

The Board of Supervisors met on 12/12/17 at 10:00 a.m. in the Story County Administration Building. Members present: Marty Chitty, Lauris Olson and Rick Sanders, with Sanders presiding. (all audio of meetings available at [storycountyia.gov](http://storycountyia.gov)). Olson asked to discuss Additional Item #4 before Additional Item #2; the Board concurred. **AMES ECONOMIC DEVELOPMENT COMMISSION (AEDC) QUARTERLY REPORT** – Dan Culhane, President & Chief Executive Officer of AEDC, announced the Ames Chamber of Commerce awarded Sanders the Community Involvement Award. Brenda Dryer, Workforce Solutions Director, reported on statistics, several types of projects, marketing activities, development efforts, and upcoming programs.

**MINUTES:** 12/5/17 Minutes – Olson moved, Chitty seconded approval of the Minutes as presented. Motion carried unanimously (MCU) on a roll call vote.

**PERSONNEL ACTIONS:** 1) new hire in Sheriff's Office, effective 12/15/17, for Stephanie Cunningham at \$1,581.99/bw. Chitty moved, Olson seconded the approval of personnel actions as presented. Roll call vote. (MCU)

**CLAIMS:** 12/14/17 Claims of \$703,261.42 (run date 12/8/17, 28 pages, on file in the Auditor's Office) and authorize the Auditor to issue checks in payments of these claims and payment requests from BooST School Ready Service (\$27,823.42), BooST Early Childhood (\$2,478.62), Holding-Seized Funds (\$2,800.00), Central Iowa Drug Task Force (CIDTF) (\$2,990.22), Emergency Management (\$210.94), E911 Surcharge (\$2,445.81), County Assessor (\$594.50), and Ames City Assessor (\$13,007.93). Olson asked to remove the claim for 4A Promotions for individual consideration due to conflict of interest. Olson moved, Chitty seconded approval of claims with noted change. Roll call vote. (MCU) Chitty moved, Sanders seconded the approval of 4A Promotions claim. Chitty aye, Sanders aye, Olson abstained. Motion passed.

Chitty moved approval of Consent Agenda as presented; motion died for lack of a second. Olson moved approval of the Consent Agenda with the removal of #10 for individual consideration. Chitty seconded approval of Consent Agenda with noted change.

1. Acknowledgment of Appointment to the Compensation Board by the Story County Attorney of Nathan Hostetter for a term expiring 6/30/19
2. Acknowledgement of Environmental Health Quarterly Report
3. Additional Lease Contract #1202967-000 between Marco Printing and Information Technology for Print Services for the Story County Recorder for \$13.14 per month
4. 28E Agreements between Animal Control and the following cities: Collins, Colo, Gilbert, Kelley, Maxwell, McCallsburg, and Slater, effective upon signature until terminated
5. Change Order #1 between Story County and Peterson Contractors, Inc. for Tedesco Environmental Learning Corridor – Bid Package #1 for \$23,470.00
6. Facility Rental Agreement between Iowa State University and Story County on 1/20/18
7. Agency Participation Agreement between Story County and the Institute for Community Alliance for Participation in the Homeless Management Information System, effective 10/1/17-9/30/18
8. Acknowledgement of Appointment to the Compensation Board by the Board of Supervisors of Michelle Cassabaum for a term expiring 6/30/21
9. Acknowledgement of Appointment to the Compensation Board by the Board of Supervisors of Steve McGill for a term expiring 6/30/19
11. Acknowledgment of receipt of the FY17 Central Service Cost Allocation Plan
12. Service agreement with Tyco SimplexGrinnell for fire alarm testing and inspection at the Administration Building 1/1/18-12/31/21 for \$2,182.34 annually
13. Service agreement with Tyco SimplexGrinnell for fire alarm testing and inspection at the Justice Center 1/1/18-12/31/21 for \$1,341.66 annually
14. Service Agreement between Iowa State University, CSAFE and Story County, effective 12/12/17, for \$65.00 an hour for a maximum of 70 hrs as well as up to \$9,539.00 for supplies
15. Road Closure Resolution: #18-23
16. Utility Permits: #18-43; #18-44

Roll call vote. (MCU)

10. Appointment of Russell Bauer to the Story County Veterans' Affairs (VA) Commission to Fill an Unexpired Term ending 6/30/19 – Olson stated she asked for individual consideration of this item to provide the detail that Bauer is a County employee. Olson moved, Chitty seconded the approval of Russell Bauer to the Story County VA Commission to fill an Unexpired Term ending 6/30/19. Roll call vote. (MCU)

**PASSWORD POLICY FOR STORY COUNTY INFORMATION TECHNOLOGY (IT) FOR SEVEN-DAY REVIEW** – Barbara Steinback, IT Director, stated a formal written password policy is the recommendation of the State Auditor. If approved, the policy will begin in January 2018. Steinback stated the un-redacted policy is available for employee review on the intranet. Chitty moved, Olson seconded the approval of Story County Password Policy for seven-day review. Roll call vote. (MCU)

**PROPOSED LEASE AGREEMENT BETWEEN STORY COUNTY AND MARY GREELEY MEDICAL CENTER (MGMC) FOR THE USE OF THE RESIDENTIAL CARE FACILITY LOCATED AT 124 S. HAZEL, AMES, IOWA, FOR \$1.00 ANNUALLY, EFFECTIVE 7/1/18-6/30/20** – Deb Schildroth, Director External Operations & County Services, provided background information. Following renovation, MGMC will be the facility's new tenant. Schildroth reported legal review and future changes. Olson asked about rent negotiation. Discussion took place. Olson stated a typographic error needs fixing. Schildroth went over utilities and additional provisions. Olson moved, Chitty seconded the approval of the Proposed Lease Agreement between Story County and Mary Greeley Medical Center for the Use of the Residential Care Facility located at 124 S. Hazel, Ames, Iowa, for \$1.00 Annually, effective 7/1/18-6/30/20, with correction of noted typographical error. Sanders clarified this is an offer to MGMC Trustees. Schildroth stated the lease agreement may be returned to the Board for additional consideration and action. Roll call vote. (MCU)

**ROSELAND MACKEY HARRIS AS THE RECOMMENDED CONSULTANT FOR THE ARCHITECTURAL/ENGINEERING DESIGN SERVICES FOR BUILDING IMPROVEMENTS ASSOCIATED WITH LOCATION OF THE CRISIS STABILIZATION – TRANSITIONAL LIVING CENTER PROGRAM WITH A PROPOSED COST OF \$35,695.00** – Deb Schildroth, Director External Operations & County Services, reported on

issuing a request for proposals (RFP) for improvements. Discussion took place regarding project timeline. Olson moved, Chitty seconded the approval of Roseland/Mackey/Harris as the Consultant for the Architectural/Engineering Design Services for Building Improvements Associated with Location of the Crisis Stabilization – Transitional Living Center Program with a proposed cost of \$35,695.00. Roll call vote. (MCU)

**PROPOSED ANIMAL SHELTER IMPROVEMENT PLANS AND COST ESTIMATE OF \$692,699.00** – Jeff Harris, Architect, Roseland/Mackey/Harris, reported on mechanical, electrical, and structural elements of the proposal resulting in the estimate. Certain high-dollar projects in the proposal could be delayed, such as the new large-animal space, enhancements to the heating, ventilation, and air conditioning (HVAC) system, and paving. If these items are removed, the estimate is lowered to ~\$300,000. Sue McCaskey, Animal Control Director, reported on livestock calls and the everyday need for large-animal space. Discussion took place. The Board concurred that the estimate is beyond available funding. Sanders directed McCaskey and Harris for a revised plan and cost estimate in the \$300,000 range. He directed McCaskey to consult with Facilities Director Joby Brogden and External Operations & County Services Director Deb Schildroth regarding work that can be completed in-house. Lisa Markley, Assistant Auditor, reported on the balance of the Friends of Animals Fund to be used for a portion of funding. Chitty moved, Olson seconded to review the items of the proposed remodel to achieve a cost estimate of \$300,000.00 for the Improvement Plans and Cost Estimate for the Animal Shelter. Sanders clarified the Board is denying the current proposal and estimate. Roll call vote. (MCU)

**COUNTY OUTREACH AND SPECIAL PROJECTS REPORT** – Leanne Harter reported on the annual reviews of Cornerstone to Capstone (C2C), Continuity of Operations/Continuity of Government (COOP/COG), and the County's Strategic Plan; floodplain management/Community Rating System (CRS) program coordination: ordinance development and review guidelines manual; quadrant meetings; updating the County's website; Home Base Iowa; economic development policies and processes; various community outreach efforts and collaborations; and upcoming efforts.

**UPDATE OF PRINTING SERVICES AND VOICE-OVER INTERNET PROTOCOL (VOIP) FOR STORY COUNTY** – Barbara Steinback, Information Technology Director, updated the Board on the County's VOIP system (phone over the internet), including month-to-month cost-saving comparisons. Steinback reported on the current printing services with detail on leased versus owned equipment and savings per department/office.

**PUBLIC FORUM #2:** Scott DeYoung, Mayor of Cambridge, thanked the Board for its assistance to the smaller communities; he invited the Board to Saturday's open house for Cambridge's new Community Building. Sanders reported on a spike in the internet usage from the Board's office; Olson used 20GB on a recent Saturday. Olson stated she will reimburse the County and will not access the County's internet on weekends; she was streaming Netflix while sorting papers in her office.

**LIAISON ASSIGNMENTS, COMMITTEE MEETINGS UPDATES, AND ANNOUNCEMENTS FROM THE SUPERVISORS:** All three Board members reported on multiple meetings.

Chitty moved, Olson seconded to adjourn at 11:53 a.m. Roll call vote. (MCU)

Story County  
Board of Supervisors Meeting  
Agenda  
12/12/17

1. CALL TO ORDER: 10:00 A.M.
2. PLEDGE OF ALLEGIANCE:
3. PUBLIC COMMENT #1:  
This comment period is for the public to address topics on today's agenda
4. Ames Economic Development Committee Quarterly Report - Brenda Dyer

Department Submitting Board of Supervisors

Documents:

SUPERVISORSDEC2017.PDF

5. CONSIDERATION OF MINUTES:

- I. 12/5/17 Minutes

Department Submitting Auditor

6. CONSIDERATION OF PERSONNEL ACTIONS:

- I. Action Forms

1) new hire in Sheriff's Office effective 12/15/17 for Stephanie Cunningham @ \$1,581.99/bw;

Department Submitting HR

7. CONSIDERATION OF CLAIMS:

- I. 12/14/17 Claims

Department Submitting Auditor

Documents:

CLAIMS 121417.PDF

8. CONSENT AGENDA:

(All items listed under the consent agenda will be enacted by one motion. There will be no separate discussion of these items unless a request is made prior to the time the Board votes on the motion.)

- I. Acknowledgment Of Appointment To The Compensation Board By The Story County Attorney Of Nathan Hostetter For A Term Expiring 6/30/19

Department Submitting Story County Attorney

II. Acknowledgement Of Environmental Health Quarterly Report

Department Submitting Auditor

Documents:

10747.PDF

III. Consideration Of Additional Lease Contract #1202967-000 Between Marco Printing And Information Technology For Print Services For Story County Recorder For \$13.14/Mo

Department Submitting Information Technology

Documents:

MARCO.PDF

IV. Consideration Of 28E Agreements Between Animal Control And The Following Cities: Collins, Colo, Gilbert, Kelley, Maxwell, McCallsburg, And Slater Effective Upon Signature - 7/1/17

Department Submitting Auditor

Documents:

28E AGREEMENTS.PDF

V. Consideration Of Change Order #1 Between Story County And Peterson Contractors, Inc. For Tedesco Environmental Learning Corridor – Bid Package #1 For \$23,470.00

Department Submitting Conservation

Documents:

URGE MEMO TELC CO 1.PDF  
CHANGE ORDER.PDF

VI. Consideration Of Facility Rental Agreement Between Iowa State University And Story County On 1/20/18

Department Submitting Sheriff

Documents:

ISU CONTRACT.PDF

VII. Consideration Of Agency Participation Agreement Between Story County And The Institute For Community Alliance For Participation In The Homeless Management Information System Effective 10/1/17 - 9/30/18

Department Submitting Community Services

Documents:

HOMELESS MANAGEMENT INFO SYSTEM PARTICIPATION  
AGREEMENT.PDF

- VIII. Acknowledgement Of Appointment To The Compensation Board By The Board Of Supervisors Of Michelle Cassabaum For A Term Expiring 6/30/21

Department Submitting Board of Supervisors

- IX. Acknowledgement Of Appointment To The Compensation Board By The Board Of Supervisors Of Steve McGill For A Term Expiring 6/30/19

Department Submitting Board of Supervisors

- X. Consideration Of Appointment Of Russell Bauer To The Story County VA Commission To Fill An Unexpired Term Ending 6/30/19

Department Submitting Board of Supervisors

- XI. Acknowledgment Of Receipt Of The FY17 Central Service Cost Allocation Plan

Department Submitting Auditor

Documents:

FY17 COST ALLOCATION PLAN.PDF

- XII. Consideration Of Service Agreement With Tyco SimplexGrinnell For Fire Alarm Testing And Inspection At Administration Building 1/1/18-12/31/21 For \$2,182.34 Annually

Department Submitting Facilities Mgmt.

Documents:

SIMPLEXADMIN.PDF

- XIII. Consideration Of Service Agreement With Tyco SimplexGrinnell For Fire Alarm Testing And Inspection At Justice Center 1/1/18-12/31/21 For \$1,341.66 Annually

Department Submitting Facilities Mgmt.

Documents:

SIMPLEXJC.PDF

- XIV. Consideration Of Service Agreement Between Iowa State University, CSAFE And Story County Effective 12/12/17 For \$65/Hr For A Maximum Of 70 Hrs As Well As Up To \$9,539 For Supplies

Department Submitting Sheriff

Documents:

STORY COUNTY SHERIFF SERVICE AGREEMENT ISU.PDF

XV. Consideration Of Road Closure Resolution(S): #18-23

Department Submitting Engineer

Documents:

RC 18 23.PDF

XVI. Consideration Of Utility Permit(S): #18-43; #18-44

Department Submitting Engineer

Documents:

UT 18 043.PDF

UT 18 044.PDF

9. PUBLIC HEARING ITEMS:

10. ADDITIONAL ITEMS:

I. Discussion And Consideration For 7 Day Review Of Password Policy For Story County Information Technology-Barbara Steinback

Department Submitting Information Technology

Documents:

PASSWORD.PDF

II. Consideration Of Roseland Mackey Harris As The Recommended Consultant For The Architectural/Engineering Design Services For Building Improvements Associated With Location Of The Crisis Stabilization-Transitional Living Center Program With A Proposed Cost Of \$35,695- Deb Schildroth

Department Submitting Board Of Supervisors

Documents:

RMH PROPOSAL.PDF

III. Discussion And Consideration Of Proposed Animal Shelter Improvement Plans And Cost Estimated For \$692,699

Department Submitting Auditor

Documents:

ESTIMATE 121217.PDF  
STORY COUNTY ANIMAL SHELTER DRAWINGS REVIEW 121217.PDF

IV. Discussion And Consideration Of Proposed Lease Agreement Between Story County  
And Mary Greeley Medical Center For The Use Of The Residential Care Facility Located  
At 124 S. Hazel, Ames, IA. For \$1.00 Annually Effective 7/1/18-6/30/20 - Deb Schildroth

Department Submitting Board of Supervisors

Documents:

LEASE.PDF

11. AGENCY REPORTS:

12. DEPARTMENTAL REPORTS:

I. County Outreach And Special Projects Report - Leanne Harter

Department Submitting Auditor

Documents:

QUARTERLY REPORT COSPM.PDF

13. OTHER REPORTS:

I. Update Of Printing Services And VOIP For Story County-Barbara Steinback

Department Submitting Information Technology

Documents:

VENDORCOMPARISON.PDF

14. PUBLIC FORUM #2:

Comments from the Public on Items not on this Agenda. The Board may not take any  
Action on the Comments due to the Requirements of the Open Meetings Law, but May  
Do So In the Future.

15. LIAISON ASSIGNMENTS, COMMITTEE MEETINGS UPDATES, AND ANNOUNCEMENTS  
FROM THE SUPERVISORS:

16. ADJOURNMENT:

Story County strives to ensure that its programs and activities do not discriminate on the basis  
of race, color, national origin, sex, age or disability. Persons requiring assistance, auxiliary aids  
or services, or accommodation because of a disability may contact the county's ADA  
coordinator at (515)382-7204.

**Story County Meeting  
Board of Supervisors  
12/12/17**

**NAME**

**ADDRESS**

Colton Iiams

Tynan Shahidi

Bella Cyr

Scott DeYoung

Paula Toms

Lawrence Wilkes

Joby Brogdon

PAT PEAKIN

Judy Sutherland  
JEFF HARRIS

Emma Finch

Gracie Cannon

Mike Cox

Barb Steinback

Bundy Ann

Dan Culhane

Brett McLain

Glenn Han

Daphne

Allissa Corbett

Sara Masten

Linda Murken

1628 Truman Dr

Cambridge

LWV

SCAC

Facility

COLO

LWV

1615 Golden Aspen Ames.

1007 N 2nd St.

2811 Cambridge dr.

Conservation

SCIT

APNC

AJMC

Veterans Affairs

BOS

BUS office

BOS

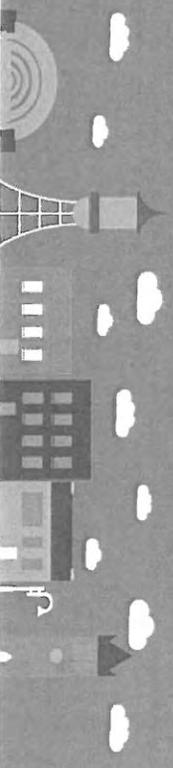
And

# STORY COUNTY BOARD OF SUPERVISORS

December 12, 2017 AEDC Update

Workforce Solutions

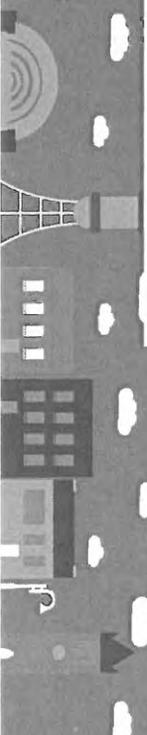
Economic Development Services



# A LOOK AT THE NUMBERS....

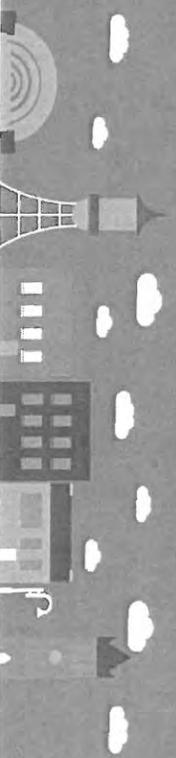
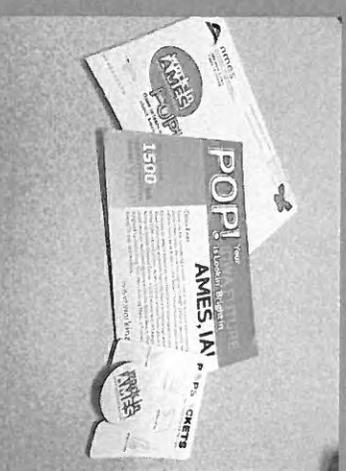
- October 2017 – 1.4% / Sept. 2017 2.0%
- October 2016 – 2.0%

“WorkInAmes.com” views (April – Nov 2017)		67,830
“WorkInAmes” Twitter – impressions (11/17)		21,600
Company Visits (April – Nov 2017)		54
Company Contact/Connections (April – Nov 2017)		203
Home Base Iowa resumes since 9.1.2017		38
MyIOWA/Future Campaign – leads Oct/Nov		130



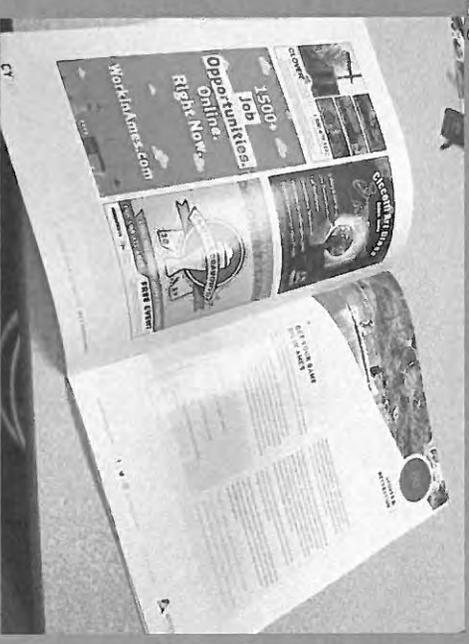
# MY IOWA FUTURE

- Sponsorship of this new State program
- Target – Midwest college communities
- Web site / Landing Page / Mailings
- Local Follow Up – 3 Steps
  - Swag Mailing
  - Email featuring relocation videos
  - Post Card



# OTHER WORKFORCE SOLUTIONS EFFORTS

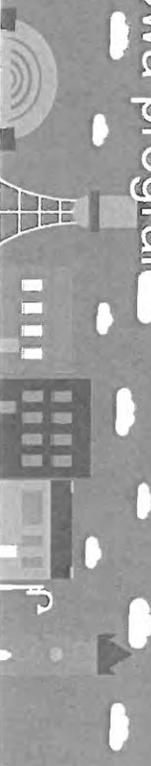
- Social Media efforts – AEDC dedicated staff impact
- Partnership with ISU Alumni Association
  - Sponsor monthly email to 35,000 young alumni
  - Full page Visions “WorkInAmes” ads
  - Sponsor quarterly DM Alumni events
- Partnership with the Convention & Visitor’s Bureau
  - Concierge program assistance
  - “FAM” Tours with HR teams
  - “WorkInAmes” advertising in Cytas
- December IowaWorks Career Fair Report
- Reaction to layoffs



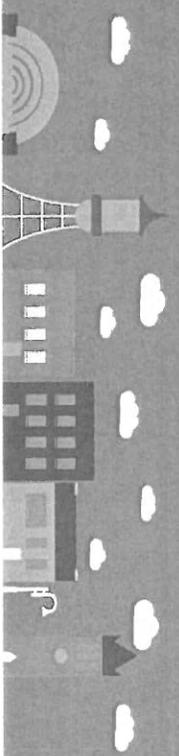
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# LOOKING AHEAD TO 2018

- “WorkInAmes” website refresh
- Host 4 internship events – “North, South, East, West – See Yourself in Ames”
- Enhanced leads from MyIOWAFuture Campaign – additional sponsors to landing page
- Workforce recruiting trips in partnership with ISU Alumni Association in and out of Iowa
- Iowa community college & virtual career fair participation
- Growing SCALE/BEC numbers
- Implement enhancements to Home Base Iowa program

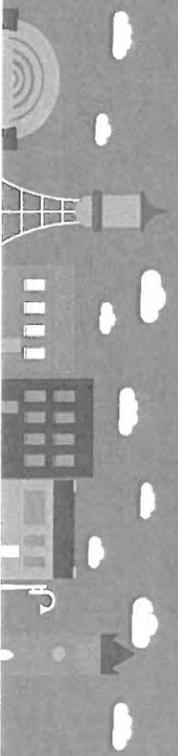


# ECONOMIC DEVELOPMENT SERVICES UPDATE



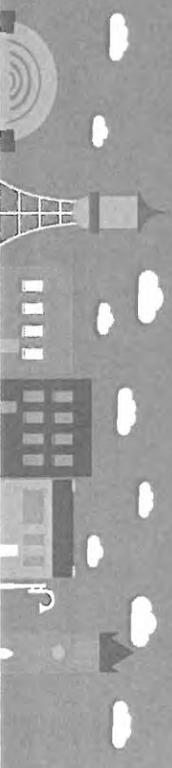
# REPORTING STATISTICS

	YTD – April – November 2017
<b>Total Community Contact/Connections</b>	<b>180</b>
<b>Number of community visits</b>	<b>82</b>
<b>Number of Project Mtgs.</b>	<b>37</b>
<b>Supervisor Meetings</b>	<b>25</b>
<b>City Council Meetings</b>	<b>25</b>



# HIGHLIGHTS

- Housing Projects being discussed in 7 of the 10 target communities
  - 1 approved for State Workforce Housing Tax Credits
  - 1 in the process of applying for these funds
- Active Community Development projects in 6 of 10 target communities
- Working with 2 of the 10 on identifying potential land for light industrial/commercial development
- SCEDG - Economic Development Summit / GOAL: LATE SUMMER 2018



NOTICE OF APPOINTMENT

PERSON APPOINTED: Nathan Hostetter

BOARD COMMISSION OR COMMITTEE APPOINTED TO:

Compensation Board – Attorney

LENGTH OF TERM: 2 years

(IS THIS APPOINTMENT TO FILL AN UNEXPIRED TERM? no

IF SO, WHO'S TERM? \_\_\_\_\_

WHO NEEDS TO BE NOTIFIED? Attorney

DATE APPOINTED: 12/12/2017

DATE OF TERM EXPIRED: 06/30/2019

**APPROVED**      **DENIED**

Board Member Initials: RS

Meeting Date: 12-12-17

Follow-up action: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



MAP Supplement  
Pool Billing Schedule

APPLICATION NO.  
1308924

CONTRACT NO.

MAP Supplement Agreement

Phone: 505.899.0340 Fax: 505.899.1817

PAYMENT SCHEDULE

POOL 17

Pool 17: Community Service

Make/Model/Accessories	Serial #	Starting Meter Color	Starting Meter B&W
1.			
2.			
3.			
4.			
5.			
Color Print Allowance	0	Excess Color Print Charge* \$	\$0.045000
Monthly Payment* \$	\$121.00	B&W Print Allowance	0
		Excess B&W Print Charge* \$	\$0.004500

POOL 18

Pool 18: Auditor & Elections

Make/Model/Accessories	Serial #	Starting Meter Color	Starting Meter B&W
1.			
2.			
3.			
4.			
5.			
Color Print Allowance	0	Excess Color Print Charge* \$	\$0.045000
Monthly Payment* \$	\$127.00	B&W Print Allowance	0
		Excess B&W Print Charge* \$	\$0.004500

POOL 19

Pool 19: IT-E911

Make/Model/Accessories	Serial #	Starting Meter Color	Starting Meter B&W
1.			
2.			
3.			
4.			
5.			
Color Print Allowance	0	Excess Color Print Charge* \$	\$0.090000
Monthly Payment* \$	\$21.00	B&W Print Allowance	0
		Excess B&W Print Charge* \$	\$0.010000

POOL 20

Pool 20: Recorder-printer

Make/Model/Accessories	Serial #	Starting Meter Color	Starting Meter B&W
1.	LEXMARK M1145		
2.			
3.			
4.			
5.			
Color Print Allowance	0	Excess Color Print Charge* \$	\$0.090000
Monthly Payment* \$	\$13.14	B&W Print Allowance	0
		Excess B&W Print Charge* \$	\$0.010000

CUSTOMER ACCEPTANCE

*Yonkers County*  
CUSTOMER

X *[Signature]*  
SIGNATURE

*Chair, BOS*  
TITLE

*12/12/17*  
DATED



MAP Supplement  
Pool Billing Schedule

APPLICATION NO.  
1308924

CONTRACT NO.

MAP Supplement Agreement

Phone: 800.842.5252 Fax: 800.842.5257

PAYMENT SCHEDULE

POOL 13

Pool 13: Treasurer

Make/Model/Accessories	Serial #	Starting Meter Color	Starting Meter B&W
1.			
2.			
3.			
4.			
5.			
Color Print Allowance	0	Excess Color Print Charge* \$	\$0.045000
Monthly Payment* \$	\$119.00	B&W Print Allowance	0
		Excess B&W Print Charge* \$	\$0.004500

POOL 14

Pool 14: Conservation

Make/Model/Accessories	Serial #	Starting Meter Color	Starting Meter B&W
1.			
2.			
3.			
4.			
5.			
Color Print Allowance	0	Excess Color Print Charge* \$	\$0.045000
Monthly Payment* \$	\$118.25	B&W Print Allowance	0
		Excess B&W Print Charge* \$	\$0.004500

POOL 15

Pool 15: Attorney Nevada- copiers

Make/Model/Accessories	Serial #	Starting Meter Color	Starting Meter B&W
1.			
2.			
3.			
4.			
5.			
Color Print Allowance	0	Excess Color Print Charge* \$	\$0.045000
Monthly Payment* \$	\$214.74	B&W Print Allowance	0
		Excess B&W Print Charge* \$	\$0.004500

POOL 16

Pool 16: Attorney Nevada- printers

Make/Model/Accessories	Serial #	Starting Meter Color	Starting Meter B&W
1.			
2.			
3.			
4.			
5.			
Color Print Allowance	0	Excess Color Print Charge* \$	\$0.090000
Monthly Payment* \$	\$13.82	B&W Print Allowance	0
		Excess B&W Print Charge* \$	\$0.010000

CUSTOMER ACCEPTANCE

X

CUSTOMER \_\_\_\_\_ SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ DATED \_\_\_\_\_



MAP Supplement  
Pool Billing Schedule

APPLICATION NO.

1308924

CONTRACT NO.

MAP Supplement Agreement

Phone: 602-542-3546 Fax: 602-542-3547

PAYMENT SCHEDULE

POOL 9

Pool 9: Plan & Zone Health

Make/Model/Accessories	Serial #	Starting Meter Color	Starting Meter B&W
1.			
2.			
3.			
4.			
5.			

Color Print Allowance	0	Excess Color Print Charge* \$	\$0.045000
Monthly Payment* \$	\$75.00	B&W Print Allowance	0
		Excess B&W Print Charge* \$	\$0.004500

POOL 10

Pool 10: Information Technology

Make/Model/Accessories	Serial #	Starting Meter Color	Starting Meter B&W
1.			
2.			
3.			
4.			
5.			

Color Print Allowance	0	Excess Color Print Charge* \$	\$0.045000
Monthly Payment* \$	\$85.00	B&W Print Allowance	0
		Excess B&W Print Charge* \$	\$0.004500

POOL 11

Pool 11: Recorder - copier

Make/Model/Accessories	Serial #	Starting Meter Color	Starting Meter B&W
1.			
2.			
3.			
4.			
5.			

Color Print Allowance	0	Excess Color Print Charge* \$	\$0.045000
Monthly Payment* \$	\$78.61	B&W Print Allowance	0
		Excess B&W Print Charge* \$	\$0.004500

POOL 12

Pool 12: Treasurer printer

Make/Model/Accessories	Serial #	Starting Meter Color	Starting Meter B&W
1.			
2.			
3.			
4.			
5.			

B&W Print Allowance	0	Excess B&W Print Charge* \$	\$0.010000
Monthly Payment* \$	\$13.14		

CUSTOMER ACCEPTANCE

CUSTOMER

X

SIGNATURE

TITLE

DATED



MAP Supplement  
Pool Billing Schedule

APPLICATION NO.  
1308924

CONTRACT NO.

MAP Supplement Agreement

Printing & Imaging Solutions | Fax: 800-337-8997

PAYMENT SCHEDULE

POOL 5

Pool 5: Attorney Ames- prints

Make/Model/Accessories	Serial #	Starting Meter Color	Starting Meter B&W
1.			
2.			
3.			
4.			
5.			
Color Print Allowance	0	Excess Color Print Charge* \$	\$0.090000
Monthly Payment* \$	\$13.14	B&W Print Allowance	0
		Excess B&W Print Charge* \$	\$0.010000

POOL 6

Pool 6: Engineering- Copiers

Make/Model/Accessories	Serial #	Starting Meter Color	Starting Meter B&W
1.			
2.			
3.			
4.			
5.			
Color Print Allowance	0	Excess Color Print Charge* \$	\$0.045000
Monthly Payment* \$	\$99.29	B&W Print Allowance	0
		Excess B&W Print Charge* \$	\$0.004500

POOL 7

Pool 7: Engineering- Printers

Make/Model/Accessories	Serial #	Starting Meter Color	Starting Meter B&W
1.			
2.			
3.			
4.			
5.			
Color Print Allowance	0	Excess Color Print Charge* \$	\$0.045000
Monthly Payment* \$	\$13.14	B&W Print Allowance	0
		Excess B&W Print Charge* \$	\$0.010000

POOL 8

Pool 8: Facilities

Make/Model/Accessories	Serial #	Starting Meter Color	Starting Meter B&W
1.			
2.			
3.			
4.			
5.			
Color Print Allowance	0	Excess Color Print Charge* \$	\$0.045000
Monthly Payment* \$	\$85.00	B&W Print Allowance	0
		Excess B&W Print Charge* \$	\$0.004500

CUSTOMER ACCEPTANCE

Story, County of  
CUSTOMER

X  
SIGNATURE

TITLE

DATED



MAP Supplement  
Pool Billing Schedule

APPLICATION NO.

1308924

CONTRACT NO.

MAP Supplement Agreement

Printed: 08/25/2014 10:43 AM File: 424211\_2.rtf

PAYMENT SCHEDULE

POOL 1

Pool 1: Board of Supervisors - Copiers

Make/Model/Accessories	Serial #	Starting Meter Color	Starting Meter B&W
1.			
2.			
3.			
4.			
5.			

Color Print Allowance	0	Excess Color Print Charge* \$	\$0.045000
Monthly Payment* \$	\$125.00	B&W Print Allowance	0
		Excess B&W Print Charge* \$	\$0.004500

POOL 2

Pool 2: Board of Supervisors - printers

Make/Model/Accessories	Serial #	Starting Meter B&W
1.		
2.		
3.		
4.		
5.		

B&W Print Allowance	0	Excess B&W Print Charge* \$	\$0.010000
Monthly Payment* \$	\$13.14		

POOL 3

Pool 3: Information desk - printers

Make/Model/Accessories	Serial #	Starting Meter B&W
1.		
2.		
3.		
4.		
5.		

B&W Print Allowance	0	Excess B&W Print Charge* \$	\$0.010000
Monthly Payment* \$	\$13.14		

POOL 4

Pool 4: Attorney Amcs - copiers

Make/Model/Accessories	Serial #	Starting Meter Color	Starting Meter B&W
1.			
2.			
3.			
4.			
5.			

Color Print Allowance	0	Excess Color Print Charge* \$	\$0.045000
Monthly Payment* \$	\$173.93	B&W Print Allowance	0
		Excess B&W Print Charge* \$	\$0.004500

CUSTOMER ACCEPTANCE

Story, County of  
CUSTOMER

X  
SIGNATURE TITLE DATED



# MAP Supplement

APPLICATION NO. 1308924	MAP AGREEMENT NO. 1202967-000	SUPPLEMENT NO.
----------------------------	----------------------------------	----------------

Meter Reading Contact Person :

Managed Account Program 12/12/17

### CUSTOMER INFORMATION

FULL LEGAL NAME OF CUSTOMER <b>Story, County of</b>		STREET ADDRESS <b>900 Sixth St</b>	
CITY <b>Nevada</b>	STATE <b>IA</b>	ZIP <b>50201</b>	PHONE <b>515-382-6581</b>
FAX			

EQUIPMENT LOCATION (IF DIFFERENT FROM ABOVE)  
**Story, County of - Recorder 900 6Th St, Nevada, IA 50201 515-382-7230**

### EQUIPMENT WITH CONSOLIDATED MINIMUMS - ADDED Pool 1:

Make/Model/Accessories	Serial #	Starting Meter B&W
1. LEXMARK M1145 MONOCHROME 45PPM LASER		
2.		

Minimum Payment\* \$ See Attached      B&W Print Allowance See Attached      Excess Print Charge - B&W\* See Attached

### EQUIPMENT WITH CONSOLIDATED MINIMUMS - ADDED Pool 2:

Make/Model/Accessories	Serial #	Starting Meter B&W
1.		
2.		

Minimum Payment\* \$ See Attached      B&W Print Allowance See Attached      Excess Print Charge - B&W\* See Attached  
\*plus applicable taxes

### EQUIPMENT WITH CONSOLIDATED MINIMUMS - DELETED

Make/Model/Accessories	Serial #	Ending Meter Color	Ending Meter B&W
1.			
2.			

### MARCO SUPPORT DESK



Do you wish to enroll in the Marco Support Desk for equipment listed herein?  
 Yes    OR     No

Combined Total of All Equipment Enrolled:

Marco Support Desk Device Fees		
1 - 5 Devices : \$10	6 - 15 Devices : \$20	16+ Devices : \$30

If enrolled, the equipment on this supplement will qualify for Marco Support Desk in addition to any other equipment enrolled under the MAP Agreement. If no box is checked, then you have elected to waive Marco Support Desk coverage for equipment listed herein.

### FREQUENCY OF MINIMUM PAYMENT METER READING FREQUENCY

Please Check One:     Monthly     Quarterly     Semi Annually     Annually      Please Check One:     Monthly     Quarterly     Semi Annually     Annually

### TERM

48 Mos.    Termination date of this Supplement coincides with the End of Term set forth in the MAP Agreement (coterminal) and/or previous Supplement(s) (as applicable).  
 Mos.    Term applies to this Supplement only.

### SUPPLIES COVERAGE LEVELS    Please Check One:    All Inclusive    B&W Inclusive    No Supplies Included    (If none is checked, no supplies will be included)

### TERMS AND CONDITIONS

You have requested this Supplement to the MAP Agreement between the Owner and Customer as identified in Owner's records by the MAP Agreement set forth above. If this Supplement relates to Equipment not subject to the MAP Agreement (i.e. additional Equipment), this Supplement, together with the printed terms of the MAP Agreement (as amended), constitutes an agreement between Customer and Owner with respect to the Equipment referenced herein, separate and distinct from the MAP Agreement. Customer agrees to be bound by the terms of this Supplement, which includes the printed terms of the MAP Agreement (as amended) and agrees this Supplement shall commence on the date of Owner's acceptance. The original of this Supplement shall be that copy which bears a facsimile or original of Customer's signature and which bears Owner's original signature. If any provision in this Supplement conflicts with a provision in the MAP Agreement, the provision in this Supplement shall control. If this Supplement relates to Equipment subject to the MAP Agreement (i.e. replaced or removed Equipment and/or payment modifications), the MAP Agreement shall be modified or supplemented as set forth above as of the date Owner accepts this Supplement. Except as specifically modified by this Supplement, all other terms and conditions of the MAP Agreement (as amended) and any personal guaranty(s) remain in full force and effect.

### OWNER ACCEPTANCE

**Marco Technologies LLC**  
 OWNER      X/ Mary K. Sheridan      TITLE President      DATE 12/5/17

### PRIVACY AND INFORMATION SECURITY

You acknowledge that the Equipment you have received may be equipped with a hard drive that may store personal and confidential information ("PCI") and you understand the privacy and information security risks associated with PCI that may be stored on your Equipment. You agree to be responsible for safeguarding any PCI and you agree to indemnify and hold Marco Technologies LLC harmless from any loss, misappropriation or breach of the PCI that may be stored on your Equipment.

**Story, County of**  
 CUSTOMER (as referenced above)      X/ Chair      SIGNATURE      TITLE Chair      DATE 12/12/17

### CUSTOMER ACCEPTANCE

By signing below, you certify that you have reviewed and do agree to all terms and conditions of the MAP Agreement and this Supplement.  
**Story, County of**  
 CUSTOMER (as referenced above)      X/ Rick Sanders      SIGNATURE      TITLE Chair      DATE 12/12/17

### FEDERAL TAX I.D. #

### ACCEPTANCE OF DELIVERY

You certify that all the Equipment listed above has been received, examined, inspected, and is fully operational and unconditionally accepted.

**Story, County of**  
 CUSTOMER (as referenced above)      X/ Chair      SIGNATURE      TITLE Chair      DATE OF DELIVERY

**ENVIRONMENTAL HEALTH DEPARTMENT  
REPORT TO THE BOARD OF SUPERVISORS  
DECEMBER 5, 2017**

**Margaret Cemashko Jaynes,  
Environmental Health Director**

---

*Margaret Jaynes*  
~~APPROVED~~

DENIED

Board Member Initials: \_\_\_\_\_

Meeting Date: \_\_\_\_\_

Follow-up action: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# Wells – Calendar Year 2017

- Well permits - 10
- Pluggings - 20
- Cisterns - 0
- Rehabs - 1
- Water samples - 170
- TOT inspections – 48
- GTC total award: \$30,600 Remaining: \$19,000



# Well Study

## State Hygienic Lab private well study

- Paid for by SHL and GTC
- Goal is 25 wells before spring, 2018
- Parameters to test: E coli & total coliform bacteria, nitrate, nitrite, arsenic, and neonicotinoids

## Causes of Bee Death

**American Foulbrood**

A bacterial growth of spores that kills larvae, pupae and queens. It spreads from hive to hive, often from hive to hive.



**Colony Collapse Disorder**

Sudden loss of a colony's worker bee population with few dead bees found near a colony are signs of this disorder. The exact cause is unknown.



**Varnoa Mites**

These mites feed on the body fluids of bees that are weakened by stress and can be fatal to them.



**Tracheal Mites**

These mites enter adult bees, including honey bees, through the holes in the base of a bee's abdomen. They can cause the bee to die in a matter of days.



**Wax Moths**

These moths attack wax, comb, and other materials in the hive, causing damage to the colony.



**Pesticides**

Commercial pesticides are highly effective but can be toxic to bees. Bees have been found to be exposed to pesticides and other toxins in the hive.



CAPITAL NEWS SERVICE  
Reporting by Kate Phillips  
Original by Robert Phillips

Bees: The World's Most Important Insect  
The World's Most Important Insect  
The World's Most Important Insect

## **SEPTICS - Calendar Year 2017**

- ✘ **103 septic permits**
- ✘ **17 septic repair permits**
- ✘ **88 septic TOT inspections**
- ✘ **Variance granted for owner installing septic w/o certification**





Fernald - permitted septics (~14 w/o permit)







# Pool ~ Tattoo ~ Tanning

## Pool

Chlorine levels complaint received via IDPH  
One crypto case in Ames

## Tattoo

No activity

## Tanning

One re-inspection  
One test administered  
IDPH tanning staff time allotment minimal

# Lucas Grant Awarded to Story County

Ames MGMC – 3  
Story County Medical – 1  
Colo – 1  
Huxley - 1



# Special Projects:

- Mound troubleshooting, third one
- Several inquiries for burning or burying buildings on site
- COOP/COG updates for department
- Review storm water proposed P&D regulation
- Illness in Gilbert was investigated, nothing found
- Thomason's restaurant in Zearing closed
- Computer upgrade
- South Squaw Valley – requested DNR public meeting
- Green burial inquiries
- Crestview
- Harvester Land Holdings citation
- Interagency Reviews:
  - Raspberry Hill
  - Alluvial CUP
  - Timber Creek

# TRAINING & MEETINGS

## Margaret

pictometry  
CPR & AED  
mine tour  
management training  
safety training  
Dupont CAP  
EOC training  
Orengo Pumps

## Cathy

HR training  
safety training  
CPR & AED  
mine tour

## Matt

safety training  
Orengo pumps

## Stephanie

HR training  
safety training

Thank you!





---

Story County Conservation Board - McFarland Park 56461 180<sup>th</sup> St. - Ames, Iowa 50010-9451  
Phone (515) 232-2516 - Fax (515)232-6989 - Email: conservation@storycounty.com  
www.storycountyconservation.org

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Memorandum

To: Story County Board of Supervisors

Through: Michael D. Cox, Director 

From: Ryan M. Wiemold, Parks Superintendent

Date: December 12, 2017

Re: Consideration of Change Order #1 for Tedesco Environmental Learning Corridor  
– Bid Package #1 Stream Restoration, between Peterson Contractors, Inc. and  
Story County Conservation Board for \$23,470

---

Attached is a change order for work being done at Tedesco Environmental Learning Corridor including:

PR-1: Pricing for loading, hauling and stockpiling approximately 40 loads of fieldstone from Hubbard, Iowa to Ames, Iowa to be used in the streambank restoration portion of the project. This rock was donated to Story County Conservation by a private landowner. Rock hauling was budgeted at \$22,650. Total: \$14,000.

PR-2: Pricing to remove sedimentation in existing stormwater wetland, repair rip rap armored channel, and regrade the eroded slope. Total: \$9,470.

The Story County Conservation Board recommends your approval.

## Change Order

<b>PROJECT:</b> (Name and address) Tedesco ELC - BP#1 Stream Restoration 3410 University Blvd., Ames, IA 50010	<b>CONTRACT INFORMATION:</b> Contract For: General Construction Date: July 18, 2017	<b>CHANGE ORDER INFORMATION:</b> Change Order Number: 001 Date: November 29, 2017
<b>OWNER:</b> (Name and address) Story County Conservation Board 56461 180th Street Ames, IA 50010	<b>ARCHITECT:</b> (Name and address) Shive-Hattery, Inc. 4125 Westown Parkway, Suite 100 West Des Moines, IA 50266	<b>CONTRACTOR:</b> (Name and address) Peterson Contractors, Inc. 104 Blackhawk Street Reinbeck, IA 50669

**THE CONTRACT IS CHANGED AS FOLLOWS:**

(Insert a detailed description of the change and, if applicable, attach or reference specific exhibits. Also include agreed upon adjustments attributable to executed Construction Change Directives.)

1. CCD-001 / PR-1: Pricing for loading, hauling, and stockpiling of field stone. Stone is located at approximately 31703 MM Ave. Hubbard, IA. Priced per load price, hauled to the project site in Ames, 40 loads of fieldstone (20 tons/load)@\$350/load. Total: \$14,000.00
2. PR-2 Pricing to remove sedimentation in existing stormwater wetland, repair rip rap armored channel, and regrade eroded slope. Itemized changes:

Item #9002 Armored Channel Repair; Qty 68.00 TN @ \$40.00	\$2,720.00
Item #9003 Sediment Removal; Qty 250.00 CY @\$15.00	\$3,750.00
Item #9004 Fine Grading; Qty 1.00 LS @\$3,000.00	\$3,000.00
<b>Total</b>	<b>\$9,470.00</b>

**TOTAL ADD CHANGE \$23,470.00**

The original Contract Sum was	\$	<u>810,379.50</u>
The net change by previously authorized Change Orders	\$	<u>0.00</u>
The Contract Sum prior to this Change Order was	\$	<u>810,379.50</u>
The Contract Sum will be increased by this Change Order in the amount of	\$	<u>23,470.00</u>
The new Contract Sum including this Change Order will be	\$	<u>833,849.50</u>

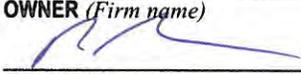
The Contract Time will be unchanged by Zero (0) days.  
The new date of Substantial Completion will be

**NOTE:** This Change Order does not include adjustments to the Contract Sum or Guaranteed Maximum Price, or the Contract Time, that have been authorized by Construction Change Directive until the cost and time have been agreed upon by both the Owner and Contractor, in which case a Change Order is executed to supersede the Construction Change Directive.

**NOT VALID UNTIL SIGNED BY THE ARCHITECT, CONTRACTOR AND OWNER.**

Shive-Hattery, Inc.  
4125 Westown Parkway, Suite 100  
West Des Moines, IA 50266  
\_\_\_\_\_  
**ARCHITECT** (Firm name)  
  
\_\_\_\_\_  
**SIGNATURE**  
Luke Monat, P.E.  
\_\_\_\_\_  
**PRINTED NAME AND TITLE**  
November 29, 2017  
\_\_\_\_\_  
**DATE**

Peterson Contractors, Inc.  
104 Blackhawk Street  
Reinbeck, IA 50669  
\_\_\_\_\_  
**CONTRACTOR** (Firm name)  
  
\_\_\_\_\_  
**SIGNATURE**  
Jeff Thais Manager  
\_\_\_\_\_  
**PRINTED NAME AND TITLE**  
12-6-17  
\_\_\_\_\_  
**DATE**

Story County Board of Supervisors  
56461 180th Street  
Ames, IA 50010  
\_\_\_\_\_  
**OWNER** (Firm name)  
  
\_\_\_\_\_  
**SIGNATURE**  
Rick Senckler  
\_\_\_\_\_  
**PRINTED NAME AND TITLE**  
12-12-17  
\_\_\_\_\_  
**DATE**

## Change Order

<b>PROJECT:</b> <i>(Name and address)</i> Tedesco ELC - BP#1 Stream Restoration 3410 University Blvd., Ames, IA 50010	<b>CONTRACT INFORMATION:</b> Contract For: General Construction Date: July 18, 2017	<b>CHANGE ORDER INFORMATION:</b> Change Order Number: 001 Date: November 29, 2017
<b>OWNER:</b> <i>(Name and address)</i> Story County Conservation Board 56461 180th Street Ames, IA 50010	<b>ARCHITECT:</b> <i>(Name and address)</i> Shive-Hattery, Inc. 4125 Westown Parkway, Suite 100 West Des Moines, IA 50266	<b>CONTRACTOR:</b> <i>(Name and address)</i> Peterson Contractors, Inc. 104 Blackhawk Street Reinbeck, IA 50669

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Item #9004 Fine Grading; Qty 1.00 LS @\$3,000.00	\$3,000.00
Total	\$9,470.00

**TOTAL ADD CHANGE \$23,470.00**

The original Contract Sum was	\$ 810,379.50
The net change by previously authorized Change Orders	\$ 0.00
The Contract Sum prior to this Change Order was	\$ 810,379.50
The Contract Sum will be increased by this Change Order in the amount of	\$ 23,470.00
The new Contract Sum including this Change Order will be	\$ 833,849.50

The Contract Time will be unchanged by Zero (0) days.  
The new date of Substantial Completion will be

**NOTE:** This Change Order does not include adjustments to the Contract Sum or Guaranteed Maximum Price, or the Contract Time, that have been authorized by Construction Change Directive until the cost and time have been agreed upon by both the Owner and Contractor, in which case a Change Order is executed to supersede the Construction Change Directive.

**NOT VALID UNTIL SIGNED BY THE ARCHITECT, CONTRACTOR AND OWNER.**

Shive-Hattery, Inc.  
4125 Westown Parkway, Suite 100  
West Des Moines, IA 50266

**ARCHITECT** *(Firm name)*

  
\_\_\_\_\_  
**SIGNATURE**

Luke Monat, P.E.  
\_\_\_\_\_  
**PRINTED NAME AND TITLE**

November 29, 2017  
\_\_\_\_\_  
**DATE**

Peterson Contractors, Inc.  
104 Blackhawk Street  
Reinbeck, IA 50669

**CONTRACTOR** *(Firm name)*

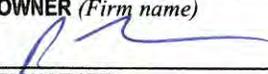
  
\_\_\_\_\_  
**SIGNATURE**

Jeff Thomas Manager  
\_\_\_\_\_  
**PRINTED NAME AND TITLE**

12-6-17  
\_\_\_\_\_  
**DATE**

Story County Board of Supervisors  
56461 180th Street  
Ames, IA 50010

**OWNER** *(Firm name)*

  
\_\_\_\_\_  
**SIGNATURE**

Rick Sanders  
\_\_\_\_\_  
**PRINTED NAME AND TITLE**

12-12-17  
\_\_\_\_\_  
**DATE**

**STORY COUNTY SHERIFF  
SERVICE AGREEMENT  
#17-08**

The following agreement is intended to be the sole and only agreement between the parties and supersedes all other agreements. All terms and conditions are in their customary usage and any additional definitions of terms or conditions are stated in this agreement.

**Definitions:**

**The Agreement** is this four page agreement identified by the numerical designation and any and all attachments reference.

**Story County Sheriff**, hereinafter (the "Service Provider") agrees to provide the services as listed in this agreement.

**Iowa State University, CSAFE**, hereinafter (the "Contractor") agrees to employ the Service Provider as set forth by the terms listed in this agreement.

**The Parties**, refers to the "Service Provider" and the "Contractor".

**Additional Terms**, if none then state "none":

None \_\_\_\_\_

**Terms**

Service Provider:  
**Story County Sheriff's Office**  
1315 South "B" Avenue  
Nevada, IA 50201  
515-382-7457

Contractor Address:  
**Iowa State University, CSAFE**  
195 Durham Center  
Ames, Iowa  
515-294-7278

**I Description of Services**

The Service Provider shall provide the services of law enforcement during the times and days specified at the location(s) indicated. These services include, but are not limited to, armed deputies in marked patrol vehicles and dispatch services including 911 emergency. Specific instructions for services shall be included in division II for "Additional Services". This agreement should be considered as in addition to the law enforcement responsibilities of the Story County Sheriff for geographic area of Story County. However, this agreement shall not supplant or subordinate the law enforcement and public safety duties and responsibilities of the Story County Sheriff's Office and this agreement shall at all times remain subordinate to the duties, responsibilities and discretion of the Sheriff, his deputies, agents and employees under all circumstances.



**IV Duration of Agreement**

This agreement shall be in effect for the period(s) stated in section III. For continuing agreements it shall remain in effect until terminated in accordance with the section VII of this agreement.

**V Fees**

The Contractor agrees to pay:

Sixty five dollars (\$65.00) per hour for up to a maximum of seventy (70) hours total for the Story County Sheriff, and each Story County Deputy Sheriff, Senior Reserve Deputy, Dispatcher, Detention Officer, and civilian employees.

Thirty two dollars and 50 cents (\$32.50) per hours for a minimum of two (2) hours/for each Story County Sheriff's Reserve (Reserves are required to work in pairs unless authorized by the Sheriff or designee).

The Contractor further agrees to reimburse the Service Provider for supplies, in an amount not to exceed \$9,539, as set forth in the attached CSAFE Project Budget (attachment "A").

**VI Payment**

**Service Provider agrees that it will submit an invoice to Contractor for time and supplies upon completion of this project.** Contractor agrees to make a one time payment as invoiced by the Story County Sheriff, subject to the conditions set forth in Section V.

**VII Changes or Termination during the Agreement**

The parties recognize that the business of law enforcement and private interest may change. The Contractor understands that public protection or economic demands may require the Service Provider to focus resources in other areas. The Service Provider recognizes that private business may develop other needs or demands. This understanding is to ensure both parties have the ability to amend or terminate the agreement before the expiration date. The parties may amend the agreement only in writing signed by both the Contractor and the Service Provider. Termination of the agreement shall be written notice. An agreement for single or multiple events where payment has been made in advance requires 7 days notice for a full refund. All other agreements require thirty (30) days notice. During the thirty day period the parties agree to perform their respective obligations unless otherwise agreed in writing. The foregoing requirements for amendment or termination shall not apply when, in the sole discretion of the Sheriff, his deputies, agents and employees; the duties and responsibilities of the Sheriff's Office to protect and promote public safety and law enforcement require that the resources and personnel for the Sheriff's Office be redirected away from Contractor's event or venue to respond to emergency or urgent calls for assistance by any person or entity other than the Contractor. In the event that personnel or resources of the Sheriff's Office are redirected to respond to an emergency or urgent call away from Contractor's venue, or if circumstances require additional resources/personnel to maintain order and safety at the venue covered by this agreement, the parties will later endeavor to negotiate a fair and reasonable accommodation which may include but is not necessarily limited to refund of any prepaid services not delivered by the Service Provider, or additional payment from the contractor.

**VIII Confidentiality**

It is necessary that the Contractor understand when contracting with a public entity that The contract is public information and will be produced when requested as required by law. The Contractor should be mindful of the public's right to know.

**IX Liability**

The Parties shall maintain insurance during this agreement. Each party will be Responsible for their respective acts. The Service Provider, its employees or Agents shall not be responsible for any special, incidental or consequential Damages to the Contractor while acting in performance of this agreement.

**X Acts of God and Acts of Others**

The Service Provider is not responsible in the event of a natural disasters, or acts of civil unrest, or acts of Contractors employees, agents or third persons which prevent Service Provider from performing as expected or originally intended under this agreement.

**XI Hazards**

Contractor shall have a duty to inform the Service Provider of any known hazards, either natural or manmade, which may pose a danger to an employee or agent of the Service Provider, that exist upon or appurtenant to any property owned or leased by the Contractor. This shall be a continuing duty for the Contractor.

**XII Inconsistent Terms**

The Contractor by this agreement has attempted to reduce the chance for misunderstanding by the inclusion of all terms. The Contractor and the Service Provider agree to resolve any dispute in a manner using common English usage of the term(s) in dispute.

**XIII Representative**

The Contractor designates **Yi Wu** as their representative and contact for this agreement with the following address and phone numbers listed below. The Service Provider requires twenty-four (24 hr(s) contact information from the Contractor and agrees to supply the same twenty-four (24 hr(s) contact to the Contractor.

Service Provider Representative

Contractor Representative

**Lt. Gary Backous**

**Yi Wu**

**Address:**

**Story County Sheriff  
1315 South "B" Avenue  
Nevada, IA 50201  
515-382-7457  
gbackous@storycountyiowa.gov**

**Iowa State University, CSAFE  
195 Durham Center  
Ames, Iowa  
515-294-7278  
viwu@iastate.edu**

**Billing Address:**

Contact Person: Same as above.  
Contractor Billing Address: Same as above

Make payment payable to: Story County Treasurer

Mail Payments to: Story County Sheriff  
P O Box 265  
1315 South "B" Avenue  
Nevada, IA 50201

**Service Agreement Signatures**

Service Provider

LT. [Signature]  
Authorized Representative

Lieutenant, Support Services  
Title

12/17/2017  
Date

Contractor

[Signature]  
Authorized Representative

Senior Procurement Agent  
Title

12/7/2017  
Date

The Service Provider representative has the authority to enter this agreement as authorized by the Story County Board of Supervisors. The date of this agreement by the Board of Supervisors is 12/12/17

[Signature]  
Board of Supervisors

[Signature]  
Attest: Story County Auditor

(Staple attachments to back)



# Sheriff's Office



Story County  
PAUL H. FITZGERALD, Sheriff

Emergency 911 • Office: 515-382-6566 • Fax #: 515-382-7479 • P.O. Box 265 • Nevada, Iowa 50201

## CSAFE Project Budget

**Budget Summary:** Budget requested from the Story County Sheriff's Office to assist with the CSAFE project. Budget includes equipment to be ordered by the Story County Sheriff's Office and two firearms instructors to assist with the firearms portion of the project.

**Story County Sheriff's Office Point of Contact:**

Sgt. Nicholas Lennie

Office: 515-382-7478

E-mail: [nlennie@storycountyia.gov](mailto:nlennie@storycountyia.gov)

Item	Quantity	Price
Forensics Source Bullet Collection Chamber Part#: 4-2000 Fibers Rated for 10,000 Rounds Purchased Through Streicher's	1	\$3,594.00
Forensics Source Replacement Ballistic Fibers 16 lbs. Part #: 4-2001 Rated for appx. 10,000 Rounds Purchased Through Streicher's	1	\$405.00
American Eagle .40 Caliber Ammunition, 180 Grain FMJ (1000 rounds/case) \$276.00/Case. Purchased Through UltraMax	20	\$5,520.00
Brass Casing Net Approximately \$10.00/Net Purchased Locally	2	\$20.00
Firearms Instructors Hourly Rate \$65/Instructor (Two Instructors) Approximated Time of 35 Hours/Instructor (Contract to be Drawn Up by Story County Sheriff's Office)	70	\$4,550.00

**Total: \$14,089.00**

**Scope of Work:**

Story County Sherriff's office will provide trained instructors to fire 1000 rounds of .40 caliber ammunition for each of 20 selected guns. For each gun, a series of three shots will be collected at intervals of 50 (49/50/51, 99/100/101, etc). The bullets and cartridges from these shots will be collected and sent to the Iowa State University CSAFE team for further analysis, resulting in a total of 1200 samples.

All prices for product include shipping. Product ordered by the Sheriff's office will be billed to Iowa State University. Story County Sheriff's office will retain any leftover supplies.



**STATE OF IOWA HOMELESS MANAGEMENT INFORMATION SYSTEM  
AGENCY PARTICIPATION AGREEMENT**

**by and between the  
Institute for Community Alliances  
and  
Story County Community Service - SOAR – Ames, IA  
October 1, 2017 – September 30, 2018**

**THIS IOWA HOMELESS MANAGEMENT INFORMATION SYSTEM AGENCY PARTICIPATION AGREEMENT (the “Agreement”)** is made by and between the Institute for Community Alliances as the primary coordinating entity for the Iowa Homeless Management Information System network and Story County Community Service - SOAR, an Iowa nonprofit corporation located at 126 S. Kellogg Ave Ste 001, Ames, IA 50010 (“Agency”).

**WHEREAS**, the Agency participates in Iowa Homeless Management Information System (“HMIS”) network, which is a collaborative effort among the Institute for Community Alliances (ICA) and the Continuum of Care in Iowa to provide for the collection of data concerning homeless persons in Iowa and the use of that data to ensure that appropriate, nonduplicative services are provided to those persons; and

**WHEREAS**, in connection with the implementation of HMIS, ICA has made available to the Agency; ServicePoint™, a web-based client information system for recording and tracking client information that will be used for gathering information on client demographics, determining utilization of services, and case management as required by HUD and the Iowa Balance of State, Des Moines/Polk County and Sioux City/Dakota County Continuum of Care.

**NOW, THEREFORE**, in consideration of the mutual promises contained in this Agreement, ICA and Agency hereby agree as follows:

**I. Definitions**

- A. “Agency” means the agency that is a party to this Agreement.
- B. “Client” means a consumer of services provided by or through Agency.
- C. “Participating Program” means a contributory program who records data elements regarding clients served and discloses these data elements through agreed upon means to the lead HMIS agency.



## II. ServicePoint™ Use and Data Entry

A. Agency shall comply with the policies and procedures applicable to agencies participating in HMIS and using ServicePoint™. Modifications to the HMIS policies and the user policies may be made by ICA in consultation with participating agencies, and as needed, without such consultation, for the purpose of the smooth and efficient operation of the ServicePoint™ system or as required by law.

1. All users of ServicePoint™ at or under the control of the Agency are required to have had training by ICA HMIS training staff before using the ServicePoint™ database.
2. Agency shall only enter individuals in the ServicePoint™ database that exist as Clients in Agency's jurisdiction. Agency shall not misrepresent its Client base in the ServicePoint™ database by knowingly entering inaccurate information.
3. Agency shall use Client information in the ServicePoint™ database, as provided to Agency or a Participating Program, to assist Agency in providing adequate and appropriate services to the Client. This Agreement does not require or imply that services provided to Clients are contingent upon a Client's participation in the ServicePoint™ database. Services should be provided to Clients regardless of ServicePoint™ participation if the Clients would otherwise be eligible for the services.
4. Agency shall enter information into the ServicePoint™ database in a consistent manner and will strive for real-time, or close to real-time data entry.

B. Agency shall not alter information in the ServicePoint™ database entered by another Participating Program.

C. Agency shall not cause the corruption of the ServicePoint™ database in any manner.

D. Agency shall enforce all user policies to which its employees and agents are subject.

E. If this Agreement is terminated, the HMIS System Administrator will provide Agency with a copy of its Client data. Copies will be in digital format.



F. Agency shall not include profanity or other offensive language in the ServicePoint™ database.

G. Agency shall not include or transmit any material in violation of any federal or state law or regulation. This includes, but is not limited to, copyrighted material, material legally judged to be threatening or obscene, and material protected by trade secret.

H. Agency shall not use the ServicePoint™ database for the purpose of defrauding federal, state or local governments, individuals or entities, or to conduct any illegal activity.

### **III. Training and Technical Assistance**

A. ICA shall assure that HMIS training personnel provide the necessary training for Agency staff in the use of ServicePoint™. HMIS training staff will provide training updates as necessary and reasonable due to staff changes and changes in technology.

B. ICA HMIS technical personnel will be available for continuing technical support as related to the HMIS system, within budgetary constraints.

C. ICA will assure that HMIS technical personnel and the HMIS vendor (Bowman Internet Systems) operate and maintain the network servers, software, data lines, and any other network or communication devices at the host site that are necessary for the proper functioning of the HMIS system. Agency shall provide and maintain its own high-speed connection to the Internet, and all other hardware needed for proper access of the HMIS network.

### **IV. Confidentiality**

A. Agency shall comply with all applicable federal and state confidentiality regulations and laws that protect Client information and records, and Agency shall only release Client records with written consent by the Client or when required by law.

1. Without limiting the generality of the foregoing, Agency shall specifically comply with federal confidentiality regulations contained in 42 C.F.R. Part 2 regarding disclosure of alcohol abuse and/or drug abuse records. In general terms, federal regulations prohibit the disclosure of alcohol abuse and/or drug abuse records unless disclosure is expressly permitted by written consent of the person to whom the record pertains or as otherwise permitted by 42 C.F.R. Part 2. A general authorization for the release of medical or other information is not sufficient for the purpose of disclosing alcohol abuse and/or drug abuse records.



2. Agency shall provide a verbal explanation of the HMIS database and the terms of consent to each Client and shall arrange for a qualified interpreter or translator in the event that an individual is not literate in English or has difficulty understanding the consent form.
3. Agency understands that data entered into ServicePoint™ is stored in a HIPPA compliant data center. The file server, which will contain all Client information, including encrypted and identifying Client information, will be located at Bowman Internet Systems, Inc. in Shreveport, LA.
4. Agency shall utilize an HMIS Client Informed Consent/Release of Information form for all Clients providing information for the database that is shared through an open record. The Client Informed Consent/Release of Information form, once signed by the Client, authorizes Client data to be entered into the ServicePoint™ database and for the record to be opened for access to participating HMIS agencies. Agency shall record, in the database, all restrictions requested by the Client.
5. Agency shall not solicit or input information from Clients into the HMIS database unless it is essential to provide services to Clients meet HUD standards, and/or requirements or conduct authorized evaluation or research in connection with HMIS.
6. Agency shall ensure that all staff, volunteers, and other persons issued a user ID and password for ServicePoint™ receives information and training concerning the confidentiality of Client information and signs the User Confidentiality and Responsibility Policy Agreement in the form attached to this document as Attachment A
7. A signed copy of the User Confidentiality and Responsibility Policy Agreement shall be forwarded to the HMIS System Administrator, ICA, 1111 9<sup>TH</sup> Street, Suite 245, Des Moines, IA 50314 for the purposes of system administration.
8. Agency shall ensure compliance with ServicePoint™ user license agreements as well as user ID and password policies and procedures as set forth in the HMIS User Confidentiality and Responsibility Policy Agreement.
9. Agency understands that it is the custodian of its own agency-specific Client data and shall not be denied access to that Client data. As per the Iowa HMIS Policies and Procedures identifiable client records are owned by the client. Agency acknowledges that it does not own Client data entered by other Participating Program(s), even if Agency has entered into a Memorandum of Agreement (“MOA”) with the other Participating Program(s). In accessing Client data of other Participating Program(s), Agency shall be bound by all restrictions placed upon the data by the Client of the other Participating Program(s).



10. Agency shall obtain the appropriate Client Release of Information signed by its Client before sharing any specific and identifiable Client information with other Participating Program(s).

11. Agency shall keep signed copies of the Client Release of Information for a period of seven years.

12. If a Client withdraws consent for release of information, Agency shall ensure that the Client's information that has not already been released under the prior consent will be unavailable to any other Participating Program(s) from the date of withdrawal of consent forward.

## **V. HMIS Security**

1. ICA shall retain a System Administrator and at least one backup System Administrator for the purposes of:

- a. Overall system administration and maintenance
- b. Validating, establishing, and granting security clearances to participating agencies.
- c. Ensuring that security procedures are followed.
- d. Troubleshooting and technical assistance to agencies.
- e. Providing a single point of contact for agencies, HMIS contracted vendors, and the ServicePoint™ vendor.

2. Agency acknowledges and understands that the HMIS System Administrator will have access to identifiable Client data. Agency understands that the HMIS backup System Administrator(s) will have access to identifiable Client data in instances where the HMIS System Administrator is unavailable for an extended period of time.

3. A copy of any executed Coordinated Services Agreement between Agency and any other Participating Program(s) as it pertains to the sharing of data and/or security through the HMIS network must be provided to the HMIS System Administrator, ICA, 1111 9<sup>th</sup> Street, Suite 245, Des Moines, IA 50314, for the purpose of maintaining proper system security. Each Coordinated Services Agreement must contain language addressing coordinated user, security, and data sharing policies that are consistent with the HMIS Manual and in accordance with the ServicePoint™ User License Agreement.



4. Agency is obligated to ensure that within 24 hours of a change affecting Agency, the HMIS System Administrator has current and accurate data regarding the Agency Administrator and ServicePoint™ user information for Agency.

5. Agency is obligated, once identified, to rectify any violations of this agreement or the ServicePoint™ User License Agreement.

## **VI. Access to Data**

1. Agency's access to data on Clients it does not serve shall be limited to non-identifying and statistical data unless the sharing of identifiable Client data is allowable under an executed Coordinated Services Agreement that conforms with the terms of this Agreement.

2. Agency or ICA may make aggregate data pertaining to services for homeless persons available to other entities for funding or planning purposes. However, such aggregate data shall not directly identify individual.

3. If this Agreement is terminated; ICA and each other Participating Program shall maintain their respective rights to the use of all Client data previously entered by Agency, subject to any restrictions requested by the Client.

## **VII. Other Terms and Conditions**

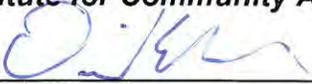
1. ICA shall not be liable to Agency for any cessation, delay, or interruption of any HMIS services, nor for any malfunction of HMIS hardware, software, or equipment.

2. This Agreement shall be in force until terminated in writing by either party. Without limiting the generality of the foregoing or the right of ICA to terminate this Agreement for any reason, ICA may terminate this Agreement if funding for HMIS or any part thereof becomes unavailable or is restricted.



**IN WITNESS WHEREOF, ICA** and Agency have executed this Agreement by their respective duly authorized representatives.

***Institute for Community Alliances***

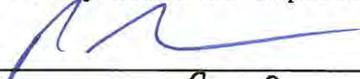
By:  Date 12-1-17

Printed Name: David Eberbach, Executive Director

Title or Capacity: \_\_\_\_\_

**AGENCY:**

***Story County*** Board of Supervisors

By:  Date 12/12/17

Printed Name: Rick Sanders

Title or Capacity: Chair, Board of Supervisors

NOTICE OF APPOINTMENT

PERSON APPOINTED: Michelle Cassabaum

BOARD COMMISSION OR COMMITTEE APPOINTED TO:

Compensation Board

LENGTH OF TERM: 4 years

(IS THIS APPOINTMENT TO FILL AN UNEXPIRED TERM? no

IF SO, WHO'S TERM? \_\_\_\_\_

WHO NEEDS TO BE NOTIFIED? Board of Supervisors

DATE APPOINTED: 12/12/2017

DATE OF TERM EXPIRED: 06/30/2021

~~APPROVED~~

DENIED

Board Member Initials: MS

Meeting Date: 12-12-17

Follow-up action: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NOTICE OF APPOINTMENT

PERSON APPOINTED: Steve McGill

BOARD COMMISSION OR COMMITTEE APPOINTED TO:

Compensation Board

LENGTH OF TERM: 2 years

(IS THIS APPOINTMENT TO FILL AN UNEXPIRED TERM? no

IF SO, WHO'S TERM? \_\_\_\_\_

WHO NEEDS TO BE NOTIFIED? Board of Supervisors

DATE APPOINTED: 12/12/2017

DATE OF TERM EXPIRED: 06/30/2019

**APPROVED**      **DENIED**  
Board Member Initials: MS  
Meeting Date: 12-12-17  
Follow-up action: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NOTICE OF APPOINTMENT

PERSON APPOINTED: Russell Bauer

BOARD COMMISSION OR COMMITTEE APPOINTED TO:  
Story County Veterans Affairs Commission

LENGTH OF TERM: 2 years

(IS THIS APPOINTMENT TO FILL AN UNEXPIRED TERM? yes

IF SO, WHO'S TERM? \_\_\_\_\_

WHO NEEDS TO BE NOTIFIED? Board of Supervisors

DATE APPOINTED: 12/12/2017

DATE OF TERM EXPIRED: 06/30/2019

APPROVED DENIED

Board Member Initials: RS

Meeting Date: 12-12-17

Follow-up action: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## CERTIFICATE OF COST ALLOCATION PLAN

This is to certify that I have reviewed the cost allocation plan submitted herewith and to the best of my knowledge and belief:

- (1) All costs included in this proposal based on the Fiscal Year ended June 30, 2017, to establish cost allocations or billings for use in FY 2019, are allowable in accordance with the requirements of 2 CFR 200 "Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards", and the Federal award(s) to which they apply. Unallowable costs have been adjusted for in allocating costs as indicated in the cost allocation plan.
  
- (2) All costs included in this proposal are properly allocable to Federal awards on the basis of a beneficial or causal relationship between the expenses incurred and the Federal awards to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. Similar types of costs have been accounted for consistently.

I declare that the foregoing is true and correct.

Governmental Unit: Story County

Signature: 

Printed Name of Official: Rick Sanders

Title: Chair, Board of Supervisors

Date of Execution: 12/12/17



December 1, 2017

Story County Facilities Management  
900 6th St  
Nevada, IA 50201

Dear Valued Customer:

Thank you for choosing Tyco SimplexGrinnell for the service and support of your fire and life safety systems. Your Tyco SimplexGrinnell Service Agreement will renew on January 1, 2018 with the following parameters:

Customer Number: #515227  
Contract Number: #713972  
Service Location: 900 6th St Nevada, IA 50201  
Systems Protected: Fire Alarm  
Coverage Level: Silver  
Term: 3 years  
Annual Price: \$2,182.34 (Excludes Tax)

Please sign and return a copy of this letter prior to the contract renewal date stated above to avoid lapse in coverage. SimplexGrinnell terms and conditions will apply.

PO# (if required) \_\_\_\_\_

Customer Signature:  \_\_\_\_\_

Please submit signed letter and/or PO using one of the methods listed below:

Mail: Johnson Controls, 4170 NW Urbandale Dr. Urbandale, IA 50322  
Fax: 515-278-0039  
E-mail: [kschlatter@simplexgrinnell.com](mailto:kschlatter@simplexgrinnell.com)

Thank you for your continued business. Please feel free to contact us with any questions at 515-229-6153.

Sincerely,

*Keaton Schlatter*

Tyco SimplexGrinnell

4170 NW Urbandale Dr. Urbandale, IA 50322

515-229-6153

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



December 1, 2017

Story County Facilities Mgmt ATTN: Justice Center  
900 6th St  
Nevada, IA 50201

Dear Valued Customer:

Thank you for choosing Tyco SimplexGrinnell for the service and support of your fire and life safety systems. Your Tyco SimplexGrinnell Service Agreement will renew on January 1, 2018 with the following parameters:

Customer Number: #515227  
Contract Number: #141655  
Service Location: 1315 S B Ave Nevada, IA 50201  
Systems Protected: Fire Alarm  
Coverage Level: Silver  
Term: 3 years  
Annual Price: \$1,341.66 (Excludes Tax)

Please sign and return a copy of this letter prior to the contract renewal date stated above to avoid lapse in coverage. SimplexGrinnell terms and conditions will apply.

PO# (if required) \_\_\_\_\_

Customer Signature:  \_\_\_\_\_

Please submit signed letter and/or PO using one of the methods listed below:

Mail: Johnson Controls, 4170 NW Urbandale Dr. Urbandale, IA 50322

Fax: 515-278-0039

E-mail: [kschlatter@simplexgrinnell.com](mailto:kschlatter@simplexgrinnell.com)

Thank you for your continued business. Please feel free to contact us with any questions at 515-229-6153.

Sincerely,

*Keaton Schlatter*

Tyco SimplexGrinnell

4170 NW Urbandale Dr. Urbandale, IA 50322

515-229-6153

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

# FACILITY RENTAL APPLICATION

Department of Recreation Services  
Iowa State University  
1180 State Gym, Ames IA 50011  
515-294-4980 (phone), 515-294-1412 (fax)



No. # \_\_\_\_\_

## RENTER/CUSTOMER INFORMATION: ORGANIZATION/ENTITY

Requesting Organization: Story County Sherriff's Department  
Contact Person: Connie Toresdahl E-Mail: CToresdahl@storycounty.com  
Phone: 515-382-7458 Cell Phone: \_\_\_\_\_ Fax: 515-382-7479  
Address: 1315 S B Ave. City: Nevada State: IA Zip: 50201

## EVENT INFORMATION

Name of Event: Story Co. Sherriff's Testing Type of Event: Fitness Test Expected Attendance: 75  
Facility/Field Space Requested: State Gym Upper running track and room 1218

Day(s) and Date(s)	Doors Open	Event Start	Event End	Doors Locked
Saturday, Jan. 20	N/A	8:00 AM	10 AM	N/A

Equipment, equipment set-up and/or services required of Recreation Services (describe fully, additional fees may apply): \_\_\_\_\_

Food and/or beverages to be served at event (describe fully): \_\_\_\_\_

*If there is a need for parking, please contact the Department of Public Safety Parking Division at 515-294-3388.*

**Please notify your initial Recreation Services contact if any changes in the original contract arrangements are necessary.**

## ESTIMATED CHARGES & FEES

Facility/Field Rental Fees: Fees waived.  
Personnel Charges: N/A  
Custodial Services (FP&M): N/A  
Incidental Charges: N/A  
ISU Admin. Service Fee: WAIVED: 3% of total estimated charges  
**Total Estimated Cost: \$0.00**



## FACILITY RENTAL CONTRACT ORGANIZATION/ENTITY

### DEPARTMENT OF RECREATION SERVICES

This Facility Rental Contract ("Agreement") is entered into by Iowa State University of Science and Technology, on behalf of its Department of Recreation Services ("ISU"), and the Organization identified on the Renter Information section on Page 1 of this Agreement ("Customer"). The Effective Date of this Agreement shall be the date on which ISU signs this Agreement.

**Please Read this Agreement Carefully.** It affects the rights and responsibilities of the Customer and its members who use the space, equipment and services contracted for under this Agreement.

### TERMS AND CONDITIONS – ISU RECREATION SERVICES FACILITY USE

In consideration of the mutual agreements of ISU and Customer, it is agreed that:

- 1. Permission to Use Space.** ISU grants Customer permission to use the space described on Page 1 under Event Information (the "Space"), any equipment and/or services also identified under Event Information (the "Equipment") during the period described on Page 1 under Event Information (the "Use Period").
- 2. Payment of Final Charges and Fees.** Customer agrees to pay all Final Charges and Fees associated with renting the Space and Equipment. The Estimated Charges and Fees appearing on Page 1 of this Agreement are an estimate and ISU agrees to notify Customer when the Final Charges and Fees differ from the Estimated Charges and Fees. Full Payment is due within thirty (30) days after Customer receives an invoice from ISU. Payment should be made payable to Iowa State University of Science and Technology and submitted to ISU Treasurer's Office, 1220 Beardshear Hall, Iowa State University, Ames, IA 50011-2044.). If payment is not made when due, see Paragraph 5 of the Terms and Conditions.
- 3. Inherent Risks and Health Insurance.** Customer understands all of the risks involved with the use of the Space and Equipment, including the risk of property damage and the risk of personal injury and agrees to assume those risks. In addition, Customer agrees to make their individual members or guests aware of these risks. ISU is not responsible for any accident or medical expenses incurred by Customer, Independent Contractors or Customer's volunteers, members or guests. Customer agrees to obtain from each individual member a signed Release of Liability Form, provide ISU a copy of said Liability Form(s) as requested and require each member using the Space be covered by a health insurance policy that is current and in effect during the member's use of the Space and Equipment.
- 4. Cancellation by Customer.** If Customer cancels this Agreement, Customer must provide ISU written Notice and a Cancellation Fee will be applicable. Any fee that Customer must pay as a result of cancellation ("Cancellation Fee") is set forth in Paragraph 12 of the Terms and Conditions. ISU shall notify Customer of the amount of any applicable Cancellation Fee within thirty days of receiving Customer's notice of cancellation. Client shall pay all Cancellation Fees within thirty (30) days of receiving the notice from ISU of the amount.
- 5. Use of Space.** Customer may use the Space only for the purpose described in this Agreement. Customer acknowledges that others may be using other areas of ISU's property during the Use Period. Customer shall not disrupt such use by others. ISU reserves the right to inspect the Space, access the Space to perform maintenance, enforce applicable laws, regulations, and policies and remove any person who is disruptive to ISU's operations or where ISU reasonably believes such person is acting in an unsafe manner or may cause or has caused harm to people,

the Space, or other property. Customer shall vacate the Space at the end of the Use Period or upon cancellation of this Agreement and leave the Space in as good condition as the Space was upon entry by Customer, reasonable wear and tear excepted. Except for reasonable wear and tear, Customer shall be responsible for any damage to or loss of ISU property caused by Customer or Customer's employees, agents, subcontractors or guests and for any excessive trash. Customer shall notify ISU immediately of any such damage or loss. ISU may repair or replace such damaged or lost ISU property and remove excessive trash. In such event, ISU shall provide Customer with an invoice for the costs incurred by ISU for such repair, replacement or removal and Customer shall pay such invoice within thirty (30) days of receipt.

6. **Compliance with Law and ISU Policies.** Customer shall comply with, and shall require its members, employees, agents, subcontractors and guests to comply with, all applicable laws, regulations, ordinances and ISU policies. ISU policies include, but are not limited to, the following prohibitions in ISU buildings and on ISU property: (a) smoking; (b) alcohol, unless prior written permission has been granted; (c) intoxicants, narcotics, and drugs; (d) firearms, weapons, ammunition, fireworks, explosives, and highly flammable materials; (e) gambling; and (f) solicitation. Motor vehicles of any type are prohibited from being driven on ISU sidewalks or outdoor green space areas. Illegally parked vehicles will be ticketed and subject to towing, without warning, at the owner's expense. Customer shall obtain the consent of ISU before bringing, or permitting its employees, agents, subcontractors or guests to bring, animals on ISU property and shall comply with ISU's Animals on Campus policy and other applicable policies. Prior consent is not required when the animal is assisting persons with disabilities.

When facility use involves an academic, athletic or recreational activity offered to youth participants under the age of eighteen, Customer must contract using the RECREATION YOUTH ACTIVITIES, PRECOLLEGIATE PROGRAMS/CAMPS FACILITY USE AGREEMENT.

7. **Customer Equipment and Property.** ISU shall not be responsible for loss or damage to property, material, or equipment belonging to Customer or its employees, agents, subcontractors or guests ("Customer Property"). Customer shall remove all Customer Property prior to the expiration of the Use Period or promptly upon termination or cancellation of this Agreement. ISU may remove and store any Customer Property that Customer fails to remove. Customer shall pay all expenses associated with such removal or storage.
8. **Decorations and Publicity.** All signs, banners, decorations, displays, and exhibits and the location of such items must have prior written approval from ISU. The parties to this agreement agree not to use the name or trademarks of the other party or the name of any of the other party's employees in publicity or advertising without the prior written consent of the other party. Customer may use ISU's name when providing the address of the location of Customer's event. Unless express written permission has been granted, Customer shall not represent or imply that it is affiliated with ISU or that Customer's event is endorsed or approved by ISU unless this is otherwise endorsed or affiliated with ISU through another agreement.
9. **Financial.** In consideration for the use of the Space and any equipment or services provided by ISU, Customer shall pay ISU the Charges and Fees set forth in this Agreement. ISU may also impose a finance charge computed at a periodic monthly rate of 1% per month on the balance or an annual percentage rate (APR) of 12% when computed from the billing date. The unpaid account may be referred for collection, and Customer agrees to pay all collection costs and reasonable attorneys' fees if ISU must take action to recover any past due amounts.
10. **Limitations of Liability and Indemnification.** The Space, equipment and services are provided "AS IS". Customer assumes all risk of loss, damage, and liability which Customer may sustain while using the Space and equipment. IN NO EVENT SHALL ISU BE LIABLE FOR ANY INCIDENTAL OR CONSEQUENTIAL DAMAGES. Customer shall INDEMNIFY AND

HOLD HARMLESS Iowa State University, the State of Iowa, and the Board of Regents, State of Iowa, and their officers, employees, and agents from and against all liability, claims, demands or causes of action (including claims by Customer's employees, agents and guests) arising from the acts or omissions of Customer or its employees, agents, subcontractors or guests or arising from Customer's Event, except those resulting from the negligence of any ISU employee or agent.

11. **Insurance.** Customer shall purchase and maintain, at Customer's own expense, and require its subcontractors who will be present on ISU property to carry, the insurance coverage listed below. Commercial General Liability and Excess Liability must include "Iowa State University"; "Board of Regents, State of Iowa"; and the "State of Iowa" as additional insureds. ISU reserves the right to increase the minimum limits if ISU determines additional types or limits of coverage are necessary. The insurance companies providing coverage must be of an acceptable financial rating as determined by ISU. All policies must be written on a primary basis, non-contributory with any other insurance and/or any self-insured funds. The policy must provide the following coverage and limits as a minimum:

**Commercial General Liability**

General Aggregate	\$2,000,000
Each Occurrence Limit	\$1,000,000
Damage to Rented Premises	\$ 300,000
Medical Payments (Any One Person)	\$ 5,000

**Excess/Umbrella Liability**

Policy must provide for \$1,000,000 per occurrence

**Automobile (applicable only when using vehicles on campus)**

\$1,000,000 single limit each accident to include hired, rented or non-owned vehicles.

**Workers' Compensation and Employer's Liability**

Statutory Limits of \$100,000/\$500,000/\$100,000. Must include a Waiver of Subrogation in favor of "Iowa State University"; "Board of Regents, State of Iowa"; and the "State of Iowa".

The certificate must also contain a clause stating that such insurance shall not be modified, reduced, canceled, or terminated without the insurer providing ISU with thirty days' prior written notice. The certificate must be submitted to the ISU Department of Recreation Services no later than ten (10) business days prior to the beginning of the Use Period. Customer is responsible for verifying that its subcontractors are carrying the required insurance.

ISU shall have the right to prohibit Customer from entering ISU property until ISU receives such certificates or other evidence that the required insurance has been obtained. If Customer or its subcontractors fail to carry the required insurance or if Customer fails to submit evidence of insurance coverage, ISU may, in its sole discretion: (i) cancel this Agreement as stated in the section on Cancellation or (ii) purchase the required insurance on Customer's behalf, and Customer shall reimburse ISU for the cost of such purchase.

## 12. Cancellation.

**Notice.** A party seeking to cancel this Agreement must send written notice to the other party of such intention.

**Customer Cancellation.** Customer may cancel this Agreement as indicated in Paragraph 5 of the Facility Rental Contract. The Cancellation Fee Schedule is as follows:

- \* 15-30 days prior to the contracted event date: 100% of all costs incurred by ISU in connection with the event.
- \* 0-14 days prior to the contracted event date: 50% of the contracted rental fees, and 100% of all costs incurred by ISU in connection with the event.

**ISU Cancellation.** ISU may cancel this Agreement for the following reasons:

Force Majeure. ISU may cancel this Agreement if its performance of any obligation under this Agreement is prevented or delayed by causes beyond its reasonable control, such as fire, strikes or labor disputes, floods, inclement weather, acts of God, war, terrorism, civil disturbances, or energy shortages. ISU's failure to perform or delayed performance for such reasons shall not be deemed a breach of this Agreement.

For Cause. ISU may cancel this Agreement immediately upon written notice to Customer if: (a); (b) Customer fails to carry the required insurance or submit evidence of insurance coverage as required by this Agreement; or (c) if Customer or Customer's employees, agents, subcontractors or guests (i) disrupt ISU's operations or other's use of other ISU property, (ii) act in a manner ISU reasonably believes to be unsafe or that may cause or has caused harm to persons, the Space, or other property, or (iii) violate applicable laws, regulations, or ISU policies. ISU may also cancel if Customer fails to cure any other material breach of this Agreement within ten days of receiving written notice of such breach from ISU. The foregoing shall be in addition to any other remedies to which ISU is entitled.

For Convenience. ISU may cancel this Agreement upon fifteen (15) days' written notice to Customer.

## 13. Miscellaneous.

**Entire Agreement.** The entire Facility Rental Contract between the parties includes the Facility Rental Application, the Facility Rental Agreement, the Terms and Conditions and any attachments and supersedes all prior agreements, whether written, oral, or implied. All mentioned documents are incorporated into this Agreement by reference.

**Terms and Conditions.** Customer, on behalf of itself, its subcontractors and its members/guests, agrees to comply with the Recreation Services Facility Use Terms and Conditions as incorporated into this Agreement.

**Authorized Signature.** The person signing this Agreement is authorized by Customer to enter into contracts on behalf of Customer.

This Agreement shall not be changed, modified, altered, or amended in any respect without the mutual consent of the parties. The parties' rights and obligations in this Agreement that, by their nature, would continue beyond the cancellation or expiration of this Agreement shall survive such cancellation or expiration. This Agreement shall be construed in accordance with the laws of the State of Iowa, and any litigation or actions commenced in connection with this Agreement shall be instituted in an appropriate court in the State of Iowa.



Closure No. 18-23

Date 12/7/2017

### Resolution

**BE IT RESOLVED**

by the Board of Supervisors of Story County, Iowa, to approve the road closure(s) for the purpose of Bridge Repair in Palestine Twp. Sec 13,24 on 310th St. from Huxley City Limits to 560th Ave.

Motion by: Olson Seconded by: Chitty

Olson	<input checked="" type="checkbox"/> Aye	Sanders	<input checked="" type="checkbox"/> Aye	Chitty	<input checked="" type="checkbox"/> Aye
	<input type="checkbox"/> Nay		<input type="checkbox"/> Nay		<input type="checkbox"/> Nay
	<input type="checkbox"/> Absent		<input type="checkbox"/> Absent		<input type="checkbox"/> Absent

  
\_\_\_\_\_

Story County Board of Supervisors

1-09

Permit Number 18-043

STORY COUNTY UTILITY PERMIT

Date 12/5/17

To the Board of Supervisors, Story County, Iowa:

The Windstream Iowa Communications, LLC Company, incorporated under the laws of authorize to do business within the State of Iowa, with its principal place of business at Little Rock, AR, does hereby make application requesting permission to occupy certain portions of public right-of-way and that the County Engineer be directed to establish the location of lines of transmission of BFCR6x22 on secondary route 65847 220th ST, from 65847 220th ST to place 580 FT, a distance of 0.109 miles. (w/o# 713379082-00041 / OSP-7640)

Agreements: The utility company, corporation, applicant, permittee, or licensee, (hereinafter referred to as the permittee) agrees that the following stipulations shall govern under this permit.

1. The Permittee will file a plat setting out the location of proposed line on the secondary route and that the description of the proposed installation including type, height, and spacing of poles, maximum voltage, lengths of cross arms, minimum clearance and number of wires, type, size and capacity of underground cables, conduits, tile lines, and pipe lines, maximum working pressures for pipe lines carrying gas or flammable petroleum products are described as follows:
2. The installation shall meet the requirements of county, state, and federal laws, franchise rules, and of the Iowa State Commerce Commission Regulations and Directives, Utilities Division, the Iowa State Department of Health, and any other laws or regulations applicable.
3. The Permittee shall be fully responsible for any future adjustments of its facilities within the established highway right-of-way caused by highway construction or maintenance operations.
4. Story County assumes no responsibility for damages to the Permittee's property occasioned by any construction or maintenance operations on said highways.
5. The Permittee shall take all reasonable precautions during the construction and maintenance of said installation to protect and safeguard the lives and property of the traveling public and adjacent property owners.
6. The Permittee, and its contractors, shall carry on the construction or repair of the accommodated utility with serious regard to the safety of the public. Traffic protection shall be in accordance with Part VI of the current Iowa Department of Transportation Manual on Uniform Control Devices for Streets and Highways.
7. The Permittee shall be responsible for any damage resulting to said highways because of the construction operation, or maintenance of said utility, and shall reimburse Story County for any expenditure the County may have to make on said highways because of said permittee's utility having been constructed, operated, and maintained thereon.
8. The Permittee shall indemnify and save harmless Story County from any and all causes of action, suits at law or in equity, or losses, damages, claims, or demands, and from any and all

liability and expense of whatsoever nature for, on account of or due to the acts or omissions of said Permittee's officers, members, agents, representatives, contractors, employees or assigns arising out of or in connection with its (or their) use or occupancy of the public highway under this permit.

9. Noncompliance with any of the terms of permit, or agreement, may be considered cause for shut down of utility construction operations, or revocation of the permit.

10. The following special requirements, if applicable, shall apply to this permit:

Whenever the route of the proposed cable line runs along a paved secondary highway, the location of said cable shall be constructed on top of the road shoulder so as to be within approximately two-feet of the pavement edge.

Whenever the route of the proposed cable line runs along a dirt or gravel surfaced highway, the location of said cable shall be constructed on top of the road surface and as near possible to the shoulder line

Whenever a cross road culvert or bridge is encountered along the route of the proposed cable lines, said cable shall be constructed around the ends of said cross road culvert or bridge even though this looping is not designated on the situation plans attached hereto.

The crossing of the cable line from one side of the highway to the other shall be accomplished at a near right angle rather than diagonally so as to disturb the roadbed of the traveled way as little as possible.

Whenever the route of the proposed cable line is to cross a paved highway, such crossing shall be in a bored hole rather than open cut trench.

Date 12/01/2017

Windstream Iowa Communications, LLC

Name of Company (Applicant - Permittee)



by Michelle York - Coordinator

501-748-4645

Phone no.

Recommended for Approval:

Date 12-4-17



County Engineer

515-382-7355

Phone no.

Approved:

Date 12/12/17



Chair, Board of Supervisors  
Story County, Iowa

Three (3) copies of this form will be required for each installation. A plat shall be attached to each copy submitted.

HIGHWAY AND TRANSPORTATION MAP

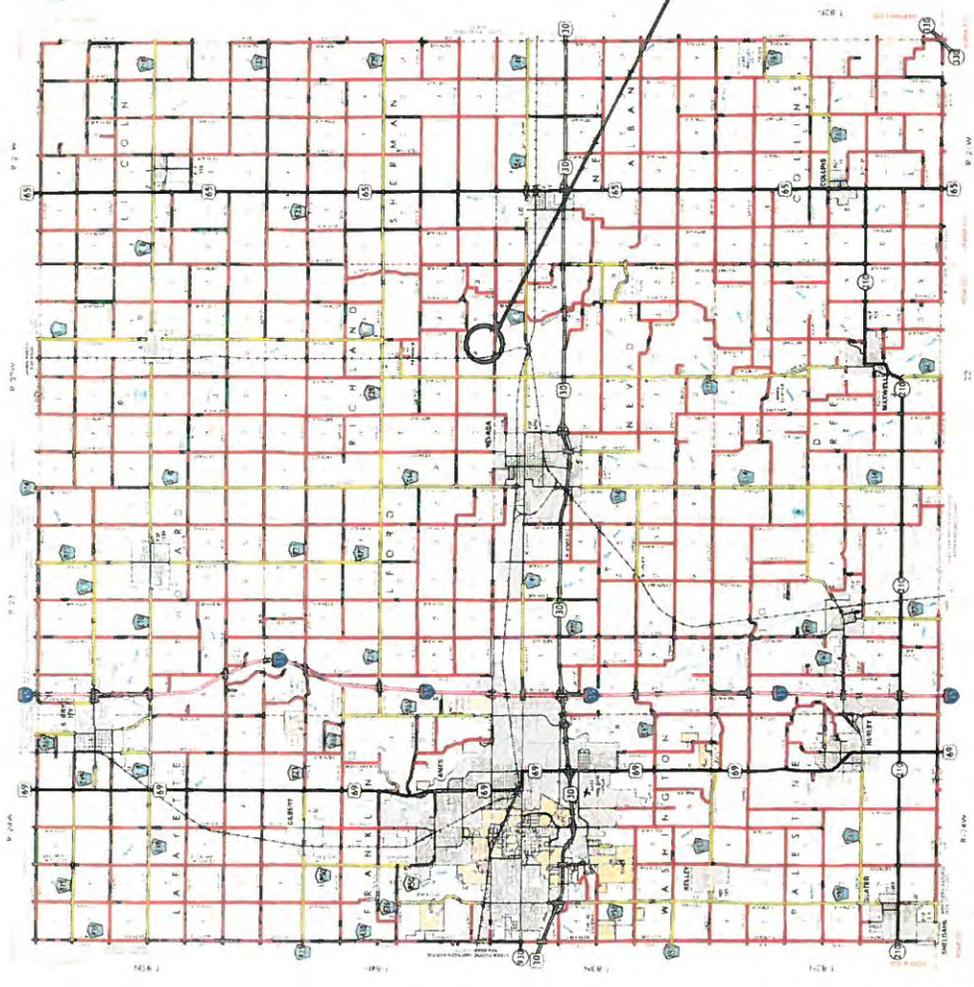
**STORY COUNTY**  
**IOWA**



United States  
Department of Transportation  
JANUARY 1, 2017

Legend for symbols and line styles:

- 1. STATE HIGHWAY
- 2. COUNTY ROAD
- 3. LOCAL ROAD
- 4. AIRPORT
- 5. FERRY
- 6. RAILROAD
- 7. CANAL
- 8. TUNNEL
- 9. BRIDGE
- 10. OVERPASS
- 11. UNDERPASS
- 12. TRUCK ROUTE
- 13. BUS ROUTE
- 14. BIKEWAY
- 15. FUTURE PROJECT
- 16. TRUCK ROUTE
- 17. BUS ROUTE
- 18. BIKEWAY
- 19. FUTURE PROJECT



WORK AREA  
713379002-00041







# CERTIFICATE OF LIABILITY INSURANCE

7/17/2018

DATE (MM/DD/YYYY)

6/30/2017

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

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

<b>PRODUCER</b> Lockton Companies 444 W. 47th Street, Suite 900 Kansas City MO 64112-1906 (816) 960-9000	<b>CONTACT NAME:</b> _____	
	<b>PHONE (A/C, No, Ext):</b> _____	<b>FAX (A/C, No):</b> _____
<b>E-MAIL ADDRESS:</b> _____		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A : ACE American Insurance Company</b>		22667
<b>INSURER B : Indemnity Insurance Co of North America</b>		43575
<b>INSURER C : ACE Property &amp; Casualty Insurance Co</b>		20699
<b>INSURER D : ACE Fire Underwriters Insurance Company</b>		20702
<b>INSURER E : Agri General Insurance Company</b>		42757
<b>INSURER F :</b>		

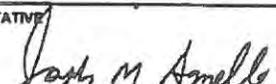
**INSURED**  
 1077457 WINDSTREAM SERVICES, LLC  
 4001 RODNEY PARHAM ROAD  
 LITTLE ROCK AR 72212-2442

**COVERAGES WINC007 CERTIFICATE NUMBER: 10969212 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	ADOL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> 2MIL AGG PER LOC <input checked="" type="checkbox"/> 2MIL AGG PER PROJECT GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: _____	N	N	HDOG2786871A	7/17/2017	7/17/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 10,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY	N	N	ISAH09061381	7/17/2017	7/17/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 4,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	N	N	XOOG2813480002	7/17/2017	7/17/2018	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$ XXXXXXXX
A E D B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	N/A	WLRC64413995(AZ,CA,MA) WLRC64414008(TN) SCFC64414021(WI) WLRC64413983(AOS)	7/17/2017 7/17/2017 7/17/2017 7/17/2017	7/17/2018 7/17/2018 7/17/2018 7/17/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

<b>CERTIFICATE HOLDER</b> 10969212 STORY COUNTY ENGINEER 837 N AVE NEVADA IA 50201	<b>CANCELLATION **</b> 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 
--	---

11101 Anderson Drive, Suite 100  
Little Rock, AR 72212



December 1, 2017

Darren Moon - County Engineer  
Story County Iowa - Secondary Roads Dept.  
837 N Avenue  
Nevada, IA 50201

Dear Mr. Moon:

Windstream Iowa Communications, LLC; Is proposing to expose and loop existing cable into a new pedestal. Then place a 580 FT BFCR6x22 in provided conduit.

Enclosed are the following documents for review:

- Permit Application
- Certificate of Insurance
- Design Prints

Once approved, please send the permit approval to [Michelle.York@Windstream.com](mailto:Michelle.York@Windstream.com) or to the return address listed above.

Your cooperation concerning this permit application will be greatly appreciated. The project engineer is James Wiand, who can be reached at 641-787-2270. If you need any additional assistance, I can be reached at (501) 748-4645 or email at [Michelle.York@windstream.com](mailto:Michelle.York@windstream.com).

Sincerely,

A handwritten signature in black ink that reads "Myork".

Michelle York - Engineering Coordinator  
Outside Plant Engineering Support

(713379082-00041 / OSP-7340)

## STORY COUNTY UTILITY PERMIT

Date Dec 6, 2017

To the Board of Supervisors, Story County, Iowa:

The Colo Telephone Company Company, incorporated under the laws of Iowa, authorize to do business within the State of Iowa, with its principal place of business at 303 Main Street, Colo Iowa 50056, does hereby make application requesting permission to occupy certain portions of public right-of-way and that the County Engineer be directed to establish the location of lines of transmission of Buried Fiber Optics Cable on secondary route Lincoln Hwy, from Pedestal between 66126 & 66044 Lincoln HWY in south ROW to aproxiamately 750 feet west on south shoulder just west of drive at 65920 a distance of 1/16th of a mile miles.

Agreements: The utility company, corporation, applicant, permittee, or licensee, (hereinafter referred to as the permittee) agrees that the following stipulations shall govern under this permit.

1. The Permittee will file a plat setting out the location of proposed line on the secondary route and that the description of the proposed installation including type, height, and spacing of poles, maximum voltage, lengths of cross arms, minimum clearance and number of wires, type, size and capacity of underground cables, conduits, tile lines, and pipe lines, maximum working pressures for pipe lines carrying gas or flammable petroleum products are described as follows:
2. The installation shall meet the requirements of county, state, and federal laws, franchise rules, and of the Iowa State Commerce Commission Regulations and Directives, Utilities Division, the Iowa State Department of Health, and any other laws or regulations applicable.
3. The Permittee shall be fully responsible for any future adjustments of its facilities within the established highway right-of-way caused by highway construction or maintenance operations.
4. Story County assumes no responsibility for damages to the Permittee's property occasioned by any construction or maintenance operations on said highways.
5. The Permittee shall take all reasonable precautions during the construction and maintenance of said installation to protect and safeguard the lives and property of the traveling public and adjacent property owners.
6. The Permittee, and its contractors, shall carry on the construction or repair of the accommodated utility with serious regard to the safety of the public. Traffic protection shall be in accordance with Part VI of the current Iowa Department of Transportation Manual on Uniform Control Devices for Streets and Highways.
7. The Permittee shall be responsible for any damage resulting to said highways because of the construction operation, or maintenance of said utility, and shall reimburse Story County for any expenditure the County may have to make on said highways because of said permittee's utility having been constructed, operated, and maintained thereon.
8. The Permittee shall indemnify and save harmless Story County from any and all causes of action, suits at law or in equity, or losses, damages, claims, or demands, and from any and all

liability and expense of whatsoever nature for, on account of or due to the acts or omissions of said Permittee's officers, members, agents, representatives, contractors, employees or assigns arising out of or in connection with its (or their) use or occupancy of the public highway under this permit.

9. Noncompliance with any of the terms of permit, or agreement, may be considered cause for shut down of utility construction operations, or revocation of the permit.

10. The following special requirements, if applicable, shall apply to this permit:

Whenever the route of the proposed cable line runs along a paved secondary highway, the location of said cable shall be constructed on top of the road shoulder so as to be within approximately two-feet of the pavement edge.

Whenever the route of the proposed cable line runs along a dirt or gravel surfaced highway, the location of said cable shall be constructed on top of the road surface and as near possible to the shoulder line

Whenever a cross road culvert or bridge is encountered along the route of the proposed cable lines, said cable shall be constructed around the ends of said cross road culvert or bridge even though this looping is not designated on the situation plans attached hereto.

The crossing of the cable line from one side of the highway to the other shall be accomplished at a near right angle rather than diagonally so as to disturb the roadbed of the traveled way as little as possible.

Whenever the route of the proposed cable line is to cross a paved highway, such crossing shall be in a bored hole rather than open cut trench.

Date December 6, 2017

Colo Telephone Company  
Name of Company (Applicant - Permittee)

by Larry W. Springer Phone no. \_\_\_\_\_

Recommended for Approval:

Date 12-8-17

Darren Mann 515-382-7355  
County Engineer Phone no.

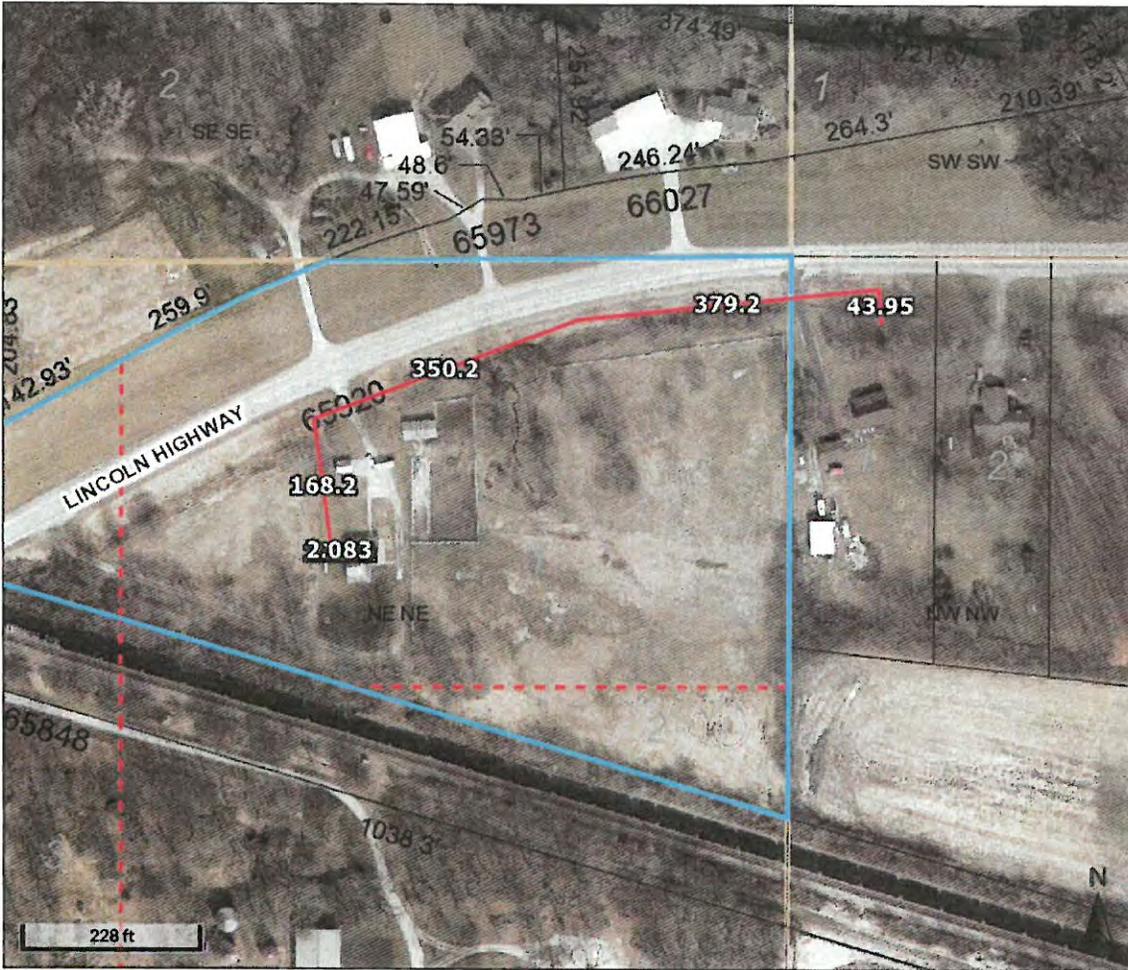
Approved:

Date 12/12/17

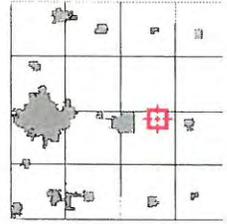
[Signature]  
Chair, Board of Supervisors  
Story County, Iowa

Three (3) copies of this form will be required for each installation. A plat shall be attached to each copy submitted.





**Overview**



**Legend**

- Parcels
- Lots
- Townships
- Sections
- Quarter Quarters
- Corporate Limits
- Road Centerlines

<b>Parcel ID</b>	1110200230	<b>Alternate ID</b>	1110200230	<b>Owner Address</b>	CUMMINS, EMILY J
<b>Sec/Twp/Rng</b>	10-83-22	<b>Class</b>	R - Residential		65920 LINCOLN HIGHWAY
<b>Property Address</b>	65920 LINCOLN HIGHWAY NEVADA	<b>Acreage</b>	8.63		NEVADA IA 50201-7718
<b>District</b>	58085 - NEVADA TWP/NEVADA SCH				
<b>Brief Tax Description</b>	SECTION:10 TOWNSHIP:83 RANGE:22 NE NE LS 1 & 2 & L 3 N OF RY EX RY& EX HY& EX PT OF LS 1,3 N OF HY (Note: Not to be used on legal documents)				

**Concerning Assessment Parcels and Platted Lots Within the City of Ames Jurisdiction:**

The solid parcel boundary lines represent the legal description as recorded and are not necessarily the official platted lot lines. Dashed lines are official platted lots. If a parcel contains dashed lines, please contact the Ames Planning & Housing Department (515-239-5400) to determine which lines can be recognized for building permit or zoning purposes. If you have questions regarding the legal description or parcel measurements, please contact the Story County Auditor's office (515-382-7210).

Date created: 12/6/2017  
Last Data Uploaded: 12/5/2017 11:29:55 PM

# Story County Password Policy

## 1. Overview

All employees and personnel that have access to organizational computer systems must adhere to the password policies defined below in order to protect the security of the network, protect data integrity, and protect computer systems.

## 2. Purpose

This policy is designed to protect the organizational resources on the network by requiring strong passwords along with protection of these passwords, and establishing a minimum time between changes to passwords.

## 3. Scope

This policy is a supplement to the Acceptable Use policy and applies to all personnel who have any form of computer account requiring a password on the Story County network including but not limited to a domain account and e-mail account.

## 4. Password Protection

1. Never affix written password notes on any visible work area such as keyboard, monitor, desktop, drawer, etc.
2. Never send a password through email.
3. Never include a password in a non-encrypted stored document.
4. Never tell anyone your password or reveal your password over the telephone (except when IT staff requires it to resolve an issue. Users should immediately change their password after the work is complete).
5. Never hint at the format of your password.
6. Never reveal or hint at your password on a form on the internet.
7. Never use the "Remember Password" feature of application programs such as Internet Explorer, your email program, or any other program.
8. Never use your corporate or network password on an account over the internet that does not have a secure login where the web browser address starts with <http://> rather than <https://>. The "s" signifying a secure site.
9. Report any suspicion of your password being broken to your IT department.
10. If anyone asks for your password, refer him or her to your IT department.
11. Do not use common acronyms as part of your password.
12. Do not use common words or reverse spelling of words in part of your password.
13. Do not use names of people or places as part of your password.
14. Do not use part of your login name in your password.
15. Do not use parts of numbers easily remembered such as phone numbers, social security numbers, or street addresses.
16. Be careful about letting someone see you type your password.

## 5. Password Requirements (subject to change)

Those setting password requirements must remember that making the password rules too difficult may actually decrease security if users decide the rules are impossible or too difficult to

meet. If passwords are changed too often, users may tend to write them down or make their password a variant of an old password that an attacker with the old password could guess. The following password requirements will be set by the IT department:

1. Minimum Length - 8 characters recommended
2. Maximum Length - 14 characters suggested
3. Minimum complexity - No dictionary words included. Passwords should use three of four of the following four types of characters:
  1. Lowercase
  2. Uppercase
  3. Numbers
  4. Special characters such as: !@#%&^\*(){}[] (cannot be a starting character)
4. Passwords are case sensitive and the user name or login ID is not case sensitive.
5. Password history - Require a number of unique passwords before an old password may be reused. This number should be no less than 10.
6. Maximum password age - 60 days
7. Account lockout threshold - 5 failed login attempts
8. Reset account lockout after - The time it takes between bad login attempts before the count of bad login attempts is cleared. The recommended value is 20 minutes. This means if there are three bad attempts in 20 minutes, the account would be locked. AS-400 systems will become disabled and require contact with IT to unlock.
9. Account lockout duration: the account lockout should be 20 minutes.
10. Password protected screen savers should be enabled and should protect the computer within 10 minutes of user inactivity. Computers should not be unattended with the user logged on and no password protected screen saver active. Users should be in the habit of not leaving their computers unlocked. They can press the CTRL-ALT-DEL keys and select "Lock Computer".

## **6. Choosing Passwords**

Users should form passwords following the guidelines in section 5.0. Users may reference password choosing articles located on the IT County intranet page when choosing a password.

## **7. Other Considerations**

Administrator passwords should be protected very carefully. Administrator accounts should have the minimum access to perform their function. Administrator accounts should not be shared.

## **8. Non-Compliance**

Because password security is critical to the security of the organization and everyone, employees that do not adhere to this policy may be subject to disciplinary action up to and including dismissal.

## **9. Related Standards, Policies and Processes**

€ Acceptable Use Policy

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Confidential due to security risk.

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## 9. Related Standards, Policies and Processes

€ Acceptable Use Policy

10. Review and Revision History

Date of Change	Responsible Party	Summary of Change

**APPROVED**      **DENIED**  
Board Member Initials: RS  
Meeting Date: 12-12-17  
Follow-up action: 7 day review

**LEASE - BUSINESS PROPERTY - SHORT FORM**  
**THE IOWA STATE BAR ASSOCIATION**  
Official Form No. 165  
**Recorder's Cover Sheet**

**Preparer Information:** (name, address and phone number)  
Jessica A. Reynolds, 126 S. Kellogg, Ames, IA 50010, Phone: (515) 232-4185

**Return Document To:** (name and complete address)  
126 S. Kellogg  
Ames, Iowa 50015

**Grantors:**  
Mary Greeley Medical Center

**Grantees:**  
Story County, Iowa

**Legal Description:** See Page 2

**Pages:** Nine (9) including this page

**Official Board Action date:** \_\_ / \_\_ / \_\_

**Reference Number:** \_\_\_\_\_

## BUSINESS PROPERTY LEASE

THIS LEASE, made and entered into this \_\_\_ day of \_\_\_\_\_, 2017, by and between Story County, Iowa, authorized under the laws of the State of Iowa, ("Landlord"), whose address, for the purpose of this lease, is 900 6th Street, Nevada, Iowa, 50201, and Mary Greeley Medical Center, ("Tenant"), whose address for the purpose of this lease is 1111 Duff Avenue, Ames, Iowa, 50010.

The parties agree as follows.

### 1. PREMISES AND TERM.

Landlord leases to Tenant the following real estate, situated in Story County, Iowa described as a building property owned by Story County, Iowa and situated in Story County Iowa:

- (a) The residential care facility building located at 124 S. Hazel Avenue, Ames, Iowa 50010.

Together with all improvements thereon, and all rights, easements and appurtenances thereto belonging, for a term beginning on the 1st day of July, 2018, and ending on the 30<sup>th</sup> day of June, 2020 upon the condition that Tenant performs as provided in this lease. The lease may be renewed by the parties for additional one (1) year terms either by signing a new lease or by signing an addendum (subject to the conditions in section two (2)). This lease shall not automatically renew.

### 2. RENT.

Tenant agrees to pay Landlord as rent **\$1.00 per year** for the property in a single unapportioned lump sum payment, on or before the 1st day of July, 2018. Rent for any partial month shall be prorated as additional rent. Rent beyond the initial term of this lease will be negotiated at the current fair market rate. All rent payments are to be made payable to Story County Iowa, 900 6<sup>th</sup> Street, Nevada, IA 50201, and delivered to Story County Iowa, 900 6<sup>th</sup> Street, Nevada, IA 50201 or at such other place as Landlord may designate in writing. Delinquent payments shall draw interest at **5%** per annum.

### 3. SECURITY DEPOSIT.

No security deposit for the property is required by the Landlord.

#### 4. POSSESSION.

Tenant shall be entitled to possession on the first day of the lease term, and shall yield possession to Landlord at the termination of this lease. SHOULD LANDLORD BE UNABLE TO GIVE POSSESSION ON SAID DATE, TENANT'S ONLY DAMAGES SHALL BE A PRO RATA ABATEMENT OF RENT.

#### 5. USE.

It is the understanding of the parties that the intended use of the property is for Mary Greeley Medical Center's crisis stabilization and transitional living services. Mary Greeley Medical Center shall use the premises only for this business purpose.

#### 6. CARE AND MAINTENANCE.

Landlord and Tenant agree to the following.

##### **Landlord responsibilities:**

- (a) Landlord shall keep the following in good repair: roof, sewer, plumbing, heating, wiring, air conditioning. Landlord shall have reasonable access to the building in all areas at all times in order to inspect, repair, install building mechanical and structural components. **Monthly safety inspections will normally occur on the afternoon shift – 4:00 p.m. to 12:30 a.m. Monday through Friday.** Landlord shall not be liable for failure to make any repairs or replacements or alterations unless Landlord fails to do so within a reasonable period of time after written notice from Tenant.

##### **Tenant responsibilities:**

- (b) Tenant accepts the premises as is, except as herein provided.
- (c) Tenant shall maintain the premises in a reasonable safe, serviceable, clean and presentable condition, and except for the repairs and replacements provided to be made by Landlord in subparagraph (b) above, shall make all repairs, replacements and improvements to the premises, INCLUDING ALL CHANGES, ALTERATIONS OR ADDITIONS ORDERED BY ANY LAWFULLY CONSTITUTED GOVERNMENT AUTHORITY DIRECTLY RELATED TO TENANT'S USE OF THE PREMISES.

- (d) Tenant shall make no structural changes or alterations to the building or its contents without the prior written consent of Landlord.
  - (e) Tenant shall contact the Landlord immediately upon notice of any of the following:
    - (1) for any ceiling water leak, service water or plumbing leak;
    - (2) for loss of electricity;
    - (3) for loss of heat or air conditioning;
    - (4) broken glass including building light fixtures;
    - (5) doors/windows that do not open/close or lock.
  - (f) Tenant shall maintain all outside public areas, lawns, sidewalks, driveways, and parking areas including snow removal.
- 

The following 24 hour emergency number shall be used and kept available for Mary Greeley Medical Center personnel at all four building locations:

**Facilities Management Emergency Number**

**(515)460-4901**

Examples of an emergency include: fire, water leaks, unsecured doors/buildings, and broken windows. Our office is open 7:30 am – 4:00 pm, Monday – Friday. During those hours, you may call our main number at: (515)382-7400. If there is no answer, please call the on-call cell phone number (in red, above).

Work orders for everyday occurrences, such as a light out, plugged stool, etc., shall be emailed to: [FMWorkOrders@storycounty.com](mailto:FMWorkOrders@storycounty.com).

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**7. MECHANICS' LIENS AND NOTICE TO SOLICITORS.**

Neither Tenant, nor anyone claiming by, through, or under Tenant, shall have the right to file any mechanic's lien against the premises. Mechanic' liens against public property are barred by Iowa Code Section 626.109. Tenant shall not perform any improvement/work to the four properties or hire contractors and subcontractors who may furnish, or agree to furnish, any material, service or labor for any improvement/work on the premises. Should Tenant be approached by solicitors, Tenant is to immediately notify Landlord and inform solicitors that only Landlord may authorize and perform improvements.

## **8. UTILITIES AND SERVICES.**

Tenant shall pay for the following listed utilities: water, electric, gas, sewer and trash services. The listed utilities will be in the Tenant's name. Landlord shall not be liable for damages for failure to perform as herein provided arising from causes beyond the control of Landlord, provided Landlord uses reasonable diligence to resume such services.

## **9. SURRENDER.**

Upon the termination of this lease, Tenant will surrender the premises to Landlord in good and clean condition, except for ordinary wear and tear or damage without fault or liability of Tenant. Continued possession, beyond the term of this Lease without a written lease or written amendment along with the acceptance of rent by Landlord shall constitute a month-to-month extension of this lease. The landlord may refuse to accept month-to-month payment beyond the lease term without a signed written amendment or new signed lease.

## **10. ASSIGNMENT AND SUBLETTING.**

No assignment or subletting, either voluntary or by operation of law, shall be effective without the prior written consent of Landlord, which consent shall not unreasonably be withheld.

## **11. INSURANCE.**

Landlord and Tenant agree to the following.

- (a) **Property insurance.** Landlord and Tenant agree to insure their respective real and personal property for the full insurable value. Such insurance shall cover losses included in the special form causes of loss (formerly all risks coverage). To the extent permitted by their policies the Landlord and Tenant waive all rights of recovery against each other.
- (b) **Liability insurance.** Tenant shall obtain commercial general liability insurance in the amounts of \$1,000,000.00 each occurrence and \$5,000,000.00 annual aggregate per each of the four building locations. This policy shall include an endorsement listing Story County Iowa as an additional insured. The Tenant will provide a copy of the policy declarations to the Landlord yearly upon request.

## **12. LIABILITY FOR DAMAGE.**

Each party shall be liable to the other for all damage caused to the other's property due to the negligence, reckless or intentionally acts caused by that party

(or their agents, employees or invitees), except to the extent the loss is insured and subrogation is waived under the owner's policy.

### **13. INDEMNITY.**

Except for negligence of Landlord or Landlord's agents, Tenant will protect, defend, and indemnify Landlord from and against any and all loss, costs, damage and expenses occasioned by, or arising out of, any accident or other occurrence causing or inflicting injury or damage to any person or property, happening or done in, upon or about the four premises, or due directly or indirectly to the tenancy, use or occupancy thereof, or any part thereof by Tenant or any person claiming through or under Tenant.

### **14. DAMAGE.**

In the event of damage to the premises so that Tenant is unable to conduct business on the premises, this lease may be terminated at the option of either party. Such termination shall be effected by written notice of one party to the other and delivered registered or certified mail to the designated address found in paragraph 17 of this agreement. Thirty (30) days after such notice, the parties shall be released from all obligations under this agreement for the remainder of the lease term. This paragraph is not intended as, and does not operate as, a release for any delinquent rent owing by Tenant or liability for damages owing to either Tenant or Landlord occurring before the notice.

### **15. DEFAULT, NOTICE OF DEFAULT AND REMEDIES.**

Landlord and Tenant agree to the following.

#### **Events constituting default by tenant:**

Each of the following shall constitute an event of default by Tenant.

- (a) Failure to pay rent when due;
- (b) Failure to observe or perform any duties, obligations, agreements, or conditions imposed on Tenant pursuant to the terms of the lease;
- (c) Abandonment of the premises. "Abandonment" means the Tenant has failed to engage in its usual and customary business activities on the premises for more than fifteen (15) consecutive business days; and
- (d) Institution of voluntary bankruptcy proceedings by Tenant; institution of involuntary bankruptcy proceedings in which the Tenant thereafter is adjudged a bankruptcy; assignment for the benefit of creditors of the

interest of Tenant under this lease agreement; appointment of a receiver for the property or affairs of Tenant, where the receivership is not vacated within ten (10) days after the appointment of the receiver.

**Notice of default:**

Landlord shall give Tenant a written notice specifying the default and giving the Tenant ten (10) days in which to correct the default. If there is a default (other than for nonpayment of a monetary obligation of Tenant, (including rent) that cannot be remedied in ten (10) days by diligent efforts, the Tenant shall propose an additional period of time (in writing) in which to remedy the default. Consent to additional time shall not be unreasonably withheld by Landlord. Landlord shall not be required to give Tenant any more than three notices for the same default within any one year (365 day) lease period.

**Remedies:**

In the event Tenant has not remedied a default as required by this agreement and assuming proper notice has been given, Landlord may proceed with all available remedies at law or in equity, including but not limited to termination of the lease. In the event of termination of this lease, Landlord shall be entitled to pursue all legal means available to recover possession of the premises. Landlord shall also be entitled to pursue and obtain money judgment against Tenant for the balance of rent agreed to be paid for the lease term, for any damages to the premises plus all expenses of landlord in enforcing these remedies and reletting the premises, including reasonable attorney's fees and court costs.

**16. RIGHT TO ADVERTISE.**

Landlord, during the last 90 days of this lease, unless the parties to this lease have agreed to renew the lease, shall have the right to maintain on the premises either or both a "For Rent" or "For Sale" signs. Tenant will permit prospective tenants or buyers to enter and examine the premises.

**17. LEGAL NOTICES AND DEMANDS.**

All legal or other notices and demands required by this agreement to be in writing shall be delivered to the parties hereto at the addresses designated in this paragraph unless either party notifies the other, in writing, of a different address. Without prejudice to any other method of notifying a party in writing or making a demand or other communication, such notice shall be considered given under

the terms of this lease when it is deposited in the U.S. Mail, registered or certified, properly addressed, return receipt requested, and postage prepaid. The address of Landlord is:

**Story County Iowa, 900 6<sup>th</sup> Street, Nevada, IA 50201**

The address of the Tenant is:

**Mary Greeley Medical Center, 1111 Duff Avenue, Ames, Iowa 50010**

#### **18. PROVISIONS BINDING.**

Each and every covenant and agreement herein contained shall extend to and be binding upon the respective successors, heirs, administrators, executors and assigns of the parties hereto.

#### **19. CERTIFICATION.**

Tenant certifies that it is not acting, directly or indirectly, for or on behalf of any person, group, entity or nation named by any Executive Order or the United States Treasury Department as a terrorist, "Specially Designated National and Blocked Person" or any other banned or blocked person, entity, nation or transaction pursuant to any law, order, rule or regulation that is enforced or administered by the Office of Foreign Assets Control; and it is not engaged in this transaction, directly or indirectly on behalf of, or instigating or facilitating this transaction, directly or indirectly on behalf of, any such person, group, entity or nation. Tenant hereby agrees to defend, indemnify and hold harmless Landlord from and against any and all claims, damages, losses, risks, liabilities and expenses (including attorney's fees and costs) arising from or related to any breach of the foregoing certification.

#### **20. CONTENTS**

Landlord will leave contents on the premises. Contents are defined as "chairs, desks, filing and storage cabinets, white boards, folding tables, kitchen equipment, appliances, beds, dressers, etc." All contents are left on the premises at the discretion of the Landlord. Landlord retains ownership of all contents and contents shall not be removed from the buildings without express permission from the Landlord. Landlord may remove contents at any time subject to its discretion. At the end of the lease, all contents return to the Landlord. Contents shall remain in good condition with normal wear and tear. Tenant shall execute an inventory sheet with Landlord specifying the contents that are left on the premises and Tenant agrees to return all contents to Landlord at the expiration of the lease agreement.

**21. ADDITIONAL PROVISIONS.**

The basement of 124 S. Hazel, Ames, Iowa 50010 will be retained and used by landlord Story County, Iowa. Access at all times to the basement area will be granted to Story County, Iowa. Access to the residential care facility will be granted to landlord at all times without prior approval by tenant. Landlord will notify tenant when it plans to access the residential care facility when prior notice is practical.

  
\_\_\_\_\_  
LANDLORD, Story County Iowa  
Authorized signature  
Rick Sanders Chair, Story County Board of Supervisors

12.12.17  
Date

\_\_\_\_\_  
TENANT, Mary Greeley Medical Center  
Brian Deiter, President

\_\_\_\_\_  
Date

## Facilities Management Emergency Contact Information

**EMERGENCY NUMBER ONLY:**

**(515)460-4901**

Examples of an emergency include: fire, water leaks, unsecured doors/buildings, and broken windows. Our office is open 7:30 am – 4:00 pm, Monday – Friday. During those hours, you may call our main number at: (515)382-7400. If there is no answer, please call the on-call cell phone number (in red, above).

Work orders for everyday occurrences, such as a light out, plugged stool, etc., shall be emailed to: [FMWorkOrders@storycountyowa.gov](mailto:FMWorkOrders@storycountyowa.gov).

**-Thank You-  
Story County Facilities Management**

**This sign is to reproduced and displayed by Tenant in a prominent location during the lease term.**

Construction Improvements for the Location of the  
Crisis Stabilization-Transitional Living Center Program  
Architectural/Engineering Design Services



Story County, Iowa  
Building Improvements associated with Location of the Crisis  
Stabilization – Transitional Living Center Program  
RFP for Architectural/Engineering Design Services

November 30, 2017

**APPROVED** **DENIED**  
Board Member Initials: AS  
Meeting Date: 12-12-17  
Follow-up action: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



November 30, 2017

Leanne Harter  
County Outreach and Special Projects Manager  
Story County Administration  
900 6th Street  
Nevada, IA 50201

Dear Ms. Harter,

Thank you for the opportunity to provide you with the attached Submission and Proposal. We are very excited about the possibility of working with Story County again and appreciate being able to provide you with our information. We feel our previous work on similar group home type projects, our strong design team, broad base of experience, and commitment to service would be valuable assets to Story County.

Our extensive experience will provide an ideal framework to address your needs. Every time we begin a project, regardless of apparent similarities, we find a unique set of circumstances including the needs of individual user groups, owner expectations, site constraints, and a variety of additional factors. Our strength is our ability to bring together these many different aspects and, through teamwork, arrive at a solution that is pleasing and successful to everyone involved. We urge you to contact our previous and current clients and discuss our approach to design and construction. We are proud to report that our typical workload of projects consists of nearly 90% repeat clients.

We are a small Iowa firm, and as such will work as hard as we possibly can to ensure a successful project for Story County. We would be very proud to help shape the future of your facilities.

If you have any questions, please feel free to call. We look forward to hearing from you.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jeffrey S. Harris', written in a cursive style.

Jeffrey S. Harris AIA  
Principal

Att: RFP Response



### 1. Vendor

Roseland Mackey Harris Architects, P.C.  
1615 Golden Aspen Drive, Suite 110  
Ames, IA 50010

Primary Contact:  
Jeffrey S Harris, AIA  
Principal

### 2. Project Manager

Jeff Harris will serve as Project Manager for this project with Story County.

### 3. Services Required

#### Master Planning & Schematic Design Phase

- Meet with Story County staff to discuss basic building space needs, site requirements and goals
- Prepare preliminary remodeling scope and review/confirm with Story County staff
- Develop remodeling design options for review with Story County staff
- Revise schematic options as discussed
- Meet with Story County staff as necessary to evaluate revised schematic options and determine appropriate direction
- Prepare Schematic Design cost opinion based on square foot estimates

#### Design Development Phase

- Develop and refine schematic design solution
- Work with mechanical, plumbing and electrical consultants to prepare design development documents for remodeling
- Develop preliminary interior finish alternatives
- Meet with Story County staff to evaluate design development documents

#### Construction Document Phase

- Prepare detailed documents for pricing and construction to include:
  - Certified Architectural drawings
    - Detailed floor and ceiling plans
    - Detailed interior elevations
    - Finish schedules and details
    - Casework plans and elevations
  - Certified MEPT drawings
    - Detailed plumbing plans
    - Detailed electrical and technology plans
    - Detailed back-up power generation plan



- Certified project manuals which include bidding requirements, general construction requirements, insurance requirements and technical specifications
- Drawings required for application to City of Ames for plan review and approval including code modification requests if required
- Meet with Story County staff to review construction documents prior to issue for pricing

#### Bidding Phase (Optional)

- Coordinate distribution of construction documents to Bidders
- Conduct Pre-Bid meeting to review project with Story County staff and Bidders
- Review contractor inquiries regarding documents and issue addenda as appropriate
- Meet with Story County staff to receive, review and evaluate bids
- Prepare construction contract with advice from Story County and their legal council

#### Construction Phase (Optional)

- Conduct Pre-Construction meeting to review project with Story County staff and selected General Contractor and their personnel
- Review contractor submittals, shop drawings and schedules
- Process project change orders, requests for information, proposal requests and other documents
- Attend construction progress meetings and observe project progress for general conformance to construction documents
- Review and process contractor Applications for Payment
- Conduct project walkthrough at contractor notice of Substantial Completion and prepare Punch List of outstanding items to be resolved
- Conduct project walkthrough to review completion of Punch List items
- Review contractor record documents and Operation and Maintenance manuals and turn over to Story County staff

#### 4. Personnel/Firm Skills

Roseland, Mackey, Harris Architects has worked on more than 500,000 square feet of projects for a local health care clinic with over 200 physicians at multiple clinic sites within the state of Iowa. Our projects for a central Iowa hospital have included additions, remodelings and planning studies. As design consultants to a leading manufacturer and distributor of animal health care products in over 100 countries, we have honed our skills working on project teams with multiple design disciplines as we tackled technically complex projects. All of this work has enriched our experience working with multiple user groups within much larger organizations.

We believe that attention to our client's needs is the basis for a successful project. During the design process, we thoroughly analyze each project to ensure all opportunities are explored for solutions that optimize the goals, objectives and budgets of our clients. We work with our clients to achieve their vision while maintaining their budget.



Our quality control methods focus on communication and coordination. Regular project team meetings would be scheduled to address issues appropriate to the current stage of the design process. Frequent check sets would be distributed between team members to facilitate this coordination process.

Our commitment to the consistency of the project team will contribute to a higher quality project. In addition, we have worked on numerous projects with our selected consultants and over the years have developed an understanding of how each other works. This understanding allows us to anticipate each other's questions and potential coordination issues, as well as have a respect for how we approach design.

#### Project Manager

Jeffrey S. Harris, AIA	Principal
Professional Experience:	27 years
Bachelor of Architecture	1990, Iowa State University
Architect, Iowa License	#3594 in 1995



Originally from Burlington, Iowa, Mr. Harris attended Iowa State University where he earned his Bachelor of Architecture degree in 1990. He began working at Roseland Architects in Ames as an intern architect that same year. Following the traditional internship and subsequent licensure he assumed the role of project architect with the firm in 1995. In early 2001 a professional corporation was formed with Mr. Harris as one of three principals in the new firm.

Mr. Harris is involved with every phase of project development from initial programming and site selection to construction administration and project close-out. As the firm is a horizontally organized office, he is actively engaged in projects from programming through construction documents, consultant selection and coordination, client contact and business development.

Mr. Harris would be responsible for project management, consultant coordination and project documentation

Mr. Harris has served on the Nevada Community School District Facilities Task Force, and for seven years on the Nevada Planning and Zoning Commission with three years as Chairman. He currently serves as President of the Board of Directors for the Volunteer Center of Story County.



#### Intern Architect

Michael Garcia, Assoc. AIA

Professional Experience: 6 years  
Bachelor of Fine Arts: 2004  
Masters of Architecture: 2011, Iowa State University



A central Iowa native, Michael has held positions for the last 15 years that have allowed him to participate in the design and construction of many different project types. In pursuit of a more design oriented career, Mr. Garcia came to Roseland Mackey Harris from Iowa State University where he was a Capital Project Manager for Facilities Planning and Management. Michael assists in every phase of project development from programming to construction administration and project close out. He has fulfilled hours required for licensure and will be taking the licensing exams this year.

Mr. Garcia would be responsible for project documentation and construction administration on this project for Story County.

#### Interior Designer

Shelly Meinhard, NCIDQ

Professional Experience 22 years  
Firm Experience 19 years  
Bachelor of Arts 1993, University of Northern Iowa  
NCIDQ Certified 1998



Ms. Meinhard joined the team at Roseland Architects as an interior designer in 1995 and has continued with the firm for 22 years. She is an Iowa native and received her education at the University of Northern Iowa. Her professional experience began in the specification furniture trade before moving into the full-time design office setting.

Ms. Meinhard's experience includes extensive space planning work for a variety of project types along with selection of interior finishes appropriate for all of the firm's individual projects. She also specifies furnishings and assembles furniture proposal requests to assist our clients in receiving competitive bids. Her responsibilities also include window treatment selection, interior signage design and assisting with custom casework design and specifications.

For this project, Ms. Meinhard would be responsible for development of interior finishes and interior design services.



## 5. Similar Projects

### Crossbridge Homes, Marshalltown

#### Residential Care Dementia Facility

Completed in 2008, the building can provide care for up to eleven residents in one- and two-bed accommodations. The two-bed units provide an option for someone that wishes to live with their spouse who is suffering from dementia. A secure exterior courtyard greets visitors to the 3,700 square foot upper level of the facility which is devoted to resident rooms and common activities, including a full kitchen, dining room and activity room. Part of the lower level includes an additional 1,500 square feet of activity space, administrative offices and storage. The rest of the lower level provides a nearly 1,400 square foot apartment for use by a live-in manager.





Planned Unit Development, Marshalltown

**Residential Care Dementia Community**

Resident security, visual continuity and variety and inviting entries were among many of the important planning issues Crossbridge Homes desired in their residential care dementia planned community. Designed to be completed in multiple phases, the development includes up to eighteen buildings of varying design and layout which provide a choice of living arrangements for residents, with multi-story layouts providing apartments for live-in house managers. The 4,000 to 5,000 square foot residences include interior design options such as vaulted common area ceilings, line-of-sight resident door observation for security, and two-resident rooms laid out to maximize visual privacy.





Mainstream Living, Ames and Des Moines

**Residential Group Home**

Adults with severe mental and physical disabilities have had very limited options for living and care accommodations. Mainstream Living identified this situation as an opportunity to develop a residential group home housing model that provided safe and caring surroundings for these individuals which allowed them to become active members of the community. Completed in 2007 with the majority of its funding provided by locally-raised and in-kind donations, this five-resident home in Ames, Iowa is the first of several facilities Mainstream Living has planned for central Iowa. Residents of the 5,200 square foot facility enjoy private rooms and baths, with common kitchen, dining, sunroom and living areas providing spaces for interaction. A ceiling-mounted track system assists caretakers with moving residents around the facility. Common bath, laundry and wheelchair charging spaces are also provided within the building. Two additional homes in Des Moines have been constructed since the original was completed.

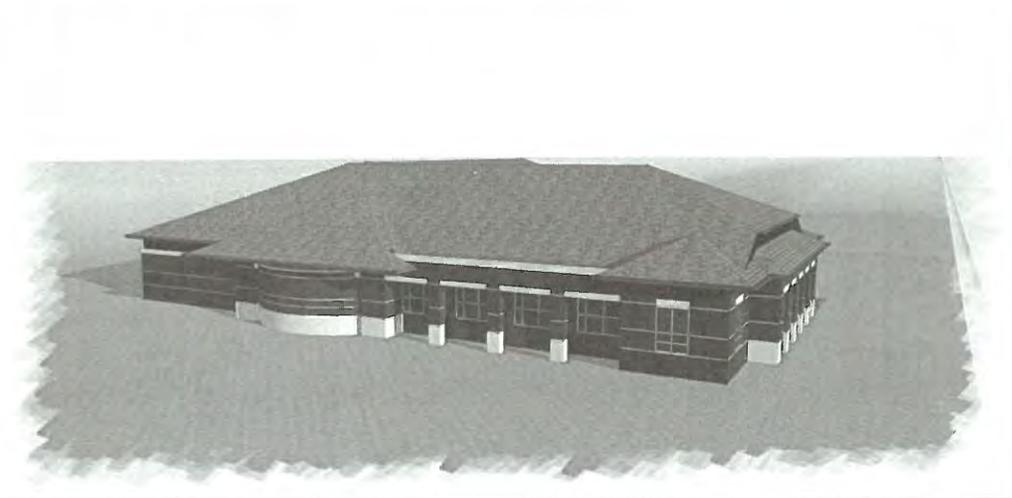
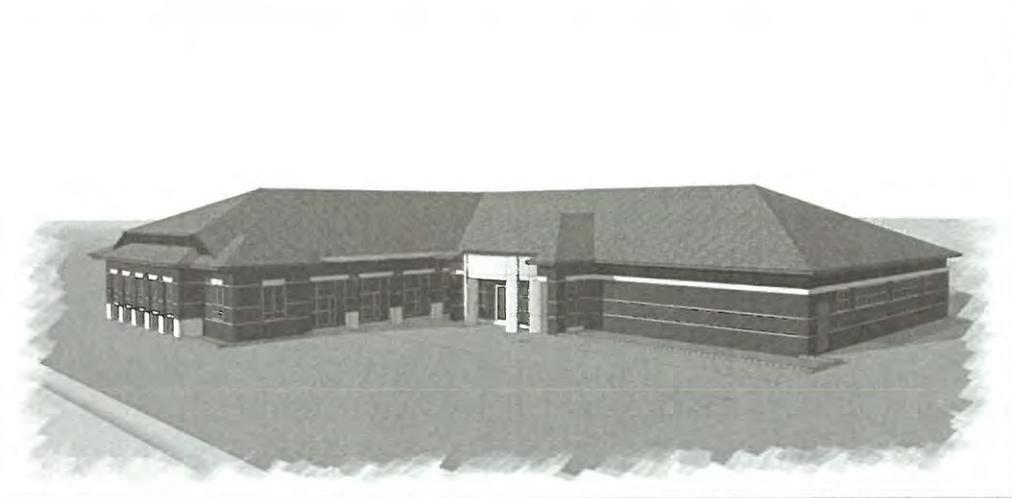




Story County Community Life Building Re-Roofing

**Roofing and Siding Replacement Project**

Story County was seeking a replacement for an aging metal roof and siding system for the Community Life Building in Ames. RMH developed a plan to replace the existing roof and re-structure the roof to eliminate a number of existing problematic flat roof areas. The project was competitively bid and completed within a 6 month period to meet the county annual budgeting requirements.





#### 6. Schedules and Deadlines

We work with our clients to make sure that we fully understand all their expectations, including schedules and deadlines. We understand the requirements of annual budget constraints and the importance of meeting deadlines to ensure funding for public projects. Should results of the design process result in the need for a schedule extension or reduction, we would discuss with you as soon as we can to minimize the impact on the project.

#### 7. Availability of Key Personnel

Roseland, Mackey, Harris Architects and its proposed consultants have the resources, capabilities and personnel commitment to complete the project efficiently. Our staff could begin work by December 15, 2017

#### 8. Fee Structure

Master Planning/Schematic Design	
▪ Architect	\$1,800
Design Development	
▪ Architect	\$3,650
▪ MEP Engineering	\$5,250
Construction Documents	
▪ Architect	\$8,200
▪ MEP Engineering	<u>\$7,870</u>
<u>Design Services Total</u>	<u>\$26,770</u>
Bidding Services	
▪ Architect	\$ 900
▪ MEP Engineering	\$ 875
Construction Services	
▪ Architect	\$3,650
▪ MEP Engineering	<u>\$3,500</u>
<u>Const Admin Services Total</u>	<u>\$8,925</u>

We have not included Structural or Civil Engineering Fees at this time as we feel we can complete the project without those services. Should they become necessary we would ask for additional fees to cover those costs.



Reimbursable expenses would consist of a site survey costs if necessary and large format printing and document distribution.

9. References

Roger Kluesner, COO  
McFarland Clinic, PC  
1215 Duff Avenue  
Ames, IA 50010  
515-239-4400

Thomas H. Pohlman, President  
Ames National Corporation  
Fifth & Burnett  
Ames, IA 50010  
515-232-6251

Jami Larson, President  
Larson Development Corporation  
3321 Ridgetop Road  
Ames, IA 50014  
515-451-4350

Story County Animal Shelter  
 Remodeling  
 Nevada, Iowa  
  
 Project Cost Opinion  
 RMH Architects  
 12/12/2017  
 Design Status: Design Development

~~APPROVED~~ **DENIED**  
 Board Member Initials: MS  
 Meeting Date: 12-12-17  
 Follow-up action: Back to drawing  
Board \$300K

	Units		Unit Cost	Total
<b>Building Costs</b>				
<b>Division 1 - General Conditions</b>	1	LS	10%	\$44,280
<b>Division 2 - Sitework</b>				
<i>Demolition</i>				
Remove Existing Walls	180	SF	\$2.25	\$405
Remove Doors & Frames	12	EA	\$150.00	\$1,800
Remove Acoustical Ceiling	900	SF	\$1.00	\$900
Remove Existing Casework	0	SF	\$4.00	\$0
Remove Carpet	2,300	SF	\$1.00	\$2,300
Remove & Dispose of Debris	1	LS	\$2,500.00	\$2,500
<b>Division 3 - Concrete</b>				
Nothing Required				\$0
<b>Division 4 - Masonry</b>				
Nothing Required				\$0
<b>Division 5 - Metals</b>				
Patch/Repair Existing Siding	1	LS	\$2,500.00	\$2,500
<b>Division 6 - Carpentry &amp; Millwork</b>				
Blocking for Door Frames	350	LF	\$6.00	\$2,100
Misc Blocking and Framing	1	LS	\$1,200.00	\$1,200
<i>Finish Carpentry</i>				
Base Cabinets and Tops	32	SF	\$90.00	\$2,880
Wall Cabinets	0	SF	\$90.00	\$0
Screen Wall	8	LF	\$450.00	\$3,600
<b>Division 7 - Thermal &amp; Moisture Protection</b>				
Nothing Required				

	Units		Unit Cost	Total
<b>Division 8 - Doors &amp; Windows</b>				
<i>New Interior Doors &amp; HM Frames - Oak</i>				
Door Frames 3'-0" x 7'-0"	14	EA	\$200.00	\$2,800
Doors 3'-0" x 7'-0"	14	EA	\$250.00	\$3,500
<i>New Exterior Doors &amp; HM Frames</i>				
Door Frames 4'-0" x 7'-0"	5	EA	\$275.00	\$1,375
Doors 4'-0" x 7'-0"	5	EA	\$325.00	\$1,625
Hardware	19	EA	\$300.00	\$5,700

<b>Division 9 - Finishes</b>				
Interior Partition Framing	2250	SF	\$4.50	\$10,125
Sound Batt Insulation	2250	SF	\$0.75	\$1,688
Gyp Board	4500	SF	\$3.00	\$13,500
Acoustical Ceiling	1000	SF	\$4.00	\$4,000
<i>Flooring</i>				
Carpet (Mat + Install)	0	SY	\$32.00	\$0
Vinyl Base (Mat + Install)	500	LF	\$2.50	\$1,250
<i>Painting</i>				
New Gyp Board	4500	SF	\$1.75	\$7,875
Existing Gyp Board	3600	SF	\$1.00	\$3,600
Doors & Frames	19	EA	\$200.00	\$3,800

<b>Division 10 - Specialties</b>				
Nothing Required				\$0

<b>Division 11 - Equipment</b>				
Nothing Required				\$0

<b>Division 12 - Furnishings</b>				
Nothing Required				\$0

<b>Division 13 - Special Construction</b>				
Large Animal Addition	1000	SF	\$110.00	\$110,000

<b>Division 14 - Conveying Systems</b>				
Nothing Required				\$0

<b>Division 15 - Mechanical</b>				
Plumbing Updates	8580	SF	\$1.50	\$12,870
HVAC Revisions	4260	SF	\$8.00	\$34,080
HVAC Revisions (Animal Areas)	4320	SF	\$35.00	\$151,200

<b>Division 16 - Electrical</b>				
Combine Electrical Services	8580	SF	\$1.00	\$8,580
Refeed Existing Elec Panels	8580	SF	\$0.50	\$4,290
Power Revisions	8580	SF	\$3.00	\$25,740
Lighting Revisions	8580	SF	\$1.75	\$15,015

	Units		Unit Cost	Total
<b>Division 32 - Site Improvements</b>				
Paving (service road and staff parking)	8425	SF	\$7.00	\$58,975
Fencing	400	LF	\$15.00	\$6,000

Sub-Total of Direct Costs \$552,052

Contractors Overhead & Profit 10% \$55,205

Total Construction Cost \$607,257

Professional Fees \$22,469

*Architectural Fee* 2.00% \$12,145

*Structural Engineering Fee* 0.50% \$3,036

*Mechanical/Electrical Fee* 1.20% \$7,287

Project Sub-Total \$629,726

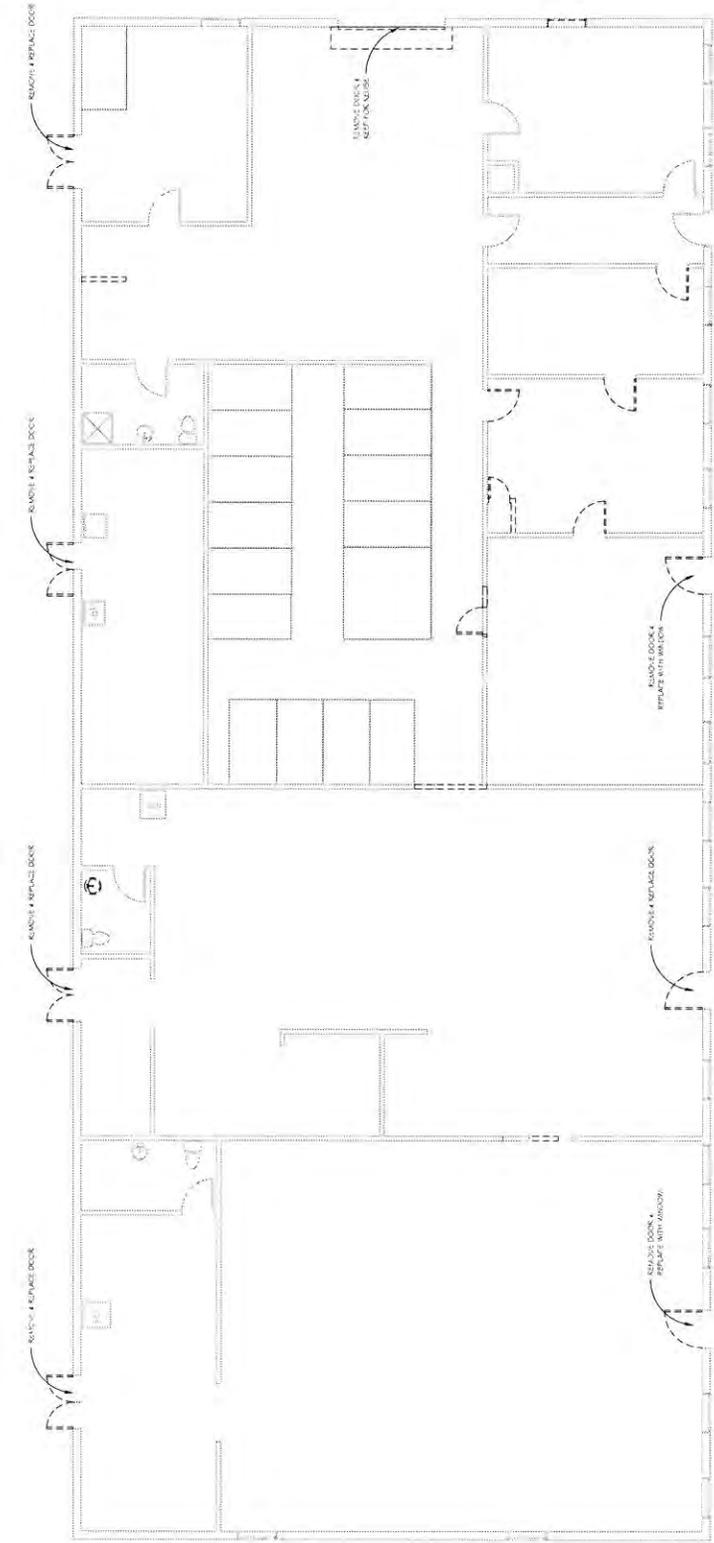
Contingency 10% \$62,973

Total Project Cost \$692,699

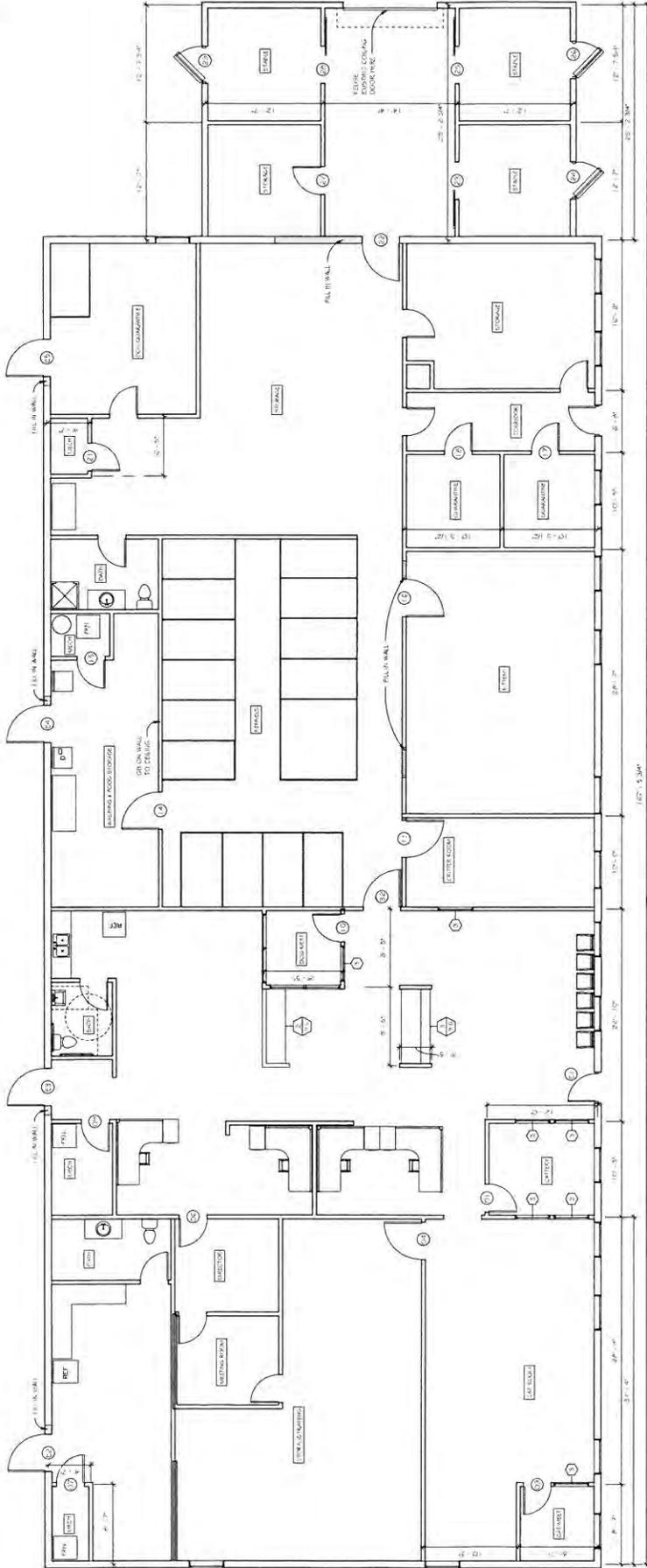
1  
 151  
 65  
 110  


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 \$ 326



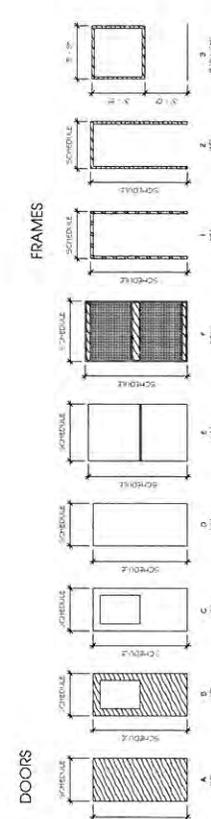
1 DEMO PLAN  
3/16" = 1'-0" N

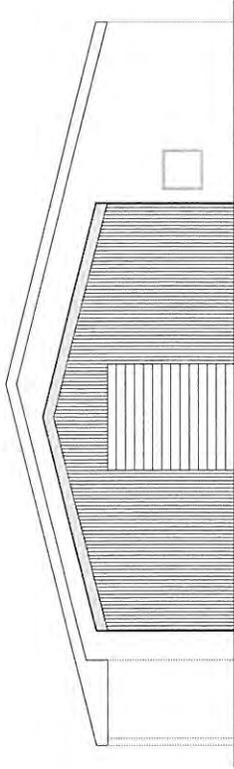


1 FLOOR PLAN  
3/16" = 1'-0"

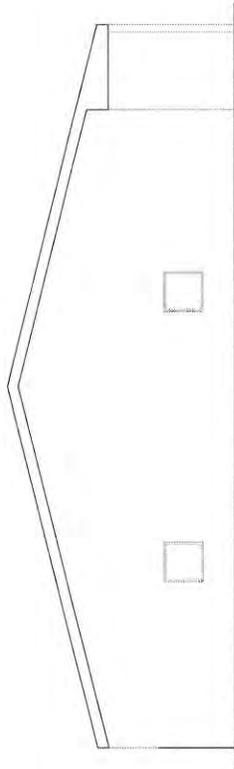
HARDWARE GROUPS			
GROUP #	SYMBOL / REFERENCE	DESCRIPTION	NOTES
1	SHANLEY / FIBER / 100	SHANLEY / FIBER / 100	SHANLEY / FIBER / 100
2	SHANLEY / FIBER / 100	SHANLEY / FIBER / 100	SHANLEY / FIBER / 100
3	SHANLEY / FIBER / 100	SHANLEY / FIBER / 100	SHANLEY / FIBER / 100

DOOR SCHEDULE			
NO.	SYMBOL	DESCRIPTION	NOTES
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9
10	10	10	10
11	11	11	11
12	12	12	12
13	13	13	13
14	14	14	14
15	15	15	15
16	16	16	16
17	17	17	17
18	18	18	18
19	19	19	19
20	20	20	20
21	21	21	21
22	22	22	22
23	23	23	23
24	24	24	24
25	25	25	25
26	26	26	26
27	27	27	27
28	28	28	28
29	29	29	29
30	30	30	30
31	31	31	31
32	32	32	32
33	33	33	33
34	34	34	34
35	35	35	35
36	36	36	36
37	37	37	37
38	38	38	38
39	39	39	39
40	40	40	40
41	41	41	41
42	42	42	42
43	43	43	43
44	44	44	44
45	45	45	45
46	46	46	46
47	47	47	47
48	48	48	48
49	49	49	49
50	50	50	50

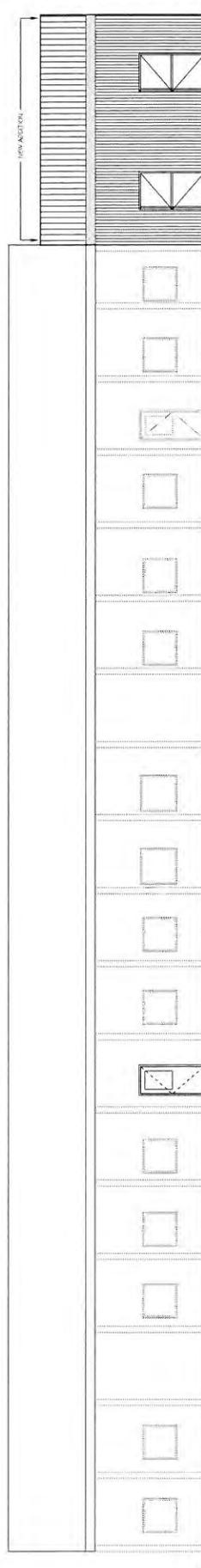




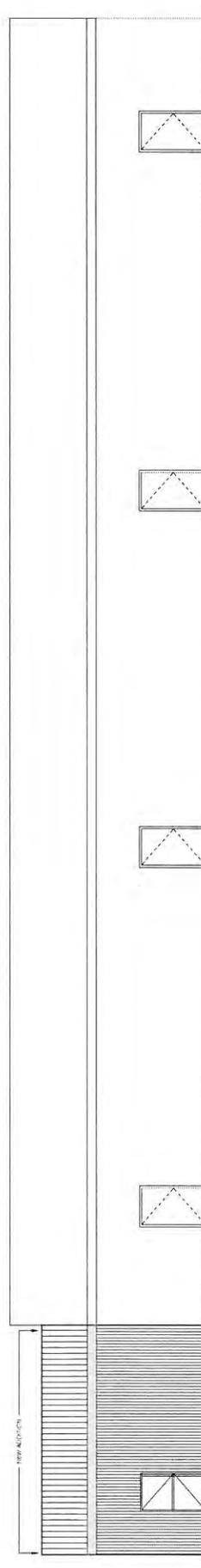
② WEST ELEVATION  
3/16" = 1'-0"



① EAST ELEVATION  
3/16" = 1'-0"



③ NORTH ELEVATION  
3/16" = 1'-0"

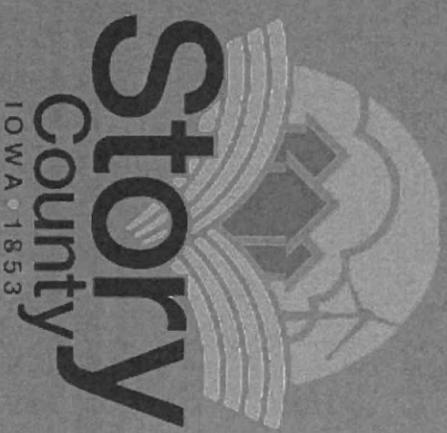


④ SOUTH ELEVATION  
3/16" = 1'-0"

# Quarterly Report

Leanne Lawrie Harter

County Outreach and Special Projects Manager



## C2C Plan Annual Review

- Review by BOS in November
  - Implementation Matrix modifications to come 1/9/2018
  - C2C Plan Amendments in April 2019
- Executive Summary
- Presentations to school districts and city councils
- Meetings with school administrators

## COOP/COG Annual Review

- To be brought to BOS on  
1/9/2018
  - Exercise discussion at same  
meeting
- Draft toolkit to ISAC

# Floodplain Management/ CRS Program Coordination

- CRS Re-Certification Kicking Off!
  - Program for Public Information (PPI) under review
- FIRM Database release expected *any day now!*
  - Annexations compiled and sent to FEMA contractors
  - Levee discussions scheduled
- Positive response to High Water Sign Initiative Application – USACE working through other priorities at this time
- “Moderated” online IFSMA Lunch and Learn Webinar
- Yearly snapshot of floodplain permit review and activity

# Strategic Plan Annual Review

## STRATEGIC PLAN



STORY COUNTY, IOWA

FISCAL YEARS 2016—2018

### ADOPTED

**Amended**  
December 2015  
October 2016  
October 2017

**August 2015**  
Story County Board of Supervisors  
900 6th Street  
Nevada, Iowa 50201  
[www.storycounty.iowa.gov](http://www.storycounty.iowa.gov)



# Ordinance Development and Review Guidelines Manual

## ORDINANCE DEVELOPMENT AND REVIEW GUIDELINES



Story County  
Board of Supervisors

900 6th Street  
Nevada, Iowa 50201  
[www.storycountyiowa.gov](http://www.storycountyiowa.gov)

# Maxwell Planning

## CHALLENGES

- Loss of businesses
  - Have the essentials
  - Owners are sole proprietors
  - Challenges to keep
- Law enforcement
- Lack of youth activities
- History of 4 failed school bonds over a 3-year period
- Large number of acres in floodplain
- City has limited money and human capital
- Poor infrastructure – lacking curbs and gutters
- Controlled population growth

## OPPORTUNITIES

- Potential new residential development north of town
- Proximity to Des Moines/Ankeny/Artes metro areas
- State highway passing through community
- Bike trail
- Home sales (good price point – timing)
  - Great museums
  - Freedom Rock
  - Rodco
- Local talent – business people to rehab structures
- SUEDE strong base for school
- Lower property tax
- Small town/idealized lifestyle
- Within 30 minutes of 4 major employment areas

## THINGS OUTSIDE THE BOX

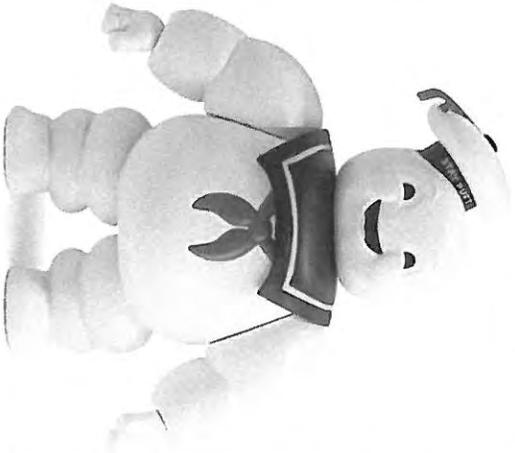
- Community Involvement
- Financial Stability and Capabilities
- Cohesiveness/Pride/Spirit

## PARTNERSHIP

- Youth Involvement – FFA
- Museum board
- Coffee groups
- Legion/NFw
- MAAC



## Group Members:



The Stay Puff Marshmallow Man attacked Maxwell, Iowa, at 2:30 pm today, Wednesday, October 25, 2017. As a group, you all must conquer Stay Puff. No, you can't call Ghostbusters—all means of wireless (and land line) communication are disabled! Power is completely out, and he has taken over downtown.

Each of you brings one item to help conquer Stay Puff and save Maxwell. It can be anything you have in your pockets, purses, bags—whatever is on you at this very moment. In time, Over the next 10 minutes, please devise your plan of attack, working together, to save Maxwell!

## GROUP ITEMS

# Quadrant Meetings



## Community Meeting

### Northeast Story County

*Story County Board of Supervisors  
Invited: Trustees from Warren, Lincoln, Richland and Sherman Townships;  
Colo-Nesco School District; elected officials from the communities of McCallsburg,  
Zearing, and Colo*



# Home Base Iowa

## Welcome Home to Story County Relocation Assistance Program



As part of the Home Base Iowa Initiative, Story County has established the **Welcome Home to Story County Relocation Assistance Program** which allows up to \$2,500 in relocation assistance. The following items are eligible uses of the fund.

- Moving expenses
- Purchase of appliances
- Utility deposits
- Down-payment assistance (for home purchase)
- Rent deposits
- Rent for temporary housing while waiting for permanent housing.

Each Veteran is eligible for a one-time maximum grant up to \$2,500 to assist with relocation purposes. These funds are paid on a reimbursable basis. Documentation of all eligible expenses must be submitted when applying for funds.

**Eligible applicants must meet all the following criteria:**

- Be relocating to Story County and establish Story County as the primary residence;
- If purchasing a home, real estate being purchased must be located within Story County;
- Be discharged under honorable conditions; and
- Apply to the **Welcome Home to Story County Relocation Assistance Program**;

Please contact the County Outreach and Special Projects Manager at 515-382-7247 or via email at [lharter@storycountyiaowa.gov](mailto:lharter@storycountyiaowa.gov) for more information and to request application forms.

# Economic Development Policies and Process

## Story County, Iowa

### Economic Development Process and Policies

Adopted by the Story County Board of Supervisors on the 2<sup>nd</sup> day of October, 2012 (amended the 30<sup>th</sup> day of April, 2013, 27<sup>th</sup> day of May, 2014, 17<sup>th</sup> day of May, 2016, 5<sup>th</sup> day of December 2017).  
*Revisions approved in ~~May 2016~~ December 2017 effective January 1, 2018/2018.*



Due to potential tax increment financing revenues available to the County, the Board of Supervisors can expect to receive requests regarding various projects throughout the County.

Because these requests may become routine, the Story County Board of Supervisors developed this process and policies to establish structure and objectivity to the standard operating procedures for evaluating economic development projects. Establishing standard procedures and a framework for incentives will allow applicants to more clearly understand the County's intentions in evaluating such projects and ensure that the County's financial resources are used as efficiently and effectively as possible while limiting the impact to public budgets. Funds may or may not be available in any given year.

# Leadership Nevada

## Leadership Nevada

### Session 4

December 7, 2017

9:00 – 3:00 p.m.

Story County Justice Center

SESSION CHAIR:

Leanne Lawrie Harter

9:00 Welcome and Introductions  
Story County Board of Supervisors

9:15 – 11:00 am Justice at Work

11:00 – 11:15 am Break

11:15 – 12:15 Skills Session - Project Management Tools of the Trade

12:15 – 1:15 pm Lunch – Local Government 101

1:15 – 2:15 Q and A with Local Elected and Appointed Officials

2:15 – 2:20 Break

2:20 – 3:00 Projects, Process, Wrap-Up, Evaluate

## 2017 Leadership Nevada

Thursday  
December 7, 2017



Intern, SCALE,  
and Ames  
Business  
Collaborative

- **Communications and Social Media Intern**
  - Hired Christina (Chrissy) Tesar
- **SCALE Project**
  - Home Base Iowa
- **Ames Business Collaborative**
  - Time stamps in YouTube videos
  - Incorporating PowerPoints in YouTube videos
  - Story County video
  - Technology Academy



## And next...

- Annual Report
- Communications Plan
- Onboarding Video
- CIP
- C2C Tour
- Agri-Tourism Program Partnerships
- Distribute Business Development Toolkit
- Finalize Available Lands Analysis
- COOP/COG Annual Review
- Watershed Assessments
- Know Your Floodplain curriculum
- Working with SCC, develop water quality (at watershed level) outreach and education toolkit
- Schedule floodplain training – internal and external
- PIO – ESF 15
- Resolutions online steps
- Cemetery training discussion
- Pioneer cemeteries
- CECD exam prep – June 2018
- URA Annual Training Session
- Spring Our Story



# Questions?

Leanne Lawrie Harter

*County Outreach and Special Projects Manager*

900 6<sup>th</sup> Street – Nevada, Iowa 50201

515-382-7247



Printer Lease Comparison

Dates Compared 02/01/16-11/30/16

02/01/17-11/30/17

Dept	Premier	US Bank Lease	Premier/USBank	Marco	Savings	Percentage of Savings
Auditor	\$0.00	\$4,279.30	\$4,279.30	\$1,429.24	\$2,850.06	66.60%
Bd of Supervisors	\$822.58		\$822.58	\$3,238.75	-\$2,416.17	
Comm. Services	\$41.35		\$41.35	\$348.42	-\$307.07	
Conservation	\$3,839.92		\$3,839.92	\$3,038.57	\$801.35	20.87%
County Attorneys	\$2,264.96	\$13,429.48	\$15,694.44	\$6,987.48	\$8,706.96	55.48%
E911	\$0.00		\$0.00	\$199.37	-\$199.37	
Engineer	\$0.00		\$0.00	\$2,068.36	-\$2,068.36	
Env. Health	\$0.00		\$0.00	\$606.96	-\$606.96	
Facilities Mgt	\$0.00		\$0.00	\$1,010.43	-\$1,010.43	
Info Technology	\$661.84	\$1,431.00	\$2,092.84	\$1,322.55	\$770.29	36.81%
Mental Health	\$4,449.93		\$4,449.93	\$937.18	\$3,512.75	78.94%
Planning & Dev.			\$0.00	\$606.95	-\$606.95	
Recorders	\$0.00	\$3,481.00	\$3,481.00	\$1,468.29	\$2,012.71	57.82%
Treasurers	\$104.58	\$2,791.29	\$2,895.87	\$1,450.30	\$1,445.57	49.92%
Veterans Affairs	\$560.85		\$560.85	\$180.77	\$380.08	67.77%
CDWE		\$1,618.12	\$1,618.12		\$1,618.12	
<b>TOTALS</b>	<b>\$12,746.01</b>	<b>\$27,030.19</b>	<b>\$39,776.20</b>	<b>\$24,893.62</b>	<b>\$14,882.58</b>	

