

**JULY 19, 2016
MCLEOD COUNTY
BOARD MEETING
WILL BE HELD AT
THE GLENCOE
CITY CENTER
1107 11TH STREET E
GLENCOE, MN**

**McLEOD COUNTY
BOARD OF COMMISSIONERS
PROPOSED MEETING AGENDA
JULY 19, 2016**

1 9:00 CALL TO ORDER

PLEDGE OF ALLEGIANCE

2 9:03 CONSIDERATION OF AGENDA ITEMS*

3 9:08 CONSENT AGENDA*

- A. July 5, 2016 Meeting Minutes.
- B. July 1, 2016 Auditor's Warrants.
- C. July 8, 2016 Auditor's Warrants.
- D. Approve gambling permit for Ducks Unlimited to conduct a raffle on September 8, 2016 at Crow River Winery, 14848 Highway 7 E, Hutchinson, MN. The application is acknowledged with no waiting period as allowed under Minnesota Statute 349.213.
- E. Approve an application for a 1 day transient merchant's license for Clothing Concepts, Inc. for David Wajcma from Overland Park, KS. The event is being held on August 4, 2016 at the Hutchinson Event Center located in Hutchinson, MN.
- F. Approve the Sale of Cigarette and other Tobacco Products License for Dollar General in Silver Lake, MN from August 1, 2016 through December 31, 2016.
- G. Approve an application and permit for a 1 day temporary on-sale liquor license for St. Mary's Care Center, Winsted, Minnesota for their event being held on September 10, 2016 at 230th St., Winsted, Minnesota.

4 PAYMENT OF BILLS - COMMISSIONER WARRANT LIST*

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

6 9:15 HIGHWAY DEPARTMENT – Engineer John Bunkhorst

- A. Update on CP 16-054-01, County Road 54 (Tagus Avenue) rehabilitation project.
- B. Consider purchase of approximately 400 tons of Portland cement from Lehigh Cement Company of Victoria, MN for a delivered price of \$112/ton. Continental Cement of Chesterfield, MO quoted \$141/ton, Lafarge Holcim of Eagan, MN quoted \$133.93/ton, GCC of Sioux Falls, SD quoted \$132.77/ton. *
- C. Consider hiring Midstate Reclamation and Trucking of Lakeville, MN to perform the cement stabilization on the County Road 54 project for \$15,940. Allstate Pavement Recycling & Reclamation of Rogers, MN quoted \$17,190. *

- D. Consider hiring Reiner Contracting of Hutchinson, MN to perform laydown and compaction on the County Road 54 project for an estimated fee of \$17,000. *
- E. Consider hiring ASTECH Corp. of St. Cloud, MN to perform bituminous surface treatment on the County road 54 project for \$46,260.45. Pearson Bros. of Hanover, MN quoted \$51,962.35. *

7 9:30 Safe Avenues- Executive Director Jen Johnson

- A. Annual summary of services provided by Safe Avenues and request for 2017 funding.

8 9:40 Planning and Zoning- Assistant Zoning Administrator Marc Telecky

- A. Consider approving Resolution 16-CB-26, Opting-Out of the Requirements of Minnesota Statutes, Section 394.307 for Temporary Family Health Care Dwellings. On May 12, 2016, the Governor of Minnesota signed into law Chapter 111 of the 89th Legislature of the State of Minnesota establishing definitions and requirements for Temporary Family Health Care Dwellings, which was introduced during the 2016 legislative session as Senate File 2555 and on House File 2497. Subdivision 9 of Minnesota Statute 394.307 and allows a county to “opt-out” of the regulations through the passage of a county board resolution. McLeod County elects to regulate Temporary Family Health Care Dwellings through already existing permitting standards of the McLeod County Zoning Ordinance. *

9 9:45 Ecumen RSVP– Program Director Donna Whitcomb

- A. Annual summary of services provided by Ecumen RSVP and request for 2017 funding.

10 10:05 MN Department of Natural Resources – Area Wildlife Supervisor Joseph Stangel

- A. Notification that Pheasants Forever intends to donate a 55.11 acre State Wildlife Management Area (WMA) located in Lynn Township of McLeod County to the Minnesota Department of Natural Resources, Section of Wildlife as Ras-Lyn WMA Addition.

11 10:15 Recorder’s Office– County Recorder Lynn Ette Schrupp

- A. Consider approving changes to the Compliance Fund Procedures. The Compliance Fund Committee recommends that the Compliance Fund Procedures be amended to better fit the county purchasing policy that states that departments do not have to come to the board for requests less than \$5000. Since the County Recorder knows what monies are in this fund she could just monitor and approve requests under \$5000. This saves staff time from having to attend board meetings and the Administration Department from having to put information into the board packet. It also saves Commissioner time at board meetings. *

12 10:20 Contegrity Group – Construction Manager Sam Lauer

- A. Update on jail expansion/courthouse security improvements.

13 10:25 Human Resources – Director Mary Jo Wieseler

- A. Consider July 12, 2016 Personnel Committee Recommendations.*
- B. Consider approval of Memorandum of Agreement with Teamsters Clerical for Health Care Savings Plan.*

COUNTY ADMINISTRATION

- Review of Commissioners Calendar
 - Commissioner reports of committee meetings attended since July 5, 2016.
- A. Consider August 2, 2016 Board Workshop agenda. *

OTHER

Open Forum
Press Relations

RECESS

Next board meeting August 2, 2016 at 9:00 a.m. at the Glencoe City Center.

**McLEOD COUNTY
BOARD OF COMMISSIONERS
PROPOSED MEETING MINUTES – July 5, 2016**

CALL TO ORDER

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

PLEDGE OF ALLEGIANCE

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

Recognition of Dave Aul's retirement and presentation of a plaque in appreciation for his twenty years of service to the McLeod County Building Maintenance Department from April 8, 1996 through July 18, 2016.

CONSIDERATION OF AGENDA ITEMS

Nagel/Krueger motion carried unanimously to approve the agenda.

CONSENT AGENDA

- A) June 13, 2016 Board of Appeal & Equalization Meeting Minutes.
- B) June 21, 2016 Meeting Minutes and Synopsis.
- C) June 17, 2016 Auditor's Warrants.
- D) June 24, 2016 Auditor's Warrants.
- E) Approve Conditional Use Permit 16-16 requested by Kyle Peik for an accessory structure to be greater than 2,400 square feet (65' X 81' X 16') on a platted lot to be used for cold storage and to be located within 10.54 Acres - Deer Haven Acres, Lot-001 Block-001 in Section 2 of Collins Township. The Collins Township Board recommended approval on June 9, 2016. The Planning Advisory Committee unanimously recommended approval on June 22, 2016.

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

PAYMENT OF BILLS – COMMISSIONER WARRANT LIST

General Revenue	\$22,951.59
Road & Bridge	\$19,791.86
Solid Waste	\$42,282.27

Shimanski/Krueger motion carried unanimously to approve payment of bills totaling \$85,025.72 from the aforementioned funds.

ASSESSORS OFFICE - Assessor Sue Schulz

- A) Sue Schulz requested approval of tax court settlement with Menards for payable 2013 to reduce estimated market value payable 2013 from \$6,918,300 to \$6,500,000.

Nies/Nagel motion carried unanimously to authorize County Attorney Mike Junge to sign tax court settlement offer concerning Menards to reduce estimated market value payable 2013 from \$6,918,300 to \$6,500,000.

- B) Sue Schulz requested approval to hire an appraiser for tax court appeal with City West concerning the empty Telex building in Glencoe for payable year 2014 at a cost of \$20,000.

Nies/Shimanski motion carried unanimously to approve hiring an appraiser for tax court appeal with City West concerning the empty Telex building in Glencoe for payable year 2014 at a cost of \$20,000 with \$12,000 coming from the Assessors 2016 budget and \$8,000 coming from reserves.

- C) Sue Schulz requested approval to purchase folder inserter from Neopost to be used for bulk mailings for a cost of \$3087.00 with finding coming from the compliance fund.

Shimanski/Krueger motion carried unanimously to approve the purchase of a folder inserter from Neopost to be used for bulk mailings for a cost of \$3087.00 with finding coming from the compliance fund.

PUBLIC HEARING - County Ditch 22

- A) Chuck Vermeersch, SEH Project Manager, was present to answer any questions related to the timeline of County Ditch 22 which are as follows:
- Petition to repair County Ditch 20 was filed on June 18, 2015.
 - SEH, Inc. was appointed as the Engineer and ordered to examine drainage system and make a repair report on August 18, 2015.

- Drainage Authority received and approved the Engineer's Report, determined the findings and ordered the repair on said drainage ditches on May 17, 2016.
- Repair bids were accepted on June 27, 2016.

Repair bids included: Hutton Inc. (West Concord, MN) \$79,185.50; Wuetherich Drainage, Inc. (Norwood Young America, MN) \$87,795.00; Ellingson Drainage (West Concord, MN) \$96,640.00; Ag Tech Drainage (Sauk Centre, MN) \$106,874.00; Brey Tiling (Marshall, MN) \$124,610.00; Hodgman Drainage Company, Inc. (Claremont, MN) \$135,648.50; R&R Excavating, Inc. (Hutchinson, MN) \$147,038.93; Northdale Construction Company, Inc. (Albertville, MN) \$171,911.00.

Nagel/Nies motion carried unanimously to award bid to Hutton Inc. (West Concord, MN) at \$79,185.50.

Nagel/Shimanski motion carried unanimously to adopt Resolution 16-CB-26 for financing repair project.

MCLEOD COUNTY EMERGENCY FOOD SHELF –Secretary Lloyd Graupmann

- A) Lloyd Graupmann background information of the McLeod Emergency Food Shelf (MEFS) which serves any and all needy patrons out of McLeod County's 34,898 residents who may be seeking assistance in satisfying food security as well as other basic needs and/or services. In 2015, over 5,432 people used MEFS at least once. That equals to slightly more than 15% of McLeod County residents who wondered where their next meal was coming from. MEFS also partners with numerous local social service agencies which provide additional service and support during times of need.

McLeod County Emergency Food Shelf is requesting funding from McLeod County of \$44,000. In the past MEFS was able to invest its donated cash into long-term certificates of deposit. Those reserves have been used up as the food shelf bought food it needed to serve the public.

After further discussion, it was determined that this request will be brought forward to the budget committee.

PUBLIC HEALTH – Director Jennifer Hauser

- A) Jennifer Hauser requested approval of the Clinical Learning Experience Agreement between the State of Minnesota, acting through its Board of Trustees of the Minnesota State Colleges and Universities, on behalf of Metropolitan State University and McLeod County Public Health.

This Agreement is effective when fully executed and shall remain in effect until 6/30/2021. The purpose of this Memorandum of Agreement is to outline the terms of the Public Health nursing clinical learning experience for Metropolitan State University and McLeod County Public Health.

Shimanski/Nies motion carried unanimously to approve the Clinical Learning Experience Agreement between the State of Minnesota, acting through its Board of Trustees of the Minnesota State Colleges and Universities, on behalf of Metropolitan State University and McLeod County Public Health.

EXTENSION – Program Leader Nathan Winter

- A) Nathan Winter requested approval to purchase a new copier from Metro Sales Inc. (Mankato, MN) at a cost of \$10,156.00 with funding coming from the 2016 Extension budget.

McLeod County Extension will be able to absorb the cost of the copier in this fiscal year through two sources:

- 1) Payment from University of Minnesota for space use for the Latino Financial Literacy (LTL) program - \$5,400
- 2) Contract savings for Nathan Winter's position. Nathan will be transitioning to a statewide role in Extension, and we are in the process of hiring his replacement. However, the position will be vacant for approximately one month's time with no backfill (though we do have a plan for taking care of County ag and hort needs in the interim). Approximate contracts savings - \$5,000

The current machine is 8 years old, and the office is charged per copy at a rate that is unsustainable for the County. In addition, the machine is no longer working at optimal levels, requiring heavier (and more expensive) paper, etc.

Nagel/Shimanski motion carried unanimously to approve the purchase of a new copier from Metro Sales Inc. (Mankato, MN) at a cost of \$10,156.00 with funding coming from the 2016 Extension budget.

ATTORNEYS OFFICE – County Attorney Mike Junge

- A) Mike Junge requested approval for Investigator Jim Nielsen to attend the United Council of Welfare Fraud (UCOWF) in Cleveland, OH October 18-20. Airfare, conference registration and lodging paid for by MN Fraud Investigators' Association.

Nagel/Krueger motion carried to approve Investigator Jim Nielsen to attend the United Council of Welfare Fraud (UCOWF) in Cleveland, OH October 18-20. Airfare, conference registration and lodging paid for by MN Fraud Investigators' Association.

B) Mike Junge presented the annual 2015 McLeod County Attorney's Office Report. He informed the Board that the total number of charges in 2015 was up slightly at 276 compared with 258 charges the year before. He highlighted the money that had been recovered from his department looking into 69 Medical Assistance Claims of which a portion is returned to the County. In 2015 this dollar value was \$95,219.46.

In 2015 Misdemeanor and Petty Misdemeanor charges were 440 up from 416 in 2014. Juvenile charges were down in 2015 were down at 205 compared with 231 charges the year before. Total new child support files opened in 2015 was 45.

COUNTY ADMINISTRATION

A) Pat Melvin requested consideration of June 22, 2016 Budget Committee Recommendations.

1. Consider quotes for installation of additional lighting for parking lot expansion at Health and Human Services Facility. August Electric Inc. of Kimball quoted \$17,300. AKO Electric out of Glencoe quoted \$9,997.25.

Recommendation is to accept second bid for \$9,997.25 to be paid for from Health and Human Services bonding money.

Nies/Nagel motion carried unanimously to accept bid of \$9,997.25 from AKO Electric (Glencoe, MN) for installation of additional lighting for parking lot expansion at Health and Human Services Facility with funding coming from Health and Human Services bonding money.

2. Consider setting schedule for Budget Committee review of 2017 Department budgets. There was discussion about available dates for the Budget Committee to review the 2017 budgets and Administration will work to schedule meetings.

B) Pat Melvin notified the board of the upcoming Association of Minnesota Counties Free Regional Buffer Workshops to be held in August.

Nies/Shimanski motion carried unanimously to recess at 10:20 a.m. until 9:00 a.m.
July 19, 2016 at the Glencoe City Center.

ATTEST:

Paul Wright, Board Chair

Patrick Melvin, County Administrator

DRAFT

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



POOL
7/1/16 1:57PM

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

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

Explode Dist. Formulas Y

Paid on Behalf Of Name
on Audit List?: N

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

Save Report Options?: N

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



POOL 7/1/16 1:57PM

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

1 GENERAL REVENUE FUND

Vendor No.	Name Account/Formula	Rpt Accr	Amount	Warrant Description Service Dates	Invoice # Paid On Bhf #	Account/Formula Description On Behalf of Name
0	DEPT			...		
3	4547 AVESIS THIRD PARTY ADMINISTRATOR'S 01-000-000-0000-2044		424.37	VISION PREMIUM GENERAL FUND 07/01/2016 07/31/2016		Vision Insurance PAYABLE
	4547 AVESIS THIRD PARTY ADMINISTRATOR'S		424.37		1 Transactions	
20	2811 CNA GROUP LONG TERM CARE 01-000-000-0000-2048		535.18	LONG TERM CARE GENERAL CARE 07/01/2016 07/31/2016		Long Term Care Payable
	2811 CNA GROUP LONG TERM CARE		535.18		1 Transactions	
0	DEPT Total:		959.55	...	2 Vendors	2 Transactions
3	DEPT			COUNTY WIDE		
	5281 TASC					
58	01-003-000-0000-6350		430.00	AUGUST HSA PLAN ADMINISTRATION	IN813121	Other Services & Charges
59	01-003-000-0000-6350		375.41	AUGUST FSA ADMINISTRATION	IN813121	Other Services & Charges
60	01-003-000-0000-6350		75.00	AUGUST FSA CLAIM CARD FEES	IN813121	Other Services & Charges
	5281 TASC		880.41		3 Transactions	
3	DEPT Total:		880.41	COUNTY WIDE	1 Vendors	3 Transactions
5	DEPT			BOARD OF COUNTY COMMISSIONERS		
	1886 BMO					
66	01-005-000-0000-6810		37.41	MAIN STREET SPORTS BAR	1627	REFUNDS AND REIMBURSEMENTS
	1886 BMO		37.41		1 Transactions	
5	DEPT Total:		37.41	BOARD OF COUNTY COMMISSIONERS	1 Vendors	1 Transactions
13	DEPT			COURT ADMINISTRATOR'S		
	11580 CENTURYLINK					
153	01-013-000-0000-6203		41.59	LONG DISTANCE 06/21/2016 07/20/2016	320439462	Communications
	11580 CENTURYLINK		41.59		1 Transactions	
13	DEPT Total:		41.59	COURT ADMINISTRATOR'S	1 Vendors	1 Transactions

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



POOL
7/1/16 1:57PM
1 GENERAL REVENUE FUND

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Vendor No.	Name Account/Formula	Rpt Accr	Amount	Warrant Description Service Dates	Invoice # Paid On Bhf #	Account/Formula Description On Behalf of Name
41	DEPT			COUNTY AUDITOR-TREASURER'S		
2589	SHI INTERNATIONAL CORP					
48	01-041-000-0000-6612		629.00	DESK TOP-SHERRIE	B04980994	Capital - \$100-\$5,000 (Inventory)
49	01-041-000-0000-6612		629.00	DESK TOP-COLLEEN	B04980994	Capital - \$100-\$5,000 (Inventory)
50	01-041-000-0000-6612		629.00	DESK TOP-BECKY	B04980994	Capital - \$100-\$5,000 (Inventory)
51	01-041-000-0000-6612		629.00	DESK TOP-CONNIE K	B04980994	Capital - \$100-\$5,000 (Inventory)
2589	SHI INTERNATIONAL CORP		2,516.00	4 Transactions		
41	DEPT Total:		2,516.00	COUNTY AUDITOR-TREASURER'S	1 Vendors	4 Transactions
76	DEPT			CENTRAL SERVICES-COUNTY WIDE		
1886	BMO					
67	01-076-000-0000-6205		141.90	USPS	9909	Postage And Postal Box Rental
1886	BMO		141.90	1 Transactions		
5918	CENTURY LINK					
18	01-076-000-0000-6203		52.20	CIRCUIT CHARGE	66XCD6-D-16167	Communications
5918	CENTURY LINK		52.20	1 Transactions		
5906	CENTURYLINK					
17	01-076-000-0000-6203		307.47	LOCAL SVC	313623769	Communications
16	01-076-000-0000-6203		2,464.28	LOCAL SVC	314019358	Communications
5906	CENTURYLINK		2,771.75	2 Transactions		
11580	CENTURYLINK					
152	01-076-000-0000-6203		492.77	LONG DISTANCE	320439462	Communications
				06/21/2016 07/20/2016		
11580	CENTURYLINK		492.77	1 Transactions		
76	DEPT Total:		3,458.62	CENTRAL SERVICES-COUNTY WIDE	4 Vendors	5 Transactions
85	DEPT			ELECTIONS		
8599	ELECTION SYSTEMS & SOFTWARE INC					
34	01-085-000-0000-6350		480.92	AUTOMARK CODING TOWNSHIPS	957265	Other Services & Charges
35	01-085-000-0000-6402		205.58	M100 BATTERIES 6	960605	Office Supplies
8599	ELECTION SYSTEMS & SOFTWARE INC		686.50	2 Transactions		

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POOL
7/1/16 1:57PM
1 GENERAL REVENUE FUND

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	<u>Vendor Name</u>	<u>Rpt</u>	<u>Warrant Description</u>	<u>Invoice #</u>	<u>Account/Formula Description</u>	
	<u>No. Account/Formula</u>	<u>Accr</u>	<u>Amount</u>	<u>Service Dates</u>	<u>Paid On Bhf #</u>	<u>On Behalf of Name</u>
85	DEPT Total:		686.50	ELECTIONS	1 Vendors	2 Transactions
91	DEPT			COUNTY ATTORNEY'S		
	1886 BMO					
68	01-091-000-0000-6245		118.00	SUPREME COURT LAWYER	1643	Dues And Registration Fees
	1886 BMO		118.00		1 Transactions	
91	DEPT Total:		118.00	COUNTY ATTORNEY'S	1 Vendors	1 Transactions
103	DEPT			COUNTY ASSESSOR'S		
	1886 BMO					
69	01-103-000-0000-6450		22.86	BEEN VERIFIED	9891	Subscriptions
	1886 BMO		22.86		1 Transactions	
103	DEPT Total:		22.86	COUNTY ASSESSOR'S	1 Vendors	1 Transactions
111	DEPT			COURTHOUSE BUILDING		
	1886 BMO					
70	01-111-000-0000-6245		36.25	A1 LOCK	1650	Dues And Registration Fees
	1886 BMO		36.25		1 Transactions	
111	DEPT Total:		36.25	COURTHOUSE BUILDING	1 Vendors	1 Transactions
117	DEPT			FAIRGROUNDS		
	1886 BMO					
71	01-117-000-0000-6425		188.32	FLAB AND BANNER.COM	1700	Repair And Maintenance Supplies
	1886 BMO		188.32		1 Transactions	
117	DEPT Total:		188.32	FAIRGROUNDS	1 Vendors	1 Transactions
143	DEPT			LICENSE BUREAU		
	2589 SHI INTERNATIONAL CORP					
52	01-143-000-0000-6612		629.00	DESK TOP-CARMEN	B04969464	Capital - \$100-\$5,000 (Inventory)
	2589 SHI INTERNATIONAL CORP		629.00		1 Transactions	
143	DEPT Total:		629.00	LICENSE BUREAU	1 Vendors	1 Transactions

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



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Vendor No.	Name Account/Formula	Rpt Accr	Amount	Warrant Description Service Dates	Invoice # Paid On Bhf #	Account/Formula Description On Behalf of Name
201	DEPT			COUNTY SHERIFF'S OFFICE		
	1886 BMO					
76	01-201-000-0000-6336		14.00	LORING RAMP	1577	Meals, Lodging, Parking & Miscellaneous
77	01-201-000-0000-6336		17.00	LORING RAMP	1577	Meals, Lodging, Parking & Miscellaneous
78	01-201-000-0000-6336		17.00	TGIF	1577	Meals, Lodging, Parking & Miscellaneous
74	01-201-000-0000-6402		74.77	WALMART	1577	Office Supplies
75	01-201-000-0000-6456		213.74	PROFILE INDUSTRIES	1577	Shooting Supplies For Firearms Program
73	01-201-206-0000-6402		321.80	GANDER MOUNTAIN	1577	Patrol Office Supplies
72	01-201-000-0000-6346		740.00	ON SITE AIR TEMP INC	1593	Rentals
	1886 BMO		1,398.31		7 Transactions	
	11580 CENTURYLINK					
154	01-201-000-0000-6203		52.11	LONG DISTANCE	320439462	Communications
				06/21/2016 07/20/2016		
	11580 CENTURYLINK		52.11		1 Transactions	
	5771 NU-TELECOM					
173	01-201-000-0000-6203		143.68	111-2290 SPEC ACC VOICE	81785498	Communications
				07/01/2016 07/31/2016		
	5771 NU-TELECOM		143.68		1 Transactions	
201	DEPT Total:		1,594.10	COUNTY SHERIFF'S OFFICE	3 Vendors	9 Transactions
251	DEPT			COUNTY JAIL		
	1886 BMO					
79	01-251-000-0000-6268		12.86	WALGREENS	1528	Medical Aid To Prisoners
80	01-251-000-0000-6268		52.90	AMAZON	1528	Medical Aid To Prisoners
81	01-251-000-0000-6268		33.15	JET.COM	1528	Medical Aid To Prisoners
	1886 BMO		98.91		3 Transactions	
251	DEPT Total:		98.91	COUNTY JAIL	1 Vendors	3 Transactions
485	DEPT			COUNTY PUBLIC HEALTH NURSING		
	1886 BMO					
138	01-485-472-0000-6203		83.74	AMAZON	0955	Communications
140	01-485-472-0000-6612		139.99-	TMOBILE	0955	Capital - \$100-\$5,000 (Inventory)
115	01-485-000-0000-6245		60.00	HUTCHINSON HEALTH	9556	Dues And Registration Fees
118	01-485-000-0000-6245		60.00	MOHC	9556	Dues And Registration Fees

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



POOL
7/1/16 1:57PM
1 GENERAL REVENUE FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

Vendor	Name	Rpt	Warrant Description	Invoice #	Account/Formula Description
No.	Account/Formula	Accr	Service Dates	Paid On Bhf #	On Behalf of Name
127	01-485-000-0000-6245		HUTCHINSON HEALTH	9556	Dues And Registration Fees
121	01-485-000-0000-6350		WALMART	9556	Other Services & Charges
123	01-485-000-0000-6350		CASEYS	9556	Other Services & Charges
124	01-485-000-0000-6350		HOLIDAY STATION	9556	Other Services & Charges
116	01-485-000-0000-6402		AMAZON	9556	Office Supplies
117	01-485-000-0000-6402		WALMART	9556	Office Supplies
119	01-485-000-0000-6402		LIFESAVERS	9556	Office Supplies
120	01-485-000-0000-6402		MENARDS	9556	Office Supplies
122	01-485-000-0000-6402		CHANNING BETE	9556	Office Supplies
125	01-485-000-0000-6402		BULL PUBLISHING	9556	Office Supplies
126	01-485-000-0000-6402		AMAZON	9556	Office Supplies
112	01-485-000-0000-6245		EVENTBRITE	9564	Dues And Registration Fees
113	01-485-000-0000-6336		IN ON LAKE SUPERIOR	9564	Meals, Lodging, Parking & Miscellaneous
1886	BMO		1,832.29		17 Transactions
11580	CENTURYLINK				
155	01-485-000-0000-6203		90.41	LONG DISTANCE	320439462
				06/21/2016	07/20/2016
11580	CENTURYLINK		90.41		1 Transactions
11279	T MOBILE				
150	01-485-472-0000-6203		158.25	CELL PHONE CHARGES	955039250
11279	T MOBILE		158.25		1 Transactions
485	DEPT Total:		2,080.95	COUNTY PUBLIC HEALTH NURSING	3 Vendors
					19 Transactions
603	DEPT			COUNTY EXTENSION	
1886	BMO				
82	01-603-000-0000-6351		4.89	CASEY	1668
83	01-603-000-0000-6351		26.17	WALMART	1668
84	01-603-000-0000-6351		34.55	WALMART	1668
85	01-603-000-0000-6351		10.20	WALMART	1668
86	01-603-000-0000-6351		28.82	WALMART	1668
87	01-603-000-0000-6351		3.98	WALMART	1668
88	01-603-000-0000-6351		82.74	WALMART	1668
89	01-603-000-0000-6351		11.30	WALMART	1668
1886	BMO		202.65		8 Transactions

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



POOL
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1 GENERAL REVENUE FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

Vendor Name	Rpt	Warrant Description	Invoice #	Account/Formula Description	
No. Account/Formula	Accr	Amount	Service Dates	Paid On Bhf #	On Behalf of Name
603 DEPT Total:		202.65	COUNTY EXTENSION	1 Vendors	8 Transactions
1 Fund Total:		13,551.12	GENERAL REVENUE FUND		62 Transactions

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



POOL
7/1/16 1:57PM
3 ROAD & BRIDGE FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

	<u>Vendor Name</u>	<u>Rpt</u>	<u>Warrant Description</u>	<u>Invoice #</u>	<u>Account/Formula Description</u>	
	<u>No. Account/Formula</u>	<u>Accr</u>	<u>Amount</u>	<u>Service Dates</u>	<u>Paid On Bhf #</u>	<u>On Behalf of Name</u>
0	DEPT		...			
4	4547 AVESIS THIRD PARTY ADMINISTRATOR:		56.40	VISION PREMIUM HIGHWAY FUND		Vision Insurance Payable
	03-000-000-0000-2044			07/01/2016 07/31/2016		
	4547 AVESIS THIRD PARTY ADMINISTRATOR:		56.40	1 Transactions		
21	2811 CNA GROUP LONG TERM CARE		131.01	LONG TERM CARE HIGHWAY FUND		Long Term Care Payable
	03-000-000-0000-2048			07/01/2016 07/31/2016		
	2811 CNA GROUP LONG TERM CARE		131.01	1 Transactions		
0	DEPT Total:		187.41	...	2 Vendors	2 Transactions
320	DEPT			HIGHWAY CONSTRUCTION		
	324 CITY OF STEWART					
162	03-320-000-0000-6642		47,039.02	#12 711-005 CSAH 111 STEWART	711-005-12	State Aid-Municipal Construction
161	03-320-000-0000-6643		20,308.72-	#12 711-005 CSAH 111 STEWART	711-005-12	County Road Construction
163	03-320-000-0000-6680		14,400.00	#12 711-005 CSAH 111 STEWART	711-005-12	Safety Grant
	324 CITY OF STEWART		41,130.30	3 Transactions		
320	DEPT Total:		41,130.30	HIGHWAY CONSTRUCTION	1 Vendors	3 Transactions
330	DEPT			HIGHWAY ADMINISTRATION		
	1886 BMO					
90	03-330-000-0000-6205		13.45	USPS	9937	Postage And Postal Box Rental
93	03-330-000-0000-6205		13.50	USPS	9937	Postage And Postal Box Rental
97	03-330-000-0000-6205		1.15	USPS	9937	Postage And Postal Box Rental
98	03-330-000-0000-6205		10.75	USPS	9937	Postage And Postal Box Rental
92	03-330-000-0000-6336		217.88	ARROWWOOD RESORT	9937	Meals, Lodging, Parking & Miscellaneous
91	03-330-000-0000-6402		30.31	AMAZON	9937	Office Supplies
	1886 BMO		287.04	6 Transactions		
330	DEPT Total:		287.04	HIGHWAY ADMINISTRATION	1 Vendors	6 Transactions
3	Fund Total:		41,604.75	ROAD & BRIDGE FUND		11 Transactions

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



POOL 7/1/16 1:57PM
5 SOLID WASTE FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

Vendor No.	Name Account/Formula	Rpt Accr	Amount	Warrant Description Service Dates	Invoice # Paid On Bhf #	Account/Formula Description On Behalf of Name
391	DEPT			SOLID WASTE TIP FEE		
5	4547 AVESIS THIRD PARTY ADMINISTRATOR: 05-391-000-0000-2044		7.52	VISION PREMIUM SW FUND 07/01/2016 07/31/2016		Vision Insurance Payable
	4547 AVESIS THIRD PARTY ADMINISTRATOR:		7.52	1 Transactions		
156	11580 CENTURYLINK 05-391-000-0000-6203		3.15	LONG DISTANCE 06/21/2016 07/20/2016	320439462	Communications
	11580 CENTURYLINK		3.15	1 Transactions		
391	DEPT Total:		10.67	SOLID WASTE TIP FEE	2 Vendors	2 Transactions
393	DEPT			MATERIALS RECOVERY FACILITY		
6	4547 AVESIS THIRD PARTY ADMINISTRATOR: 05-393-000-0000-2044		34.60	VISION PREMIUM MRF FUND 07/01/2016 07/31/2016		Vision Insurance Payable
	4547 AVESIS THIRD PARTY ADMINISTRATOR:		34.60	1 Transactions		
99	1886 BMO 05-393-000-0000-6402		73.61	WALMART	1550	Office Supplies
	1886 BMO		73.61	1 Transactions		
157	11580 CENTURYLINK 05-393-000-0000-6203		6.39	LONG DISTANCE 06/21/2016 07/20/2016	320439462	Communications
	11580 CENTURYLINK		6.39	1 Transactions		
166	664 LENTSCH TRUCKING 05-393-000-0000-6269		3,555.00	RECYCLED MATL SHIPPING		Contracts
167	05-393-000-0000-6269		295.00	RECYCLABLES PICKED UP		Contracts
	664 LENTSCH TRUCKING		3,850.00	2 Transactions		
393	DEPT Total:		3,964.60	MATERIALS RECOVERY FACILITY	4 Vendors	5 Transactions
397	DEPT			HOUSEHOLD HAZARDOUS WASTE		
100	1886 BMO 05-397-000-0000-6410		64.00-	INDHUNTER REFUND	1550	Building And Safety Supplies

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



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5 SOLID WASTE FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

Vendor	Name	Rpt	Warrant Description	Invoice #	Account/Formula Description
No.	Account/Formula	Accr	Service Dates	Paid On Bhf #	On Behalf of Name
1886	BMO				
		64.00-		1 Transactions	
11580	CENTURYLINK				
158	05-397-000-0000-6203	1.64	LONG DISTANCE	320439462	Communications
			06/21/2016 07/20/2016		
11580	CENTURYLINK	1.64		1 Transactions	
397	DEPT Total:	62.36-	HOUSEHOLD HAZARDOUS WASTE	2 Vendors	2 Transactions
5	Fund Total:	3,912.91	SOLID WASTE FUND		9 Transactions

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



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11 HUMAN SERVICE FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

Vendor No.	Name Account/Formula	Rpt Accr	Amount	Warrant Description Service Dates	Invoice # Paid On Bhf #	Account/Formula Description On Behalf of Name
420	DEPT			INCOME MAINTENANCE		
7	4547 AVESIS THIRD PARTY ADMINISTRATOR: 11-420-000-0000-2044		54.48	VISION PREMIUM INC MAINT FUND 07/01/2016 07/31/2016		Vision Insurance Payable
	4547 AVESIS THIRD PARTY ADMINISTRATOR: 11-420-000-0000-2044		54.48		1 Transactions	
101	1886 BMO 11-420-600-0010-6402		15.75	BROOKS INTERNET SOFTWARE	9531	Office Supplies
	1886 BMO 11-420-600-0010-6402		15.75		1 Transactions	
159	11580 CENTURYLINK 11-420-600-0010-6203		150.20	LONG DISTANCE 06/21/2016 07/20/2016	320439462	Communications/Postage
	11580 CENTURYLINK 11-420-600-0010-6203		150.20		1 Transactions	
22	2811 CNA GROUP LONG TERM CARE 11-420-000-0000-2048		210.41	LONG TERM CARE WELFARE FUND 07/01/2016 07/31/2016		Long Term Care Payable
	2811 CNA GROUP LONG TERM CARE 11-420-000-0000-2048		210.41		1 Transactions	
420	DEPT Total:		430.84	INCOME MAINTENANCE	4 Vendors	4 Transactions
430	DEPT			INDIVIDUAL AND FAMILY SOCIAL SERVI		
8	4547 AVESIS THIRD PARTY ADMINISTRATOR: 11-430-000-0000-2044		200.84	VISION PREMIUM WELFARE FUND 07/01/2016 07/31/2016		Vison Insurance Payable
	4547 AVESIS THIRD PARTY ADMINISTRATOR: 11-430-000-0000-2044		200.84		1 Transactions	
132	1886 BMO 11-430-710-1020-6041		153.51	WALMART	0930	Para-Prof FBS - PIF Mentor Trng - Care C
133	1886 BMO 11-430-710-1020-6041		189.50	S & S WORLDWIDE	0930	Para-Prof FBS - PIF Mentor Trng - Care C
134	1886 BMO 11-430-710-1020-6041		39.24	AMAZON	0930	Para-Prof FBS - PIF Mentor Trng - Care C
135	1886 BMO 11-430-710-1020-6041		124.50	AMAZON	0930	Para-Prof FBS - PIF Mentor Trng - Care C
129	1886 BMO 11-430-710-1160-6040		100.00	SUPER AMERICA	0930	Social Service Transportation
130	1886 BMO 11-430-710-1160-6040		100.00	KWIK TRIP	0930	Social Service Transportation
131	1886 BMO 11-430-710-1160-6040		50.00	SUPER AMERICA	0930	Social Service Transportation
136	1886 BMO 11-430-710-1160-6040		100.00	HOLIDAY	0930	Social Service Transportation
137	1886 BMO 11-430-710-1450-6027		67.00	MN ZOO	0930	Social & Recreational
107	1886 BMO 11-430-709-0000-6033		148.74	WALMART	0940	Mental Hlth Pilot Project-Discretionary

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



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11 HUMAN SERVICE FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

Vendor	Name	Rpt	Warrant Description	Invoice #	Account/Formula Description	
No.	Account/Formula	Accr	Amount	Service Dates	Paid On Bhf #	On Behalf of Name
108	11-430-709-0000-6033		56.91	WALMART	0940	Mental Hlth Pilot Project-Discretionary
109	11-430-709-0000-6033		69.79	AMERICINN	0940	Mental Hlth Pilot Project-Discretionary
103	11-430-741-4030-6071		146.11	WALMART	0940	Client Outreach - CSP
104	11-430-741-4030-6071		3.98	WALMART	0940	Client Outreach - CSP
105	11-430-741-4030-6071		8.86	HOLIDAY	0940	Client Outreach - CSP
106	11-430-741-4030-6071		49.11	WALMART	0940	Client Outreach - CSP
102	11-430-700-0010-6402		36.74	BROOKS INTERNET SOFTWARE	9531	Office Supplies
1886	BMO		1,443.99			17 Transactions
11580	CENTURYLINK					
160	11-430-700-0010-6203		350.44	LONG DISTANCE	320439462	Communications/Postage
				06/21/2016	07/20/2016	
11580	CENTURYLINK		350.44			1 Transactions
2811	CNA GROUP LONG TERM CARE					
23	11-430-000-0000-2048		103.02	LONG TERM CARE INC MAINT FUND		Long Term Care Payable
				07/01/2016	07/31/2016	
2811	CNA GROUP LONG TERM CARE		103.02			1 Transactions
430	DEPT Total:		2,098.29	INDIVIDUAL AND FAMILY SOCIAL SER	4 Vendors	20 Transactions
11	Fund Total:		2,529.13	HUMAN SERVICE FUND		24 Transactions

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20 COUNTY DITCH FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

Vendor	Name	Rpt	Warrant Description	Invoice #	Account/Formula Description
No.	Account/Formula	Accr	Service Dates	Paid On Bhf #	On Behalf of Name
635	DEPT		COUNTY DITCH #22		
53	9825 SHORT ELLIOTT HENDRICKSON INC		ENGINEERING WORK CD #22	316178	Construction And Repairs
	20-635-000-0000-6302				
	9825 SHORT ELLIOTT HENDRICKSON INC		1 Transactions		
635	DEPT Total:		COUNTY DITCH #22	1 Vendors	1 Transactions
637	DEPT		COUNTY DITCH #26		
54	9825 SHORT ELLIOTT HENDRICKSON INC		ENGINEERING WORK CD #26	316794	Construction And Repairs
	20-637-000-0000-6302				
	9825 SHORT ELLIOTT HENDRICKSON INC		1 Transactions		
637	DEPT Total:		COUNTY DITCH #26	1 Vendors	1 Transactions
638	DEPT		COUNTY DITCH #27		
55	9825 SHORT ELLIOTT HENDRICKSON INC		ENGINEERING WORK CD #27	316794	Construction And Repairs
	20-638-000-0000-6302				
	9825 SHORT ELLIOTT HENDRICKSON INC		1 Transactions		
638	DEPT Total:		COUNTY DITCH #27	1 Vendors	1 Transactions
20	Fund Total:		COUNTY DITCH FUND		3 Transactions

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25 SPECIAL REVENUE FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

Vendor No.	Name Account/Formula	Rpt Accr	Amount	Warrant Description Service Dates	Invoice # Paid On Bhf #	Account/Formula Description On Behalf of Name
15	DEPT			LAW LIBRARY		
3408	RELX INC					
45	25-015-000-0000-6451		100.00	LEXISNEXIS SUBSCRIPTION 04/01/2016 04/30/2016	3090534726	Books
46	25-015-000-0000-6451		100.00	LEXISNEXIS SUBSCRIPTION 05/01/2016 05/31/2016	3090568114	Books
3408	RELX INC		200.00	2 Transactions		
15	DEPT Total:		200.00	LAW LIBRARY	1 Vendors	2 Transactions
102	DEPT			COUNTY RECORDER'S COMPLIANCE FU		
1886	BMO					
94	25-102-000-0000-6612		12.93	AMAZON	9937	Captial - \$100-\$5,000 (Inventory)
95	25-102-000-0000-6612		14.99	AMAZON	9937	Captial - \$100-\$5,000 (Inventory)
96	25-102-000-0000-6612		424.98	AMAZON	9937	Captial - \$100-\$5,000 (Inventory)
1886	BMO		452.90	3 Transactions		
102	DEPT Total:		452.90	COUNTY RECORDER'S COMPLIANCE FI	1 Vendors	3 Transactions
220	DEPT			BOAT & WATER SAFETY-GRANT		
4547	AVESIS THIRD PARTY ADMINISTRATOR:					
9	25-220-000-0000-2044		0.49	VISION PREMIUM SPECIAL REVENUE 07/01/2016 07/31/2016		Vision Insurance Payable
4547	AVESIS THIRD PARTY ADMINISTRATOR:		0.49	1 Transactions		
3752	STAR GROUP LLC					
170	25-220-000-0000-6425		28.99	RACHET STRAP	908443	Repair And Maintenance Supplies
3752	STAR GROUP LLC		28.99	1 Transactions		
220	DEPT Total:		29.48	BOAT & WATER SAFETY-GRANT	2 Vendors	2 Transactions
223	DEPT			D.A.R.E. PROGRAM		
6106	CROW RIVER SIGNS					
31	25-223-000-0000-6350		240.00	DARE SIGN	060816	Other Services & Charges
6106	CROW RIVER SIGNS		240.00	1 Transactions		

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25 SPECIAL REVENUE FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

Vendor Name	Rpt	Warrant Description	Invoice #	Account/Formula Description
No. Account/Formula	Accr	Amount	Service Dates	Paid On Bhf #
				On Behalf of Name
223 DEPT Total:		240.00	D.A.R.E. PROGRAM	1 Vendors 1 Transactions
224 DEPT			NEW CANINE ACCOUNT	
1886 BMO				
110 25-224-000-0000-6612		344.99	RAY ALLEN MANUFACTURING	1601 Capital - \$100-\$5,000 (Inventory)
1886 BMO		344.99		1 Transactions
224 DEPT Total:		344.99	NEW CANINE ACCOUNT	1 Vendors 1 Transactions
228 DEPT			CHAPLAIN PROGRAM	
3353 PASTOR TIM VANDENLANGENBERG				
174 25-228-000-0000-6350		217.14	EXPENSE REIMBURSEMENT	Other Services & Charges
3353 PASTOR TIM VANDENLANGENBERG		217.14		1 Transactions
228 DEPT Total:		217.14	CHAPLAIN PROGRAM	1 Vendors 1 Transactions
252 DEPT			JAIL CANTEEN ACCOUNT	
2276 MIDWEST LIVING MAGAZINE				
169 25-252-000-0000-6450		19.97	2 YEAR SUBSCRIPTION	Subscriptions
2276 MIDWEST LIVING MAGAZINE		19.97		1 Transactions
5771 NU-TELECOM				
171 25-252-000-0000-6460		108.87	CABLE	81784318 Jail Supplies
			07/01/2016 07/31/2016	
5771 NU-TELECOM		108.87		1 Transactions
252 DEPT Total:		128.84	JAIL CANTEEN ACCOUNT	2 Vendors 2 Transactions
254 DEPT			ANNAMARIE TUDHOPE DONATION	
3261 AUGUSTA ELECTRIC INC				
2 25-254-000-0000-6610		15,608.50	CONTRACT PAYMENT	APPLICATION #3 Capital - Over \$5,000 (Fixed Assets)
3261 AUGUSTA ELECTRIC INC		15,608.50		1 Transactions
3258 DULAS EXCAVATING INC				
33 25-254-000-0000-6610		75,852.75	CONTRACT PAYMENT	PR00004 Capital - Over \$5,000 (Fixed Assets)
3258 DULAS EXCAVATING INC		75,852.75		1 Transactions
1595 SCHWICKERTS TECTA AMERICA				

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25 SPECIAL REVENUE FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

Vendor No.	Name	Account/Formula	Rpt	Accr	Amount	Warrant Description	Service Dates	Invoice #	Paid On Bhf #	Account/Formula Description	On Behalf of Name
47		25-254-000-0000-6610			29,819.08	CONTRACT PAYMENT			APPLICATION #1	Capital - Over \$5,000 (Fixed Assets)	
	1595	SCHWICKERTS TECTA AMERICA			29,819.08		1 Transactions				
	3296	YAMRY CONSTRUCTION									
61		25-254-000-0000-6610			78,850.00	CONTRACT PAYMENT			APPLICATIN #3	Capital - Over \$5,000 (Fixed Assets)	
	3296	YAMRY CONSTRUCTION			78,850.00		1 Transactions				
254	DEPT Total:				200,130.33	ANNAMARIE TUDHOPE DONATION		4 Vendors		4 Transactions	
285	DEPT					E-911 SYSTEM MAINTENANCE - GRANT					
	161	INDEPENDENT EMERGENCY SERVICES									
168		25-285-000-0000-6610			29,242.38	911 PHONE PJCT 20% FINAL PYMT			080986	Capital - Computer Hardware Over \$5,000	
	161	INDEPENDENT EMERGENCY SERVICES			29,242.38		1 Transactions				
	5771	NU-TELECOM									
172		25-285-000-0000-6203			588.30	587-0405 E-911			81785896	Communications - Telephone Equipment	
						07/01/2016	07/31/2016				
	5771	NU-TELECOM			588.30		1 Transactions				
285	DEPT Total:				29,830.68	E-911 SYSTEM MAINTENANCE - GRAN		2 Vendors		2 Transactions	
485	DEPT					COUNTY PUBLIC HEALTH NURSING					
	1886	BMO									
128		25-485-000-0000-6245			30.00	HUTCHINSON HEALTH			9556	DUES AND REGISTRATION FEES	
	1886	BMO			30.00		1 Transactions				
485	DEPT Total:				30.00	COUNTY PUBLIC HEALTH NURSING		1 Vendors		1 Transactions	
612	DEPT					SHORELAND-GRANT					
	4547	AVESIS THIRD PARTY ADMINISTRATOR'S									
10		25-612-000-0000-2044			0.64	VISION PREMIUM SPECIAL REVENUE				Vision Insurance Payable	
						07/01/2016	07/31/2016				
	4547	AVESIS THIRD PARTY ADMINISTRATOR'S			0.64		1 Transactions				
612	DEPT Total:				0.64	SHORELAND-GRANT		1 Vendors		1 Transactions	
613	DEPT					WATER RESOURCE MANAGEMENT-GRAN					
	4547	AVESIS THIRD PARTY ADMINISTRATOR'S									

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25 SPECIAL REVENUE FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

Vendor No.	Name Account/Formula	Rpt Accr	Amount	Warrant Description Service Dates	Invoice # Paid On Bhf #	Account/Formula Description On Behalf of Name
11	25-613-000-0000-2044		1.04	VISION PREMIUM SPECIAL REVENUE 07/01/2016 07/31/2016		Vision Insurance Payable
4547	AVESIS THIRD PARTY ADMINISTRATOR'S		1.04		1 Transactions	
613	DEPT Total:		1.04	WATER RESOURCE MANAGEMENT-GR	1 Vendors	1 Transactions
614	DEPT			WETLANDS ADMINISTRATION-GRANT		
4547	AVESIS THIRD PARTY ADMINISTRATOR'S					
12	25-614-000-0000-2044		2.44	VISION PREMIUM SPECIAL REVENUE 07/01/2016 07/31/2016		Vision Insurance Payable
4547	AVESIS THIRD PARTY ADMINISTRATOR'S		2.44		1 Transactions	
614	DEPT Total:		2.44	WETLANDS ADMINISTRATION-GRANT	1 Vendors	1 Transactions
617	DEPT			AG PROGRAMMING		
4693	WINTER/NATHAN					
65	25-617-000-0000-6350		16.72	MISC SUPPLIES	#4134744	Other Services & Charges
4693	WINTER/NATHAN		16.72		1 Transactions	
617	DEPT Total:		16.72	AG PROGRAMMING	1 Vendors	1 Transactions
694	DEPT			AQUATIC INVASIVE SPECIES		
1886	BMO					
111	25-694-000-0000-6350		17.32	MENARDS	0963	AQUATIC INVASIVE SPECIES EXPENSE
1886	BMO		17.32		1 Transactions	
694	DEPT Total:		17.32	AQUATIC INVASIVE SPECIES	1 Vendors	1 Transactions
807	DEPT			DESIGNATED FOR CAPITAL ASSETS		
2986	ARC DOCUMENT SOLUTIONS, LLC					
1	25-807-000-0000-6610		5,912.68	SECURITY IMPROVEMENT PLANNING	MN10113656	Capital - Over \$5,000 (Fixed Assets)
2986	ARC DOCUMENT SOLUTIONS, LLC		5,912.68		1 Transactions	
3413	BARTLEY SALES COMPANY INC					
14	25-807-000-0000-6610		285.00	CONTRACT PAYMENT	APPLICATION #1	Capital - Over \$5,000 (Fixed Assets)
3413	BARTLEY SALES COMPANY INC		285.00		1 Transactions	
1174	BRAUN INTERTEC CORPORATION					

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25 SPECIAL REVENUE FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

Vendor Name	Rpt	Warrant Description	Invoice #	Account/Formula Description
No. Account/Formula	Accr	Service Dates	Paid On Bhf #	On Behalf of Name
	Amount			
15 25-807-000-0000-6610	1,205.00	GEOTECHNICAL EVAL REPORT	B059729	Capital - Over \$5,000 (Fixed Assets)
1174 BRAUN INTERTEC CORPORATION	1,205.00	1 Transactions		
3271 CONTEGRITY GROUP				
30 25-807-000-0000-6610	8,005.84	CONSTRUCTION MANAGMENT FEE	2016078	Capital - Over \$5,000 (Fixed Assets)
25 25-807-000-0000-6610	12,100.00	ON SITE SUPERVISION FEE	2016079	Capital - Over \$5,000 (Fixed Assets)
26 25-807-000-0000-6610	1,800.00	REIMBURABLES	2016079	Capital - Over \$5,000 (Fixed Assets)
27 25-807-000-0000-6610	450.00	TEMPORARY JOB OFFICE/TRAILER	2016079	Capital - Over \$5,000 (Fixed Assets)
28 25-807-000-0000-6610	1,220.87	REIMBURSABLES	2016079	Capital - Over \$5,000 (Fixed Assets)
29 25-807-000-0000-6610	311.85	BLUEPRINTING	2016079	Capital - Over \$5,000 (Fixed Assets)
3271 CONTEGRITY GROUP	23,888.56	6 Transactions		
1326 CULLIGAN WATER CONDITIONING				
32 25-807-000-0000-6610	9.80	DRINKING WATER CHARGES	173-10758225-1	Capital - Over \$5,000 (Fixed Assets)
1326 CULLIGAN WATER CONDITIONING	9.80	1 Transactions		
3375 FOSTER MECHANICAL				
64 25-807-000-0000-6610	136.97	REPAIRED PNEUMATIC LINES	8397	Capital - Over \$5,000 (Fixed Assets)
3375 FOSTER MECHANICAL	136.97	1 Transactions		
253 LIGHT & POWER COMMISSION				
36 25-807-000-0000-6610	172.26	ELECTRIC	06-811700-00	Capital - Over \$5,000 (Fixed Assets)
253 LIGHT & POWER COMMISSION	172.26	1 Transactions		
4117 MINI BIFF INC				
41 25-807-000-0000-6610	85.51	PORTA JOHN RENTAL SERVICE	A-78453	Capital - Over \$5,000 (Fixed Assets)
4117 MINI BIFF INC	85.51	1 Transactions		
4372 MN DEPARTMENT OF LABOR & INDUSTR				
164 25-807-000-0000-6610	17,480.48	BUILDING PERMIT FEE		Capital - Over \$5,000 (Fixed Assets)
4372 MN DEPARTMENT OF LABOR & INDUSTR	17,480.48	1 Transactions		
3361 NAC MECHANICAL & ELECTRICAL SERVI				
42 25-807-000-0000-6610	3,800.00	CONTRACT PAYMENT	APPLICATION#1	Capital - Over \$5,000 (Fixed Assets)
3361 NAC MECHANICAL & ELECTRICAL SERVI	3,800.00	1 Transactions		
3358 R & H DRYWALL INC				
44 25-807-000-0000-6610	721.00	ADD TEMP WALLS		Capital - Over \$5,000 (Fixed Assets)

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



POOL
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25 SPECIAL REVENUE FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

Vendor	Name	Rpt	Warrant Description	Invoice #	Account/Formula Description
No.	Account/Formula	Accr	Service Dates	Paid On Bhf #	On Behalf of Name
			Amount		
3358	R & H DRYWALL INC		721.00	1 Transactions	
56	9825 SHORT ELLIOTT HENDRICKSON INC 25-807-000-0000-6610		1,404.00	JAIL ADDITIONAL STAKING 1 Transactions	316795 Capital - Over \$5,000 (Fixed Assets)
57	9825 SHORT ELLIOTT HENDRICKSON INC		1,404.00	1 Transactions	
57	3415 SUMMIT FIRE PROTECTION 25-807-000-0000-6610		3,641.49	CONTRACT PAYMENT 1 Transactions	A1501656310001 Capital - Over \$5,000 (Fixed Assets)
	3415 SUMMIT FIRE PROTECTION		3,641.49	1 Transactions	
62	3296 YAMRY CONSTRUCTION 25-807-000-0000-6610		307.05	LABOR-TEMP SHELTER/ROOF	258 Capital - Over \$5,000 (Fixed Assets)
63	25-807-000-0000-6610		935.00	LABOR-TEMP WALLS	260 Capital - Over \$5,000 (Fixed Assets)
	3296 YAMRY CONSTRUCTION		1,242.05	2 Transactions	
807	DEPT Total:		59,984.80	DESIGNATED FOR CAPITAL ASSETS	14 Vendors 20 Transactions
886	DEPT			COUNTY FEEDLOT PROGRAM	
13	4547 AVESIS THIRD PARTY ADMINISTRATOR: 25-886-000-0000-2044		3.10	VISION PREMIUM SPECIAL REVENUE 07/01/2016 07/31/2016	Vision Insurance Payable
	4547 AVESIS THIRD PARTY ADMINISTRATOR:		3.10	1 Transactions	
886	DEPT Total:		3.10	COUNTY FEEDLOT PROGRAM	1 Vendors 1 Transactions
25	Fund Total:		291,630.42	SPECIAL REVENUE FUND	45 Transactions

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



POOL
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41 CAPITAL PROJECTS FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

	<u>Vendor Name</u>	<u>Rpt</u>		<u>Warrant Description</u>	<u>Invoice #</u>	<u>Account/Formula Description</u>
	<u>No. Account/Formula</u>	<u>Accr</u>	<u>Amount</u>	<u>Service Dates</u>	<u>Paid On Bhf #</u>	<u>On Behalf of Name</u>
805	DEPT			CAPITAL IMPROVEMENT PLAN 2014		
	3361 NAC MECHANICAL & ELECTRICAL SERVI					
43	41-805-000-0000-6610		78,565.00	CONTRACT PAYMENT HHS	9248-02	CAPITAL - OVER \$5,000 (FIXED ASSETS)
	3361 NAC MECHANICAL & ELECTRICAL SERVI		78,565.00	1 Transactions		
805	DEPT Total:		78,565.00	CAPITAL IMPROVEMENT PLAN 2014	1 Vendors	1 Transactions
41	Fund Total:		78,565.00	CAPITAL PROJECTS FUND		1 Transactions

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



POOL
7/1/16 1:57PM
74 FORFEITED TAX FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

Vendor Name	Rpt	Warrant Description	Invoice #	Account/Formula Description
No. Account/Formula	Accr	Amount	Service Dates	On Behalf of Name
			Paid On Bhf #	
987 DEPT				FORFEITED TAX SALE
568 JENKINS/TIMOTHY				
37 74-987-000-0000-6350		160.00		LAWN MOWING-PARK ISLAND 05/23/2016 05/23/2016 Other Services & Charges
38 74-987-000-0000-6350		80.00		LAWN MOWING-PARK ISLAND 05/30/2016 05/30/2016 Other Services & Charges
39 74-987-000-0000-6350		80.00		LAWN MOWING-PARK ISLAND 06/06/2016 06/06/2016 Other Services & Charges
40 74-987-000-0000-6350		80.00		LAWN MOWING-PARK ISLAND 06/13/2016 06/13/2016 Other Services & Charges
568 JENKINS/TIMOTHY		400.00		4 Transactions
987 DEPT Total:		400.00	1 Vendors	4 Transactions
74 Fund Total:		400.00		4 Transactions

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



POOL
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82 COMMUNITY HEALTH SER

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

Vendor No.	Name Account/Formula	Rpt Accr	Amount	Warrant Description Service Dates	Invoice # Paid On Bhf #	Account/Formula Description On Behalf of Name
852	DEPT			PROJECT HARMONY GRANT		
	1886 BMO					
139	82-852-000-0000-6265		60.00	CONSTANT CONTACT	0955	Professional Services
114	82-852-000-0000-6336		130.94	IN ON LAKE SUPERIOR	9564	Meals, Lodging, Parking & Miscellaneous
	1886 BMO		190.94	2 Transactions		
852	DEPT Total:		190.94	PROJECT HARMONY GRANT	1 Vendors	2 Transactions
853	DEPT			LOCAL PUBLIC HEALTH GRANT		
	320 CHRIST THE KING LUTHERAN CHURCH					
143	82-853-000-0000-6353		100.00	MEETING ROOM FOR CHS		Meeting Expense
	320 CHRIST THE KING LUTHERAN CHURCH		100.00	1 Transactions		
	4917 CITY OF GLENCOE					
19	82-853-000-0000-6353		60.00	LPHG MEETING EXPENSE		Meeting Expense
	4917 CITY OF GLENCOE		60.00	1 Transactions		
	2811 CNA GROUP LONG TERM CARE					
24	82-853-000-0000-2048		10.54	LONG TERM CARE CHS FUND		LONG TERM CARE PAYABLE
	2811 CNA GROUP LONG TERM CARE		10.54	07/01/2016 07/31/2016	1 Transactions	
	2195 PUBLIC HEALTH ACCREDITATION BOAR					
149	82-853-000-0000-6350		3,100.00	CATEGORY 2 ACCREDITATION FEE	INV-40215	Other Services & Charges
	2195 PUBLIC HEALTH ACCREDITATION BOAR		3,100.00	1 Transactions		
	56113 RIDGEWATER COLLEGE					
165	82-853-000-0000-6360		60.00	ROOM RENTAL CHS TRAINING	204433	Training
	56113 RIDGEWATER COLLEGE		60.00	1 Transactions		
853	DEPT Total:		3,330.54	LOCAL PUBLIC HEALTH GRANT	5 Vendors	5 Transactions
856	DEPT			FPSP		
	41 CASH WISE PHARMACY					
142	82-856-000-0000-6439		34.73	PRESCRPTION MMS CHS	RX#1227354	Prescriptions
141	82-856-000-0000-6439		31.24	PRESCRPTION MMS CHS	RX#1227356	Prescriptions
	41 CASH WISE PHARMACY		65.97	2 Transactions		

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



POOL
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82 COMMUNITY HEALTH SER

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

Vendor Name	<u>Rpt</u>	<u>Warrant Description</u>	<u>Invoice #</u>	<u>Account/Formula Description</u>	
No. Account/Formula	<u>Accr</u>	<u>Amount</u>	<u>Service Dates</u>	<u>Paid On Bhf #</u>	<u>On Behalf of Name</u>
4006 FAMILY REXALL DRUG					
144 82-856-000-0000-6439		34.28	PRESCRIPTION MMS CHS RX		Prescriptions
145 82-856-000-0000-6439		35.63	PRESCRIPTION MMS CHS RX		Prescriptions
4006 FAMILY REXALL DRUG		69.91		2 Transactions	
1269 HUTCHINSON HEALTH					
146 82-856-000-0000-6261		44.85	EXAMS MMS CHS		Physical Examinations
1269 HUTCHINSON HEALTH		44.85		1 Transactions	
1251 MEDICINE SHOPPE					
147 82-856-000-0000-6439		49.99	MMS CHS PRECSRIPTION		Prescriptions
1251 MEDICINE SHOPPE		49.99		1 Transactions	
6206 MEEKER MEMORIAL HOSPITAL					
148 82-856-000-0000-6260		40.00	MMS CHS STD TESTING	ACCT#23223	Std Testing
6206 MEEKER MEMORIAL HOSPITAL		40.00		1 Transactions	
856 DEPT Total:		270.72	FPSP	5 Vendors	7 Transactions
859 DEPT			HEALTHY COMMUNITIES ACTIVITIES		
2747 VIVID IMAGE INC					
151 82-859-000-0000-6265		1,835.00	HEALTHY COMMUNITIES WEBSITE	2572	Professional Services
2747 VIVID IMAGE INC		1,835.00		1 Transactions	
859 DEPT Total:		1,835.00	HEALTHY COMMUNITIES ACTIVITIES	1 Vendors	1 Transactions
82 Fund Total:		5,627.20	COMMUNITY HEALTH SERVICE		15 Transactions
Final Total:		446,077.43	97 Vendors	174 Transactions	

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

Audit List for Board AUDITOR'S VOUCHERS ENTRIES



Recap by Fund	<u>Fund</u>	<u>AMOUNT</u>	<u>Name</u>	
	1	13,551.12	GENERAL REVENUE FUND	
	3	41,604.75	ROAD & BRIDGE FUND	
	5	3,912.91	SOLID WASTE FUND	
	11	2,529.13	HUMAN SERVICE FUND	
	20	8,256.90	COUNTY DITCH FUND	
	25	291,630.42	SPECIAL REVENUE FUND	
	41	78,565.00	CAPITAL PROJECTS FUND	
	74	400.00	FORFEITED TAX FUND	
	82	5,627.20	COMMUNITY HEALTH SERVICE	
All Funds		446,077.43	Total	Approved by,
			
			

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



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Audit List for Board AUDITOR'S VOUCHERS ENTRIES

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

Explode Dist. Formulas Y

Paid on Behalf Of Name
on Audit List?: N

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

Save Report Options?: N

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



POOL
7/8/16 1:59PM
1 GENERAL REVENUE FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

	<u>Vendor Name</u>	<u>Rpt</u>		<u>Warrant Description</u>	<u>Invoice #</u>	<u>Account/Formula Description</u>
	<u>No. Account/Formula</u>	<u>Accr</u>	<u>Amount</u>	<u>Service Dates</u>	<u>Paid On Bhf #</u>	<u>On Behalf of Name</u>
0	DEPT			...		
88	1241 MADISON NATIONAL LIFE INSURANCE C 01-000-000-0000-2041		1,444.98	STD PREMIUM GENERAL FUND 07/01/2016 07/31/2016		Short Term Disability Payable
78	01-000-000-0000-2050		1,338.65	LTD PREMIUM GENERAL FUND 07/01/2016 07/31/2016		Long Term Disability Payable
	1241 MADISON NATIONAL LIFE INSURANCE C		2,783.63	2 Transactions		
35	3028 MINNESOTA CHILD SUPPORT PAYMENT 01-000-000-0000-2056		317.48	CHILD SUPPORT 06/12/2016 06/25/2016	001124208702	Child Support Garnishment Payable
37	01-000-000-0000-2056		117.67	CHILD SUPPORT 06/12/2016 06/12/2016	001436294701	Child Support Garnishment Payable
34	01-000-000-0000-2056		257.96	CHILD SUPPORT 06/12/2016 06/25/2016	001447664801	Child Support Garnishment Payable
36	01-000-000-0000-2056		130.13	CHILD SUPPORT 06/12/2016 06/12/2016	001499730601	Child Support Garnishment Payable
38	01-000-000-0000-2056		148.59	CHILD SUPPORT 06/12/2016 06/12/2016	001527027301	Child Support Garnishment Payable
39	01-000-000-0000-2056		327.64	CHILD SUPPORT 06/12/2016 06/25/2016	001530953002	Child Support Garnishment Payable
	3028 MINNESOTA CHILD SUPPORT PAYMENT		1,299.47	6 Transactions		
119	1360 MINNESOTA MUTUAL 01-000-000-0000-2049		1,737.10	LIFE PREMIUM GENERAL FUND 07/01/2016 07/31/2016		Life Insurance Payable
134	01-000-000-0000-2053		10.00	LIFE PREMIUM SELF PAY FUND 07/01/2016 07/31/2016		Cobra Life Insurance Payable
	1360 MINNESOTA MUTUAL		1,747.10	2 Transactions		
98	1874 MN COUNTIES INTERGOVERNMENTAL TI 01-000-000-0000-2045		87,699.31	MEDICAL PREMIUM GENERAL FUND 07/01/2016 07/31/2016		Health Insurance Payable
97	01-000-000-0000-2052		2,080.00	MEDICAL PREMIUM SELF PAY FUND 07/01/2016 07/31/2016		Cobra Health Insurance Payable
	1874 MN COUNTIES INTERGOVERNMENTAL TI		89,779.31	2 Transactions		
154	3093 TRUSTMARK VOLUNTARY BENEFIT SOLI 01-000-000-0000-2049		1,536.66	JULY BILLING		Life Insurance Payable

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



POOL
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1 GENERAL REVENUE FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

Vendor No.	Name Account/Formula	Rpt Accr	Amount	Warrant Description Service Dates	Invoice # Paid On Bhf #	Account/Formula Description On Behalf of Name
3093	TRUSTMARK VOLUNTARY BENEFIT SOLI		1,536.66		1 Transactions	
0	DEPT Total:		97,146.17	...	5 Vendors	13 Transactions
41	DEPT			COUNTY AUDITOR-TREASURER'S		
24	658 MCLEOD PUBLISHING INC 01-041-000-0000-6241		42.00	PROPERTY TAX AD 05/11/2016 05/11/2016		Printing And Publishing
	658 MCLEOD PUBLISHING INC		42.00		1 Transactions	
41	DEPT Total:		42.00	COUNTY AUDITOR-TREASURER'S	1 Vendors	1 Transactions
75	DEPT			CENTRAL SERVICES-CHARGE BACKS		
159	1083 WEX BANK 01-075-000-0000-6338		1,158.87	MOTOR POOL FUEL FOR JUNE 2016	46022126	Motor Pool Expenses
	1083 WEX BANK		1,158.87		1 Transactions	
75	DEPT Total:		1,158.87	CENTRAL SERVICES-CHARGE BACKS	1 Vendors	1 Transactions
76	DEPT			CENTRAL SERVICES-COUNTY WIDE		
135	5771 NU-TELECOM 01-076-000-0000-6203		1,484.37	EXT PRI SW B1	81762614	Communications
	5771 NU-TELECOM		1,484.37		1 Transactions	
76	DEPT Total:		1,484.37	CENTRAL SERVICES-COUNTY WIDE	1 Vendors	1 Transactions
85	DEPT			ELECTIONS		
25	658 MCLEOD PUBLISHING INC 01-085-000-0000-6241		101.25	NOTICE OF OFFICES 05/04/2016 05/04/2016		Printing And Publishing
26	01-085-000-0000-6241		101.25	NOTICE OF OFFICES 05/11/2016 05/11/2016		Printing And Publishing
	658 MCLEOD PUBLISHING INC		202.50		2 Transactions	
85	DEPT Total:		202.50	ELECTIONS	1 Vendors	2 Transactions
117	DEPT			FAIRGROUNDS		

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



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1 GENERAL REVENUE FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

Vendor No.	Vendor Name	Account/Formula	Rpt Accr	Amount	Warrant Description Service Dates	Invoice # Paid On Bhf #	Account/Formula Description On Behalf of Name
63	651	COMMISSIONER OF REVENUE					
		01-117-000-0000-6303		13.00	JUNE USE TAX		Repair And Maintenance Services
		01-117-000-0000-6415		47.00	JUNE USE TAX		Cleaning Supplies
		01-117-000-0000-6425		9.00	JUNE USE TAX		Repair And Maintenance Supplies
	651	COMMISSIONER OF REVENUE		69.00	3 Transactions		
137	5771	NU-TELECOM					
		01-117-000-0000-6203		92.58	PHONE FOR JULY	81785902	Communications
	5771	NU-TELECOM		92.58	1 Transactions		
117	DEPT Total:			161.58	FAIRGROUNDS	2 Vendors	4 Transactions
201	DEPT				COUNTY SHERIFF'S OFFICE		
	1083	WEX BANK					
160		01-201-000-0000-6455		5,951.18	FUEL THOUGH 06/30/2016	46002792	Motor Fuels and Lubrication
	1083	WEX BANK		5,951.18	1 Transactions		
201	DEPT Total:			5,951.18	COUNTY SHERIFF'S OFFICE	1 Vendors	1 Transactions
501	DEPT				CULTURE & RECREATION		
	623	AMERICAN LEGION POST 407					
2		01-501-000-0000-6875		300.00	MEMORIAL DAY ALLOWANCE 2016		Memorial Day Costs
	623	AMERICAN LEGION POST 407		300.00	1 Transactions		
501	DEPT Total:			300.00	CULTURE & RECREATION	1 Vendors	1 Transactions
520	DEPT				COUNTY PARK'S		
	5906	CENTURYLINK					
7		01-520-000-0000-6203		66.01	525 CARETAKER OFFICE PHONE	313540758	Communications
6		01-520-000-0000-6203		81.92	525 SHOP	314102204	Communications
	5906	CENTURYLINK		147.93	2 Transactions		
	651	COMMISSIONER OF REVENUE					
66		01-520-000-0000-6257		55.00	JUNE USE TAX		Sewer, Water And Garbage
67		01-520-000-0000-6303		377.00	JUNE USE TAX		Repair And Maintenance Services
68		01-520-000-0000-6423		114.00	JUNE USE TAX		Landscaping Materials
69		01-520-000-0000-6425		107.00	JUNE USE TAX		Repair And Maintenance Supplies

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



POOL
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1 GENERAL REVENUE FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

Page 5

Vendor	Name	Rpt	Warrant Description	Invoice #	Account/Formula Description
No.	Account/Formula	Accr	Service Dates	Paid On Bhf #	On Behalf of Name
651	COMMISSIONER OF REVENUE				
		653.00		4 Transactions	
5771	NU-TELECOM				
136	01-520-000-0000-6203	50.01	PIEPENBURG 587-2082	81762614	Communications
5771	NU-TELECOM	50.01		1 Transactions	
520	DEPT Total:	850.94	COUNTY PARK'S	3 Vendors	7 Transactions
1	Fund Total:	107,297.61	GENERAL REVENUE FUND		31 Transactions

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



POOL
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3 ROAD & BRIDGE FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

Vendor No.	Name Account/Formula	Rpt Accr	Amount	Warrant Description Service Dates	Invoice # Paid On Bhf #	Account/Formula Description On Behalf of Name
0	DEPT			...		
21	3328 GURSTEL CHARGO PA 03-000-000-0000-2055		277.00	GARNISHMENT 06/12/2016 06/25/2016	683730	Garnishments Payable
	3328 GURSTEL CHARGO PA		277.00		1 Transactions	
89	1241 MADISON NATIONAL LIFE INSURANCE C 03-000-000-0000-2041		153.72	STD PREMIUM HIGHWAY FUND 07/01/2016 07/31/2016		Short Term Disability Payable
79	03-000-000-0000-2050		167.30	LTD PREMIUM HIGHWAY FUND 07/01/2016 07/31/2016		Long Term Disability Payable
	1241 MADISON NATIONAL LIFE INSURANCE C		321.02		2 Transactions	
120	1360 MINNESOTA MUTUAL 03-000-000-0000-2049		437.12	LIFE PREMIUM HIGHWAY FUND 07/01/2016 07/31/2016		Life Insurance Payable
	1360 MINNESOTA MUTUAL		437.12		1 Transactions	
99	1874 MN COUNTIES INTERGOVERNMENTAL TI 03-000-000-0000-2045		14,771.00	MEDICAL PREMIUM HIGHWAY FUND 07/01/2016 07/31/2016		Health Insurance Payable
	1874 MN COUNTIES INTERGOVERNMENTAL TI		14,771.00		1 Transactions	
0	DEPT Total:		15,806.14	...	4 Vendors	5 Transactions
340	DEPT			HIGHWAY EQUIPMENT MAINTENANCE		
162	32875 HUTCHINSON UTILITIES COMMISSION 03-340-000-0000-6253		78.69	ELECTRIC TEMP STORAGE	31021-045101	Electricity
163	03-340-000-0000-6255		35.13	GAS TEMP STORAGE	31021-045101	Natural Gas
	32875 HUTCHINSON UTILITIES COMMISSION		113.82		2 Transactions	
166	1083 WEX BANK 03-340-000-0000-6455		932.72	UNLEADED FUEL JUNE	46002941	Motor Fuels And Lubrication
167	03-340-000-0000-6567		1,073.91	DIESEL FUEL JUNE	46002941	Diesel Fuel & Tax
	1083 WEX BANK		2,006.63		2 Transactions	
340	DEPT Total:		2,120.45	HIGHWAY EQUIPMENT MAINTENANCE	2 Vendors	4 Transactions

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



POOL
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3 ROAD & BRIDGE FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

	<u>Vendor Name</u>	<u>Rpt</u>	<u>Warrant Description</u>	<u>Invoice #</u>	<u>Account/Formula Description</u>	
	<u>No. Account/Formula</u>	<u>Accr</u>	<u>Amount</u>	<u>Service Dates</u>	<u>Paid On Bhf #</u>	<u>On Behalf of Name</u>
3	Fund Total:		17,926.59	ROAD & BRIDGE FUND		9 Transactions



POOL
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5 SOLID WASTE FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

Vendor No.	Name Account/Formula	Rpt Accr	Amount	Warrant Description Service Dates	Invoice # Paid On Bhf #	Account/Formula Description On Behalf of Name
391	DEPT			SOLID WASTE TIP FEE		
651	COMMISSIONER OF REVENUE					
70	05-391-000-0000-6259		125.00	JUNE USE TAX		Recycling
71	05-391-000-0000-6269		13.00	JUNE USE TAX		Contracts
72	05-391-000-0000-6402		5.00	JUNE USE TAX		Office Supplies
73	05-391-000-0000-6561		303.00	JUNE USE TAX		Repair And Maintenance-Other
651	COMMISSIONER OF REVENUE		446.00		4 Transactions	
1241	MADISON NATIONAL LIFE INSURANCE C					
90	05-391-000-0000-2041		22.04	STD PREMIUM SOLID WASTE FUND 07/01/2016 07/31/2016		Short Term Disability Payable
80	05-391-000-0000-2050		13.20	LTS PREMIUM SOLID WASTE FUND 07/01/2016 07/31/2016		Long Term Disability Payable
1241	MADISON NATIONAL LIFE INSURANCE C		35.24		2 Transactions	
1360	MINNESOTA MUTUAL					
121	05-391-000-0000-2049		147.90	LIFE PREMIUM SOLID WASTE FUND 07/01/2016 07/31/2016		Life Insurance Payable
1360	MINNESOTA MUTUAL		147.90		1 Transactions	
1874	MN COUNTIES INTERGOVERNMENTAL TI					
100	05-391-000-0000-2045		4,188.00	MEDICAL PREMIUM SW FUND 07/01/2016 07/31/2016		Health Insurance Payable
1874	MN COUNTIES INTERGOVERNMENTAL TI		4,188.00		1 Transactions	
391	DEPT Total:		4,817.14	SOLID WASTE TIP FEE	4 Vendors	8 Transactions
393	DEPT			MATERIALS RECOVERY FACILITY		
651	COMMISSIONER OF REVENUE					
74	05-393-000-0000-6259		244.00	JUNE USE TAX		Recycling
75	05-393-000-0000-6269		1,705.00	JUNE USE TAX		Contracts
76	05-393-000-0000-6560		432.00	JUNE USE TAX		Repair And Maintenance-Equipment
77	05-393-000-0000-6561		53.00	JUNE USE TAX		Repair And Maintenance-Other
651	COMMISSIONER OF REVENUE		2,434.00		4 Transactions	
1241	MADISON NATIONAL LIFE INSURANCE C					
91	05-393-000-0000-2041		26.00	STD PREMIUM MRF FUND 07/01/2016 07/31/2016		Short Term Disability Payable
81	05-393-000-0000-2050		20.14	LTD PREMIUM MRF FUND		Long Term Disability Payable

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



POOL
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5 SOLID WASTE FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

Vendor No.	Name Account/Formula	Rpt Accr	Amount	Warrant Description Service Dates	Invoice # Paid On Bhf #	Account/Formula Description On Behalf of Name
1241	MADISON NATIONAL LIFE INSURANCE C		46.14	07/01/2016 07/31/2016	2 Transactions	
4370	MCLEOD COUNTY ALUMINUM REDEMPTI 05-393-000-0000-6411		5,694.01	REPLENISH CHECKS 34371-34566 05/16/2016 07/01/2016	1 Transactions	Aluminum Recovery
4370	MCLEOD COUNTY ALUMINUM REDEMPTI		5,694.01			
1360	MINNESOTA MUTUAL 05-393-000-0000-2049		52.80	LIFE PREMIUM MRF FUND 07/01/2016 07/31/2016	1 Transactions	Life Insurance Payable
1360	MINNESOTA MUTUAL		52.80			
1874	MN COUNTIES INTERGOVERNMENTAL TI 05-393-000-0000-2045		2,958.00	MEDICAL PREMIUM MRF FUND 07/01/2016 07/31/2016	1 Transactions	Health Insurance Payable
1874	MN COUNTIES INTERGOVERNMENTAL TI		2,958.00			
4170	WASTE MANAGEMENT OF WI MN 05-393-000-0000-6257		3,147.34	RECYCLING RESIDUE GARBAGE	6932328-1593-8	Sewer, Water And Garbage Removal
4170	WASTE MANAGEMENT OF WI MN		3,147.34		1 Transactions	
393	DEPT Total:		14,332.29	MATERIALS RECOVERY FACILITY	6 Vendors	10 Transactions
397	DEPT			HOUSEHOLD HAZARDOUS WASTE		
1241	MADISON NATIONAL LIFE INSURANCE C 05-397-000-0000-2041		37.92	STD PREMIUM HHW FUND 07/01/2016 07/31/2016		Short Term Disability Payable
82	05-397-000-0000-2050		14.86	LTD PREMIUM HHW FUND 07/01/2016 07/31/2016		Long Term Disability Payable
1241	MADISON NATIONAL LIFE INSURANCE C		52.78		2 Transactions	
1360	MINNESOTA MUTUAL 05-397-000-0000-2049		15.91	LIFE PREMIUM HHW FUND 07/01/2016 07/31/2016		Life Insurance Payable
1360	MINNESOTA MUTUAL		15.91		1 Transactions	
1874	MN COUNTIES INTERGOVERNMENTAL TI 05-397-000-0000-2045		5,200.00-	MEDICAL PREMIUM HHW FUND		Health Insurance Payable

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



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5 SOLID WASTE FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

Vendor	Name	Rpt	Warrant Description	Invoice #	Account/Formula Description	
No.	Account/Formula	Accr	Amount	Service Dates	Paid On Bhf #	On Behalf of Name
1874	MN COUNTIES INTERGOVERNMENTAL TI		5,200.00-	07/01/2016 07/31/2016	1 Transactions	
397	DEPT Total:		5,131.31-	HOUSEHOLD HAZARDOUS WASTE	3 Vendors	4 Transactions
5	Fund Total:		14,018.12	SOLID WASTE FUND		22 Transactions

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11 HUMAN SERVICE FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

Vendor No.	Name Account/Formula	Rpt Accr	Amount	Warrant Description Service Dates	Invoice # Paid On Bhf #	Account/Formula Description On Behalf of Name
420	DEPT			INCOME MAINTENANCE		
1241	MADISON NATIONAL LIFE INSURANCE C					
93	11-420-000-0000-2041		243.13	STD PREMIUM INC MAINT FUND 07/01/2016 07/31/2016		Short Term Disability Payable
83	11-420-000-0000-2050		129.21	LTD PREMIUM INC MAINT FUND 07/01/2016 07/31/2016		Long Term Disability Payable
1241	MADISON NATIONAL LIFE INSURANCE C		372.34		2 Transactions	
1360	MINNESOTA MUTUAL					
124	11-420-000-0000-2049		458.34	LIFE PREMIUM INC MAINT FUND 07/01/2016 07/31/2016		Life Insurance Payable
1360	MINNESOTA MUTUAL		458.34		1 Transactions	
1874	MN COUNTIES INTERGOVERNMENTAL TI					
103	11-420-000-0000-2045		15,073.79	MEDICAL PREMIUM INC MAINT FUND 07/01/2016 07/31/2016		Health Insurance Payable
1874	MN COUNTIES INTERGOVERNMENTAL TI		15,073.79		1 Transactions	
420	DEPT Total:		15,904.47	INCOME MAINTENANCE	3 Vendors	4 Transactions
430	DEPT			INDIVIDUAL AND FAMILY SOCIAL SERVI		
1241	MADISON NATIONAL LIFE INSURANCE C					
94	11-430-000-0000-2041		1,197.63	STD PREMIUM WELFARE FUND 07/01/2016 07/31/2016		Short Term Disability Payable
84	11-430-000-0000-2050		476.13	LTD PREMIUM WELFARE FUND 07/01/2016 07/31/2016		Long Term Disability Payable
1241	MADISON NATIONAL LIFE INSURANCE C		1,673.76		2 Transactions	
3028	MINNESOTA CHILD SUPPORT PAYMENT					
40	11-430-000-0000-2056		276.88	CHILD SUPPORT 06/12/2016 06/25/2016	001483828601	Child Support Garnishment Payable
3028	MINNESOTA CHILD SUPPORT PAYMENT		276.88		1 Transactions	
1360	MINNESOTA MUTUAL					
125	11-430-000-0000-2049		1,505.86	LIFE PREMIUM WELFARE FUND 07/01/2016 07/31/2016		Life Insurance Payable
1360	MINNESOTA MUTUAL		1,505.86		1 Transactions	
1874	MN COUNTIES INTERGOVERNMENTAL TI					

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



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11 HUMAN SERVICE FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

Vendor	Name	Rpt	Warrant Description	Invoice #	Account/Formula Description	
No.	Account/Formula	Accr	Amount	Service Dates	Paid On Bhf #	On Behalf of Name
104	11-430-000-0000-2045		46,159.13	MEDICAL PREMIUM WELFARE FUND		Health Insurance Payable
				07/01/2016 07/31/2016		
	1874 MN COUNTIES INTERGOVERNMENTAL TI		46,159.13		1 Transactions	
430	DEPT Total:		49,615.63	INDIVIDUAL AND FAMILY SOCIAL SER	4 Vendors	5 Transactions
11	Fund Total:		65,520.10	HUMAN SERVICE FUND		9 Transactions

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



POOL
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20 COUNTY DITCH FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

Vendor Name	Rpt	Warrant Description	Invoice #	Account/Formula Description
No. Account/Formula	Accr	Amount	Service Dates	On Behalf of Name
			Paid On Bhf #	
624 DEPT				COUNTY DITCH #11
3856 BORKA EXCAVATING				
161 20-624-000-0000-6302		200.00	06_20_16-3	Construction And Repairs
3856 BORKA EXCAVATING		200.00		1 Transactions
2973 RICKERT EXCAVATING INC				
165 20-624-000-0000-6302		825.00	892	Construction And Repairs
2973 RICKERT EXCAVATING INC		825.00		1 Transactions
624 DEPT Total:		1,025.00		COUNTY DITCH #11 2 Vendors 2 Transactions
635 DEPT				COUNTY DITCH #22 REDETERMINED
658 MCLEOD PUBLISHING INC				
27 20-635-000-0000-6302		15.75		AD FOR BIDS Construction And Repairs
			04/27/2016 04/27/2016	
28 20-635-000-0000-6302		15.75		AD FOR BIDS Construction And Repairs
			05/04/2016 05/04/2016	
29 20-635-000-0000-6302		15.75		AD FOR BIDS Construction And Repairs
			05/11/2016 05/11/2016	
30 20-635-000-0000-6302		49.50		AD FOR BIDS Construction And Repairs
			06/01/2016 06/01/2016	
31 20-635-000-0000-6302		49.50		AD FOR BIDS Construction And Repairs
			06/08/2016 06/08/2016	
32 20-635-000-0000-6302		49.50		AD FOR BIDS Construction And Repairs
			06/15/2016 06/15/2016	
658 MCLEOD PUBLISHING INC		195.75		6 Transactions
635 DEPT Total:		195.75		COUNTY DITCH #22 REDETERMINED 1 Vendors 6 Transactions
662 DEPT				JOINT DITCH #3A SCMC REDETERMINED
314 SIBLEY COUNTY TREASURER				
138 20-662-000-0000-6302	DTG 6	67.62		2015 DITCH EXPENSES Construction And Repairs
314 SIBLEY COUNTY TREASURER		67.62		1 Transactions
662 DEPT Total:		67.62		JOINT DITCH #3A SCMC REDETERMIN 1 Vendors 1 Transactions
666 DEPT				JOINT DITCH #5 SMC
314 SIBLEY COUNTY TREASURER				

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20 COUNTY DITCH FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

Vendor No.	Name Account/Formula	Rpt Accr	Amount	Warrant Description Service Dates	Invoice # Paid On Bhf #	Account/Formula Description On Behalf of Name
139	20-666-000-0000-6302	DTG 6	12.21	2015 DITCH EXPENSES		Construction And Repairs
	314 SIBLEY COUNTY TREASURER		12.21		1 Transactions	
666	DEPT Total:		12.21	JOINT DITCH #5 SMC	1 Vendors	1 Transactions
667	DEPT			JOINT DITCH #8 MCS		
	314 SIBLEY COUNTY TREASURER					
140	20-667-000-0000-6302	DTG 6	785.98	2015 DITCH EXPENSES		Construction And Repairs
	314 SIBLEY COUNTY TREASURER		785.98		1 Transactions	
667	DEPT Total:		785.98	JOINT DITCH #8 MCS	1 Vendors	1 Transactions
673	DEPT			JOINT DITCH #11 SRMC		
	314 SIBLEY COUNTY TREASURER					
141	20-673-000-0000-6302	DTG 6	541.09	2015 DITCH EXPENSES		Construction And Repairs
	314 SIBLEY COUNTY TREASURER		541.09		1 Transactions	
673	DEPT Total:		541.09	JOINT DITCH #11 SRMC	1 Vendors	1 Transactions
677	DEPT			JOINT DITCH #15 MCS		
	314 SIBLEY COUNTY TREASURER					
142	20-677-000-0000-6302	DTG 6	81.64	2015 DITCH EXPENSES		Construction And Repairs
	314 SIBLEY COUNTY TREASURER		81.64		1 Transactions	
677	DEPT Total:		81.64	JOINT DITCH #15 MCS	1 Vendors	1 Transactions
679	DEPT			JOINT DITCH #17 MCS		
	314 SIBLEY COUNTY TREASURER					
143	20-679-000-0000-6302	DTG 6	223.95	2015 DITCH EXPENSES		Construction And Repairs
	314 SIBLEY COUNTY TREASURER		223.95		1 Transactions	
679	DEPT Total:		223.95	JOINT DITCH #17 MCS	1 Vendors	1 Transactions
680	DEPT			JOINT DITCH #18 SMcC		
	314 SIBLEY COUNTY TREASURER					
144	20-680-000-0000-6302	DTG 6	33,302.11	2015 DITCH EXPENSES		Construction And Repairs

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20 COUNTY DITCH FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

Vendor Name	Rpt	Warrant Description	Invoice #	Account/Formula Description	
No. Account/Formula	Accr	Amount	Service Dates	Paid On Bhf #	On Behalf of Name
314 SIBLEY COUNTY TREASURER		33,302.11	1 Transactions		
680 DEPT Total:		33,302.11	JOINT DITCH #18 SMcC	1 Vendors	1 Transactions
681 DEPT			JOINT DITCH #19 SMC		
314 SIBLEY COUNTY TREASURER					
145 20-681-000-0000-6302	DTG 6	285.76	2015 DITCH EXPENSES		Construction And Repairs
314 SIBLEY COUNTY TREASURER		285.76	1 Transactions		
681 DEPT Total:		285.76	JOINT DITCH #19 SMC	1 Vendors	1 Transactions
682 DEPT			JOINT DITCH #24 SMCR		
314 SIBLEY COUNTY TREASURER					
146 20-682-000-0000-6302	DTG 6	11,297.92	2015 DITCH EXPENSES		Construction And Repairs
314 SIBLEY COUNTY TREASURER		11,297.92	1 Transactions		
682 DEPT Total:		11,297.92	JOINT DITCH #24 SMCR	1 Vendors	1 Transactions
684 DEPT			JOINT DITCH #32 SMc		
314 SIBLEY COUNTY TREASURER					
147 20-684-000-0000-6302	DTG 6	7.48	2015 DITCH EXPENSES		CONSTRUCTION AND REPAIRS
314 SIBLEY COUNTY TREASURER		7.48	1 Transactions		
684 DEPT Total:		7.48	JOINT DITCH #32 SMc	1 Vendors	1 Transactions
20 Fund Total:		47,826.51	COUNTY DITCH FUND		18 Transactions

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25 SPECIAL REVENUE FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

Vendor No.	Name Account/Formula	Rpt Accr	Amount	Warrant Description Service Dates	Invoice # Paid On Bhf #	Account/Formula Description On Behalf of Name
220	DEPT			BOAT & WATER SAFETY-GRANT		
1241	MADISON NATIONAL LIFE INSURANCE C					
95	25-220-000-0000-2041		1.18	STD PREMIUM SPECIAL REVENUE 07/01/2016 07/31/2016		Short Term Disability Payable
85	25-220-000-0000-2050		0.23	LTD PREMIUM BOAT & WATER FUND 07/01/2016 07/31/2016		Long Term Disability Payable
1241	MADISON NATIONAL LIFE INSURANCE C		1.41	2 Transactions		
1360	MINNESOTA MUTUAL					
126	25-220-000-0000-2049		0.21	LIFE PREMIUM BOAT & WATER FUND 07/01/2016 07/31/2016		Life Insurance Payable
1360	MINNESOTA MUTUAL		0.21	1 Transactions		
1874	MN COUNTIES INTERGOVERNMENTAL TI					
105	25-220-000-0000-2045		27.51	MEDICAL PREMIUM BOAT & WATER 07/01/2016 07/31/2016		Health Insurance Payable
1874	MN COUNTIES INTERGOVERNMENTAL TI		27.51	1 Transactions		
220	DEPT Total:		29.13	BOAT & WATER SAFETY-GRANT	3 Vendors	4 Transactions
225	DEPT			MCLEOD COUNTY SHERIFFS POSSE		
1360	MINNESOTA MUTUAL					
127	25-225-000-0000-2049		3.68	LIFE PREMIUM POSSE FUND 07/01/2016 07/31/2016		Life Insurance Payable
1360	MINNESOTA MUTUAL		3.68	1 Transactions		
1874	MN COUNTIES INTERGOVERNMENTAL TI					
106	25-225-000-0000-2045		44.08	MEDICAL PREMIUM POSSE FUND 07/01/2016 07/31/2016		Health Insurance Payable
1874	MN COUNTIES INTERGOVERNMENTAL TI		44.08	1 Transactions		
225	DEPT Total:		47.76	MCLEOD COUNTY SHERIFFS POSSE	2 Vendors	2 Transactions
485	DEPT			COUNTY PUBLIC HEALTH NURSING		
1241	MADISON NATIONAL LIFE INSURANCE C					
86	25-485-000-0000-2050		11.70	LTD PREMIUM PRIME WEST FUND 07/01/2016 07/31/2016		Long Term Disability Payable

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25 SPECIAL REVENUE FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

Vendor No.	Name Account/Formula	Rpt Accr	Amount	Warrant Description Service Dates	Invoice # Paid On Bhf #	Account/Formula Description On Behalf of Name
1241	MADISON NATIONAL LIFE INSURANCE C		11.70		1 Transactions	
128	1360 MINNESOTA MUTUAL 25-485-000-0000-2049		8.50	LIFE PREMIUM PRIME WEST 07/01/2016 07/31/2016		Life Insurance Payable
	1360 MINNESOTA MUTUAL		8.50		1 Transactions	
107	1874 MN COUNTIES INTERGOVERNMENTAL TI 25-485-000-0000-2045		505.00	MEDICAL PREMIUM PW FUND 07/01/2016 07/31/2016		Health Insurance Payable
	1874 MN COUNTIES INTERGOVERNMENTAL TI		505.00		1 Transactions	
485	DEPT Total:		525.20	COUNTY PUBLIC HEALTH NURSING	3 Vendors	3 Transactions
612	DEPT			SHORELAND-GRANT		
129	1360 MINNESOTA MUTUAL 25-612-000-0000-2049		5.82	LIFE PREMIUM SHORELAND FUND 07/01/2016 07/31/2016		Life Insurance Payable
	1360 MINNESOTA MUTUAL		5.82		1 Transactions	
108	1874 MN COUNTIES INTERGOVERNMENTAL TI 25-612-000-0000-2045		24.74	MEDICAL PREMIUM SHORELAND FUND 07/01/2016 07/31/2016		Health Insurance Payable
	1874 MN COUNTIES INTERGOVERNMENTAL TI		24.74		1 Transactions	
612	DEPT Total:		30.56	SHORELAND-GRANT	2 Vendors	2 Transactions
613	DEPT			WATER RESOURCE MANAGEMENT-GRAN		
130	1360 MINNESOTA MUTUAL 25-613-000-0000-2049		9.46	LIFE PREMIUM WATER RESOURCE 07/01/2016 07/31/2016		Life Insurance Payable
	1360 MINNESOTA MUTUAL		9.46		1 Transactions	
109	1874 MN COUNTIES INTERGOVERNMENTAL TI 25-613-000-0000-2045		40.15	MEDICAL PREMIUM WATER RESOURCE 07/01/2016 07/31/2016		Health Insurance Payable
	1874 MN COUNTIES INTERGOVERNMENTAL TI		40.15		1 Transactions	

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25 SPECIAL REVENUE FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

Vendor Name	Rpt	Warrant Description	Invoice #	Account/Formula Description
No. Account/Formula	Accr	Amount	Service Dates	On Behalf of Name
			Paid On Bhf #	
613 DEPT Total:		49.61	2 Vendors	2 Transactions
614 DEPT				
1360 MINNESOTA MUTUAL				
131 25-614-000-0000-2049		22.21		Life Insurance Payable
			07/01/2016 07/31/2016	
1360 MINNESOTA MUTUAL		22.21	1 Transactions	
1874 MN COUNTIES INTERGOVERNMENTAL TI				
110 25-614-000-0000-2045		94.01		Health Insurance Payable
			07/01/2016 07/31/2016	
1874 MN COUNTIES INTERGOVERNMENTAL TI		94.01	1 Transactions	
614 DEPT Total:		116.22	2 Vendors	2 Transactions
694 DEPT				
2742 ALLOVER MEDIA LLC				
1 25-694-000-0000-6241		4,620.00	121409	PRINTING AND PUBLISHING
2742 ALLOVER MEDIA LLC		4,620.00	1 Transactions	
694 DEPT Total:		4,620.00	1 Vendors	1 Transactions
807 DEPT				
4917 CITY OF GLENCOE				
44 25-807-000-0000-6610		1,055.25		Capital - Over \$5,000 (Fixed Assets)
45 25-807-000-0000-6610		18,972.50		Capital - Over \$5,000 (Fixed Assets)
4917 CITY OF GLENCOE		20,027.75	2 Transactions	
807 DEPT Total:		20,027.75	1 Vendors	2 Transactions
886 DEPT				
1360 MINNESOTA MUTUAL				
132 25-886-000-0000-2049		29.24		Life Insurance Payable
			07/01/2016 07/31/2016	
1360 MINNESOTA MUTUAL		29.24	1 Transactions	
1874 MN COUNTIES INTERGOVERNMENTAL TI				
111 25-886-000-0000-2045		714.28		Health Insurance Payable

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



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25 SPECIAL REVENUE FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

Vendor No.	Name Account/Formula	Rpt Accr	Amount	Warrant Description Service Dates	Invoice # Paid On Bhf #	Account/Formula Description On Behalf of Name
1874	MN COUNTIES INTERGOVERNMENTAL TI		714.28	07/01/2016 07/31/2016	1 Transactions	
1457	PRO AUTO & TRANSMISSION REPAIR INC					
164	25-886-000-0000-6338		640.02	2006 CHEV VEHICLE MAINT	3060389	Motor Pool Expenses
1457	PRO AUTO & TRANSMISSION REPAIR INC		640.02	1 Transactions		
886	DEPT Total:		1,383.54	COUNTY FEEDLOT PROGRAM	3 Vendors	3 Transactions
25	Fund Total:		26,829.77	SPECIAL REVENUE FUND		21 Transactions

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



POOL
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35 DEBT SERVICE FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

Vendor No.	Name Account/Formula	Rpt Accr	Amount	Warrant Description Service Dates	Invoice # Paid On Bhf #	Account/Formula Description On Behalf of Name
3	DEPT			COUNTY WIDE		
156	3988 WELLS FARGO BANK NA 35-003-000-0000-6720		9,650.00	GO BOND INTEREST	1328052	Interest
	3988 WELLS FARGO BANK NA		9,650.00	1 Transactions		
3	DEPT Total:		9,650.00	COUNTY WIDE	1 Vendors	1 Transactions
393	DEPT			MATERIALS RECOVERY FACILITY		
157	3988 WELLS FARGO BANK NA 35-393-000-0000-6720		45,681.25	GO BOND INTEREST	1328052	INTEREST
	3988 WELLS FARGO BANK NA		45,681.25	1 Transactions		
393	DEPT Total:		45,681.25	MATERIALS RECOVERY FACILITY	1 Vendors	1 Transactions
805	DEPT			CAPITAL IMPROVEMENT PLAN 2014		
158	3988 WELLS FARGO BANK NA 35-805-000-0000-6720		33,618.75	GO BOND INTEREST	1328052	INTEREST - BOND
	3988 WELLS FARGO BANK NA		33,618.75	1 Transactions		
805	DEPT Total:		33,618.75	CAPITAL IMPROVEMENT PLAN 2014	1 Vendors	1 Transactions
35	Fund Total:		88,950.00	DEBT SERVICE FUND		3 Transactions

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82 COMMUNITY HEALTH SER

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

Vendor No.	Name Account/Formula	Rpt Accr	Amount	Warrant Description Service Dates	Invoice # Paid On Bhf #	Account/Formula Description On Behalf of Name
852	DEPT			PROJECT HARMONY GRANT		
314	SIBLEY COUNTY TREASURER					
148	82-852-000-0000-6850		5,276.18	APRIL SHIP 2016		Collections For Other Agencies
314	SIBLEY COUNTY TREASURER		5,276.18		1 Transactions	
852	DEPT Total:		5,276.18	PROJECT HARMONY GRANT	1 Vendors	1 Transactions
853	DEPT			LOCAL PUBLIC HEALTH GRANT		
718	BUERKLE/RHONDA					
3	82-853-000-0000-6121		1,680.00	LPHG GRANT TIME		Personnel Wages
5	82-853-000-0000-6203		22.95	LPHG COMMUNICATIONS		Communications
4	82-853-000-0000-6335		16.20	LPHG GRANT MILEAGE		Mileage Expense
718	BUERKLE/RHONDA		1,719.15		3 Transactions	
1241	MADISON NATIONAL LIFE INSURANCE C					
96	82-853-000-0000-2041		26.80	STD PREMIUM SHNFP FUND		SHORT TERM DISABILITY PAYABLE
				07/01/2016 07/31/2016		
87	82-853-000-0000-2050		11.90	LTD PREMIUM CHS FUND		LONG TERM DISABILITY PAYABLE
				07/01/2016 07/31/2016		
1241	MADISON NATIONAL LIFE INSURANCE C		38.70		2 Transactions	
1360	MINNESOTA MUTUAL					
133	82-853-000-0000-2049		102.43	LIFE PREMIUM CHS FUND		LIFE INSURANCE PAYABLE
				07/01/2016 07/31/2016		
1360	MINNESOTA MUTUAL		102.43		1 Transactions	
1874	MN COUNTIES INTERGOVERNMENTAL TI					
112	82-853-000-0000-2045		1,206.00	MEDICAL PREMIUM CHS FUND		HEALTH INSURANCE PAYABLE
				07/01/2016 07/31/2016		
1874	MN COUNTIES INTERGOVERNMENTAL TI		1,206.00		1 Transactions	
853	DEPT Total:		3,066.28	LOCAL PUBLIC HEALTH GRANT	4 Vendors	7 Transactions
859	DEPT			HEALTHY COMMUNITIES ACTIVITIES		
3061	COMMUNITY EDUCATION-SIBLEY EAST					
149	82-859-000-0000-6350		75.00	HEALTHY COMMUNITIES PROJECT		Other Services & Charges
3061	COMMUNITY EDUCATION-SIBLEY EAST		75.00		1 Transactions	

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82 COMMUNITY HEALTH SER

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

	<u>Vendor Name</u>	<u>Rpt</u>	<u>Warrant Description</u>	<u>Invoice #</u>	<u>Account/Formula Description</u>
	<u>No. Account/Formula</u>	<u>Accr</u>	<u>Service Dates</u>	<u>Paid On Bhf #</u>	<u>On Behalf of Name</u>
			<u>Amount</u>		
859	DEPT Total:		75.00	HEALTHY COMMUNITIES ACTIVITIES	1 Vendors 1 Transactions
862	DEPT			SHIP	
	222 MEEKER COUNTY TREASURER				
33	82-862-000-0000-6850		5,737.10	APRIL SHIP 2016	Collections For Other Agencies
	222 MEEKER COUNTY TREASURER		5,737.10	1 Transactions	
862	DEPT Total:		5,737.10	SHIP	1 Vendors 1 Transactions
82	Fund Total:		14,154.56	COMMUNITY HEALTH SERVICE	10 Transactions

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



POOL
7/8/16 1:59PM
86 TRUST & AGENCY FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

Vendor No.	Name Account/Formula	Rpt Accr	Amount	Warrant Description Service Dates	Invoice # Paid On Bhf #	Account/Formula Description On Behalf of Name
833	DEPT			MORTGAGE REGISTRY TAX		
114	1004 MINNESOTA DEPARTMENT OF REVENUE					
	86-833-000-0000-6850		21,320.59	JUNE MTG REG		Collections For Other Agencies
	1004 MINNESOTA DEPARTMENT OF REVENUE		21,320.59		1 Transactions	
833	DEPT Total:		21,320.59	MORTGAGE REGISTRY TAX	1 Vendors	1 Transactions
834	DEPT			DEED TAX		
	1004 MINNESOTA DEPARTMENT OF REVENUE					
115	86-834-000-0000-6850		16,035.56	JUNE DEED TAX		Collections For Other Agencies
	1004 MINNESOTA DEPARTMENT OF REVENUE		16,035.56		1 Transactions	
834	DEPT Total:		16,035.56	DEED TAX	1 Vendors	1 Transactions
935	DEPT			REAL ESTATE ASSURANCE-REGISTERED		
	3411 COMMISSIONER OF FINANCE					
50	86-935-000-0000-6850		183.00	REGISTERED LAND		Collections For Other Agencies
				06/01/2016 06/30/2016		
	3411 COMMISSIONER OF FINANCE		183.00		1 Transactions	
935	DEPT Total:		183.00	REAL ESTATE ASSURANCE-REGISTERE	1 Vendors	1 Transactions
938	DEPT			WELL CERTIFICATES		
	3442 MINNESOTA DEPARTMENT OF HEALTH					
113	86-938-000-0000-6850		935.00	2ND QTR 2016 WELL DISCLOSURES		Collections For Other Agencies
	3442 MINNESOTA DEPARTMENT OF HEALTH		935.00		1 Transactions	
938	DEPT Total:		935.00	WELL CERTIFICATES	1 Vendors	1 Transactions
939	DEPT			STATE SURCHARGE 3%		
	3411 COMMISSIONER OF FINANCE					
51	86-939-000-0000-6850		6,961.50	REGISTRARS FEES		Collections For Other Agencies
				06/01/2016 06/30/2016		
	3411 COMMISSIONER OF FINANCE		6,961.50		1 Transactions	
939	DEPT Total:		6,961.50	STATE SURCHARGE 3%	1 Vendors	1 Transactions

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



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86 TRUST & AGENCY FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

Vendor No.	Name Account/Formula	Rpt Accr	Amount	Warrant Description Service Dates	Invoice # Paid On Bhf #	Account/Formula Description On Behalf of Name
940	DEPT 3411 COMMISSIONER OF FINANCE			VITAL RECORDS SURCHARGE-BIRTH&D		
52	86-940-000-0000-6850		1,816.00	BIRTH/DEATH SURCHARGE 06/01/2016 06/30/2016		Collections For Other Agencies
	3411 COMMISSIONER OF FINANCE		1,816.00	1 Transactions		
940	DEPT Total:		1,816.00	VITAL RECORDS SURCHARGE-BIRTH&	1 Vendors	1 Transactions
950	DEPT 3411 COMMISSIONER OF FINANCE			BIRTH RECORD SURCHARGE		
53	86-950-000-0000-6850		1,540.00	BIRTH RECORD SURCHARGE 06/01/2016 06/30/2016		Collections For Other Agencies
	3411 COMMISSIONER OF FINANCE		1,540.00	1 Transactions		
950	DEPT Total:		1,540.00	BIRTH RECORD SURCHARGE	1 Vendors	1 Transactions
952	DEPT 3411 COMMISSIONER OF FINANCE			CHILDREN'S TRUST FUND SURCHARGE-		
54	86-952-000-0000-6850		462.00	CHILDREN SURCHARGE 06/01/2016 06/01/2016		Collections For Other Agencies
	3411 COMMISSIONER OF FINANCE		462.00	1 Transactions		
952	DEPT Total:		462.00	CHILDREN'S TRUST FUND SURCHARGE	1 Vendors	1 Transactions
954	DEPT 3411 COMMISSIONER OF FINANCE			MARRIAGE LICENSE		
55	86-954-000-0000-6850		605.00	MARR LIC SURCHARGE 06/01/2016 06/01/2016		Collections For Other Agencies
56	86-954-000-0000-6850		57.00	MARR LIC SUPRVD VISIT 06/01/2016 06/01/2016		Collections For Other Agencies
57	86-954-000-0000-6850		38.00	MARR LIC/MN ENABLE 06/01/2016 06/01/2016		Collections For Other Agencies
58	86-954-000-0000-6850		275.00	MARR LIC/DISPL HOME REG 06/01/2016 06/01/2016		Collections For Other Agencies
59	86-954-000-0000-6850		80.00	MARR LIC/HEALTHY MARR 06/01/2016 06/01/2016		Collections For Other Agencies
60	86-954-000-0000-6850		55.00	MARR LIC/COUPLES ON BRINK 06/01/2016 06/30/2016		Collections For Other Agencies

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



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86 TRUST & AGENCY FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

Vendor Name	Rpt	Warrant Description	Invoice #	Account/Formula Description	
No. Account/Formula	Accr	Amount	Service Dates	Paid On Bhf #	On Behalf of Name
3411 COMMISSIONER OF FINANCE		1,110.00	6 Transactions		
954 DEPT Total:		1,110.00	MARRIAGE LICENSE	1 Vendors	6 Transactions
956 DEPT			SALES TAX		
62 651 COMMISSIONER OF REVENUE					
86-956-000-0000-6850		1,359.00	JUNE SALES TAX (19,771)		Collections For Other Agencies
651 COMMISSIONER OF REVENUE		1,359.00	1 Transactions		
956 DEPT Total:		1,359.00	SALES TAX	1 Vendors	1 Transactions
961 DEPT			MUNICIPAL ASSESSMENTS		
32 CITY OF BROWNTON					
43 86-961-000-0000-6850		1,106.04	SPECIAL ASSESSMENT PAYOFF	16.050.0540	Collections For Other Agencies
42 86-961-000-0000-6850		23,086.60	SPECIAL ASSESSMENT PAYOFF	16.050.0585	Collections For Other Agencies
41 86-961-000-0000-6850		1,291.71	SPECIAL ASSESSMENT PAYOFF	16.056.0330	Collections For Other Agencies
32 CITY OF BROWNTON		25,484.35	3 Transactions		
4917 CITY OF GLENCOE					
14 86-961-000-0000-6850		3,598.92	SPECIAL ASSESSMENT PAYOFF	22.054.0090	Collections For Other Agencies
11 86-961-000-0000-6850		13,170.15	SPECIAL ASSESSMENT PAYOFF	22.060.3890	Collections For Other Agencies
10 86-961-000-0000-6850		2,432.07	SPECIAL ASSESSMENT PAYOFF	22.060.4320	Collections For Other Agencies
9 86-961-000-0000-6850		1,154.62	SPECIAL ASSESSMENT PAYOFF	22.085.0180	Collections For Other Agencies
8 86-961-000-0000-6850	DTG 6	2,843.81	SPECIAL ASSESSMENT PAYOFF	22.097.0400	Collections For Other Agencies
13 86-961-000-0000-6850		950.25	SPECIAL ASSESSMENT PAYOFF	22.134.0600	Collections For Other Agencies
15 86-961-000-0000-6850		2,141.22	SPECIAL ASSESSMENT PAYOFF	22.135.0060	Collections For Other Agencies
12 86-961-000-0000-6850		2,141.22	SPECIAL ASSESSMENT PAYOFF	22.135.0100	Collections For Other Agencies
4917 CITY OF GLENCOE		28,432.26	8 Transactions		
134 CITY OF HUTCHINSON					
23 86-961-000-0000-6850		232.48	SPECIAL ASSESSMENT PAYOFF	23.112.0920	Collections For Other Agencies
134 CITY OF HUTCHINSON		232.48	1 Transactions		
10359 CITY OF LESTER PRAIRIE					
16 86-961-000-0000-6850		240.20	SPECIAL ASSESSMENT PAYOFF	17.055.0070	Collections For Other Agencies
10359 CITY OF LESTER PRAIRIE		240.20	1 Transactions		
315 CITY OF SILVER LAKE					

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



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86 TRUST & AGENCY FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

Vendor Name	Rpt	Warrant Description	Invoice #	Account/Formula Description
No. Account/Formula	Accr	Amount	Service Dates	On Behalf of Name
			Paid On Bhf #	
48 86-961-000-0000-6850		1,995.71	SPECIAL ASSESSMENT PAYOFF	19.074.0050 Collections For Other Agencies
47 86-961-000-0000-6850		3,376.01	SPECIAL ASSESSMENT PAYOFF	19.074.0230 Collections For Other Agencies
315 CITY OF SILVER LAKE		5,371.72	2 Transactions	
324 CITY OF STEWART				
18 86-961-000-0000-6850		2,836.53	SPECIAL ASSESSMENT PAYOFF	20.050.0610 Collections For Other Agencies
20 86-961-000-0000-6850		11,398.76	SPECIAL ASSESSMENT PAYOFF	20.050.0700 Collections For Other Agencies
17 86-961-000-0000-6850		5,273.20	SPECIAL ASSESSMENT PAYOFF	20.050.1030 Collections For Other Agencies
19 86-961-000-0000-6850		3,791.66	SPECIAL ASSESSMENT PAYOFF	20.061.0070 Collections For Other Agencies
324 CITY OF STEWART		23,300.15	4 Transactions	
362 CITY OF WINSTED				
49 86-961-000-0000-6850		1,077.65	SPECIAL ASSESSMENT PAYOFF	21.110.0020 Collections For Other Agencies
362 CITY OF WINSTED		1,077.65	1 Transactions	
172 TOWN OF ACOMA				
153 86-961-000-0000-6850		315.74	SPECIAL ASSESSMENT PAYOFF	01.053.0270 Collections For Other Agencies
150 86-961-000-0000-6850		729.35	SPECIAL ASSESSMENT PAYOFF	01.060.0060 Collections For Other Agencies
152 86-961-000-0000-6850		304.00	SPECIAL ASSESSMENT PAYOFF	01.060.040 Collections For Other Agencies
151 86-961-000-0000-6850		4.35	SPECIAL ASSESSMENT INTEREST	01.086.0100 Collections For Other Agencies
172 TOWN OF ACOMA		1,353.44	4 Transactions	
961 DEPT Total:		85,492.25	MUNICIPAL ASSESSMENTS	8 Vendors 24 Transactions
965 DEPT			HUTCHINSON CITY LODGING TAX 3%	
134 CITY OF HUTCHINSON				
46 86-965-000-0000-6850		21.09	JUNE LODGING TAX	Collections For Other Agencies
134 CITY OF HUTCHINSON		21.09	1 Transactions	
965 DEPT Total:		21.09	HUTCHINSON CITY LODGING TAX 3%	1 Vendors 1 Transactions
966 DEPT			HUTCHINSON CITY SALES TAX	
651 COMMISSIONER OF REVENUE				
61 86-966-000-0000-6850		37.00	JUNE HUTCHINSON TAX (7,316)	Collections For Other Agencies
651 COMMISSIONER OF REVENUE		37.00	1 Transactions	
966 DEPT Total:		37.00	HUTCHINSON CITY SALES TAX	1 Vendors 1 Transactions

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



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86 TRUST & AGENCY FUND

Audit List for Board AUDITOR'S VOUCHERS ENTRIES

Vendor Name	Rpt	Warrant Description	Invoice #	Account/Formula Description
No. Account/Formula	Accr	Amount	Service Dates	On Behalf of Name
			Paid On Bhf #	
975 DEPT				DNR CLEARING ACCOUNT
509 MINNESOTA DNR				
116 86-975-000-0000-6850		487.00		DNR 06/21/2016 06/27/2016 Collections For Other Agencies
118 86-975-000-0000-6850		1,218.50		DNR 06/27/2016 07/06/2016 Collections For Other Agencies
509 MINNESOTA DNR		1,705.50		2 Transactions
975 DEPT Total:		1,705.50		DNR CLEARING ACCOUNT 1 Vendors 2 Transactions
976 DEPT				GAME & FISH CLEARING ACCOUNT
509 MINNESOTA DNR				
117 86-976-000-0000-6850		93.75		G & F 06/27/2016 07/06/2016 Collections For Other Agencies
509 MINNESOTA DNR		93.75		1 Transactions
976 DEPT Total:		93.75		GAME & FISH CLEARING ACCOUNT 1 Vendors 1 Transactions
86 Fund Total:		139,072.24		TRUST & AGENCY FUND 44 Transactions
Final Total:		521,595.50		106 Vendors 167 Transactions

McLeod County IFS



Audit List for Board AUDITOR'S VOUCHERS ENTRIES

Recap by Fund	<u>Fund</u>	<u>AMOUNT</u>	<u>Name</u>	
	1	107,297.61	GENERAL REVENUE FUND	
	3	17,926.59	ROAD & BRIDGE FUND	
	5	14,018.12	SOLID WASTE FUND	
	11	65,520.10	HUMAN SERVICE FUND	
	20	47,826.51	COUNTY DITCH FUND	
	25	26,829.77	SPECIAL REVENUE FUND	
	35	88,950.00	DEBT SERVICE FUND	
	82	14,154.56	COMMUNITY HEALTH SERVICE	
	86	139,072.24	TRUST & AGENCY FUND	
All Funds		521,595.50	Total	Approved by,
			
			

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: Duck Unbrsted Previous Gambling Permit Number: _____

Minnesota Tax ID Number, if any: _____ Federal Employer ID Number (FEIN), if any: _____

Mailing Address: 17090 705th Ave.

City: Dassel State: MN Zip: 55325 County: Meeker

Name of Chief Executive Officer (CEO): Brant Dohn

Daytime Phone: 320-587-8365 Email: bkduhn@hutchtel.net

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 Secretary of State website, phone numbers:
 60 Empire Drive, Suite 100 www.sos.state.mn.us
 St. Paul, MN 55103 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): Crow River Winery

Address (do not use P.O. box): 14848 Highway 7 East

City or Township: Hutchinson Zip: 55350 County: McLeod

Date(s) of activity (for raffles, indicate the date of the drawing): September 8, 2016

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: \$ 20-25K)

* **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.

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: McLeod
 Signature of County Personnel: _____

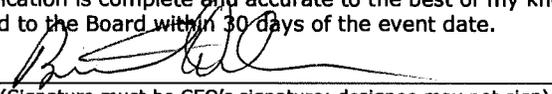
 Title: _____ Date: _____

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: 7/5/2016
(Signature must be CEO's signature; designee may not sign)

Print Name: Brant John

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.



MCLEOD COUNTY
APPLICATION FOR
TRANSIENT MERCHANT'S LICENSE

Applicant instructions:

- 1. This application is for a Transient Merchant's License to engage in, do, or transact any temporary and transient business in the County of McLeod, State of Minnesota under the provision M.S. 329.11.
2. This application must be completed and returned at least 15 days prior to date of display.
3. Fee upon application is \$150.00, and must be made payable to McLeod County Auditor-Treasurer.
4. A Bond in the amount of \$3,000.00 must be included with the application.

Name of applicant: David Wojcman
Address of residence: 11634 W. 90th St, Overland Park, KS 66214

If address of residence has changed during the past two years, state prior addresses:

no
Telephone number of applicant: 913-381-5407 Social Security No.:

Name of business: CLOTHING CONCEPTS, INC
Address of business: 11634 W. 90th St, Overland Park, KS 66214

If address of business has changed during the past two years, state prior addresses:

no
Telephone number of business: 913-381-5407 Minnesota Tax ID No.:

Type of business engaged in for the previous two years: Men's & Ladies sportswear

Proposed place of business: Hutchinson Blount Center

Kind of business proposed to be conducted: Direct Retail sales

Length of time desiring to conduct business: 1 day only - 8/4/16 Thursday

Attach to this application an itemized list of the merchandise for sale. Include description, serial number, if any, owner's actual cost, and a designation by number corresponding with a number to be affixed by a tag to each item until sold.

Attach a copy of a valid seller's permit issued under M.S. 297A.83, or a written statement that the business is not offering for sale any item that is taxable.

The McLeod County Auditor-Treasurer is hereby appointed as my agent to accept service of process in any action commenced against me arising out of the sale for which this license is sought.

I swear or affirm under oath that all statements made in the above application are true and correct.

Signature: [Handwritten Signature] Date: 7/11/16

Subscribed and sworn to before this 11 day of July 2016

Notary Public: DEBORAH F. STONE, Notary Public, State of Kansas, My Appointment Expires 7/5/17, An Equal Opportunity Employer

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

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

FOR MUNICIPAL USE ONLY

Applicant's Minnesota tax ID number

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

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

Print or type

Licensee's legal name
DG RETAIL, LLC

Business trade name (doing business as)
DOLLAR GENERAL STORE # 16835

Daytime phone
TBA

Complete address of business location (permit location)
10664 200th Street

County
McLeod

Other phone number
615-855-4000

City
Silver Lake

State Zip code
MN 55381

Fax number
877-364-4130

Mailing address (if different than business address)
100 MISSION RIDGE

City State Zip code
TN 37072

Email address

Business information

Type of legal organization (check one):

Sole proprietor Minnesota corporation: Enter date of incorporation _____
 Partnership Out-of-state corporation: State of incorporation _____
 Other (describe) **LLC** Are you registered to do business in Minnesota? Yes No

Corporate officers or partners (attach a list if necessary)

Name	Title
SEE ATTACHED	
Address	City State Zip code

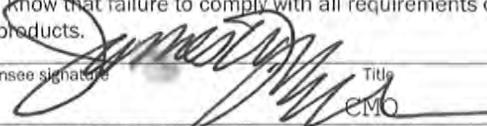
Name	Title
Address	City State Zip code

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 CMO	Print name James W Thorpe	Date 7/8/16	Daytime phone 615-855-4000
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.



CERTIFICATION OF COMPLIANCE MINNESOTA WORKERS' COMPENSATION LAW

Minnesota Statute, Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in an activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Chapter 176. The information required is: the name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. This information will be collected by the licensing agency and retained in their files.

This information is required by law, and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided or falsely stated, it may result in a \$2,000 penalty assessed against the applicant by the Commissioner of the Minnesota Department of Labor and Industry.

Insurance Company Name: ACE American Insurance Company XL Insurance America, Inc ACE Fire Underwriters Insurance Company (NOT the insurance agent)

Policy Number 222667-001 24554-002 and 20702-001

Dates of Coverage: 2/1/2016 to 2/1/2017

* please see attached. (or)

I am not required to have workers' compensation liability coverage because:

- () I have no employees
() I am self-insured (include permit to self-insure)
() I have no employees who are covered by the workers' compensation law (these include: Spouse, Parents, Children and certain farm employees)

I certify that the information provided above is accurate and complete and that a valid workers' compensation policy will be kept in effect at all times as required by law.

Name: Dg Retail, LLC (last, first, middle)

Doing Business As: Dollar General St # 16835 (business name if different than your name)

Business Address: 10664 200th Street

City, State, Zip: Silver Lake, MN 55381 Phone: TBA

Signature: [Handwritten Signature] Date: 6/17/2016



Minnesota Department of Public Safety
 Alcohol and Gambling Enforcement Division
 445 Minnesota Street, Suite 222, St. Paul, MN 55101
 651-201-7500 Fax 651-297-5259 TTY 651-282-6555
**APPLICATION AND PERMIT FOR A 1 DAY
 TO 4 DAY TEMPORARY ON-SALE LIQUOR LICENSE**

Name of organization Date organized
 St. Mary's Care Center January 1960

Address City State Zip Code
 551 4th Street North, Suite 101 Winsted Minnesota 55395

Name of person making application Business phone Home phone
 Terry Rieck, Administrator/CEO 320-485-3130 320-485-3987

Date(s) of event Type of organization
 Saturday September 10, 2016 Club Charitable Religious Other non-profit

Organization officer's name City State Zip Code
 Terry Rieck, Administrator/CEO Winsted Minnesota 55395

Organization officer's name City State Zip Code
 N/A Minnesota

Organization officer's name City State Zip Code
 N/A Minnesota

Organization officer's name City State Zip Code
 N/A Minnesota

Location where permit will be used. If an outdoor area, describe.
 230th Street Winsted, MN (outdoor venue area under tents) St. Mary's Craft Beer Festival

If the applicant will contract for intoxicating liquor service give the name and address of the liquor license providing the service.
 Craft Beer and Wine tasting festival no intoxicating liquor will be sold, sampling only, (see liquor license numbers below)

If the applicant will carry liquor liability insurance please provide the carrier's name and amount of coverage.
 Locher Brothers Distributing License #5252016 Iden. #4911
 Thorpe Distributing License #412016 Iden. #4904

APPROVAL

APPLICATION MUST BE APPROVED BY CITY OR COUNTY BEFORE SUBMITTING TO ALCOHOL AND GAMBLING ENFORCEMENT

 McLEOD COUNTY MINNESOTA
 City or County approving the license
 \$50.00
 Fee Amount

 Date Fee Paid

 Date Approved

 Permit Date

 City or County E-mail Address

 City or County Phone Number

 Signature City Clerk or County Official

 Approved Director Alcohol and Gambling Enforcement

CLERKS NOTICE: Submit this form to Alcohol and Gambling Enforcement Division 30 days prior to event.

**ONE SUBMISSION PER EMAIL, APPLICATION ONLY.
 PLEASE PROVIDE A VALID E-MAIL ADDRESS FOR THE CITY/COUNTY AS ALL TEMPORARY PERMIT APPROVALS WILL BE SENT
 BACK VIA EMAIL. E-MAIL THE APPLICATION SIGNED BY CITY/COUNTY TO AGE.TEMPORARYAPPLICATION@STATE.MN.US**



CERTIFICATE OF LIABILITY INSURANCE

7/1/2017

DATE (MM/DD/YYYY)

6/30/2016

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

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

PRODUCER LOCKTON COMPANIES 5500 Wayzata Blvd., Suite 510 Minneapolis MN 55416 763-512-8600	CONTACT NAME: _____	
	PHONE (A/C, No, Ext): _____	FAX (A/C, No): _____
E-MAIL ADDRESS: _____		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : Columbia Casualty Company		31127
INSURER B : _____		
INSURER C : _____		
INSURER D : _____		
INSURER E : _____		
INSURER F : _____		

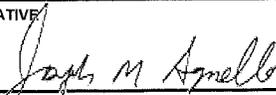
INSURED 1325767 BENEDICTINE HEALTH SYSTEM
 1995 EAST RUM RIVER DRIVE, SOUTH
 CAMBRIDGE, MN 55008

COVERAGES BENHE04 **CERTIFICATE NUMBER:** 13000701 **REVISION NUMBER:** XXXXXXXX

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: _____			NOT APPLICABLE			EACH OCCURRENCE \$ XXXXXXXX DAMAGE TO RENTED PREMISES (Ea occurrence) \$ XXXXXXXX MED EXP (Any one person) \$ XXXXXXXX PERSONAL & ADV INJURY \$ XXXXXXXX GENERAL AGGREGATE \$ XXXXXXXX PRODUCTS - COMP/OP AGG \$ XXXXXXXX \$ _____
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			NOT APPLICABLE			COMBINED SINGLE LIMIT (Ea accident) \$ XXXXXXXX BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
A	UMBRELLA LIAB <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE DED RETENTION \$ _____	N	N	UMB6042711986	7/1/2016	7/1/2017	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$ XXXXXXXX
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	NOT APPLICABLE			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ XXXXXXXX E.L. DISEASE - EA EMPLOYEE \$ XXXXXXXX E.L. DISEASE - POLICY LIMIT \$ XXXXXXXX

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 COVERAGE IDENTIFIED ABOVE IS IN EXCESS OF THE GENERAL LIABILITY SELF-INSURED RETENTION OF \$2M PER CLAIM/\$6M AGGREGATE. POLICY #BHS-15; EFFECTIVE 7-1-16 TO 7-1-17. CHURCH OF THE HOLY TRINITY IS INCLUDED AS ADDITIONAL INSURED AS RESPECTS THEIR INTEREST IN THE ONE DAY "ST. MARY'S CRAFT BEER FESTIVAL" EVENT, BEING HELD ANNUALLY AND SPONSORED BY THE INSURED ENTITY, ST. MARY'S CARE CENTER, WINSTED, MN.

CERTIFICATE HOLDER 13000701 CHURCH OF THE HOLY TRINITY 110 WINSTED AVENUE, WEST WINSTED MN 55395	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
---	---

**MCLEOD COUNTY BOARD
AGENDA REQUEST**

Please provide the following coversheet to process each individual request for Board consideration and/or action:

Board meeting date: <u>7/19/16</u>	Originating department: <u>Highway</u>
Consent or regular agenda: <u>regular</u>	Preferred agenda time: <u>open</u>
Amount of time needed: <u>15</u>	Funding source (if applicable): <u>Wheelage & Local</u>
Contact person for more info: <u>John</u>	Are funds in Dept. budget: <u>yes</u>
Representative (present at the meeting): <u>John</u>	Number of signed copies: <u>0</u>

MOTION REQUESTED:

- A. Update on CP 16-054-01, County Road 54 (Tagus Avenue) rehabilitation project.
- B. Consider purchase of approximately 400 tons of Portland cement from Lehigh Cement Company of Victoria, MN for a delivered price of \$112/ton. Continental Cement of Chesterfield, MO quoted \$141/ton, LafargeHolcim of Eagan, MN quoted \$133.93/ton, GCC of Sioux Falls, SD quoted \$132.77/ton.
- C. Consider hiring Midstate Reclamation and Trucking of Lakeville, MN to perform the cement stabilization on the County Road 54 project for \$15,940. Allstate Pavement Recycling & Reclamation of Rogers, MN quoted \$17,190.
- D. Consider hiring Reiner Contracting of Hutchinson, MN to perform laydown and compaction on the County Road 54 project for an estimated fee of \$17,000.
- E. Consider hiring ASTECH Corp. of St. Cloud, MN to perform bituminous surface treatment on the County road 54 project for \$46,260.45. Pearson Bros. of Hanover, MN quoted \$51,962.35.

McLeod County will be performing the traffic control for the project. The Portland Cement Association has covered the cost of 1 mix design (\$3,200). We intend to apply for a \$10,000 operational research grant from the Minnesota Local Technology Assistance Program (LTAP).

JUSTIFICATION FOR MOTION:



McLEOD COUNTY HIGHWAY DEPARTMENT

1400 Adams Street SE, Hutchinson, MN 55350

(320) 484-4321 • Fax (320) 234-6971

John Brunkhorst, P.E.
County Engineer

Phil Schmalz, P.E.
Assistant County Engineer

Elvis Voigt
Maintenance Superintendent

Christy Christensen
GIS Director

COUNTY ROAD 54 CEMENT STABILIZED FULL DEPTH RECLAMATION PROJECT

Overview

McLeod County is proposing to do a cement stabilized full depth reclamation (CSFDR) pilot project on County Road 54, located south of Hutchinson, MN (see attached map). CR 54 is a gravel road that primarily serves a rural housing development and seasonal agricultural traffic. The goal of the project is to find the most cost effective optimal cement content and stabilization depth. If this is successful it is envisioned to be used on other County gravel roads as an alternative to traditional paving.

Project Scope

The project will be divided into four segments that will have varying cement content and/or depth. After the CSFDR is complete a double chip seal will be applied as a waterproofing layer and final wearing course.

Project Information

ADT: 180

Length: ~ 1 mile

Width: 28 feet

Area: 16,000 square yards

Project Timeline & Costs ¹

1. Complete Project Specifications	June	\$ 0
2. Hire Geotechnical firm to complete mix designs	June	\$ 6,400
3. Solicit quotes for supply and delivery of cement	June	\$ 50,000
4. Hire soil stabilization contractor	June/July	\$ 18,000
5. Hire seal coat contractor	June/July	\$ 50,000
6. Apply for OPERA research grant	July/August	(\$ 10,000)
7. Contractors perform work	3-5 days in August	

1 The goal of this pilot project is to demonstrate the effectiveness of cement stabilized full depth reclamation and raise awareness of other local City/County Engineers to this construction tool. We are hopeful that we can receive some outside funding through the Portland Cement Association (PCA) and others for any aspect of this project (design, testing, construction, outreach, open house, etc.)





McLEOD COUNTY HIGHWAY DEPARTMENT

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Phil Schmalz, P.E.
Assistant County Engineer

Elvis Voigt
Maintenance Superintendent

Christy Christensen
GIS Director

SCHEDULE OF PRICES

Item No.	Item Description	Unit	Quantity *	Unit Price	Total
3101	PORTLAND CEMENT	TON	400	\$112/ton Delivered	\$ 44,800

* Quantity is variable and will be based on final mix design; initial estimates vary from 300 to 500 tons

Quotes can be returned via email to John Brunkhorst, McLeod County Engineer at john.brunkhorst@co.mcleod.mn.us

Quotes must be received no later than 3:00 pm on Friday, June 24, 2016

Cc: April Stier, PCA

LafargeHolcim – Chris Suhr

chris.suhr@lafargeholcim.com

Chris.Suhr@holcim.com

Continental – Brett Heinlein

Brett.Heinlein@continentalcementco.com

Lehigh – Chad Hanson

chanson@lehighcement.com



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County Engineer

Phil Schmalz, P.E.
Assistant County Engineer

Elvis Voigt
Maintenance Superintendent

Christy Christensen
GIS Director

SCHEDULE OF PRICES

Item No.	Item Description	Unit	Quantity *	Unit Price	Total
3101	PORTLAND CEMENT	TON	400	\$ 141 ⁰⁰	\$ 56,400

* Quantity is variable and will be based on final mix design; initial estimates vary from 300 to 500 tons

Quotes can be returned via email to John Brunkhorst, McLeod County Engineer at john.brunkhorst@co.mcleod.mn.us

Quotes must be received no later than 3:00 pm on Friday, June 24, 2016

Cc: April Stier, PCA

LafargeHolcim – Chris Suhr

chris.suhr@lafargeholcim.com

Chris.Suhr@holcim.com

Continental – Brett Heinlein

Brett.Heinlein@continentalcementco.com

Lehigh – Chad Hanson

chanson@lehighcement.com

$\$148^{00}$ CEMENT + DELIVERY
 $- 6^{00}$ Promo Rebate to fund
 mix design & promotion
 $- 1^{00}$ Prompt Payment Discount

 $\$141^{00}$ PER TON





LafargeHolcim
 Northern Sales Group
 2815 Dodd Road
 Suite 102
 Eagan, MN 55121

Phone 952-890-2732
 800-562-3989
 Fax 952-890-2109
www.lafargeholcim.com

QUOTATION

For the project detailed below, we are pleased to quote the following FOB (pick up) and FP (delivered) prices. This quotation is subject to credit review and approval and governed by LafargeHolcim terms and conditions of sale. **Fuel Surcharge is included in the delivered pricing below.**

PROJECT NAME:	CR54 – Cement Stabilized Full Depth Reclamation Project
SPECIFIC LOCATION and/or DESCRIPTION:	Hutchinson, Minnesota – McLeod County
LETTING DATE:	June 28, 2016
START / STOP DATES:	August 2016 – September 2016
QUOTE EXPIRATION DATE:	August 28, 2016

PRODUCT:	Year	Type I / II
PPROXIMATE TONS:		500 Short Ton
GROSS DELIVERED PRICE:	2016	\$133.93 / Short Ton
LAFARGEHOLCIM PLANT / TERMINAL:		South St. Paul, MN

- Product is “*Subject to Availability*”.
- The above prices do not include sales or use tax and may be adjusted to reflect any changes after the above Quote Expiration Date.
- Pricing on this quote applies only to the letting date indicated above. If the letting date is moved, this quote is invalid and the project must be re-submitted.
- A prompt payment discount of \$1.00 / Short Ton is available for cement purchases only.

Sincerely,

LafargeHolcim

Autry Beamon
 Sr. Market Manager
 Northern Sales Group
 612-670-4778 (cell)



221 N. Ebenezer Ave. • Sioux Falls, SD 57107

Phone: 605 • 335-0611

Fax: 605 • 335-4799

*****PRICE QUOTATION*****

DATE: June 24, 2016
PROJECT: COUNTY ROAD 54 - CEMENT STABILIZED FULL DEPTH RECLAMATION
PROJECT #: CR 54 SFDR
PROJECT CITY, COUNTY, STATE: Hutchinson, McLeod, MN

Cement: Type I/II Low Alkali
Approximate Tonnage: ~300-500 tons, more or less
Price/ton: \$132.77

Flyash: No Fly Ash
Approximate Tonnage:
Price/ton:

Approximate Start Date: Late July 2016
Approximate End Date: Early August 2016

Inclusions: The delivered price includes freight and fuel surcharge (locked) for the duration of the project.

Exclusions: Sales tax is extra, if applicable.

Other: Customer will provide notice of project stages to GCC in anticipation of cement volume. Source location may be subject to change without recompense. Hourly wait times for unloading could apply beyond two hours.

*This quote is subject to an approved line of credit and the terms and conditions stated in GCC of America's Specific Work Contract. These terms and conditions are identified on page 2 of this quote. Acceptance of this quote must be acknowledged with a signed purchase order and/or GCC's Specific Work Contract within **90 days** of this quotation. GCC of America reserves the right to meet lower bona fide competitive prices.*

Respectfully submitted by

GCC of America

Chuck Cox
Market Manager
605-787-2138 Cell

Quotation From

Dan Schellhammer

Office Phone: (952) 985-6156

Cell Phone: (612)-490-3835

E-Mail: dans@midstatecompanies.com



Quote for Project: County Road 54

MN Fed ID: 39-1727526

Bid Date: 7/13/16

160713-S01

Project Location: McLeod County, Minnesota

Item Number	Item Description	Unit	Item Quantity	Unit Price	Bid Amount
	Soil Stabilization	SY	16,000.00	\$ 0.84	\$ 13,440.00
	Stabilization Mobilization (Each Move In)	EA	1.00	\$ 2,500.00	\$ 2,500.00
				TOTAL	\$ 15,940.00

Estimated Shifts

Included

- 1 One 8' Reclaimer with Injection Kit
- 2 Vane Spreader for Application of Cement
- 3 Water Truck for Hydration
- 4 Onsite Supervision

Not Included

- 1 Bond or Retainage
- 2 Mix Design/Testing/Coring
- 3 Subgrade Preparation/Placement of Aggregates
- 4 Hauling/Cleaning/Sweeping
- 5 Traffic Control/Flaggers
- 6 Water for Hydration within 2 Miles of Project
- 7 Berm/Layback/Compaction
- 8 Cobble Removal
- 9 Vegetation Removal
- 10 Grading/Cross Slope Corrections Prior to Stabilization
- 11 Cement Purchase/Logistics



Notes

- 1 Reclaiming to be within the Mechanical Limits of the Machine
- 2 Midstate Reclamation Reserves the Right to Negotiate All Terms Stated in Subcontract
- 3 Quotation is to be Incorporated into Subcontract
- 4 Scheduling is Based on Lead Time of Notice to Proceed
- 5 Prime Contractor to Mark ALL Obstructions & Utilities
- 6 Add 0.007 to Price if Bond is Required *Minimum Charge \$200*
- 7 The quantity of the quoted Material may increase or decrease
- 8 A Partial Load Charge of \$200/TN May be Applied
- 9 Quoted Prices Valid for 15 days
- 10 Waiver of Subrogation and AGC fees are not included in this proposal

If you accept quote, please sign and return

Send All Correspondents to

Corporate Office

21955 Grenada Avenue
Lakeville, MN 55044-8055

(952) 985-5555 Office (952) 985-5656 Fax

Regional Office

3240 1st Ave
Spearfish, SD 57783-0309

(605) 642-4000 Office (605) 642-4100 Fax

ALLSTATES PAVEMENT RECYCLING AND STABILIZATION

14045 Northdale Blvd ~ Rogers, MN 55374

Asphalt Pulverization - Soil Stabilization - Asphalt Milling

Project: CR 54
McLeod County, MN

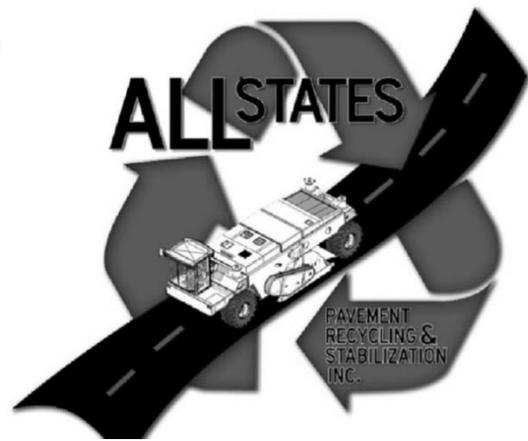
Letting Date: July 14, 2016

Item #	Spec ID	Item Description	Quantity	Unit	Unit Price	Total
		Cement Stabilization 8-10"	16,000	SY	\$ 0.84	\$ 13,440.00
						\$ -
		Mobilization	1	LS	\$ 3,750.00	\$ 3,750.00
						\$ -
					Total Price	\$ 17,190.00

<u>Details of Work</u>	<u>Included</u>	<u>Not Included</u>
1. 8' Reclaimer w/ Injection Kit	ONE	
2. Water Truck	TWO	
3. Layback/ Blade Work		X
2. Compaction		X
4. Vane Feeders for Application of Product	TWO	
5. QC Testing of the Stabilized Section		X
5. Mix Design for the Stabilized Section		X
5. Traffic Control, Striping and Signing		X
7. Locate Underground Utilities		X
8. Water		X

- **Prices Good for the 2016 Construction Season
- **Allstates Reserves the Right to Negotiate All Terms in Subco
- **No Deduction for Bond or Prorated Charges
- **No Deduction for Retainage

By: _____
 Andrew Dauk, C.O.O. - PM
 Mobile: 612-465-9848
 Office 763-515-2599
 Fax: 763-241-9196
 Email: adauk@aprsgroup.net
 www.aprsgroup.net



REINER CONTRACTING INC.

(Certified DBE/WBE Company)

21541 HWY. 7 WEST
HUTCHINSON, MN 55350

www.reinercontracting.com

Phone 320-587-9886

Fax 320-587-4847

6/28/2016

McLeod County Highway Department
1400 Adams Street SE
Hutchinson, MN 55350

McLeod County Stabilization

Mobilization

\$6,000.00

Cat Blade 140M, Pad foot Compactor, Smooth Drum Compactor **\$550.00 per hr**

Sincerely,

Craig Reiner
VicePresident

ACCEPTANCE OF PROPOSAL - The prices, specifications and conditions are satisfactory and are here by accepted. You are authorized to do the work as specified. Payment will be made as outlined above. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate.

Signature _____

Date _____

NO WORK WILL BE PERFORMED UNTIL A SIGNED COPY OF THIS QUOTE IS RECEIVED IN OUR OFFICE.

Reiner Contracting Inc is a DBE MnDOT certified company.



McLEOD COUNTY HIGHWAY DEPARTMENT

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County Engineer

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Assistant County Engineer

Elvis Voigt
Maintenance Superintendent

Christy Christensen
GIS Director

SCHEDULE OF PRICES

Item No.	Item Description	Unit	Quantity*	Unit Price	Total
2355.502	BITUMINOUS MATERIAL FOR FOG SEAL	GAL	1,800	\$ 2.00	\$ 3,600.00
2356.505	BITUMINOUS MATERIAL FOR SEAL COAT	GAL	9,876	\$ 2.25	\$ 22,218.75
2356.506	BITUMINOUS SEAL COAT	SY	32,921	\$ 0.45	\$ 14,814.45
2357.502	BITUMINOUS MATERIAL FOR TACK COAT	GAL	4,500	\$ 1.25	\$ 5,625.00

TOTAL 46,258.20

* Quantities represent a 1,000 foot section of single chip seal and a 4,438 foot section of double chip seal.

Quotes can be returned via email to John Brunkhorst, McLeod County Engineer at john.brunkhorst@co.mcleod.mn.us

Quotes must be received no later than 8:00 am on July 13, 2016

Dale R Strandberg

ASTECH Corp.



McLEOD COUNTY HIGHWAY DEPARTMENT

1400 Adams Street SE, Hutchinson, MN 55350

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GIS Director

COUNTY ROAD 54 - CEMENT STABILIZED FULL DEPTH RECLAMATION PROJECT

Request for Bituminous Surface Treatment Quotes

Date: 7/6/16

To: Allied Blacktop naomi@alliedblacktopmn.com
Astech Corporation astechdale@hotmail.com
Batzer2@hotmail.com
Morris Sealcoat & Trucking sealcoat@hometownsolutions.net
Pearson Bros. missy@pearsonbrosinc.com
rp@pearsonbrosinc.com
Scott Construction rscott@scottconstruct.com

McLeod County is proposing to do a cement stabilized full depth reclamation (CSFDR) pilot project on County Road 54, located south of Hutchinson, MN (see attached map). The project length is approximately 1 mile, the gravel road width is 30 feet, and the total area is approximately 18,000 square yards. The project will be divided into 4 segments that will have varying cement content and/or depth. After the CSFDR is complete a bituminous surface treatment will be applied as the final wearing course. The goal of the project is to find a cost effective alternative surface treatment for our busier gravel roads compared to traditional paving. If this is successful it is envisioned to be used on several other County gravel roads and likely be considered by various other Counties.

We are seeking quotes for the application of a CSS-1 or CSS-1h tack coat, a CRS-2P single and double chip seal, and a CSS-1 or CSS-1h fog seal.

APPLICABLE INFORMATION

- County to provide Class A seal coat aggregate at our office location in Hutchinson.
- County to provide traffic control and flaggers.
- Estimated application rate of CSS-1 or CSS-1h tack coat is 0.25 gal/SY
- Estimated application rate of CRS-2P is 0.30 gal/SY
- Estimated application rate of aggregate is 20 lbs/SY
- Estimated application rate of CSS-1 or CSS-1h fog seal is 0.10 gal/SY
- The project is estimated to take place in mid-August. Exact dates will be based on County, Contractor(s), and cement supplier schedules.
- The County Board reserves the right to reject any or all quotes or reject any irregularities therein.
- All applicable MnDOT Specifications apply to this project.

GIS · Engineering · Maintenance
www.co.mcleod.mn.us/highway

Equal Opportunity/Affirmative Action Employer





McLEOD COUNTY HIGHWAY DEPARTMENT

1400 Adams Street SE, Hutchinson, MN 55350

(320) 484-4321 • Fax (320) 234-6971

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County Engineer

Phil Schmalz, P.E.
Assistant County Engineer

Elvis Voigt
Maintenance Superintendent

Christy Christensen
GIS Director

SCHEDULE OF PRICES

Item No.	Item Description	Unit	Quantity *	Unit Price	Total
2355.502	BITUMINOUS MATERIAL FOR FOG SEAL	GAL	1,800	\$ 2.50	\$ 4,500.00
2356.505	BITUMINOUS MATERIAL FOR SEAL COAT	GAL	9,876	\$ 2.50	\$ 24,690.00
2356.506	BITUMINOUS SEAL COAT	SY	32,921	\$.35	\$ 11,522.35
2357.502	BITUMINOUS MATERIAL FOR TACK COAT	GAL	4,500	\$ 2.50	\$ 11,250.00

* Quantities represent a 1,000 foot section of single chip seal and a 4,438 foot section of double chip seal.

Quotes can be returned via email to John Brunkhorst, McLeod County Engineer at john.brunkhorst@co.mcleod.mn.us

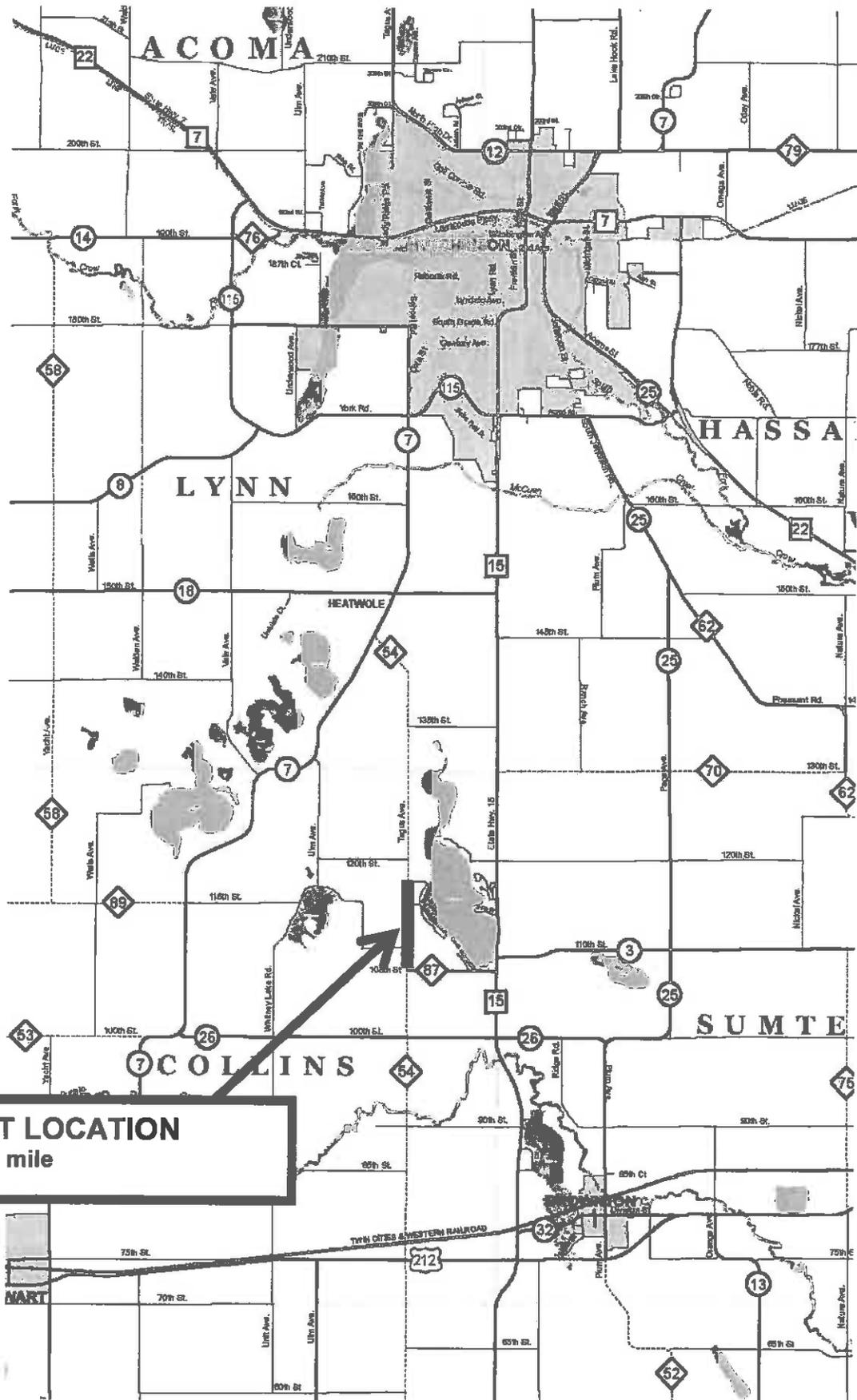
Quotes must be received no later than 8:00 am on July 13, 2016

GIS · Engineering · Maintenance
www.co.mcleod.mn.us/highway

Equal Opportunity/Affirmative Action Employer



**COUNTY ROAD 54
CEMENT STABILIZED FULL DEPTH RECLAMATION PROJECT
LOCATION MAP**



PROJECT LOCATION
Length: ~1 mile



Safe Avenues

Providing advocacy, parenting time services and safe sh

June 15, 2016

Mr. Patrick Melvin, County Administrator
McLeod County
830 E. 11th St.
Glencoe, MN 55336

Dear Mr. Melvin and the McLeod County Commissioners,

On behalf of Safe Avenues, I am enclosing a request for funding to strengthen individuals and families that have experienced domestic or sexual violence. Safe Avenues serves more than 700 families each year throughout our different programs. Approximately 100 women and up to 120 children stay in our shelter facility each year, which serves a larger 18 county area. Safe Avenues is the primary service provider for domestic violence victims in the counties of Chippewa, Lac qui Parle, Kandiyohi, Meeker, Renville and Swift. Safe Avenues is also the primary service provider for sexual assault victims in the Counties of Kandiyohi, McLeod, Renville and Swift.

I have enclosed a chart that demonstrates the services our agency provides to members of McLeod County. As you can see, Safe Avenues truly makes a difference in the lives of victims of abuse. All services are focused on empowering those affected, which enables victims and families to regain the confidence, skills and resources necessary to be self-sufficient and successful.

I am excited to invite The McLeod County Commissioners to continue to be a part of this important work. Safe Avenues would like your assistance with an allocation of county funding in the amount of \$2,200 for 2017 to ensure that victims of domestic and sexual violence are able to receive much needed services.

Please let me know if you need further information or if you have any questions. I would be pleased to meet with the commissioners to discuss our services or this request. In addition, I welcome the opportunity to provide a tour of our shelter facility, if any of the commissioners have an interest. Thank you for considering this request.

Sincerely,

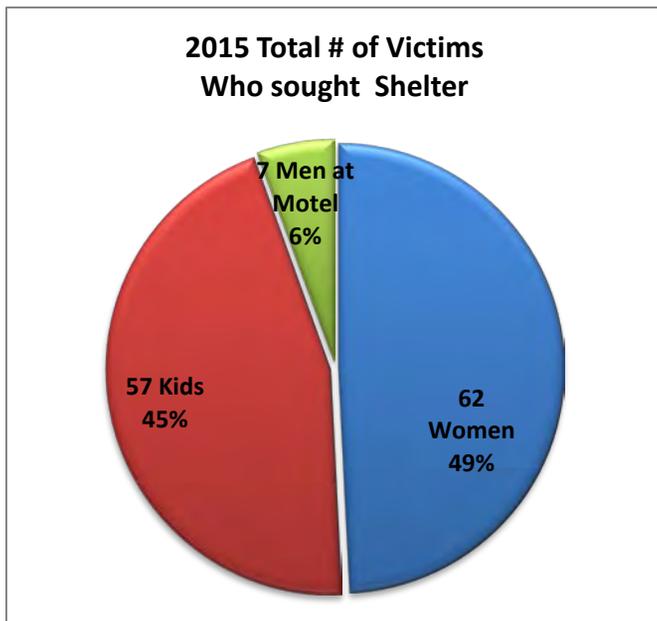
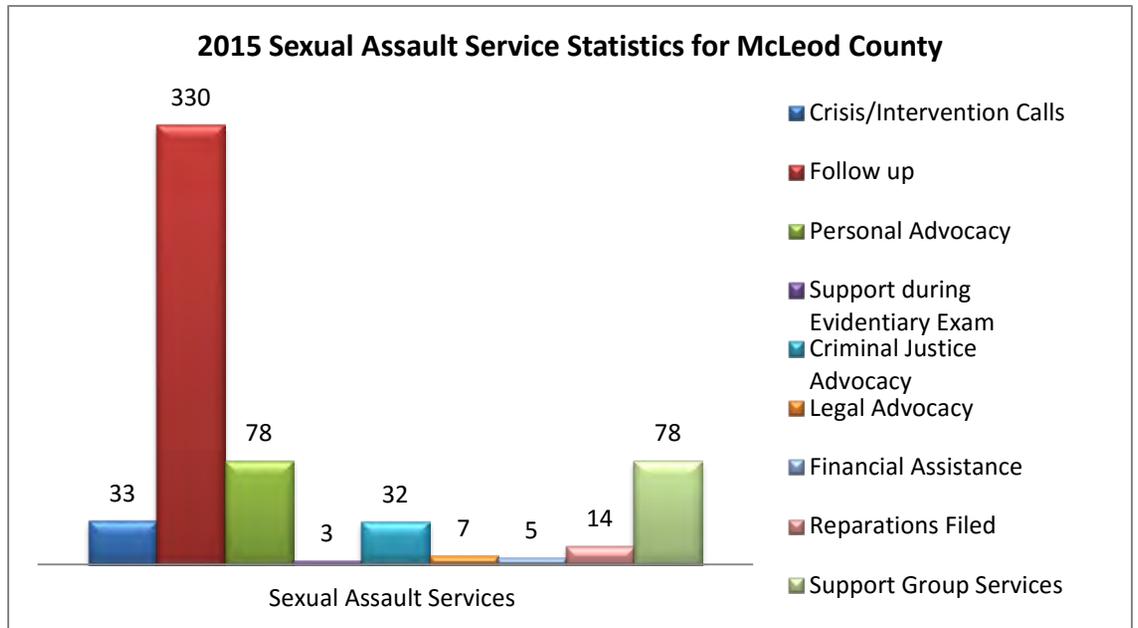
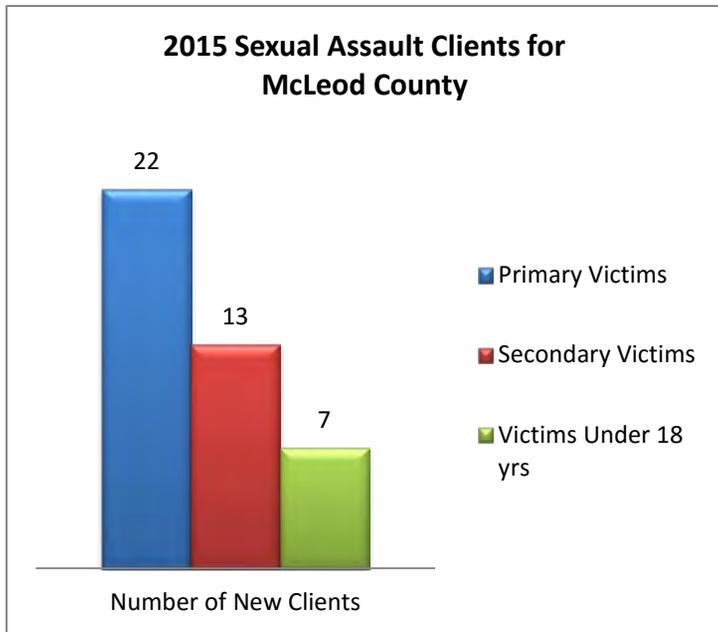
Jen Johnson
Executive Director
320.235.0475

Emergency Safe Shelter 320.235.0962	Criminal Justice Intervention 320.222.4030	Harmony Visitation Center 320.214.0799	Swift Outreach 320.842.3206	McLeod & Meeker 320.587.7981	Renville Outreach 320.523.1015	Sexual Assault Victims Services 320.262.3829	Chippewa & Lac qui Parle 320.321.1199
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Funding Partners



Safe Avenues: Breakdown of Services for McLeod County



**MCLEOD COUNTY RESOLUTION 16-CB-26, OPTING-OUT OF
THE REQUIREMENTS OF
MINNESOTA STATUTES, SECTION 394.307**

WHEREAS, on May 12, 2016, the Governor of Minnesota signed into law Chapter 111 of the 89th Legislature of the State of Minnesota establishing definitions and requirements for Temporary Family Health Care Dwellings, which was introduced during the 2016 legislative session as Senate File 2555 and on House File 2497; and

WHEREAS, Chapter 111 amends Minnesota Statute § 394 which regulates county permitting and zoning processes by establishing new rules for the placement of Temporary Family Health Care Dwellings on residential property; and

WHEREAS, the Minnesota Association of County Planning & Zoning Administrators, the professional association for county planning and zoning staff in Minnesota, supports the concept of Temporary Family Health Care Dwellings; and

WHEREAS, Chapter 111 erodes local control of the permitting process; limiting a county's ability to foster and guide development, and placing an undue burden on county staff to forego standard permitting and practices; and

WHEREAS, it is the intent of the McLeod County Board of Commissioners to protect the public health, safety and welfare of County residents and the environment of the County; and

WHEREAS, subdivision 9 of Minnesota Statute § 394.307 allows a county to "opt-out" of the regulations through the passage of a county board resolution; now therefore,

BE IT RESOLVED, McLeod County elects to regulate Temporary Family Health Care Dwellings through already existing permitting standards of the McLeod County Zoning Ordinance; and

BE IT RESOLVED, pursuant to authority granted by Minnesota Statutes, Section 394.307, Subdivision 9, the County of McLeod opts-out of the requirements of Minnesota Statute § 394.307, which defines and regulates Temporary Family Health Care Dwellings.

ADOPTED this _____ day of _____, 2016, by the County
Board of Commissioners of the County of _____.

County of _____

By: _____,
Chairman

ATTEST:

**MCLEOD COUNTY BOARD
AGENDA REQUEST**

Board meeting date:	<u>July 19, 2016</u>	Originating department:	<u>Planning & Zoning</u>
Consent or regular agenda:	<u>Regular</u>	Preferred agenda time:	_____
Amount of time needed:	<u>5 Minutes</u>	Funding source (if applicable):	_____
Contact person for more info:	<u>Marc Telecky</u>	Are funds in Dept. budget:	_____
Representative (present at the meeting to discuss):	<u>Marc Telecky, Ext. 1213</u>		

MOTION REQUESTED:

Approve Resolution Opting-Out of the Requirements of Minnesota Statutes, Section 394.307 for Temporary Family Health Care Dwellings. On May 12, 2016, the Governor of Minnesota signed into law Chapter 111 of the 89th Legislature of the State of Minnesota establishing definitions and requirements for Temporary Family Health Care Dwellings, which was introduced during the 2016 legislative session as Senate File 2555 and on House File 2497. Subdivision 9 of Minnesota Statute 394.307 allows a county to "opt-out" of the regulations through the passage of a county board resolution.

JUSTIFICATION FOR MOTION:

McLeod County elects to regulate Temporary Family Health Care Dwellings through already existing permitting standards of the McLeod County Zoning Ordinance.

A RESOLUTION OPTING-OUT OF
THE REQUIREMENTS OF
MINNESOTA STATUTES, SECTION 394.307

DRAFT

WHEREAS, on May 12, 2016, the Governor of Minnesota signed into law Chapter 111 of the 89th Legislature of the State of Minnesota establishing definitions and requirements for Temporary Family Health Care Dwellings, which was introduced during the 2016 legislative session as Senate File 2555 and on House File 2497; and

WHEREAS, Chapter 111 amends Minnesota Statute § 394 which regulates county permitting and zoning processes by establishing new rules for the placement of Temporary Family Health Care Dwellings on residential property; and

WHEREAS, the Minnesota Association of County Planning & Zoning Administrators, the professional association for county planning and zoning staff in Minnesota, supports the concept of Temporary Family Health Care Dwellings; and

WHEREAS, Chapter 111 erodes local control of the permitting process; limiting a county's ability to foster and guide development, and placing an undue burden on county staff to forego standard permitting and practices; and

WHEREAS, it is the intent of the McLeod County Board of Commissioners to protect the public health, safety and welfare of County residents and the environment of the County; and

WHEREAS, subdivision 9 of Minnesota Statute § 394.307 allows a county to "opt-out" of the regulations through the passage of a county board resolution; now therefore,

BE IT RESOLVED, McLeod County elects to regulate Temporary Family Health Care Dwellings through already existing permitting standards of the McLeod County Zoning Ordinance; and

BE IT RESOLVED, pursuant to authority granted by Minnesota Statutes, Section 394.307, Subdivision 9, the County of McLeod opts-out of the requirements of Minnesota Statute § 394.307, which defines and regulates Temporary Family Health Care Dwellings.

ADOPTED this _____ day of _____, 2016, by the County
Board of Commissioners of the County of _____.

County of _____

By: _____,
Chairman

ATTEST:

A RESOLUTION OPTING-OUT OF
THE REQUIREMENTS OF
MINNESOTA STATUTES, SECTION 394.307

DRAFT

WHEREAS, on May 12, 2016, the Governor of Minnesota signed into law Chapter 111 of the 89th Legislature of the State of Minnesota establishing definitions and requirements for Temporary Family Health Care Dwellings, which was introduced during the 2016 legislative session as Senate File 2555 and House File 2497; and

WHEREAS, Chapter 111 amends Minnesota Statute § 394 which regulates county permitting and zoning processes by establishing new rules for the placement of Temporary Family Health Care Dwellings on residential property; and

WHEREAS, the Minnesota Association of County Planning & Zoning Administrators, the professional association for county planning and zoning staff in Minnesota, supports the concept of Temporary Family Health Care Dwellings; and

WHEREAS, Chapter 111 erodes local control of the permitting process; limiting a county's ability to foster and guide development, and placing an undue burden on county staff to forego standard permitting practices; and

WHEREAS, it is the intent of the Board of Commissioners to protect the public health, safety and welfare of County residents and the environment of the County; and

WHEREAS, subdivision 9 of Minnesota Statute § 394.307 allows a county to "opt-out" of the regulations through the passage of a county board resolution; now therefore,

BE IT RESOLVED, {INSERT COUNTY NAME} elects to regulate Temporary Family Health Care Dwellings through already existing permitting standards of the {INSERT COUNTY NAME} Zoning Ordinance; and

BE IT RESOLVED, pursuant to authority granted by Minnesota Statutes, Section 394.307, Subdivision 9, the County of {INSERT COUNTY NAME} opts-out of the requirements of Minnesota Statute 394.307, which defines and regulates Temporary Family Health Care Dwellings.

ADOPTED this _____ day of _____, 2016, by the County

Board of Commissioners of the County of _____

County of _____

By: _____
Chairman

ATTEST:

2016 Minnesota Session Laws

Key: (1) language to be deleted (2) new language

CHAPTER 111--S.F.No. 2555

An act relating to local government; regulating zoning of temporary family health care dwellings; establishing temporary dwelling permits; amending Minnesota Statutes 2014, section 144D.01, subdivision 4; proposing coding for new law in Minnesota Statutes, chapters 394; 462.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

Section 1. Minnesota Statutes 2014, section 144D.01, subdivision 4, is amended read:

Subd. 4. **Housing with services establishment or establishment.** (a) "Housing with services establishment" or "establishment" means:

(1) an establishment providing sleeping accommodations to one or more adult residents, at least 80 percent of which are 55 years of age or older, and offering or providing, for a fee, one or more regularly scheduled health-related services or two or more regularly scheduled supportive services, whether offered or provided directly by establishment or by another entity arranged for by the establishment; or

(2) an establishment that registers under section 144D.025.

(b) Housing with services establishment does not include:

(1) a nursing home licensed under chapter 144A;

(2) a hospital, certified boarding care home, or supervised living facility licensed under sections 144.50 to 144.56;

(3) a board and lodging establishment licensed under chapter 157 and Minnesota Rules, parts 9520.0500 to 9520.0670, 9525.0215 to 9525.0355, 9525.0500 to 9525.06 or 9530.4100 to 9530.4450, or under chapter 245D;

(4) a board and lodging establishment which serves as a shelter for battered women or other similar purpose;

(5) a family adult foster care home licensed by the Department of Human Services;

(6) private homes in which the residents are related by kinship, law, or affinity with the providers of services;

(7) residential settings for persons with developmental disabilities in which services are licensed under Minnesota Rules, parts 9525.2100 to 9525.2140, or applicable successor rules or laws;

(8) a home-sharing arrangement such as when an elderly or disabled person or single-parent family makes lodging in a private residence available to another person in exchange for services or rent, or both;

(9) a duly organized condominium, cooperative, common interest community owners' association of the foregoing where at least 80 percent of the units that comprise the condominium, cooperative, or common interest community are occupied by individuals who are the owners, members, or shareholders of the units; or

(10) services for persons with developmental disabilities that are provided under a license according to Minnesota Rules, parts 9525.2000 to 9525.2140 in effect until January 1, 1998, or under chapter 245D; or

(11) a temporary family health care dwelling as defined in sections 394.307 to 462.3593.

Sec. 2. [394.307] TEMPORARY FAMILY HEALTH CARE DWELLINGS.

Subdivision 1. Definitions. (a) For purposes of this section, the following terms have the meanings given.

(b) "Caregiver" means an individual 18 years of age or older who:

(1) provides care for a mentally or physically impaired person; and

(2) is a relative, legal guardian, or health care agent of the mentally or physically impaired person for whom the individual is caring.

(c) "Instrumental activities of daily living" has the meaning given in section 256B.0659, subdivision 1, paragraph (i).

(d) "Mentally or physically impaired person" means a person who is a resident of this state and who requires assistance with two or more instrumental activities of daily living as certified in writing by a physician, a physician assistant, or an advanced practice registered nurse licensed to practice in this state.

(e) "Relative" means a spouse, parent, grandparent, child, grandchild, sibling, uncle, aunt, nephew, or niece of the mentally or physically impaired person. Relative includes half, step, and in-law relationships.

(f) "Temporary family health care dwelling" means a mobile residential dwelling providing an environment facilitating a caregiver's provision of care for a mentally or physically impaired person that meets the requirements of subdivision 2.

Subd. 2. **Temporary family health care dwelling.** A temporary family health dwelling must:

- (1) be primarily assembled at a location other than its site of installation;
- (2) be no more than 300 gross square feet;
- (3) not be attached to a permanent foundation;
- (4) be universally designed and meet state-recognized accessibility standards;
- (5) provide access to water and electric utilities either by connecting to the utilities that are serving the principal dwelling on the lot or by other comparable means;
- (6) have exterior materials that are compatible in composition, appearance, and durability to the exterior materials used in standard residential construction;
- (7) have a minimum insulation rating of R-15;
- (8) be able to be installed, removed, and transported by a one-ton pickup truck defined in section 168.002, subdivision 21b, a truck as defined in section 168.002, subdivision 37, or a truck tractor as defined in section 168.002, subdivision 38;
- (9) be built to either Minnesota Rules, chapter 1360 or 1361, and contain an Industrialized Buildings Commission seal and data plate or to American National Standards Institute Code 119.2; and
- (10) be equipped with a backflow check valve.

Subd. 3. **Temporary dwelling permit; application.** (a) Unless the county has designated temporary family health care dwellings as permitted uses, a temporary family health care dwelling is subject to the provisions in this section. A temporary family health care dwelling that meets the requirements of this section cannot be prohibited by a local ordinance that regulates accessory uses or recreational vehicle parking or storage.

(b) The caregiver or relative must apply for a temporary dwelling permit from the county. The permit application must be signed by the primary caregiver, the owner of the property on which the temporary family health care dwelling will be located, and a resident of the property if the property owner does not reside on the property, and include

- (1) the name, address, and telephone number of the property owner, the resident of the property if different from the owner, and the primary caregiver responsible for care of the mentally or physically impaired person; and the name of the mentally or physically impaired person who will live in the temporary family health care dwelling;

(2) proof of the provider network from which the mentally or physically impaired person may receive respite care, primary care, or remote patient monitoring services;

(3) a written certification that the mentally or physically impaired person requires assistance with two or more instrumental activities of daily living signed by a physician, a physician assistant, or an advanced practice registered nurse licensed to practice in this state;

(4) an executed contract for septic service management or other proof of adequate septic service management;

(5) an affidavit that the applicant has provided notice to adjacent property owners and residents of the application for the temporary dwelling permit; and

(6) a general site map to show the location of the temporary family health care dwelling and other structures on the lot.

(c) The temporary family health care dwelling must be located on property where the caregiver or relative resides. A temporary family health care dwelling must comply with all setback requirements that apply to the primary structure and with any maximum floor area ratio limitations that may apply to the primary structure. The temporary family health care dwelling must be located on the lot so that septic service and emergency vehicles can gain access to the temporary family health care dwelling in a safe and timely manner.

(d) A temporary family health care dwelling is limited to one occupant who is a mentally or physically impaired person. The person must be identified in the application. Only one temporary family health care dwelling is allowed on a lot.

(e) Unless otherwise provided, a temporary family health care dwelling installed under this section must comply with all applicable state law and local ordinances.

Subd. 4. Initial permit term; renewal. The initial temporary dwelling permit is valid for six months. The applicant may renew the permit once for an additional six months.

Subd. 5. Inspection. The county may require that the permit holder provide evidence of compliance with this section as long as the temporary family health care dwelling remains on the property. The county may inspect the temporary family health care dwelling at reasonable times convenient to the caregiver to determine if the temporary family health care dwelling is occupied and meets the requirements of this section.

Subd. 6. **Revocation of permit.** The county may revoke the temporary dwelling permit if the permit holder violates any requirement of this section. If the county revokes the permit, the permit holder has 60 days from the date of revocation to remove the temporary family health care dwelling.

Subd. 7. **Fee.** Unless otherwise specified by an action of the county board, the county may charge a fee of up to \$100 for the initial permit and up to \$50 for a renewal of the permit.

Subd. 8. **No public hearing required; application of section 15.99.** (a) Due to the time-sensitive nature of issuing a temporary dwelling permit for a temporary family health care dwelling, the county does not have to hold a public hearing on the application.

(b) The procedures governing the time limit for deciding an application for a temporary dwelling permit under this section are governed by section 15.99, except as provided in this section. The county has 15 days to issue a permit requested under this section or to deny it, except that if the county board holds regular meetings only once a calendar month the county has 30 days to issue a permit requested under this section or to deny it. If the county receives a written request that does not contain all required information, the applicable 15-day or 30-day limit starts over only if the county sends written notice within five business days of receipt of the request telling the requester that information is missing. The county cannot extend the period of time to decide.

Subd. 9. **Opt-out.** A county may by resolution opt-out of the requirements of this section.

Sec. 3. **[462.3593] TEMPORARY FAMILY HEALTH CARE DWELLINGS**

Subdivision 1. **Definitions.** (a) For purposes of this section, the following terms have the meanings given.

(b) "Caregiver" means an individual 18 years of age or older who:

(1) provides care for a mentally or physically impaired person; and

(2) is a relative, legal guardian, or health care agent of the mentally or physically impaired person for whom the individual is caring.

(c) "Instrumental activities of daily living" has the meaning given in section 256B.0659, subdivision 1, paragraph (i).

(d) "Mentally or physically impaired person" means a person who is a resident of this state and who requires assistance with two or more instrumental activities of daily living as certified in writing by a physician, a physician assistant, or an advanced practice registered nurse licensed to practice in this state.

(e) "Relative" means a spouse, parent, grandparent, child, grandchild, sibling, uncle, aunt, nephew, or niece of the mentally or physically impaired person. Relative includes half, step, and in-law relationships.

(f) "Temporary family health care dwelling" means a mobile residential dwelling providing an environment facilitating a caregiver's provision of care for a mentally or physically impaired person that meets the requirements of subdivision 2.

Subd. 2. **Temporary family health care dwelling.** A temporary family health care dwelling must:

- (1) be primarily assembled at a location other than its site of installation;
- (2) be no more than 300 gross square feet;
- (3) not be attached to a permanent foundation;
- (4) be universally designed and meet state-recognized accessibility standards;
- (5) provide access to water and electric utilities either by connecting to the utilities that are serving the principal dwelling on the lot or by other comparable means;
- (6) have exterior materials that are compatible in composition, appearance, and durability to the exterior materials used in standard residential construction;
- (7) have a minimum insulation rating of R-15;
- (8) be able to be installed, removed, and transported by a one-ton pickup truck defined in section 168.002, subdivision 21b, a truck as defined in section 168.002, subdivision 37, or a truck tractor as defined in section 168.002, subdivision 38;
- (9) be built to either Minnesota Rules, chapter 1360 or 1361, and contain an Industrialized Buildings Commission seal and data plate or to American National Standards Institute Code 119.2; and
- (10) be equipped with a backflow check valve.

Subd. 3. **Temporary dwelling permit; application.** (a) Unless the municipality has designated temporary family health care dwellings as permitted uses, a temporary family health care dwelling is subject to the provisions in this section. A temporary family health care dwelling that meets the requirements of this section cannot be prohibited by a local ordinance that regulates accessory uses or recreational vehicle parking or storage.

(b) The caregiver or relative must apply for a temporary dwelling permit from the municipality. The permit application must be signed by the primary caregiver, the owner of the property on which the temporary family health care dwelling will be located and the resident of the property if the property owner does not reside on the property, and include:

(1) the name, address, and telephone number of the property owner, the resident of the property if different from the owner, and the primary caregiver responsible for care of the mentally or physically impaired person; and the name of the mentally or physically impaired person who will live in the temporary family health care dwelling;

(2) proof of the provider network from which the mentally or physically impaired person may receive respite care, primary care, or remote patient monitoring services;

(3) a written certification that the mentally or physically impaired person requires assistance with two or more instrumental activities of daily living signed by a physician, a physician assistant, or an advanced practice registered nurse licensed to practice in this state;

(4) an executed contract for septic service management or other proof of adequate septic service management;

(5) an affidavit that the applicant has provided notice to adjacent property owners and residents of the application for the temporary dwelling permit; and

(6) a general site map to show the location of the temporary family health care dwelling and other structures on the lot.

(c) The temporary family health care dwelling must be located on property where the caregiver or relative resides. A temporary family health care dwelling must comply with all setback requirements that apply to the primary structure and with any maximum floor area ratio limitations that may apply to the primary structure. The temporary family health care dwelling must be located on the lot so that septic service and emergency vehicles can gain access to the temporary family health care dwelling in a safe and timely manner.

(d) A temporary family health care dwelling is limited to one occupant who is a mentally or physically impaired person. The person must be identified in the application. Only one temporary family health care dwelling is allowed on a lot.

(e) Unless otherwise provided, a temporary family health care dwelling installed under this section must comply with all applicable state law, local ordinances, and chapter provisions.

Subd. 4. Initial permit term; renewal. The initial temporary dwelling permit is valid for six months. The applicant may renew the permit once for an additional six months.

Subd. 5. Inspection. The municipality may require that the permit holder provide evidence of compliance with this section as long as the temporary family health care

dwelling remains on the property. The municipality may inspect the temporary family health care dwelling at reasonable times convenient to the caregiver to determine if the temporary family health care dwelling is occupied and meets the requirements of this section.

Subd. 6. **Revocation of permit.** The municipality may revoke the temporary dwelling permit if the permit holder violates any requirement of this section. If the municipality revokes a permit, the permit holder has 60 days from the date of revocation to remove the temporary family health care dwelling.

Subd. 7. **Fee.** Unless otherwise provided by ordinance, the municipality may charge a fee of up to \$100 for the initial permit and up to \$50 for a renewal of the permit.

Subd. 8. **No public hearing required; application of section 15.99.** (a) Due to the time-sensitive nature of issuing a temporary dwelling permit for a temporary family health care dwelling, the municipality does not have to hold a public hearing on the application.

(b) The procedures governing the time limit for deciding an application for a temporary dwelling permit under this section are governed by section 15.99, except as provided in this section. The municipality has 15 days to issue a permit requested under this section or to deny it, except that if the statutory or home rule charter city holds regular meetings only once per calendar month the statutory or home rule charter city has 30 days to issue a permit requested under this section or to deny it. If the municipality receives a written request that does not contain all required information, the applicable 15-day or 30-day limit starts over only if the municipality sends written notice within five business days of receipt of the request telling the requester what information is missing. The municipality cannot extend the period of time to decide.

Subd. 9. **Opt-out.** A municipality may by ordinance opt-out of the requirements of this section.

Sec. 4. **EFFECTIVE DATE.** This act is effective September 1, 2016, and applies to temporary dwelling permit applications made under this act on or after that date.

Presented to the governor May 12, 2016

Signed by the governor May 12, 2016, 1:27 p.m.

SENATE
STATE OF MINNESOTA
EIGHTY-NINTH SESSION

S.F. No. 2555

(SENATE AUTHORS: HOFFMAN, Rosen, Eken, Koenen and Abeler)

DATE	D-PG	OFFICIAL STATUS
03/10/2016	4960	Introduction and first reading Referred to State and Local Government
04/06/2016	5675a	Comm report: To pass as amended and re-refer to Health, Human Services and Housing
04/07/2016	5715a	Comm report: To pass as amended and re-refer to Finance
04/28/2016	6535a	Comm report: To pass as amended
	6538	Second reading
05/02/2016	6572a	Special Order: Amended
	6573	Third reading Passed
05/12/2016	7006	Returned from House Presentment date 05/12/16
05/17/2016	7050	Governor's action Approval 05/12/16
	7050	Secretary of State Chapter 111 05/12/16 Effective date 09/01/16

1.1 A bill for an act
1.2 relating to local government; regulating zoning of temporary family health
1.3 care dwellings; establishing temporary dwelling permits; amending Minnesota
1.4 Statutes 2014, section 144D.01, subdivision 4; proposing coding for new law in
1.5 Minnesota Statutes, chapters 394; 462.

1.6 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.7 Section 1. Minnesota Statutes 2014, section 144D.01, subdivision 4, is amended to read:

1.8 Subd. 4. **Housing with services establishment or establishment.** (a) "Housing
1.9 with services establishment" or "establishment" means:

1.10 (1) an establishment providing sleeping accommodations to one or more adult
1.11 residents, at least 80 percent of which are 55 years of age or older, and offering or
1.12 providing, for a fee, one or more regularly scheduled health-related services or two or
1.13 more regularly scheduled supportive services, whether offered or provided directly by the
1.14 establishment or by another entity arranged for by the establishment; or

1.15 (2) an establishment that registers under section 144D.025.

1.16 (b) Housing with services establishment does not include:

1.17 (1) a nursing home licensed under chapter 144A;

1.18 (2) a hospital, certified boarding care home, or supervised living facility licensed
1.19 under sections 144.50 to 144.56;

1.20 (3) a board and lodging establishment licensed under chapter 157 and Minnesota
1.21 Rules, parts 9520.0500 to 9520.0670, 9525.0215 to 9525.0355, 9525.0500 to 9525.0660,
1.22 or 9530.4100 to 9530.4450, or under chapter 245D;

1.23 (4) a board and lodging establishment which serves as a shelter for battered women
1.24 or other similar purpose;

1.25 (5) a family adult foster care home licensed by the Department of Human Services;

- 2.1 (6) private homes in which the residents are related by kinship, law, or affinity with
2.2 the providers of services;
- 2.3 (7) residential settings for persons with developmental disabilities in which the
2.4 services are licensed under Minnesota Rules, parts 9525.2100 to 9525.2140, or applicable
2.5 successor rules or laws;
- 2.6 (8) a home-sharing arrangement such as when an elderly or disabled person or
2.7 single-parent family makes lodging in a private residence available to another person
2.8 in exchange for services or rent, or both;
- 2.9 (9) a duly organized condominium, cooperative, common interest community, or
2.10 owners' association of the foregoing where at least 80 percent of the units that comprise the
2.11 condominium, cooperative, or common interest community are occupied by individuals
2.12 who are the owners, members, or shareholders of the units; ~~or~~
- 2.13 (10) services for persons with developmental disabilities that are provided under
2.14 a license according to Minnesota Rules, parts 9525.2000 to 9525.2140 in effect until
2.15 January 1, 1998, or under chapter 245D; or
- 2.16 (11) a temporary family health care dwelling as defined in sections 394.307 and
2.17 462.3593.

2.18 Sec. 2. [394.307] TEMPORARY FAMILY HEALTH CARE DWELLINGS.

2.19 Subdivision 1. Definitions. (a) For purposes of this section, the following terms
2.20 have the meanings given.

2.21 (b) "Caregiver" means an individual 18 years of age or older who:

2.22 (1) provides care for a mentally or physically impaired person; and

2.23 (2) is a relative, legal guardian, or health care agent of the mentally or physically
2.24 impaired person for whom the individual is caring.

2.25 (c) "Instrumental activities of daily living" has the meaning given in section
2.26 256B.0659, subdivision 1, paragraph (i).

2.27 (d) "Mentally or physically impaired person" means a person who is a resident of
2.28 this state and who requires assistance with two or more instrumental activities of daily
2.29 living as certified in writing by a physician, a physician assistant, or an advanced practice
2.30 registered nurse licensed to practice in this state.

2.31 (e) "Relative" means a spouse, parent, grandparent, child, grandchild, sibling, uncle,
2.32 aunt, nephew, or niece of the mentally or physically impaired person. Relative includes
2.33 half, step, and in-law relationships.

3.1 (f) "Temporary family health care dwelling" means a mobile residential dwelling
3.2 providing an environment facilitating a caregiver's provision of care for a mentally or
3.3 physically impaired person that meets the requirements of subdivision 2.

3.4 Subd. 2. **Temporary family health care dwelling.** A temporary family health
3.5 care dwelling must:

3.6 (1) be primarily assembled at a location other than its site of installation;

3.7 (2) be no more than 300 gross square feet;

3.8 (3) not be attached to a permanent foundation;

3.9 (4) be universally designed and meet state-recognized accessibility standards;

3.10 (5) provide access to water and electric utilities either by connecting to the utilities

3.11 that are serving the principal dwelling on the lot or by other comparable means;

3.12 (6) have exterior materials that are compatible in composition, appearance, and
3.13 durability to the exterior materials used in standard residential construction;

3.14 (7) have a minimum insulation rating of R-15;

3.15 (8) be able to be installed, removed, and transported by a one-ton pickup truck
3.16 as defined in section 168.002, subdivision 21b, a truck as defined in section 168.002,
3.17 subdivision 37, or a truck tractor as defined in section 168.002, subdivision 38;

3.18 (9) be built to either Minnesota Rules, chapter 1360 or 1361, and contain an
3.19 Industrialized Buildings Commission seal and data plate or to American National
3.20 Standards Institute Code 119.2; and

3.21 (10) be equipped with a backflow check valve.

3.22 Subd. 3. **Temporary dwelling permit; application.** (a) Unless the county has
3.23 designated temporary family health care dwellings as permitted uses, a temporary family
3.24 health care dwelling is subject to the provisions in this section. A temporary family health
3.25 care dwelling that meets the requirements of this section cannot be prohibited by a local
3.26 ordinance that regulates accessory uses or recreational vehicle parking or storage.

3.27 (b) The caregiver or relative must apply for a temporary dwelling permit from the
3.28 county. The permit application must be signed by the primary caregiver, the owner of the
3.29 property on which the temporary family health care dwelling will be located, and the
3.30 resident of the property if the property owner does not reside on the property, and include:

3.31 (1) the name, address, and telephone number of the property owner, the resident of
3.32 the property if different from the owner, and the primary caregiver responsible for the care
3.33 of the mentally or physically impaired person; and the name of the mentally or physically
3.34 impaired person who will live in the temporary family health care dwelling;

3.35 (2) proof of the provider network from which the mentally or physically impaired
3.36 person may receive respite care, primary care, or remote patient monitoring services;

4.1 (3) a written certification that the mentally or physically impaired person requires
4.2 assistance with two or more instrumental activities of daily living signed by a physician,
4.3 a physician assistant, or an advanced practice registered nurse licensed to practice in
4.4 this state;

4.5 (4) an executed contract for septic service management or other proof of adequate
4.6 septic service management;

4.7 (5) an affidavit that the applicant has provided notice to adjacent property owners
4.8 and residents of the application for the temporary dwelling permit; and

4.9 (6) a general site map to show the location of the temporary family health care
4.10 dwelling and other structures on the lot.

4.11 (c) The temporary family health care dwelling must be located on property where the
4.12 caregiver or relative resides. A temporary family health care dwelling must comply with
4.13 all setback requirements that apply to the primary structure and with any maximum floor
4.14 area ratio limitations that may apply to the primary structure. The temporary family health
4.15 care dwelling must be located on the lot so that septic services and emergency vehicles
4.16 can gain access to the temporary family health care dwelling in a safe and timely manner.

4.17 (d) A temporary family health care dwelling is limited to one occupant who is a
4.18 mentally or physically impaired person. The person must be identified in the application.
4.19 Only one temporary family health care dwelling is allowed on a lot.

4.20 (e) Unless otherwise provided, a temporary family health care dwelling installed
4.21 under this section must comply with all applicable state law and local ordinances.

4.22 Subd. 4. **Initial permit term; renewal.** The initial temporary dwelling permit is
4.23 valid for six months. The applicant may renew the permit once for an additional six months.

4.24 Subd. 5. **Inspection.** The county may require that the permit holder provide
4.25 evidence of compliance with this section as long as the temporary family health care
4.26 dwelling remains on the property. The county may inspect the temporary family health
4.27 care dwelling at reasonable times convenient to the caregiver to determine if the temporary
4.28 family health care dwelling is occupied and meets the requirements of this section.

4.29 Subd. 6. **Revocation of permit.** The county may revoke the temporary dwelling
4.30 permit if the permit holder violates any requirement of this section. If the county revokes a
4.31 permit, the permit holder has 60 days from the date of revocation to remove the temporary
4.32 family health care dwelling.

4.33 Subd. 7. **Fee.** Unless otherwise specified by an action of the county board, the
4.34 county may charge a fee of up to \$100 for the initial permit and up to \$50 for a renewal
4.35 of the permit.

5.1 Subd. 8. No public hearing required; application of section 15.99. (a) Due to the
5.2 time-sensitive nature of issuing a temporary dwelling permit for a temporary family health
5.3 care dwelling, the county does not have to hold a public hearing on the application.

5.4 (b) The procedures governing the time limit for deciding an application for the
5.5 temporary dwelling permit under this section are governed by section 15.99, except as
5.6 provided in this section. The county has 15 days to issue a permit requested under this
5.7 section or to deny it, except that if the county board holds regular meetings only once per
5.8 calendar month the county has 30 days to issue a permit requested under this section
5.9 or to deny it. If the county receives a written request that does not contain all required
5.10 information, the applicable 15-day or 30-day limit starts over only if the county sends
5.11 written notice within five business days of receipt of the request telling the requester what
5.12 information is missing. The county cannot extend the period of time to decide.

5.13 Subd. 9. Opt-out. A county may by resolution opt-out of the requirements of
5.14 this section.

5.15 Sec. 3. [462.3593] TEMPORARY FAMILY HEALTH CARE DWELLINGS.

5.16 Subdivision 1. Definitions. (a) For purposes of this section, the following terms
5.17 have the meanings given.

5.18 (b) "Caregiver" means an individual 18 years of age or older who:

5.19 (1) provides care for a mentally or physically impaired person; and

5.20 (2) is a relative, legal guardian, or health care agent of the mentally or physically
5.21 impaired person for whom the individual is caring.

5.22 (c) "Instrumental activities of daily living" has the meaning given in section
5.23 256B.0659, subdivision 1, paragraph (i).

5.24 (d) "Mentally or physically impaired person" means a person who is a resident of
5.25 this state and who requires assistance with two or more instrumental activities of daily
5.26 living as certified in writing by a physician, a physician assistant, or an advanced practice
5.27 registered nurse licensed to practice in this state.

5.28 (e) "Relative" means a spouse, parent, grandparent, child, grandchild, sibling, uncle,
5.29 aunt, nephew, or niece of the mentally or physically impaired person. Relative includes
5.30 half, step, and in-law relationships.

5.31 (f) "Temporary family health care dwelling" means a mobile residential dwelling
5.32 providing an environment facilitating a caregiver's provision of care for a mentally or
5.33 physically impaired person that meets the requirements of subdivision 2.

5.34 Subd. 2. Temporary family health care dwelling. A temporary family health
5.35 care dwelling must:

- 6.1 (1) be primarily assembled at a location other than its site of installation;
6.2 (2) be no more than 300 gross square feet;
6.3 (3) not be attached to a permanent foundation;
6.4 (4) be universally designed and meet state-recognized accessibility standards;
6.5 (5) provide access to water and electric utilities either by connecting to the utilities
6.6 that are serving the principal dwelling on the lot or by other comparable means;
6.7 (6) have exterior materials that are compatible in composition, appearance, and
6.8 durability to the exterior materials used in standard residential construction;
6.9 (7) have a minimum insulation rating of R-15;
6.10 (8) be able to be installed, removed, and transported by a one-ton pickup truck
6.11 as defined in section 168.002, subdivision 21b, a truck as defined in section 168.002,
6.12 subdivision 37, or a truck tractor as defined in section 168.002, subdivision 38;
6.13 (9) be built to either Minnesota Rules, chapter 1360 or 1361, and contain an
6.14 Industrialized Buildings Commission seal and data plate or to American National
6.15 Standards Institute Code 119.2; and
6.16 (10) be equipped with a backflow check valve.
6.17 Subd. 3. **Temporary dwelling permit; application.** (a) Unless the municipality has
6.18 designated temporary family health care dwellings as permitted uses, a temporary family
6.19 health care dwelling is subject to the provisions in this section. A temporary family health
6.20 care dwelling that meets the requirements of this section cannot be prohibited by a local
6.21 ordinance that regulates accessory uses or recreational vehicle parking or storage.
6.22 (b) The caregiver or relative must apply for a temporary dwelling permit from the
6.23 municipality. The permit application must be signed by the primary caregiver, the owner
6.24 of the property on which the temporary family health care dwelling will be located, and the
6.25 resident of the property if the property owner does not reside on the property, and include:
6.26 (1) the name, address, and telephone number of the property owner, the resident of
6.27 the property if different from the owner, and the primary caregiver responsible for the care
6.28 of the mentally or physically impaired person; and the name of the mentally or physically
6.29 impaired person who will live in the temporary family health care dwelling;
6.30 (2) proof of the provider network from which the mentally or physically impaired
6.31 person may receive respite care, primary care, or remote patient monitoring services;
6.32 (3) a written certification that the mentally or physically impaired person requires
6.33 assistance with two or more instrumental activities of daily living signed by a physician,
6.34 a physician assistant, or an advanced practice registered nurse licensed to practice in
6.35 this state;

7.1 (4) an executed contract for septic service management or other proof of adequate
7.2 septic service management;

7.3 (5) an affidavit that the applicant has provided notice to adjacent property owners
7.4 and residents of the application for the temporary dwelling permit; and

7.5 (6) a general site map to show the location of the temporary family health care
7.6 dwelling and other structures on the lot.

7.7 (c) The temporary family health care dwelling must be located on property where the
7.8 caregiver or relative resides. A temporary family health care dwelling must comply with
7.9 all setback requirements that apply to the primary structure and with any maximum floor
7.10 area ratio limitations that may apply to the primary structure. The temporary family health
7.11 care dwelling must be located on the lot so that septic services and emergency vehicles
7.12 can gain access to the temporary family health care dwelling in a safe and timely manner.

7.13 (d) A temporary family health care dwelling is limited to one occupant who is a
7.14 mentally or physically impaired person. The person must be identified in the application.
7.15 Only one temporary family health care dwelling is allowed on a lot.

7.16 (e) Unless otherwise provided, a temporary family health care dwelling installed
7.17 under this section must comply with all applicable state law, local ordinances, and charter
7.18 provisions.

7.19 Subd. 4. **Initial permit term; renewal.** The initial temporary dwelling permit is
7.20 valid for six months. The applicant may renew the permit once for an additional six months.

7.21 Subd. 5. **Inspection.** The municipality may require that the permit holder provide
7.22 evidence of compliance with this section as long as the temporary family health care
7.23 dwelling remains on the property. The municipality may inspect the temporary family
7.24 health care dwelling at reasonable times convenient to the caregiver to determine if the
7.25 temporary family health care dwelling is occupied and meets the requirements of this
7.26 section.

7.27 Subd. 6. **Revocation of permit.** The municipality may revoke the temporary
7.28 dwelling permit if the permit holder violates any requirement of this section. If the
7.29 municipality revokes a permit, the permit holder has 60 days from the date of revocation
7.30 to remove the temporary family health care dwelling.

7.31 Subd. 7. **Fee.** Unless otherwise provided by ordinance, the municipality may charge
7.32 a fee of up to \$100 for the initial permit and up to \$50 for a renewal of the permit.

7.33 Subd. 8. **No public hearing required; application of section 15.99.** (a) Due to the
7.34 time-sensitive nature of issuing a temporary dwelling permit for a temporary family health
7.35 care dwelling, the municipality does not have to hold a public hearing on the application.

8.1 (b) The procedures governing the time limit for deciding an application for the
8.2 temporary dwelling permit under this section are governed by section 15.99, except as
8.3 provided in this section. The municipality has 15 days to issue a permit requested under
8.4 this section or to deny it, except that if the statutory or home rule charter city holds regular
8.5 meetings only once per calendar month the statutory or home rule charter city has 30 days
8.6 to issue a permit requested under this section or to deny it. If the municipality receives a
8.7 written request that does not contain all required information, the applicable 15-day or
8.8 30-day limit starts over only if the municipality sends written notice within five business
8.9 days of receipt of the request telling the requester what information is missing. The
8.10 municipality cannot extend the period of time to decide.

8.11 Subd. 9. Opt-out. A municipality may by ordinance opt-out of the requirements
8.12 of this section.

8.13 Sec. 4. EFFECTIVE DATE.

8.14 This act is effective September 1, 2016, and applies to temporary dwelling permit
8.15 applications made under this act on or after that date.

June 22, 2016



Mr. Melvin
McLeod County Administrator
830 E 11th St.
Glencoe, MN 55336-2200

Dear Mr. Melvin,

Thank you for the opportunity to request support funds from McLeod County. Ecumen RSVP (Retired Senior Volunteer Program) is a part of Senior Corps. Senior Corps includes RSVP, Foster Grandparents, and Senior Companion Programs. Ecumen RSVP serves the counties of McLeod, Meeker, Renville, and Kandiyohi. Currently there are 163 volunteers serving hours at 33 RSVP stations across the four county area. These volunteers served a total of 17,922 hours in 2015.

RSVP connects volunteers with service opportunities that promote positive change and meet critical needs in their communities. RSVP volunteers help build capacity and improve sustainability in organizations where they serve; working with food pantries, clothing shelves, building affordable housing, mentoring children, providing transportation to seniors, supporting veterans and families of veterans, disaster relief, and supporting healthy initiatives such as leading Bone Builders exercise classes. Others work to support seniors and their families, to keep them living independently in their own homes by providing companionship, transportation, grocery shopping and light housekeeping.

Ecumen RSVP is funded solely by a federal grant from the Corporation for National and Community Service (CNCS), and a state grant through the Minnesota Board on Aging. Although federal and state grants support Senior Corps / RSVP, local public and private support is critical to engaging the growing number of eligible seniors. It is also needed to provide the local match portion of the grants.

Minnesota RSVP Bone Builders program serves nearly 3,000 Minnesotans. The Minnesota RSVP Bone Builders program is recognized nationally as an Osteoporosis prevention and reversal exercise program for men and women of all ages offered in 192 locations throughout Minnesota. Led by 546 trained RSVP volunteers, 2,888 Minnesotans attend their local RSVP Bone Builders classes twice each week at **no cost to the participant**. Classes are held at locations where space has been donated to use. The program includes the use of weights to build strength, improve balance and increase flexibility with the long-term goals of falls prevention and continued independent living for local seniors that form a group, exercise together, and enjoy the socialization that group exercise makes possible. The RSVP Bone builders program enables seniors to build muscle strength, and provides on-going socialization and health education. After one year of participation in RSVP Bone Builders, class participants report increased strength, balance, flexibility, energy levels, activity level, and state of mind. Across the nation and locally physicians refer patients to the program on a regular basis.

In McLeod County there are currently 3 locations with approximately 135 participants. Originally funding for the startup costs of the program were provided by a grant from Prime West Health. Costs include the training of the volunteer leaders, manuals, leg, and hand weights. The leg weights are specific to the program, including a canvas holder with Velcro straps, and the cost for a set of leg weights is \$30.00 each. Classes have expanded since the original funding, weight holders are wearing out and need to be replaced. Extra funding is necessary to support the Bone Builders class sites.

Ecumen RVSP is requesting \$2,500 dollars from McLeod County to help support the RSVP programs volunteer initiatives. In return Ecumen RSVP will support volunteers serving across the county to cost effectively keep McLeod County seniors living, and engaged in their communities.

Thank you for your consideration of our request. I would be happy to address any questions you may have about the program. Thank you.

Sincerely,

Donna J. Whitcomb
Program Director Ecumen RSVP

RSVP
Lead With Experience



ERAN SANDQUIST
State Coordinator - MN
410 Lincoln Ave South (Box 91)
South Haven, MN 55382

Phone: (763) 242-1273
Fax: (320) 236-7755
Email: esandquist@pheasantsforever.org

June 6, 2016

McLeod County Commissioners
830 East 11th Street
Glencoe, MN 55336

Dear Commissioners:

Pheasants Forever intends to donate a 55.11-acre State Wildlife Management Area (WMA) within your county described as:

Conveys the South 10 acres of the East half of the Northeast Quarter, the Northeast Quarter of the Southeast Quarter except the South 283.00 feet of said Northeast Quarter of the Southeast Quarter and the East 575.00 feet of the Northwest Quarter of the Southeast Quarter except the South 283.00 feet of said East 575.00 feet of the Northwest Quarter of the Southeast Quarter, all in Section 28, Township 116 north, Range 30 West, McLeod County, Minnesota.

Pheasants Forever is very interested in seeing this land conserved as permanent wildlife habitat and available for public use.

Whereas, a county board resolution is required for MN-DNR Wildlife Management Area direct acquisitions, donations of WMA land by conservation groups like Pheasants Forever requires county board notification. If necessary, Pheasants Forever is available to discuss with the board this important WMA. As always, State of Minnesota PILT payments will be made to McLeod County when this parcel becomes state WMA land. Pheasants Forever intends to donate this parcel to the Minnesota DNR, Section of Wildlife as Ras-Lynn WMA Addition.

The purpose of this letter is to inform you of this upcoming transaction and allow for any discussion you feel necessary.

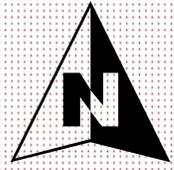
Sincerely,

A handwritten signature in black ink that reads "Eran Sandquist".

Eran Sandquist, State Coordinator - MN

cc: Joseph Stangel, Area Wildlife Supervisor, MN Department of Natural Resources

**Ras-Lynn WMA Tract 21 - 55.1 acres
Lynn Twn. Section 28-T116-R30
McLeod County**



Barber Lake WPA



Legend

-  Ras-Lynn_Tract_21_Boundary
-  USFWS Waterfowl Production Areas (Current)

Compliance Fund Procedures

1. Requests must be brought before the Compliance Fund Committee for approval.
2. Then you must bring the request before the County Board (MS 357.182 Subd 7).
3. Make sure board minutes state the dollar amount to be taken from the compliance fund and for which projects.
4. Warrant must be signed by Department Head and Recorder.
5. A copy of the board minutes (first page and page with approval) must be presented to the Recorder when requesting signature so that I know this was approved by the County Board. (This will be kept on file for the State Auditor's.)
6. If additional funds are needed throughout the year, and the Recorder indicates that funds are available, the following procedures should be used:
 - ~~a. Funds can be approved by the Compliance Fund committee or via email to the committee by the Recorder, unless a request is greater than \$50,000.~~
 - a. Requests \$5000 - \$50,000 shall be emailed by the County Recorder to the Compliance Fund Committee for a vote to recommend the request. If approved, the purchase must still be acted on by the County Board.
 - b. Requests less than \$5000 shall be approved by the County Recorder and does NOT need to go to the County Board for purchase approval.

Personnel Committee

Tuesday, July 12, 2016

Lg Conf Room - North Complex

AGENDA

A. Discuss new position in Information Technology

Recommendation: Hire Information Technology Technician III (grade 20). This is a new position to help to alleviate some of the work load from another IT Tech III, allowing the current position to be the Network Administrator and this position would be a Systems Administrator.

B. Discuss part-time (28 hour/wk) vacancy for Technical Specialist I in Auditor-Treasurer Office

Recommendation: Hire part-time (28 hours per week) Technical Specialist I in Auditor-Treasurer's Office due to vacancy.

C. Discuss Household Hazardous Waste Technician vacancy in Solid Waste

Recommendation: Work with Temp Agency to have temp Household Hazardous Waste Technician assist while discussion concerning re-structuring of Solid Waste Department is being held.

D. Discuss new Minimum Wage effective Aug 1, 2016

Recommendation: Increase wage to \$9.50 per hour of employees below that effective July 24, 2016 (beginning of a pay period) due to the Minnesota Minimum Wage being increased.

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

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

MEMORANDUM OF AGREEMENT

This Memorandum of Agreement is entered into between the County of McLeod (hereafter "County") and the Minnesota Teamsters Public and Law Enforcement Employee's Union, Local No. 320 (hereafter "Union") representing employees in the Clerical unit.

WHEREAS, the County and the Union are parties to a collective bargaining agreement effective December 29, 2013 through December 26, 2016; and

WHEREAS, certain provisions within the collective bargaining agreement relating to the Health Care Savings Plan (HCSP) only applies to employees in the bargaining unit hired prior to July 13, 1997.

NOW, THEREFORE, the parties hereto agree that the following provisions of the Memorandum of Agreement shall apply only to bargaining unit employees hired prior to July 13, 1997 as follows:

1. Accrued sick leave subject to the eligibility requirements of Article XXIV Termination Entitlements, Section 24.1 Vacation and Sick Leave, will be deposited into the HCSP administered by the Minnesota State Retirement System.
2. Accrued vacation subject to the eligibility requirements of Article XXIV Termination Entitlements, Section 24.1 Vacation and Sick Leave, will be deposited into the HCSP administered by the Minnesota State Retirement System. (This HCSP will only be available for those employees hired prior to July 13, 1997.)
3. Upon death of an employee, no funds can be received by the HCSP. All applicable payments will be made to the beneficiary as a payroll check.
4. This Memorandum of Agreement shall terminate on December 31, 2016 and it shall not be in effect after that date unless the parties mutually agree to extend the Memorandum of Agreement in writing thereafter.
5. This Memorandum of Agreement represents the complete and total agreement between the parties regarding this matter.

IN WITNESS WHEREOF, the parties have caused this Memorandum of Agreement to be executed this 30th day of June, 2016.

FOR MINNESOTA TEAMSTERS PUBLIC
AND LAW ENFORCEMENT EMPLOYEE'S
UNION, LOCAL NO. 320

FOR McLEOD COUNTY



Ray Hill

Walter Lopez

Board Workshop
August 2, 2016
Following Board Meeting

AGENDA

- A. Presentation by members of the Sheriff's Department
regarding need for an armored vehicle.

CC: Commissioners
Department Heads