.

5. Provides input for plans, development, and implementation of short and long-term objectives, operating policies and procedures in order to accomplish departmental goals and objectives. Interprets policies and ordinances and ensures uniform application to the public, including the impacts of new legislation. Works with the County Administrator on the development of department policies, the long and short-term goals, and the annual work plan.

6. Provides input for allocation of human and fiscal resources to ensure department goals are achieved in a cost-effective manner. Analyzes expenditures, expected needs, future cost projections and sources of funding in order to develop detailed budgets; reviews year-to-date spending reports and monitors performance against plan during the entire budget cycle; works to ensure the most cost-effective alternatives are identified when planning expenditures; prepares requests for annual funding and presents requests to County Administrator.

7. Maintains up-to-date records and prepares comprehensive reports and correspondence relating to departmental activities, direction, accomplishments to comply with various reporting requirements.

8. Serves as Zoning Administrator for purposes of state statute-rule and local ordinances.

9. Oversees the functions of the County Building Official.

10. Administers the County Development Ordinance including receiving, reviewing, and approving applications for administrative subdivisions.

11. Responsible for maintaining internal and external relationships key to the function of the county.

12. Performs other job-related duties as assigned.

## MINIMUM QUALIFICATIONS

Bachelor's Degree in Environmental Studies, Public Administration, Planning or a related field, and four years of related experience; or an equivalent combination of education and experience. A valid driver's license is required. .

## KNOWLEDGE, SKILLS AND ABILITIES

Knowledge of department and county organization and administrative policies, procedures and practices; state legislation governing all functions of the County Recorder, stipulations and variances related to application of zoning codes, legal descriptions of real property, and code requirements relating to placement of structures on property.

Skill in reading, writing, and speaking English proficiently; organizing and prioritizing work; public relations skills for dealing with the public to resolve problems or to explain laws and departmental operations; studying, analyzing, and compiling technical information on zoning issues and violations; preparing factual, clear, and concise oral and written reports; management and budget administration; computer proficiency to effectively perform duties.

Ability to develop and maintain effective working relationships with County Board, peers, subordinates, other county staff and members of the public; operate vehicles and all other job-related equipment; demonstrate effective oral and written English communication; understand and carry out oral and written instructions; enforce and interpret regulations with tact, firmness, and impartiality; read and interpret plans, specifications; compose agreements and contracts and solicit bids or quotes from appropriate sources; study, analyze and compile technical information on zoning issues and violations; prepare factual, clear and concise oral and written reports; exercise independent judgment, initiative and discretion

in operating methods and procedures; evaluate staff members and motivate them to perform in a safe and competent manner; administer the department budget; read and interpret legal descriptions of property; read maps, blue prints and surveys; make mathematical computations and tabulations with a high degree of accuracy.

**EQUIPMENT**
Vehicle, maps, camera, calculator, computer and software, printer, microfilm printer and reader, copier, fax, telephone and other job-related equipment.

**WORKING CONDITIONS**
Work is typically performed in a normal office environment, but is occasionally performed in a variety of indoor and outdoor settings when making field site visits. There is extensive use of a computer, phone, and other office equipment. The job involves dealing with and calming individuals who are emotionally charged over an issue. There is considerable attention to detail and deadlines.

**PHYSICAL REQUIREMENTS**
Climbing, balancing, stooping, kneeling, crouching, crawling, reaching, standing, walking, pushing, pulling, lifting, fingering, grasping, feeling, talking, hearing, seeing, repetitive motions.

**Light Work:** Exerting up to 20 pounds of force occasionally, and/or up to 10 pounds of force frequently, and/or a negligible amount of force constantly to move objects. If the use of arm and/or leg controls require exertion of forces greater than that for Sedentary Work and the worker sits most of the time, the job is rated for Light Work.

**ADA CONSIDERATIONS**
The County is an Equal Opportunity Employer. In compliance with the Americans with Disabilities Act, the County will provide reasonable accommodations to qualified individuals with disabilities and encourages both prospective and current employees to discuss potential accommodations with the employer.

*Board approved: 02/16/2021*

MILLE LACS COUNTY EST 1857

5.8

***Board Agenda Request Form***
Board of County Commissioners

**Requested Meeting Date:** 02/16/21
*(Board meets the 1st and 3rd Tuesday of each month)*

**Title of Item for Consideration:**
Consider Sheriff's Office Snowmobile Purchase

**Consent Agenda**
☐ Approve/Deny Motion ☐ Information Only
☐ Schedule Public Hearing*
**provide sample notice that will run in paper*

**Regular Agenda – Estimate Time Needed:** _____ minutes
☑ Approve/Deny Motion ☐ Discussion Item
☐ Direction Requested ☐ Hold Public Hearing*
☐ Presentation of Information
**provide copy of hearing notice that was published*

**Submitted by:**
Chief Deputy Kyle Burton

**Department:**
Sheriff's Office

**Who will attend the meeting and be able to respond to questions? Give name and title:**
Chief Deputy Kyle Burton and Boat and Water Coordinator Robert Cooper

**Summary of Issue** *(include previous Board or Committee actions and/or minutes, as well as applicable dates):*

The Sheriff's Office would like the Board to approve the purchase of a 2021 SKI DOO 850 D/C ETEC Snow Mobile from Duluth Lawn and Sport. The State Bid purchase price of the snow mobile is $12887.98. For 2021, only two dealers are offering State Bid sales on snow mobiles with Duluth being the only one with the requested model in stock. The funds needed to purchase were approved in the budget for in 2021.

**Alternatives/Options/Comments:**

**Recommended Action/Motion:**

Approve the purchase of the snowmobile on the state bid from Duluth Lawn and Sport.

**Financial Impact:**
*Is there a cost associated with this request?* ☑ *Yes* ☐ *No*
*What is the total cost, including tax and shipping?* $ $12887.98
*Are funds available in the budget?* ☑ *Yes* ☐ *No* *If no, please explain:*

**Additional Information Attached:**
☐ *Contract/Agreement*
*Approved by County Attorney's Office:* ☐ *Yes* ☐ *No* *If no, please explain:* _____
☐ *Minutes of Relevant Meeting(s)*
☐ *Background Information (such as price quotes, etc.)*

**Board action:** *(for use by Recording Secretary)*
☐ Approved ☐ Denied ☐ Tabled: _____

Duluth LAWN & SPORT
4715 Grand Avenue, Duluth, MN
218-628-3718 or 800-761-3718
www.duluthlawnandsport.com

# Quote

**Quote No.** 9134
**Quote Date** 02/08/2021
**Date Needed**
**Entered by** DAD
**Salesperson** DAD

**BILL**
ACCT. # MILLILAC
CUSTOMER Millilacs County Sheriff
ADDRESS 640 3rd st SE
CITY-ST-ZIP Milaca, MN 56353
CONTACT
TELEPHONE (320)-930-1912 ext

Email robert.cooper@millelacs.mn.gov

**SHIP**
CUSTOMER Millilacs County Sheriff
ADDRESS 640 3rd st SE
CITY-ST-ZIP Milaca, MN 56353
CONTACT
TELEPHONE (320)-930-1912 ext

add $120 delv if needed.

| Customer PO # / Name | Ship Via | FOB Point | Payment Terms |
|---|---|---|---|
| | | | COD |

| QTY | ITEM CODE | DESCRIPTION OF ITEM | D | PRICE EACH | DISC. | TX | EXT.PRICE |
|---|---|---|---|---|---|---|---|
| 1.00 | UGMB | 2021 SKI DOO 850 B/C ETEC SNOWMOBILE | L | 13,749.99 | 2,475.00 | | 11,274.99 |
| 1.00 | 417300531 | BELT_DRIVE | L | 208.99 | 43.89 | | 165.10 |
| 1.00 | 860201423 | 12 V OUTLET POWER | L | 42.99 | 9.03 | | 33.96 |
| 1.00 | 860201283 | HEATED VISOR KIT | L | 35.99 | 7.56 | | 28.43 |
| 1.00 | 860201728 | ICE SCRATCHER | L | 94.99 | 19.95 | | 75.04 |
| 1.00 | 860201653 | FULL BODY SKID PLATE KIT | L | 159.49 | 33.49 | | 126.00 |
| 1.00 | 860201471 | 137 HITCH BUMPER | L | 99.99 | 21.00 | | 78.99 |
| 1.00 | 860200902 | HITCH tongue type | L | 54.99 | 11.55 | | 43.44 |
| 1.00 | 860201285 | DEFLECTOR MOUNT MIRROIRS | L | 84.99 | 17.85 | | 67.14 |
| 1.00 | 860201495 | HIGH WINDSHIELD KIT | L | 139.99 | 29.40 | | 110.59 |
| 1.00 | 860201256 | LATERAL AIR DEFLECTOR KIT | L | 49.99 | 10.50 | | 39.49 |
| 1.00 | 517306183 | WINDSHIELD SUPPORT | L | 27.90 | 5.86 | | 22.04 |
| 1.00 | 779127 | OIL 2T E-TEC SYNTHETIC GAL/3,785L | L | 50.99 | 10.71 | | 40.28 |
| 1.00 | 860201678 | SHORT BAG KIT | L | 174.99 | 36.75 | | 138.24 |
| 1.00 | LABOR-INSTALLATIO | LABOR FOR INSTALLATION | L | 339.25 | | T | 339.25 |
| 1.00 | MISC | Freight to Dealer | L | 305.00 | | T | 305.00 |

We Sincerely Appreciate Your Business!

| | |
|---|---|
| **SubTotal** | 12,887.98 |
| **Tax** CITY/STATE | ~~57.18~~ |
| **COD** | |
| **Shipping** | |
| **Total** | 12,945.16 |

**Authorized by**

**Thank You!**