



AGENDA
PINE COUNTY BOARD MEETING

- District 1 Commissioner Hallan
- District 2 Commissioner Mohr
- District 3 Commissioner Chaffee
- District 4 Commissioner Rossow
- District 5 Commissioner Ludwig

Tuesday, November 1, 2016, 10:00 a.m.
Pine County History Museum
6333 H C Andersen Alle, Askov, Minnesota

- A) Call meeting to order
- B) Pledge of Allegiance
- C) Public Forum. Members of the public are invited to speak on items not on the agenda. Each speaker should state his/her name and limit comments to three (3) minutes.
- D) Adopt Agenda
- E) Approve Minutes of October 18, 2016 County Board Meeting and Summary for publication
- F) Minutes of Boards, Committees and Correspondence
 - Pine County Chemical Health Coalition Minutes – October 10, 2016
 - Pine County Land Surveyor Monthly Report – October 2016
- G) Approve Consent Items

CONSENT AGENDA

The consent agenda is voted on without any discussion. Any commissioner may request an item be removed and added to the regular agenda.

1. October, 2016 Disbursements

Disbursements Journal Report, October 1, 2016 – October 31, 2016.

2. Applications for Local Option Disaster Abatement

Consider:

- A. Debra Sommers & Matthew Halvorson, 5583 Royal River Rd, Braham, PID 29.5098.000, pay 2016
- B. Dale Schmakel, 56671 Beaver Tail Rd, Askov, PID 30.0059.002, pay 2016
- C. Donald & Virginia Knight, 27829 Twin Ponds Loop, Sturgeon Lake, PID 31.0151.000, pay 2016
- D. Rosalyn Krueger, 7196 Bald Eagle Ln, Rutledge, PID 44.0052.007, pay 2016
- E. Timothy & Lavonne Sullivan, 8875 Cathedral Pines Dr, Sturgeon Lake, PID 46.5165.000, pay 2016
- F. John Nosbusch, 8851 Cathedral Pines Dr, Sturgeon Lake, PID 46.5168.000, pay 2016
- G. Judith Koch, 8801 Cathedral Pines Dr, Sturgeon Lake, PID 46.5173.000, pay 2016
- H. Bruce & JoAnne LaMere, 7218 Bald Eagle Ln, Rutledge, PID 44.0052.009, pay 2016

3. Lease for Lawful Gambling Activity and Premises Permit Application

Consider approval of Lease for Lawful Gambling Activity and Premises Permit Application for Northern Pine Riders to conduct Minnesota lawful gambling at Doc's Bar & Grill, 34427 Majestic Pine Dr, Sturgeon Lake (Windemere Twp).

4. Contract Between State of Minnesota Department of Human Services and Pine County Health & Human Services (Adult Mental Health Services)

Consider approval of contract between MN Department of Human Services and Pine County Health and Human Services for the period of January 1, 2017 through December 31, 2018 and authorize Pine County Board Chair to sign.

5. New Hire

- A. Authorize the hiring of Part-time Dispatcher Alexis Reed, effective November 2, 2016, \$17.11 per hour, B23, step 3.
- B. Authorize the hiring of Part-time Dispatcher Miranda Miller, effective November 2, 2016, \$17.11 per hour, B23, step 3.
- C. Authorize the hiring of Part-time Corrections Officer Scott Arhart, effective November 2, 2016, \$17.11, B23, step 3.
- D. Authorize the hiring of Part-time Corrections Officer Zachary Bettschen, effective November 2, 2016, \$17.11, B23, step 3.
- E. Authorize the hiring of Part-time Corrections Officer Nicholas Frisch, effective November 2, 2016, \$17.11, B23, step 3.

REGULAR AGENDA

1. Technology Committee

The Technology Committee Meeting was held October 18, 2016. Minutes attached. Informational only. No board action necessary.

2. Dispatch Staffing

- A. Authorize the hiring of Part-time Dispatcher Russel Janes, effective November 2, 2016, \$17.11 per hour, B23, step 3.
- B. Authorize the hiring of Part-time Dispatcher Darla Matteson, effective November 2, 2016, \$17.11 per hour, B23, step 3.

3. Contract Between Pine County and Pine County Veterans' Council

Consider approval of contract between Pine County and Pine County Veterans' Council, for the fleet purchase of Veterans van. Contract term is for the period of November 2, 2016 through December 31, 2023 and authorize Board Chair and County Administrator to sign.

4. Association of Minnesota Counties Delegate Appointment

Consider approval of appointment of voting delegates to AMC.

5. Waste Clean-up Special Assessment Resolution

Consider approval of Resolution 2016-61 extending a special assessment on Pine County Parcel 43.5282.000 in the amount of \$13,717 and authorize Board Chair and County Administrator to sign.

6. Reappointment of County Assessor

Consider reappointment of Kelly Schroeder as Pine County Assessor, term January 1, 2017 to December 31, 2020.

7. Commissioner Updates

Arrowhead Counties Association meeting
East Central Regional Development Commission meeting
NLX
Mille Lacs Band of Ojibwe meeting
Northeast Regional Radio Board meeting

8. Other

9. Upcoming Meetings (Subject to Change)

- a. **Pine County Board Meeting, Tuesday, November 1, 2016, 10:00 a.m.**, Pine County History Museum, 6333 H C Andersen Alle, Askov, Minnesota.
- b. **Facilities Committee, Wednesday, November 2, 2016, 9:00 a.m.**, Commissioners' Conference Room, Pine County Courthouse, Pine City, Minnesota.
- c. **Soil & Water Conservation District, Thursday, November 3, 2016, 3:00 p.m.**, NRCS Office, 260 Morris Avenue, Hinckley, Minnesota.
- d. **Personnel Committee, Tuesday, November 8, 2016, 9:00 a.m.**, Commissioners' Conference Room, Courthouse, Pine City, Minnesota.
- e. **Law Library, Wednesday, November 9, 2016, 12:00 p.m.**, Law Library, Pine County Courthouse, Pine City, Minnesota.
- f. **East Central Solid Waste Commission, Monday, November 14, 2016, 9:00 a.m.**, 1756 180th Street, Mora, Minnesota.
- g. **East Central Regional Library Board, Monday, November 14, 2016, 9:30 a.m.**, Cambridge Regional Library, 244 Birch Street South, Cambridge, Minnesota.
- h. **Pine County Chemical Health Coalition, Monday, November 14, 2016, 3:00 p.m.**, East Central High School Board Room, 61085 State Highway 23, Finlayson, Minnesota.
- i. **Technology Committee, Tuesday, November 15, 2016, 8:30 a.m.**, Commissioners' Conference Room, Pine County Courthouse, Pine City, Minnesota.
- j. **Pine County Board of Commissioners, Tuesday, November 15, 2016, 10:00 a.m.**, Board Room, Pine County Courthouse, Pine City, Minnesota.
- k. **Mille Lacs Band of Ojibwe County Summit, Wednesday November 16, 10:00 a.m.**, Events Center Grand Casino Hinckley.

10. Adjourn

**MINUTES
OF THE
PINE COUNTY BOARD MEETING**

Regular Meeting

Tuesday, October 18, 2016 - 10:00 a.m.

Board Room, Pine County Courthouse, Pine City, Minnesota

Chair Rossow called the meeting to order at 10:00 a.m. Present were Commissioners Steve Hallan, Josh Mohr, Steve Chaffee, and Matt Ludwig. Also present were County Attorney Reese Frederickson and County Administrator David Minke.

The Pledge of Allegiance was said.

Chair Rossow called for public comment. There was no public comment.

Chair Rossow requested the following revisions to the Agenda:

1. Revision to Consent Item No. 6: Add Commissioner-Elect to attend AMC Annual Conference.
2. Addition: Consent Agenda - Item 7:
Consider approval of Application for Exempt Permit for the Moose Lake Area Ducks Unlimited to conduct Minnesota lawful gambling on October 29, 2016 at Doc's Sports Bar & Grill, 34427 Majestic Pine Drive, Sturgeon Lake, MN (Windemere Twp).
3. Addition: Regular Agenda – Item 8A: Third Quarter Budget Update
4. Additional Information: Public Health Planning Committee Minutes (Commissioner Update)

Commissioner Ludwig moved to approve the amended Agenda. Second by Commissioner Chaffee. Motion carried 5-0.

Commissioner Mohr moved to approve Minutes of October 4, 2016 County Board Meeting and Summary for publication. Second by Commissioner Chaffee. Motion carried 5-0.

Commissioner Hallan moved to approve Minutes of October 11, 2016 Special Meeting-Committee of the Whole (Budget). Second by Commissioner Mohr. Motion carried 5-0.

Minutes of Boards, Committees and Correspondence

Pine County HRA Senior Housing Minutes – regular meeting August 24, 2016

Pine County HRA Senior Housing Minutes – special meeting September 21, 2016

East Central Regional Library Board Minutes – September 12, 2016

Commissioner Ludwig moved to acknowledge the Minutes of Boards, Committees and Correspondence. Second by Commissioner Chaffee. Motion carried 5-0.

Commissioner Chaffee moved to approve the amended Consent Agenda. Second by Commissioner Mohr. Motion carried 5-0.

CONSENT AGENDA

1. Approve September, 2016 Cash Balance

Fund	September 30, 2015	September 30, 2016	Increase(Decrease)
General Fund	2,955,546	3,186,859	231,314
Health and Human Services Fund	353,118	263,445	(89,673)

Road and Bridge Fund	2,000,780	2,020,806	20,027
Land Management Fund	2,510,926	2,032,769	(478,157)
TOTAL (inc non-major funds)	10,344,885	10,568,571	223,686

2. Tobacco License

Approve new business tobacco license for Pine City Tobacco & E-Cig, LLC, formerly known as Stogies Tobacco. License for October 19, 2016 through December 31, 2016. Subject to approval of Pine County Sheriff.

3. Donations

- A. Accept \$800 donation from the National Multiple Sclerosis Society and designate to the Pine County Sheriff's Reserve Fund; to be used to help offset the cost for training, uniforms and equipment.
- B. Accept \$50 donation from Cabak Law LLC, and \$545.56 donation from Peaceful Pines Farm (fundraiser event) for the K-9 program.

4. 2016 Waste Hauler License

Approve license for Solid Waste Collection and Transportation for 2016 for Nitti Rolloff Services and authorize Board Chair to sign.

5. James Dobosenski Registered Land Survey #5

Approve Registered Land Survey No. 5 and authorize Board Chair and County Administrator/ Clerk to sign.

6. Training

Authorize Commissioners Hallan, Mohr, Chaffee, Rossow, Ludwig and Commissioner-Elect for District 4, County Administrator David Minke, County Engineer Mark LeBrun, Human Resources Manager Connie Mikrot and Community Health Services Administrator Kathy Filbert to attend the AMC Annual Conference, December 4-6, 2016, in Minneapolis. Registration: \$375 per attendee (early bird registration before 11/4/16) and Lodging: \$128+ tax per night.

7. Application for Exempt Permit

Approve Application for Exempt Permit for the Moose Lake Area Ducks Unlimited to conduct Minnesota lawful gambling on October 29, 2016 at Doc's Sports Bar & Grill, 34427 Majestic Pine Drive, Sturgeon Lake, MN (Windemere Twp.)

REGULAR AGENDA

At 10:02 a.m. Chair Rossow recessed the county board meeting and opened the Ditch Authority Public Hearing.

1. Public Hearing – Partial Ditch Abandonment of County Ditch #7

A Petition for Partial Ditch Abandonment of County Ditch #7 was submitted by Harley Investment Company. A public hearing was held September 20, 2016; the Pine County Ditch Authority recessed and continued that hearing to October 18, 2016 to allow the ditch inspector to view the property and collect additional information to make a recommendation as to partial abandonment. Polymet submitted a request for a 30-day continuance of the October 18th hearing to allow additional time to submit additional written information.

The public hearing was reconvened at 10:02 a.m. on October 18, 2016.

Ditch Inspector LeBrun stated upon his review of the site that water flowage occurs through County Ditch #7 and other private ditches and canals upon the property. The county ditch is

functioning poorly. LeBrun requested to remove beaver dams, sediment blockages and a wier. Discussion was had by the board, and additional information was requested. Polymet had requested a continuance of the October 18, 2016 hearing to provide additional information to aid the Ditch Authority in their determination.

At 10:30 a.m. the hearing was opened to comments from the public.

Kevin Pylka, Polymet Manager of Environmental Permitting and Compliance, stated Polymet would provide additional information, requesting a 30-day continuance of today's hearing. Pylka stated Polymet supports the removal of the wier.

Property owner Dan Blake stated his understanding was that today's hearing was going to be continued and Polymet would be providing additional information. Blake stated his opposition but would like to see the additional information provided. Blake supported the request for a continuance.

There being no additional public comment, the public hearing was closed at 10:40 a.m.

Motion by Commissioner Hallan to recess the Ditch Authority meeting and continue the public hearing to November 15, 2016 at 10:00 a.m. or as soon thereafter as possible. Second by Commissioner Ludwig.

Chair Rossow directed the continuance of the public hearing to the November 15, 2016 county board meeting, at 10:00 a.m. or as soon thereafter as possible.

Motion by Commissioner Mohr to authorize the property owners to remove the wier, at their own expense, and for the county to remove three concrete pipes from the ditch and proceed with necessary maintenance on the county ditch. Second by Commissioner Chaffee. Motion carried 5-0.

Ditch Inspector LeBrun stated he received a request from Hofstad Properties and Dan and Joann Blake for further inspection and recommendation on repairs to the north. LeBrun stated this will be done upon the weather allowing better access.

At 10:40 a.m. the Ditch Authority meeting was recessed and the regular county board meeting reconvened.

2. Introduction of New Employee

County Administrator David Minke introduced Office Support Specialist Ashley Olson.

3. Facilities Committee

Commissioner Mohr provided an overview of the October 5, 2016 Facilities Committee meeting. Discussion was held as to approval of a quote from Drilling Electric for the installation of lights at the impound lot, the scheduling of a meeting on November 2, 2016 at 9:00 a.m. with the City of Pine City to discuss the Pine Government Center, and that \$75,000 is budgeted for the building fund for 2017.

4. Personnel Committee

Commissioner Chaffee provided an overview of the October 11, 2016 Personnel Committee and made the following recommendations:

Sheriff's Office

- A. Acknowledge the resignation of part-time Dispatcher Carley Blomberg effective September 25, 2016 and request backfill of the position.
- B. Acknowledge the resignation of full-time Dispatcher Jeremiah Mohr effective October 15, 2016 and request backfill of the position.

HHS

- A. Acknowledge the resignation of full-time Public Health Nurse Sarah Oswald effective October 7, 2016 and request backfill of the position.
- B. Acknowledge the resignation of full-time Registered Nurse Joanna Johnson effective October 21, 2016 and request backfill of the position.
- C. Approve the reclassification of the Public Health Nurse position from grade C42 to grade C43.

Administration

- A. Approve the reclassification of the Information Technology (IT) Manager from grade C42 to grade C52 at a salary of \$62,912 and reclassify the Human Resources (HR) Manager from grade B31 to C51 at a salary of \$60,320 effective October 16, 2016.
- B. Accept the renewal for the retiree insurance plan with Blue Cross Blue Shield's (BCBS) Group Platinum Blue Plan A with Group Medicare BlueRx for Minnesota residents, and with BCBS's Group Senior Gold with Group Medicare BlueRx for retirees living outside Minnesota. Both plan options will retain the \$1000 cap on Prescription Drugs. Premiums will increase to \$274.50 per month for the Platinum Blue plan, and to \$390.50 for the Gold plan.

Human Resources Manager Connie Mikrot explained for the retiree insurance BlueCross BlueShield had proposed a different plan which removed the \$1,000 cap for the prescription drugs. The county will remain with the plan currently in place.

Motion by Commissioner Chaffee to approve the recommendations of the Personnel Committee. Second by Commissioner Ludwig. Motion carried 5-0.

5. Central Minnesota Council on Aging (CMCOA)

Central Minnesota Council on Aging Community Development Specialists Mary Bauer and Natalie Matthewson gave a presentation on preparing for the shift of the age population and services available, by CMCOA, to the aging.

6. Central Minnesota Jobs & Training Services

Central Minnesota Jobs & Training Services staff provided information regarding the 360 Degree Career Success Skills program offered to inmates in the Pine County jail. Information was also provided as to local services offered and the dislocated worker programs.

7. Award Bid for Contract #1604

County Engineer Mark LeBrun stated bid opening for Contract #1604 occurred October 17, 2016 for SAP 058-599-043 on Government Road, 1.9 miles Northeast of CR 140 over Deer Creek. LeBrun recommended the contract be awarded to the low responsible bidder, RL Larson Excavating. The bid was 17.57% under the engineer's estimate.

Motion by Commissioner Chaffee to award the bid for Contract #1604 to RL Larson Excavating in the amount of \$242,118.77. Second by Commissioner Ludwig. Motion carried 5-0.

8. Rescheduling of First Board Meeting in December

Due to the Association of Minnesota Counties Annual Conference being held on December 5-6, 2016, the first regular board meeting in December will be rescheduled to Wednesday, December 7, 2016 at 10:00 a.m. at the Pine County History Museum, 6333 H C Andersen Alle, Askov, Minnesota.

8A. Third Quarter Budget Report

County Administrator David Minke provided an update of the budget through September 30, 2016 reviewing the expenditure and revenue of the major funds through September. The jail revenue is tracking lower than budgeted for.

9. Commissioner Updates

East Central Regional Juvenile Center Advisory Committee: Commissioner Ludwig unable to attend. Probation Director Terry Fawcett stated the 2017 per diem was approved at \$245 per day. The non-secure expansion was put on hold.

Soil & Water Conservation District: Commissioner Ludwig stated a new water tech was hired, and the forestry stewardship program has been successful.

East Central Solid Waste Commission: Commissioner Hallan commented it was a routine meeting.

East Central Regional Library: Commissioner Chaffee stated it was a routine meeting, however stated discussion was held with a library employee from Michigan where district libraries have their own levy authority.

Pine County Chemical Health Coalition: Commissioner Ludwig stated the coalition group is growing in number; the East Central and Hinckley-Finlayson Schools are buying in to the program Becky Foss is running; education grants were discussed.

Legislative meeting with Representative Sundin: Commissioner Ludwig stated this was a good meeting with Representative Sundin and Matt Hilgart from AMC. Conversation was held regarding the legislative agenda, the General Andrews Nursery and the Oberstar segment of the Munger bike trail.

AMC District 1 Fall Meeting: Commissioner Ludwig and Mohr stated other counties have the same issues as our county; discussion was had on the need for ICWA funding.

Kanabec-Pine Community Health Board/Public Health Planning Committee: Commissioner Hallan stated the Public Health Planning Committee is moving forward. Discussion held to make sure funds are disbursed appropriately.

10. Other

None.

11. Upcoming meetings were reviewed.

12. Adjourn

With no further business, Chair Rossow adjourned the meeting at 11:54 a.m. The next regular meeting of the county board is scheduled for November 1, 2016 at 10:00 a.m. at the Pine County History Museum, 6333 H C Andersen Alle, Askov, Minnesota.

Curtis H. Rossow, Chair
Board of Commissioners

David J. Minke, Administrator
Clerk to County Board of Commissioners

**SUMMARY
OF
MINUTES
OF THE
PINE COUNTY BOARD OF COMMISSIONERS MEETING**

**Regular Meeting
Tuesday, October 18, 2016 - 10:00 a.m.
Board Room, Pine County Courthouse, Pine City, Minnesota**

Chair Rossow called the meeting to order at 10:00 a.m. Present were Commissioners Steve Hallan, Josh Mohr, Steve Chaffee, and Matt Ludwig. Also present were County Attorney Reese Frederickson and County Administrator David Minke.

The Pledge of Allegiance was said.

Chair Rossow called for public comment. There was no public comment.

Commissioner Ludwig moved to approve the amended Agenda. Second by Commissioner Chaffee. Motion carried 5-0.

Commissioner Mohr moved to approve Minutes of October 4, 2016 County Board Meeting and Summary for publication. Second by Commissioner Chaffee. Motion carried 5-0.

Commissioner Hallan moved to approve Minutes of October 11, 2016 Special Meeting-Committee of the Whole (Budget). Second by Commissioner Mohr. Motion carried 5-0.

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Commissioner Chaffee moved to approve the amended Consent Agenda. Second by Commissioner Mohr. Motion carried 5-0.

Approve September, 2016 Cash Balance

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Accept \$800 donation from the National Multiple Sclerosis Society and designate to the Pine County Sheriff's Reserve Fund; to help offset the cost for training, uniforms and equipment. Accept \$50 donation from Cabak Law LLC, and \$545.56 donation from Peaceful Pines Farm for the K-9 program.

Approve license for Solid Waste Collection and Transportation for 2016 for Nitti Rolloff Services.

Approve Registered Land Survey No. 5 and authorize Board Chair and County Administrator/ Clerk to sign.

Authorize Commissioners Hallan, Mohr, Chaffee, Rossow, Ludwig and Commissioner-Elect for District 4, County Administrator David Minke, County Engineer Mark LeBrun, Human Resources Manager Connie Mikrot and Community Health Services Administrator Kathy Filbert to attend the AMC Annual Conference. Registration: \$375 per attendee and Lodging: \$128+ tax per night.

Approve Application for Exempt Permit for the Moose Lake Area Ducks Unlimited to conduct Minnesota lawful gambling on October 29, 2016 at Doc's Sports Bar & Grill, 34427 Majestic Pine Drive, Sturgeon Lake, MN.

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Public Hearing – Partial Ditch Abandonment of County Ditch #7

Ditch Inspector LeBrun stated upon his review of the site that water flowage occurs through County Ditch #7 and other private ditches and canals upon the property. The county ditch is functioning poorly. LeBrun requested to remove beaver dams, sediment blockages and a wier. Discussion was had by the board, and additional information was requested.

At 10:30 a.m. the hearing was opened to comments from the public. Kevin Pylka, Polymet Manager of Environmental Permitting and Compliance, stated Polymet would provide additional information, and requested a 30-day continuance of today's hearing. Pylka stated Polymet supports the removal of the wier. Property owner Dan Blake stated his opposition to the partial abandonment, but would like to see the additional information provided and supported the request for a continuance. There being no additional public comment, the public hearing was closed at 10:40 a.m.

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At 10:40 a.m. the Ditch Authority meeting was recessed and the regular county board meeting reconvened.

Commissioner Chaffee reviewed the recommendations of the October 11, 2016 Personnel Committee:

- a. Sheriff's Office
 - i. Acknowledge the resignation of part-time Dispatcher Carley Blomberg effective September 25, 2016 and request backfill of the position.
 - ii. Acknowledge the resignation of full-time Dispatcher Jeremiah Mohr effective October 15, 2016 and request backfill of the position.
- b. HHS
 - i. Acknowledge the resignation of full-time Public Health Nurse Sarah Oswald effective October 7, 2016 and request backfill of the position.
 - ii. Acknowledge the resignation of full-time Registered Nurse Joanna Johnson effective October 21, 2016 and request backfill of the position.
 - iii. Approve the reclassification of the Public Health Nurse position from grade C42 to grade C43.
- c. Administration
 - i. Approve the reclassification of the Information Technology (IT) Manager from grade C42 to grade C52 at a salary of \$62,912 and reclassify the Human Resources (HR) Manager from grade B31 to C51 at a salary of \$60,320 effective October 16, 2016.
 - ii. Accept the renewal for the retiree insurance plan with Blue Cross Blue Shield's (BCBS) Group Platinum Blue Plan A with Group Medicare BlueRx for Minnesota residents, and with BCBS's Group Senior Gold with Group Medicare BlueRx for retirees living outside Minnesota. Both plan options will retain the \$1000 cap on Prescription Drugs. Premiums will increase to \$274.50 per month for the Platinum Blue plan, and to \$390.50 for the Gold plan.

Motion by Commissioner Chaffee to approve the recommendations of the Personnel Committee. Second by Commissioner Ludwig. Motion carried 5-0.

Motion by Commissioner Chaffee to award the bid for Contract #1604 to RL Larson Excavating in the amount of \$242,118.77. Second by Commissioner Ludwig. Motion carried 5-0.

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Curtis H. Rossow, Chair
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Clerk to County Board of Commissioners

The full text of the board's Minutes are available at the County Administrator's Office and the county's website (www.co.pine.mn.us). Copies may also be requested from the administrator's office.

**Pine County Chemical Health Coalition
Minutes
October 10, 2016
Hinckley/Finlayson High School, Hinckley**

Coalition Mission Statement

Pine County Chemical Health Coalition: Striving to prevent the misuse and abuse of alcohol, tobacco and other drugs

Attendance:

Sandy Korf, *Hinckley/Finlayson School*
Jamie Welton, *Hazelden*
Kathy Gutknecht and Steph Youngberg, *East Central School*
Joe Dvorak and Brent Thompson, *FirstLight Health System*
Amber Chase, *Pine Co Probation*
Joe Newton, *Essentia Health*
Jamie Root-Larsen, *PCCHC Media Consultant*
Jen Rancour, *Pine Technical & Community College*
Jenilee Telander, *Regional Prevention Coordinator*
Lynette Kuzel, *Teen Focus Recovery Center*
Monica Haglund, *Mille Lacs Band*
Reese Frederickson, *Pine Co Attorney*
Commissioner Matt Ludwig
Chief Deputy Paul Widenstrom, *Pine Co Sheriff's Dept*
Trace LeBrun, *Pine County Courier*
Lynette Forbes-Cardey, Lori Fore, Becky Foss, Bonnie Rediske and Janet Schumacher, *Pine Co HHS*

Meeting commenced at 3:00 pm by Becky Foss at the Hinckley/Finlayson High School in Hinckley.

1. **Introductions and Welcome** – introductions were made and Becky Foss, Director of HHS welcomed all members.
2. **Additions/Changes to the Agenda** – *Motion was made by Steph Youngberg and seconded by Lori Fore to approve the agenda. Motion carried.*
3. **Review Minutes of 9/12/16** - *Motion was made by Commissioner Ludwig and seconded by Paul Widenstrom to approve the minutes. Motion carried.*

4. **Becky Foss**

a. **Committee member's discussion on Positive Community Norm Conference**

Becky shared that the message from this conference was to focus on the positive for students and encourage all students to make good decisions. We have a lot of good kids and to look at the positive actions and choices that they make. We need to work on correcting community misperceptions.

Lynette Forbes-Cardey shared the Science of the Positive – the cycle of positive transformation in spirit, science, action and return. This process should work well for our coalition and provide a positive impact for our culture and experience. It should work well for several issues in our communities.

Kathy Gutknecht expressed interest in the perceived norms of hope and concern – what concerns us and what gives us hope and perceive norms to be real.

Steph Youngberg shared that it puts things in light of kids that do good things and make good choices. She talked about the seven principles that positive norms are built on - to be present in the moment, be positive, be perceptive, be purposeful, be perfective, be proactive and to be passionate. This Coalition has an opportunity to affect families, kids and our communities. Looking forward to getting updated data to work with from upcoming surveys.

Jamie Root-Larsen talked about upcoming surveys to build the positives on. She explained that the positive exists and is worth growing.

Lori Fore is excited to work on coalition logos as well as the upcoming surveys and answers from our communities on them.

Talked about the upcoming media campaign and coalition logos. We hope to build through our community involvement as well as positive messages.

b. Discussion on Grant Awards

Becky indicated that we again have funds available to provide grants and school personnel expressed their appreciation for the opportunity to apply and receive these grant funds. Bonnie mentioned some of the ongoing issues that we would like to see grant funds in educational items spent on – prescription pills, meth, etc. Our mission statement could be used as a theme focus for educational items.

Motion was made by Bonnie Rediske and seconded by Commissioner Ludwig to send RFP's to local schools to apply for grant funds in the amount up to \$750.00 and to be used by the end of the school year. Motion carried.

c. Fund Balance Report as of September 30, 2016

- **\$3443.47** Revenue
- **\$ 182.94** Expenses
- **\$8160.30** Fund Balance

5. Jamie Root-Larsen, Media Consultant

Jamie presented several different logos/branding messages for the coalition to look at that we will have on our posters, stationary, etc. Will work on submitting favorites. We will need to send our logo to DHS by 11/17 for approval.

Jamie will do a variation of the following and forward to the coalition:

- Mighty Together
- Our Reality
- Our Truth

Motion was made by Lynette Forbes-Cardey and seconded by Lori Fore to accept the logo circulated on this date pending approval from the State. Motion carried.

Jamie and Lynette will work on documents for the State.

At the November meeting, the campaign logo will be finalized based on feedback – Jamie will provide a redesign.

East Central focuses on – “Eagles Strong” and Hinckley/Finlayson on – “Jaguar Pride”.

The Youth Groups will have their own logo with a mutual campaign.

Committees will soon need to be formed to complete a lot of positive work, surveys compiled and communicated

with the coalition, where messages should be advertised, etc.

6. Reports from Members

- **Becky Foss**
Becky shared posters for the Deterra pouches. A new Social Worker, coming from WINDOW with a background in Corrections was recently appointed in Children Services.
- **Amber Chase**
Putting out more UA's with several testing positive. Will run some quarterly numbers for the next meeting.
- **Jamie Welton**
Recently moved to the area and is employed at Hazelden. She has a concern of the issues we are trying to tackle and is offering to help us out.
- **Lynette Kuzel**
Invited the coalition members to an Open House at their new Teen Focus Recovery Center location in Mora on Friday, October 28th from noon – 5:00 pm.
- **Jen Rancour**
Jen expressed her willingness to help out as well as other staff at Pine Technical & Community College – they have a concern for their students in the area.
- **Commissioner Ludwig**
EMS and law enforcement staff have all been trained in the use of Narcan. 372 doses of Narcan have been handed out to 25 agencies. We need to get the message to the State that we need additional money to purchase the Narcan.
- **Paul Widenstrom**
There have recently been a couple of heroin overdose saves in the local area. Deputies were able to stabilize the victims until the ambulance arrived with stronger doses of Narcan. The SO was able to access extra Narcan from St Cloud.
- **Jamie Welton**
Shared info of an upcoming event - "Heroin & Prescription Painkillers" on Friday, November 18th from 8:30 am to 3:30 pm at the Trinity Lutheran Church in North Branch – free and open to the public.
- **Joe Newton**
Shared numbers from 2015 through now in drug related ambulance calls – in 2015 there were 32 calls and so far this year they are at 36 calls.

Deputies have been busy with Narcan – are seeing heavy duty drugs that are taking several doses of Narcan.
- **Reese Frederickson**
Continue to make convictions of drug dealers. Last month in a jury trial had outcome of five felony convictions. A new way to manufacture meth called "One Pot Meth" is in a back pack. Commissioner Ludwig commended the County Attorney's office and Sheriff's Dept for the good work in putting together the investigations for these recent convictions.

- **Monica Haglund**
Excited about the Truancy Summit - it should be good for the area. The Band will be taking over the Four Winds Program from the State on January 1, 2017.
- **Bonnie Rediske**
In the last 30 days, five babies have been born positive for one substance or another and there is a real concern of 17 year old girls testing positive for opioids and marijuana. Recently got a report out of Hinckley of a youth on probation and dealing meth and marijuana to 12 year olds. Some youth are also dealing in heroin. In September 2015 Child Protection intakes were at 80 and this year they are at 174 – very concerning to HHS staff. There is a lot of drug related stuff going on right now.
- **Jenilee Telander**
Works as Regional Prevention Coordinator through DHS and Kanabec Co as host county – she will work with Lynette to get through all deadlines, etc.
- **Brent Thompson**
Has a shared interest in our conversations and awareness. There are many community forums in our local area and a lot of motivation with our issues. A recent meeting in Moose Lake had about 200 people and in Onamia about 60 people in attendance. He is working with someone from the U of M in Duluth to host a community forum in the Pine/Kanabec Co area and has recently applied for a grant. In Kanabec Co a meeting is scheduled for November 29th at the Mora High School. He should receive word on the grant by the end of October.
- **Lynette Forbes-Cardey**
Talked about an Empowering Youth Workshop and that this P&I Grant has proven to be effective with other grantees. We have two Youth Groups at each school – 7th & 8th grade and High School.

NEXT MEETING DATE:

**MONDAY, NOVEMBER 14TH @ 3:00 PM
EAST CENTRAL HIGH SCHOOL – BOARD ROOM**

Meeting adjourned at 4:10 pm. Minutes prepared by Janet Schumacher
 \PCCHC\Minutes\2016\October 10 min.doc



PINE COUNTY PUBLIC WORKS

HIGHWAY DEPARTMENT

405 Airport Road NE
Pine City, MN 55063

Telephone 320-216-4200
Fax: 320-629-6736
1-800-450-7463 Ext. 4200

Mark A. LeBrun, P.E.
County Engineer

Pine County Land Surveyor Monthly Report

October 2016

CSAH 32 T43N R18W, set, tie out and GPS PLSS corners, update files.

CR 148 T43N R18W Section 3, calculate search areas, search for PLSS corners, update files.

Provide HARN coordinate data for GIS to County Recorder as needed.

Review legal descriptions for County ROW Dept. and County Land Dept. as needed.

Review Plats and Minor Subdivisions for County Zoning Dept. as needed.

Review and file PLSS corner certificates provided by private surveyors as needed.

Review, edit and file Certificates of Survey created by County Surveyor as needed.

Robin T. Mathews, Pine County Surveyor



AGENDA REQUEST FORM

Date of Meeting: November 1, 2016

- County Board**
 - Consent Agenda
 - Regular Agenda
- 5 mins 10 mins 15 mins Other
- Personnel Committee**
- Other** _____

Agenda Item: October, 2016 Disbursements

Department: Auditor-Treasurer

Cathy Clemmer
Department Head signature

Background information on Item:

October, 2016 Disbursements

Action Requested:

Financial Impact:

CATHYJ
10/26/16 3:15PM

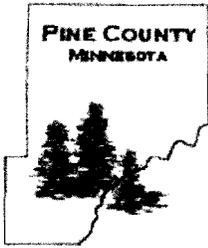
***** Pine County *****



DISBURSEMENTS JOURNAL REPORT G/L Months: 10/2016 - 10/2016

RECAP BY FUND	FUND	AMOUNT	NAME
	1	664,323.29	GENERAL REVENUE FUND
	12	341,066.18	HEALTH & HUMAN SERVICES
	13	931,346.41	ROAD & BRIDGE FUND
	22	5,803.41	LAND MANAGEMENT FUND
	38	29,864.80	BUILDING FUND
	39	1,400.00	2005A G.O. JAIL BONDS
	40	1,400.00	2012 G.O. COURTHOUSE BONDS
	76	302,855.55	GROUP HEALTH INS FUND 5/1/95 (GEN)
	80	25,565.53	COUNTY COLLECTIONS AGENCY FUND
	82	3,657,749.90	TAXES AND PENALTIES AGENCY FUND
	89	164.18	H & HS COLLECTIONS AGENCY FUND
		5,961,539.25	Total Disbursements

RECAP BY TYPE	TYPE	AMOUNT	NAME
	1	5,676,799.45	AUD
	2	299,846.99	COM
	3	15,107.19-	MVC
		5,961,539.25	Total Disbursements



AGENDA REQUEST FORM

Date of Meeting: November 1, 2016

- County Board**
 - Consent Agenda
 - Regular Agenda
 - Personnel Committee
 - Other _____
- 5 mins 10 mins 15 mins Other

Agenda Item: Applications for Abatement

Department: Auditor-Treasurer

Cathy Chamer
Department Head signature

Background information on Item:

Applications for Local Option Disaster Abatements:
 Debra Sommers & Matthew Halvorson, 5583 Royal River Rd, Braham, PID 29.5098.000, pay 2016
 Dale Schmakel, 56671 Beaver Tail Rd, Askov, PID 30.0059.002, pay 2016
 Donald & Virginia Knight, 27829 Twin Ponds Loop, Sturgeon Lake, PID 31.0151.000, pay 2016
 Rosalyn Krueger, 7196 Bald Eagle Ln, Rutledge, PID 44.0052.007, pay 2016
 Timothy & Lavonne Sullivan, 8875 Cathedral Pines Dr, Sturgeon Lake, PID 46.5165.000, pay 2016
 John Nosbusch, 8851 Cathedral Pines Dr, Sturgeon Lake, PID 46.5168.000, pay 2016
 Judith Koch, 8801 Cathedral Pines Dr, Sturgeon Lake, PID 46.5173.000, pay 2016

Action Requested:

Approval

Financial Impact:

Application for Local Option Disaster Abatements and Credits - Disaster Area

If your property has been damaged or destroyed as a result of the recent disaster or emergency, you may be eligible to receive some property tax relief on this year's property taxes as well as property taxes payable next year. The type of tax relief you receive will depend on whether your property is homesteaded, whether it is located within a declared disaster or emergency area, the amount of damage sustained, and a number of other factors. If an assessor has not already reassessed your property, you should contact your county assessor's office and request that a county assessor view the damage for the purpose of receiving disaster relief.

County of: Pine

OCT 17 2014 OCT 19 2014

Applicant Information. Please type or print.

Name <i>Debra Jean Sommers MAH</i>			
Mailing address (street address) <i>5583 ROYAL RIVER ROAD</i>		City <i>Braham</i>	State <i>MN</i>
Telephone (work) <i>(320) 209-1901</i>		Telephone (home) <i>()</i>	
Property I.D. or Parcel number (found on your property tax statement) <i>29.5098.000</i>		School District number	
Address of damaged property (if different than mailing address)			

Legal description of property (found on your property tax statement)

Is the property usable/livable: Yes No *(kinda)*
We tore off the carpet and the walls for black mold

Signature of property owner: By signing below, I certify, to the best of my knowledge, the above statements are true and correct.

Signature <i>Debra Sommers MAH</i>	Date <i>Oct 16 - 2014</i>
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STOP: The information below is for OFFICE USE ONLY

Check the appropriate box(es) for homestead or non-homestead property:

Homestead Property:

- This structure is over 50% damaged and qualifies for an abatement of property taxes payable THIS YEAR.
- Homestead Disaster Credits for taxes payable next year will be automatically calculated and shown on next year's tax statement.

Non-homestead Property:

- This structure is over 50% damaged and qualifies for an abatement of property taxes payable THIS YEAR.
- This structure is over 50% damaged and qualifies for a credit of property taxes payable NEXT YEAR.

Report of investigation: I hereby report that I have investigated the statements made in this application and find the facts to be as follows:

*< 6" of water on main floor
50% - 95% garage*

Signature <i>[Signature]</i>	Date <i>10/21/16</i>
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Application for Local Option Disaster Abatements and Credits - Disaster Area

If your property has been damaged or destroyed as a result of the recent disaster or emergency, you may be eligible to receive some property tax relief on this year's property taxes as well as property taxes payable next year. The type of tax relief you receive will depend on whether your property is homesteaded, whether it is located within a declared disaster or emergency area, the amount of damage sustained, and a number of other factors. If an assessor has not already reassessed your property, you should contact your county assessor's office and request that a county assessor view the damage for the purpose of receiving disaster relief.

County of: DINE

OCT 19 2016

Applicant Information. Please type or print.

Name <u>Dale SchMAKEL</u>			
Mailing address (street address) <u>10036 Chicago Ave So</u>		City <u>Askov</u>	State <u>MN</u>
Telephone (work) <u>(NA)</u>		Telephone (home) <u>(952) 594 2791</u>	
Property I.D. or Parcel number (found on your property tax statement) <u>300059002</u>		School District number	
Address of damaged property (if different than mailing address) <u>56671 Beaver Tail Rd Askov, MN 55704</u>			
Legal description of property (found on your property tax statement) <u>[Handwritten scribble]</u>			
Is the property usable/livable: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → If no, date you left property:			

Signature of property owner: By signing below, I certify, to the best of my knowledge, the above statements are true and correct.

Signature <u>Dale Schmakel</u>	Date <u>10/18/16</u>
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STOP: The information below is for OFFICE USE ONLY

Check the appropriate box(es) for homestead or non-homestead property:

Homestead Property:

- This structure is over 50% damaged and qualifies for an abatement of property taxes payable THIS YEAR.
- Homestead Disaster Credits for taxes payable next year will be automatically calculated and shown on next year's tax statement.

Non-homestead Property:

- This structure is over 50% damaged and qualifies for an abatement of property taxes payable THIS YEAR.
- This structure is over 50% damaged and qualifies for a credit of property taxes payable NEXT YEAR.

Report of investigation: I hereby report that I have investigated the statements made in this application and find the facts to be as follows:

1.5" of water on main floor
50%

Signature <u>[Handwritten Signature]</u>	Date <u>10/21/16</u>
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Application for Local Option Disaster Abatements and Credits - Disaster Area

If your property has been damaged or destroyed as a result of the recent disaster or emergency, you may be eligible to receive some property tax relief on this year's property taxes as well as property taxes payable next year. The type of tax relief you receive will depend on whether your property is homesteaded, whether it is located within a declared disaster or emergency area, the amount of damage sustained, and a number of other factors. If an assessor has not already reassessed your property, you should contact your county assessor's office and request that a county assessor view the damage for the purpose of receiving disaster relief.

County of: PINE

OCT -7 2016

Applicant Information. Please type or print.

Name <u>DONALD & VIRGINIA KNIGHT c/o DAVID KNIGHT</u>			
Mailing address (street address) <u>4813 AUTUMN PLACE</u>		City <u>DURNSVILLE</u>	State <u>MN</u>
Telephone (work) <u>(612) 720-7929</u>		Telephone (home) <u>652 432-0399</u>	
Property I.D. or Parcel number (found on your property tax statement) <u>31.0151.000</u>		School District number	
Address of damaged property (if different than mailing address)			

Legal description of property (found on your property tax statement)

Is the property usable/livable: Yes No → If NO, date you left property:

Signature of property owner: By signing below, I certify, to the best of my knowledge, the above statements are true and correct.

Signature <u>David Knight</u>	Date <u>10/5/16</u>
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STOP: The information below is for OFFICE USE ONLY

Check the appropriate box(es) for homestead or non-homestead property:

Homestead Property:

- This structure is over 50% damaged and qualifies for an abatement of property taxes payable THIS YEAR.
- Homestead Disaster Credits for taxes payable next year will be automatically calculated and shown on next year's tax statement.

Non-homestead Property:

- This structure is over 50% damaged and qualifies for an abatement of property taxes payable THIS YEAR.
- This structure is over 50% damaged and qualifies for a credit of property taxes payable NEXT YEAR.

Report of investigation: I hereby report that I have investigated the statements made in this application and find the facts to be as follows:

18" of water on main floor. 95%

Signature <u>[Signature]</u>	Date <u>10/14/16</u>
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Application for Local Option Disaster Abatements and Credits - Disaster Area

If your property has been damaged or destroyed as a result of the recent disaster or emergency, you may be eligible to receive some property tax relief on this year's property taxes as well as property taxes payable next year. The type of tax relief you receive will depend on whether your property is homesteaded, whether it is located within a declared disaster or emergency area, the amount of damage sustained, and a number of other factors. If an assessor has not already reassessed your property, you should contact your county assessor's office and request that a county assessor view the damage for the purpose of receiving disaster relief.

County of: Pine

OCT - 3 2016

Applicant Information. Please type or print.

Name <u>Rosalyn Dawn Krueger</u>			
Mailing address (street address) <u>702 45th St NW Clearwater MN</u>		City <u>Clearwater</u>	State <u>MN</u>
Telephone (work) <u>(320) 558-4481</u>		Telephone (home) <u>()</u>	Zip <u>55320</u>
Property I.D. or Parcel number (found on your property tax statement) <u>44.0052.007</u>		School District number	
Address of damaged property (if different than mailing address) <u>7196 Bald Eagle Lane Rutledge MN 55795</u>			
Legal description of property (found on your property tax statement)			

Is the property usable? Yes No - It was not usable but now (then) as of Oct 1 the main cabin is fixed/usa
 If no, date you left property:
Rosalyn (Rose) Krueger

Signature of property owner: By signing below, I certify, to the best of my knowledge, the above statements are true and correct.
 Signature: _____ Date: _____

STOP: The information below is for OFFICE USE ONLY

Check the appropriate box(es) for homesteaded or non-homestead property:

Homestead Property:

- This structure is over 50% damaged and qualifies for an abatement of property taxes payable THIS YEAR.
- Homestead Disaster Credits for taxes payable next year will be automatically calculated and shown on next year's tax statement.

Non-homestead Property:

- This structure is over 50% damaged and qualifies for an abatement of property taxes payable THIS YEAR.
- This structure is over 50% damaged and qualifies for a credit of property taxes payable NEXT YEAR.

Report of investigation: I hereby report that I have investigated the statements made in this application and find the facts to be as follows:

9/5/10. 8" of water on main floor of cabin -
30" of water on partial main floor of
guest house.

Signature: [Signature] Date: 10/14/16

Application for Local Option Disaster Abatements and Credits - Disaster Area

If your property has been damaged or destroyed as a result of the recent disaster or emergency, you may be eligible to receive some property tax relief on this year's property taxes as well as property taxes payable next year. The type of tax relief you receive will depend on whether your property is homesteaded, whether it is located within a declared disaster or emergency area, the amount of damage sustained, and a number of other factors. If an assessor has not already reassessed your property, you should contact your county assessor's office and request that a county assessor view the damage for the purpose of receiving disaster relief.

County of

OCT 14 2015

Applicant Information. Please type or print.

Name Timothy & Lavonne Sullivan			
Mailing address (street address) PO Box 205		City ESKO	State MN
		Zip 55733	
Telephone (work) ()	Telephone (home) (218) 760-0899		
Property I.D. or Parcel number (found on your property tax statement) 46.3165.000	School District number		
Address of damaged property (if different than mailing address) 8875 Cathedral Pines Sturgeon Lake MN 55783			
Legal description of property (found on your property tax statement)			

Is the property usable/livable Yes No → If no, date you left property

Signature of property owner: By signing below, I certify, to the best of my knowledge, the above statements are true and correct.

Signature Lavonne Sullivan	Date 10-5-16
--------------------------------------	------------------------

STOP: The information below is for OFFICE USE ONLY

Check the appropriate box(es) for homestead or non-homestead property:

Homestead Property:

- This structure is over 50% damaged and qualifies for an abatement of property taxes payable THIS YEAR
- Homestead Disaster Credits for taxes payable next year will be automatically calculated and shown on next year's tax statement.

Non-homestead Property:

- This structure is over 50% damaged and qualifies for an abatement of property taxes payable THIS YEAR.
- This structure is over 50% damaged and qualifies for a credit of property taxes payable NEXT YEAR.

Report of investigation: I hereby report that I have investigated the statements made in this application and find the facts to be as follows

20" of water on main floor

95%

Signature [Signature]	Date 10/21/16
---------------------------------	-------------------------

Application for Local Option Disaster Abatements and Credits - Disaster Area

If your property has been damaged or destroyed as a result of the recent disaster or emergency, you may be eligible to receive some property tax relief on this year's property taxes as well as property taxes payable next year. The type of tax relief you receive will depend on whether your property is homesteaded, whether it is located within a declared disaster or emergency area, the amount of damage sustained, and a number of other factors. If an assessor has not already reassessed your property, you should contact your county assessor's office and request that a county assessor view the damage for the purpose of receiving disaster relief.

County of: PINE

OCT 14 2016

Applicant information. Please type or print.

Name

John Nosbusch

Mailing address (street address)

20894 OKINAWA ST. N.E.

City

East Bethel

State

MN

Zip

55011

Telephone (work)

(651) 256-0654

Telephone (home)

(612) 759-2417

Property I.D. or Parcel number (found on your property tax statement)

46.5168.000

School District number

Address of damaged property (if different than mailing address)

8851 Cathedral Pines Sturgeon Lake MN

Legal description of property (found on your property tax statement)

Is the property usable/livable: Yes No →

As of Oct

If NO, date you left property:

Signature of property owner: By signing below, I certify, to the best of my knowledge, the above statements are true and correct.

Signature

John Nosbusch

Date

10-12-16

STOP: The information below is for OFFICE USE ONLY

Check the appropriate box(es) for homestead or non-homestead property:

Homestead Property:

This structure is over 50% damaged and qualifies for an abatement of property taxes payable THIS YEAR.

- Homestead Disaster Credits for taxes payable next year will be automatically calculated and shown on next year's tax statement.

Non-homestead Property:

This structure is over 50% damaged and qualifies for an abatement of property taxes payable THIS YEAR.

This structure is over 50% damaged and qualifies for a credit of property taxes payable NEXT YEAR.

Report of investigation: I hereby report that I have investigated the statements made in this application and find the facts to be as follows:

12" of water on main floor.

95%

Signature

[Signature]

Date

10/21/16

Application for Local Option Disaster Abatements and Credits - Disaster Area

If your property has been damaged or destroyed as a result of the recent disaster or emergency, you may be eligible to receive some property tax relief on this year's property taxes as well as property taxes payable next year. The type of tax relief you receive will depend on whether your property is homesteaded, whether it is located within a declared disaster or emergency area, the amount of damage sustained, and a number of other factors. If an assessor has not already reassessed your property, you should contact your county assessor's office and request that a county assessor view the damage for the purpose of receiving disaster relief.

County of: Pine

Applicant Information. Please type or print.

Name <i>Judith A Koch</i>			
Mailing address (street address) <i>3432 Denmark Ave Ste 220</i>		City <i>EAGAN</i>	State <i>MN</i>
Telephone (work) <i>(651) 343-3743</i>		Telephone (home) <i>() Same</i>	
Property I.D. or Parcel number (found on your property tax statement) <i>46.5773.000</i>		School District number <i>2</i>	
Address of damaged property (if differs than mailing address) <i>8801 Cathedral Pines Dr. Sturgeon Lake MN 55783</i>			
Legal description of property (found on your property tax statement)			

Is the property usable/usable: Yes No → If no, date you left property: *13 July 14*

Signature of property owner: By signing below, I certify, to the best of my knowledge, the above statements are true and correct.

Signature: *Judy A Koch* Date: *13 Oct 2014*

STOP: The information below is for OFFICE USE ONLY

Check the appropriate box(es) for homesteaded or non-homesteaded property:

Homestead Property:

- This structure is over 50% damaged and qualifies for an abatement of property taxes payable THIS YEAR.
- Homestead Disaster Credits for taxes payable next year will be automatically calculated and shown on next year's tax statement.

Non-homesteaded Property:

- This structure is over 50% damaged and qualifies for an abatement of property taxes payable THIS YEAR.
- This structure is over 50% damaged and qualifies for a credit of property taxes payable NEXT YEAR.

Report of investigation: I hereby report that I have investigated the statements made in this application and find the facts to be as follows:

*20" of water on main floor.
95%*

Signature: *[Signature]* Date: *10/21/16*

Start via mail 13-Oct-16



AGENDA REQUEST FORM

Date of Meeting: November 1, 2016

- County Board**
 - Consent Agenda
 - Regular Agenda
- 5 mins 10 mins 15 mins Other
- Personnel Committee
- Other _____

Agenda Item: Application for Abatement

Department: Auditor-Treasurer

Cathy Clemons
Department Head signature

Background information on Item:

Application for Local Option Disaster Abatement:
Bruce & JoAnne LaMere, 7218 Bald Eagle Ln, Rutledge, PID 44.0052.009, pay 2016

Action Requested:

Approval

Financial Impact:

Application for Local Option Disaster Abatements and Credits - Disaster Area

If your property has been damaged or destroyed as a result of the recent disaster or emergency, you may be eligible to receive some property tax relief on this year's property taxes as well as property taxes payable next year. The type of tax relief you receive will depend on whether your property is homesteaded, whether it is located within a declared disaster or emergency area, the amount of damage sustained, and a number of other factors. If an assessor has not already reassessed your property, you should contact your county assessor's office and request that a county assessor view the damage for the purpose of receiving disaster relief.

County of: Pine

Applicant Information. Please type or print.

Name Bruce J. + JoAnne LaMere			
Mailing address (street address) 2470 Stanbridge St. W.		City Roseville	State MN
Telephone (work) (612) 363-4206		Telephone (home) (651) 631-0482	
Property L.D. or Parcel number (found on your property tax statement) 440052009		School District number 4400 0577	
Address of damaged property (if different than mailing address) 7218 Bald Eagle Lane Rutledge MN			
Legal description of property (found on your property tax statement) 151- (Non-Hstd) Seasonal Res Rec			

Is the property usable/livable : Yes No → If no, date you left property :

Signature of property owner: By signing below, I certify, to the best of my knowledge, the above statements are true and correct.

Signature Bruce J. LaMere	Date 10-19-16
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STOP: The information below is for OFFICE USE ONLY

Check the appropriate box(es) for homestead or non-homestead property:

Homestead Property:

- This structure is over 50% damaged and qualifies for an abatement of property taxes payable THIS YEAR.
- Homestead Disaster Credits for taxes payable next year will be automatically calculated and shown on next year's tax statement.

Non-homestead Property:

- This structure is over 50% damaged and qualifies for an abatement of property taxes payable THIS YEAR.
- This structure is over 50% damaged and qualifies for a credit of property taxes payable NEXT YEAR.

Report of investigation: I hereby report that I have investigated the statements made in this application and find the facts to be as follows:

36" of water on main floor. 95%

OCT 24 2016

Signature 	Date 10/25/16
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AGENDA REQUEST FORM

Date of Meeting: November 1, 2016

- County Board**
 - Consent Agenda
 - Regular Agenda 5 mins 10 mins 15 mins Other
- Personnel Committee**
- Other** _____

Agenda Item: Lease for Lawful Gambling Activity and Premises Permit Application

Department: Auditor-Treasurer

Cathy Clever
Department Head signature

Background information on Item:

Lease for Lawful Gambling Activity and Premises Permit Application for Northern Pine Riders to conduct Minnesota lawful gambling at Doc's Bar & Grill, 34427 Majestic Pine Dr, Sturgeon Lake, MN (Windemere Twp).

Action Requested:

Financial Impact:

MINNESOTA LAWFUL GAMBLING
LG215 Lease for Lawful Gambling Activity

LEASE INFORMATION

Organization: NORTHERN PINE RIDERS	License/Site Number: 02327	Daytime Phone: 218-380-1131
Address: P.O. BOX 28	City: WILLOW RIVER	State: Zip: MN 55795
Name of Leased Premises: DOC'S BAR & GRILL	Street Address: 34427 MAJESTIC PINE DR	
City: STURGEON LAKE	State: Zip: MN 55783	Daytime Phone:
Name of Legal Owner: Jimmy Lee Kroon	Business/Street Address:	
City: Sturgeon Lake Minn	State: Zip: 55783	Daytime Phone: 218-380-9348
Name of Lessor (if same as legal owner, write "SAME"): Same	Address:	
City:	State: Zip:	Daytime Phone:

Check applicable item:
 New or amended lease. Effective date: _____ Submit changes at least ten days **before** the effective date of the change.
 New owner. Effective date: _____ Submit new lease **within** ten days after new lessor assumes ownership.

CHECK ALL ACTIVITY THAT WILL BE CONDUCTED (no lease required for raffles)

<input checked="" type="checkbox"/> Pull-Tabs (paper)	<input type="checkbox"/> Electronic Pull-Tabs
<input checked="" type="checkbox"/> Pull-Tabs (paper) with dispensing device	<input type="checkbox"/> Electronic Linked Bingo
<input checked="" type="checkbox"/> Bar Bingo <input type="checkbox"/> Bingo	Electronic games may only be conducted:
<input checked="" type="checkbox"/> Tipboards	1. at a premises licensed for the on-sale of intoxicating liquor or the on-sale of 3.2% malt beverages; or
<input checked="" type="checkbox"/> Paddlewheel <input type="checkbox"/> Paddlewheel with table	2. at a premises where bingo is conducted as the primary business and has a seating capacity of at least 100.

PULL-TAB, TIPBOARD, AND PADDLEWHEEL RENT (separate rent for booth and bar ops)

BOOTH OPERATION: Some or all sales of gambling equipment are conducted by an employee/volunteer of a licensed organization at the leased premises.

ALL GAMES, including electronic games: Monthly rent to be paid: _____%, not to exceed **10%** of gross profits for that month.
 • Total rent paid from all organizations for only booth operations at the leased premises may not exceed **\$1,750**.
 • The rent cap does not include **BAR OPERATION** rent for electronic games conducted by the lessor.

BAR OPERATION: All sales of gambling equipment conducted by the lessor or lessor's employee.

ELECTRONIC GAMES: Monthly rent to be paid: _____%, not to exceed **15%** of the gross profits for that month from electronic pull-tab games and electronic linked bingo games.

ALL OTHER GAMES: Monthly rent to be paid: 20%, not to exceed **20%** of gross profits from all other forms of lawful gambling.
 • If any booth sales conducted by a licensed organization at the premises, rent may not exceed **10%** of gross profits for that month and is subject to booth operation **\$1,750** cap.

BINGO RENT (for leased premises where bingo is the primary business conducted, such as bingo hall)

Bingo rent is limited to one of the following: **JLK SA**

- Rent to be paid: 10%%, not to exceed **10%** of the monthly gross profit from all lawful gambling activities held during bingo occasions, excluding bar bingo.
- OR -
- Rate to be paid: \$ _____ per square foot, not to exceed **110%** of a comparable cost per square foot for leased space, as approved by the director of the Gambling Control Board. The lessor must attach documentation, verified by the organization, to confirm the comparable rate and all applicable costs to be paid by the organization to the lessor.
 - ⇒ Rent may not be paid for bar bingo.
 - ⇒ Bar bingo does not include bingo games linked to other permitted premises.

LEASE TERMINATION CLAUSE (must be completed)

The lease may be terminated by either party with a written 30 day notice. Other terms:

LG215 Lease for Lawful Gambling Activity

Lease Term: The term of this agreement will be concurrent with the premises permit issued by the Gambling Control Board (Board).

Management: The owner of the premises or the lessor will not manage the conduct of lawful gambling at the premises. The organization may not conduct any activity on behalf of the lessor on the leased premises.

Participation as Players Prohibited: The lessor will not participate directly or indirectly as a player in any lawful gambling conducted on the premises. The lessor's immediate family and any agents or gambling employees of the lessor will not participate as players in the conduct of lawful gambling on the premises, except as authorized by Minnesota Statutes, Section 349.181.

Illegal Gambling: The lessor is aware of the prohibition against illegal gambling in Minnesota Statutes 609.75, and the penalties for illegal gambling violations in Minnesota Rules 7865.0220, Subpart 3. In addition, the Board may authorize the organization to withhold rent for a period of up to 90 days if the Board determines that illegal gambling occurred on the premises or that the lessor or its employees participated in the illegal gambling or knew of the gambling and did not take prompt action to stop the gambling. Continued tenancy of the organization is authorized without payment of rent during the time period determined by the Board for violations of this provision, as authorized by Minnesota Statutes, Section 349.18, Subd. 1(a).

To the best of the lessor's knowledge, the lessor affirms that any and all games or devices located on the premises are not being used, and are not capable of being used, in a manner that violates the prohibitions against illegal gambling in Minnesota Statutes, Section 609.75.

Notwithstanding Minnesota Rules 7865.0220, Subpart 3, an organization must continue making rent payments under the terms of this lease, if the organization or its agents are found to be solely responsible for any illegal gambling, conducted at this site, that is prohibited by Minnesota Rules 7861.0260, Subpart 1, item H, or Minnesota Statutes, Section 609.75, unless the organization's agents responsible for the illegal gambling activity are also agents or employees of the lessor.

The lessor must not modify or terminate the lease in whole or in part because the organization reported, to a state or local law enforcement authority or to the Board, the conduct of illegal gambling activity at this site in which the organization did not participate.

Other Prohibitions: The lessor will not impose restrictions on the organization with respect to providers (distributor or linked bingo game provider) of gambling-related equipment and services or in the use of net profits for lawful purposes.

The lessor, the lessor's immediate family, any person residing in the same residence as the lessor, and any agents or employees of the lessor will not require the organization to perform any action that would violate statute or rule. The lessor must not modify or terminate this lease in whole or in part due to the lessor's violation of this provision. If there is a dispute as to whether a violation occurred, the lease will remain in effect pending a final determination by the Compliance Review Group (CRG) of the Board. The lessor agrees to arbitration when a violation of this provision is alleged. The arbitrator shall be the CRG.

Access to Permitted Premises: Consent is given to the Board and its agents, the commissioners of revenue and public safety and their agents, and law enforcement personnel to enter and inspect the permitted premises at any reasonable time during the business hours of the lessor. The organization has access to the premises during any time reasonable and when necessary for the conduct of lawful gambling.

Lessor Records: The lessor must maintain a record of all money received from the organization, and make the record available to the Board and its agents, and the commissioners of revenue and public safety and their agents upon demand. The record must be maintained for 3 1/2 years.

Rent All-Inclusive: Amounts paid as rent by the organization to the lessor are all-inclusive. No other services or expenses provided or contracted by the lessor may be paid by the organization, including but not limited to:

- trash removal
- electricity, heat
- snow removal
- storage
- janitorial and cleaning services
- other utilities or services
- lawn services
- security, security monitoring
- cost of any communication network or service required to conduct electronic pull-tabs games or electronic bingo
- in the case of bar operations, cash shortages.

Any other expenditures made by an organization that is related to a leased premises must be approved by the director of the Board. Rent payments may not be made to an individual.

ACKNOWLEDGMENT OF LEASE TERMS

I affirm that this lease is the total and only agreement between the lessor and the organization, and that all obligations and agreements are contained in or attached to this lease and are subject to the approval of the director of the Gambling Control Board.

Other terms of the lease:

Signature of Lessor: <i>Jimmy Lee Kroon</i>	Date: <i>10-17-2016</i>	Signature of Organization Official (Lessee): <i>Mike Weske</i>	Date: <i>10-17-16</i>
Print Name and Title of Lessor: <i>Jimmy Lee Kroon</i>	Print Name and Title of Lessee: <i>Mike Weske Pres</i>		

Questions? Contact the Licensing Section, Gambling Control Board, at 651-539-1900. This publication will be made available in alternative format (i.e. large print, braille) upon request. **Data privacy notice:** The information requested on this form and any attachments will become public information when received by the Board, and will be used to determine your compliance with Minnesota statutes and rules governing lawful gambling activities.

Mail or fax lease to:
Minnesota Gambling Control Board
1711 W. County Road B, Suite 300 South
Roseville, MN 55113
Fax: 651-639-4032

LG214 Premises Permit Application

Annual Fee \$150 (NON-REFUNDABLE)

REQUIRED ATTACHMENTS TO LG214

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

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

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

ORGANIZATION INFORMATION

Organization Name: NORTHERN PINE RIDERS License Number: 02327

Chief Executive Officer (CEO) MICHAEL WESKE Daytime Phone: 218-461-6040

Gambling Manager: SCOTT AUFDERHAR Daytime Phone: 218-380-1131

GAMBLING PREMISES INFORMATION

Current name of site where gambling will be conducted: DOC'S BAR & GRILL

List any previous names for this location:

Street address where premises is located: 34427 MAJESTIC PINE DR
(Do not use a P.O. box number or mailing address.)

City: <u>STURGEON LAKE</u>	OR Township:	County: <u>PINE</u>	Zip Code: <u>55783</u>
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Does your organization own the building where the gambling will be conducted?
 Yes No If no, attach LG215 Lease for Lawful Gambling Activity.

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

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

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

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

GAMBLING BANK ACCOUNT INFORMATION; MUST BE IN MINNESOTA

Bank Name: FIRST NATIONAL BANK OF MOOSE LAKE Bank Account Number: 67287801

Bank Street Address: 400 ELM AVENUE City: MOOSE LAKE State: MN Zip Code: 55767-0429

ALL TEMPORARY AND PERMANENT OFF-SITE STORAGE SPACES

Address (Do not use a P.O. box number):	City:	State:	Zip Code:
		<u>MN</u>	
		<u>MN</u>	
		<u>MN</u>	

ACKNOWLEDGMENT BY LOCAL UNIT OF GOVERNMENT: APPROVAL BY RESOLUTION

<p>CITY APPROVAL for a gambling premises located within city limits</p> <p>City Name: _____</p> <p>Date Approved by City Council: _____</p> <p>Resolution Number: _____ (If none, attach meeting minutes.)</p> <p>Signature of City Personnel: _____</p> <p>Title: _____ Date Signed: _____</p> <div style="border: 1px solid black; padding: 10px; text-align: center; margin: 10px 0;"> <p>Local unit of government must sign.</p> </div>	<p>COUNTY APPROVAL for a gambling premises located in a township</p> <p>County Name: _____</p> <p>Date Approved by County Board: _____</p> <p>Resolution Number: _____ (If none, attach meeting minutes.)</p> <p>Signature of County Personnel: _____</p> <p>Title: _____ Date Signed: _____</p> <p>TOWNSHIP NAME: _____</p> <p>Complete below only if required by the county. On behalf of the township, I acknowledge that the organization is applying to conduct gambling activity within the township limits. (A township has no statutory authority to approve or deny an application, per Minnesota Statutes 349.213, Subd. 2.)</p> <p>Print Township Name: _____</p> <p>Signature of Township Officer: _____</p> <p>Title: _____ Date Signed: _____</p>
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ACKNOWLEDGMENT AND OATH

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|---|---|
| <ol style="list-style-type: none"> 1. I hereby consent that local law enforcement officers, the Board or its agents, and the commissioners of revenue or public safety and their agents may enter and inspect the premises. 2. The Board and its agents, and the commissioners of revenue and public safety and their agents, are authorized to inspect the bank records of the gambling account whenever necessary to fulfill requirements of current gambling rules and law 3. I have read this application and all information submitted to the Board is true, accurate, and complete. 4. All required information has been fully disclosed. 5. I am the chief executive officer of the organization. | <ol style="list-style-type: none"> 6. I assume full responsibility for the fair and lawful operation of all activities to be conducted. 7. I will familiarize myself with the laws of Minnesota governing lawful gambling and rules of the board and agree, if licensed, to abide by those laws and rules, including amendments to them. 8. Any changes in application information will be submitted to the Board no later than ten days after the change has taken effect. 9. I understand that failure to provide required information or providing false or misleading information may result in the denial or revocation of the license. 10. I understand the fee is non-refundable regardless of license approval/denial. |
|---|---|

10-17-16
Date

Signature of Chief Executive Officer (designee may not sign)

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



AGENDA REQUEST FORM

Date of Meeting: 11/01/2016

- County Board**
 - Consent Agenda**
 - Regular Agenda**
 - Personnel Committee**
 - Other** _____
- 5 mins. 10 mins. 15 mins. Other

Agenda Item: Approve contract between DHS and Pine County HHS

Department: HHS

Rebecca Foss
Department Head signature

Background information on Item:

The MN Department of Human Services has the authority to enter into grant contracts with counties. This specific contract with Pine County focuses on the provision of adult mental health services. This contract would be in effect from January 1, 2017 through December 31, 2018. The total amount that should be provided to Pine County HHS over the two years is \$541,466. Barbara Schmidt, Social Services Supervisor, submitted the grant application, along with the areas of proposed funding, to the State. The grant application was approved by the State. The resources provided to Pine County through this grant are used to fund services for adults who have been diagnosed with mental health issues. For example, the department has provided Community Support Program (CSP) services through Lighthouse Child and Family Services and can do so with the funding available to Pine County through this grant.

Pine County has historically received this funding from DHS, but this is the first time that a contract has been used to solidify the financial agreement between DHS and the counties. The contract has been reviewed and approved by the County Attorney's Office.

Action Requested:

Authorize the Pine County Board Chair to approve and sign the contract between the State of MN and Pine County HHS.

Financial Impact:

Pine County HHS will be able to continue to provide a continuum of adult mental health services with the continued assistance of this grant.

State of Minnesota Department of Human Services County Grant Contract

RECITALS

THIS GRANT CONTRACT, and amendments and supplements thereto, is between State of Minnesota, acting through its Department of Human Services, Mental Health Division (hereinafter STATE) and the county of Pine, address 315 Main St. S., Suite 200, Pine City, MN 55063 (hereinafter COUNTY), witnesseth that:

WHEREAS, the STATE, pursuant to Minnesota Statutes, section 256.01, subdivision 2(a)(6) and 245.461 to 245.486 (the "Minnesota Comprehensive Adult Mental Health Act") is empowered to enter into grant contracts to create and ensure a unified, accountable, comprehensive adult mental health system, and

WHEREAS pursuant to the Minnesota Comprehensive Adult Mental Health Act, County and State will collaborate to provide supports and services that:

- (1) recognize the right of adults with mental illness to control their own lives as fully as possible;
- (2) promote the independence and safety of adults with mental illness;
- (3) reduce chronicity of mental illness;
- (4) eliminate abuse of adults with mental illness;
- (5) provide services designed to:
 - (i) increase the level of functioning of adults with mental illness or restore them to a previously held higher level of functioning;
 - (ii) stabilize adults with mental illness;
 - (iii) prevent the development and deepening of mental illness;
 - (iv) support and assist adults in resolving mental health problems that impede their functioning;
 - (v) promote higher and more satisfying levels of emotional functioning; and
 - (vi) promote sound mental health; and
- (6) provide a quality of service that is effective, efficient, appropriate, and consistent with contemporary professional standards in the field of mental health.

NOW, THEREFORE, it is agreed:

1. COUNTY'S RESPONSIBILITIES. COUNTY shall:

- 1.1 Work to achieve the mission statement described in the Minnesota Comprehensive Adult Mental Health Act by performing the tasks and duties described in County's Approved Mental Health Plan, hereby incorporated as Attachment A (Parts 1, 2, 4, 5) to this grant contract.
- 1.2 Ensure all revenue received by COUNTY, it's contracted, or subcontracted providers shall be managed according to Minnesota Rules chapter 9535.1740, subp.3.
- 1.3 Have written policy and procedures governing their accounting and operational procedures.
- 1.4 Ensure that all contracts entered into under this agreement are written to comply with Minn. Stat. 245.466, subd. 3, and 256.0112.
- 1.5 Have a transition plan that complies with Minn.Stat. 245.466 subd. 3a.
- 1.6 Include persons with mental illness and tribal organizations of the county/region in the development, implementation, and evaluation of all Adult Mental Health Plans.
- 1.7 Ensure that Adult Mental Health Initiative projects are planned and administered according to Minn.Stat. 245.4661.
- 1.8 Ensure that Community Support Plan services are planned and administered according to Minn.Stat. 245.4712, subd. 1.
- 1.9 Ensure their contracted providers bill eligible insurance before accessing Adult Mental Health grant funding.
- 1.10 Complete all required data reporting and ensure their contracted providers are completing all required data reporting.

2. CONSIDERATION AND TERMS OF PAYMENT.

2.1 Consideration. Consideration for all services performed and goods or materials supplied by COUNTY pursuant to this grant contract shall be paid by the STATE as follows:

(a.) **Compensation.** COUNTY will be paid in accordance with Attachment B (Grant Application Summary), "Budget" to this grant contract. For the first year of the grant contract, STATE will not compensate COUNTY for any expenses in excess of the total first year budget amount. COUNTY's expenses are determined on a cash basis which recognizes the expense when it is paid by the COUNTY.

All expenditures must be for services, or items necessary for the delivery of those services.

"Capital" purchases are prohibited. Exceptions to the prohibition of capital purchases may be granted, in writing, on a case-by-case basis.

Capital purchases are defined as something which has a useful life of more than one year and a per-unit acquisition cost which exceeds \$10,000 and is

1) land, buildings (facilities), equipment, and intellectual property (including software) whether acquired by purchase, construction, manufacture, lease-purchase, exchange, or through capital leases; or 2) additions, improvements, modifications, replacements, rearrangements, reinstallations, renovations or alterations of the items listed above that materially increase their value or useful life (not ordinary repairs and maintenance).

The COUNTY must seek permission from the STATE, using a Budget Revision Form, of a significant change in a BRASS code expenditure. A significant change is defined as a 50% deviation of any BRASS code expenditure on the Budget in Attachment B.

(b.) Reimbursement. Reimbursement for travel and subsistence expenses actually and necessarily incurred by COUNTY'S performance of this grant contract shall be no greater amount than provided in the current Commissioner's Plan (which is incorporated by reference) promulgated by the Commissioner of Minnesota Management and Budget. COUNTY shall not be reimbursed for travel and subsistence expense incurred outside the State of Minnesota unless it has received prior written approval for such out of state travel from the STATE.

(c.) Total obligation. The total obligation of the STATE for all compensation and reimbursements to COUNTY shall not exceed five hundred forty one thousand, four hundred sixty-six dollars (\$ 541,466).

(d.) For compensation payable under this grant contract, which is subject to withholding under state or federal law, appropriate amounts will be deducted and withheld by the State as required.

2.2. Terms of Payment

(a.) Compensation shall be one cash advance in an amount determined by the STATE which is equal to one quarter's anticipated expenditures followed by quarterly cost reimbursement based on the previous quarter's expenses as documented by receipts, invoices, travel vouchers, and time sheets.

If actual expenditures of the COUNTY are less than provided in the approved program line item budget at the end of the grant contract's term, the STATE shall reduce the final payment so as not to exceed expenditures. COUNTY will not be eligible for an advance more often than once every two years.

(b.) County requires an advance because County is paid on a quarterly basis under this grant contract. County does not have sufficient reserves to cover costs that it incurs during that time frame.

(c.) Payments shall be made by the STATE promptly after COUNTY'S presentation of invoices for services performed and acceptance of such services by the STATE'S authorized agent pursuant to Clause 7. Invoices shall be submitted using the DHS-2895 Form process, as described in the most recent bulletin of the *DHSSummarizesMentalHealthGrantFiscalReportingRequirementsbulletinandChangestoDHSBRASSManuaIfor CalendarYears2016-2017*. Expenditures shall be reported on the quarterly SEAGR report (DHS-2557) and on the BRASS-Based Grant Fiscal Report (DHS-2895). The COUNTY must use the DHS-2895 form

specific to their grant. Invoice submission through the 2895 process shall act as a certification by the County that the expenses reported are allowable.

3. CONDITIONS OF PAYMENT. All services provided by COUNTY pursuant to this grant contract shall be performed to the reasonable satisfaction of the STATE, and in accord with all applicable federal, state, and local laws, ordinances, rules and regulations. COUNTY shall not receive payment for work found by the STATE to be unsatisfactory, or performed in violation of federal, state or local law, ordinance, rule or regulation.

4. PAYMENT RECOUPMENT. The COUNTY must reimburse the STATE upon demand or the STATE may deduct from future payments under this grant contract any amounts paid by the STATE, under this or any previous grant contract, for which invoices and progress reports have not been received, or for which the COUNTY'S books, records or other documents are not sufficient to clearly substantiate that those amounts were used by the COUNTY to perform grant services and in accordance with Minn. Stat. 245.483.

5. TERMS OF GRANT CONTRACT. This grant contract shall be effective on January 1, 2017, or upon the date that the final required signature is obtained by the STATE, pursuant to Minnesota Statutes, section 16C.05, subdivision 2, whichever occurs later, and shall remain in effect through December 31, 2018, or until all obligations set forth in this grant contract have been satisfactorily fulfilled, whichever occurs first. COUNTY understands that NO work should begin under this grant contract until ALL required signatures have been obtained. STATE will notify COUNTY when all required signatures have been obtained. The COUNTY shall have a continuing obligation, after said grant period, to comply with the following provisions of grant clauses: 10. Liability; 11. State Audits; 12. Information Privacy and Security; 13. Intellectual Property Rights; and 17. Jurisdiction and Venue.

6. CANCELLATION.

6.1. For Cause or Convenience. This grant contract may be cancelled by the STATE or COUNTY at any time, with or without cause, upon thirty (30) days written notice to the other party. In the event of such a cancellation, COUNTY shall be entitled to payment, determined on a pro rata basis, for work or services satisfactorily performed. The STATE has the right to suspend or terminate this grant contract immediately when the STATE deems the health or welfare of the service recipients is endangered, when the STATE has reasonable cause to believe that the COUNTY has breached a material term of the grant contract, or when COUNTY'S non-compliance with the terms of the grant contract may jeopardize federal financial participation.

6.2. Insufficient Funds. The STATE may immediately terminate this grant contract if it does not obtain funding from the Minnesota Legislature, or other funding source; or if funding cannot be continued at a level sufficient to allow for the payment of the services covered here. Termination will be by written notice to the COUNTY. The STATE is not obligated to pay for any services that are provided after notice and effective date of termination. However, the COUNTY will be entitled to

payment, determined on a pro rata basis, for services satisfactorily performed to the extent that funds are available. The STATE will not be assessed any penalty if the grant contract is terminated because of the decision of the Minnesota Legislature, or other funding source, not to appropriate funds. The STATE must provide the COUNTY notice of the lack of funding within fifteen (15) days of the STATE's receiving that notice.

6.3. Breach. Notwithstanding clause 6.1., upon STATE's knowledge of a curable material breach of the grant contract by COUNTY, STATE shall provide COUNTY written notice of the breach and thirty (30) days to cure the breach. If COUNTY does not cure the breach within the time allowed, COUNTY will be in default of this grant contract and STATE may cancel the grant contract immediately thereafter. If COUNTY has breached a material term of this grant contract and cure is not possible, STATE may immediately terminate this grant contract.

7. AUTHORIZED REPRESENTATIVES and RESPONSIBLE AUTHORITY.

7.1. State. The STATE'S authorized representative for the purposes of administration of this grant contract is Faye Bernstein or his/her successor. Such representative, acting on behalf of the STATE, shall have final authority for acceptance of COUNTY'S services and if such services are accepted as satisfactory, shall so certify on each invoice submitted pursuant to Clause 2.2. All notices required under this grant contract shall be made to the Authorized Representative. If the STATE's Authorized Representative changes at any time during this grant contract, STATE will notify COUNTY in a reasonable amount of time.

7.2. County. The COUNTY's Authorized Representative is Rebecca Foss or his/her successor. If the COUNTY's Authorized Representative changes at any time during this grant contract, the COUNTY must immediately notify the STATE. All notices required under this grant contract shall be made to the Authorized Representative.

8. ASSIGNMENT. COUNTY will not assign, transfer or subcontract any rights or obligations under this grant contract without the prior written consent of the STATE, except to the extent a subcontract is explicitly listed in Attachment A, the Approved Mental Health Plan.

9. AMENDMENTS. Any amendments to this grant contract shall be in writing, and shall be executed by the same parties who executed the original grant contract, or their successors in office.

10. LIABILITY. To the extent provided for in Minnesota Statutes, section 466.01 to 466.15, the COUNTY agrees to be responsible for any and all claims or causes of action arising from the performance of this grant contract by COUNTY or COUNTY'S agents or employees. This clause shall not be construed to bar any legal remedies COUNTY may have for the STATE'S failure to fulfill its obligations pursuant to this grant.

11. STATE AUDITS. Under Minnesota Statutes, section 16C.05, subdivision 5, the books, records, documents, and accounting procedures and practices of the COUNTY and its employees, agents, or

subcontractors relevant to this grant contract shall be made available and subject to examination by the STATE, including the contracting Agency/Division, Legislative Auditor, and State Auditor for a minimum of six years from the end of this grant contract.

12. INFORMATION PRIVACY AND SECURITY.

- A. It is expressly agreed that STATE will not be disclosing or providing information protected under the Minnesota Government Data Practices Act, Minnesota Statutes Chapter 13, (the "Data Practices Act") as "not public data" on individuals to COUNTY under this grant contract. "Not public data" means any data that is classified as confidential, private, nonpublic, or protected nonpublic by statute, federal law or temporary classification. Minn. Stat. § 13.02, subd. 8a.
- B. It is expressly agreed that COUNTY will not create, receive, maintain, or transmit "protected health information", as defined in the Health Insurance Portability Accountability Act ("HIPAA"), 45 C.F.R. § 160.103, on behalf of STATE for a function or activity regulated by 45 C.F.R. 160 or 164. Accordingly, COUNTY is not a "business associate" of STATE, as defined in HIPAA, 45 C.F.R. §160.103 as a result of, or in connection with, this grant contract. Therefore, COUNTY is not required to comply with the privacy provisions of HIPAA as a result of, or for purposes of, performing under this grant contract. If COUNTY has responsibilities to comply with the Data Practices Act or HIPAA for reasons other than this grant contract, COUNTY will be responsible for its own compliance.

13. Intellectual Property Rights.

Definitions. Works means all inventions, improvements, discoveries (whether or not patentable or copyrightable), databases, computer programs, reports, notes, studies, photographs, negatives, designs, drawings, specifications, materials, tapes, and disks conceived, reduced to practice, created or originated by the COUNTY, its employees, agents, and subcontractors, either individually or jointly with others in the performance of the grant contract. Works includes "Documents." Documents are the originals of any data bases, computer programs, reports, notes, studies, photographs, negatives, designs, drawings, specifications, materials, tapes, disks, or other materials, whether in tangible or electronic forms, prepared by the COUNTY, its employees, agents, or subcontractors, in the performance of this grant contract.

Ownership. The STATE owns all rights, title, and interest in all of the intellectual property, including copyrights, patents, trade secrets, trademarks, and service marks in the Works and Documents created and paid for under this grant contract. The Works and Documents will be the exclusive property of the STATE and all such Works and Documents must be immediately returned to the STATE by the COUNTY upon request of STATE. To the extent possible, those Works eligible for copyright protection under the United States Copyright Act will be deemed to be "works made for hire." If using STATE data, COUNTY must cite the data, or make clear by referencing that STATE is the source. For clarity, COUNTY may maintain copies of records and Works and Documents it creates under this grant contract.

Responsibilities.

Assignment of Rights. Whenever any Works or Documents (whether or not patentable) are made or conceived for the first time or actually or constructively reduced to practice by the COUNTY, including its employees and subcontractors, and are created and paid for under this grant contract, the COUNTY will assign all right, title, and interest it may have in the Works and the Documents to the STATE.

Filing and recording of ownership interests.The COUNTY must, at the request of the STATE, execute all papers and perform all other acts necessary to transfer or record the STATE'S ownership interest in the Works and Documents created and paid for under this grant contract. The COUNTY must perform all acts, and take all steps necessary to ensure that all intellectual property rights in these Works and Documents are the sole property of the STATE, and that neither COUNTY nor its employees, agents, or subcontractors retain any interest in and to these Works and Documents.

Duty not to Infringe on intellectual property rights of others. The COUNTY represents and warrants that the Works and Documents created and paid for under this grant contract do not and will not infringe upon any intellectual property rights of other persons or entities. Notwithstanding Clause 10, the COUNTY is liable for any and all claims or causes of action arising brought against the STATE to the extent that it is based on a claim that all or part of these Works or Documents infringe upon the intellectual property rights of others. The COUNTY will be responsible for payment of any and all such claims, demands, obligations, liabilities, costs, and damages, including but not limited to, attorney fees. This remedy of the STATE will be in addition to and not exclusive of other remedies provided by law.

14. WORKERS' COMPENSATION. The COUNTY certifies that it is in compliance with Minnesota Statute, section 176.181, subdivision 2, pertaining to workers' compensation insurance coverage. The COUNTY'S employees and agents will not be considered employees of the STATE. Any claims that may arise under the Minnesota Workers' Compensation Act on behalf of these employees or agents and any claims made by any third party as a consequence of any act or omission on the part of these employees or agents are in no way the STATE'S obligation or responsibility.

15. VOTER REGISTRATION REQUIREMENT.COUNTY certifies that it will comply with Minnesota Statutes, section 201.162 by providing voter registration services for its employees and for the public served by the COUNTY.

16. OWNERSHIP OF EQUIPMENT. The STATE shall have the right to require transfer of all equipment purchased with grant funds (including title) to the STATE or to an eligible non-STATE party named by the STATE. This right will normally be exercised by the STATE only if the project or program for which the equipment was acquired is transferred from one grantee to another.

17. JURISDICTION AND VENUE. This grant contract, and amendments and supplements thereto, shall be governed by the laws of the State of Minnesota. Venue for all legal proceedings arising out of this grant contract, or breach thereof, shall be in the state or federal court with competent jurisdiction in Ramsey County, Minnesota.

18. WAIVER. If either party fails to enforce any provision of this grant contract, that failure does not waive the provision or the party's right to enforce it.

19. CONTRACT COMPLETE. This grant contract, and its attachments, contains all negotiations and agreements between the STATE and the COUNTY. No other understanding regarding this grant contract, whether written or oral may be used to bind either party.

20. OTHER PROVISIONS.

20.1. COUNTY agrees that no religious based counseling shall take place under the auspices of this grant contract.

20.2. If the COUNTY has an independent audit, a copy of the audit shall be submitted to the STATE.

20.3. COUNTY must comply with all applicable requirements of the Open Meeting Law in Minnesota Statutes chapter 13D.

20.4. COUNTY must comply with, and ensure that its subcontractors comply with, the Minnesota Office of Grants Management policies, including specifically policies 08-06, 08-10, and 08-13.

20.5. Payment to Subcontractors. (If applicable) As required by Minnesota Statutes, section 471.425, the COUNTY must pay all subcontractors, according to the terms of the contract or, if no contract terms apply, within the standard payment period unless the COUNTY in good faith disputes the obligation. Standard payment period is defined in Minnesota Statutes, section 471.425, subdivision 2.

IN WITNESS WHEREOF, the parties have caused this grant contract to be duly executed intending to be bound thereby.

APPROVED:

1.STATE ENCUMBRANCE

VERIFICATION *Individual certifies that funds have been encumbered as required by Minnesota Statutes, chapter 16A and section 16C.05.*

By: _____

Date: _____

Grant No: _____

2.COUNTY

Signatory is authorized by applicable articles, by-laws, resolutions, or ordinances to sign on behalf of the County.

By: _____

Title: _____

Date: _____

I certify that the signatories for the County have lawful authority, by virtue of the by-laws or a resolution, to bind the County to the terms of this grant contract.

(Attorney for County)

By: _____

Title: _____

Date: _____

3. STATE AGENCY

By (with delegated authority): _____

Title: _____

Date: _____

Distribution:

Agency - Original (fully executed) grant contract

County

State Authorized Representative

Grant Application Summary

2895 BRASS Code Summary for:

Pine

Funding Totals

	CSP	AMHI	Moose Lake	TOTAL
TOTAL REQUESTED	\$ 320,242	\$ -	\$ 221,224	\$ 541,466
TOTAL ALLOCATION	\$ 320,242	\$ -	\$ 221,224	\$ 541,466
DIFFERENCE	\$ -	\$ -	\$ -	\$ -

Requested Funding By BRASS Code

BRASS CODE	CSP	AMHI	Moose Lake	TOTAL
402	\$ -	\$ -	\$ 4,000	\$ 4,000
403	\$ -	\$ -	\$ -	\$ -
408	\$ -	\$ -	\$ 5,200	\$ 5,200
416	\$ 20,000	\$ -	\$ 30,000	\$ 50,000
418	\$ -	\$ -	\$ 13,000	\$ 13,000
420	\$ -	\$ -	\$ -	\$ -
431	\$ -	\$ -	\$ -	\$ -
434	\$ 153,000	\$ -	\$ -	\$ 153,000
436	\$ -	\$ -	\$ -	\$ -
437	\$ -	\$ -	\$ -	\$ -
438	\$ -	\$ -	\$ -	\$ -
443	\$ -	\$ -	\$ -	\$ -
446	\$ -	\$ -	\$ -	\$ -
451	\$ -	\$ -	\$ -	\$ -
452	\$ -	\$ -	\$ -	\$ -
454	\$ -	\$ -	\$ 20,000	\$ 20,000
468	\$ -	\$ -	\$ -	\$ -
469	\$ -	\$ -	\$ -	\$ -
474	\$ -	\$ -	\$ -	\$ -
491	\$ 147,242	\$ -	\$ 149,024	\$ 296,266
493	\$ -	\$ -	\$ -	\$ -

Estimated Persons Served By BRASS Code

BRASS CODE	CSP	AMHI	Moose Lake	TOTAL
402	0	0	100	100
403	0	0	0	0
408	0	0	7	7
416	35	0	60	95
418	0	0	50	50
420	0	0	0	0
431	0	0	0	0
434	35	0	0	35
436	0	0	0	0
437	0	0	0	0
438	0	0	0	0

443	0	0	0	0
446	0	0	0	0
451	0	0	0	0
452	0	0	0	0
454	0	0	50	50
468	0	0	0	0
469	0	0	0	0
474	0	0	0	0
491	60	0	60	120
493	0	0	0	0

Estimated Spending by Person Served By BRASS Code

BRASS CODE	CSP	AMHI	Moose Lake	OVERALL
402	\$ -	\$ -	\$ 40.00	\$ 40.00
403	\$ -	\$ -	\$ -	\$ -
408	\$ -	\$ -	\$ 742.86	\$ 742.86
416	\$ 571.43	\$ -	\$ 500.00	\$ 526.32
418	\$ -	\$ -	\$ 260.00	\$ 260.00
420	\$ -	\$ -	\$ -	\$ -
431	\$ -	\$ -	\$ -	\$ -
434	\$ 4,371.43	\$ -	\$ -	\$ 4,371.43
436	\$ -	\$ -	\$ -	\$ -
437	\$ -	\$ -	\$ -	\$ -
438	\$ -	\$ -	\$ -	\$ -
443	\$ -	\$ -	\$ -	\$ -
446	\$ -	\$ -	\$ -	\$ -
451	\$ -	\$ -	\$ -	\$ -
452	\$ -	\$ -	\$ -	\$ -
454	\$ -	\$ -	\$ 400.00	\$ 400.00
468	\$ -	\$ -	\$ -	\$ -
469	\$ -	\$ -	\$ -	\$ -
474	\$ -	\$ -	\$ -	\$ -
491	\$ 2,454.03	\$ -	\$ 2,483.73	\$ 2,468.88
493	\$ -	\$ -	\$ -	\$ -

Part 1: APPLICANT INFORMATION

[Click here for Part 1: Applicant Information instructions.](#)

Please scroll all the way to the bottom of this page to ensure all sections are completed. You will see "Click here to return to top" at end of the page.

County/Tribal Nation Information

County/Tribal Nation Code 58 - Pine

County/Tribal Nation Pine

Entity, who will be signing contract, if different than above:

Joint Application Information

Is this a joint application? No

Please list non-fiscal host counties:

If yes, what type of arrangement do you have with the counties?

If "Other", what is that arrangement?

Application Contact

First Name: Barbara

Last Name: Schmidt

Agency: Pine County Health & Human Services

Phone Number: 320-216-4106

Extension:

Email: Barbara.Schmidt@co.pine.mn.us

Fiscal Agent Contact

Is this information the same as the application contact person? No

First Name: Michelle

Last Name: Kelash

Agency: Pine County Health & Human Services

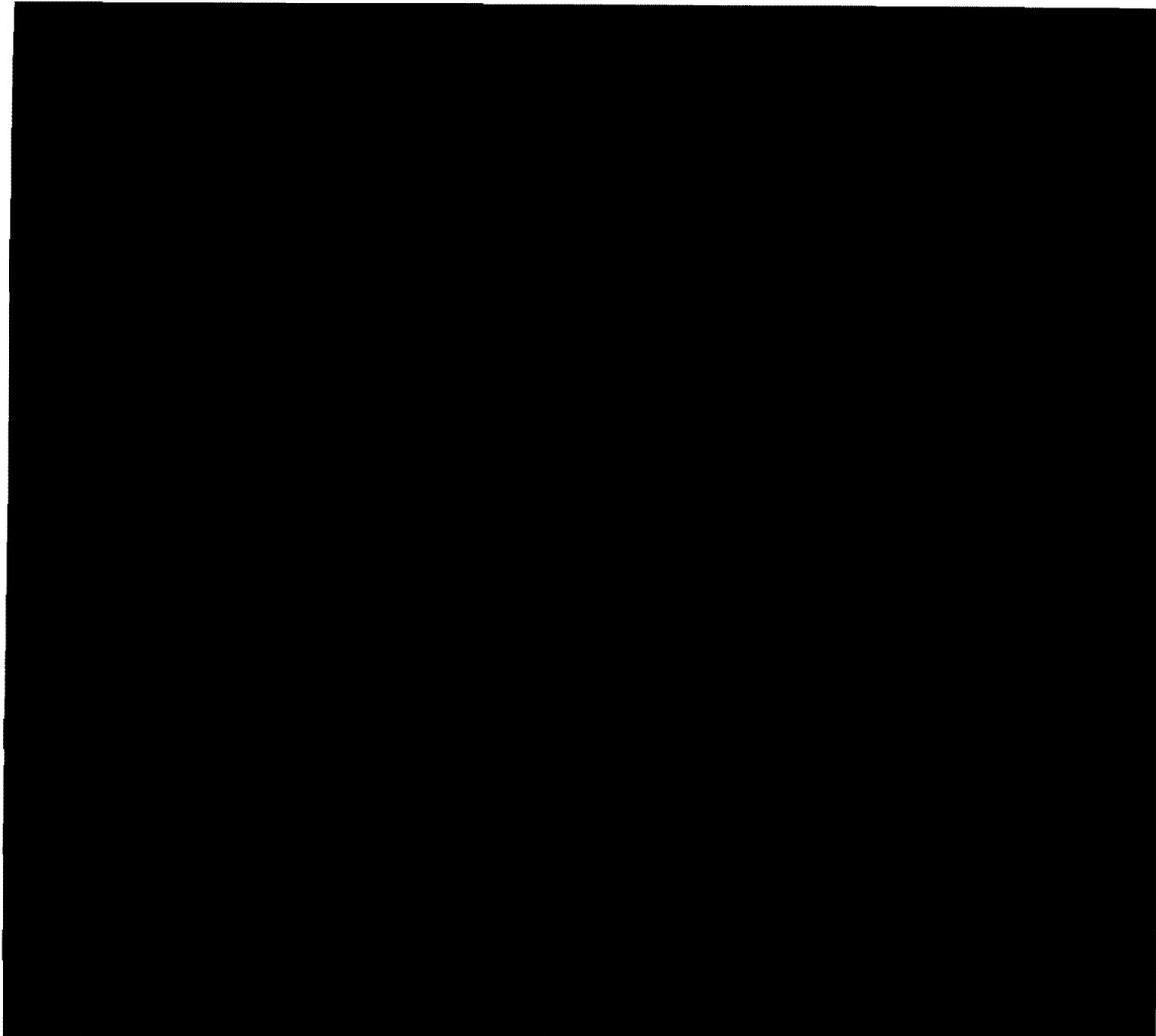
Phone Number: 320-216-4112

Extension:

Email: Michelle.Kelash@co.pine.mn.us

Award Notice/Authorized Representative Mailing Information

Is this information the same as the fiscal agent contact person?	No
Authorized Representative First Name:	Rebecca
Authorized Representative Last Name:	Foss
Email:	Rebecca.Foss@co.pine.mn.us
Title:	Health & Human Services Director
Address Line 1:	315 Main St. S, Suite 200
Address Line 2 (if needed):	
City:	Pine City
Zip Code:	55063
Grant Allocations	
Your CSP award :	\$ 320,242.00
Will this application provide CSP data ?	Yes
Your AMHI award :	\$ -
Will this application provide AMHI data ?	No
Will this application provide Moose Lake Alternative award ?	\$ 221,224.00
Your Moose Lake Alternative award :	Yes
How were stakeholders, including any local advisory council, involved in developing, implementing and evaluating this plan?	3
CSP Waiver Questions:	
Does the county/tribal nation board request a waiver from provision of adult mental health day treatment services?	No



[Click here to return to top.](#)

Part 2: CSP GRANT FUNDING APPLICATION

[Click here for Part 2: CSP Grant Funding Application instructions.](#)

If you have any questions about this process or technical questions about this form, please contact Cortney Jones by phone at (651)431-4206 or email at cortney.jones@state.mn.us.

CSP GRANT FUNDING APPLICATION			
Total Funds Requested	\$320,242.00		
Total Funds Allocated	\$320,242.00		
Difference:	\$0.00		
Additional Questions:			
What amount of your funds would go towards the fiscal host fee?	\$0.00		
<p><i>What is a fiscal host fee? DHS considers a fiscal host fee the money given to a County/Tribal Nation to cover accounting, data, and other administrative requirements/costs of receiving and meeting the requirements of the CSP/AMHI grants . Money given to providers as part of a contract that cover administrative costs are not fiscal host fees, nor is money paid to a county to cover administrative costs of implementation of actual services. More information is available in the instructions, you may find a link at the top of this tab.</i></p>			
BRASS CODE	Question Text	Answer	Totals
BRASS Code 402x Community Education and Prevention			
402	How many CY17-18 providers are there for this BRASS code (funded through these dollars)?	0	Total Budgeted for this BRASS code:

402	Provider 1 name:	\$0
		Total Est. Persons Served by these dollars:
402	Amount budgeted for this provider (by BRASS code)	0
402	# of persons to be served by this provider (CY17-18):	
402	Provider 2 name:	
402	Amount budgeted for this provider (by BRASS code)	
402	# of persons to be served by this provider (CY17-18):	
402	Provider 3 name:	Total Budgeted Plus Allocation of Fiscal Host Fee (\$):
402	Amount budgeted for this provider (by BRASS code)	\$ -
402	# of persons to be served by this provider (CY17-18):	
402	Provider 4 name:	
402	Amount budgeted for this provider (by BRASS code)	
402	# of persons to be served by this provider (CY17-18):	
402	Provider 5 name:	
402	Amount budgeted for this provider (by BRASS code)	
402	# of persons to be served by this provider (CY17-18):	
402	Provider 6 name:	
402	Amount budgeted for this provider (by BRASS code)	
402	# of persons to be served by this provider (CY17-18):	
402	Provider 7 name:	
402	Amount budgeted for this provider (by BRASS code)	
402	# of persons to be served by this provider (CY17-18):	
402	Provider 8 name:	
402	Amount budgeted for this provider (by BRASS code)	
402	# of persons to be served by this provider (CY17-18):	
402	Provider 9 name:	
402	Amount budgeted for this provider (by BRASS code)	
402	# of persons to be served by this provider (CY17-18):	
402	Provider 10 name:	
402	Amount budgeted for this provider (by BRASS code)	
402	# of persons to be served by this provider (CY17-18):	

More than 10 providers for this BRASS code? Click here to enter Providers 11-20. You must indicate a number over 10 to enter data on this new tab. A link on the next sheet will bring you back to this sheet when you are finished.

BRASS Code 403x Client Outreach

403	How many CY17-18 providers are there for this BRASS code (funded through these dollars)?	0	Total Budgeted for this BRASS code:
403	<i>Provider 1 name:</i>		\$0
403	Amount budgeted for this provider (by BRASS code)		Total Est. Persons Served by these dollars:
403	# of persons to be served by this provider (CY17-18):		0
403	<i>Provider 2 name:</i>		
403	Amount budgeted for this provider (by BRASS code)		
403	# of persons to be served by this provider (CY17-18):		
403	<i>Provider 3 name:</i>		Total Budgeted Plus Allocation of Fiscal Host Fee (\$):
403	Amount budgeted for this provider (by BRASS code)		\$ -
403	# of persons to be served by this provider (CY17-18):		
403	<i>Provider 4 name:</i>		
403	Amount budgeted for this provider (by BRASS code)		
403	# of persons to be served by this provider (CY17-18):		
403	<i>Provider 5 name:</i>		
403	Amount budgeted for this provider (by BRASS code)		
403	# of persons to be served by this provider (CY17-18):		
403	<i>Provider 6 name:</i>		
403	Amount budgeted for this provider (by BRASS code)		
403	# of persons to be served by this provider (CY17-18):		
403	<i>Provider 7 name:</i>		
403	Amount budgeted for this provider (by BRASS code)		
403	# of persons to be served by this provider (CY17-18):		
403	<i>Provider 8 name:</i>		
403	Amount budgeted for this provider (by BRASS code)		
403	# of persons to be served by this provider (CY17-18):		
403	<i>Provider 9 name:</i>		
403	Amount budgeted for this provider (by BRASS code)		
403	# of persons to be served by this provider (CY17-18):		
403	<i>Provider 10 name:</i>		
403	Amount budgeted for this provider (by BRASS code)		

More than 10 providers for this BRASS code? Click here to enter Providers 11-20. You must indicate a number over 10 to enter data on this new tab. A link on the next sheet will bring you back to this sheet when you are finished.

403 # of persons to be served by this provider (CY17-18):

BRASS Code 408x Adult Outpatient Diagnostic

408 How many CY17-18 providers are there for this BRASS code (funded through these dollars)?

0

Total Budgeted for this BRASS code:

408 *Provider 1 name:*

\$0

Total Est. Persons Served by these dollars:

408 Amount budgeted for this provider (by BRASS code)

408 # of persons to be served by this provider (CY17-18):

0

408 *Provider 2 name:*

408 Amount budgeted for this provider (by BRASS code)

408 # of persons to be served by this provider (CY17-18):

408 *Provider 3 name:*

408 Amount budgeted for this provider (by BRASS code)

408 # of persons to be served by this provider (CY17-18):

Total Budgeted Plus Allocation of Fiscal Host Fee (\$):

\$

-

408 *Provider 4 name:*

408 Amount budgeted for this provider (by BRASS code)

408 # of persons to be served by this provider (CY17-18):

408 *Provider 5 name:*

408 Amount budgeted for this provider (by BRASS code)

408 # of persons to be served by this provider (CY17-18):

408 *Provider 6 name:*

408 Amount budgeted for this provider (by BRASS code)

408 # of persons to be served by this provider (CY17-18):

408 *Provider 7 name:*

408 Amount budgeted for this provider (by BRASS code)

408 # of persons to be served by this provider (CY17-18):

408 *Provider 8 name:*

408 Amount budgeted for this provider (by BRASS code)

408 # of persons to be served by this provider (CY17-18):

408 *Provider 9 name:*

408 Amount budgeted for this provider (by BRASS code)

408 # of persons to be served by this provider (CY17-18):

More than 10 providers for this BRASS code? Click here to enter Providers 11-20. You must indicate a number over 10 to enter data on this new tab. A link on the next sheet will bring you back to this sheet when you are finished.

408 **Provider 10 name:**
 408 Amount budgeted for this provider (by BRASS code)
 408 # of persons to be served by this provider (CY17-18):



BRASS Code 416x Transportation

416	How many CY17-18 providers are there for this BRASS code (funded through these dollars)?	1	Total Budgeted for this BRASS code:
416	Provider 1 name:	Lighthouse Child & Family Services	\$20,000
416	Amount budgeted for this provider (by BRASS code)	\$20,000	Total Est. Persons Served by these dollars:
416	# of persons to be served by this provider (CY17-18):	35	35
416	Provider 2 name:		
416	Amount budgeted for this provider (by BRASS code)		
416	# of persons to be served by this provider (CY17-18):		
416	Provider 3 name:		Total Budgeted Plus Allocation of Fiscal Host Fee (\$):
416	Amount budgeted for this provider (by BRASS code)		\$ 20,000.00
416	# of persons to be served by this provider (CY17-18):		
416	Provider 4 name:		
416	Amount budgeted for this provider (by BRASS code)		
416	# of persons to be served by this provider (CY17-18):		
416	Provider 5 name:		
416	Amount budgeted for this provider (by BRASS code)		
416	# of persons to be served by this provider (CY17-18):		
416	Provider 6 name:		
416	Amount budgeted for this provider (by BRASS code)		
416	# of persons to be served by this provider (CY17-18):		
416	Provider 7 name:		
416	Amount budgeted for this provider (by BRASS code)		
416	# of persons to be served by this provider (CY17-18):		
416	Provider 8 name:		
416	Amount budgeted for this provider (by BRASS code)		
416	# of persons to be served by this provider (CY17-18):		

More than 10 providers for this BRASS code? Click here to enter Providers 11-20. You must indicate a number over 10 to enter data on this new tab. A link on the next sheet will bring you back to this sheet when you are finished.

416 *Provider 9 name:*
416 Amount budgeted for this provider (by BRASS code)
416 # of persons to be served by this provider (CY17-18):
416 *Provider 10 name:*
416 Amount budgeted for this provider (by BRASS code)
416 # of persons to be served by this provider (CY17-18):

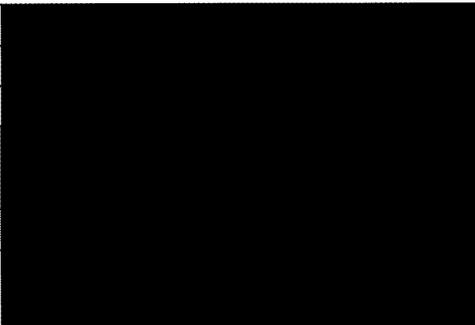


BRASS Code 418x Client Flex Funds

418	How many CY17-18 providers are there for this BRASS code (funded through these dollars)?	0	Total Budgeted for this BRASS code:
418	<i>Provider 1 name:</i>		\$0
418	Amount budgeted for this provider (by BRASS code)		Total Est. Persons Served by these dollars:
418	# of persons to be served by this provider (CY17-18):		0
418	<i>Provider 2 name:</i>		
418	Amount budgeted for this provider (by BRASS code)		
418	# of persons to be served by this provider (CY17-18):		
418	<i>Provider 3 name:</i>		Total Budgeted Plus Allocation of Fiscal Host Fee (\$):
418	Amount budgeted for this provider (by BRASS code)		\$ -
418	# of persons to be served by this provider (CY17-18):		
418	<i>Provider 4 name:</i>		
418	Amount budgeted for this provider (by BRASS code)		
418	# of persons to be served by this provider (CY17-18):		
418	<i>Provider 5 name:</i>		
418	Amount budgeted for this provider (by BRASS code)		
418	# of persons to be served by this provider (CY17-18):		
418	<i>Provider 6 name:</i>		
418	Amount budgeted for this provider (by BRASS code)		
418	# of persons to be served by this provider (CY17-18):		
418	<i>Provider 7 name:</i>		
418	Amount budgeted for this provider (by BRASS code)		
418	# of persons to be served by this provider (CY17-18):		
418	<i>Provider 8 name:</i>		

More than 10 providers for this BRASS code? Click here to enter Providers 11-20. You must indicate a number over 10 to enter data on this new tab. A link on the next sheet will bring you back to this sheet when you are finished.

418 Amount budgeted for this provider (by BRASS code)
 418 # of persons to be served by this provider (CY17-18):
 418 **Provider 9 name:**
 418 Amount budgeted for this provider (by BRASS code)
 418 # of persons to be served by this provider (CY17-18):
 418 **Provider 10 name:**
 418 Amount budgeted for this provider (by BRASS code)
 418 # of persons to be served by this provider (CY17-18):



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BRASS Code 420x Peer Support Services

420	How many CY17-18 providers are there for this BRASS code (funded through these dollars)?	0	Total Budgeted for this BRASS code:
420	Provider 1 name:		\$0
420	Amount budgeted for this provider (by BRASS code)		Total Est. Persons Served by these dollars:
420	# of persons to be served by this provider (CY17-18):		0
420	Provider 2 name:		
420	Amount budgeted for this provider (by BRASS code)		
420	# of persons to be served by this provider (CY17-18):		
420	Provider 3 name:		Total Budgeted Plus Allocation of Fiscal Host Fee (\$):
420	Amount budgeted for this provider (by BRASS code)		\$ -
420	# of persons to be served by this provider (CY17-18):		
420	Provider 4 name:		
420	Amount budgeted for this provider (by BRASS code)		
420	# of persons to be served by this provider (CY17-18):		
420	Provider 5 name:		
420	Amount budgeted for this provider (by BRASS code)		
420	# of persons to be served by this provider (CY17-18):		
420	Provider 6 name:		
420	Amount budgeted for this provider (by BRASS code)		
420	# of persons to be served by this provider (CY17-18):		
420	Provider 7 name:		
420	Amount budgeted for this provider (by BRASS code)		

More than 10 providers for this BRASS code? Click here to enter Providers 11-20. You must indicate a number over 10 to enter data on this new tab. A link on the next sheet will take you back to this

420 # of persons to be served by this provider (CY17-18):
 420 **Provider 8 name:**
 420 Amount budgeted for this provider (by BRASS code)
 420 # of persons to be served by this provider (CY17-18):
 420 **Provider 9 name:**
 420 Amount budgeted for this provider (by BRASS code)
 420 # of persons to be served by this provider (CY17-18):
 420 **Provider 10 name:**
 420 Amount budgeted for this provider (by BRASS code)
 420 # of persons to be served by this provider (CY17-18):

Will thank you make up this sheet when you are finished.

BRASS Code 431x Adult Mobile Crisis Services

431 How many CY17-18 providers are there for this BRASS code (funded through these dollars)?
 431 **Provider 1 name:**
 431 Amount budgeted for this provider (by BRASS code)
 431 # of persons to be served by this provider (CY17-18):
 431 **Provider 2 name:**
 431 Amount budgeted for this provider (by BRASS code)
 431 # of persons to be served by this provider (CY17-18):
 431 **Provider 3 name:**
 431 Amount budgeted for this provider (by BRASS code)
 431 # of persons to be served by this provider (CY17-18):
 431 **Provider 4 name:**
 431 Amount budgeted for this provider (by BRASS code)
 431 # of persons to be served by this provider (CY17-18):
 431 **Provider 5 name:**
 431 Amount budgeted for this provider (by BRASS code)
 431 # of persons to be served by this provider (CY17-18):
 431 **Provider 6 name:**
 431 Amount budgeted for this provider (by BRASS code)
 431 # of persons to be served by this provider (CY17-18):

0	Total Budgeted for this BRASS code:
	\$0
	Total Est. Persons Served by these dollars:
	0
	Total Budgeted Plus Allocation of Fiscal Host Fee (\$):
	\$ -
	More than 10 providers for this BRASS code? Click here to enter Providers 11-20. You must indicate a number over 10 to enter data on this row.

- 431 **Provider 7 name:**
- 431 Amount budgeted for this provider (by BRASS code)
- 431 # of persons to be served by this provider (CY17-18):
- 431 **Provider 8 name:**
- 431 Amount budgeted for this provider (by BRASS code)
- 431 # of persons to be served by this provider (CY17-18):
- 431 **Provider 9 name:**
- 431 Amount budgeted for this provider (by BRASS code)
- 431 # of persons to be served by this provider (CY17-18):
- 431 **Provider 10 name:**
- 431 Amount budgeted for this provider (by BRASS code)
- 431 # of persons to be served by this provider (CY17-18):

AN UNFINISHED PAGE WILL LINK TO THE NEXT tab. A link on the next sheet will bring you back to this sheet when you are finished.

BRASS Code 434x Other Community Support Program Services

434	How many CY17-18 providers are there for this BRASS code (funded through these dollars)?	1	Total Budgeted for this BRASS code:
434	Provider 1 name:	Lighthouse Child & Family Services	\$153,000
434	Amount budgeted for this provider (by BRASS code)	\$153,000	Total Est. Persons Served by these dollars:
434	# of persons to be served by this provider (CY17-18):	35	35
434	Provider 2 name:		
434	Amount budgeted for this provider (by BRASS code)		
434	# of persons to be served by this provider (CY17-18):		
434	Provider 3 name:		Total Budgeted Plus Allocation of Fiscal Host Fee (\$):
434	Amount budgeted for this provider (by BRASS code)		\$ 153,000.00
434	# of persons to be served by this provider (CY17-18):		
434	Provider 4 name:		
434	Amount budgeted for this provider (by BRASS code)		
434	# of persons to be served by this provider (CY17-18):		
434	Provider 5 name:		
434	Amount budgeted for this provider (by BRASS code)		
434	# of persons to be served by this provider (CY17-18):		

More than 10 providers for this BRASS code? Click here to

436 Amount budgeted for this provider (by BRASS code)
 436 # of persons to be served by this provider (CY17-18):
 436 **Provider 6 name:**
 436 Amount budgeted for this provider (by BRASS code)
 436 # of persons to be served by this provider (CY17-18):
 436 **Provider 7 name:**
 436 Amount budgeted for this provider (by BRASS code)
 436 # of persons to be served by this provider (CY17-18):
 436 **Provider 8 name:**
 436 Amount budgeted for this provider (by BRASS code)
 436 # of persons to be served by this provider (CY17-18):
 436 **Provider 9 name:**
 436 Amount budgeted for this provider (by BRASS code)
 436 # of persons to be served by this provider (CY17-18):
 436 **Provider 10 name:**
 436 Amount budgeted for this provider (by BRASS code)
 436 # of persons to be served by this provider (CY17-18):

More than 10 providers for this BRASS code? Click here to enter Providers 11-20. You must indicate a number over 10 to enter data on this new tab. A link on the next sheet will bring you back to this sheet when you are finished.

BRASS Code 437x Supported Employment

437	How many CY17-18 providers are there for this BRASS code (funded through these dollars)?	0	Total Budgeted for this BRASS code:
437	Provider 1 name:		\$0
437	Amount budgeted for this provider (by BRASS code)		Total Est. Persons Served by these dollars:
437	# of persons to be served by this provider (CY17-18):		0
437	Provider 2 name:		
437	Amount budgeted for this provider (by BRASS code)		
437	# of persons to be served by this provider (CY17-18):		
437	Provider 3 name:		Total Budgeted Plus Allocation of Fiscal Host Fee (\$):
437	Amount budgeted for this provider (by BRASS code)		
437	# of persons to be served by this provider (CY17-18):		\$ -
437	Provider 4 name:		
437	Amount budgeted for this provider (by BRASS code)		

437 # of persons to be served by this provider (CY17-18):
 437 **Provider 5 name:**
 437 Amount budgeted for this provider (by BRASS code)
 437 # of persons to be served by this provider (CY17-18):
 437 **Provider 6 name:**
 437 Amount budgeted for this provider (by BRASS code)
 437 # of persons to be served by this provider (CY17-18):
 437 **Provider 7 name:**
 437 Amount budgeted for this provider (by BRASS code)
 437 # of persons to be served by this provider (CY17-18):
 437 **Provider 8 name:**
 437 Amount budgeted for this provider (by BRASS code)
 437 # of persons to be served by this provider (CY17-18):
 437 **Provider 9 name:**
 437 Amount budgeted for this provider (by BRASS code)
 437 # of persons to be served by this provider (CY17-18):
 437 **Provider 10 name:**
 437 Amount budgeted for this provider (by BRASS code)
 437 # of persons to be served by this provider (CY17-18):

More than 10 providers for this BRASS code? Click here to enter Providers 11-20. You must indicate a number over 10 to enter data on this new tab. A link on the next sheet will bring you back to this sheet when you are finished.

BRASS Code 438x Assertive Community Treatment (ACT)

438	How many CY17-18 providers are there for this BRASS code (funded through these dollars)?	0	Total Budgeted for this BRASS code:
438	Provider 1 name:		\$0
438	Amount budgeted for this provider (by BRASS code)		Total Est. Persons Served by these dollars:
438	# of persons to be served by this provider (CY17-18):		0
438	Provider 2 name:		
438	Amount budgeted for this provider (by BRASS code)		
438	# of persons to be served by this provider (CY17-18):		
438	Provider 3 name:		Total Budgeted Plus Allocation of Fiscal Host Fee (\$):
438	Amount budgeted for this provider (by BRASS code)		\$
438	# of persons to be served by this provider (CY17-18):		-

438 **Provider 4 name:**
 438 Amount budgeted for this provider (by BRASS code)
 438 # of persons to be served by this provider (CY17-18):
 438 **Provider 5 name:**
 438 Amount budgeted for this provider (by BRASS code)
 438 # of persons to be served by this provider (CY17-18):
 438 **Provider 6 name:**
 438 Amount budgeted for this provider (by BRASS code)
 438 # of persons to be served by this provider (CY17-18):
 438 **Provider 7 name:**
 438 Amount budgeted for this provider (by BRASS code)
 438 # of persons to be served by this provider (CY17-18):
 438 **Provider 8 name:**
 438 Amount budgeted for this provider (by BRASS code)
 438 # of persons to be served by this provider (CY17-18):
 438 **Provider 9 name:**
 438 Amount budgeted for this provider (by BRASS code)
 438 # of persons to be served by this provider (CY17-18):
 438 **Provider 10 name:**
 438 Amount budgeted for this provider (by BRASS code)
 438 # of persons to be served by this provider (CY17-18):

More than 10 providers for this BRASS code? Click here to enter Provider 11-20. You must indicate a number over 10 to enter data on this new tab. A link on the next sheet will bring you back to this sheet when you are finished.

BRASS Code 443x Housing Subsidy		
443	How many CY17-18 providers are there for this BRASS code (funded through these dollars)?	0
443	Provider 1 name:	\$0
443	Amount budgeted for this provider (by BRASS code)	Total Est. Persons Served by these dollars:
443	# of persons to be served by this provider (CY17-18):	0
443	Provider 2 name:	
443	Amount budgeted for this provider (by BRASS code)	
443	# of persons to be served by this provider (CY17-18):	
443	Provider 3 name:	Total Budgeted Plus Allocation

443	Amount budgeted for this provider (by BRASS code)		of Fiscal Host Fee (\$):
443	# of persons to be served by this provider (CY17-18):		\$ -
443	Provider 4 name:		
443	Amount budgeted for this provider (by BRASS code)		
443	# of persons to be served by this provider (CY17-18):		
443	Provider 5 name:		
443	Amount budgeted for this provider (by BRASS code)		
443	# of persons to be served by this provider (CY17-18):		
443	Provider 6 name:		
443	Amount budgeted for this provider (by BRASS code)		
443	# of persons to be served by this provider (CY17-18):		
443	Provider 7 name:		
443	Amount budgeted for this provider (by BRASS code)		
443	# of persons to be served by this provider (CY17-18):		
443	Provider 8 name:		
443	Amount budgeted for this provider (by BRASS code)		
443	# of persons to be served by this provider (CY17-18):		
443	Provider 9 name:		
443	Amount budgeted for this provider (by BRASS code)		
443	# of persons to be served by this provider (CY17-18):		
443	Provider 10 name:		
443	Amount budgeted for this provider (by BRASS code)		
443	# of persons to be served by this provider (CY17-18):		

More than 10 providers for this BRASS code? Click here to enter Providers 11-20. You must indicate a number over 10 to enter data on this new tab. A link on the next sheet will bring you back to this sheet when you are finished.

BRASS Code 446x Basic Living/Social Skills and Community			
446	How many CY17-18 providers are there for this BRASS code (funded through these dollars)?	0	Total Budgeted for this BRASS code:
446	Provider 1 name:		\$0
446	Amount budgeted for this provider (by BRASS code)		Total Est. Persons Served by these dollars:
446	# of persons to be served by this provider (CY17-18):		0
446	Provider 2 name:		
446	Amount budgeted for this provider (by BRASS code)		

446	# of persons to be served by this provider (CY17-18):		Total Budgeted Plus Allocation of Fiscal Host Fee (\$):
446	<i>Provider 3 name:</i>		
446	Amount budgeted for this provider (by BRASS code)		\$
446	# of persons to be served by this provider (CY17-18):		-
446	<i>Provider 4 name:</i>		
446	Amount budgeted for this provider (by BRASS code)		
446	# of persons to be served by this provider (CY17-18):		
446	<i>Provider 5 name:</i>		
446	Amount budgeted for this provider (by BRASS code)		
446	# of persons to be served by this provider (CY17-18):		
446	<i>Provider 6 name:</i>		
446	Amount budgeted for this provider (by BRASS code)		
446	# of persons to be served by this provider (CY17-18):		
446	<i>Provider 7 name:</i>		
446	Amount budgeted for this provider (by BRASS code)		
446	# of persons to be served by this provider (CY17-18):		
446	<i>Provider 8 name:</i>		
446	Amount budgeted for this provider (by BRASS code)		
446	# of persons to be served by this provider (CY17-18):		
446	<i>Provider 9 name:</i>		
446	Amount budgeted for this provider (by BRASS code)		
446	# of persons to be served by this provider (CY17-18):		
446	<i>Provider 10 name:</i>		
446	Amount budgeted for this provider (by BRASS code)		
446	# of persons to be served by this provider (CY17-18):		

More than 10 providers for this BRASS code? Click here to enter Providers 11-20. You must indicate a number over 10 to enter data on this new tab. A link on the next sheet will bring you back to this sheet when you are finished.

BRASS Code 451x Emergency Response Services			
451	How many CY17-18 providers are there for this BRASS code (funded through these dollars)?	0	Total Budgeted for this BRASS code:
451	<i>Provider 1 name:</i>		\$0
451	Amount budgeted for this provider (by BRASS code)		Total Est. Persons Served by these dollars:
451	# of persons to be served by this provider (CY17-18):		0

451	Provider 2 name:		
451	Amount budgeted for this provider (by BRASS code)		
451	# of persons to be served by this provider (CY17-18):		
451	Provider 3 name:		Total Budgeted Plus Allocation of Fiscal Host Fee (\$):
451	Amount budgeted for this provider (by BRASS code)		
451	# of persons to be served by this provider (CY17-18):		\$ -
451	Provider 4 name:		
451	Amount budgeted for this provider (by BRASS code)		
451	# of persons to be served by this provider (CY17-18):		
451	Provider 5 name:		<p><u>More than 10 providers for this BRASS code? Click here to enter Providers 11-20. You must indicate a number over 10 to enter data on this new tab. A link on the next sheet will bring you back to this sheet when you are finished.</u></p>
451	Amount budgeted for this provider (by BRASS code)		
451	# of persons to be served by this provider (CY17-18):		
451	Provider 6 name:		
451	Amount budgeted for this provider (by BRASS code)		
451	# of persons to be served by this provider (CY17-18):		
451	Provider 7 name:		
451	Amount budgeted for this provider (by BRASS code)		
451	# of persons to be served by this provider (CY17-18):		
451	Provider 8 name:		
451	Amount budgeted for this provider (by BRASS code)		
451	# of persons to be served by this provider (CY17-18):		
451	Provider 9 name:		
451	Amount budgeted for this provider (by BRASS code)		
451	# of persons to be served by this provider (CY17-18):		
451	Provider 10 name:		
451	Amount budgeted for this provider (by BRASS code)		
451	# of persons to be served by this provider (CY17-18):		
BRASS Code 452x Adult Outpatient Psychotherapy			
452	How many CY17-18 providers are there for this BRASS code (funded through these dollars)?	0	Total Budgeted for this BRASS code:
452	Provider 1 name:		\$0

452 Amount budgeted for this provider (by BRASS code)
 452 # of persons to be served by this provider (CY17-18):
 452 **Provider 2 name:**
 452 Amount budgeted for this provider (by BRASS code)
 452 # of persons to be served by this provider (CY17-18):
 452 **Provider 3 name:**
 452 Amount budgeted for this provider (by BRASS code)
 452 # of persons to be served by this provider (CY17-18):
 452 **Provider 4 name:**
 452 Amount budgeted for this provider (by BRASS code)
 452 # of persons to be served by this provider (CY17-18):
 452 **Provider 5 name:**
 452 Amount budgeted for this provider (by BRASS code)
 452 # of persons to be served by this provider (CY17-18):
 452 **Provider 6 name:**
 452 Amount budgeted for this provider (by BRASS code)
 452 # of persons to be served by this provider (CY17-18):
 452 **Provider 7 name:**
 452 Amount budgeted for this provider (by BRASS code)
 452 # of persons to be served by this provider (CY17-18):
 452 **Provider 8 name:**
 452 Amount budgeted for this provider (by BRASS code)
 452 # of persons to be served by this provider (CY17-18):
 452 **Provider 9 name:**
 452 Amount budgeted for this provider (by BRASS code)
 452 # of persons to be served by this provider (CY17-18):
 452 **Provider 10 name:**
 452 Amount budgeted for this provider (by BRASS code)
 452 # of persons to be served by this provider (CY17-18):

Total Est. Persons Served by these dollars:
0

Total Budgeted Plus Allocation of Fiscal Host Fee (\$):
\$ -

More than 10 providers for this BRASS code? Click here to enter Providers 11-20. You must indicate a number over 10 to enter data on this new tab. A link on the next sheet will bring you back to this sheet when you are finished.

BRASS Code 454x Adult Outpatient Medication Management

454 How many CY17-18 providers are there for this BRASS code (funded through these dollars)?

0

454 *Provider 1 name:*

454 Amount budgeted for this provider (by BRASS code)

454 # of persons to be served by this provider (CY17-18):

454 *Provider 2 name:*

454 Amount budgeted for this provider (by BRASS code)

454 # of persons to be served by this provider (CY17-18):

454 *Provider 3 name:*

454 Amount budgeted for this provider (by BRASS code)

454 # of persons to be served by this provider (CY17-18):

454 *Provider 4 name:*

454 Amount budgeted for this provider (by BRASS code)

454 # of persons to be served by this provider (CY17-18):

454 *Provider 5 name:*

454 Amount budgeted for this provider (by BRASS code)

454 # of persons to be served by this provider (CY17-18):

454 *Provider 6 name:*

454 Amount budgeted for this provider (by BRASS code)

454 # of persons to be served by this provider (CY17-18):

454 *Provider 7 name:*

454 Amount budgeted for this provider (by BRASS code)

454 # of persons to be served by this provider (CY17-18):

454 *Provider 8 name:*

454 Amount budgeted for this provider (by BRASS code)

454 # of persons to be served by this provider (CY17-18):

454 *Provider 9 name:*

454 Amount budgeted for this provider (by BRASS code)

454 # of persons to be served by this provider (CY17-18):

454 *Provider 10 name:*

454 Amount budgeted for this provider (by BRASS code)

Total Budgeted for this BRASS code:

\$0

Total Est. Persons Served by these dollars:

0

Total Budgeted Plus Allocation of Fiscal Host Fee (\$):

\$ -

More than 10 providers for this BRASS code? Click here to enter Providers 11-20. You must indicate a number over 10 to enter data on this new tab. A link on the next sheet will bring you back to this sheet when you are finished.

454 # of persons to be served by this provider (CY17-18):

BRASS Code 468x Adult Day Treatment

468	How many CY17-18 providers are there for this BRASS code (funded through these dollars)?	0	Total Budgeted for this BRASS code:
468	<i>Provider 1 name:</i>		\$0
468	Amount budgeted for this provider (by BRASS code)		Total Est. Persons Served by these dollars:
468	# of persons to be served by this provider (CY17-18):		0
468	<i>Provider 2 name:</i>		
468	Amount budgeted for this provider (by BRASS code)		
468	# of persons to be served by this provider (CY17-18):		
468	<i>Provider 3 name:</i>		Total Budgeted Plus Allocation of Fiscal Host Fee (\$):
468	Amount budgeted for this provider (by BRASS code)		\$ -
468	# of persons to be served by this provider (CY17-18):		
468	<i>Provider 4 name:</i>		
468	Amount budgeted for this provider (by BRASS code)		
468	# of persons to be served by this provider (CY17-18):		
468	<i>Provider 5 name:</i>		
468	Amount budgeted for this provider (by BRASS code)		
468	# of persons to be served by this provider (CY17-18):		
468	<i>Provider 6 name:</i>		
468	Amount budgeted for this provider (by BRASS code)		
468	# of persons to be served by this provider (CY17-18):		
468	<i>Provider 7 name:</i>		
468	Amount budgeted for this provider (by BRASS code)		
468	# of persons to be served by this provider (CY17-18):		
468	<i>Provider 8 name:</i>		
468	Amount budgeted for this provider (by BRASS code)		
468	# of persons to be served by this provider (CY17-18):		
468	<i>Provider 9 name:</i>		
468	Amount budgeted for this provider (by BRASS code)		
468	# of persons to be served by this provider (CY17-18):		

More than 10 providers for this BRASS code? Click here to enter Providers 11-20. You must indicate a number over 10 to enter data on this new tab. A link on the next sheet will bring you back to this sheet when you are finished.

468 **Provider 10 name:**
 468 Amount budgeted for this provider (by BRASS code)
 468 # of persons to be served by this provider (CY17-18):



BRASS Code 469x Partial Hospitalization

469 How many CY17-18 providers are there for this BRASS code (funded through these dollars)?

0

Total Budgeted for this BRASS code:

469 **Provider 1 name:**

\$0

469 Amount budgeted for this provider (by BRASS code)
 469 # of persons to be served by this provider (CY17-18):

Total Est. Persons Served by these dollars:

0

469 **Provider 2 name:**
 469 Amount budgeted for this provider (by BRASS code)
 469 # of persons to be served by this provider (CY17-18):

469 **Provider 3 name:**
 469 Amount budgeted for this provider (by BRASS code)
 469 # of persons to be served by this provider (CY17-18):

Total Budgeted Plus Allocation of Fiscal Host Fee (\$):

\$ -

469 **Provider 4 name:**
 469 Amount budgeted for this provider (by BRASS code)
 469 # of persons to be served by this provider (CY17-18):

469 **Provider 5 name:**
 469 Amount budgeted for this provider (by BRASS code)
 469 # of persons to be served by this provider (CY17-18):

469 **Provider 6 name:**
 469 Amount budgeted for this provider (by BRASS code)
 469 # of persons to be served by this provider (CY17-18):

469 **Provider 7 name:**
 469 Amount budgeted for this provider (by BRASS code)
 469 # of persons to be served by this provider (CY17-18):

469 **Provider 8 name:**
 469 Amount budgeted for this provider (by BRASS code)
 469 # of persons to be served by this provider (CY17-18):

469 **Provider 9 name:**



More than 10 providers for this BRASS code? Click here to enter Providers 11-20. You must indicate a number over 10 to enter data on this new tab. A link on the next sheet will bring you back to this sheet when you are finished.

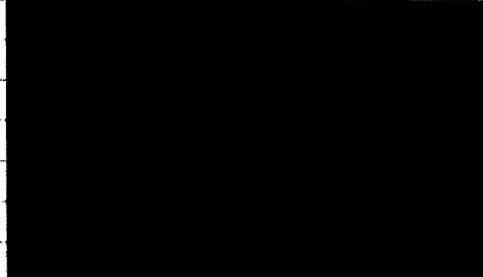
469	Amount budgeted for this provider (by BRASS code)	
469	# of persons to be served by this provider (CY17-18):	
469	Provider 10 name:	
469	Amount budgeted for this provider (by BRASS code)	
469	# of persons to be served by this provider (CY17-18):	

BRASS Code 474x Adult Residential Treatment
--

474	How many CY17-18 providers are there for this BRASS code (funded through these dollars)?	0	Total Budgeted for this BRASS code:
474	Provider 1 name:		\$0
474	Amount budgeted for this provider (by BRASS code)		Total Est. Persons Served by these dollars:
474	# of persons to be served by this provider (CY17-18):		0
474	Provider 2 name:		
474	Amount budgeted for this provider (by BRASS code)		
474	# of persons to be served by this provider (CY17-18):		
474	Provider 3 name:		Total Budgeted Plus Allocation of Fiscal Host Fee (\$):
474	Amount budgeted for this provider (by BRASS code)		\$ -
474	# of persons to be served by this provider (CY17-18):		
474	Provider 4 name:		
474	Amount budgeted for this provider (by BRASS code)		
474	# of persons to be served by this provider (CY17-18):		
474	Provider 5 name:		
474	Amount budgeted for this provider (by BRASS code)		
474	# of persons to be served by this provider (CY17-18):		
474	Provider 6 name:		
474	Amount budgeted for this provider (by BRASS code)		
474	# of persons to be served by this provider (CY17-18):		
474	Provider 7 name:		
474	Amount budgeted for this provider (by BRASS code)		
474	# of persons to be served by this provider (CY17-18):		
474	Provider 8 name:		
474	Amount budgeted for this provider (by BRASS code)		

More than 10 providers for this BRASS code? Click here to enter Providers 11-20. You must indicate a number over 10 to enter data so this new link. A link on the next sheet will bring you back to this sheet when you are finished.

474 # of persons to be served by this provider (CY17-18):
 474 **Provider 9 name:**
 474 Amount budgeted for this provider (by BRASS code)
 474 # of persons to be served by this provider (CY17-18):
 474 **Provider 10 name:**
 474 Amount budgeted for this provider (by BRASS code)
 474 # of persons to be served by this provider (CY17-18):



BRASS Code 491x Adult Rule 79 Case Management

491	How many CY17-18 providers are there for this BRASS code (funded through these dollars)?	1	Total Budgeted for this BRASS code:
491	Provider 1 name:	Pine County Health & Human Services	\$147,242
491	Amount budgeted for this provider (by BRASS code)	\$147,242	Total Est. Persons Served by these dollars:
491	# of persons to be served by this provider (CY17-18):	60	60
491	Provider 2 name:		
491	Amount budgeted for this provider (by BRASS code)		
491	# of persons to be served by this provider (CY17-18):		
491	Provider 3 name:		
491	Amount budgeted for this provider (by BRASS code)		Total Budgeted Plus Allocation of Fiscal Host Fee (\$):
491	# of persons to be served by this provider (CY17-18):		\$ 147,242.00
491	Provider 4 name:		
491	Amount budgeted for this provider (by BRASS code)		
491	# of persons to be served by this provider (CY17-18):		
491	Provider 5 name:		
491	Amount budgeted for this provider (by BRASS code)		
491	# of persons to be served by this provider (CY17-18):		
491	Provider 6 name:		
491	Amount budgeted for this provider (by BRASS code)		
491	# of persons to be served by this provider (CY17-18):		
491	Provider 7 name:		
491	Amount budgeted for this provider (by BRASS code)		

More than 10 providers for this BRASS code? Click here to enter Providers 11-20. You must indicate a number over 10 to enter data on this new tab. A link on the next sheet will help you back to this

491	# of persons to be served by this provider (CY17-18):
491	Provider 8 name:
491	Amount budgeted for this provider (by BRASS code)
491	# of persons to be served by this provider (CY17-18):
491	Provider 9 name:
491	Amount budgeted for this provider (by BRASS code)
491	# of persons to be served by this provider (CY17-18):
491	Provider 10 name:
491	Amount budgeted for this provider (by BRASS code)
491	# of persons to be served by this provider (CY17-18):

Will I still have to enter data when you are finished.

BRASS Code 493x Adult General Case Management

493	How many CY17-18 providers are there for this BRASS code (funded through these dollars)?
493	Provider 1 name:
493	Amount budgeted for this provider (by BRASS code)
493	# of persons to be served by this provider (CY17-18):
493	Provider 2 name:
493	Amount budgeted for this provider (by BRASS code)
493	# of persons to be served by this provider (CY17-18):
493	Provider 3 name:
493	Amount budgeted for this provider (by BRASS code)
493	# of persons to be served by this provider (CY17-18):
493	Provider 4 name:
493	Amount budgeted for this provider (by BRASS code)
493	# of persons to be served by this provider (CY17-18):
493	Provider 5 name:
493	Amount budgeted for this provider (by BRASS code)
493	# of persons to be served by this provider (CY17-18):
493	Provider 6 name:
493	Amount budgeted for this provider (by BRASS code)
493	# of persons to be served by this provider (CY17-18):

0

Total Budgeted for this BRASS code:

\$0

Total Est. Persons Served by these dollars:

0

Total Budgeted Plus Allocation of Fiscal Host Fee (\$):

\$ -

More than 10 providers for this BRASS code? Click here to enter Providers 11-20. You must indicate a number over 10 to enter data on this page.

493	Provider 7 name:
493	Amount budgeted for this provider (by BRASS code)
493	# of persons to be served by this provider (CY17-18):
493	Provider 8 name:
493	Amount budgeted for this provider (by BRASS code)
493	# of persons to be served by this provider (CY17-18):
493	Provider 9 name:
493	Amount budgeted for this provider (by BRASS code)
493	# of persons to be served by this provider (CY17-18):
493	Provider 10 name:
493	Amount budgeted for this provider (by BRASS code)
493	# of persons to be served by this provider (CY17-18):



tab. A link on the next sheet will bring you back to this sheet when you are finished.

[Click here to return to top.](#)

Part 4: MOOSE LAKE GRANT FUNDING APPLICATION

[Click here for Part 4: Moose Lake Grant Funding Application Instructions.](#)

If you have any questions about this process or technical questions about this form, please contact Cortney Jones by phone at (651)431-4206 or email at cortney.jones@state.mn.us.

CSP GRANT FUNDING APPLICATION			
Total Funds Requested	\$221,224.00		
Total Funds Allocated	\$221,224.00		
Difference:	\$0.00		
Additional Questions:			
What amount of your funds would go towards the fiscal host fee?			
<p><i>What is a fiscal host fee?</i> DHS considers a fiscal host fee the money given to a County/Tribal Nation to cover accounting, data, and other administrative requirements/costs of receiving and meeting the requirements of the CSP/AMHI grants . Money given to providers as part of a contract that cover administrative costs are not fiscal host fees, nor is money paid to a county to cover administrative costs of implementation of actual services. More information is available in the instructions, you may find a link at the top of this tab.</p>			
BRASS CODE	Question Text	Answer	Totals
BRASS Code 402x Community Education and Prevention			
402	How many CY17-18 providers are there for this BRASS code (funded through these dollars)?	1	Total Budgeted for this BRASS code:

402	Provider 1 name:	Psycnsew Creations	\$4,000
402	Amount budgeted for this provider (by BRASS code)	\$4,000	Total Est. Persons Served by these dollars:
402	# of persons to be served by this provider (CY17-18):	100	100
402	Provider 2 name:		
402	Amount budgeted for this provider (by BRASS code)		
402	# of persons to be served by this provider (CY17-18):		
402	Provider 3 name:		Total Budgeted Plus Allocation of Fiscal Host Fee (\$):
402	Amount budgeted for this provider (by BRASS code)		\$ 4,000.00
402	# of persons to be served by this provider (CY17-18):		
402	Provider 4 name:		
402	Amount budgeted for this provider (by BRASS code)		
402	# of persons to be served by this provider (CY17-18):		
402	Provider 5 name:		
402	Amount budgeted for this provider (by BRASS code)		
402	# of persons to be served by this provider (CY17-18):		
402	Provider 6 name:		
402	Amount budgeted for this provider (by BRASS code)		
402	# of persons to be served by this provider (CY17-18):		
402	Provider 7 name:		
402	Amount budgeted for this provider (by BRASS code)		
402	# of persons to be served by this provider (CY17-18):		
402	Provider 8 name:		
402	Amount budgeted for this provider (by BRASS code)		
402	# of persons to be served by this provider (CY17-18):		
402	Provider 9 name:		
402	Amount budgeted for this provider (by BRASS code)		
402	# of persons to be served by this provider (CY17-18):		
402	Provider 10 name:		
402	Amount budgeted for this provider (by BRASS code)		
402	# of persons to be served by this provider (CY17-18):		

More than 10 providers for this BRASS code? Click here to enter Providers 11-20. You must indicate a number over 10 to enter data on this new tab. A link on the next sheet will bring you back to this sheet when you are finished.

BRASS Code 403x Client Outreach

403	How many CY17-18 providers are there for this BRASS code (funded through these dollars)?	0	Total Budgeted for this BRASS code:
403	Provider 1 name:		\$0
403	Amount budgeted for this provider (by BRASS code)		Total Est. Persons Served by these dollars:
403	# of persons to be served by this provider (CY17-18):		0
403	Provider 2 name:		
403	Amount budgeted for this provider (by BRASS code)		
403	# of persons to be served by this provider (CY17-18):		
403	Provider 3 name:		Total Budgeted Plus Allocation of Fiscal Host Fee (\$):
403	Amount budgeted for this provider (by BRASS code)		\$ -
403	# of persons to be served by this provider (CY17-18):		
403	Provider 4 name:		
403	Amount budgeted for this provider (by BRASS code)		
403	# of persons to be served by this provider (CY17-18):		
403	Provider 5 name:		
403	Amount budgeted for this provider (by BRASS code)		
403	# of persons to be served by this provider (CY17-18):		
403	Provider 6 name:		
403	Amount budgeted for this provider (by BRASS code)		
403	# of persons to be served by this provider (CY17-18):		
403	Provider 7 name:		
403	Amount budgeted for this provider (by BRASS code)		
403	# of persons to be served by this provider (CY17-18):		
403	Provider 8 name:		
403	Amount budgeted for this provider (by BRASS code)		
403	# of persons to be served by this provider (CY17-18):		
403	Provider 9 name:		
403	Amount budgeted for this provider (by BRASS code)		
403	# of persons to be served by this provider (CY17-18):		
403	Provider 10 name:		
403	Amount budgeted for this provider (by BRASS code)		

More than 10 providers for this BRASS code? Click here to enter Providers 11-20. You must indicate a number over 10 to enter data on this new tab. A link on the next sheet will bring you back to this sheet when you are finished.

403	# of persons to be served by this provider (CY17-18):		
BRASS Code 408x Adult Outpatient Diagnostic			
408	How many CY17-18 providers are there for this BRASS code (funded through these dollars)?	2	Total Budgeted for this BRASS code:
408	<i>Provider 1 name:</i>	Therapeutic Services Agency	\$5,200
408	Amount budgeted for this provider (by BRASS code)	\$2,600	Total Est. Persons Served by these dollars:
408	# of persons to be served by this provider (CY17-18):	5	7
408	<i>Provider 2 name:</i>	Harlan Gilbertson, L.P.	
408	Amount budgeted for this provider (by BRASS code)	\$2,600	
408	# of persons to be served by this provider (CY17-18):	2	
408	<i>Provider 3 name:</i>		Total Budgeted Plus Allocation of Fiscal Host Fee (\$):
408	Amount budgeted for this provider (by BRASS code)		\$ 5,200.00
408	# of persons to be served by this provider (CY17-18):		
408	<i>Provider 4 name:</i>		
408	Amount budgeted for this provider (by BRASS code)		
408	# of persons to be served by this provider (CY17-18):		
408	<i>Provider 5 name:</i>		
408	Amount budgeted for this provider (by BRASS code)		
408	# of persons to be served by this provider (CY17-18):		
408	<i>Provider 6 name:</i>		
408	Amount budgeted for this provider (by BRASS code)		
408	# of persons to be served by this provider (CY17-18):		
408	<i>Provider 7 name:</i>		
408	Amount budgeted for this provider (by BRASS code)		
408	# of persons to be served by this provider (CY17-18):		
408	<i>Provider 8 name:</i>		
408	Amount budgeted for this provider (by BRASS code)		
408	# of persons to be served by this provider (CY17-18):		
408	<i>Provider 9 name:</i>		
408	Amount budgeted for this provider (by BRASS code)		
408	# of persons to be served by this provider (CY17-18):		

More than 10 providers for this BRASS code? Click here to enter Providers 11-20. You must indicate a number over 10 to enter data on this new tab. A link on the next sheet will bring you back to this sheet when you are finished.

408 **Provider 10 name:**
 408 Amount budgeted for this provider (by BRASS code)
 408 # of persons to be served by this provider (CY17-18):



BRASS Code 416x Transportation

416	How many CY17-18 providers are there for this BRASS code (funded through these dollars)?	1	Total Budgeted for this BRASS code:
416	Provider 1 name:	Pine County	\$30,000
416	Amount budgeted for this provider (by BRASS code)	\$30,000	Total Est. Persons Served by these dollars:
416	# of persons to be served by this provider (CY17-18):	60	60
416	Provider 2 name:		
416	Amount budgeted for this provider (by BRASS code)		
416	# of persons to be served by this provider (CY17-18):		
416	Provider 3 name:		Total Budgeted Plus Allocation of Fiscal Host Fee (\$):
416	Amount budgeted for this provider (by BRASS code)		\$ 30,000.00
416	# of persons to be served by this provider (CY17-18):		
416	Provider 4 name:		
416	Amount budgeted for this provider (by BRASS code)		
416	# of persons to be served by this provider (CY17-18):		
416	Provider 5 name:		
416	Amount budgeted for this provider (by BRASS code)		
416	# of persons to be served by this provider (CY17-18):		
416	Provider 6 name:		
416	Amount budgeted for this provider (by BRASS code)		
416	# of persons to be served by this provider (CY17-18):		
416	Provider 7 name:		
416	Amount budgeted for this provider (by BRASS code)		
416	# of persons to be served by this provider (CY17-18):		
416	Provider 8 name:		
416	Amount budgeted for this provider (by BRASS code)		
416	# of persons to be served by this provider (CY17-18):		
416	Provider 9 name:		

More than 10 providers for this BRASS code? Click here to enter Providers 11-20. You must indicate a number over 10 to enter data on this new tab. A link on the next sheet will bring you back to this sheet when you are finished.

416 Amount budgeted for this provider (by BRASS code)
 416 # of persons to be served by this provider (CY17-18):
 416 *Provider 10 name:*
 416 Amount budgeted for this provider (by BRASS code)
 416 # of persons to be served by this provider (CY17-18):



BRASS Code 418x Client Flex Funds

418	How many CY17-18 providers are there for this BRASS code (funded through these dollars)?	1	Total Budgeted for this BRASS code:
418	<i>Provider 1 name:</i>	Pine County Health & Human Services	\$13,000
418	Amount budgeted for this provider (by BRASS code)	\$13,000	Total Est. Persons Served by these dollars:
418	# of persons to be served by this provider (CY17-18):	50	50
418	<i>Provider 2 name:</i>		
418	Amount budgeted for this provider (by BRASS code)		
418	# of persons to be served by this provider (CY17-18):		
418	<i>Provider 3 name:</i>		
418	Amount budgeted for this provider (by BRASS code)		Total Budgeted Plus Allocation of Fiscal Host Fee (\$):
418	# of persons to be served by this provider (CY17-18):		\$ 13,000.00
418	<i>Provider 4 name:</i>		
418	Amount budgeted for this provider (by BRASS code)		
418	# of persons to be served by this provider (CY17-18):		
418	<i>Provider 5 name:</i>		
418	Amount budgeted for this provider (by BRASS code)		
418	# of persons to be served by this provider (CY17-18):		
418	<i>Provider 6 name:</i>		
418	Amount budgeted for this provider (by BRASS code)		
418	# of persons to be served by this provider (CY17-18):		
418	<i>Provider 7 name:</i>		
418	Amount budgeted for this provider (by BRASS code)		
418	# of persons to be served by this provider (CY17-18):		
418	<i>Provider 8 name:</i>		

More than 10 providers for this BRASS code? Click here to enter Providers 11-20. You must indicate a number over 10 to enter data on this new tab. A link on the next sheet will bring you back to this sheet when you are finished.

418	Amount budgeted for this provider (by BRASS code)	
418	# of persons to be served by this provider (CY17-18):	
418	Provider 9 name:	
418	Amount budgeted for this provider (by BRASS code)	
418	# of persons to be served by this provider (CY17-18):	
418	Provider 10 name:	
418	Amount budgeted for this provider (by BRASS code)	
418	# of persons to be served by this provider (CY17-18):	

BRASS Code 420x Peer Support Services

420	How many CY17-18 providers are there for this BRASS code (funded through these dollars)?	0	Total Budgeted for this BRASS code:
420	Provider 1 name:		\$0
420	Amount budgeted for this provider (by BRASS code)		Total Est. Persons Served by these dollars:
420	# of persons to be served by this provider (CY17-18):		0
420	Provider 2 name:		
420	Amount budgeted for this provider (by BRASS code)		
420	# of persons to be served by this provider (CY17-18):		
420	Provider 3 name:		Total Budgeted Plus Allocation of Fiscal Host Fee (\$):
420	Amount budgeted for this provider (by BRASS code)		\$ -
420	# of persons to be served by this provider (CY17-18):		
420	Provider 4 name:		
420	Amount budgeted for this provider (by BRASS code)		
420	# of persons to be served by this provider (CY17-18):		
420	Provider 5 name:		
420	Amount budgeted for this provider (by BRASS code)		
420	# of persons to be served by this provider (CY17-18):		
420	Provider 6 name:		
420	Amount budgeted for this provider (by BRASS code)		
420	# of persons to be served by this provider (CY17-18):		
420	Provider 7 name:		
420	Amount budgeted for this provider (by BRASS code)		

More than 10 providers for this BRASS code? Click here to enter Providers 11-20. You must indicate a number over 10 to enter data on this new tab. A link on the next sheet will bring you back to this sheet when you are

420 # of persons to be served by this provider (CY17-18):
 420 **Provider 8 name:**
 420 Amount budgeted for this provider (by BRASS code)
 420 # of persons to be served by this provider (CY17-18):
 420 **Provider 9 name:**
 420 Amount budgeted for this provider (by BRASS code)
 420 # of persons to be served by this provider (CY17-18):
 420 **Provider 10 name:**
 420 Amount budgeted for this provider (by BRASS code)
 420 # of persons to be served by this provider (CY17-18):

finished.

BRASS Code 431x Adult Mobile Crisis Services

431 How many CY17-18 providers are there for this BRASS code (funded through these dollars)?
 431 **Provider 1 name:**
 431 Amount budgeted for this provider (by BRASS code)
 431 # of persons to be served by this provider (CY17-18):
 431 **Provider 2 name:**
 431 Amount budgeted for this provider (by BRASS code)
 431 # of persons to be served by this provider (CY17-18):
 431 **Provider 3 name:**
 431 Amount budgeted for this provider (by BRASS code)
 431 # of persons to be served by this provider (CY17-18):
 431 **Provider 4 name:**
 431 Amount budgeted for this provider (by BRASS code)
 431 # of persons to be served by this provider (CY17-18):
 431 **Provider 5 name:**
 431 Amount budgeted for this provider (by BRASS code)
 431 # of persons to be served by this provider (CY17-18):
 431 **Provider 6 name:**
 431 Amount budgeted for this provider (by BRASS code)
 431 # of persons to be served by this provider (CY17-18):

0

Total Budgeted for this BRASS code:

\$0

Total Est. Persons Served by these dollars:

0

Total Budgeted Plus Allocation of Fiscal Host Fee (\$):

\$ -

More than 10 providers for this BRASS code? Click here to enter Providers 11-20. You must indicate a number over 10 to enter data on this new tab. A link

on the next sheet will bring you back to this sheet when you are finished.

- 431 **Provider 7 name:**
- 431 Amount budgeted for this provider (by BRASS code)
- 431 # of persons to be served by this provider (CY17-18):
- 431 **Provider 8 name:**
- 431 Amount budgeted for this provider (by BRASS code)
- 431 # of persons to be served by this provider (CY17-18):
- 431 **Provider 9 name:**
- 431 Amount budgeted for this provider (by BRASS code)
- 431 # of persons to be served by this provider (CY17-18):
- 431 **Provider 10 name:**
- 431 Amount budgeted for this provider (by BRASS code)
- 431 # of persons to be served by this provider (CY17-18):

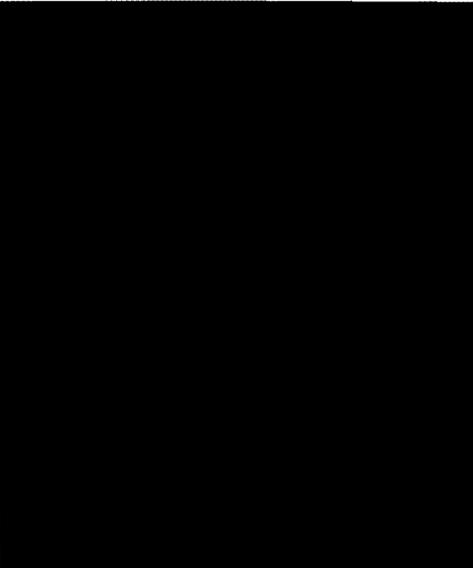
BRASS Code 434x Other Community Support Program Services

434	How many CY17-18 providers are there for this BRASS code (funded through these dollars)?	0	Total Budgeted for this BRASS code:
434	Provider 1 name:		\$0
434	Amount budgeted for this provider (by BRASS code)		Total Est. Persons Served by these dollars:
434	# of persons to be served by this provider (CY17-18):		0
434	Provider 2 name:		
434	Amount budgeted for this provider (by BRASS code)		Total Budgeted Plus Allocation of Fiscal Host Fee (\$):
434	# of persons to be served by this provider (CY17-18):		\$ -
434	Provider 3 name:		
434	Amount budgeted for this provider (by BRASS code)		
434	# of persons to be served by this provider (CY17-18):		
434	Provider 4 name:		
434	Amount budgeted for this provider (by BRASS code)		
434	# of persons to be served by this provider (CY17-18):		
434	Provider 5 name:		
434	Amount budgeted for this provider (by BRASS code)		
434	# of persons to be served by this provider (CY17-18):		
434	Provider 6 name:		

More than 10 providers for this BRASS code? Click here to enter

FINANCIAL 11-20. YOU MUST indicate a number over 10 to enter data on this new tab. A link on the next sheet will bring you back to this sheet when you are finished.

434	Amount budgeted for this provider (by BRASS code)
434	# of persons to be served by this provider (CY17-18):
434	Provider 7 name:
434	Amount budgeted for this provider (by BRASS code)
434	# of persons to be served by this provider (CY17-18):
434	Provider 8 name:
434	Amount budgeted for this provider (by BRASS code)
434	# of persons to be served by this provider (CY17-18):
434	Provider 9 name:
434	Amount budgeted for this provider (by BRASS code)
434	# of persons to be served by this provider (CY17-18):
434	Provider 10 name:
434	Amount budgeted for this provider (by BRASS code)
434	# of persons to be served by this provider (CY17-18):



BRASS Code 436x Adult Residential Crisis Stabilization

436	How many CY17-18 providers are there for this BRASS code (funded through these dollars)?	0	Total Budgeted for this BRASS code:
436	Provider 1 name:		\$0
436	Amount budgeted for this provider (by BRASS code)		Total Est. Persons Served by these dollars:
436	# of persons to be served by this provider (CY17-18):		0
436	Provider 2 name:		
436	Amount budgeted for this provider (by BRASS code)		Total Budgeted Plus Allocation of Fiscal Host Fee (\$):
436	# of persons to be served by this provider (CY17-18):		\$ -
436	Provider 3 name:		
436	Amount budgeted for this provider (by BRASS code)		
436	# of persons to be served by this provider (CY17-18):		
436	Provider 4 name:		
436	Amount budgeted for this provider (by BRASS code)		
436	# of persons to be served by this provider (CY17-18):		
436	Provider 5 name:		
436	Amount budgeted for this provider (by BRASS code)		

436 # of persons to be served by this provider (CY17-18):
 436 **Provider 6 name:**
 436 Amount budgeted for this provider (by BRASS code)
 436 # of persons to be served by this provider (CY17-18):
 436 **Provider 7 name:**
 436 Amount budgeted for this provider (by BRASS code)
 436 # of persons to be served by this provider (CY17-18):
 436 **Provider 8 name:**
 436 Amount budgeted for this provider (by BRASS code)
 436 # of persons to be served by this provider (CY17-18):
 436 **Provider 9 name:**
 436 Amount budgeted for this provider (by BRASS code)
 436 # of persons to be served by this provider (CY17-18):
 436 **Provider 10 name:**
 436 Amount budgeted for this provider (by BRASS code)
 436 # of persons to be served by this provider (CY17-18):

More than 10 providers for this BRASS code? Click here to enter Providers 11-20. You must indicate a number over 10 to enter data on this new tab. A link on the next sheet will bring you back to this sheet when you are finished.

BRASS Code 437x Supported Employment		
437	How many CY17-18 providers are there for this BRASS code (funded through these dollars)?	0
437	Provider 1 name:	\$0
437	Amount budgeted for this provider (by BRASS code)	Total Est. Persons Served by these dollars:
437	# of persons to be served by this provider (CY17-18):	0
437	Provider 2 name:	
437	Amount budgeted for this provider (by BRASS code)	
437	# of persons to be served by this provider (CY17-18):	
437	Provider 3 name:	Total Budgeted Plus Allocation of Fiscal Host Fee (\$):
437	Amount budgeted for this provider (by BRASS code)	\$ -
437	# of persons to be served by this provider (CY17-18):	
437	Provider 4 name:	
437	Amount budgeted for this provider (by BRASS code)	
437	# of persons to be served by this provider (CY17-18):	

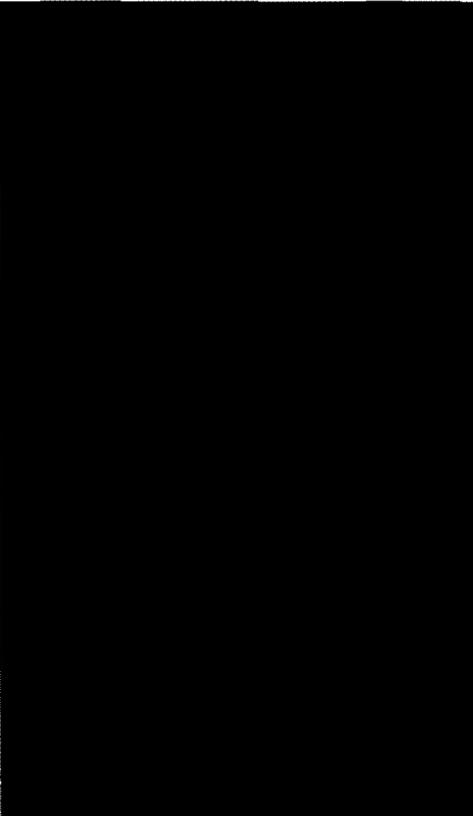
437	Provider 5 name:
437	Amount budgeted for this provider (by BRASS code)
437	# of persons to be served by this provider (CY17-18):
437	Provider 6 name:
437	Amount budgeted for this provider (by BRASS code)
437	# of persons to be served by this provider (CY17-18):
437	Provider 7 name:
437	Amount budgeted for this provider (by BRASS code)
437	# of persons to be served by this provider (CY17-18):
437	Provider 8 name:
437	Amount budgeted for this provider (by BRASS code)
437	# of persons to be served by this provider (CY17-18):
437	Provider 9 name:
437	Amount budgeted for this provider (by BRASS code)
437	# of persons to be served by this provider (CY17-18):
437	Provider 10 name:
437	Amount budgeted for this provider (by BRASS code)
437	# of persons to be served by this provider (CY17-18):

More than 10 providers for this BRASS code? Click here to enter Providers 11-20. You must indicate a number over 10 to enter data on this new tab. A link on the next sheet will bring you back to this sheet when you are finished.

BRASS Code 438x Assertive Community Treatment (ACT)

438	How many CY17-18 providers are there for this BRASS code (funded through these dollars)?	0	Total Budgeted for this BRASS code:
438	Provider 1 name:		\$0
438	Amount budgeted for this provider (by BRASS code)		Total Est. Persons Served by these dollars:
438	# of persons to be served by this provider (CY17-18):		0
438	Provider 2 name:		
438	Amount budgeted for this provider (by BRASS code)		
438	# of persons to be served by this provider (CY17-18):		
438	Provider 3 name:		Total Budgeted Plus Allocation of Fiscal Host Fee (\$):
438	Amount budgeted for this provider (by BRASS code)		
438	# of persons to be served by this provider (CY17-18):		\$ -
438	Provider 4 name:		

438	Amount budgeted for this provider (by BRASS code)
438	# of persons to be served by this provider (CY17-18):
438	Provider 5 name:
438	Amount budgeted for this provider (by BRASS code)
438	# of persons to be served by this provider (CY17-18):
438	Provider 6 name:
438	Amount budgeted for this provider (by BRASS code)
438	# of persons to be served by this provider (CY17-18):
438	Provider 7 name:
438	Amount budgeted for this provider (by BRASS code)
438	# of persons to be served by this provider (CY17-18):
438	Provider 8 name:
438	Amount budgeted for this provider (by BRASS code)
438	# of persons to be served by this provider (CY17-18):
438	Provider 9 name:
438	Amount budgeted for this provider (by BRASS code)
438	# of persons to be served by this provider (CY17-18):
438	Provider 10 name:
438	Amount budgeted for this provider (by BRASS code)
438	# of persons to be served by this provider (CY17-18):



More than 10 providers for this BRASS code? Click here to enter Providers 11-20. You must indicate a number over 10 to enter data on this new tab. A link on the next sheet will bring you back to this sheet when you are finished.

BRASS Code 443x Housing Subsidy		
443	How many CY17-18 providers are there for this BRASS code (funded through these dollars)?	Total Budgeted for this BRASS code:
443	Provider 1 name:	\$0
443	Amount budgeted for this provider (by BRASS code)	Total Est. Persons Served by these dollars:
443	# of persons to be served by this provider (CY17-18):	0
443	Provider 2 name:	
443	Amount budgeted for this provider (by BRASS code)	
443	# of persons to be served by this provider (CY17-18):	
443	Provider 3 name:	
443	Amount budgeted for this provider (by BRASS code)	Total Budgeted Plus Allocation of Fiscal Host Fee (\$):

443	# of persons to be served by this provider (CY17-18):		\$ -
443	Provider 4 name:		
443	Amount budgeted for this provider (by BRASS code)		
443	# of persons to be served by this provider (CY17-18):		
443	Provider 5 name:		
443	Amount budgeted for this provider (by BRASS code)		
443	# of persons to be served by this provider (CY17-18):		
443	Provider 6 name:		
443	Amount budgeted for this provider (by BRASS code)		
443	# of persons to be served by this provider (CY17-18):		
443	Provider 7 name:		
443	Amount budgeted for this provider (by BRASS code)		
443	# of persons to be served by this provider (CY17-18):		
443	Provider 8 name:		
443	Amount budgeted for this provider (by BRASS code)		
443	# of persons to be served by this provider (CY17-18):		
443	Provider 9 name:		
443	Amount budgeted for this provider (by BRASS code)		
443	# of persons to be served by this provider (CY17-18):		
443	Provider 10 name:		
443	Amount budgeted for this provider (by BRASS code)		
443	# of persons to be served by this provider (CY17-18):		

More than 10 providers for this BRASS code? Click here to enter Providers 11-20. You must indicate a number over 10 to enter data on this new tab. A link on the next sheet will bring you back to this sheet when you are finished.

BRASS Code 446x Basic Living/Social Skills and Community			
446	How many CY17-18 providers are there for this BRASS code (funded through these dollars)?	0	Total Budgeted for this BRASS code:
446	Provider 1 name:		\$0
446	Amount budgeted for this provider (by BRASS code)		Total Est. Persons Served by these dollars:
446	# of persons to be served by this provider (CY17-18):		0
446	Provider 2 name:		
446	Amount budgeted for this provider (by BRASS code)		
446	# of persons to be served by this provider (CY17-18):		

446	Provider 3 name:		Total Budgeted Plus Allocation of Fiscal Host Fee (\$):
446	Amount budgeted for this provider (by BRASS code)		
446	# of persons to be served by this provider (CY17-18):		\$ -
446	Provider 4 name:		
446	Amount budgeted for this provider (by BRASS code)		
446	# of persons to be served by this provider (CY17-18):		
446	Provider 5 name:		
446	Amount budgeted for this provider (by BRASS code)		
446	# of persons to be served by this provider (CY17-18):		
446	Provider 6 name:		
446	Amount budgeted for this provider (by BRASS code)		
446	# of persons to be served by this provider (CY17-18):		
446	Provider 7 name:		
446	Amount budgeted for this provider (by BRASS code)		
446	# of persons to be served by this provider (CY17-18):		
446	Provider 8 name:		
446	Amount budgeted for this provider (by BRASS code)		
446	# of persons to be served by this provider (CY17-18):		
446	Provider 9 name:		
446	Amount budgeted for this provider (by BRASS code)		
446	# of persons to be served by this provider (CY17-18):		
446	Provider 10 name:		
446	Amount budgeted for this provider (by BRASS code)		
446	# of persons to be served by this provider (CY17-18):		

More than 10 providers for this BRASS code? Click here to enter Providers 11-20. You must indicate a number over 10 to enter data on this new tab. A link on the next sheet will bring you back to this sheet when you are finished.

BRASS Code 451x Emergency Response Services			
451	How many CY17-18 providers are there for this BRASS code (funded through these dollars)?	0	Total Budgeted for this BRASS code:
451	Provider 1 name:		\$0
451	Amount budgeted for this provider (by BRASS code)		Total Est. Persons Served by these dollars:
451	# of persons to be served by this provider (CY17-18):		0
451	Provider 2 name:		

451	Amount budgeted for this provider (by BRASS code)		
451	# of persons to be served by this provider (CY17-18):		
451	Provider 3 name:		
451	Amount budgeted for this provider (by BRASS code)		Total Budgeted Plus Allocation of Fiscal Host Fee (\$):
451	# of persons to be served by this provider (CY17-18):		
451	Provider 4 name:		
451	Amount budgeted for this provider (by BRASS code)		
451	# of persons to be served by this provider (CY17-18):		
451	Provider 5 name:		
451	Amount budgeted for this provider (by BRASS code)		
451	# of persons to be served by this provider (CY17-18):		
451	Provider 6 name:		
451	Amount budgeted for this provider (by BRASS code)		
451	# of persons to be served by this provider (CY17-18):		
451	Provider 7 name:		
451	Amount budgeted for this provider (by BRASS code)		
451	# of persons to be served by this provider (CY17-18):		
451	Provider 8 name:		
451	Amount budgeted for this provider (by BRASS code)		
451	# of persons to be served by this provider (CY17-18):		
451	Provider 9 name:		
451	Amount budgeted for this provider (by BRASS code)		
451	# of persons to be served by this provider (CY17-18):		
451	Provider 10 name:		
451	Amount budgeted for this provider (by BRASS code)		
451	# of persons to be served by this provider (CY17-18):		

Total Budgeted Plus Allocation of Fiscal Host Fee (\$):
\$ -

More than 10 providers for this BRASS code? Click here to enter Providers 11-20. You must indicate a number over 10 to enter data on this new tab. A link on the next sheet will bring you back to this sheet when you are finished.

BRASS Code 452x Adult Outpatient Psychotherapy			
452	How many CY17-18 providers are there for this BRASS code (funded through these dollars)?	0	Total Budgeted for this BRASS code:
452	Provider 1 name:		\$0
452	Amount budgeted for this provider (by BRASS code)		Total Est. Persons Served by these dollars:

452	# of persons to be served by this provider (CY17-18):		0
452	Provider 2 name:		
452	Amount budgeted for this provider (by BRASS code)		
452	# of persons to be served by this provider (CY17-18):		
452	Provider 3 name:		Total Budgeted Plus Allocation
452	Amount budgeted for this provider (by BRASS code)		of Fiscal Host Fee (\$):
452	# of persons to be served by this provider (CY17-18):		\$ -
452	Provider 4 name:		
452	Amount budgeted for this provider (by BRASS code)		
452	# of persons to be served by this provider (CY17-18):		
452	Provider 5 name:		
452	Amount budgeted for this provider (by BRASS code)		
452	# of persons to be served by this provider (CY17-18):		
452	Provider 6 name:		
452	Amount budgeted for this provider (by BRASS code)		
452	# of persons to be served by this provider (CY17-18):		
452	Provider 7 name:		
452	Amount budgeted for this provider (by BRASS code)		
452	# of persons to be served by this provider (CY17-18):		
452	Provider 8 name:		
452	Amount budgeted for this provider (by BRASS code)		
452	# of persons to be served by this provider (CY17-18):		
452	Provider 9 name:		
452	Amount budgeted for this provider (by BRASS code)		
452	# of persons to be served by this provider (CY17-18):		
452	Provider 10 name:		
452	Amount budgeted for this provider (by BRASS code)		
452	# of persons to be served by this provider (CY17-18):		

More than 10 providers for this BRASS code? Click here to enter Providers 11-20. You must indicate a number over 10 to enter data on this new tab. A link on the next sheet will bring you back to this sheet when you are finished.

BRASS Code 454x Adult Outpatient Medication Management		
454	How many CY17-18 providers are there for this BRASS code (funded through these dollars)?	1
		Total Budgeted for this BRASS code:

454	Provider 1 name:	Pine County Health & Human Services	\$20,000
454	Amount budgeted for this provider (by BRASS code)	\$20,000	Total Est. Persons Served by these dollars:
454	# of persons to be served by this provider (CY17-18):	50	50
454	Provider 2 name:		
454	Amount budgeted for this provider (by BRASS code)		
454	# of persons to be served by this provider (CY17-18):		
454	Provider 3 name:		Total Budgeted Plus Allocation of Fiscal Host Fee (\$):
454	Amount budgeted for this provider (by BRASS code)		
454	# of persons to be served by this provider (CY17-18):		\$ 20,000.00
454	Provider 4 name:		
454	Amount budgeted for this provider (by BRASS code)		
454	# of persons to be served by this provider (CY17-18):		
454	Provider 5 name:		
454	Amount budgeted for this provider (by BRASS code)		
454	# of persons to be served by this provider (CY17-18):		
454	Provider 6 name:		
454	Amount budgeted for this provider (by BRASS code)		
454	# of persons to be served by this provider (CY17-18):		
454	Provider 7 name:		
454	Amount budgeted for this provider (by BRASS code)		
454	# of persons to be served by this provider (CY17-18):		
454	Provider 8 name:		
454	Amount budgeted for this provider (by BRASS code)		
454	# of persons to be served by this provider (CY17-18):		
454	Provider 9 name:		
454	Amount budgeted for this provider (by BRASS code)		
454	# of persons to be served by this provider (CY17-18):		
454	Provider 10 name:		
454	Amount budgeted for this provider (by BRASS code)		
454	# of persons to be served by this provider (CY17-18):		

More than 10 providers for this BRASS code? Click here to enter Providers 11-20. You must indicate a number over 10 to enter data on this new tab. A link on the next sheet will bring you back to this sheet when you are finished.

BRASS Code 468x Adult Day Treatment

468	How many CY17-18 providers are there for this BRASS code (funded through these dollars)?	0	Total Budgeted for this BRASS code:
468	Provider 1 name:		\$0
468	Amount budgeted for this provider (by BRASS code)		Total Est. Persons Served by these dollars:
468	# of persons to be served by this provider (CY17-18):		0
468	Provider 2 name:		
468	Amount budgeted for this provider (by BRASS code)		
468	# of persons to be served by this provider (CY17-18):		
468	Provider 3 name:		Total Budgeted Plus Allocation of Fiscal Host Fee (\$):
468	Amount budgeted for this provider (by BRASS code)		\$ -
468	# of persons to be served by this provider (CY17-18):		
468	Provider 4 name:		
468	Amount budgeted for this provider (by BRASS code)		
468	# of persons to be served by this provider (CY17-18):		
468	Provider 5 name:		
468	Amount budgeted for this provider (by BRASS code)		
468	# of persons to be served by this provider (CY17-18):		
468	Provider 6 name:		
468	Amount budgeted for this provider (by BRASS code)		
468	# of persons to be served by this provider (CY17-18):		
468	Provider 7 name:		
468	Amount budgeted for this provider (by BRASS code)		
468	# of persons to be served by this provider (CY17-18):		
468	Provider 8 name:		
468	Amount budgeted for this provider (by BRASS code)		
468	# of persons to be served by this provider (CY17-18):		
468	Provider 9 name:		
468	Amount budgeted for this provider (by BRASS code)		
468	# of persons to be served by this provider (CY17-18):		
468	Provider 10 name:		

More than 10 providers for this BRASS code? Click here to enter Providers 11-20. You must indicate a number over 10 to enter data on this new tab. A link on the next sheet will bring you back to this sheet when you are finished.

468 Amount budgeted for this provider (by BRASS code)
 468 # of persons to be served by this provider (CY17-18):

BRASS Code 469x Partial Hospitalization

469 How many CY17-18 providers are there for this BRASS code (funded through these dollars)?

0

Total Budgeted for this BRASS code:

469 *Provider 1 name:*

\$0

Total Est. Persons Served by these dollars:

469 Amount budgeted for this provider (by BRASS code)
 469 # of persons to be served by this provider (CY17-18):

0

469 *Provider 2 name:*

469 Amount budgeted for this provider (by BRASS code)
 469 # of persons to be served by this provider (CY17-18):

469 *Provider 3 name:*

469 Amount budgeted for this provider (by BRASS code)
 469 # of persons to be served by this provider (CY17-18):

Total Budgeted Plus Allocation of Fiscal Host Fee (\$):

\$

-

469 *Provider 4 name:*

469 Amount budgeted for this provider (by BRASS code)
 469 # of persons to be served by this provider (CY17-18):

469 *Provider 5 name:*

469 Amount budgeted for this provider (by BRASS code)
 469 # of persons to be served by this provider (CY17-18):

469 *Provider 6 name:*

469 Amount budgeted for this provider (by BRASS code)
 469 # of persons to be served by this provider (CY17-18):

469 *Provider 7 name:*

469 Amount budgeted for this provider (by BRASS code)
 469 # of persons to be served by this provider (CY17-18):

469 *Provider 8 name:*

469 Amount budgeted for this provider (by BRASS code)
 469 # of persons to be served by this provider (CY17-18):

469 *Provider 9 name:*

469 Amount budgeted for this provider (by BRASS code)

More than 10 providers for this BRASS code? Click here to enter Providers 11-20. You must indicate a number over 10 to enter data on this new tab. A link on the next sheet will bring you back to this sheet when you are finished.

469	# of persons to be served by this provider (CY17-18):	
469	Provider 10 name:	
469	Amount budgeted for this provider (by BRASS code)	
469	# of persons to be served by this provider (CY17-18):	

BRASS Code 474x Adult Residential Treatment

474	How many CY17-18 providers are there for this BRASS code (funded through these dollars)?	0	Total Budgeted for this BRASS code:
474	Provider 1 name:		\$0
474	Amount budgeted for this provider (by BRASS code)		Total Est. Persons Served by these dollars:
474	# of persons to be served by this provider (CY17-18):		0
474	Provider 2 name:		
474	Amount budgeted for this provider (by BRASS code)		
474	# of persons to be served by this provider (CY17-18):		
474	Provider 3 name:		Total Budgeted Plus Allocation of Fiscal Host Fee (\$):
474	Amount budgeted for this provider (by BRASS code)		\$
474	# of persons to be served by this provider (CY17-18):		-
474	Provider 4 name:		
474	Amount budgeted for this provider (by BRASS code)		
474	# of persons to be served by this provider (CY17-18):		
474	Provider 5 name:		
474	Amount budgeted for this provider (by BRASS code)		
474	# of persons to be served by this provider (CY17-18):		
474	Provider 6 name:		
474	Amount budgeted for this provider (by BRASS code)		
474	# of persons to be served by this provider (CY17-18):		
474	Provider 7 name:		
474	Amount budgeted for this provider (by BRASS code)		
474	# of persons to be served by this provider (CY17-18):		
474	Provider 8 name:		
474	Amount budgeted for this provider (by BRASS code)		
474	# of persons to be served by this provider (CY17-18):		

More than 10 providers for this BRASS code? Click here to enter Providers 11-20. You must indicate a number over 10 to enter data on this new tab. A link on the next sheet will bring you back to this sheet when you are finished.

474 **Provider 9 name:**
 474 Amount budgeted for this provider (by BRASS code)
 474 # of persons to be served by this provider (CY17-18):
 474 **Provider 10 name:**
 474 Amount budgeted for this provider (by BRASS code)
 474 # of persons to be served by this provider (CY17-18):

BRASS Code 491x Adult Rule 79 Case Management

491	How many CY17-18 providers are there for this BRASS code (funded through these dollars)?	1	Total Budgeted for this BRASS code:
491	Provider 1 name:	Pine County Health & Human Services	\$149,024
491	Amount budgeted for this provider (by BRASS code)	\$149,024	Total Est. Persons Served by these dollars:
491	# of persons to be served by this provider (CY17-18):	60	60
491	Provider 2 name:		
491	Amount budgeted for this provider (by BRASS code)		
491	# of persons to be served by this provider (CY17-18):		
491	Provider 3 name:		
491	Amount budgeted for this provider (by BRASS code)		
491	# of persons to be served by this provider (CY17-18):		
491	Provider 4 name:		
491	Amount budgeted for this provider (by BRASS code)		
491	# of persons to be served by this provider (CY17-18):		
491	Provider 5 name:		
491	Amount budgeted for this provider (by BRASS code)		
491	# of persons to be served by this provider (CY17-18):		
491	Provider 6 name:		
491	Amount budgeted for this provider (by BRASS code)		
491	# of persons to be served by this provider (CY17-18):		
491	Provider 7 name:		
491	Amount budgeted for this provider (by BRASS code)		
491	# of persons to be served by this provider (CY17-18):		
			Total Budgeted Plus Allocation of Fiscal Host Fee (\$):
			\$ 149,024.00
			<p>More than 10 providers for this BRASS code? Click here to enter Providers 11-20. You must indicate a number over 10 to enter data on this new tab. A link on the next sheet will bring you back to this sheet when you are finished.</p>

491	Provider 8 name:		
491	Amount budgeted for this provider (by BRASS code)		
491	# of persons to be served by this provider (CY17-18):		
491	Provider 9 name:		
491	Amount budgeted for this provider (by BRASS code)		
491	# of persons to be served by this provider (CY17-18):		
491	Provider 10 name:		
491	Amount budgeted for this provider (by BRASS code)		
491	# of persons to be served by this provider (CY17-18):		

BRASS Code 493x Adult General Case Management

493	How many CY17-18 providers are there for this BRASS code (funded through these dollars)?	0	Total Budgeted for this BRASS code:
493	Provider 1 name:		\$0
493	Amount budgeted for this provider (by BRASS code)		Total Est. Persons Served by these dollars:
493	# of persons to be served by this provider (CY17-18):		0
493	Provider 2 name:		
493	Amount budgeted for this provider (by BRASS code)		
493	# of persons to be served by this provider (CY17-18):		
493	Provider 3 name:		Total Budgeted Plus Allocation of Fiscal Host Fee (\$):
493	Amount budgeted for this provider (by BRASS code)		\$ -
493	# of persons to be served by this provider (CY17-18):		
493	Provider 4 name:		
493	Amount budgeted for this provider (by BRASS code)		
493	# of persons to be served by this provider (CY17-18):		
493	Provider 5 name:		
493	Amount budgeted for this provider (by BRASS code)		
493	# of persons to be served by this provider (CY17-18):		
493	Provider 6 name:		
493	Amount budgeted for this provider (by BRASS code)		
493	# of persons to be served by this provider (CY17-18):		
493	Provider 7 name:		

More than 10 providers for this BRASS code? Click here to enter Providers 11-20. You must indicate a number over 10 to enter data on this new tab. A link on the next sheet will bring you

493	Amount budgeted for this provider (by BRASS code)
493	# of persons to be served by this provider (CY17-18):
493	<i>Provider 8 name:</i>
493	Amount budgeted for this provider (by BRASS code)
493	# of persons to be served by this provider (CY17-18):
493	<i>Provider 9 name:</i>
493	Amount budgeted for this provider (by BRASS code)
493	# of persons to be served by this provider (CY17-18):
493	<i>Provider 10 name:</i>
493	Amount budgeted for this provider (by BRASS code)
493	# of persons to be served by this provider (CY17-18):



back to this sheet when you are finished.

[Click here to return to top.](#)

Part 5: BARRIERS & SERVICES BY BRASS CODE

[Click here for Part 5: Barriers & Services by BRASS Code instructions.](#)

Types of services Provided By BRASS Code

Instructions: For the select BRASS codes below, please indicate which services will be funded by CSP and AMHI dollars. By default all answers are no. If you allocated funds to a BRASS code please select "yes, grant dollars were used for this service," and then change any applicable services provided under that code from a no to a yes. *If BRASS code is dark grey, then no CSP/AMHI/Moose Lake Alternative funding was allocated.*

Complete this section last and please scroll all the way to the bottom -- while some sections may be grey based upon your previous answers, there will be sections to complete.

402x - Prevention Services

1:1 Staff Time for Questions	Yes, grant dollars were used for this service
Advertisements & PR Campaigns	No, grant dollars were not used for this service
Community Events, Classes, Workshops	No, grant dollars were not used for this service
Community literature & Printed Materials	No, grant dollars were not used for this service
Community Support Groups	No, grant dollars were not used for this service
Local Advisory Council Activities	No, grant dollars were not used for this service
Staff Training	Yes, grant dollars were used for this service
Stakeholder Networking Activities	No, grant dollars were not used for this service
Website	No, grant dollars were not used for this service
Other (please list):	

403x - Outreach Services

ACCESS and other homeless outreach programs	No, grant dollars were not used for this service
Adult Inreach worker	No, grant dollars were not used for this service
Adult Outreach Worker/Staff Member	No, grant dollars were not used for this service
Health fairs/local health center activities	No, grant dollars were not used for this service
Incarcerated Individual Outreach	No, grant dollars were not used for this service
MH Intake and Triage	No, grant dollars were not used for this service

Needs & Eligibility Assessments	No, grant dollars were not used for this service
Outreach Events & Activities	No, grant dollars were not used for this service
Partnership Referrals for CSP services	No, grant dollars were not used for this service
Targeted Advertising to SMI Individuals	No, grant dollars were not used for this service
Other (please list):	No, grant dollars were not used for this service
416x - Transportation	
Bus Passes	Yes, grant dollars were used for this service
Car Insurance Payments	No, grant dollars were not used for this service
Car Repairs	No, grant dollars were not used for this service
Contract Ride Business/Service	Yes, grant dollars were used for this service
Crisis Transportation	Yes, grant dollars were used for this service
Gas Vouchers	Yes, grant dollars were used for this service
Protected Transport	No, grant dollars were not used for this service
Staff Drivers	No, grant dollars were not used for this service
Taxi Vouchers	Yes, grant dollars were used for this service
Volunteer Drivers	Yes, grant dollars were used for this service
Other (please list):	Sheriff's Office Transportation
418x - Flexible Funding	
Auto & Home Repair	Yes, grant dollars were used for this service
Clothing	Yes, grant dollars were used for this service
Food & Household Supplies	Yes, grant dollars were used for this service
Homecare Services	Yes, grant dollars were used for this service
LAC Stipends	No, grant dollars were not used for this service
Medications	Yes, grant dollars were used for this service
Telephones	No, grant dollars were not used for this service
Transportation	Yes, grant dollars were used for this service
Utilities	Yes, grant dollars were used for this service
Life Skill Classes (parenting, fitness, food, CNA)	No, grant dollars were not used for this service

Misc Medical/Dental Expenses	Yes, grant dollars were used for this service
Other Misc Living Expenses	No, grant dollars were not used for this service
Other (please list):	
434x - Other CSP Services	
Chemical Wellness Programs	No, grant dollars were not used for this service
Clubhouse/Drop-in Centers	No, grant dollars were not used for this service
Community Education Programs & Scholarships	Yes, grant dollars were used for this service
Employment Support Services	No, grant dollars were not used for this service
Group & Community Social Activities	Yes, grant dollars were used for this service
Guardian/Conservatorship Services	No, grant dollars were not used for this service
Housekeeping for CADI ineligible	No, grant dollars were not used for this service
Housing Support Services	No, grant dollars were not used for this service
Independent living skills training	No, grant dollars were not used for this service
Jail Transitional Services	No, grant dollars were not used for this service
Medication Monitoring	No, grant dollars were not used for this service
Phone Assistance Programs	No, grant dollars were not used for this service
Pre-Hospitalization Screening	No, grant dollars were not used for this service
Public Benefit Application Support	No, grant dollars were not used for this service
Rule 20 Discharge Planning	No, grant dollars were not used for this service
Socialization Skill Building	Yes, grant dollars were used for this service
Wellness & In-home Visits, Daily Living Assist.	Yes, grant dollars were used for this service
Other (please list):	
443X - HOUSING	
Rent/mortgage assistance	No, grant dollars were not used for this service
Damage Deposits	No, grant dollars were not used for this service
Utility Assistance and Deposits	No, grant dollars were not used for this service
Moving expenses	No, grant dollars were not used for this service
Household furnishing	No, grant dollars were not used for this service

Household supplies (not furnishing)	No, grant dollars were not used for this service
Rental application fees	No, grant dollars were not used for this service
Storage Units	No, grant dollars were not used for this service
Transitional/Emergency Housing Assistance	No, grant dollars were not used for this service
Other (please list):	
438X - Assertive Community Treatment	
Does your county, AMHI/consortium, or tribe still	No
If yes, what amount per year?	
Previous to 2016, SAG dollars were used on which of the following expenses:	
Vocational rehabilitation	No, grant dollars were not used for this service
Discretionary funds	No, grant dollars were not used for this service
If discretionary funds yes, please describe:	
Petty Cash Requests	No, grant dollars were not used for this service
If Petty Cash requests yes, please describe:	
Other (please list):	
Meeting Population Needs & Overcoming Barriers	
For each of the following BRASS Codes, how will funding under this BRASS code improve the availability of needed services and/or overcome barriers to service? Please be specific as possible. <i>BRASS codes that are shaded gray have no CSP/AMHI/Moose Lake Alternative funding.</i>	
402x Community Education and Prevention	Funds will be used to provide education and supervision of mental health social workers as to increase their competency and efficiency while working with SPMI individuals.
403x Client Outreach	
408x Adult Outpatient Diagnostic Assessment/Psychological Testing	Funds will allow individuals with out insurance to receive a psychological assessment as to determine a proper diagnosis and develop a treatment of care.

416x Transportation	This will allow transportation for clients to and from court appointments and placement facilities.
418x Client Flex Funds	Funds will be used for clients to meet their basic needs and hopefully reduce their symptoms and stress caused by the lack of these items.
420x Peer Support Services	
431x Adult Mobile Crisis Services	
434x Other Community Support Program Services	Consumer Support Programming will be provided to individuals without MA to better support them in their community. This will involve advocacy, referrals to needed services, and help with independent living skills as to help the individual decrease their symptoms and increase their self sufficiency.
436x Adult Residential Crisis	
437x Supported Employment	
438x Assertive Community Treatment	
443x Housing Subsidy	
446x Basic Living/Social Skills and	
451x Emergency Response Services	
452x Adult Outpatient Psychotherapy	
454x Adult Outpatient Medication Management	Access to tele-medicine psychiatric appointments will help to increase availability and access to this service. Psychiatric care is important to overall treatment and care of the individual.
468x Adult Day Treatment	
469x Partial Hospitalization	
474x Adult Residential Treatment	

491x Adult Rule 79 (Minnesota Rules, parts 9520.0900 to 9520.0926) Case Management	Funds will be used to provide case management to SPMI individuals. This service will work to determine what is important to the individual and help them achieve healthy outcomes.
493x Adult General Case Management	
Identifying Areas for Additional DHS Assistance	
Are there additional types of assistance DHS could provide to facilitate the provision of services or overcoming existing barriers? Please be as specific as possible.	
There are not adequate hospital, IRTS, or CBHH beds, step down facilities or community residences to meet the needs of persons with chronic and/or severe behaviors. Increasing county responsibility for per diems of those deemed not medically necessary is not an incentive to find community placement when resources are not available.	
<u>Click here to return to top.</u>	



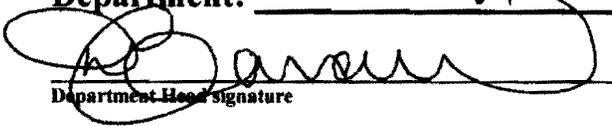
AGENDA REQUEST FORM

Date of Meeting: November 1, 2016

- County Board**
 - Consent Agenda
 - Regular Agenda
 - Personnel Committee
 - Other _____
- 5 mins 10 mins 15 mins Other

Agenda Item: Part-time Dispatcher Positions

Department: Pine County Sheriff's Office


 Department Head signature

Background information on Item:

Alexis Reed and Miranda Miller have accepted positions of Part-time Dispatcher.

Alexis Reed's effective employment date will be November 2nd, 2016 at \$17.11 per hour, grade B23.

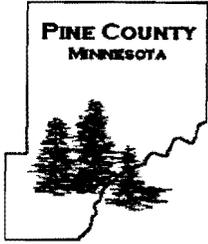
Miranda Miller's effective employment date will be November 2nd, 2016 at \$17.11 per hour, grade B23.

Action Requested:

The Pine County Sheriff's Office/Dispatch Center asks the County Board to approve Alexis Reed and Miranda Miller for the Part-time Dispatcher positions.

Financial Impact:

These positions are budgeted for 2016.



AGENDA REQUEST FORM

Date of Meeting: November 1, 2016

- County Board**
 - Consent Agenda
 - Regular Agenda
- 5 mins. 10 mins. 15 mins. Other
- Personnel Committee
- Other _____

Agenda Item: Hiring of three new Part-Time Corrections Officers

Department: Sheriff/Jail


 Department Head signature

Background information on Item:

Backfill of vacant positions created by departing Corrections Officers.

Action Requested:

Hiring of Scott Arhart, Zachary Bettschen and Nicholas Frisch as Part-Time Corrections Officers. Start date of November 2nd, 2016 -Grade B-23, Step 3, Starting wage \$17.11.

Financial Impact:

None- Positions are in the approved 2016 Staffing plan and budget.



MINUTES
PINE COUNTY TECHNOLOGY COMMITTEE

District 1 Commissioner Hallan
District 2 Commissioner Mohr

Tuesday Oct 18^h 2016, 8:30 a.m.
Commissioner Conference Room, Courthouse
Pine City, Minnesota

Present: Commissioner Mohr, Commissioner Hallan, County Administrator David Minke, IT Specialist Kent Bombard, IT Supervisor Ryan Findell, Child Support Supervisor Jodi Blesener, Human Resources Manager Connie Mikrot, Land Services Director Kelly Schroeder, IT Specialist Darlene Mallet, Chief Deputy Paul Widenstrom

1. Called meeting to order at 8:30am
2. Adopted Agenda
3. Plat Discussion

Discussion was held on placing Plat information on the website. After discussion it was decided that the amount of manual work that would be required to place information on the site was deemed unnecessary. The possibility exists to have this information on the county website if the site was upgraded.

4. County Emergency Phone Numbers – Procedure for Implementation

Discussion was held on emergency phone numbers for citizens to call during an emergency or disasters like the recent flooding for updated information that citizens cannot access on the county website or other means. David Minke and other department heads will follow up with the appropriate procedure for implementation.

5. Updates

- Microsoft Office 365
Review current quote for software and labor.
- Statewide Monitoring Program
Kent Bombard gave updates to project and secondary disaster recovery site.
- HRIS Project
Connie Mikrot provided an update to the implementation of the new HRIS software. Testing will begin soon with a few staff members.
- RMS (Sheriff Department)
Paul Widenstrom gave an update to where the sheriff department is in regards to a new RMS system. There is a meeting on Oct 19th, in St. Louis county and we will hopefully know more after the meeting on that date in regards to the project. Commissioners affirmed the decision to move away from the NEMISIS group and purchase a system either as a partnership with other counties or as a stand alone county.
- Social Media Policy
Ryan Findell is writing a policy that covers procedures and staff guidelines for new Facebook and other social media sites that are county authorized.

6. Other Items

Adding security functions to two doors at the courthouse.
Explanation of how CodeRED system works in regards to weather alerts.

7. Adjourn at 9:20am



PINECOUNTY

Administrator's Office

635 Northridge Drive NW
Suite 200
Pine City, MN55063
1-800-450-7463 Ext. 1620
Fax: 320-591-1628

Commissioners

Steve Hallan – Dist. 1
Josh Mohr – Dist. 2
Steve Chaffee – Dist. 3
Curt Rossow – Dist. 4
Matt Ludwig – Dist. 5

County Administrator

David J. Minke

TO: Pine County Commissioners
FROM: David Minke, County Administrator 
DATE: October 25, 2016
SUBJECT: Dispatch Staffing

Background

There are currently three vacancies in dispatch—two part-time and one full-time. The Personnel Committee has approved filling each of these vacancies. The Sheriff's Office has completed a recruitment process for dispatchers and desires to extend part-time job offers to four of the applicants. Two of these positions are included in the consent agenda for the November 1st board meeting as the Personnel Committee approved them for backfill.

I request that the County Board authorize the hiring of two additional part-time dispatchers from the current pool. This approval will create a temporary staff of six part-time dispatchers. This compliment can be handled within the current authorized dispatch budget.

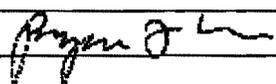
It is anticipated that after training, one of these six part-time positions will qualify for the vacant full-time position leaving five part-time incumbents. These five can be managed within the proposed 2017 budget and will likely reduce to four over time.

This issue is being brought directly to the County Board to allow the recruitment to proceed as quickly as possible. The Sheriff's Office will provide an update on the dispatch staffing at the December 13th Personnel Committee meeting.

Requested Action

Approve the hiring of Russel Janes and Darla Matteson at Step 3, \$17.11/hour effective November 2, 2016.

PINE COUNTY REQUEST FOR BOARD ACTION

Requested Board Date: 1 November, 2016	Consent Agenda <i>(Please Circle)</i> <u>Regular Agenda</u> Estimated Time: <i>(Please Circle)</i> 10 Min. <u>15 Min.</u> Time needed 30 Min. 45 Min. 1 hour
Veterans Services	

<p><i>Enter into contract with Pine County Veterans Council for fleet purchase of Veterans Van</i></p> <p>Board Action Requested: (Attach additional pages if needed)</p> <p>Request approval of resolution to enter into the Van Contract</p> <p>Supporting documents: Veterans Van Contract</p>

VETERANS VEHICLE CONTRACT

This Contract is made and entered into pursuant to Minnesota Statutes section 373.01 subdivision 1(a)(5) between the County of Pine, a political subdivision of the State of Minnesota, 635 Northridge Dr. NW, Pine City, Minnesota 55063, hereinafter referred to as "County," and the Pine County Veterans Council, a nonprofit, 1602 Hwy 23 N, Sandstone, Minnesota 55072, hereinafter referred to as "Veterans Council."

1. TERM

This Contract shall commence upon its signing and shall continue in effect until December 31, 2023 unless terminated earlier as provided in this Contract.

2. AGREEMENT

Vehicle Purchase

The County will purchase a handicapped accessible vehicle for the purpose of transporting veterans to and from Veteran's Administration Medical Facilities. The Veterans Council and Pine County Veterans Service Officer shall approve the vehicle before it is purchased by the County. The Veterans Council will provide the County with the full purchase price and related costs prior to a final purchase agreement.

Title

The County will have title to the vehicle. After five years, at the time of replacement, or upon termination of this Contract, whichever is earlier, title to the vehicle will revert to the Veterans Council.

Maintenance and Expenses

The County will maintain the vehicle as part of its fleet. The County shall initially pay for the vehicle's operation, maintenance, registration and related expenses. The Veterans Council or Veterans Service Officer shall use funds from grants, donations or other sources to reimburse the County's expenses when and if these funds are available for reimbursement.

Insurance

The County shall insure the vehicle under its fleet insurance coverage plan.

Storage

The County shall provide for the storage of the vehicle when not in use at a County facility.

3. PROGRAM DIRECTOR

The Pine County Veterans Service Officer shall be designated as the director of the program regarding the use and operation of the vehicle. The Veterans Service Officer shall be solely responsible for determining and providing for all services connected the vehicle's use, such as scheduling, reservations, obtaining volunteer drivers and coordination of maintenance and upkeep of the vehicle. The Veterans Service Officer

will also ensure that volunteer drivers are licensed and meet State and Veterans Administration guidelines.

4. INDEMNIFICATION

The Veterans Council shall hold harmless from and indemnify the County against all claims, suits, actions, costs, counsel fees, expenses, damages, judgments, or decrees by reason of any person or persons or property being damaged or injured due to negligent or reckless use of the vehicle by drivers or passengers.

5. COMPLIANCE WITH LAWS

In operating the vehicle under this Contract, the Veterans Council, its volunteer drivers and Veterans Service Officer shall abide by all statutes, ordinances, rules and regulations pertaining to or regulating driving conduct and the provision of such services. Any violation of said statutes, ordinances, rules, or regulations shall constitute a material breach of this Contract and shall entitle the County to terminate this Contract immediately upon delivery of written notice of termination.

6. ASSIGNMENT

Neither party to this Contract shall assign this Contract in whole or in part without the written consent of the other.

7. EMPLOYMENT

The County does not create, nor by this Contract, intends to employ any persons who may be paid, compensated in any way in connection with the use of the vehicle.

8. DEFAULT AND REMEDY

Failure of the Veterans Council (including the failure of any employee, agent or volunteer driver) or the County to abide by any of the terms, conditions, or requirements expressed in this Contract, shall constitute a default if not properly corrected upon receipt of a notice of deficiency and a request for compliance from the aggrieved party. In the event of a default, the aggrieved party may cancel this Contract by sending a written notice of cancellation to the other party's address stated above, and may recover any damages sustained by the aggrieved party which may directly or consequently arise out of the breach of this Contract.

9. ENTIRE CONTRACT

It is understood and agreed by the parties that the entire contract of the parties is contained herein and that this Contract supersedes all oral contracts and negotiations between the parties relating to the subject matter hereof as well as any previous contracts presently in effect between the County and the Veterans Council relating to the subject matter hereof. The parties revoke any prior oral or written contract between themselves and agree that this Contract is the only and complete contract regarding the subject.

10. MODIFICATION

Any modification to this Contract must be in writing and signed by all parties.

IN WITNESS WHEREOF, the parties hereto have hereunto set their hands.

COUNTY OF PINE

VETERANS COUNCIL

By: _____
Curtis H. Rossow, Chair
Pine County Board of Commissioners

By: _____

Dated: _____

Dated: _____

By: _____
David J. Minke
County Administrator

Dated: _____

APPROVED AS TO FORM

By: _____
Reese Frederickson
County Attorney

Dated: _____



AGENDA REQUEST FORM

Date of Meeting: November 1, 2016

- County Board**
 - Consent Agenda
 - Regular Agenda 5 mins. ___ 10 mins. ___ 15 mins. ___ Other ___
- Personnel Committee**
- Other** _____

Agenda Item: Association of Minnesota Counties Delegate Appointment

Department: Administration

Department Head Signature

Background information on Item:

The Association of Minnesota Counties (AMC) bylaws (below) require an annual appointment of voting delegates. This appointment is typically done just prior to the AMC annual conference in December.

AMC Bylaws - ARTICLE VIII

ASSOCIATION DELEGATES AND DISTRICTS

Section 1. Association Delegates. Each member county shall be entitled to a number of delegates equal to three more than the number of persons on the board of county commissioners of the member county. Delegates shall be appointed annually by the county board from among the officials and employees of the county. Each delegate so appointed shall be eligible to vote at any meeting of the Association or to be elected an officer or director of the Association.

Action Requested:

- Approve the following list as AMC voting delegates:
- Steve Hallan, County Commissioner
 - Josh Mohr, County Commissioner
 - Steve Chaffee, County Commissioner
 - Curt Rossow, County Commissioner
 - Matt Ludwig, County Commissioner
 - Mark LeBrun, County Engineer/Public Works Director
 - Becky Foss, Health and Human Services Director
 - David Minke, County Administrator

Financial Impact: None



AGENDA REQUEST FORM

Date of Meeting: November 1, 2016

- County Board**
 - Consent Agenda
 - Regular Agenda 5 mins. ~~X~~ 10 mins. ___ 15 mins. ___ Other ___
- Personnel Committee**
- Other** _____

Agenda Item: Waste Cleanup Special Assessment

Department: Land Services

[Signature]
Department Head signature

Background information on Item:

In May, a property owner in Pine City Township contacted the zoning office and requested assistance to clean up tires on his property. The tires have been on the property over 20 years, prior to the current owner's purchasing the property. After site visits by both Zoning and Public Health, it was determined the property could be considered a public health nuisance, however since the property owner was willing to work with the County on cleaning up the property, no formal process was needed.

During early July 2016, Sentence to Serve assisted Evergreen Recycling in removing approximately 6,000 tires from the property. The total cost of removal was \$18,095. The homeowner agreed to a special assessment of \$13,717 and the county agreed to pay \$4,378 out of the solid waste budget. The county contribution made sense as it would have cost the county over \$9,000 if the owner had simply brought the tires to the transfer station as the county pays 1/2 of the that cost.

Action Requested:

Consider authorizing the County Board Chair and County Administrator to sign Resolutions 2016-61, extending a special assessment on Pine County Parcel 43.5282.000 in the amount of \$13,717.

Financial Impact:

The county will recoup funds which were spent to clean-up the property.

**PINE COUNTY RESOLUTION EXTENDING
WASTE CLEAN-UP SPECIAL ASSESSMENT
RESOLUTION No. 2016-61**

WHEREAS, the Pine County recognizes the public health and environmental benefits of cleaning up nuisance properties in the county, and;

WHEREAS, Pine County received a request from Jeffrey and Julie Steven for assistance in removing more than 5,500 tires from the property located at 14877 Butternut Rd, Pine City, MN, and;

WHEREAS, several Pine County departments collaborated with the property owners and Evergreen Recycling, to remove the tires at a total cost of \$18,095, and;

WHEREAS, the Pine County Solid Waste Department paid for \$4,378 of this clean-up, because if the tires would have been directly hauled to the transfer station by the property owner the county would have been liable for half the cost and;

WHEREAS, Jeffrey and Julie Stevens, have agreed to pay the remaining balance on a special assessment;

NOW THEREFORE BE IT RESOLVED, that the County of Pine extends a special assessment for a term of 15 years, beginning in 2017, against Pine County Parcel 43.5282.000 in the amount of \$13,717 with equal payments, no interest, and no penalty for early payoff.

Dated this 1st day in November, 2016.

Curtis H. Rossow, Chairman
Pine County Board of Commissioners

ATTEST:

David J. Minke
County Administrator

Evergreen Recycling LLC

8505 540th Street
Rush City, MN 55069

Invoice

Date	Invoice #
7/31/2016	1923

Bill To
Pine County environmental services

Ship To

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
			7/31/2016			

Quantity	Item Code	Description	Price Each	Amount
5	tires	tire loads 1100 tires x 3.25 agreed rate of \$3575/ trailer	3,575.00	17,875.00
2	tires	tractor tires which did not fit in trailer	20.00	40.00
45	tires	tires on rims which were hauled back to shop for removal	4.00	180.00
		Out-of-state sale, exempt from sales tax	0.00%	0.00
		01-107.6803	13,717.00	
		01-392.6803	4,378.00	

Total

\$18,095.00

\$13,717 01-107-6803
 \$4,378 01-392-6803 4/26/10



PINE COUNTY LAND SERVICES

Assessor, Planning & Zoning, Recorder, Solid Waste
Pine County Courthouse, 635 Northridge Dr NW #260, Pine City, MN
320-591-1634 1-800-450-7463 Ext. 1634 Fax: 320-591-1640

May 31, 2016

To Whom It May Concern:

Pine County has come to a clean-up agreement with Jeffrey & Julie Stevens regarding the tire clean-up required on their property at 14877 Butternut Rd, Pine City, MN (Pine County Parcel 26.0322.002) as follows:

Jeffrey & Julie Stevens have agreed to assume financial responsibility for the first \$8,000 associated with the clean-up. If tires remain on the property and the Roubinek property to the west after these funds have been expended, Pine County will provide financial assistance to clean-up the remaining tires, including any tires on the Roubinek property. Any financial assistance which would be levied as a special assessment regarding this clean-up will be levied against the property located at 55875 Wood Ln, Rush City, MN (Pine County Parcel 43.5282.000), and not against 14877 Butternut Rd, Pine City, MN (Pine County Parcel 26.0322.002).

Kelly Schroeder, Land Services Director

Date

Jeffrey E. Stevens

Date

Julie A. Stevens

Date



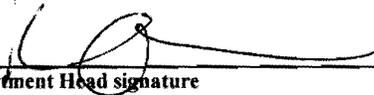
AGENDA REQUEST FORM

Date of Meeting: November 1, 2016

- County Board**
 - Consent Agenda
 - Regular Agenda 5 mins. ___ 10 mins. ___ 15 mins. ___ Other ___
- Personnel Committee**
- Other** _____

Agenda Item: Assessor Reappointment

Department: Land Services


Department Head signature

Background information on Item:

Minnesota Statutes 273.061 Subd. 2 requires County Assessors to be reappointed every fourth year after 1973. The current term ends December 31, 2016.

Action Requested:

Consider reappointing Kelly Schroeder, as the County Assessor for a term January 1, 2017-December 31, 2020.

Financial Impact:

N/A