

The Board of Supervisors met on 7/23/19 at 10:00 a.m. in the Story County Administration Building. Members present: Linda Murken, Lauris Olson, and Lisa Heddens, with Murken presiding. (all audio of meetings available at [storycountyia.gov](http://storycountyia.gov))

**ADOPTION OF AGENDA:** Murken requested the Board to consider moving item #14, the review of Contract and Amendments between Story County and the United States Marshals Service earlier in the agenda. Olson moved, Heddens seconded the approval of the agenda with noted change. Motion carried unanimously (MCU) on a roll call vote.

**MAINSTREAM LIVING ANNUAL REPORT** – William Vaughn, President and CEO, reported on programs, services, statistics, challenges, and funding.

**PRESENTATIONS BY URBAN RENEWAL AREA APPLICANTS** – Leanne Harter, County Outreach and Special Projects Manager, introduced presentations from several communities. City of Cambridge: David Thom, reported on redeveloping the opera house, including funding sources, timeline, and design. City of Collins: Mayor Brett Comegys reported on a storm mitigation project. City of Huxley: Rocky Smith, reported on the in-town portion of the Heart of Iowa Nature Trail (HOINT), including total project cost. City of Maxwell: Mayor Steve Gast reported on a water main replacement project with a total cost of \$15,000.00. City of Nevada: Shannon Spear reported on replacing the analog sign at the public library. City of Roland: Noelle McLatchie reported on the replacement of the city pool, including fundraising and construction. City of Story City: Karen Hermansen reported on updating and repairing the iconic historic carousel, including donations and total cost. Harter announced that the City of Zeairing will report at a later date.

**REVIEW OF CONTRACT AND AMENDMENTS BETWEEN STORY COUNTY AND THE UNITED STATES MARSHALS SERVICE, AGREEMENT NUMBER 30-03-0066, FOR HOUSING, SAFEKEEPING AND SUBSISTENCE OF FEDERAL PRISONERS OF THE US MARSHALS SERVICE, FEDERAL BUREAU OF PRISONS AND IMMIGRATION AND NATURALIZATION** – Olson provided history on her request for a presentation on the contract. Paul Fitzgerald, Story County Sheriff, reported the County has contracted with the federal government since shortly after the Justice Center was completed. The contract is with multiple enforcement branches of the US government. Fitzgerald provided relevant portions of the *Code of Iowa*. Jessica Reynolds, Story County Attorney, reported on the contract; she reviewed informational meetings with the Board. Discussion took place. Reynolds reported on contract cancellation and addendum rates. Olson asked Fitzgerald for details on statistics, generated revenue, and the temporary holding of federal detainees in transit to deportation following adjudication. Fitzgerald provided answers. Additional discussion took place.

**MINUTES:** 7/16/19 Minutes with edits. Michelle Bellile, Clerk, reported on the change. Heddens moved, Olson seconded the approval of Minutes with noted change. Roll call vote. (MCU)

**PERSONNEL ACTIONS:** 1) new hire, effective 7/23/19, in Attorney's Office for Olivia Rothmeyer @ \$10.00/hr; 2) pay adjustment, effective 6/23/19, in Conservation for Jiage Du @ \$11.50/hr. Olson moved, Heddens seconded the approval of Personnel Actions as presented. Roll call vote. (MCU)

**CLAIMS:** 7/25/19 Claims of \$751,212.88 (run date 7/19/19, 33 pages, on file in the Auditor's Office) and authorize the Auditor to issue checks in payments of these claims and payment requests from Central Iowa Drug Task Force (\$1,138.94), BooSt School Ready Services (\$18,729.42), BooSt Early Childhood (\$7,354.51), Emergency Management (\$3,381.89), E911 surcharge (\$116,545.48), County Assessor (\$8,691.86), Ames City Assessor (\$31,373.55), and Central Iowa Community Services (\$357,742.84). Heddens moved, Olson seconded the approval of Claims as listed. Roll call vote. (MCU)

Olson moved, Heddens seconded approval of the Consent Agenda as presented.

1. Acknowledgement of the change of the ending term date to 6/30/23 for the following Compensation Board members: Rich Parker (Recorder); John Klaus (Board of Supervisors); Joe Cahill (Treasurer)
2. Acknowledgement of the appointment by the County Attorney of Nathan Hostetter to the Compensation Board for a term ending 6/30/23
3. Approving the City of Nevada's appointment of rural resident Eric Gabrielson to the Nevada Library Board
4. Service Agreement with Johnson Controls for fire alarm monitoring at the Administration Building, effective 8/1/19-7/31/20, for \$704.16
5. Story County's participation in the United Way of Story County's Day of Caring on 9/13/19
6. Subcontract Agreement with Youth and Shelter Services (YSS) for the FY20 Substance Abuse Prevention Grant with the Iowa Department of Public Health approved at the 5/14/19 Board Meeting
7. Story County Housing Trust Rental Assistance Program Grant Agreement for FY20 for \$17,600.00
8. 28E Agreement between Animal Control and the City of Colo, effective upon signature-6/30/20
9. Contract with Vieco Development and Construction, Inc. for the construction of the Hickory Grove beach house for \$291,459.00
10. \$93,500.00 in pooled funds for the Story County Economic Development Group
11. Story County Economic Development Group meeting minutes from 4/25/19
12. Utility Permit: 20-4241

Roll call vote. (MCU)

**EASEMENT AGREEMENT AND DRIVEWAY MAINTENANCE AGREEMENT** – Joby Brogden, Facilities Management Director, reported on the agreements and terms. Heddens moved, Olson seconded the approval of the Easement Agreement and Driveway Maintenance Agreement. Roll call vote. (MCU)

**HAZARD RECOGNITION PROGRAM** – Todd Lundvall, Risk Manager, reported on safety program, the general form to use for the program, and the timeframe for each department or office. Olson moved, Heddens seconded the approval of the Hazard Recognition Program as presented. Roll call vote. (MCU)

**AMENDMENT TO AGREEMENT WITH AVEC DESIGN+BUILD FOR DESIGN OF A SUSTAINABLE ENERGY CABIN AT DAKINS LAKE FOR \$7,500.00** – Mike Cox, Conservation Director, reported on building a cabin with sustainable energy and technology. Olson moved, Heddens seconded the Approval of the Amendment to Agreement with AVEC Design+Build for Design of a Sustainable Energy Cabin at Dakins Lake for \$7,500.00 as presented. Roll call vote. (MCU)

**REQUEST TO ENGAGE THE TRUST FOR PUBLIC LANDS FOR TECHNICAL ASSISTANCE IN IDENTIFYING POTENTIAL SUSTAINABLE FUNDING MEASURES FOR LAND AND WATER CONSERVATION** – Mike Cox, Conservation Director, reported on individual meetings with Board members, and accessing sustainable funding for conservation. Olson moved, Heddens seconded the Approval of Request to Engage the Trust for Public Lands for Technical Assistance in Identifying Potential Sustainable Funding Measures for Land and Water Conservation as presented. Roll call vote. (MCU)

**FY21 FUNDING PRIORITIES FOR THE ANALYSIS OF SOCIAL SERVICES EVALUATION TEAM (ASSET) PROCESS** – Karla Webb, Community Services Director, reported the FY21 allocation process begins next month; she provided an overview of the process and priorities, and reviewed funding priorities. Heddens moved, Olson seconded the Approval of the FY21 Funding Priorities for the ASSET Process. Roll call vote. (MCU)

**DISCUSSION OF PURSUING HAZARD MITIGATION FUNDS TO UPGRADE GENERATOR AT THE STORY COUNTY ADMINISTRATION BUILDING** – Joby Brogden, Facility Management Director, reported on the opportunity to apply for available federal funding to upgrade building generators; total cost of the upgrade is estimated to be \$450,000.00. Melissa Spencer, Deputy Emergency Management Coordinator, provided additional information about the Federal Emergency Management Agency (FEMA) Hazard Mitigation priorities; the State will invite to apply and the County will have to commit 25% of project cost to access funding. Brogden provided information about additional buildings and manufacturer buy-backs. Olson directed Brogden to submit an application of intent.

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

Olson moved, Heddens seconded to adjourn at 11:48 a.m. Roll call vote. (MCU)

Story County  
Board of Supervisors Meeting  
Agenda  
7/23/19

1. CALL TO ORDER: 10:00 A.M.

2. PLEDGE OF ALLEGIANCE:

3. ADOPTION OF AGENDA:

4. PUBLIC COMMENT #1:

This comment period is for the public to address topics on today's agenda

5. AGENCY REPORTS:

I. Mainstream Living Annual Report - William Vaughn

Department Submitting Auditor

Documents:

MAINSTREAM LIVING REPORT FOR STORY COUNTY 2019.PDF

6. Presentations By Urban Renewal Area Applicants - Leanne Harter

Department Submitting Board of Supervisors

7. CONSIDERATION OF MINUTES:

I. 7/16/19 Minutes With Change

Department Submitting Auditor

8. CONSIDERATION OF PERSONNEL ACTIONS:

I. Action Forms

1) new hire, effective 7/23/19, in Attorney's Office for Olivia Rothmeyer @ \$10.00/hr; 2) pay adjustment, effective 6/23/19, in Conservation for Jiage Du @ \$11.50/hr

Department Submitting HR

9. CONSIDERATION OF CLAIMS:

I. 7/25/19 Claims

Department Submitting Auditor

Documents:

CLAIMS 072519.PDF

10. 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. Acknowledgement To Change The Compensation Board Term Ending To 6/30/23

Department Submitting Auditor

Documents:

NOTICE OF APPT.PDF

II. Acknowledgement Of Compensation Board For Term Ending 6/30/23 For The Following:  
Nathan Hostetter

Department Submitting Auditor

Documents:

NOTICE OF APPT.PDF

III. Consideration Of Approving The City Of Nevada's Appointment Of Eric Gabrielson To  
The Nevada Library Board

Department Submitting Auditor

Documents:

NEVADA LIBRARY NONRESIDENT.PDF  
GABRIELSON.PDF

IV. Consideration Of Service Agreement With Johnson Controls For Fire Alarm Monitoring  
At Administration Building, Effective 8/1/19-7/31/20 For \$704.16

Department Submitting Facilities Management

Documents:

JOHNSON ADMIN.PDF

V. Consideration Of Story County's Participation In The United Way Of Story County's Day  
Of Caring On September 13, 2019

Department Submitting Board of Supervisors

Documents:

2019 UW DAY OF CARING.PDF

VI. Consideration Of Subcontract Agreement With YSS For FY20 Substance Abuse  
Prevention Grant With IDPH Which Was Approved At 5/14/19 Board Meeting

Department Submitting Auditor

Documents:

SUBSTANCE ABUSE.PDF

- VII. Consideration Of Story County Housing Trust Rental Assistance Program Grant Agreement For Fiscal Year 2020 For \$17,600

Department Submitting Board of Supervisors

Documents:

REVISED STORY COUNTY RENTAL ASSISTANCE CONTRACT WITH SCHK.PDF

- VIII. Consideration Of 28E Agreements Between Animal Control And The City Of Colorado Effective Upon Signature - 6/30/20

Department Submitting Animal Control

Documents:

28E AGREEMENT.PDF

- IX. Consideration Of Contract With Vieco Development And Construction, Inc. For The Construction Of The Hickory Grove Beach House For \$291,459.00.

Department Submitting Conservation

Documents:

VIECO HGP BEACH HOUSE CONTRACT.PDF

- X. Consideration Of Funding For \$93,500 For The Story County Economic Development Group "Pool" Funds

Department Submitting Board of Supervisors

Documents:

POOL FUNDS REQUEST SCEDG FISCAL YEAR 2020.PDF  
MEMO RECOMMENDING AMOUNTS TO BE APPROVED.PDF

- XI. Consideration Of Story County Economic Development Group Meeting Minutes From April 25, 2019

Department Submitting Board of Supervisors

Documents:

15212.PDF

- XII. Consideration Of Utility Permit(S): 20-4241

Department Submitting Engineer

Documents:

UT 20 4241.PDF

11. PUBLIC HEARING ITEMS:

12. ADDITIONAL ITEMS:

- I. Consideration Of Easement Agreement And Driveway Maintenance Agreement - Alan McHose, Ethan Anderson And Joby Brogden

Department Submitting Ethan Anderson & Joby Brogden

Documents:

MCHOSEEASEMENTAGRMT.PDF

- II. Discussion And Consideration Of Hazard Recognition Program - Todd Lundvall

Department Submitting Board of Supervisors

Documents:

HAZARD\_RECOGNITION STORY COUNTY.PDF

- III. Consideration Of Amendment To Agreement With Avec Design + Build For Design Of A Sustainable Energy Cabin At Dakins Lake For \$7,500 - Mike Cox

Department Submitting Conservation

Documents:

AVEC DESIGN BUILD AMENDMENT.PDF

- IV. Consideration Of Request To Engage The Trust For Public Lands For Technical Assistance In Identifying Potential Sustainable Funding Measures For Land And Water Conservation - Mike Cox

Department Submitting Conservation

Documents:

TPL LETTER.PDF

- V. Discussion And Consideration Of FY21 Funding Priorities For The ASSET Process - Karla Webb

Department Submitting Community Services

Documents:

STORY COUNTY PRIORITIES FY21.PDF

13. DEPARTMENTAL REPORTS:

14. OTHER REPORTS:

- I. Discussion Of Pursuing Hazard Mitigation Funds To Upgrade Generator At The Story County Administration Building - Joby Brogden And Melissa Spencer

Department Submitting Facilities Management

- II. Review Of Contract And Amendments Between Story County And The United States Marshals Service, Agreement Number 30-03-0066, For Housing, Safekeeping And Subsistence Of Federal Prisoners Of The US Marshals Service, Federal Bureau Of Prisons And Immigration And Naturalization - Lauris Olson

Department Submitting Board of Supervisors

15. UPCOMING AGENDA ITEMS:

16. 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.

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

18. 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  
Board of Supervisors Meeting  
Tentative Agenda  
7/23/19

NAME

ADDRESS

<u>NAME</u>	<u>ADDRESS</u>
Rocky Smith	city of Huxley
Bill Vaughn	Mainstream Living Inc.
David Thom	City of Cambridge
Joby Brogden	SC Facilities mgmt
Melissa Spenser	SCLMA
Jessica Reynolds	SCAO
DUSTIN INGRAM	AEDC
Todd Lundvall	BOS
Shanna Speer	Nevada Public Library
Steve Gast	Maxwell
Doug Miller	Maxwell
Karen Hermanson	Story City
Erin Conroy	Collins
John Kleckus	Ames
Karla Webb	Community Serv
Mike Cox	Conservation
Joanna Minkley	And
JAY WILSON	STORY CITY
Noelle Melan	BOS
Alessa Leinen	BOS
Paul H. Fitzgerald	Sheriff
Christine Jourdahl	SSO
Jessie	SSD
Mike Ferris	SCSO



**APPROVED**  
Board Member Initials: AM  
Meeting Date: 7/23/19  
Follow-up action: \_\_\_\_\_

## Story County Priorities For Fiscal Year 2020-21

**\*\*Services funded by Story County must be available and accessible countywide\*\***

The following service categories are listed in a prioritized order (sub-bullets are not prioritized):

1. Services addressing basic needs
  - Affordable, quality childcare
  - Affordable, quality housing (including temporary/transitional housing)
  - Transportation
  - Food and nutrition
  - Access to medical, dental, mental health, substance abuse, and co-occurring care
  
2. Services addressing safety and well-being needs
  - Legal assistance
  - Social and educational development and opportunities
  - Access to emergency services
  
3. Services promoting self-sufficiency
  - Services and supports allowing people to remain in their homes
  - Education and awareness



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

Memorandum

To: Story County Board of Supervisors

From: Michael D. Cox, Director *ll*

Date: July 23, 2019

Re: Consideration of Request to Engage the Trust for Public Lands for Technical Assistance in Identifying Potential Sustainable Funding Measures for Land and Water Conservation.

Sustainable funding for conservation has been a subject of much discussion locally and statewide for the last decade. The Conservation Board's strategic plan calls for reviewing options for this funding. I am proposing that we request assistance from The Trust for Public Land in connection with our efforts to develop and sustain reliable, ongoing sources of funding for land conservation. We are interested not only in the factual information that they can provide, but also their opinions and recommendations on public funding measures available to us and strategies to enact such measures. That would include understanding the public's priorities and attitudes concerning land preservation, water quality, and natural areas--including parks, trails, and fish and wildlife habitat--and how the public would respond to different methods of presenting those issues.

The Trust for Public Land is the national leader in funding mechanisms for land and water conservation. They have successfully identified mechanisms in several local jurisdictions throughout Iowa and nationally. The Conservation Board requests approval to send them a letter of request for their services as outlined above, from both Boards. This request does not in any way commit public funds to the efforts of The Trust for Public Land related to this request, nor does it require public disclosure of any confidential information of either organization.

The Story County Conservation Board urges your approval.

*Mudamku*  
Approval

7/23/19  
Date

Disapproval

Date



**STORY COUNTY  
BOARD OF SUPERVISORS**

**LISA HEDDENS  
LINDA MURKEN  
LAURIS OLSON**

Story County Administration  
900 Sixth Street  
Nevada Iowa 50201  
515-382-7200  
515-382-7206 (fax)

Mr. Will Abberger  
Vice President, Director of Conservation Finance  
The Trust for Public Land  
306 N. Monroe Street  
Tallahassee, FL 32301

Dear Mr. Abberger:

The Story County Conservation Board and the Story County Board of Supervisors request a quote to provide technical advice and assistance from The Trust for Public Land in connection with our efforts to develop and sustain reliable, ongoing sources of funding for land conservation. As part of your advice and assistance, I understand you may undertake feasibility research, including studying local laws and recent elections; conducting a public opinion survey; providing recommendations regarding program design; and assisting with the development of strategies for supporting dedicated, ongoing sources of public funds for land conservation.

We are interested not only in the factual information that you can provide, but also your opinions and recommendations on public funding measures available to us and strategies to enact such measures. That would include understanding the public's priorities and attitudes concerning land preservation, water quality, and natural areas--including parks, trails, and fish and wildlife habitat--and how the public would respond to different methods of presenting those issues.

Information provided to the Story County Board of Supervisors and Story County Conservation Board will be public record as a matter of law. This request does not in any way commit public funds to the efforts of The Trust for Public Land related to this request, nor does it require public disclosure of any confidential information of either organization.

This request will continue in effect for any advice you offer or presentations you submit for the use of this body related to such matters. In addition, we would like to take this opportunity to request that you continue to be available to provide technical advice and assistance in this area and on related matters in the future.

Thank you.

Sincerely,

Linda Murken  
Chair, Story County Board of Supervisors

Craig Meyers  
Chair, Story County Conservation Board

## Report for Story County Board of Supervisors

Mainstream Living currently serves individuals in 2 different types of programs for Story County. The Home and Community Based Waiver and the Center (Day Habilitation). Some individuals may receive more than one type of service while others may only receive one specific service. The majority of individuals receiving services are funded thru Medicaid, with a few receiving their funding from Story County. The total numbers of individuals served in Story County are as follows:

### **Home and Community Based Services –**

Hourly Supported Community Living (SCL) services – 23 individuals  
Daily SCL services - 46 individuals in 13 Sites  
Medically Fragile – 5 individuals at 1 Site

### **Mainstream Center –** Some individuals may be included in multiple services below

Day Habilitation @ Day Hab services – 83 individuals  
Enclaves – 42 individuals

- 1) Of the numbers above, Story County (CICS) currently pays for 1 individual receiving ¼ hour Enclave services. During FY 17-18, we received \$1,841. We are on track to receive \$1,975 for this fiscal year. Mainstream requested \$2,000 for FY 19-20 and were allocated \$2,000.
- 2) Story County (CICS) currently pays for 0 individuals (1 individual was paid for the 1<sup>st</sup> 3 mos. Of the fiscal year) receiving full-day Day Habilitation services. During FY 17-18 we received \$19,977 for those services. We are on track to receive \$3,187 this fiscal year. We requested \$19,977 for FY 19-20 and were allocated \$19,997.
- 3) Story County (CICS) currently pays for 2 individuals receiving ¼ hour SCL services. During FY 17-18 we received \$2,379 for those services. We are on track to receive \$1,087 this fiscal year. We requested \$2,780 for FY 19-20 and were allocated \$2,780.
- 4) Story County (CICS) currently pays for 0 individuals receiving ¼ Hour Day Habilitation services. During FY 17-18 we received \$86 for those services. We are on track to receive \$94 this fiscal year. We requested \$70 for FY 19-20 and were allocated \$70.

Respectfully submitted,

William Vaughn, MSW, LISW  
President and CEO  
Mainstream Living, Inc.,

NOTICE OF APPOINTMENT

PERSON APPOINTED: Richard Parker, John Klaus, Joseph Cahill

BOARD COMMISSION OR COMMITTEE APPOINTED TO:

Compensation Board

LENGTH OF TERM: \_\_\_\_\_

(IS THIS APPOINTMENT TO FILL AN UNEXPIRED TERM? No

IF SO, WHOSE TERM? \_\_\_\_\_

WHO NEEDS TO BE NOTIFIED? \_\_\_\_\_

\_\_\_\_\_

DATE APPOINTED: 7/16/19

DATE TERM EXPIRES: 6/30/23

**APPROVED** **DENIED**  
Board Member Initials: pm  
Meeting Date: 7/23/19  
Follow-up action: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NOTICE OF APPOINTMENT

PERSON APPOINTED: Nathan Hostetter

BOARD COMMISSION OR COMMITTEE APPOINTED TO:

Compensation Board

LENGTH OF TERM: \_\_\_\_\_

(IS THIS APPOINTMENT TO FILL AN UNEXPIRED TERM? No

IF SO, WHOSE TERM? \_\_\_\_\_

WHO NEEDS TO BE NOTIFIED? \_\_\_\_\_

\_\_\_\_\_

DATE APPOINTED: 7/16/19

DATE TERM EXPIRES: 6/30/23

**APPROVED** **DENIED**  
Board Member Initials: gmc  
Meeting Date: 7/23/19  
Follow-up action: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

With no further comments for or against the proposal, the Mayor declared the hearing terminated at 6:10 p.m.

- B. Resolution No. 001 (2019/2020): A Resolution approving Development Agreement with Verbio North America Corporation, Authorizing Annual Appropriation Tax Increment Payments and Pledging Certain Tax Increment Revenues to the Payment of the Agreement

Motion by Brian Hanson, seconded by Jason Sampson, to **adopt Resolution No. 001 (2019/2020)**. After due consideration and discussion the roll was called. Aye: Hanson, Sampson, Spence, Ehrig, Mittman, Nealson. Nay: None. The Mayor declared the motion carried.

7. Approval of CONSENT AGENDA (Any item on the Consent Agenda may be removed for separate consideration.)

Motion by Dane Nealson, seconded by Brian Hanson, to **approve the following consent agenda items:**

- A. Approve Minutes of the Regular Meeting held on June 24, 2019
- B. Approve Payment of Cash Disbursements, including Check Numbers 71661-71716 and Electronic Number 653 (Inclusive) Totaling \$511,584.31 (See attached list)
- C. Approve Financial Reports for Month of May, 2019
- D. Approve sign for Lincoln Highway Days on the Lincoln-Jefferson Highway Heritage Park fence
- E. Approve Renewal of Class "C" Beer Permit and Sunday Sales Privileges, Good and Quick Co, 519 Lincoln Ave, Nevada, IA, Effective August 11, 2019

After due consideration and discussion the roll was called. Aye: Nealson, Hanson, Mittman, Sampson, Spence, Ehrig. Nay: None. The Mayor declared the motion carried.

8. MAYOR'S APPOINTMENTS

- A. Library Board:

- 1-Appointment of Allison Severson and Elizabeth Klaes, terms to expire 6/30/25
- 2-Appointment of Eric Gabrielson (County Representative), term to expire 6/30/25

Motion by Jason Sampson, seconded by Luke Spence, to **approve the Mayor's appointments of Allison Severson, Elizabeth Klaes and Eric Gabrielson (County Representative) to the Library Board, term expires for all seats on 6/30/25.** After due consideration and discussion the roll was called. Aye: Sampson, Spence, Ehrig, Hanson, Mittman, Nealson. Nay: None. The Mayor declared the motion carried.

9. PUBLIC FORUM

- A. There was no one present who wished to address the Council at this time.

10. OLD BUSINESS

- A. Resolution No. 002 (2019/2020): A Resolution Accepting and Approving the Minor Subdivision for Nevada Business Park, Fifth Addition, Nevada, Story County, Iowa

**APPROVED**  
Board Member Initials: *JSH*

Meeting Date: 7/23/19  
Meeting Location: Nevada, Story County, Iowa

---

**CHAPTER 22**  
**LIBRARY BOARD OF TRUSTEES**

---

22.01 Definitions ( <i>Reserved</i> )	22.08 Nonresident Use
22.02 Public Library	22.09 Expenditures
22.03 Library Trustees	22.10 Annual Report
22.04 Qualifications of Trustees	22.11 Injury to Books or Property
22.05 Organization of the Board	22.12 Theft
22.06 Powers and Duties	22.13 Notice Posted
22.07 Contracting with Other Libraries	

**22.01 DEFINITIONS.**

[Reserved for future use.]

**22.02 PUBLIC LIBRARY.**

The public library for the City is known as the Nevada Public Library. It is referred to in this chapter as the Library.

**22.03 LIBRARY TRUSTEES.**

The Board of Trustees of the Library, hereinafter referred to as the Board, consists of six resident members and one nonresident member. All resident members are to be appointed by the Mayor with the approval of the Council. The nonresident member is to be appointed by the Mayor with the approval of the County Board of Supervisors.

**22.04 QUALIFICATIONS OF TRUSTEES.**

All resident members of the Board shall be bona fide citizens and residents of the City. The nonresident member of the Board shall be a bona fide citizen and resident of the unincorporated County. Members shall be over the age of eighteen (18) years.

**22.05 ORGANIZATION OF THE BOARD.**

The organization of the Board shall be as follows:

1. Term of Office. All appointments to the Board shall be for six years, except to fill vacancies. Each term shall commence on July 1. Appointments shall be made every two years of one-third the total number or as near as possible, to stagger the terms.

2. Vacancies. The position of any resident Trustee shall be vacated if such member moves permanently from the City. The position of a nonresident Trustee shall be vacated if such member moves permanently from the County or into the City. The position of any Trustee shall be deemed vacated if such member is absent from six (6) consecutive regular meetings of the



D-U-N-S 09-4738007  
FED. ID 58-2608861

District # 320  
11318 AURORA AVE  
URBANDALE, IA 50322-  
515-278-4100

Johnson Controls Fire Protection LP

<b>INVOICE NO.</b> 21059239	<b>INVOICE DATE</b> 07-01-19	<b>CUSTOMER PO</b>
<b>CONTRACT #</b> 141618	<b>MODIFIER</b> R01-APR-2019	
<b>PAYMENT TERMS</b> NET 30		

**Bill To:** 320-00289793  
Story Co Facilities Management  
900 6th St  
NEVADA IA 50201-2004

**Ship To:** 320-00289793  
Story Co Facilities Management  
900 6th St  
NEVADA IA 50201-2004

**Requestors Name:** AL HAHN, PROP MANAGER,

CONTRACT DESCRIPTION	CONTRACT START DATE	CONTRACT END DATE
STORY CO FACILITIES MANAGEMENT-900 6TH ST-00289793	01-AUG-19	31-JUL-20

INVOICE NOTES:

**APPROVED** **DENIED**  
 Board Member Initials:                       
 Meeting Date: 7/23/19  
 Follow-up action:                                     

Total Contract Amount	-	\$704.16	Amount Of Current Invoice	-	\$704.16
			Sales Tax	-	\$0.00
			Total Amount Included	-	\$704.16
			Payment Received	-	\$0.00
<b>Total Amount Due</b>					<b>\$704.16</b>



REMITTANCE COPY

PLEASE TEAR OFF AND RETURN THIS PORTION WITH YOUR PAYMENT - WRITE INVOICE NO. ON YOUR CHECK.

TOTAL AMOUNT DUE  
704.16

**BILL TO** Story Co Facilities Management  
320-00289793  
**SHIP TO** Story Co Facilities Management  
320-00289793

INVOICE NUMBER 21059239  
INVOICE DATE 07-01-19  
CUSTOMER P.O.

**REMIT TO** Johnson Controls Fire Protection LP  
Dept. CH 10320  
Palatine , IL 60055-0320

6000070416521059239



District # 320  
 11318 AURORA AVE  
 URBANDALE, IA 50322-  
 515-278-4100

Johnson Controls Fire Protection LP

INVOICE NO.  
 21059239

DATE OF INVOICE  
 07-01-19

**INVOICE CONTRACT DETAIL**

Service Plan Name	Billing Start Date	Billing End Date	Ship To Address	Covered Product	Qty	Description	Amount
ALARM & DETECTION-MONITORING	01-AUG-19	31-JUL-20	900 6th St, , NEVADA, IA	SYSTEM-FA-SIMPLEX 4100U FA-MONITRNG	1 1	SIMPLEX 4100U SYSTEM ** IB ONLY ** MONITORING	\$704.16



**STORY COUNTY  
BOARD OF SUPERVISORS**

**LISA HEDDENS  
LINDA MURKEN  
LAURIS OLSON**

Story County Administration  
900 Sixth Street  
Nevada Iowa 50201  
515-382-7200  
515-382-7206 (fax)

July 16, 2019

Story County Board of Supervisors  
900 6<sup>th</sup> Street  
Nevada, IA 50201

Re: 2019 United Way Day of Caring

Dear Board of Supervisors,

The United Way of Story County's Day of Caring will be held on Friday, September 13<sup>th</sup>. Story County participated in the United Way of Story County's Day of Caring the past four years, and has been contacted to see whether County staff would be interested in participating in the 2019 event. Please consider supporting the United Way of Story County's Day of Caring by allowing employees to volunteer and consider the volunteer hours worked as part of their work hours. Individual employees would need to get approval from their department head/elected official based on individual office/department coverage in order to continue services to the public. Documentation as to the number of hours volunteered will need to be provided by the employee in order to get credit for hours worked.

Thank you in advance for your consideration.

Sincerely,

Alissa Wignall  
Director of Internal Operations and Human Resources

**APPROVED**      **DENIED**

Board Member Initials: AW

Meeting Date: 7/23/19

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

\_\_\_\_\_

\_\_\_\_\_

## COUNTY SUBSTANCE ABUSE PREVENTION SERVICES AGREEMENT

THIS AGREEMENT is made and executed this 1<sup>st</sup> day of July 2019 by and between the STORY COUNTY BOARD OF SUPERVISORS (hereinafter referred to as "BOS."), and YOUTH AND SHELTER SERVICES (SUBCONTRACTOR) (hereinafter referred to as "YSS.") whose address is 420 Kellogg, Ames, IA 50010 to utilize the County Substance Abuse Prevention Services grant funds proposed to be \$10,000.00. All parties to this Agreement desire to provide comprehensive substance abuse prevention services. Services will include but not be limited to those outlined in the 'Description of Work' as stated in the grant proposal for FY 2020. It is hereby agreed as follows:

1. The plan, as illustrated by the FY20 County Substance Abuse Prevention Services application will be carried out. The total subcontract amount is \$40,000 (line item budget attached). Any amendments to the plan will be carried out by the request to modify. This will be adhered to by all parties.
  - a. The YSS mentoring program will serve up to 200 youth in Story County in multiple school districts and by participating in the mentoring relationships the youth will increase or maintain their perception of risk/harm related to alcohol, tobacco and other drugs.
  - b. The YSS Kids Club programs will serve up to 200 youth in 3 Story County, implementing Lion's Quest curriculum within the program. The program will maintain or increase the knowledge base for resisting substances.
2. The sub-contractor's (YSS) responsibilities are as follows:
  - a. Agrees to comply with the specific components of the County Substance Abuse Prevention Services Contract of the Iowa Department of Public Health (hereinafter referred to as DEPARTMENT), and DEPARTMENT special and general conditions dated 7/1/19. YSS is responsible for all services outlined in county application which includes providing substance abuse programming in Story County schools. YSS will assure compliance with all special and general conditions of the Agreement. This will assure continuity of care for Story County residents across all age groups.
  - b. Will comply with all relevant provisions of the Iowa Civil Rights Act of 1965, as amended, Iowa Executive Order No. 15 of 1973, Federal Executive Order 11246 of 1965, as amended by Federal Executive Order 11375 of 1967, the Equal Employment Opportunity Act of 1972, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975. YSS in completing this contract shall comply with Title VI Civil Rights Act of 1964 (PL88-352) so that no person will be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination on the grounds of race, creed, color, religion, national origin, sex, age or physical or mental disability.
  - c. Shall provide personal liability insurance coverage for employees performing services under this Agreement. It is agreed that YSS is at all times an independent contractor and shall be outside the control of Story County as to the manner of performing services. Staff performing services under the Agreement are not employees, agent or officers of Story County. Proof of such insurance coverage by certificate shall be provided to the Board by YSS at the commencement of services under this Agreement and, thereafter, upon any renewal of coverage.

- d. YSS shall hold harmless, indemnify and defend Story County against any and all claims, losses, damage or lawsuits from third parties arising from or related to the provision of services under this Agreement.
  - e. The subcontractor shall provide the DEPARTMENT, the CONTRACTOR, and any of their duly authorized representatives with access, for the purpose of audit and examination, to any documents, papers, and records of the subcontractor pertinent to the subcontract.
  - f. Shall provide a yearly report of its activities relating to the services provided under this Agreement to the BOS, or most frequently, upon request.
  - g. Will submit bills by the 10<sup>th</sup> day of October, January, April and July for the preceding quarter's services. Will maintain records to ensure expenditures do not exceed the approved appropriations.
3. If any provisions contained herein shall be in conflict with the laws of the State of Iowa, or shall be declared to be invalid by a Court of record of this State, such invalidity shall be construed to affect only such portions as are declared invalid or in conflict with the law. Any remaining portion ruled valid by the Court shall continue to be in effect.
  4. This Agreement may be canceled by either the BOS, or YSS upon ninety (90) days written notice.
  5. The term of this agreement shall be from July 1, 2019, until June 30, 2020. Thereafter, the agreement will be renegotiated from year to year. This agreement may be amended at any time by mutual agreement. The amount of funds for each grant is identified on the Iowa Department of Public Health contract fact sheet.
  6. This plan will support the local Comprehensive Needs Assessment as well as the Healthy Iowans 2020 plan.

AGREED AND EXECUTED THIS 23 DAY OF July, 2019

**STORY COUNTY BOARD OF SUPERVISORS**

BY:  Date 7/23/19  
 Chair, Board of Supervisors

**YOUTH AND SHELTER SERVICES**

BY:  Date 7/11/19  
 Andrew Allen, CEO

## SUBCONTRACTOR LINE ITEM BUDGET

<b>Staff Position</b>	<b>Role</b>	<b>Salary and Benefits to Project</b>	<b>IDPH</b>	<b>Match</b>
CYFD Director	Supervision	\$5,000		\$5,000
Five Mentoring Facilitators	Mentoring Program Implementation	\$15,000	\$5,000	\$10,000
Four Kids Club Supervisors	Kids Club Curriculum	\$15,000	\$4,000	\$11,000
Kids Club Manager	Supervision Kids Club Curriculum	\$5,000	\$1,000	\$4,000
<b>Totals</b>		\$40,000	\$10,000	\$30,000

**STORY COUNTY HOUSING TRUST  
RENTAL ASSISTANCE PROGRAM  
GRANT AGREEMENT**

**SUMMARY**

**GRANT PERIOD:** May 21, 2019– May 21, 2021

**GRANTEE:** Story County Board of Supervisors- Home Base Iowa

**CONTACT INFORMATION:**

Leanne Harter  
Story County Administration  
900 6<sup>th</sup> Street  
Nevada, Iowa 50201

**TOTAL DOLLAR AMOUNT APPROVED FOR FY2019 - FY2020:**

**Rental Assistance:** \$17,600.00

**SCHT BOARD APPROVAL DATE:** May 21, 2019

**AGREEMENT**

An Agreement between Story County Board of Supervisors- Home Base Iowa (HBI) "Grantee" and the Story County Housing Trust (SCHT) as "Grantor".

**WITNESSETH**

**NOW, THEREFORE,** in mutual consideration of the respective promises and benefits contained herein, the parties agree as follows:

Agreement Effective Date: **05/21/2019**

Agreement Expiration Date: **05/21/2021**

**WHEREAS,** the SCHT provides reimbursement of monies to assist Grantee with removing barriers to obtaining or maintaining rental assistance to individuals and families with incomes <50% area median income in Story County.

**WHEREAS,** Grantee is qualified to receive grant funds from the SCHT and has the necessary ability to manage and apply such funds to eligible costs for the programs operated by the Grantee; Grantee agrees to comply with the policies, procedures and rules of the SCHT.

**NOW, THEREFORE,** in mutual consideration of the respective promises and benefits contained herein, the parties agree as follows:

Grantee will utilize funding for Rental Assistance from Story County Housing Trust for the following areas: rent, deposits, application fees, and utility payments. The intention of this funding is to offer individualized assistance designed to assist clients in obtaining permanent housing. The funding will assist clients who would otherwise not enter housing due to excessive requirements for application fees or deposits as well as clients who have utility arrears or deposits. Grantee will make all payments to a third party vendor.

**Section 1. Scope of Grant Agreement.**

To be eligible for SCHAT assistance, the client must be eligible and follow Grantee's criteria, policy and procedures for Rental Assistance; and have a way to pay their rent and/or utilities ongoing once in the unit.

Criteria for use of SCHAT funding will be in accordance with Grantee's current funding criteria for individuals/families; besides a maximum of \$2,000.00 per household per year is mandatory; and limited to Story County residents ONLY.

**GUIDELINES**

- Application fees (a maximum of 2 per person and up to \$40 per application OR Grantee's limitations for Application fees.)
- Rental Deposits (up to a double deposit for client with additional barriers to housing)
  - If a client successfully maintains the unit in good standing and chooses to move, the deposit would return to Grantee to be re-distributed to other eligible residents of Story County.
- Utility Deposits
- Utility Arrears to assist the client with obtaining utilities in their name.
  - May be a partial payment depending on the amount owed to third party. Grantee would ensure that the client could enter into a payment agreement and would be able to pay it ongoing.
  - A client may be asked to utilize other community resources for a portion of their utility arrears to lessen the amount paid by the SCHAT.

**WHEREAS,** Grantee shall obtain a **Landlord Acknowledgment of Return Deposit** prior to issuing the deposit to the Landlord.

Once documentation has been received, Grantee will follow their agency procedures in regards to issuing the third party payments.

**Section 2. Program Records**

Grantee staff will be responsible for the following, tracking and reporting clients usage of SCHAT monies. Demographic reporting corresponding to, supporting, and documenting the request must be completed. Form attached as Exhibit B. Or other forms of reporting may be substituted for Exhibit B if the report contains the minimum of the following:

- address of client (or agency assurance address is within Story County ACCESS shelter clients only)
- Type(s) of assistance provided
- Demographic information
- Percentage of Area Median Income for the household

Management will be responsible for tracking all client assistance provided and will provide reports to SCHAT as required when submitting grant reimbursement Payment Requests.

**Section 3. Grantee Payment.**

Disbursement of grant proceeds shall be subject to receipt by SCHAT of a Payment Request Form. Form attached as Exhibit C. Disbursements of grant proceeds shall be made on a reimbursable basis, after costs have been incurred by the Grantee. Payments will be made within thirty (30) days of the receipt of the Payment Request Form. Reimbursements can be submitted weekly, monthly or quarterly basis.

The Grantee must apply grant proceeds to eligible costs within the grant period; if grant proceeds are not applied, the Grantee's remaining balance on account will revert back to the SCHAT and redistributed as the Board of Directors allows.

**Section 4. Withholding of Grant Funds.**

The Grantee certifies that it will satisfy all conditions of this Agreement. The SCHAT may withhold funds if it reasonably determines that the Grantee is in breach of this the Agreement or failing to cooperate in verifying compliance with this Agreement. If the SCHAT withholds funds under this section, it must notify Grantee of the reason for withholding and what records it needs to review prior to reinstating payment of funds. Upon review of the information provided by the grantee, the SCHAT may or may not choose to reinstate payments. If the payments are suspended the grantee may request to appeal the decision in front of an Appeals committee appointed by the SCHAT Board of Directors Chairperson. The grantee will have ten (10) days to request a hearing and the decision of the appeals committee will be final.

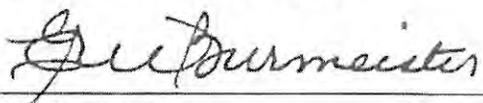
**Section 5. Litigation.**

In carrying out the provisions of this Agreement or in exercising any power or authority granted to the Grantee hereby, there shall be no liability, personal or otherwise, upon the SCHAT.

**Section 6. Designation of Representatives.**

Eric Burmeister, Administrator, is the SCHAT's representative authorized to execute or negotiate any changes in or to this Agreement. Linda Murken is the Grantee's representative authorized to execute or negotiate any changes in or to this Agreement.

**Story County Housing Trust**

By   
Eric Burmeister  
Administrator

**Story County Board of Supervisors**

By   
Linda Murken  
Board Chair

Date: 7/23/19

RECEIVED

JUL 17 2019

STORY COUNTY  
BOARD OF SUPERVISORS

**EXHIBIT A  
GRANTEE STATUS REPORT**

\_\_\_\_\_ Semi-Annual Report  
\_\_\_\_\_ Final Report

Contract Number: HBI052119RA

(See instructions and add additional sheets if necessary)

1. Grantee: \_\_\_\_\_ 2. Agreement Date: May 21, 2019  
3. Period Ending: \_\_\_\_\_ 4. Estimated Completion Date: \_\_\_\_\_  
5. Approved Dollar amount of the Grant: \$17,600.00

6. ACTIVITY PROGRESS (Summary of project and status to date. Include status of grant funds expended):

\_\_\_\_\_ % Complete

7. ASSESSMENT OF PROGRESS:

8. CORRECTIVE ACTIONS REQUIRED (if necessary):

9. UPCOMING ACTIVITIES PLANNED:

10. Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

11. Signature: \_\_\_\_\_ Title: \_\_\_\_\_

**INSTRUCTIONS  
GRANTEE STATUS REPORT (EXHIBIT A)**

GENERAL INSTRUCTIONS

Please type the required information. This report is to be completed semi-annually. Indicate at the top of the report if it is a semi-annual report or the final report. Semi-Annual Reports **are due on the 15<sup>th</sup> day of January and July**. Final Performance Report is due (30) days after the end of the budget year with respect to which the grant was made.

- 1) GRANTEE: Self-explanatory.
- 2) AGREEMENT DATE: Self-explanatory
- 3) PERIOD ENDING: Enter the date of the last day of the reporting period for which the report is being filed (June 30, 20xx or December 31, 20xx).
- 4) ESTIMATED COMPLETION DATE: The expected date of your Rental Assistance grant funding will run out.
- 5) APPROVED DOLLAR AMOUNT OF GRANT: Self-explanatory
- 6) ACTIVITY PROGRESS: Include in this section the status of funds expended. The percent (%) of the project that has been completed
- 7) ASSESSMENT OF PROGRESS: Assess the progress made overall in the activity in achieving your project goal.
- 8) CORRECTIVE ACTIONS: When you have not or will not be able to stay on schedule, identify the problem encountered and actions being taken to correct the problem. If you cannot correct the timing problems and need to request an Agreement amendment, a separate letter and justification must be submitted.
- 9) UPCOMING PERIOD ACTIVITIES PLANNED: Self-explanatory.
- 10) SUBMITTED BY AND DATE: Printed or typed name of person completing report and date the report was written.
- 11) SIGNATURE AND TITLE: of the person completing the report.

**Send reports to:** Polk County Housing Trust Fund  
505 5<sup>th</sup> Avenue, Suite 1000  
Des Moines, IA 50309  
or  
[lkauzlarich@pchtf.org](mailto:lkauzlarich@pchtf.org)



**PAYMENT REQUEST FORM  
Exhibit C**

**Grantee Name and Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Contract Number:** HBI052119RA

Pursuant to, and in accordance with, the provisions of the Grant Agreement dated as of May 21, 2019 (the "Agreement"), between the SCHAT and HBI (the "Grantee"), the SCHAT is hereby requested to pay to the Grantee the sum of \$\_\_\_\_\_ to be used for reimbursement (include demographic information and invoices) and made payable to:

\_\_\_\_\_ and sent to the following address:

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

Such amount represents payments for: \_\_\_\_\_

\_\_\_\_\_

**IT IS HEREBY CERTIFIED THAT:**

(a) None of the items for which disbursement is requested has been previously paid under this Agreement;

(b) The obligation with respect to which this disbursement is being requested has been properly incurred in accordance with the Agreement with respect to the Program set forth in the approved SCHAT Grant Application and is a proper charge under the Agreement;

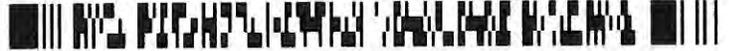
**AUTHORIZED GRANTEE  
REPRESENTATIVE:**

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

\_\_\_\_\_  
Signature

Send requests to: Polk County Housing Trust Fund  
505 5<sup>th</sup> Avenue, Suite 1000  
Des Moines, IA 50309  
or  
[kauzlarich@pcht.org](mailto:kauzlarich@pcht.org)

Instrument #: 2019-06389  
07/23/2019 02:55:38 PM Total Pages: 4  
28E 28E AGREEMENTS  
Recording Fee: \$ 0.00  
Stacie Herridge, Recorder, Story County Iowa



Return to:  
Story County Auditor's Office  
Shelly Bellile (will call)

Return to &  
Prepared by Sue McCaskey, Story County Animal Control, 975 West Lincoln Way, Nevada, IA 50201 515-382-3338

## ANIMAL RESCUE SERVICE CONTRACT

This contract and Agreement is entered into by and between Story County, Iowa and the City of Colo, Iowa pursuant to the authority, and by the procedures of Chapter 28E, Code of Iowa.

1. Purpose:

Under this contract, Story County shall provide said City with services of domestic animal rescue as set forth more specifically in succeeding paragraphs herein with the exception of 2(e) and (f). Story County will not provide service with regard to wild animals except as noted below in the Scope of Services, and in the sole discretion of Story County.

2. Scope of services (pursuant to Story County Code of Ordinances):

- a. Transportation of animals impounded by the contracting city.
- b. Shelter and board for the impounded animals.
- c. Issuance of applicable impoundment charges on impounded animals pursuant to Story County Code of Ordinances.
- d. Cat, dog, and other small domesticated animal adoption service for appropriately impounded animals.
- e. Investigation and disposition of rabid, sick or injured animals.
- f. Supervision of quarantine procedures and rabies testing.
- g. Collection and impounding of City trapped cats.
- h. Arrange for emergency veterinary care or provision of first-aid treatment.
- i. Provision of humane euthanasia of unclaimed cats and dogs pursuant to Iowa Code 351.37.
- j. Rescue of animals in unusual or emergency circumstances (i.e. flood waters, fire, etc., with permission from appropriate City Official).
- k. One letter sent to resident of said City when requested by said City and only after prior attempts at resolution by City.

Any other animal control related problem may be dealt with at the Animal Control Officer's discretion.

**\*The City understands that all service is subject to the Animal Control Officer's availability and discretion with the expressed approval of a City Official, except in emergencies.\***

ASK Check and Initial here if City prefers to be notified prior to Animal Control Officer's response in non-emergency situations. If you checked the box, please provide a twenty-four (24) hour phone number: AMY KORNWIS 515-460-4750

3. Consideration: (Quarterly billing)

The City will pay Story County, Iowa, based on the following fee schedule:

(No trip charge will be assessed from 8:00 a.m. to 3:00 p.m., Monday – Friday)

- a. \$50.00 per officer involved, per trip between the hours of 3:00 p.m. and 8:00 a.m., Monday through Friday, all day Saturday, Sunday and holidays.
- b. \$25.00 per trip for investigations (regardless of whether or not an animal is detained), confining an animal, and other services as needed.
- c. \$6.50 per day up to a maximum of seven (7) days per unclaimed dog for boarding and transportation costs.
- d. \$5.50 per day up to a maximum of seven (7) days per unclaimed cat for boarding and transportation costs.
- e. \$5.50 per day up to a maximum of seven (7) days per unclaimed exotic animal for boarding and transportation costs.
- f. \$10.00 per day up to a maximum of seven (7) days per unclaimed head of livestock for boarding and transportation costs. Depending on animal size, if a trailer is needed to transport an animal, add an additional \$35.00.
- g. \$15.00 for euthanasia of each unclaimed or unwanted cat not held for seven (7) days, due to sickness, injury or rabies testing.
- h. \$25.00 for euthanasia of each unclaimed or unwanted dog not held for seven (7) days, due to sickness, injury or rabies testing.
- i. \$20.00 for euthanasia of each wild animal species such as opossum, raccoon, etc.
- j. \$5.00 per day for rental of cat box trap.
- k. \$8.00 per day for rental of dog box trap.
- l. \$10.00 per citation issued at the request of said City.
- m. \$10.00 handling/transportation charge for all domestic animals held less than seven (7) days.

- n. At the discretion of said City and Animal Control, an animal may be held and boarded for less than a minimum seven (7) days if the animal is:  
Significantly sick or injured, ill-tempered or vicious, feral/wild (not adoptable, applicable to cats and dogs only), believed to have been exposed to a disease infectious to animals or humans.

4. Rescue and removal charges:

For any animal in unusual or emergency circumstances - \$50.00 per trip, per Animal Control Officer needed, and any other applicable fees (which may include, but are not limited to, Sheriff's Office invoices for service).

All diagnostic and/or quarantine costs shall be paid by the City.

5. Recording requirements:

In Accordance with Iowa Code Chapter 28E, a copy of this agreement shall be filed with the Secretary of State and recorded with the Story County Recorder.

6. Termination:

Either party may terminate this agreement without penalty at any time by giving written notice at least thirty (30) days before the effective date of such termination.

7. Effective date:

This agreement shall become effective upon formal passage and execution of the Board of Supervisors above named and upon filing of this agreement with the Secretary of State of Iowa.

8. Duration and term:

The initial term of this agreement shall be for a period of one year commencing on July 1, 2019, and terminating on June 30, 2020. In the interim we will cover your animal control needs, but this agreement shall continue on a year to year basis unless terminated by any party hereto as provided below.

9. Amendment:

This agreement may not otherwise be amended or altered without a written, signed, and filed amendment to the agreement executed by the parties hereto.

In witness whereof the parties hereto have, by their authorized representatives, executed this agreement.

Story County, Iowa

By: [Signature] 7/23/19  
Chairperson Date

City of Colo

By: [Signature] 7/1/19  
Mayor Date

ATTEST

[Signature] 7/23/19  
Auditor Date

[Signature] 7/1/19  
Clerk Date

Story County Animal Control

By: [Signature] 7/23/19  
Animal Control Director Date





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

Memorandum

To: Story County Board of Supervisors

Through: Michael D. Cox, Director

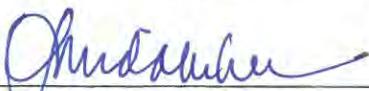
From: Ryan Wiemold, Parks Superintendent

Date: July 23, 2019

Re: Consideration of Contract with Vieco Development and Construction Inc. for the construction of the Hickory Grove Beach House for \$291,459.00.

The attached contract with Vieco Development and Construction Inc. for the construction and site development of the Hickory Grove Beach House. This contract is higher than the engineers estimate but still within a reasonable amount. After thorough discussion of options, SCCB would like to move forward with the contract and will make up the difference in funding for the project from the Conservation Trust Fund.

The Story County Conservation Board urges your approval.

  
Approval

7/23/19  
Date

Disapproval

Date

## CONTRACT

This contract, made as of the 3rd day of July, 2019, by and between the Story County, Iowa, hereinafter called the Owner, and Vieco Development & Construction Inc. hereinafter called the Contractor.

WITNESSETH:

That whereas the Owner intends to have constructed Hickory Grove Beach House hereinafter called the Project, in accordance with the Drawings, Specifications, Addenda and other Contract Documents prepared by WHKS & Co., Consulting Engineers and Planners, Mason City, Iowa.

Now, therefore, the Owner and Contractor for the considerations hereinafter set forth, agree as follows:

The Contractor agrees to furnish all the necessary labor, materials, equipment, tools and services necessary to perform and complete in a workmanlike manner all work required for the construction of the Project, in strict compliance with the Contract Documents.

The Owner agrees to pay and the Contractor agrees to accept, in full payment for the performance of this contract, the contract amount of: Two Hundred Ninety-one Thousand Four Hundred Fifty-nine Dollars and 00/100 (\$291,459.00) in accordance with the provisions of the Contract Documents.

This contract and all of the covenants hereof shall insure to the benefit of and be binding upon the Owner and the Contractor respectively and his/her partners, successors, assigns and legal representatives. Neither the Owner nor the Contractor shall have the right to assign, transfer or sublet his interest or obligations hereunder without written consent of the other party.

By virtue of statutory authority, preference will be given to Iowa domestic labor and products, provisions and coal produced in the State of Iowa.

IN WITNESS WHEREOF, the parties have made and executed this contract the day and year first written.

Vieco Development & Construction Inc.

Contractor

By Paul Vinst

St. Joseph MO

City State

Linda Murken 7/23/19  
Linda Murken, Chairman

Story County Iowa

County State

ATTEST:

Lucy Martin by [Signature]  
Lucy Martin, County Auditor

## PERFORMANCE AND MAINTENANCE BOND

KNOWN BY ALL THESE PRESENTS, That we, the undersigned  
Vieco Development & Construction Inc.

(Hereinafter called the "Principal")

of 5180 SE 70<sup>th</sup> Road, St. Joseph, MO 64507

a/an Corporation

duly authorized by the law to do business as a Construction Contractor in the State of Iowa and  
West Bend Mutual Ins.Co of Middleton, WI. (hereinafter called the "Surety") a Corporation  
duly authorized to do a Surety business under the laws of the State of Iowa, are held and firmly  
bound unto Story County, Iowa (hereinafter called the "Obligee,") in the penal sum of Two  
Hundred Ninety-one Thousand Four Hundred Fifty-nine Dollars and 00/100 (\$291,459.00),  
lawful money of the United States, for the payment of which well and truly to be made unto said  
Obligee, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly  
and severally, firmly by these presents, as follows:

The conditions of this obligation are such that, whereas on the 3<sup>rd</sup> day of July, 2019,  
the said Principal entered into a written agreement with said Obligee for the construction of the  
Hickory Grove Beach House as set forth in detail in the Bid Announcement, Proposal, Plans,  
Specifications, and other related contract documents referred to in said Agreement, all of which  
are hereby made a part hereof as if written herein at length.

NOW, THEREFORE, if the said Principal shall well and truly perform and complete said project  
in strict accordance with said agreement, Bid Announcement, Proposal, Plans, Specifications,  
and related documents shall comply with all the requirements of the Laws of the State of Iowa,  
shall pay as they become due all just claims for work or requirements performed and materials  
furnished in connection with said Agreement, and shall defend, indemnify and save harmless  
said Obligee, against any and all liens, encumbrances, damages, claims, demands, expenses,  
costs and charges of every kind, including patent infringement claims arising out of or in relation  
to the performance of said work and the provisions of said Agreement, and shall guarantee the  
work against defects in workmanship and material during the construction and for two (2) years  
after the time of acceptance of the work, and make good such guarantee; then these presents  
shall be void; otherwise they shall remain in full force and effect.

This obligation is made for the use of said Obligee and also for use and benefit of all persons  
who may perform any work or labor or furnish any material in the execution of said Agreement.

The Principal and Sureties on this bond hereby agree to pay to all persons, firms, or corporations  
having contracts directly with the principal or with subcontractors all just claims due them for labor  
performed or materials furnished, in the performance of the contract on account of which this  
bond is given when the same are not satisfied out of the portion of the contract price which the  
public corporation retains until completion of the public improvement but the Principal and

Sureties shall not be liable to said persons, firms, or corporations unless the claims of said claimants against said portion of the contract price shall have been established as provided by law.

Every Surety on this bond shall be deemed and held, any contract to the contrary notwithstanding, to consent without notice:

1. To the extension of time to the Contractor in which to perform the contract.
2. To any change in the plans, specifications, or contract, when such change does not involve an increase of more than twenty percent (20%) of the total contract price, and shall be released only as to such excess increase.

The said Surety, for value received, hereby stipulates and agrees that no change, extension of time, alteration or addition to the terms of the Agreement or to the work to be performed thereunder or the specifications accompanying the same, shall in anywise affect its obligation on this Bond, and it does hereby waive notice of any such change, extension of time, alteration or addition to the terms of the Agreement or to the work or to the specifications.

IN TESTIMONY WHEREOF, the parties hereunto have caused the execution hereof as of the 3<sup>rd</sup> day of July, 2019.

(SEAL)

ATTEST:



Vieco Development and Construction

By: Paul Viestenz Principal

Title: Paul Viestenz, Owner & President

(SEAL)

ATTEST:



West Bend Mutual Insurance Company

By: Deborah D. Crist Surety

Deborah D. Crist, Attorney-In-Fact



**POWER OF ATTORNEY**

Know all men by these Presents, That West Bend Mutual Insurance Company, a corporation having its principal office in the City of West Bend, Wisconsin does make, constitute and appoint:

DEBORAH D CRIST

lawful Attorney(s)-in-fact, to make, execute, seal and deliver for and on its behalf as surety and as its act and deed any and all bonds, undertakings and contracts of suretyship, provided that no bond or undertaking or contract of suretyship executed under this authority shall exceed in amount the sum of: Seven Million Five Hundred Thousand Dollars (\$7,500,000)

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of West Bend Mutual Insurance Company at a meeting duly called and held on the 21<sup>st</sup> day of December, 1999.

*Appointment of Attorney-In-Fact. The president or any vice president, or any other officer of West Bend Mutual Insurance Company may appoint by written certificate Attorneys-In-Fact to act on behalf of the company in the execution of and attesting of bonds and undertakings and other written obligatory instruments of like nature. The signature of any officer authorized hereby and the corporate seal may be affixed by facsimile to any such power of attorney or to any certificate relating therefore and any such power of attorney or certificate bearing such facsimile signatures or facsimile seal shall be valid and binding upon the company, and any such power so executed and certified by facsimile signatures and facsimile seal shall be valid and binding upon the company in the future with respect to any bond or undertaking or other writing obligatory in nature to which it is attached. Any such appointment may be revoked, for cause, or without cause, by any said officer at any time.*

In witness whereof, the West Bend Mutual Insurance Company has caused these presents to be signed by its president undersigned and its corporate seal to be hereto duly attested by its secretary this 22nd day of September, 2017.

Attest Christopher C. Zwygart  
Christopher C. Zwygart  
Secretary



Kevin A. Steiner  
Kevin A. Steiner  
Chief Executive Officer/President

State of Wisconsin  
County of Washington

On the 22nd day of September, 2017, before me personally came Kevin A. Steiner, to me known being by duly sworn, did depose and say that he resides in the County of Washington, State of Wisconsin; that he is the President of West Bend Mutual Insurance Company, the corporation described in and which executed the above instrument; that he knows the seal of the said corporation; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the board of directors of said corporation and that he signed his name thereto by like order.



Juli A. Benedum  
Juli A. Benedum  
Senior Corporate Attorney  
Notary Public, Washington Co., WI  
My Commission is Permanent

The undersigned, duly elected to the office stated below, now the incumbent in West Bend Mutual Insurance Company, a Wisconsin corporation authorized to make this certificate, Do Hereby Certify that the foregoing attached Power of Attorney remains in full force effect and has not been revoked and that the Resolution of the Board of Directors, set forth in the Power of Attorney is now in force.

Signed and sealed at West Bend, Wisconsin this 3rd day of July, 2019.



Heather A. Dunn  
Heather Dunn  
Vice President – Chief Financial Officer

Notice: Any questions concerning this Power of Attorney may be directed to the Bond Manager at NSI, a division of West Bend Mutual Insurance Company.

**PAYMENT BOND**

KNOWN BY ALL THESE PRESENTS, That we, the undersigned

Vieco Development & Construction Inc.  
(Hereinafter called the "Principal")

of 5180 SE 70<sup>th</sup> Road, St. Joseph, MO 64507

a/an Corporation

duly authorized by the law to do business as a Construction Contractor in the State of Iowa and West Bend Mutual Insurance Co. of Middleton, WI. (hereinafter called the "Surety") a Corporation duly authorized to do a Surety business under the laws of the State of Iowa, are held and firmly bound unto Story County, Iowa (hereinafter called the "Obligee,") in the penal sum of Two Hundred Ninety-one Thousand Four Hundred Fifty-nine Dollars and 00/100 (\$291,459.00), lawful money of the United States, for the payment of which well and truly to be made unto said Obligee, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents, as follows:

The conditions of this obligation are such that, whereas on the 3<sup>rd</sup> day of July, 2019, the said Principal entered into a written agreement with said Obligee for the construction of the Hickory Grove Beach House items as set forth in detail in the Bid Announcement, Proposal, Plans, Specifications, and other related contract documents referred to in said Agreement, all of which are hereby made a part hereof as if written herein at length.

NOW, THEREFORE, if the Principal shall promptly make payment to all persons, firms, Subcontractors, and corporations furnishing materials for or performing labor in the prosecution of the WORK provided for in such contract, and any authorized extension or modification thereof, including all amounts due for materials, lubricants, oil, gasoline, coal and coke, repairs on machinery, equipment and tools, consumed or used in connection with the construction of such work, and all insurance premiums on said work, and for all labor, performed in such work whether by Subcontractor or otherwise, then this obligation shall be void; otherwise to remain in full force and effect.

PROVIDED, FURTHER, that the said Surety for value received hereby stipulates and agrees that no change, extension of time, alteration or addition to the terms of the contract or to the work to be performed thereunder or the specifications accompanying the same shall in any wise affect its obligation on this bond, and it does hereby waive notice of any such change, extension of time, alteration or addition to the terms of the contract or to the work or to the specifications.

PROVIDED, FURTHER, that no final settlement between the Owner and the Principal shall abridge the right of any beneficiary hereunder, whose claim may be unsatisfied.



**POWER OF ATTORNEY**

Know all men by these Presents, That West Bend Mutual Insurance Company, a corporation having its principal office in the City of West Bend, Wisconsin does make, constitute and appoint:

DEBORAH D CRIST

lawful Attorney(s)-in-fact, to make, execute, seal and deliver for and on its behalf as surety and as its act and deed any and all bonds, undertakings and contracts of suretyship, provided that no bond or undertaking or contract of suretyship executed under this authority shall exceed in amount the sum of: Seven Million Five Hundred Thousand Dollars (\$7,500,000)

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of West Bend Mutual Insurance Company at a meeting duly called and held on the 21<sup>st</sup> day of December, 1999.

*Appointment of Attorney-In-Fact. The president or any vice president, or any other officer of West Bend Mutual Insurance Company may appoint by written certificate Attorneys-In-Fact to act on behalf of the company in the execution of and attesting of bonds and undertakings and other written obligatory instruments of like nature. The signature of any officer authorized hereby and the corporate seal may be affixed by facsimile to any such power of attorney or to any certificate relating therefore and any such power of attorney or certificate bearing such facsimile signatures or facsimile seal shall be valid and binding upon the company, and any such power so executed and certified by facsimile signatures and facsimile seal shall be valid and binding upon the company in the future with respect to any bond or undertaking or other writing obligatory in nature to which it is attached. Any such appointment may be revoked, for cause, or without cause, by any said officer at any time.*

In witness whereof, the West Bend Mutual Insurance Company has caused these presents to be signed by its president undersigned and its corporate seal to be hereto duly attested by its secretary this 22nd day of September, 2017.

Attest Christopher C. Zwygart  
Christopher C. Zwygart  
Secretary



Kevin A. Steiner  
Kevin A. Steiner  
Chief Executive Officer/President

State of Wisconsin  
County of Washington

On the 22nd day of September, 2017, before me personally came Kevin A. Steiner, to me known being by duly sworn, did depose and say that he resides in the County of Washington, State of Wisconsin; that he is the President of West Bend Mutual Insurance Company, the corporation described in and which executed the above instrument; that he knows the seal of the said corporation; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the board of directors of said corporation and that he signed his name thereto by like order.



Juli A. Benedum  
Juli A. Benedum  
Senior Corporate Attorney  
Notary Public, Washington Co., WI  
My Commission is Permanent

The undersigned, duly elected to the office stated below, now the incumbent in West Bend Mutual Insurance Company, a Wisconsin corporation authorized to make this certificate, Do Hereby Certify that the foregoing attached Power of Attorney remains in full force effect and has not been revoked and that the Resolution of the Board of Directors, set forth in the Power of Attorney is now in force.

Signed and sealed at West Bend, Wisconsin this 3rd day of July, 2019.



Heather A. Dunn  
Heather Dunn  
Vice President – Chief Financial Officer

Notice: Any questions concerning this Power of Attorney may be directed to the Bond Manager at NSI, a division of West Bend Mutual Insurance Company.



County Outreach and Special Projects Manager  
Story County, Iowa  
Administration Building  
900 6<sup>th</sup> Street, Nevada, Iowa 50201

Ph. 515-382-7247 Email: [lharter@storycountyiowa.gov](mailto:lharter@storycountyiowa.gov)  
[www.storycountyiowa.gov](http://www.storycountyiowa.gov)

**TO:** Story County Board of Supervisors  
**FROM:** Leanne Lawrie Harter, AICP, CFM  
**RE:** Consideration of Pool Funds – Fiscal Year 2020 for the Story County  
Economic Development Group  
**DATE:** July 18, 2019

Attached are approved amounts by the Story County Economic Development Group (SCEDG) on Thursday, July 18, 2019 for pool funds for Fiscal Year 2020. The SCEDG approved \$93,500 for pool funds to the communities of Ames, Cambridge, Collins, Colo, Gilbert, Huxley, Kelley, Maxwell, Nevada, Roland, Slater, Story City, and Zearing. McCallsburg is not eligible to receive funding in FY2020.

Please let me know if you have any questions prior to the meeting.



## SCEDG Financials - FY 2020

Community	Population	Base \$	Certification \$	Fiscal Year 2020 (Pool Funds)		Project Funds		Fiscal Year 2019 (Pool Funds)	
				Population \$ (0.8404198)	Total \$ FY20	Total \$ FY20	Total \$ FY20	Population \$ (0.840106)	Total \$ FY19
Ames	58,935	\$ 500.00	\$ 1,500.00	\$ 49,530.14	\$ 51,530.14	\$ -	\$ 51,530.14	\$ 49,511.65	\$ 51,511.65
Cambridge	827	\$ 500.00	\$ 1,500.00	\$ 695.03	\$ 2,695.03	\$ -	\$ 2,695.03	\$ 694.77	\$ 5,194.77
Collins	495	\$ 500.00	\$ 1,500.00	\$ 416.01	\$ 2,416.01	\$ -	\$ 2,416.01	\$ 415.85	\$ 4,915.85
Colo	876	\$ 500.00	\$ 1,500.00	\$ 736.21	\$ 2,736.21	\$ -	\$ 2,736.21	\$ 735.93	\$ 3,535.93
Gilbert	1,082	\$ 500.00	\$ 1,500.00	\$ 909.33	\$ 2,909.33	\$ -	\$ 2,909.33	\$ 908.99	\$ 2,908.99
Huxley	3,317	\$ 500.00	\$ 1,500.00	\$ 2,787.67	\$ 4,787.67	\$ -	\$ 4,787.67	\$ 2,786.63	\$ 7,286.63
Kelley	309	\$ 500.00	\$ 1,500.00	\$ 259.69	\$ 2,259.69	\$ -	\$ 2,259.69	\$ 259.59	\$ 2,259.59
Maxwell	920	\$ 500.00	\$ 1,500.00	\$ 773.19	\$ 2,773.19	\$ -	\$ 2,773.19	\$ 772.90	\$ 4,972.90
McCallisburg	333	\$ -	\$ -	\$ 279.86	\$ -	\$ -	\$ -	\$ -	\$ -
Nevada	6,798	\$ 500.00	\$ 1,500.00	\$ 5,713.17	\$ 7,713.17	\$ -	\$ 7,713.17	\$ 5,711.04	\$ 7,711.04
Roland	1,284	\$ 500.00	\$ 1,500.00	\$ 1,079.10	\$ 3,079.10	\$ -	\$ 3,079.10	\$ 1,078.70	\$ 5,078.70
Slater	1,489	\$ 500.00	\$ 1,500.00	\$ 1,251.39	\$ 3,251.39	\$ -	\$ 3,251.39	\$ 1,250.92	\$ 3,250.92
Story City	3,431	\$ 500.00	\$ 1,500.00	\$ 2,883.48	\$ 4,883.48	\$ -	\$ 4,883.48	\$ 2,882.40	\$ 7,382.40
Zearing	554	\$ 500.00	\$ 1,500.00	\$ 465.59	\$ 2,465.59	\$ -	\$ 2,465.59	\$ 465.42	\$ 3,965.42
<b>Totals</b>	<b>80,650</b>	<b>\$ 6,500.00</b>	<b>\$ 19,500.00</b>	<b>\$ 67,779.86</b>	<b>\$ 93,500.00</b>	<b>\$ 16,500.00</b>	<b>\$ 110,000.00</b>	<b>\$ 67,474.79</b>	<b>\$ 109,974.79</b>

**Total population of 80,650 excludes Sheldon**

Available	Proposed Expended	
	\$ 6,500.00	
Base	\$ 19,500.00	
Certification	\$ 67,500.00	
Population	\$ 93,500.00	
<b>Project Fund*</b>	<b>\$ 16,500.00</b>	
<b>Total</b>	<b>\$ 110,000.00</b>	

Approved by SCEDG 	Date 7/18/19
Approved by BOS 	Date 7/23/19

\*According to bylaws, maximum towards Project Funds is 15% of total contribution by the Board of Supervisors.



**APPROVED** **DENIED**  
Board Member Initials: AM  
Meeting Date: 7/23/19  
Follow-up action: \_\_\_\_\_

## Story County Economic Development Group Meeting Minutes

April 25, 2019

Gilbert City Hall

ATTENDEES: Greg Schlueter, Delbert Amsden, Doug Miller, Steve Gast, Dave Thom, Jodi Meredith, Sonia Arellano Dodd, Mark Jackson, Stephanie Woodhouse, Karen Denger, Craig Henry, Michael Cox, Susan Erickson, John Hall, Karen Davis, Drew Kamp

1. Welcome and Introductions
2. Approval of Minutes from January 24, 2019

Scott DeYoung motioned, Greg Schlueter second. Passed unanimously.

3. Discussion Regarding Annual Allocation Reports and Appointed Representative

Question was raised about the number of appointments allowed.

4. Economic Development Summit Update

Plans are for September 20<sup>th</sup>. Dustin will need to provide an update via email to the group. It was recommended that Dustin seek approval on topics from the communities at SCEDG.

5. Community and County Updates

### *Slater*

Awarded Catalyst Grant for Gross Wen Technology. Open house for the demo facility will be in June. Starting to consider community center on Main Street.

### *Huxley*

Trail head design is complete and working on easements. Winery and micro brewery moving along with plans to open in August. 3 developments moving with 500+ residential lots. Last HDC lot has been sold.

### *Kelley*

No updates.

### *Colo*

Exploring land for housing development. Auction house is under construction. Niland's has reopened.

*Zearing*

Prairie Rail Trail Expansion is underway. 108 E Main is hoping to be complete mid-summer. 2 buildings the city owns that are being considered for redevelopment.

*Story City*

Eby Expansion will be completed by the end of May for manufacturing and June for the sales office. Soilview construction is scheduled for this summer. 14 of 28 new housing lots are sold. Woodland Farms has created land for 45 housing lots. North Park 2nd phase is under construction. Mall redevelopment is going well.

*Gilbert*

Water plant bid is going out, estimating \$4.7 million. 2/3 through wastewater project at \$4.3 million. 40 acres being developed with residential, town homes, and apartments. The bike trail will be connected through the development.

*Roland*

Pool bond passed for \$3.1 million. Lagoon will be completed by September for \$4.2 million. Bridge through town planned in 2020.

*Cambridge*

Catalyst grant for Legion Building & Huxley Communications for REDL&G secured. Sewer upgrade application is into the DNR.

*Maxwell*

51 acres for development is in the process of sale. Dollar General plans are being reviewed. Sewer plant in design review with DNR.

*Collins*

City Clerk Retired - job is open through May 10th. Annexing land for housing & Landus. Deploying TIF to new areas for street repair. First new house built in a long time currently in process for a sale. Meeting with Flummerfelt to discuss in-fill lots.

*Ames*

Vertex announcement - currently at 81 employees going to 300 in 3 years. ISU Research Park Director announcement expected soon. Comp Plan update underway. Downtown Parking study being conducted. 2 new housing development on the south side of town. Development agreement for Fleet Farm being worked on.

*Nevada*

Downtown redevelopment planning is underway. Verbio construction has started. Burke construction has started.

*Story County*

June 28<sup>th</sup> Tedesco Learning Corridor is opening. Hickory Grove Lake is drained for the summer for construction. Prairie Rail Trail will be completed this summer. Hear of Iowa from Slate to Huxley is planned for this summer.

6. Approval of Calendar Year 2019 Meeting Calendar

Calendar Invites have been sent out. October meeting is in Huxley.

7. Comments Regarding Non-Agenda Items

The Housing Study was brought up as a topic of conversation. Supervisor Olson had originally been working on it and it died at the Story County Supervisors table. It was motioned to continue to conversation with the County regarding a housing study for communities outside of Ames by Gast. Seconded by Henry. Motion passed.

There was conversation about the need for a Flood Plain Manager through a 28E agreement with a number of the communities.

Conversation was had on the Property Tax Bill that recently passed. Additionally, SAVE passed.

Adjourned at 11:07 AM.

Approved by the Story County Economic Development Group on July 18, 2019

## STORY COUNTY UTILITY PERMIT

Date 7/12/19

To the Board of Supervisors, Story County, Iowa:

The Consumers Energy Company, incorporated under the laws of Iowa, with its principal place of business at 2074 242nd St Marshalltown, 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 electric on secondary route 595<sup>th</sup> Ave, from 30177 to under the road, a distance of 365 ft 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 7-12-19

Consumers Energy  
Name of Company (Applicant - Permittee)

Elliot Mayland 641-485-4064  
by Phone no.

Recommended for Approval:

Date 7-15-19

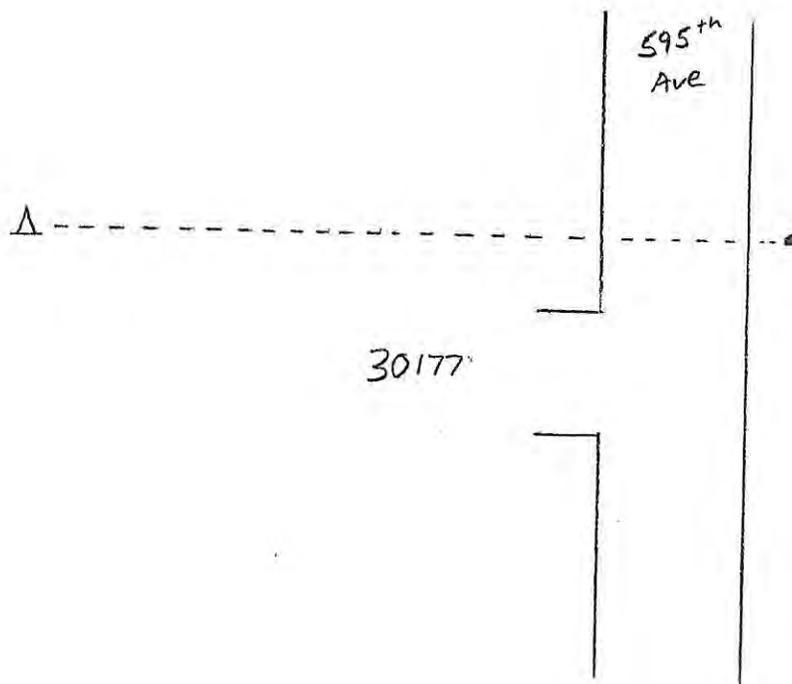
Domenico 515-382-7355  
County Engineer Phone no.

Approved:

Date 7/23/19

Mudamher  
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.



Bore under the road bed a minimum of 4 ft with  
new 7200 volt electric in 2" duct from the pole to  
a new transformer

Instrument #: 2019-06390  
07/23/2019 02:55:38 PM Total Pages: 4  
EASE EASEMENTS  
Recording Fee: \$ 0.00  
Stacie Herridge, Recorder, Story County Iowa



Return to:  
Story County Auditor's Office  
Shelly Bellile (will call)

Prepared by/return to: Ethan Anderson, Story County Assistant Attorney, 1315 South B Ave Nevada, Iowa 50201

Phone: 515-956-2653

Easement Agreement  
and Driveway Maintenance Agreement

DATE:

THIS AGREEMENT is made June 25, 2019 between Story County, Iowa whose address is 900 6<sup>th</sup> Street, Nevada, Iowa 50201, and who is referred to in this agreement as **Story** and Alan W. Mchose and Jill McHose, husband and wife, whose address is 1015 W Lincoln Highway, Nevada, Iowa 50201, and who is referred to in this agreement as **McHose**.

In consideration of the mutual promises contained herein, it is agreed:

**1. Ownership of real estate**

**Story** is the owner of real estate, locally known as 975 West Lincoln Highway, Nevada, Iowa and described as:

Parcel "H" a part of Lots Five (5) and Seven (7) in the Subdivision of the Southeast Quarter (SE ¼) of Section 1, Township 83 North, Range 23 West of the 5<sup>th</sup> P.M. Story County, Iowa, as shown on the Plat of Survey filed July 20, 2016, in the office of the Recorder of Story County, Iowa, as Instrument No. 16-06800, in Slide 540, Page 2, subject to covenants, conditions, restrictions and easements of record.

**McHose** is the owner of real estate, locally known as 1015 West Lincoln Hwy, Nevada, Iowa and described as:

Parcel "J" a part of Lots 5, 6 and 7 in the Subdivision of the Southeast Quarter of Section 1, Township 83 North, Range 23 West of the 5<sup>th</sup> P.M., Story County, Iowa, being fully contained within the bounds of the property described in the Quit Claim Deed recorded in Book 263, Page 247, said part being described as follows: Commencing at the South Quarter Corner of said Section 1; thence S89°09'08"E, 334.01 feet along the South line of said Section 1 to the Southeast Corner of Parcel F in said Southeast Quarter and the point of beginning; thence continuing S89°09'08"E, 134.64 feet; thence N00°18'54"W, 216.68 feet; thence S89°09'08"E, 523.99 feet; thence N39°21'28"W, 75.32 feet; thence N29°00'18"W, 265.08 feet; thence S89°44'52"E, 76.00 feet to a southwesterly corner of Lot 19, Knoll Ridge 2<sup>nd</sup> Addition to Nevada, Iowa; thence following the westerly boundary of said Knoll Ridge 2<sup>nd</sup> Addition N40°58'16"W, 418.10 feet; thence N04°47'38"E, 261.33 feet; thence N86°12'04"W, 139.36 feet; thence N01°46'11"E, 81.91 feet to the Northwest Corner of Lot 12 in said Knoll Ridge 2<sup>nd</sup> Addition, said point being on the southerly right of way line or the C & NW Railroad; thence N85°54'39"W, 510.08 feet along said line to the West line of said Southeast Quarter; thence S00°18'54"E, 679.38 feet along said line to the Northwest Corner of said Parcel F; thence S44°09'26"E, 482.10 feet; thence S00°18'54"E, 175.00 feet to the point of beginning, containing 16.06 acres which includes 0.10 acres of existing public right of way.

2. Conveyance and description of easement.

- a. Description of easement area. The area encumbered with the easement is described as follows

12' feet in width, beginning at a point on the Southern property line of parcel "H" (described above), and ending at a gate located along the North Property line of parcel "H", said gate located in the fence approximately 300' from the NW property pin of parcel "H" (see attached exhibit "A").

- b. Conveyance of easement. Story conveys to McHose a non-exclusive easement for property access, which easement shall run with the land over and across said easement area.
- c. Description of Easement. As used in this Agreement "property access" shall mean that the easement area shall be used for property access, and not for parking or standing. The parties agree that neither they nor their agents, employees, invitees or tenants (or their invitees) shall use the easement area for parking or standing (except Story employees or invitees on Animal Shelter business), nor shall they obstruct it so as to prevent its use for access by other parties' agents, employees, invitees or tenants (or their invitees)
- d. This is a limited easement, for McHose's use only, and their successors and assigns.

3. Maintenance.

- a. Description of property access, described as:

Easement access shall be approximately 12' in width across the animal shelter parking area (see attached exhibit "A"), ending in a 12' wide double swing gate, with locking capabilities. Story County will not provide any type of roadway or road surface from Story County owned area to gate. In the event McHose needs to lock the access gate, he shall provide the padlock or locking device. Story County does not need a key to open the locked gate.

- b. Maintenance of property access. Story and McHose agree that McHose shall pay for all maintenance costs for the above described access, with the exception of the fence and the parking area, which will be maintained by Story.

- c. Maintenance defined. Maintenance, repair and removal of snow and debris. In the event McHose places a gravel surface on the easement area, he shall be responsible for the maintenance costs.

- d. Administration of maintenance. Parties agree to meet as needed, to discuss maintenance concerns.

4. Liability and Insurance. Each party agrees to obtain and maintain liability insurance insuring their respective interests in the easement.

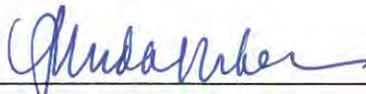
5. Nature of Agreement. This Agreement and the easements granted shall be permanent, shall run with the land, and shall be binding upon the Owners' heirs, successors and assigns.

IN WITNESS WHEREOF:

GRANTOR:

Story County Iowa

Date 7/23/19

  
\_\_\_\_\_

Chair

STATE OF IOWA



County of Story, ss.

On this 23<sup>rd</sup> day of July, 2019, before me, the undersigned, as a Notary Public in and for said county, in said State, personally appeared Linda Murken, to me known to be the identical person(s) named in and who executed the foregoing instrument, and acknowledged that they executed the same as their voluntary act and deed.

Lisa Markley  
Notary Public



GRANTEES:

Alan W. McTose Date 6-25-19

Signature

Jill McTose Date 6-25-19

Signature

STATE OF IOWA

County of Story, ss.

On this 25<sup>th</sup> day of June, 2019, before me, the undersigned, as a Notary Public in and for said county, in said State, personally appeared Alan W. McTose and Jill McTose, to me known to be the identical persons named in, and who executed the foregoing instrument, and acknowledged that they executed the same as their voluntary act and deed.

Daniel E. Bappe  
Notary Public



**APPROVED**

**DENIED**

Board Member Initials:                     

*gmr*

Meeting Date:                     

*1/23/19*

Follow-up action:                     

Story County



**SAFETY PROGRAM**

**HAZARD RECOGNITION PROGRAM**

Risk Management Revision #:	1
Risk Management Effective date:	4/2/2019

(Dept/Office) Revision #:	
(Dept/Office) Effective date:	

(Dept/Office) Review Date:	
(Dept/Office) Review Team:	

**Table of Contents**

- 1. Purpose .....
- 2. Scope.....
- 3. References .....
- 4. Definitions .....
- 5. Performance Standards and Measurements .....
- 6. Responsibilities .....
- 7. Actions Steps.....
- 8. Records .....
- 9. Flowchart and Exhibits.....

01/11/19  
12/17/2019  
11/26  
11/26

- Revisions indicated by highlighted text
- X Numerous unmarked revisions throughout the text

## 1. Purpose

- 1.1. This program helps Dept/Office identify, assess, and eliminate/reduce exposure to the hazards of routine and non-routine tasks.
- 1.2. The intent of this program is to expand on the requirements of the PPE Hazard Assessment Program to not only assess the hazards that may require PPE, but to conduct an all-inclusive assessment that identifies all hazards for a particular task.

## 2. Scope

- 2.1. This program applies to all Story County Dept/Office where employees may be exposed to injury and/or illness when performing tasks.

## 3. References

- 3.1. Dept/Office Safety Data Sheets (SDS)
- 3.2. OSHA 1910.132 – Personal Protective Equipment, General
- 3.3. OSHA 1910.133 – Eye and Face Protection
- 3.4. OSHA 1910.135 – Head Protection
- 3.5. OSHA 1910.136 – Foot Protection
- 3.6. OSHA 1910.137 – Electrical Protective Equipment
- 3.7. OSHA 1910.138 – Hand Protection
- 3.8. OSHA Subpart I- Appendix B: assessment guide
- 3.9. OSHA PPE Guide for employers:



OSHA PPE Guide

When applicable, use local standards, codes, and regulations if they are more stringent than the U.S. standards, codes, and regulations cited in this section.

## 4. Definitions

- 4.1. Basic Life Task – A task that most human beings do without thinking about it (e.g., walking, talking, sitting, etc.).
- 4.2. Effective Date – Date that the safety program becomes the official document for (Risk Management Effective Date) and the official document for a specific department/office (D/O Effective Date). The “Risk Management effective date” reflects when the program was posted on the Story County Safety website. The “D/O Effective Date” should reflect the date the program becomes Dept/Office policy (meaning all site employees are required to abide by the contents of the program).
- 4.3. Hazard – An exposure posing a threat to life, health, property, or the environment.
- 4.4. IDLH – Immediately Dangerous to Life and Health

- 4.5. Job Cycle Check – Observing a task being performed and verifying that the safe work procedure is accurate and up to date and that the employees performing the task are following the procedure.
- 4.6. Job Safety Analysis (JSA) – A tool/document that helps one identify the steps of a task, the potential hazards within each step, and the control measures for each hazard.
- 4.7. SDS – Safety Data Sheet
- 4.8. Non-Routine Task – A task that is performed, but not as part of the usual daily and weekly work routine (e.g., chemically washing down the walls of a work area twice a year) or any task that is done at the Dept/Office, but is not listed on the Routine Task list (Record 8.1) or any task where you deviate from the JSA/SWP. Note: Do not confuse a non-routine task with a basic life task (i.e., walking across the site from building to building, etc.).
- 4.9. PPE – Personal Protective Equipment
- 4.10. Process Owner – The individual or group who is responsible for a program and the creation, update, and approval of core documents supporting that program.
- 4.11. Program Leader – The person having site responsibility for ensuring the requirements of this program are met.
- 4.12. Revision # – Number that is used to track different versions of the same safety program.
- 4.13. Routine Task – a task that is done as part of the usual daily and weekly work routine of a given work area.
- 4.14. Safe Work Procedure (SWP) – A document that describes the safest, most efficient way to perform a task. NOTE: SWPs can also be referred to using other terms (e.g., Safe (or Standard) Operating Procedure (SOP); Safe Work Practice (SWP); Safe Work Instruction (SWI); Play Book; etc.).
- 4.15. Shall – When used in a Story County safety program, “shall” denotes a *required* action.
- 4.16. Should – When used in a Story County safety program, “should” denotes a *recommended* action.
- 4.17. Task – work imposed by a person in authority or an employer or by circumstance.
- 4.18. Dept/Office – Department or Office

## 5. Performance Standards and Measurements

- 5.1. For future development.

## 6. Responsibilities

- 6.1. Dept/Office Management shall:
  - 6.1.1. Identify a Program Leader for this program.
  - 6.1.2. Implement and comply with all aspects of this program.
- 6.2. Dept/Office employees shall:
  - 6.2.1. Comply with all of the requirements of this program.
- 6.3. Safety and Risk Management
  - 6.3.1. The Risk Manager is the Process Owner and shall ensure that updates to the core program documents are provided to all Dept/Office as they become updated or available. No changes are permitted to the core

document(s) except by the Risk Manager. Text boxes are provided for individual site program information.

## 7. Action Steps

### 7.1. Routine Tasks

- 7.1.1. Dept/Office shall identify all work areas associated with the Dept/Office, including off-site work areas such as roads, parks etc. List these work areas on Record 8.1 (or equivalent).
  - 7.1.1.1. Dept/Office shall identify the routine tasks that take place within each listed work area. List these tasks on Record 8.1.
- 7.1.2. Dept/Office shall conduct a Job Safety Analysis (JSA) for each routine task listed on Record 8.1.

NOTE: The JSA should be scheduled when the task is being completed under normal operations.

  - 7.1.2.1. Dept/Office shall document the JSA on Record 8.2 (or equivalent) or on a Safe Work Procedure (SWP) (refer to section 7.1.5 for further details).

NOTE: if the Dept/Office creates SWPs, JSAs are no longer required. The intent is that you have either a JSA or SWP for each routine task listed on Record 8.1.
- 7.1.3. Determine if any potential hazards identified on a JSA require further assessing. At a minimum, the following hazards shall be considered:
  - 7.1.3.1. Noise (refer to the PPE-Hearing Conservation Program).
  - 7.1.3.2. Dust/Chemical/etc. (refer to the PPE-Respiratory Safety Program).
  - 7.1.3.3. Unguarded moving machine parts (refer to the Machine Safety Program).
  - 7.1.3.4. Ergonomics (refer to the Ergonomic Safety Program). **NOTE:** If you mark one of these hazards as a potential hazard on a JSA, you should add the routine task to the applicable list in that program (i.e., you are assessing the routine task of grinding and you mark that there is a potential noise hazard on the JSA. You should refer to the PPE-Hearing Conservation Safety Program and conduct the necessary noise sampling to determine if the task of grinding needs to be added to the Action Area list).
- 7.1.4. Address the Hazards
  - 7.1.4.1. Dept/Office shall eliminate or minimize the exposure to each potential hazard identified on the JSA.
    - 7.1.4.1.1. Decide what actions or procedures are necessary to eliminate or minimize the potential hazards. Begin by trying to: (1) engineer/eliminate the hazard out; (2) utilize administrative procedures (i.e., job rotation, training, etc.); (3) provide personal protective equipment (PPE).
    - 7.1.4.1.2. If PPE is the fix for a potential hazard, the Dept/Office shall determine the specific PPE requirements and recommendations and document them on the JSA/SWP or a PPE Hazard Assessment form (Record

8.3 or equivalent). For guidance in determining the appropriate type of PPE, refer to References 3.10 and 3.11 of this program.

7.1.4.2. Dept/Office shall list the specific PPE requirements and recommendations on the JSA/SWP.

7.1.4.2.1. If utilizing the PPE Hazard Assessment Form (Record 8.3 or equivalent) to document the PPE requirements, the Dept/Office shall attach it to the applicable JSA/SWP.

NOTE: General PPE specifications (such as “gloves”) are not sufficient. A detailed specification, such as “cut resistant gloves”, is required, and in some cases an even more definitive specification such as “12 oz. Kevlar glove with nitrile dip” may be needed.

7.1.4.3. Dept/Office shall document the actions taken to eliminate or minimize the exposure to each potential hazard on the applicable JSA (Record 8.2).

7.1.5. Dept/Office should create a Safe Work Procedure (SWP) that summarizes the JSA and outlines the expectations for doing the task in the safest way possible.

NOTE: SWPs can also be referred to using other terms (e.g., Safe [or Standard] Operating Procedure [SOP]; Safe Work Practice [SWP]; Safe Work Instruction [SWI]; Play Book; etc.).

7.1.5.1. A SWP should contain the following:

7.1.5.1.1. Clear definition of each step required for the task;

7.1.5.1.2. Pictures of key steps;

7.1.5.1.3. Hazards clearly identified and the steps clearly communicated as to how employees shall protect themselves against those hazards;

7.1.5.1.4. Clear definition of what PPE is required and recommended for the task;

7.1.5.1.5. Clear definition of what tools and other materials are needed for the task; and

7.1.5.1.6. The names of the people conducting the last review and the date of the last review.

7.1.5.2. SWPs should be maintained until superseded.

7.1.6. Utilize the JSAs/SWPs.

7.1.6.1. JSAs or SWPs shall be used for training employees (i.e., New employee hands-on training, refresher training after an incident, etc.).

7.1.6.2. JSAs/SWPs shall be made available for all employees to reference at any time while at work.

7.1.6.3. JSAs/SWPs should be used to conduct job-cycle checks.

7.1.7. Periodic Inspections

7.1.7.1. Dept/Office shall review and update each JSA/SWP at least annually, or anytime the task changes, or anytime there is an injury or near miss associated with a routine task.

7.1.7.2. The review shall be documented on the JSA/SWP.

## 7.2. Non-Routine Tasks

- 7.2.1. When preparing to perform a task that is not listed on your Routine Task List (Record 8.1) and that meets the definition of a non-routine task, the Dept/Office shall train employees to utilize the following process.
    - 7.2.1.1. Assess the potential hazards of the non-routine task. Note: This step does not need to be lengthy, but enough time should be spent to ensure the main hazards are identified.
    - 7.2.1.2. Address each potential hazard by eliminating it or reducing exposure to it. Begin by trying to: (1) engineer the hazard out; (i.e., provide guards, safety devices, etc.); (2) utilize administrative procedures (i.e., job rotation, training, etc.); (3) provide personal protective equipment (PPE).
    - 7.2.1.3. Perform the task.
  - 7.2.2. Dept/Office should utilize a non-routine task assessment form or checklist to perform the assessment. Refer to Exhibit 9.1 as the recommended form.
- 7.3. New Tasks/Changed Tasks
- 7.3.1. Dept/Office shall develop a process to identify any new work tasks/changed tasks to determine if those tasks are routine or non-routine.
    - 7.3.1.1. If the new task is routine, the Dept/Office shall follow the action steps in section 7.1.
    - 7.3.1.2. If non-routine, the Dept/Office shall follow the action steps in section 7.2.

*Dept/Office to define the site-specific process for identifying and categorizing new/changed tasks.*

- 7.3.2. A JSA/SWP is required for applicable tasks anytime new equipment/updated equipment is identified on the Management of Change documentation.
- 7.4. Training
- 7.4.1. Dept/Office shall train all Full-time Regular and Part-time Regular employees on the Hazard Recognition Program Training.
    - 7.4.1.1. Dept/Office shall train all other employees (i.e., temporary employees) on the appropriate Hazard Recognition Program Training.
    - 7.4.1.2. Refresher training shall be conducted annually.
    - 7.4.1.3. Document training on Record 8.4 (or equivalent).
  - 7.4.2. Dept/Office shall train all Full-time Regular and Part-time Regular employees on the Non-routine Task Assessment Training.
    - 7.4.2.1. Dept/Office should train all other employees (i.e., temporary employees) on the Non-routine Task Assessment Training.
    - 7.4.2.2. Refresher training shall be conducted annually.
    - 7.4.2.3. Document training on Record 8.4 (or equivalent).
  - 7.4.3. Dept/Office shall train any employee that will be involved in conducting a JSA on the "How to conduct a JSA" training presentation. The initial training shall be completed before the person actually conducts a JSA. Document training on Record 8.4 (or equivalent).

- 7.4.3.1. Refresher training shall be conducted at least every 3 years.
- 7.4.4. Dept/Office shall train any employee that will be involved in conducting a PPE Hazard Assessment if utilizing the PPE Hazard Assessment Form (Record 8.3 or equivalent) to document the PPE requirements.
  - 7.4.4.1. Refresher training shall be conducted at least every 3 years.
- 7.5. Periodic Evaluation
  - 7.5.1. Dept/Office shall conduct an annual evaluation of the Hazard Recognition safety program by reviewing the action steps in Section 7 and ensuring that all 'shall' statements are implemented.
  - 7.5.2. Dept/Office should use the "Dept/Office Review" text box on the cover page of this program to document the review.

## 8. Records

- 8.1. Routine Task List
  - 8.1.1. Documentation to be retained until superseded.
- 8.2. Job Safety Analysis (JSA)
  - 8.2.1. Documentation to be retained until superseded.
- 8.3. PPE Hazard Assessment Form
  - 8.3.1. Documentation to be retained until superseded.
- 8.4. Training Record
  - 8.4.1. Employee training records will be maintained at the Dept/Office for a minimum of 3 years.
  - 8.4.2. Quiz – There is no quiz for this program.

*Dept/Office to enter where these records are kept:*

8.1  
8.2  
8.3

## 9. Exhibits

- 9.1. Non-Routine Task Assessment Form

**ROUTINE TASK LIST  
RECORD 8.1*****RECORD IS AN EXCEL SHEET***

WORK AREA - WAREHOUSE	JSA completed?	SWP completed?
<i>Example tasks:</i>		
<i>Mowing</i>	Yes	
<i>Spraying</i>		Yes
<i>Tree Removal</i>		Yes
<i>Road Grading</i>	No	
<i>Forklift operation</i>	Yes	
<i>Tire Inspection</i>	Yes	

## JOB SAFETY ANALYSIS (JSA) FORM RECORD 8.2



JSA Form.doc

## PERSONAL PROTECTIVE EQUIPMENT (PPE) HAZARD ASSESSMENT FORM RECORD 8.3

To ensure proper selection and use of PPE, it is necessary to assess the hazardous conditions that exist in the workplace. The assessment will be used to match the PPE to the particular hazard.

**Assessment Date:** \_\_\_\_\_ **Date Reviewed:** \_\_\_\_\_

**Task Assessed:** \_\_\_\_\_

**Person(s) performing assessment:**

Name:

Title:

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

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

**Part A**

***Hazard Identification and Required or Recommended PPE Assessment Table***

Part of Body	Hazard	Required	Recommended	Personal Protective Equipment
<b>Hands</b>  	<input type="checkbox"/> Penetration, laceration, abrasion, or pinch points	<input type="checkbox"/>	<input type="checkbox"/>	Leather or cut-resistant gloves
	<input type="checkbox"/> Chemicals--refer to SDS	<input type="checkbox"/>	<input type="checkbox"/>	Chemical-resistant gloves – Refer to SDS. Specify type of chemical resistant glove.
	<input type="checkbox"/> Extreme heat or cold [ $< -20F(-29C)$ or $>140F(60C)$ ]	<input type="checkbox"/>	<input type="checkbox"/>	Nitrile
	<input type="checkbox"/> Bloodborne pathogens	<input type="checkbox"/>	<input type="checkbox"/>	Butyl rubber
	<input type="checkbox"/> Electrical shock/arc flash	<input type="checkbox"/>	<input type="checkbox"/>	Natural rubber (latex)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Neoprene
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PVC (polyvinyl chloride)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____
				Cotton or insulated gloves
				Heat/flame-resistant gloves
				Long heat-resistant or high-voltage gloves
				Other
				Other

	<input type="checkbox"/> Impact <input type="checkbox"/> Electrical shock/arc flash <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Hard hat Bump cap Face shield/hood with hard hat Other Other
Part of Body	Hazard	Required	Recommended	Personal Protective Equipment
	<input type="checkbox"/> Impact--flying objects, chips, sand or dirt <input type="checkbox"/> Chemical--splash, spray, or mist <input type="checkbox"/> Steam, water >140F (>60C) <input type="checkbox"/> Fumes, dusts <input type="checkbox"/> Electrical shock/arc flash <input type="checkbox"/> UV light/radiant energy-- welding, cutting, brazing <input type="checkbox"/> Hot sparks--grinding <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Safety glasses with side shields Goggles, Chemical Splash Goggles, Impact Face shield* Face shield with hard hat* Welding helmet w/proper shade number Other Other *If face shield is recommended or required, specify the appropriate eye protection for the task.
	<input type="checkbox"/> Exposure to noise levels (> 85 dBA) <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Ear plugs, muffs Other Other
	<input type="checkbox"/> General hazardous atmospheres <input type="checkbox"/> Chemical vapors <input type="checkbox"/> Particulates <input type="checkbox"/> Optional use filtering face piece <i>respirator</i> (dust mask) <input type="checkbox"/> Welding fumes <input type="checkbox"/> IDLH atmospheres <input type="checkbox"/> Indoor air quality <input type="checkbox"/> <b>See Respirator Safety Program for</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Half-mask respirator Full-face respirator Elastomeric face-piece respirator Disposable filtering face-piece <i>respirator</i> (dust mask) N/A N/A N/A Other

	<i>appropriate training. needed.</i>			<i>See Respirator Safety Program for appropriate training needed for various types of respirators.</i>
<b>Part of Body</b>	<b>Hazard</b>	<b>Required</b>	<b>Recom- mended</b>	<b>Personal Protective Equipment</b>
<b>Feet</b> 	<input type="checkbox"/> Impact--heavy objects	<input type="checkbox"/>	<input type="checkbox"/>	Steel-toe safety shoes
	<input type="checkbox"/> Construction/ Fabrication	<input type="checkbox"/>	<input type="checkbox"/>	Leather boots or safety shoes
	<input type="checkbox"/> Chemical contact	<input type="checkbox"/>	<input type="checkbox"/>	Chemical-resistant boots--refer to SDS
	<input type="checkbox"/> Compression--rolling objects/vehicles	<input type="checkbox"/>	<input type="checkbox"/>	Tennis shoes
	<input type="checkbox"/> Appropriate seed-field foot protection	<input type="checkbox"/>	<input type="checkbox"/>	Rubber field boots
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other
<b>Body</b> 	<input type="checkbox"/> Flash-fire hazard	<input type="checkbox"/>	<input type="checkbox"/>	Flame-resistant clothing
	<input type="checkbox"/> Electrical shock/arc flash	<input type="checkbox"/>	<input type="checkbox"/>	Tyvek coveralls
	<input type="checkbox"/> Hot metal or sparks	<input type="checkbox"/>	<input type="checkbox"/>	Body harness and lanyard
	<input type="checkbox"/> Chemicals--refer to SDS	<input type="checkbox"/>	<input type="checkbox"/>	Appropriate layered clothing for seed- field work
	<input type="checkbox"/> Steam, water >140 deg. F	<input type="checkbox"/>	<input type="checkbox"/>	Other
	<input type="checkbox"/> Heat stress	<input type="checkbox"/>	<input type="checkbox"/>	Other
	<input type="checkbox"/> Heights--fall hazard	<input type="checkbox"/>	<input type="checkbox"/>	Other
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other	

**Part B: Summary of specific PPE requirements:**

---



---



---

**CERTIFICATION:** I certify that the above Hazard Assessment was performed on the date indicated. *This document is a Certification of the Hazard Assessment per OSHA Standard 29CFR 1910.132.*

**Signed by:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Hazard Assessment Form Personal Protective Equipment  
[Alternate Record 8.3]**

For the proper selection and use of personal protective equipment, it is necessary to assess the hazardous conditions that exist in the workplace. The assessment will be used to match the personal protective equipment to the particular hazard.

**PART A – HAZARD IDENTIFICATION**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Task: \_\_\_\_\_

Sources of Hazards: \_\_\_\_\_

**Type of Hazard:**

Body Part Affected	Type of hazard(s)
1. Head	
2. Eye and Face	
3. Feet	
4. Respiratory	
5. Hearing	
6. Torso	
7. Hand	
8. Other	

**PART B – PPE NEEDED**

Body Part Affected	Required	OR	Recommended
1. Head			
2. Eye and Face			
3. Feet			
4. Respiratory			
5. Hearing			
6. Torso			
7. Hand			
8. Other			

Specific PPE Summary: \_\_\_\_\_

CERTIFICATION: I certify that the above Hazard Assessment was performed on the date indicated. *This document is a Certification of the Hazard Assessment per OSHA Standard 29CFR 1910.132.*

Signed by: \_\_\_\_\_

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

**PERSONAL PROTECTIVE EQUIPMENT (PPE)  
HAZARD ASSESSMENT SURVEY**  
*[Alternate Record 8.3]*

To ensure proper selection and use of PPE, it is necessary to assess the hazardous conditions that exist in the workplace. The assessment will be used to match the PPE to the particular hazard.

<b>Assessment Date:</b>	<b>Date Reviewed:</b>
-------------------------	-----------------------

**Task Assessed:** \_\_\_\_\_

**Person(s) performing assessment:**

<b>Name:</b>	<b>Title:</b>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Part A:**

***Hazard Identification and Required or Recommended PPE Assessment Table***

<b>Part of Body:</b> Hands			
<b>Hazards:</b>	<b>Yes</b>	<b>No</b>	
-Penetration, laceration, abrasion, or pinch points	<input type="checkbox"/>	<input type="checkbox"/>	
• Chemicals--refer to SDS	<input type="checkbox"/>	<input type="checkbox"/>	
-Extreme heat or cold [ $<-20F(-29C)$ or $>140F(60C)$ ]	<input type="checkbox"/>	<input type="checkbox"/>	
-Bloodborne pathogens	<input type="checkbox"/>	<input type="checkbox"/>	
-Electrical shock/arc flash	<input type="checkbox"/>	<input type="checkbox"/>	
-Other:	<input type="checkbox"/>	<input type="checkbox"/>	
-Other:	<input type="checkbox"/>	<input type="checkbox"/>	
-Other:	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Personal Protective Equipment for:</b> Hands	<b>Required</b>	<b>Recommended</b>	
-Leather or cloth gloves	<input type="checkbox"/>	<input type="checkbox"/>	

- Chemical-resistant gloves – Refer to SDS. Specify type of chemical resistant glove.	<input type="checkbox"/>	<input type="checkbox"/>
Nitrile		
Butyl rubber		
Natural rubber (latex)		
Neoprene		
PVC (polyvinyl chloride)		
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
-Cotton or insulated gloves	<input type="checkbox"/>	<input type="checkbox"/>
-Heat/flame-resistant gloves	<input type="checkbox"/>	<input type="checkbox"/>
-Long heat-resistant or high-voltage gloves	<input type="checkbox"/>	<input type="checkbox"/>
-Other:	<input type="checkbox"/>	<input type="checkbox"/>
-Other:	<input type="checkbox"/>	<input type="checkbox"/>

<b>Part of Body: Head</b>		
<b>Hazards:</b>	<b>Yes</b>	<b>No</b>
-Impact	<input type="checkbox"/>	<input type="checkbox"/>
-Electrical shock/arc flash	<input type="checkbox"/>	<input type="checkbox"/>
-Direct sunlight	<input type="checkbox"/>	<input type="checkbox"/>
-Other:	<input type="checkbox"/>	<input type="checkbox"/>
-Other:	<input type="checkbox"/>	<input type="checkbox"/>
-Other:	<input type="checkbox"/>	<input type="checkbox"/>
<b>Personal Protective Equipment for: Head</b>	<b>Required</b>	<b>Recommended</b>
-Hard hat	<input type="checkbox"/>	<input type="checkbox"/>
-Bump cap	<input type="checkbox"/>	<input type="checkbox"/>
-Face shield/hood with hard hat	<input type="checkbox"/>	<input type="checkbox"/>
-Cloth hat	<input type="checkbox"/>	<input type="checkbox"/>
-Other:	<input type="checkbox"/>	<input type="checkbox"/>
-Other:	<input type="checkbox"/>	<input type="checkbox"/>

<b>Part of Body: Eyes and Face</b>		
<b>Hazards:</b>	<b>Yes</b>	<b>No</b>
-Impact--flying objects, chips, sand, or dirt	<input type="checkbox"/>	<input type="checkbox"/>
-Chemical--splash, spray, or mist	<input type="checkbox"/>	<input type="checkbox"/>
-Steam, water >140F (60C)	<input type="checkbox"/>	<input type="checkbox"/>
-Fumes, dusts	<input type="checkbox"/>	<input type="checkbox"/>
-Electrical shock/arc flash	<input type="checkbox"/>	<input type="checkbox"/>
-UV light/radiant energy--welding, cutting, brazing	<input type="checkbox"/>	<input type="checkbox"/>
-Hot sparks--grinding	<input type="checkbox"/>	<input type="checkbox"/>
-Other:	<input type="checkbox"/>	<input type="checkbox"/>
-Other:	<input type="checkbox"/>	<input type="checkbox"/>
-Other:	<input type="checkbox"/>	<input type="checkbox"/>
<b>Personal Protective Equipment for: Eyes and Face</b>	<b>Required</b>	<b>Recommended</b>
-Safety glasses with side shields	<input type="checkbox"/>	<input type="checkbox"/>
-Chemical splash goggles	<input type="checkbox"/>	<input type="checkbox"/>
-Goggles	<input type="checkbox"/>	<input type="checkbox"/>

-Face shield*	<input type="checkbox"/>	<input type="checkbox"/>
-Face shield with hard hat*	<input type="checkbox"/>	<input type="checkbox"/>
-Welding helmet w/proper shade number	<input type="checkbox"/>	<input type="checkbox"/>
-Other:	<input type="checkbox"/>	<input type="checkbox"/>
-Other:	<input type="checkbox"/>	<input type="checkbox"/>

\*If face shield is recommended or required, specify the appropriate eye protection for the task.

<b>Part of Body: Respiratory</b>		
<b>Hazards:</b>	<b>Yes</b>	<b>No</b>
-General hazardous atmospheres	<input type="checkbox"/>	<input type="checkbox"/>
-Chemical vapors	<input type="checkbox"/>	<input type="checkbox"/>
-Particulates	<input type="checkbox"/>	<input type="checkbox"/>
-Optional use filtering face piece respirator (dust mask)	<input type="checkbox"/>	<input type="checkbox"/>
-Welding fumes	<input type="checkbox"/>	<input type="checkbox"/>
-IDLH atmospheres	<input type="checkbox"/>	<input type="checkbox"/>
-Indoor air quality	<input type="checkbox"/>	<input type="checkbox"/>
-Other:	<input type="checkbox"/>	<input type="checkbox"/>
-Other:	<input type="checkbox"/>	<input type="checkbox"/>
-Other:	<input type="checkbox"/>	<input type="checkbox"/>
<b>See Respirator Safety Program for appropriate training needed.</b>		
<b>Personal Protective Equipment for: Respiratory</b>	<b>Required</b>	<b>Recommended</b>
-Half-mask respirator	<input type="checkbox"/>	<input type="checkbox"/>
-Full-face respirator	<input type="checkbox"/>	<input type="checkbox"/>
-Elastomeric face-piece respirator	<input type="checkbox"/>	<input type="checkbox"/>
-Disposable filtering face-piece respirator (dust mask)	<input type="checkbox"/>	<input type="checkbox"/>
-Other:	<input type="checkbox"/>	<input type="checkbox"/>
-Other:	<input type="checkbox"/>	<input type="checkbox"/>
<b>See Respirator Safety Program for appropriate training needed for various types of respirators.</b>		

<b>Part of Body: Foot</b>		
<b>Hazards:</b>	<b>Yes</b>	<b>No</b>
Impact--heavy objects	<input type="checkbox"/>	<input type="checkbox"/>
Construction/Fabrication	<input type="checkbox"/>	<input type="checkbox"/>
Chemical contact	<input type="checkbox"/>	<input type="checkbox"/>
Compression--rolling objects/vehicles	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
<b>Personal Protective Equipment for: Foot</b>	<b>Required</b>	<b>Recommended</b>
Steel-toe safety shoes	<input type="checkbox"/>	<input type="checkbox"/>
Over-ankle shoe or leather boots providing ankle support	<input type="checkbox"/>	<input type="checkbox"/>
Chemical-resistant boots--refer to SDS	<input type="checkbox"/>	<input type="checkbox"/>

Tennis shoes	<input type="checkbox"/>	<input type="checkbox"/>
Rubber field boots	<input type="checkbox"/>	<input type="checkbox"/>
Closed toe shoe and laces tied. Socks with length above ankle and/or taller than shoe	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>

<b>Part of Body: Ears</b>		
<b>Hazards:</b>	<b>Yes</b>	<b>No</b>
-Exposure to noise levels (> 85 dBA)	<input type="checkbox"/>	<input type="checkbox"/>
-Other:	<input type="checkbox"/>	<input type="checkbox"/>
-Other:	<input type="checkbox"/>	<input type="checkbox"/>
-Other:	<input type="checkbox"/>	<input type="checkbox"/>
<b>Personal Protective Equipment for: Ears</b>	<b>Required</b>	<b>Recommended</b>
-Ear plugs, muffs	<input type="checkbox"/>	<input type="checkbox"/>
-Other:	<input type="checkbox"/>	<input type="checkbox"/>
-Other:	<input type="checkbox"/>	<input type="checkbox"/>

<b>Part of Body: Body</b>		
<b>Hazards:</b>	<b>Yes</b>	<b>No</b>
-Flash-fire hazard	<input type="checkbox"/>	<input type="checkbox"/>
-Hot metal or sparks	<input type="checkbox"/>	<input type="checkbox"/>
-Chemicals--refer to SDS	<input type="checkbox"/>	<input type="checkbox"/>
-Heights--fall hazard	<input type="checkbox"/>	<input type="checkbox"/>
-Electrical shock/arc flash	<input type="checkbox"/>	<input type="checkbox"/>
-Heat stress	<input type="checkbox"/>	<input type="checkbox"/>
-Inclement weather	<input type="checkbox"/>	<input type="checkbox"/>
-Allergy / skin rash	<input type="checkbox"/>	<input type="checkbox"/>
-Direct sunlight	<input type="checkbox"/>	<input type="checkbox"/>
-Insect pests	<input type="checkbox"/>	<input type="checkbox"/>
-Other:	<input type="checkbox"/>	<input type="checkbox"/>
-Other:	<input type="checkbox"/>	<input type="checkbox"/>
-Other:	<input type="checkbox"/>	<input type="checkbox"/>
<b>Personal Protective Equipment for: Body</b>	<b>Required</b>	<b>Recommended</b>
-Flame-resistant clothing	<input type="checkbox"/>	<input type="checkbox"/>
-Tyvek coveralls	<input type="checkbox"/>	<input type="checkbox"/>
-Body harness and lanyard	<input type="checkbox"/>	<input type="checkbox"/>
-Shirt	<input type="checkbox"/>	<input type="checkbox"/>
-Appropriate layered clothing for seed/field work	<input type="checkbox"/>	<input type="checkbox"/>
-Moist towelette	<input type="checkbox"/>	<input type="checkbox"/>
-Long sleeved shirt and full-length pants or shorts that cover the mid-thigh	<input type="checkbox"/>	<input type="checkbox"/>
-Insect repellent with DEET--refer to label	<input type="checkbox"/>	<input type="checkbox"/>
-Other:	<input type="checkbox"/>	<input type="checkbox"/>
-Other:	<input type="checkbox"/>	<input type="checkbox"/>

**Part B:** Summary of specific PPE requirements:

---

---

---

**CERTIFICATION:** I certify that the above Hazard Assessment was performed on the date indicated. *This document is a Certification of the Hazard Assessment per OSHA Standard 29CFR 1910.132.*

<b>Signed By:</b>	<b>Date</b>
-------------------	-------------

**HAZARD RECOGNITION PROGRAM  
TRAINING RECORD 8.4**

**Training Description:** To train and inform employees of the requirements related to the specific Exhibits of this program that apply to their jobs.

**Topic / Course Qualification:**

- PPE – Hazard Assessment
- Hazard Recognition Training
- Hazard Recognition Training – On-site Temps
- Non- Routine Task Assessment
- How to Conduct a JSA

**Date of Training:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Quiz Used:**  Yes  No

**Trainer:** \_\_\_\_\_ **Trainer Signature:** \_\_\_\_\_

**Training Material Used (check all that apply):**

- Dept/Office version of the current RM written Safety Program
- Current Risk Management on-line course or PowerPoint
- Dept/Office modified PowerPoint (Date of Revision: \_\_\_\_\_)
- Video (Title: \_\_\_\_\_)
- Exhibits in Program (Which ones: \_\_\_\_\_)
- Other (Explain: \_\_\_\_\_)

**Did this training include a hands-on session?**  Yes  No

**Details of hands-on training (when applicable):** \_\_\_\_\_

Employee name (print)	Employee signature
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____

Page \_\_\_\_ of \_\_\_\_

**HAZARD RECOGNITION PROGRAM  
TRAINING RECORD**

**Employee name (print)**

**Employee signature**

9. \_\_\_\_\_

\_\_\_\_\_

10. \_\_\_\_\_

\_\_\_\_\_

11. \_\_\_\_\_

\_\_\_\_\_

12. \_\_\_\_\_

\_\_\_\_\_

13. \_\_\_\_\_

\_\_\_\_\_

14. \_\_\_\_\_

\_\_\_\_\_

15. \_\_\_\_\_

\_\_\_\_\_

16. \_\_\_\_\_

\_\_\_\_\_

17. \_\_\_\_\_

\_\_\_\_\_

18. \_\_\_\_\_

\_\_\_\_\_

19. \_\_\_\_\_

\_\_\_\_\_

20. \_\_\_\_\_

\_\_\_\_\_

21. \_\_\_\_\_

\_\_\_\_\_

22. \_\_\_\_\_

\_\_\_\_\_

23. \_\_\_\_\_

\_\_\_\_\_

24. \_\_\_\_\_

\_\_\_\_\_

25. \_\_\_\_\_

\_\_\_\_\_

26. \_\_\_\_\_

\_\_\_\_\_

*Page* \_\_\_ *of* \_\_\_

**NON-ROUTINE TASK ASSESSMENT FORM  
EXHIBIT 9.1**





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

Memorandum

To: Story County Board of Supervisors  
From: Michael D. Cox, Director *u*  
Date: July 23, 2019  
Re: Consideration of Amendment to Agreement with Avec Design + Build for design of a sustainable energy cabin at Dakins Lake for the amount of \$7,500

The attached amendment increases the contract amount from \$25,600 to \$33,100 for the services of Avec Design + Build for design of a cabin at Dakins Lake.

This increase reflects a revised construction estimate and the necessary design services to reflect that. The change specifically reflects design of a solar array and utility connections. The Story County Conservation Board has recommended funding this increase and the construction increase through the Energy Transfer Fund.

The Conservation Board urges your approval.

*Michael D. Cox*  
Approval

Disapproval

*7/23/19*  
Date

Date



AMENDMENT TO AGREEMENT

ARCHITECTURAL SERVICES

This Agreement is made this \_\_\_\_\_ day of \_\_\_\_\_ 2019, by and between the

OWNER and ARCHITECT
Story County Conservation and AVEC Design, Inc.
56461 180th Street and 131 Main Street
Ames, IA 50010 and Ames, Iowa 50010

The agreement made on January 9th, 2019 for the parties listed above shall be amended as follows:

- 1. Total Construction Budget (including Design Fees, excluding furnishings): increase to \$335,000.
2. Anticipated Schedule (pending acceptance of this amendment):
- Design Development: August 17, 2019
- Construction Documents: September 5, 2019
- Bidding: Sept. 13 - Oct. 8, 2019
- Final Construction Completion: Spring 2020
3. Compensation for Design Services for Schematic Design through Bidding shall be increased for the revised budget as listed above to the hourly rate not-to-exceed \$33,100.00 plus Reimbursable Expenses.

Except as set forth in this Amendment, the Agreement is unaffected and shall continue in full force and effect in accordance with its terms. If there is conflict between this amendment and the Agreement or any earlier amendment, the terms of the amendment will prevail.

OWNER

ARCHITECT

[Signature] 7/23/19
Board of Supervisors Date

[Signature] 7/17/2019
Jason Dietzenbach, Partner / Architect Date

[Signature] 7/17/19
Michael Cox, Director Date