

**POLK COUNTY BOARD OF SUPERVISORS AGENDA
POLK COUNTY ADMINISTRATIVE OFFICE BUILDING
111 COURT AVENUE - ROOM 120
MAY 31, 2016 9:30 A.M.**

1. Roll Call.
2. Action on the Minutes of the Previous Meeting(s).
3. Special Claims as submitted by the County Auditor, if any.
4. Action on the Bill List as submitted by the County Auditor.

PUBLIC HEARING

DISPOSAL OF COUNTY INTEREST IN REAL ESTATE

5. Resolution approving Quit Claim Deed for property at 3121 – 6th Avenue (Parrelli/Anderson).

PERMITS

6. Renewal application for Class “B” Wine, Class “C” Beer and Sunday Sales Permit for AV Superstop, 5120 NE 14th Street.
7. Iowa Retail Permit Applications for Cigarette/Tobacco/Nicotine/Vapor for the following:

| | |
|-----------------------------|--|
| AV Superstop LLC | 5120 NE 14 th Street |
| Casey’s General Store #4 | 6565 NW 6 th Drive |
| Casey’s General Store #45 | 2890 E. Broadway |
| Casey’s General Store #1901 | 2541 NW 66 th Avenue |
| Casey’s General Store #2683 | 6301 SE 116 th Street, Runnells |
| Casey’s General Store #3075 | 6981 NE 14 th Street, Ankeny |
| G.S. Super Stop | 4923 Merle Hay Road |
| Git-N-Go #25 | 4224 NW 2 nd |
| Jester Park Golf Course | 11949 NW 118 th Avenue, Granger |
| QuikTrip #538 | 4575 NW 2 nd Street |
| QuikTrip #562 | 4801 NE 14 th Street |

8.

PUBLIC COMMENTS

RESOLUTIONS

9. Resolution approving the expenditure of Integrated Services Development Fund dollars to Community Support Advocates to purchase computer equipment.
- *10. Resolution approving contract and contract amendments with various mental health providers (American Baptist Homes, Christian Opportunity Center, H.O.P.E., Lutheran Services in Iowa, Mainstream Living, Mosaic, Trans Iowa, HCI-VNS of Iowa).

11. Resolution approving release of mortgage on 3905 NE 46th Street (Miller).
12. Resolution approving major final subdivision plat of The Reserve at Jester Park.
13. Resolution approving minor final subdivision plat of Oak Ridge Farms.
- *14. Resolution approving agreement amendment with Iowa Department of Public Health for Iowa Get Screened: Colorectal Cancer Program funding.
15. Resolution approving 2016 Manufactured Home Abatements.
- *16. Resolution approving agreement amendment with Iowa Department of Human Services for criminal background check services.
- *17. Resolution approving agreement amendment with Iowa Department of Human Services for mediation and diversion services (for children and families with the State of Iowa).
- *18. Resolution approving an agreement between Polk County and DART for Polk County employee unlimited access ridership.
- *19. Resolution approving an addendum with Federal Advocates, Inc.
20. Resolution approving Community Betterment Grant awards.

BUDGET ACTIONS

21. Memorandum of Budget Actions.

APPOINTMENTS

22. Memorandum of Appointments.

ADJOURNMENT

** Asterisk denotes attachments to items are on file in the Auditor's Office.*

2001-3427

RESOLUTION

Moved by _____, Seconded by _____ that the following resolution be adopted:

WHEREAS, Polk County received a proposal from Maria Parrelli and William Anderson to obtain this vacant parcel located at 3121 6th Avenue, Des Moines, Iowa, legally described as:

LOT 6 TREMONT PLACE

WHEREAS, the Polk County Board of Supervisors desires to accept said offer and convey said property to Maria Parrelli and William Anderson; and

WHEREAS, there has been proper notice and public hearing pursuant to Iowa Code §331.361.

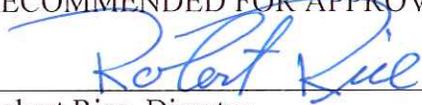
NOW, THEREFORE, BE IT RESOLVED by the Board of Supervisors of Polk County, Iowa, that the above described proposal is accepted; and

BE IT FURTHER RESOLVED that the Polk County Board of Supervisors approves the attached Quit Claim Deed and authorizes the Chairperson's signature.

POLK COUNTY BOARD OF SUPERVISORS:

Chairperson

RECOMMENDED FOR APPROVAL:



Robert Rice, Director
Polk County Public Works

FISCAL NOTE: \$500.00 to Real Estate Fund

#5

POLK COUNTY BOARD OF SUPERVISORS

Tuesday Agenda Memorandum

Item Type & Title: Public Hearing Resolution No. 83-16 approving a Quit Claim Deed to Maria Parrelli and William Anderson, File #2001-3427 (Dist. 070 Parcel 05073-000-000) vacant parcel located at 3121 6th Avenue, Des Moines, IA.

Agenda Date: May 31, 2016

Contact Individual: Bret VandeLune, Planning and Development Manager, Real Estate Division, Polk County Public Works, 286-3705

Previous Action taken by the Board: On May 17, 2016 the Board approved a resolution for a public hearing to convey this parcel to Maria Parrelli and William Anderson for \$500.00.

Board/Commission Actions: NA

Action Requested (Recommended): Approve a Quit Claim Deed

Comply with Policy: Yes, Proposal

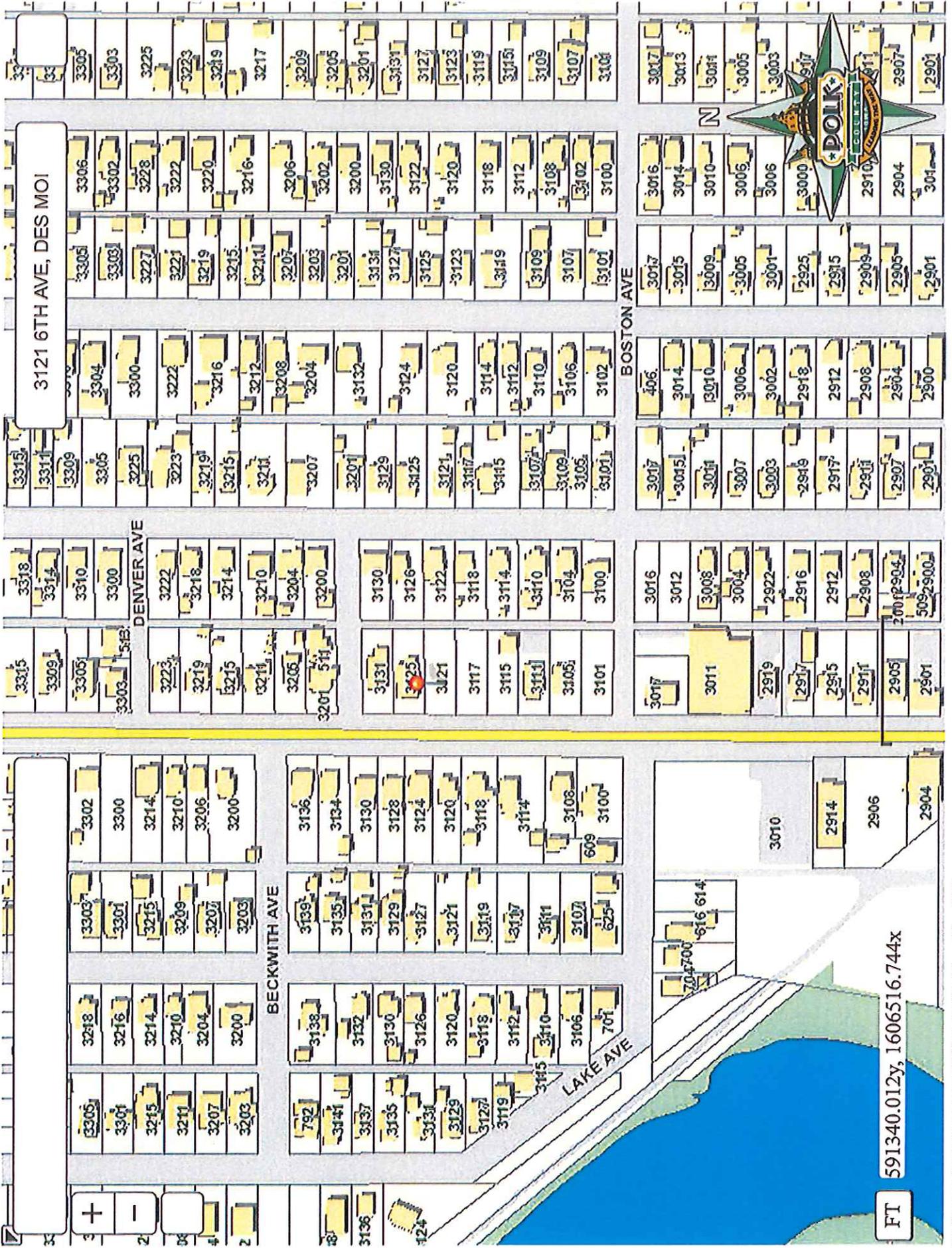
Background: Polk County received a proposal from Maria Parrelli and William Anderson for \$500.00 to purchase this parcel. Polk County received this parcel by Tax Deed in June of 2004. Parcel size is 50' x 137'. Parcel is buildable.

Action Impact: Approval of the resolution will authorize the Real Estate Office to issue the Quit Claim Deed to Maria Parrelli and William Anderson.

Fiscal Note: \$500.00 to Real Estate Fund

| Fiscal Year | Budgeted? (Y/N) | Anticipated Expense | Anticipated Revenue | Ongoing Commitment? (Y/N) | If Amendment is Required, | |
|-------------|-----------------|---------------------|---------------------|---------------------------|---------------------------|----------------------|
| | | | | | Expense Account Code | Revenue Account Code |
| 15/16 | | | \$500.00 | | | |
| | | | | | | |
| | | | | | | |

Additional Fiscal Note Information (optional):



FT 591340.012y, 1606516.744x

Applicant License Application (BC0030281)

| | | |
|--|----------------------------|--------------------------|
| Name of Applicant: <u>AV Superstop LLC</u> | | |
| Name of Business (DBA): <u>AV Superstop LLC</u> | | |
| Address of Premises: <u>5120 NE 14th St.</u> | | |
| City <u>Des Moines</u> | County: <u>Polk</u> | Zip: <u>50313</u> |
| Business | <u>(515) 771-7571</u> | |
| Mailing | <u>4905 Prairie Place</u> | |
| City <u>Johnston</u> | State <u>IA</u> | Zip: <u>50131</u> |

Contact Person

| | |
|-------------------------------------|---|
| Name <u>paul Rathour</u> | |
| Phone: <u>(515) 771-7571</u> | Email <u>rathour04@yahoo.com</u> |

Classification Class C Beer Permit (BC)

Term: 12 months

Effective Date: 06/03/2016

Expiration Date: 06/02/2017

Privileges:

- Class B Wine Permit
- Class C Beer Permit (BC)
- Sunday Sales

Status of Business

| | |
|---|--|
| BusinessType: <u>Limited Liability Company</u> | |
| Corporate ID Number: <u>477875</u> | Federal Employer ID <u>46-5511360</u> |

Ownership

Varinder Rathour

First Name: Varinder **Last Name:** Rathour
City: johnston **State:** Iowa **Zip:** 50131
Position: Owner
% of Ownership: 100.00% **U.S. Citizen:** Yes

Insurance Company Information

| | |
|-------------------------------------|---------------------------------------|
| Insurance Company: | |
| Policy Effective Date: | Policy Expiration |
| Bond Effective | Dram Cancel Date: |
| Outdoor Service Effective | Outdoor Service Expiration |
| Temp Transfer Effective Date | Temp Transfer Expiration Date: |





SEE INSTRUCTIONS ON THE REVERSE SIDE

For period (MM/DD/YYYY) 06 / 01 / 16 through June 30, 2017.

I/we apply for a retail permit to sell cigarettes, tobacco, alternative nicotine, or vapor products:

Business Information:

Trade Name/DBA: AV Superstop, LLC
Physical Location Address: 5120 NE 14th St City: Des Moines ZIP: 50313
Mailing Address: 5120 NE 14th St City: Des Moines State: IA ZIP: 50313
Business Phone Number: (515) 771-7571

Legal Ownership Information:

Type of Ownership: Sole Proprietor Partnership Corporation LLC LLP
Name of sole proprietor, partnership, corporation, LLC, or LLP: AV Superstop, LLC
Mailing Address: 5120 NE 14th St City: Des Moines State: IA ZIP: 50313
Phone Number: (515) 265-0558 Fax Number: () _____ Email: avsu

Retail Information:

Types of Sales: Retail Over-the-counter Vending machine
Types of Products Sold: (Check all that apply)
Cigarettes Tobacco Alternative Nicotine Products Vapor Products

Type of Establishment: (Select the option that best describes the establishment)

Alternative nicotine/vapor store Bar Convenience store/gas station Drug store
Grocery store Hotel/motel Liquor store Restaurant Tobacco store
Has vending machine that assembles cigarettes Other _____

If application is approved and permit granted, I/we do hereby bind ourselves to a faithful observance of the laws governing the sale of cigarettes, tobacco, alternative nicotine, and vapor products.

SIGNATURE OF OWNER(S), PARTNER(S), OR CORPORATE OFFICIAL(S)

Name (please print): VARINDER RATHOUR Name (please print): _____
Signature: [Signature] Signature: _____
Date: 5/2/16 Date: _____

Send this completed application and the applicable fee to your local jurisdiction. If you have any questions contact your city clerk (within city limits) or your county auditor (outside city limits).

FOR CITY CLERK/COUNTY AUDITOR ONLY – MUST BE COMPLETE

- Fill in the amount paid for the permit: \$50.00
- Fill in the date the permit was approved by the council or board: _____
- Fill in the permit number issued by the city/county: _____
- Fill in the name of the city or county issuing the permit: Polk County

Send completed/approved application to Iowa Alcoholic Beverages Division within 30 days of issuance. Make sure the information on the application is complete and accurate. A copy of the permit does not need to be sent; only the application is required. It is preferred that applications are sent via email, as this allows for a receipt confirmation to be sent to the local authority.

• Email: iapledge@iowaabd.com
• Fax: 515-281-7375



SEE INSTRUCTIONS ON THE REVERSE SIDE

For period (MM/DD/YYYY) 07 / 01 / 2016 through June 30, 2017

I/we apply for a retail permit to sell cigarettes, tobacco, alternative nicotine, or vapor products:

Business Information:

Trade Name/DBA: CASEY'S MARKETING COMPANY, DBA CASEY'S GENERAL STORE # 4

Physical Location Address: 6565 NW 6TH DR City: DES MOINES ZIP: 50313

Mailing Address: PO BOX 3001 City: ANKENY State: IA ZIP: 50021

Business Phone Number: (_____) 5152890419

Legal Ownership Information:

Type of Ownership: Sole Proprietor Partnership Corporation LLC LLP

Name of sole proprietor, partnership, corporation, LLC, or LLP: CASEY'S MARKETING COMPANY

Mailing Address: PO BOX 3001 City: ANKENY State: IA ZIP: 50021

Phone Number: (515) 446-6728 Fax Number: (515) 965-6205 Email: MICHELLE.ROGNESS@CASEY'S.COM

Retail Information:

Types of Sales: Over-the-counter Vending machine

Types of Products Sold: (Check all that apply)

Cigarettes Tobacco Alternative Nicotine Products Vapor Products

Type of Establishment: (Select the option that best describes the establishment)

Alternative nicotine/vapor store Bar Convenience store/gas station Drug store

Grocery store Hotel/motel Liquor store Restaurant Tobacco store

Has vending machine that assembles cigarettes Other

If application is approved and permit granted, I/we do hereby bind ourselves to a faithful observance of the laws governing the sale of cigarettes, tobacco, alternative nicotine, and vapor products.

SIGNATURE OF OWNER(S), PARTNER(S), OR CORPORATE OFFICIAL(S)

Name (please print): JULIA L. JACKOWSKI, SECRETARY FOR CASEY'S MARKETING CO.

Name (please print): _____

Signature: Julia L. Jackowski

Signature: _____

Date: 5/2/2016

Date: _____

Send this completed application and the applicable fee to your local jurisdiction. If you have any questions contact your city clerk (within city limits) or your county auditor (outside city limits).

FOR CITY CLERK/COUNTY AUDITOR ONLY – MUST BE COMPLETE

- Fill in the amount paid for the permit: \$50.00
- Fill in the date the permit was approved by the council or board: _____
- Fill in the permit number issued by the city/county: _____
- Fill in the name of the city or county issuing the permit: Polk County

Send completed/approved application to Iowa Alcoholic Beverages Division within 30 days of issuance. Make sure the information on the application is complete and accurate. A copy of the permit does not need to be sent; only the application is required. It is preferred that applications are sent via email, as this allows for a receipt confirmation to be sent to the local authority.

- Email: iapledge@iowaabd.com
- Fax: 515-281-7375



SEE INSTRUCTIONS ON THE REVERSE SIDE

For period (MM/DD/YYYY) 07 / 01 / 2016 through June 30, 2017

I/we apply for a retail permit to sell cigarettes, tobacco, alternative nicotine, or vapor products:

Business Information:

Trade Name/DBA: CASEY'S MARKETING COMPANY, DBA CASEY'S GENERAL STORE # 45

Physical Location Address: 2890 E BROADWAY City: DES MOINES ZIP: 50317

Mailing Address: PO BOX 3001 City: ANKENY State: IA ZIP: 50021

Business Phone Number: () 5152622874

Legal Ownership Information:

Type of Ownership: Sole Proprietor Partnership Corporation LLC LLP

Name of sole proprietor, partnership, corporation, LLC, or LLP: CASEY'S MARKETING COMPANY

Mailing Address: PO BOX 3001 City: ANKENY State: IA ZIP: 50021

Phone Number: (515) 446-6728 Fax Number: (515) 965-6205 Email: MICHELLE.ROGNESS@CASEY'S.COM

Retail Information:

Types of Sales: Over-the-counter Vending machine

Types of Products Sold: (Check all that apply)

Cigarettes Tobacco Alternative Nicotine Products Vapor Products

Type of Establishment: (Select the option that best describes the establishment)

Alternative nicotine/vapor store Bar Convenience store/gas station Drug store

Grocery store Hotel/motel Liquor store Restaurant Tobacco store

Has vending machine that assembles cigarettes Other

If application is approved and permit granted, I/we do hereby bind ourselves to a faithful observance of the laws governing the sale of cigarettes, tobacco, alternative nicotine, and vapor products.

SIGNATURE OF OWNER(S), PARTNER(S), OR CORPORATE OFFICIAL(S)

Name (please print): JULIA L. JACKOWSKI, SECRETARY FOR CASEY'S MARKETING CO.

Name (please print): _____

Signature: Julia L. Jackowski

Signature: _____

Date: 5/2/2016

Date: _____

Send this completed application and the applicable fee to your local jurisdiction. If you have any questions contact your city clerk (within city limits) or your county auditor (outside city limits).

FOR CITY CLERK/COUNTY AUDITOR ONLY – MUST BE COMPLETE

- Fill in the amount paid for the permit: \$50.00
- Fill in the date the permit was approved by the council or board: _____
- Fill in the permit number issued by the city/county: _____
- Fill in the name of the city or county issuing the permit: Polk County

Send completed/approved application to Iowa Alcoholic Beverages Division within 30 days of issuance. Make sure the information on the application is complete and accurate. A copy of the permit does not need to be sent; only the application is required. It is preferred that applications are sent via email, as this allows for a receipt confirmation to be sent to the local authority.

- Email: iapledge@iowaabd.com
- Fax: 515-281-7375



SEE INSTRUCTIONS ON THE REVERSE SIDE

For period (MM/DD/YYYY) 07 / 01 / 2016 through June 30, 2017

I/we apply for a retail permit to sell cigarettes, tobacco, alternative nicotine, or vapor products:

Business Information:

Trade Name/DBA: CASEY'S MARKETING COMPANY, DBA CASEY'S GENERAL STORE # 1901

Physical Location Address: 2541 NW 66 AVE City: DES MOINES ZIP: 503135438

Mailing Address: PO BOX 3001 City: ANKENY State: IA ZIP: 50021

Business Phone Number: (_____) 5152891388

Legal Ownership Information:

Type of Ownership: Sole Proprietor Partnership Corporation LLC LLP

Name of sole proprietor, partnership, corporation, LLC, or LLP: CASEY'S MARKETING COMPANY

Mailing Address: PO BOX 3001 City: ANKENY State: IA ZIP: 50021

Phone Number: (515) 446-6728 Fax Number: (515) 965-6205 Email: MICHELLE.ROGNESS@CASEY'S.COM

Retail Information:

Types of Sales: Over-the-counter Vending machine

Types of Products Sold: (Check all that apply)

Cigarettes Tobacco Alternative Nicotine Products Vapor Products

Type of Establishment: (Select the option that best describes the establishment)

Alternative nicotine/vapor store Bar Convenience store/gas station Drug store

Grocery store Hotel/motel Liquor store Restaurant Tobacco store

Has vending machine that assembles cigarettes Other _____

If application is approved and permit granted, I/we do hereby bind ourselves to a faithful observance of the laws governing the sale of cigarettes, tobacco, alternative nicotine, and vapor products.

SIGNATURE OF OWNER(S), PARTNER(S), OR CORPORATE OFFICIAL(S)

Name (please print): JULIA L. JACKOWSKI, SECRETARY FOR CASEY'S MARKETING CO. Name (please print): _____

Signature: *Julia L. Jackowski* Signature: _____

Date: 5/2/2016 Date: _____

Send this completed application and the applicable fee to your local jurisdiction. If you have any questions contact your city clerk (within city limits) or your county auditor (outside city limits).

FOR CITY CLERK/COUNTY AUDITOR ONLY – MUST BE COMPLETE

- Fill in the amount paid for the permit: 9.50.00
- Fill in the date the permit was approved by the council or board: _____
- Fill in the permit number issued by the city/county: _____
- Fill in the name of the city or county issuing the permit: Polk County

Send completed/approved application to Iowa Alcoholic Beverages Division within 30 days of issuance. Make sure the information on the application is complete and accurate. A copy of the permit does not need to be sent; only the application is required. It is preferred that applications are sent via email, as this allows for a receipt confirmation to be sent to the local authority.

- Email: iapledge@iowaabd.com
- Fax: 515-281-7375



SEE INSTRUCTIONS ON THE REVERSE SIDE

For period (MM/DD/YYYY) 07 / 01 / 2016 through June 30, 2017

I/we apply for a retail permit to sell cigarettes, tobacco, alternative nicotine, or vapor products:

Business Information:

Trade Name/DBA: CASEY'S MARKETING COMPANY, DBA CASEY'S GENERAL STORE # 2683

Physical Location Address: 6301 SE 116TH ST City: RUNNELLS ZIP: 50237

Mailing Address: PO BOX 3001 City: ANKENY State: IA ZIP: 50021

Business Phone Number: (_____) 5159662065

Legal Ownership Information:

Type of Ownership: Sole Proprietor Partnership Corporation LLC LLP

Name of sole proprietor, partnership, corporation, LLC, or LLP: CASEY'S MARKETING COMPANY

Mailing Address: PO BOX 3001 City: ANKENY State: IA ZIP: 50021

Phone Number: (515) 446-6728 Fax Number: (515) 965-6205 Email: MICHELLE.ROGNESS@CASEY'S.COM

Retail Information:

Types of Sales: Over-the-counter Vending machine

Types of Products Sold: (Check all that apply)

Cigarettes Tobacco Alternative Nicotine Products Vapor Products

Type of Establishment: (Select the option that best describes the establishment)

Alternative nicotine/vapor store Bar Convenience store/gas station Drug store

Grocery store Hotel/motel Liquor store Restaurant Tobacco store

Has vending machine that assembles cigarettes Other

If application is approved and permit granted, I/we do hereby bind ourselves to a faithful observance of the laws governing the sale of cigarettes, tobacco, alternative nicotine, and vapor products.

SIGNATURE OF OWNER(S), PARTNER(S), OR CORPORATE OFFICIAL(S)

Name (please print): JULIA L. JACKOWSKI, SECRETARY FOR CASEY'S MARKETING CO. Julia L. Jackowski Name (please print): _____

Signature: Julia L. Jackowski Signature: _____

Date: 5/2/2016 Date: _____

Send this completed application and the applicable fee to your local jurisdiction. If you have any questions contact your city clerk (within city limits) or your county auditor (outside city limits).

FOR CITY CLERK/COUNTY AUDITOR ONLY – MUST BE COMPLETE

- Fill in the amount paid for the permit: \$50.00
- Fill in the date the permit was approved by the council or board: _____
- Fill in the permit number issued by the city/county: _____
- Fill in the name of the city or county issuing the permit: Polk County

Send completed/approved application to Iowa Alcoholic Beverages Division within 30 days of issuance. Make sure the information on the application is complete and accurate. A copy of the permit does not need to be sent; only the application is required. It is preferred that applications are sent via email, as this allows for a receipt confirmation to be sent to the local authority.

- Email: iapledge@iowaabd.com
- Fax: 515-281-7375



SEE INSTRUCTIONS ON THE REVERSE SIDE

For period (MM/DD/YYYY) 07 / 01 / 2016 through June 30, 2017

I/we apply for a retail permit to sell cigarettes, tobacco, alternative nicotine, or vapor products:

Business Information:

Trade Name/DBA: CASEY'S MARKETING COMPANY, DBA CASEY'S GENERAL STORE # 3075

Physical Location Address: 6981 NE 14TH ST City: ANKENY ZIP: 50023

Mailing Address: PO BOX 3001 City: ANKENY State: IA ZIP: 50021

Business Phone Number: () 5152891984

Legal Ownership Information:

Type of Ownership: Sole Proprietor Partnership Corporation LLC LLP

Name of sole proprietor, partnership, corporation, LLC, or LLP: CASEY'S MARKETING COMPANY

Mailing Address: PO BOX 3001 City: ANKENY State: IA ZIP: 50021

Phone Number: (515) 446-6728 Fax Number: (515) 965-6205 Email: MICHELLE.ROGNESS@CASEY'S.COM

Retail Information:

Types of Sales: Over-the-counter Vending machine

Types of Products Sold: (Check all that apply)

Cigarettes Tobacco Alternative Nicotine Products Vapor Products

Type of Establishment: (Select the option that best describes the establishment)

Alternative nicotine/vapor store Bar Convenience store/gas station Drug store
Grocery store Hotel/motel Liquor store Restaurant Tobacco store
Has vending machine that assembles cigarettes Other _____

If application is approved and permit granted, I/we do hereby bind ourselves to a faithful observance of the laws governing the sale of cigarettes, tobacco, alternative nicotine, and vapor products.

SIGNATURE OF OWNER(S), PARTNER(S), OR CORPORATE OFFICIAL(S)

Name (please print): JULIA L. JACKOWSKI, SECRETARY FOR CASEY'S MARKETING CO. Name (please print): _____

Signature: Julia L. Jackowski Signature: _____

Date: 5/2/2016 Date: _____

Send this completed application and the applicable fee to your local jurisdiction. If you have any questions contact your city clerk (within city limits) or your county auditor (outside city limits).

FOR CITY CLERK/COUNTY AUDITOR ONLY – MUST BE COMPLETE

- Fill in the amount paid for the permit: \$50.00
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- Fill in the permit number issued by the city/county: _____
- Fill in the name of the city or county issuing the permit: Polk County

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- Email: iapledge@iowaabd.com
- Fax: 515-281-7375



SEE INSTRUCTIONS ON THE REVERSE SIDE

For period (MM/DD/YYYY) ___/___/___ through June 30, ___

I/we apply for a retail permit to sell cigarettes, tobacco, alternative nicotine, or vapor products:

Business Information:

Trade Name/DBA: KC PREET (DBA) G.S. SUPER STOP

Physical Location Address: 4923 MERLE HAY RD City: DES MOINES ZIP: 50322

Mailing Address: 4923 MERLE HAY RD City: DES MOINES State: IA ZIP: 50322

Business Phone Number: (515) 276-9062

Legal Ownership Information:

Type of Ownership: Sole Proprietor Partnership Corporation LLC LLP

Name of sole proprietor, partnership, corporation, LLC, or LLP: KC PREET INC

Mailing Address: 4923 Merle Hay Rd City: Des Moines State: IA ZIP: 50322

Phone Number: (515) 276-9062 Fax Number: (515) 276-8571 Email: KCSINGH515@gmail.com

Retail Information:

Types of Sales: Over-the-counter Vending machine

Types of Products Sold: (Check all that apply)

Cigarettes Tobacco Alternative Nicotine Products Vapor Products

Type of Establishment: (Select the option that best describes the establishment)

Alternative nicotine/vapor store Bar Convenience store/gas station Drug store
Grocery store Hotel/motel Liquor store Restaurant Tobacco store

Has vending machine that assembles cigarettes Other

If application is approved and permit granted, I/we do hereby bind ourselves to a faithful observance of the laws governing the sale of cigarettes, tobacco, alternative nicotine, and vapor products.

SIGNATURE OF OWNER(S), PARTNER(S), OR CORPORATE OFFICIAL(S)

Name (please print): KHUSHWANT SINGH

Name (please print): _____

Signature: [Signature]

Signature: _____

Date: 5-11-16

Date: _____

Send this completed application and the applicable fee to your local jurisdiction. If you have any questions contact your city clerk (within city limits) or your county auditor (outside city limits).

FOR CITY CLERK/COUNTY AUDITOR ONLY - MUST BE COMPLETE

- Fill in the amount paid for the permit: \$50.00
- Fill in the date the permit was approved by the council or board: _____
- Fill in the permit number issued by the city/county: _____
- Fill in the name of the city or county issuing the permit: Polk County

Send completed/approved application to Iowa Alcoholic Beverages Division within 30 days of issuance. Make sure the information on the application is complete and accurate. A copy of the permit does not need to be sent; only the application is required. It is preferred that applications are sent via email, as this allows for a receipt confirmation to be sent to the local authority.

- Email: iapledge@iowaabd.com
- Fax: 515-281-7375



SEE INSTRUCTIONS ON THE REVERSE SIDE

For period (MM/DD/YYYY) 7/1/16 through June 30, 17

I/we apply for a retail permit to sell cigarettes, tobacco, alternative nicotine, or vapor products:

Business Information:

Trade Name/DBA: Git-N-Go Convenience #25
Physical Location Address: 4224 NW 2nd St City: DSM ZIP: 50313
Mailing Address: 2716 Indianola Ave City: Des Moines State: IA ZIP: 50315
Business Phone Number: () _____

Legal Ownership Information:

Type of Ownership: Sole Proprietor Partnership Corporation LLC LLP
Name of sole proprietor, partnership, corporation, LLC, or LLP: Git-N-Go Convenience Stores Inc.
Mailing Address: 2716 Indianola Ave City: Des Moines State: IA ZIP: 50315
Phone Number: (515) 288-2565 Fax Number: (515) 288-0331 Email: kanengand@outlook.com

Retail Information:

Types of Sales: Over-the-counter Vending machine

Types of Products Sold: (Check all that apply)

Cigarettes Tobacco Alternative Nicotine Products Vapor Products

Type of Establishment: (Select the option that best describes the establishment)

Alternative nicotine/vapor store Bar Convenience store/gas station Drug store
Grocery store Hotel/motel Liquor store Restaurant Tobacco store
Has vending machine that assembles cigarettes Other

If application is approved and permit granted, I/we do hereby bind ourselves to a faithful observance of the laws governing the sale of cigarettes, tobacco, alternative nicotine, and vapor products.

SIGNATURE OF OWNER(S), PARTNER(S), OR CORPORATE OFFICIAL(S)

Name (please print): Dennis Flora Name (please print): _____
Signature: Dennis Flora, Pres. Signature: _____
Date: 5/20/16 Date: _____

Send this completed application and the applicable fee to your local jurisdiction. If you have any questions contact your city clerk (within city limits) or your county auditor (outside city limits).

FOR CITY CLERK/COUNTY AUDITOR ONLY – MUST BE COMPLETE

- Fill in the amount paid for the permit: \$150.00
- Fill in the date the permit was approved by the council or board: _____
- Fill in the permit number issued by the city/county: _____
- Fill in the name of the city or county issuing the permit: Polk County

Send completed/approved application to Iowa Alcoholic Beverages Division within 30 days of issuance. Make sure the information on the application is complete and accurate. A copy of the permit does not need to be sent; only the application is required. It is preferred that applications are sent via email, as this allows for a receipt confirmation to be sent to the local authority.

• Email: iapledge@iowaabd.com
• Fax: 515-281-7375



SEE INSTRUCTIONS ON THE REVERSE SIDE

For period (MM/DD/YYYY) July 1 / 2016 through June 30, _____

I/we apply for a retail permit to sell cigarettes, tobacco, alternative nicotine, or vapor products:

Business Information:

Trade Name/DBA: Green Golf Partners, LLC dba Jester Park Golf Course
 Physical Location Address: 11949 NW 118 Avenue City: Granger ZIP: 50109
 Mailing Address: SAME City: _____ State: _____ ZIP: _____
 Business Phone Number: (515) 999-2903

Legal Ownership Information:

Type of Ownership: Sole Proprietor Partnership Corporation LLC LLP
 Name of sole proprietor, partnership, corporation, LLC, or LLP: Green Golf Partners LLC
 Mailing Address: 6084 E. Beck Lake Rd S. City: Kendallville State: IN ZIP: 46755
 Phone Number: (317) 745-9004 Fax Number: (317) 745-9006 Email: tobyegreengolfpartners.com

Retail Information:

Types of Sales: Over-the-counter Vending machine
 Types of Products Sold: (Check all that apply)
 Cigarettes Tobacco Alternative Nicotine Products Vapor Products

Type of Establishment: (Select the option that best describes the establishment)

Alternative nicotine/vapor store Bar Convenience store/gas station Drug store
 Grocery store Hotel/motel Liquor store Restaurant Tobacco store
 Has vending machine that assembles cigarettes Other public golf course

If application is approved and permit granted, I/we do hereby bind ourselves to a faithful observance of the laws governing the sale of cigarettes, tobacco, alternative nicotine, and vapor products.

SIGNATURE OF OWNER(S), PARTNER(S), OR CORPORATE OFFICIAL(S)

Name (please print): Michael Shaw Name (please print): _____
 Signature: Michael Shaw Signature: _____
 Date: 5-20-16 Date: _____

Send this completed application and the applicable fee to your local jurisdiction. If you have any questions contact your city clerk (within city limits) or your county auditor (outside city limits).

FOR CITY CLERK/COUNTY AUDITOR ONLY – MUST BE COMPLETE

- Fill in the amount paid for the permit: \$50.00
- Fill in the date the permit was approved by the council or board: _____
- Fill in the permit number issued by the city/county: _____
- Fill in the name of the city or county issuing the permit: Polk County

Send completed/approved application to Iowa Alcoholic Beverages Division within 30 days of issuance. Make sure the information on the application is complete and accurate. A copy of the permit does not need to be sent; only the application is required. It is preferred that applications are sent via email, as this allows for a receipt confirmation to be sent to the local authority.

- Email: iapledge@iowaabd.com
- Fax: 515-281-7375



SEE INSTRUCTIONS ON THE REVERSE SIDE

For period (MM/DD/YYYY) 7 / 1 / 2016 through June 30, 2017

I/we apply for a retail permit to sell cigarettes, tobacco, alternative nicotine, or vapor products:

Business Information:

Trade Name/DBA: QuikTrip #538

Physical Location Address: 4575 NW 2nd St City: Des Moines ZIP: 50313-2203

Mailing Address: PO Box 3475 Attn: Licensing City: Tulsa State: OK ZIP: 74101-3475

Business Phone Number: (515) 288-8276

Legal Ownership Information:

Type of Ownership: Sole Proprietor Partnership Corporation LLC LLP

Name of sole proprietor, partnership, corporation, LLC, or LLP: QuikTrip Corporation

Mailing Address: PO Box 3475 Attn: Licensing City: Tulsa State: OK ZIP: 74101-3475

Phone Number: (918) 615-7700 Fax Number: (918) 615-7444 Email: dist-taxaccounting@quiktrip.com

Retail Information:

Types of Sales: Over-the-counter Vending machine

Types of Products Sold: (Check all that apply)

Cigarettes Tobacco Alternative Nicotine Products Vapor Products

Type of Establishment: (Select the option that best describes the establishment)

Alternative nicotine/vapor store Bar Convenience store/gas station Drug store
Grocery store Hotel/motel Liquor store Restaurant Tobacco store

Has vending machine that assembles cigarettes Other

If application is approved and permit granted, I/we do hereby bind ourselves to a faithful observance of the laws governing the sale of cigarettes, tobacco, alternative nicotine, and vapor products.

SIGNATURE OF OWNER(S), PARTNER(S), OR CORPORATE OFFICIAL(S)

Name (please print): Jim Brown Jr

Name (please print): _____

Signature:

Signature: _____

Date: 5/3/2016

Date: _____

Send this completed application and the applicable fee to your local jurisdiction. If you have any questions contact your city clerk (within city limits) or your county auditor (outside city limits).

FOR CITY CLERK/COUNTY AUDITOR ONLY – MUST BE COMPLETE

- Fill in the amount paid for the permit: \$50.00
- Fill in the date the permit was approved by the council or board: _____
- Fill in the permit number issued by the city/county: _____
- Fill in the name of the city or county issuing the permit: Polk County

Send completed/approved application to Iowa Alcoholic Beverages Division within 30 days of issuance. Make sure the information on the application is complete and accurate. A copy of the permit does not need to be sent; only the application is required. It is preferred that applications are sent via email, as this allows for a receipt confirmation to be sent to the local authority.

- Email: iapledge@iowaabd.com
- Fax: 515-281-7375



SEE INSTRUCTIONS ON THE REVERSE SIDE

For period (MM/DD/YYYY) 7 / 1 / 2016 through June 30, 2017

I/we apply for a retail permit to sell cigarettes, tobacco, alternative nicotine, or vapor products:

Business Information:

Trade Name/DBA: QuikTrip #562

Physical Location Address: 4801 NE 14th St City: Des Moines ZIP: 50313-2011

Mailing Address: PO Box 3475 Attn: Licensing City: Tulsa State: OK ZIP: 74101-3475

Business Phone Number: (515) 266-1630

Legal Ownership Information:

Type of Ownership: Sole Proprietor Partnership Corporation LLC LLP

Name of sole proprietor, partnership, corporation, LLC, or LLP: QuikTrip Corporation

Mailing Address: PO Box 3475 Attn: Licensing City: Tulsa State: OK ZIP: 74101-3475

Phone Number: (918) 615-7700 Fax Number: (918) 615-7444 Email: dist-taxaccounting@quiktrip.com

Retail Information:

Types of Sales: Over-the-counter Vending machine

Types of Products Sold: (Check all that apply)

Cigarettes Tobacco Alternative Nicotine Products Vapor Products

Type of Establishment: (Select the option that best describes the establishment)

Alternative nicotine/vapor store Bar Convenience store/gas station Drug store
Grocery store Hotel/motel Liquor store Restaurant Tobacco store

Has vending machine that assembles cigarettes Other

If application is approved and permit granted, I/we do hereby bind ourselves to a faithful observance of the laws governing the sale of cigarettes, tobacco, alternative nicotine, and vapor products.

SIGNATURE OF OWNER(S), PARTNER(S), OR CORPORATE OFFICIAL(S)

Name (please print): Jim Brown Jr

Name (please print): _____

Signature: [Signature]

Signature: _____

Date: 5/3/2016

Date: _____

Send this completed application and the applicable fee to your local jurisdiction. If you have any questions contact your city clerk (within city limits) or your county auditor (outside city limits).

FOR CITY CLERK/COUNTY AUDITOR ONLY – MUST BE COMPLETE

- Fill in the amount paid for the permit: \$50.00
- Fill in the date the permit was approved by the council or board: _____
- Fill in the permit number issued by the city/county: _____
- Fill in the name of the city or county issuing the permit: Polk County

Send completed/approved application to Iowa Alcoholic Beverages Division within 30 days of issuance. Make sure the information on the application is complete and accurate. A copy of the permit does not need to be sent; only the application is required. It is preferred that applications are sent via email, as this allows for a receipt confirmation to be sent to the local authority.

- Email: iapledge@iowaabd.com
- Fax: 515-281-7375

RESOLUTION

Moved by _____ Seconded by _____

THAT THE FOLLOWING RESOLUTION BE ADOPTED:

WHEREAS, the Polk County Board of Supervisors and Polk County Health Services(PCHS) previously approved three-party contracts with Broadlawns Medical Center, Community Support Advocates, Easter Seal Society, Golden Circle Behavioral Health, and Eyerly Ball; and

WHEREAS, the contracts contain a provision establishing a Development Fund administered by PCHS, and outline the conditions under which an Integrated Service Agency can apply for these funds; and

WHEREAS, the contract allows expenditures of the Development Fund for short and long-term programs/projects needed to improve the quality of services upon request by the Integrated Service Agencies and approval by the PCHS Board of Directors and Board of Supervisors, and

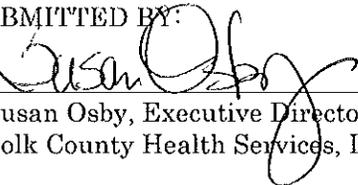
WHEREAS, the PCHS Board has reviewed and approved a proposal submitted by Community Support Advocates to purchase computer equipment to enable the staff to do better documentation for client goals with money from the Development Fund.

NOW THEREFORE BE IT RESOLVED that the Polk County Board of Supervisors approves and authorizes PCHS to expend \$25,120 from the Development Fund monies to purchase computer equipment for Community Support Advocates.

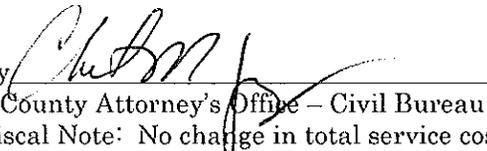
POLK COUNTY BOARD OF SUPERVISORS

By _____
Chairperson

SUBMITTED BY:

By  _____
Susan Osby, Executive Director
Polk County Health Services, Inc.

APPROVED AS TO FORM:

By  _____
County Attorney's Office - Civil Bureau
Fiscal Note: No change in total service costs

#19

POLK COUNTY BOARD OF SUPERVISORS

Tuesday Agenda Memorandum

Item Type & Title: Resolution approving the expenditure of Integrated Services Development Fund dollars to Community Support Advocates to purchase computer equipment.

Agenda Date: May 31, 2016

Contact Individual: Susan Osby, Executive Director
Polk County Health Services
243-6339

Previous Action taken by the Board: Approval of 3-party contracts with PCHS and Integrated Services Agencies

Board/Commission Actions: Reviewed and approved by PCHS Board

Action Requested (Recommended): Approval of award of development funds for Community Support Advocates to purchase computer equipment for staff to do better documentation.

Background: Effective July 1, 2013, Polk County entered into three year contracts with Broadlawns Medical Center, Community Support Advocates, Easter Seal Society, Golden Circle Behavioral Health, and Eyerly Ball to participate in the integrated services project to provide services to 560 individuals. The contracts contain a provision establishing a Development Fund and allow expenditures from this Fund for short and long-term programs/projects needed to improve the quality of services for persons within the Integrated Service Agencies. Funds otherwise due to providers are retained from their payment for deposit in the Development Fund. This funding arrangement is outlined in the county management plan approved by the State Department Human Services. Expenditures from the Development Fund must be requested by the Integrated Service Agencies and approved by the Polk County Health Services Board of Directors and the Board of Supervisors. Community Support Advocates will purchase 16 computers for staff to help with documentation for client goals.

Action Impact: PCHS will expend \$25,120 from the Development Fund for Community Support Advocates to purchase computer equipment for staff.

Fiscal Note:

| Fiscal Year | Budget- ed? (Y/N) | Anticipated Expense | Anticipated Revenue | Ongoing Commitment? (Y/N) | If Amendment is Required, | |
|-------------|-------------------------|------------------------|------------------------|---------------------------------|----------------------------|----------------------------|
| | | | | | Expense Account Code | Revenue Account Code |
| 15/16 | N/A | 0 | | | | |
| | | | | | | |

Additional Fiscal Note Information (optional): The expenditure of \$25,120 will come from the Development Fund on deposit at PCHS, so there is no financial impact on the county budget.

RESOLUTION

MOVED By _____ SECONDED By _____
that the following Resolution be adopted:

WHEREAS, effective July 1, 2013, Polk County entered into a contract with Trans Iowa, which expires June 30, 2016; and

WHEREAS, effective July 1, 2014, Polk County entered into contracts with American Baptist Homes of the Midwest, Christian Opportunity Center, H.O.P.E., Lutheran Services in Iowa, Mainstream Living, and Mosaic, which expire June 30, 2017; and

WHEREAS, Polk County and above listed providers wish to amend their contracts to increase units based on current utilization; and

WHEREAS, Polk County has been purchasing Strong Foundation's Peer Support services a division of HCI-VNS of Iowa through the Polk County Service Appeal Board process since June 1, 2015; and

WHEREAS, Polk County and HCI-VNS of Iowa wish to enter into a network contract for this service effective June 1, 2016; and

WHEREAS, the amount of services purchased through these contracts would increase from \$910,499 to \$1,528,587; and

WHEREAS, the impact for all network contracts would be an increase of 4.7% from \$23,166,420 to \$24,257,228; and

WHEREAS, funds are available in Polk County's FY15/16 Budget for County Mental Health and Disabilities Services to provide these levels of services.

NOW, THEREFORE, BE IT RESOLVED, that the Polk County Board of Supervisors hereby approves and authorizes the Chairperson to sign the attached contract with HCI-VNS of Iowa and contract amendments with American Baptist Homes of the Midwest, Christian Opportunity Center, H.O.P.E., Lutheran Services in Iowa, Mainstream Living, Mosaic, and Trans Iowa.

POLK COUNTY BOARD OF SUPERVISORS

Chairperson, Board of Supervisors/Date

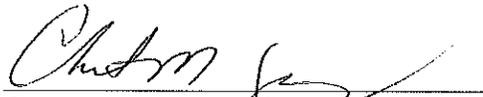
SUBMITTED BY:



Susan Osby, Executive Director
Polk County Health Services, Inc.

#10

APPROVED TO FORM:


County Attorney's Office - Civil Bureau

FISCAL NOTE: FY15/16 – Requires expenditures that will total \$1,528,587 in County Mental Health and Disabilities Services Funds.

F:\Word\Contracts\Administrative\KResolutionAmend16-0531

POLK COUNTY BOARD OF SUPERVISORS

Tuesday Agenda Memorandum

Item Type & Title: Resolution approving and authorizing Chair to sign contract amendments with American Baptist Homes of the Midwest, Christian Opportunity Center, H.O.P.E., Lutheran Services in Iowa, Mainstream Living, and Mosaic and Trans Iowa, and sign a contract with HCI-VNS of Iowa.

Agenda Date: May 31, 2016

Contact Individual: Susan Osby

Previous Action taken by the Board: The Board has approved contracts with American Baptist Homes of the Midwest, Christian Opportunity Center, H.O.P.E., Lutheran Services in Iowa, Mainstream Living, and Mosaic and Trans Iowa. Additionally, Polk County has been approving Peer Support Services through HCI-VNS of Iowa's Strong Foundations affiliate through the Polk County Service Appeal Board process since June 1, 2015.

Board/Commission Actions: Funds as recommended by the Polk County Health Services Board are available in Polk County's FY15/16 Budget for County Mental Health and Disabilities Services to provide these levels of services.

Action Requested (Recommended): Approval

Comply with Policy: This action is required to amend current contracts, as well as sign a contract with a new provider.

Background: Polk County entered into agreements with the above mentioned providers. The provider agencies and Polk County wish to amend said contracts to adjust units of service and to enter into a new contract for Peer Support services with HCI-VNS of Iowa, which Polk has been funding through the Service Appeal Board process since June 1, 2015.

Action Impact: The contract amendments and new contract will purchase services totaling \$1,528,587, an increase of 4.7% for all contracts for County Mental Health and Disabilities Services for FY15/16.

Fiscal Note:

| Fiscal Year | Budgeted? (Y/N) | Anticipated Expense | Anticipated Revenue | Ongoing Commitment ? (Y/N) | If Amendment is Required, | |
|--------------------------|-----------------|---------------------|---------------------|----------------------------|---------------------------|----------------------|
| | | | | | Expense Account Code | Revenue Account Code |
| Original Contracts 15/16 | Yes | \$910,449 | \$0 | Y | | |
| Amended Contracts 15/16 | Yes | \$1,528,587 | 0 | Y | | |

POLK COUNTY CONTRACTS

Cost Summary (amendments/contracts highlighted)
Effective June 1, 2016

| Provider Agency/Service | Estimated Number of Units in Current Contract | Type of Unit | Current Unit Rate | Current Contract Total after 3rd Party Payments | Estimated Number of Units in Proposed Contract | Type of Unit | Proposed Unit Rate | Proposed Contract Total after 3rd Party Payments | Percent- age Change |
|---|---|--------------|-------------------|---|--|--------------|--------------------|--|---------------------|
| American Baptist Homes of the Midwest | | | | | | | | | |
| Supported Community Living | 14,800 | 1/4 Hour | \$8.78 | \$129,944 | 21,044 | 1/4 Hour | \$8.78 | \$184,766 | 42.2% |
| Supported Community Living | 185 | Day* | \$352.00 | \$65,120 | 662 | Day* | \$257.59 | \$170,525 | 161.9% |
| Transportation | 2,000 | Per Mile | \$1.00 | \$2,000 | 2,000 | Per Mile | \$1.00 | \$2,000 | |
| American Baptist Homes of the Midwest Subtotal | | | | \$197,064 | | | | \$357,291 | 81.3% |
| Ankeny Community School District | | | | | | | | | |
| Substance Abuse Prevention and Intervention | 1 | Grant | \$18,450.00 | \$18,450 | 1 | Grant | \$18,450.00 | \$18,450 | 0.0% |
| Ankeny Community School District Subtotal | | | | \$18,450 | | | | \$18,450 | 0.0% |
| Behavioral Technologies | | | | | | | | | |
| Work Activity/Enclave | 0 | Day | \$0.00 | \$0 | 0 | Day | \$0.00 | \$0 | |
| Adult Day Activity | 100 | Day | \$65.60 | \$6,560 | 100 | Day | \$65.60 | \$6,560 | 0.0% |
| ICF/ID | 5 | Day | \$330.00 | \$1,650 | 5 | Day | \$330.00 | \$1,650 | |
| Supported Community Living | 100 | Day* | \$182.50 | \$18,250 | 100 | Day* | \$182.50 | \$18,250 | 0.0% |
| Behavioral Technologies Subtotal | | | | \$26,460 | | | | \$26,460 | 0.0% |
| Broadlawns Medical Center | | | | | | | | | |
| Supported Community Living | 600 | 1/4 Hour | \$11.68 | \$7,008 | 600 | 1/4 Hour | \$11.68 | \$7,008 | 0.0% |
| Service Coordination | 3,360 | Month | \$175.00 | \$588,000 | 3,420 | Month | \$180.00 | \$615,600 | |
| IHH Intensive Care Management | 120 | Month | \$175.00 | \$21,000 | 120 | Month | \$175.00 | \$21,000 | 0.0% |
| IHH Intensive Care Management Outcome Supp | 1 | Flat Fee | \$35,000.00 | \$35,000 | 12 | Flat Fee | \$5,000.00 | \$60,000 | 71.4% |
| In-Patient Step Down | 2,135 | Day | \$185 | \$394,975 | 2,135 | Day | \$185 | \$394,975 | 0.0% |
| RCF/PMI | 100 | Day | \$172.00 | \$17,200 | 100 | Day | \$172.00 | \$17,200 | 0.0% |
| Integrated Supports | 15 | One Time | \$100.00 | \$1,500 | 15 | One Time | \$100.00 | \$1,500 | 0.0% |
| Broadlawns Medical Center Subtotal | | | | \$1,064,683 | | | | \$1,117,283 | 4.9% |

| Broadlawn Medical Center Integrated Services | | | | | | | | | | |
|--|---------------|-----------------|----------------|--------------------|---------------|-----------------|----------------|--------------------|--|---------------|
| Integrated Services | | | | | | | | | | |
| Regular Intensity | 840 | Month | \$901.30 | \$757,092 | 840 | Month | \$901.30 | \$757,092 | | |
| Medicaid and NCMH Case Rate | 840 | Month | \$580.00 | \$487,200 | 840 | Month | \$580.00 | \$487,200 | | |
| Broadlawn Medical Center ISA Subtotal | | | | \$1,244,292 | | | | \$1,244,292 | | 0.0% |
| Candeo | | | | | | | | | | |
| Supported Community Living | 10,000 | 1/4 Hour | \$11.21 | \$112,100 | 10,000 | 1/4 Hour | \$8.71 | \$87,100 | | -22.3% |
| Supported Community Living | 480 | Day* | \$474.71 | \$227,862 | 500 | Day* | \$474.71 | \$237,355 | | 4.2% |
| Enhanced Community Support | 1240 | Day* | \$148.70 | \$184,388 | 3285 | Day* | \$136.30 | \$447,746 | | |
| Benefits Planning | 64 | Flat Fee | \$350.00 | \$20,200 | 64 | Flat Fee | \$350.00 | \$22,400 | | 10.9% |
| Benefits Planning | 180 | Hour | \$40.00 | \$7,200 | 180 | Hour | \$40.00 | \$7,200 | | 0.0% |
| Customized Employment - Discovery | 40 | Flat Fee | \$1,500.00 | \$60,000 | 60 | Flat Fee | \$1,500.00 | \$90,000 | | 50.0% |
| Job Development - Acceptance | 10 | Flat Fee | \$955 | \$9,550 | 20 | Flat Fee | \$955 | \$19,100 | | 100.0% |
| Job Development - Placement | 70 | Flat Fee | \$1,826 | \$127,820 | 75 | Flat Fee | \$1,865 | \$139,875 | | 9.4% |
| Job Development Enhanced | 200 | 1/4 Hour | \$9.19 | \$1,838 | N/A | N/A | N/A | \$0 | | -100.0% |
| Job Supports | 4,000 | 1/4 Hour | \$13.53 | \$65,942 | 8,000 | 1/4 Hour | \$13.53 | \$108,240 | | 64.1% |
| Project SEARCH Classroom | 710 | Hour | \$13.87 | \$9,848 | 710 | Hour | \$16.89 | \$11,992 | | 21.8% |
| Project SEARCH Internship | 24 | Flat Fee | \$3,200.00 | \$76,800 | 36 | Flat Fee | \$3,200.00 | \$115,200 | | 50.0% |
| Customized Employment Startup | 2 | Flat Fee | \$40,000.00 | \$40,000 | N/A | N/A | N/A | \$0 | | -100.0% |
| Candeo Subtotal | | | | \$943,548 | | | | \$1,286,207 | | 36.3% |
| ChildServe Community Options | | | | | | | | | | |
| Respite: | | | | | | | | | | |
| Individual | 100 | 1/4 Hour | \$4.39 | \$439 | 100 | 1/4 Hour | \$4.48 | \$448 | | 2.1% |
| Group | 100 | 1/4 Hour | \$3.06 | \$306 | 100 | 1/4 Hour | \$3.24 | \$324 | | 5.9% |
| Camp | 100 | 1/4 Hour | \$3.40 | \$340 | 100 | 1/4 Hour | \$3.45 | \$345 | | 1.5% |
| Specialized Respite | N/A | N/A | N/A | \$0 | 100 | 1/4 Hour | \$8.87 | \$887 | | |
| Supported Community Living | 100 | 1/4 Hour | \$8.96 | \$896 | 100 | 1/4 Hour | \$8.96 | \$896 | | 0.0% |
| Supported Community Living | 50 | Day | \$289.38 | \$14,469 | 50 | Day | \$289.38 | \$14,469 | | 0.0% |
| Day Activity | 25 | Day | \$81.63 | \$2,041 | 25 | Day | \$83.27 | \$2,082 | | 2.0% |
| Day Activity | 50 | 1/4 Hour | \$10.77 | \$539 | 50 | 1/4 Hour | \$3.25 | \$163 | | -69.9% |
| Integrated Supports | 15 | One Time | \$100.00 | \$1,500 | 15 | One Time | \$100.00 | \$1,500 | | 0.0% |
| Case Management | | | | | | | | | | |
| Paid to Provider | 28,593 | 1/4-Hour | \$61.24 | \$1,751,035 | 28,700 | 1/4-Hour | \$52.58 | \$1,509,046 | | -13.8% |

| | | | | | | | | | |
|--|--------|-----------|-------------|------------------|--------|-----------|-------------|------------------|---------------|
| Respite | 200 | 1/4 Hour | \$4.52 | \$904 | 200 | 1/4 Hour | \$4.52 | \$904 | 0.0% |
| Supported Community Living | 50 | Day* | \$183.62 | \$9,181 | 50 | Day* | \$183.62 | \$9,181 | 0.0% |
| Supported Community Living | 21,000 | 1/4 Hour | \$11.26 | \$236,460 | 21,000 | 1/4 Hour | \$11.26 | \$236,460 | 0.0% |
| Community Integration | 2,000 | 1/4 Hour | \$3.30 | \$6,600 | 2,000 | 1/4 Hour | \$3.30 | \$6,600 | 0.0% |
| Optimae LifeServices Subtotal | | | | \$253,145 | | | | \$253,145 | 0.0% |
| Progress Industries | | | | | | | | | |
| Supported Community Living | 9,200 | 1/4 Hour | \$9.19 | \$84,548 | 9,200 | 1/4 Hour | \$9.19 | \$84,548 | 0.0% |
| Supported Community Living | 100 | Day* | \$252.00 | \$25,200 | 100 | Day* | \$252.00 | \$25,200 | 0.0% |
| Progress Industries Subtotal | | | | \$109,748 | | | | \$109,748 | 0.0% |
| Passageway | | | | | | | | | |
| Clubhouse Work Ordered Day (full membership) | 600 | Hour | \$7.57 | \$4,542 | 600 | Hour | \$7.57 | \$4,542 | 0.0% |
| Clubhouse Day Activity (full membership) | 8,200 | 1/4 Hour | \$7.70 | \$63,140 | 8,200 | 1/4 Hour | \$7.70 | \$63,140 | 0.0% |
| Transitional Employment Development/Implement | 1 | Flat Fee | \$1,500.00 | \$1,500 | 1 | Flat Fee | \$1,500.00 | \$1,500 | 0.0% |
| Transitional Employment Supports | 20 | Hour | \$30.60 | \$612 | 20 | Hour | \$30.60 | \$612 | 0.0% |
| Service Improvements | 1 | Grant | \$25,000.00 | \$25,000 | 1 | Grant | \$25,000.00 | \$25,000 | 0.0% |
| Supported Employment Job Development | 2 | Flat Fee* | \$1,100.00 | \$2,200 | 2 | Flat Fee* | \$1,100.00 | \$2,200 | 0.0% |
| Supported Employment Job Supports | 100 | 1/4 Hour | \$7.65 | \$765 | 100 | 1/4 Hour | \$7.65 | \$765 | 0.0% |
| Passageway Subtotal | | | | \$97,759 | | | | \$97,759 | 0.0% |
| Primary Health Care Inc. | | | | | | | | | |
| PATH Grant Supporting Grant | 1 | Grant | \$42,750.00 | \$42,750 | 1 | Grant | \$43,648.00 | \$43,648 | 2.1% |
| Mental Health Medication | 800 | Grant | \$25.00 | \$20,000 | 200 | Unit | \$32.00 | \$6,400 | -68.0% |
| Central Intake | 1 | Grant | \$50,000.00 | \$50,000 | 1 | Grant | \$50,000.00 | \$50,000 | |
| Primary Health Care Inc. Subtotal | | | | \$112,750 | | | | \$100,048 | -11.3% |
| Stepping Stone Family Services | | | | | | | | | |
| Supported Community Living | 1,200 | Hour | \$47.74 | \$57,288 | 2,200 | Hour | \$49.24 | \$108,328 | 89.1% |
| Stepping Stone Family Services Subtotal | | | | \$57,288 | | | | \$108,328 | 89.1% |
| Strawhacker and Associates | | | | | | | | | |
| Rent Subsidy | 3,615 | Month | \$1,800 | \$836,418 | 3,615 | Month | \$1,800 | \$836,418 | 0.0% |
| Strawhacker and Associates Subtotal | | | | \$836,418 | | | | \$836,418 | 0.0% |

R E S O L U T I O N

Moved by _____, Seconded by _____ that the following resolution be adopted:

WHEREAS, Polk County operated an Owner-Occupied Housing Rehabilitation Program in Delaware Township; and

WHEREAS, Polk County received grant funds from the Iowa Economic Development Authority (IEDA) to pay for the costs of rehabilitation on individual properties; and

WHEREAS, once a property has been rehabilitated a five year declining mortgage in the amount of the rehabilitation costs is placed against the property by Polk County on behalf of IEDA; and

WHEREAS, if the homeowner remains in the home for five years, the amount of the mortgage is forgiven; and

WHEREAS, a mortgage in the amount of \$53,174.00 was entered into on May 25, 2011, by Darwin E. Miller and Sarah E. Miller; and

WHEREAS, five years have elapsed on the mortgage recorded in Book 13867 pages 966-974 against property located at 3905 NE 46th Street, Des Moines, Iowa 50317 and the homeowner has met all the requirements of the forgivable loan/grant.

NOW, THEREFORE, BE IT RESOLVED that the Polk County Board of Supervisors releases the mortgage on 3905 NE 46th Street, Des Moines, Iowa 50317, authorizes the Chair of the Board of Supervisors to sign the attached release, and requests the Auditor's Office to record this release.

POLK COUNTY BOARD OF SUPERVISORS:

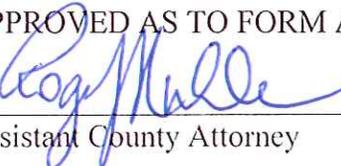
Chairperson

RECOMMENDED FOR APPROVAL:



Robert Rice, Director
Polk County Public Works

APPROVED AS TO FORM AND LEGAL MATTERS:



Assistant County Attorney

Fiscal Impact: None

| |

POLK COUNTY BOARD OF SUPERVISORS

Tuesday Agenda Memorandum

Item Type & Title: Resolution No. 84-16 to approve the release of a mortgage on 3905 NE 46th Street, Des Moines, Iowa 50317

Agenda Date: May 31, 2016

Contact Individual: Dave Williamson, Housing Services/Code Enforcement Manager, Polk County Public Works, 286-3726

Previous Action taken by the Board: Yes

Board/Commission Actions: The Board of Supervisors approved assistance on April 26, 2011.

Action Requested (Recommended): Approve the release of mortgage and lien on property located at 3905 NE 46th Street, Des Moines, Iowa 50317

Comply with Policy: Yes

Background: Polk County received funds from the Iowa Economic Development Authority (IEDA) to operate an Owner-Occupied Housing Rehabilitation Program in Delaware Township. After a project is completed, the County places a five year declining mortgage on the property on behalf of IEDA for the amount of the rehabilitation costs. For every year that the homeowner stays in the house, 10% of the cost of the mortgage is forgiven. A mortgage in the amount of \$53,174.00 was entered into on May 25, 2011, by Darwin E. Miller and Sarah E. Miller, recorded in Book 13867 pages 966-974. The owner of the home has met all requirements of the agreement.

Action Impact: Approving this Resolution authorizes the release of the mortgage on the property at 3905 NE 46th Street, Des Moines, Iowa 50317.

Fiscal Note: None

| Fiscal Year | Budgeted? (Y/N) | Anticipated Expense | Anticipated Revenue | Ongoing Commitment? (Y/N) | If Amendment is Required, | |
|-------------|-----------------|---------------------|---------------------|---------------------------|---------------------------|----------------------|
| | | | | | Expense Account Code | Revenue Account Code |
| 15/16 | | N/A | N/A | | | |
| | | | | | | |
| | | | | | | |

Additional Fiscal Note Information (optional):

RESOLUTION

Moved by _____, Seconded by _____ that the following resolution be adopted:

WHEREAS, the owner of land located in Section 4, Township 80 North, Range 25 West of the 5th P.M., Polk County, Iowa, wishes to subdivide and plat his land into a major final subdivision plat known as The Reserve at Jester Park; and

WHEREAS, the major final subdivision plat proposes 6 residential lots on 66.5 acres of land with the lots being served by an internal subdivision roadway; and

WHEREAS, the owner has complied with all codes and ordinances for the unincorporated territory of Polk County, Iowa, except the subdivision ordinance requirement that the length of the cul-de-sac/dead end roadway not exceed 600-feet; and

WHEREAS, the owner/developer requests a waiver from the subdivision ordinance requirement to permit the subdivision roadway to have a total length of 746-feet, which includes the temporary cul-de-sac turn-around; and

WHEREAS, the Polk Board of Supervisors on June 9, 2015, voted unanimously, with one (1) absent, to approve the major preliminary subdivision plat of The Reserve at Jester Park for 6 lots and an outlot, including a waiver of the 600-foot roadway/cul-de-sac length of the subdivision ordinance to permit a temporary roadway length of 746-feet; and

WHEREAS, the Polk County Public Works Department has reviewed the major final subdivision plat and recommends that it be approved with the above noted waiver from the Polk County subdivision ordinance; and

WHEREAS, the subdivision road right-of-way, Lot 'A' (NW 107th Street) and Lot 'B' (NW 111th Avenue) are proposed to be dedicated and deeded to Polk County for roadway purposes once all subdivision construction improvements are approved and completed; and

WHEREAS, the Polk County Public Works Department inspected said construction under the Subdivision Inspection Agreement with Kimberley Development corporation, with said agreement stating that Polk County will accept the proposed roadway and associated appurtenances upon satisfactory completion of construction and upon receiving all required documentation; and

WHEREAS, the Polk County Public Works Department has conducted a traffic and engineering investigation and recommends that the following traffic control conditions be established:

12

- 1) A "25 mph" speed limit on NW 111th Avenue be established
- 2) A "STOP" condition be placed eastbound NW 111th Avenue at NW 107th Street
- 3) A "NO PARKING" condition be established on both the north and south side of NW 111th Avenue; and

NOW, THEREFORE, BE IT RESOLVED that the major final subdivision plat of The Reserve at Jester Park, with the above noted waiver of the subdivision ordinance requirement, is hereby approved.

Sewer Service: Individual septic systems
Water Service: Xenia Rural Water
Zoning: "RR" Rural Residential District
Platted by: Kimberley Development Corporation
Engineer: Cooper Crawford & Associates, L.L.C.
Location: Located approximately one-half mile north of NW 106th Avenue and directly west of and adjacent to NW 107th Street.
Township: Jefferson

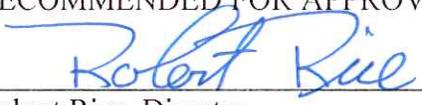
BE IT FURTHER RESOLVED that the Polk County Board of Supervisors hereby:

- 1) Accept Lot 'A' of newly dedicated right-of-way and Lot 'B' of the new interior subdivision roadway of The Reserve at Jester Park, into the Polk County Secondary Roads System; and
- 2) Accept the warranty deed for said streets (Lot 'A' & Lot 'B') and authorize the Director of the Polk County Public Works Department to have the same recorded; and
- 3) Hereby establish a "25 mph" speed limit on NW 111th Avenue; and
- 4) Hereby establish a "STOP" condition on eastbound NW 111th Avenue at NW 107th Street; and
- 5) Hereby establish a "NO PARKING" condition on both the north and south side of NW 111th Avenue.

POLK COUNTY BOARD OF SUPERVISORS:

Chairperson

RECOMMENDED FOR APPROVAL:



Robert Rice, Director
Polk County Public Works

FISCAL NOTE: No cost to the County

POLK COUNTY BOARD OF SUPERVISORS

Tuesday Agenda Memorandum

Item Type & Title: Resolution No. 86-16 approving the Final Plat of The Reserve at Jester Park, a major subdivision final plat.

Agenda Date: May 31, 2016

Contact Individual: Bret VandeLune, Planning and Development Manager, Polk County Public Works, 286-2290

Previous Action taken by the Board: None

Board/Commission Actions: The Polk County Zoning Commission recommended approval of the major preliminary subdivision plat on May 26, 2015 by a unanimous vote with one (1) absent and one (1) abstaining. The approval recommendation was also based on the following waiver of the subdivision ordinance requirement: 1) Waiver of the maximum 600-foot subdivision roadway length to permit a total of a 746-foot length roadway, which includes the 100-foot temporary paved cul-de-sac turnaround west of the proposed platted lots. On June 9, 2015 the Polk County Board of Supervisors voted unanimously with one (1) absent to approve the Preliminary Plat of The Reserve at Jester Park.

Action Requested (Recommended): Approve the major final subdivision plat with the above noted waiver of the subdivision ordinance.

Comply with Policy: This major final subdivision plat complies with all the zoning and subdivision ordinances regulations except for the above requested subdivision ordinance waiver.

Background: This major final subdivision plat proposed six (6) lots on 66.5 acres of land and is zoned "RR" Rural Residential District. The subdivision will be served by Xenia Rural Water and individual septic systems. A subdivision roadway with a temporary turnaround will be provided for the first plat phase of this development.

Action Impact: Approval of the Final Plat allows for recording and dedication of the public street to Polk County.

Fiscal Note: None

| Fiscal Year | Budgeted? (Y/N) | Anticipated Expense | Anticipated Revenue | Ongoing Commitment? (Y/N) | If Amendment is Required, | |
|-------------|-----------------|---------------------|---------------------|---------------------------|---------------------------|----------------------|
| | | | | | Expense Account Code | Revenue Account Code |
| 15/16 | N | N | N | N | | |
| | | | | | | |

Additional Fiscal Note Information (optional):

RESOLUTION

Moved by _____, Seconded by _____ that the following resolution be adopted:

WHEREAS, the owner of land located in Section 36, Township 81 North, Range 23 West of the 5th P.M., Polk County, Iowa, wishes to subdivide and plat the land into a minor final subdivision plat known as Oak Ridge Farms; and

WHEREAS, this minor final subdivision plat proposes two (2) residential lots on 18.29 acres of land; and

WHEREAS, the owner has complied with all codes and ordinances for the unincorporated territory of Polk County, Iowa; and

WHEREAS, the Polk County Public Works has reviewed and approved the minor preliminary subdivision plat on February 19, 2013; and

WHEREAS, the Polk County Public Works has reviewed the minor final subdivision plat and recommends that it be approved.

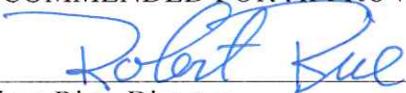
NOW, THEREFORE, BE IT RESOLVED that the minor final subdivision plat of Oak Ridge Farms, is hereby approved.

| | |
|----------------|--|
| Sewer Service: | Individual Septic Systems |
| Water Service: | Des Moines Water Works |
| Zoning: | "ER" Estates Residential District |
| Platted by: | Douglas & Tamara Fulton |
| Engineer: | Nilles Associates |
| Location: | Located at the southwest corner of NE 72nd Street and NE Bluff Drive |
| Township: | Elkhart |

POLK COUNTY BOARD OF SUPERVISORS:

Chairperson

RECOMMENDED FOR APPROVAL:



Robert Rice, Director
Polk County Public Works

FISCAL NOTE: No cost to the County

#13

POLK COUNTY BOARD OF SUPERVISORS

Tuesday Agenda Memorandum

Item Type & Title: Resolution No. 85-16 approving the Final Plat of Oak Ridge Farms, a minor subdivision final plat.

Agenda Date: May 31, 2016

Contact Individual: Bret VandeLune, Planning and Development Manager, Polk County Public Works, 286-2290

Previous Action taken by the Board: None

Board/Commission Actions: On February 19, 2013 the Polk County Public Works approved the Preliminary Plat of Oak Ridge Farms.

Action Requested (Recommended): Final Plat Approval

Comply with Policy: Yes

Background: The Plat proposes two (2) residential lots on 18.29 acres of land zoned "ER" Estate Residential District. The plat contains approximately .69 acres of new right of way dedication.

Action Impact: Approval of the Final Plat allows for recording and dedication of the public street to Polk County.

Fiscal Note: None

| Fiscal Year | Budgeted? (Y/N) | Anticipated Expense | Anticipated Revenue | Ongoing Commitment? (Y/N) | If Amendment is Required, | |
|-------------|-----------------|---------------------|---------------------|---------------------------|---------------------------|----------------------|
| | | | | | Expense Account Code | Revenue Account Code |
| 15/16 | N | N | N | N | | |
| | | | | | | |

Additional Fiscal Note Information (optional):

Oak Ridge Farms
Final Plat

PLAT INFORMATION: This subdivision plat proposes 2 lots on 18.29 acres of land zoned "ER" Estate Residential District.

SEWER: Individual Septic Systems

WATER: Des Moines Waterworks

TOWNSHIP: Elkhart

SURVEYOR/ENGINEER: Nilles Associates

OWNER/DEVELOPER: Douglas & Tamara Fulton

Vicinity Map:



RESOLUTION

Moved by _____ Seconded by _____

That the following Resolution be adopted:

WHEREAS, preventative health screenings serve to save lives and reduce long term costs of health care in the community; and

WHEREAS, the Iowa Department of Public Health (IDPH) launched the Iowa Get Screened: Colorectal Cancer Program six years ago to provide colorectal cancer awareness and screenings to uninsured and under-insured Iowans ages 50-64 who qualify; and

WHEREAS, IDPH originally allocated \$11,100 in grant funding to Polk County to enroll and provide screening services for up to 55 eligible participants for the project period July 1, 2015 through June 30, 2016. A previous amendment decreased the contract by \$5,000 for a new contract total of \$6,100 and amended the number of participants receiving services from 55 to 30; and

WHEREAS, this amendment decreases the contract by \$1,400 and caps the number of participants receiving services at 23. The new contract amount is \$4,600.

NOW, THEREFORE, BE IT RESOLVED that the Polk County Board of Supervisors/Board of Health approve Contract #5886CRC02, Amendment 2 with the Iowa Department of Public Health for the Iowa Get Screened: Colorectal Cancer Program and authorizes the Chairperson to sign the agreement.

NOW, THEREFORE, BE IT FURTHER RESOLVED: That the Director of the Polk County Health Department, or his designee, be authorized to execute any and all documents in furtherance of this Application or distribution.

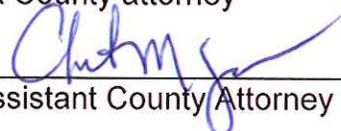


Rick Kozin
Public Health Director

By _____

Chair
Polk County Board of Supervisors /Board of Health

Approved as to form:
John P. Sarcone
Polk County attorney

By  _____
Assistant County Attorney

Fiscal Note: 15/16Expenses/Revenues \$4,600

14

POLK COUNTY BOARD OF SUPERVISORS

Tuesday Agenda Memorandum

Item Type & Title: Agreement Amendment with Iowa Department of Public Health for Iowa Get Screened: Colorectal Cancer Program funding.

Agenda Date: 5/31/2016

Contact Individual: Scott Slater, 286-3752

Previous Action taken by the Board: Original contract approved by BOS on 8/4/2015 and amended on 3/01/2016.

Board/Commission Actions: N/A

Action requested: Approval

Comply with Policy: Helping people receive health services is one of the ten essential functions of a local health department.

Background: Six years ago, the Iowa Department of Public Health (IDPH) launched an Iowa Get Screened: Colorectal Cancer Program to provide colorectal cancer awareness and screenings to uninsured and underinsured Iowans ages 50-64 who meet program eligibility requirements. This fiscal year, Polk County was awarded grant funds of \$11,100 to enroll 55 eligible participants and received \$200 for enrolled patients who complete testing. A previous amendment capped the number of participants at 30 and decreased the contract amount by \$5,000.

Action Impact: This amendment decreases the contact by \$1,400 and reduces the number of eligible participants from 30 to 23.

Fiscal Note:

| Fiscal Year | Budget- ed? (Y/N) | Anticipated Expense | Anticipated Revenue | Ongoing Commitment? (Y/N) | If Amendment is Required, | |
|-------------|-------------------------|------------------------|------------------------|---------------------------------|----------------------------|----------------------------|
| | | | | | Expense Account Code | Revenue Account Code |
| 1516 | Y | 4,600 | 4,600 | N | 10223011.77440 | 10223011.52480 |
| | | | | | | |

Additional Fiscal Note Information (optional): State dollars

RESOLUTION

MOVED BY _____ SECONDED BY _____

That the following resolution be adopted:

WHEREAS, the attached list of mobile homes have been destroyed, dismantled, or removed from the mobile home park or removed from Polk County, and

WHEREAS, Polk County or private buyers may be holding tax sale certificates to some of the listed mobile homes; and,

WHEREAS, Iowa Code Section 435.25, unnumbered paragraph three, requires the abatement of taxes when the Polk County Treasurer has determined that it is administratively impractical to pursue collection of the total amount due.

NOW THEREFORE, BE IT RESOLVED by the Polk County Board of Supervisors that in compliance with 435.25, Code of Iowa, in reference to all parcels listed, the Polk County Real Estate Department and any private buyers are directed to return the tax sale certificates to the Treasurer to be cancelled. Subsequent taxes, together with all late interest, costs and fees, are hereby cancelled and the Treasurer shall correct the tax records accordingly.

POLK COUNTY BOARD OF SUPERVISORS

Chairperson

SUBMITTED BY:



Ben Lacey, CPA, CGMA
Polk County Treasurer

#15

POLK COUNTY BOARD OF SUPERVISORS

Tuesday Agenda Memorandum

Item Type & Title: 2016 Manufactured Home Abatement

Agenda Date: May 31, 2016

Contact Individual: Ben Lacey

**Previous Action taken by the Board:
Board/Commission Actions:**

Action Requested (Recommended): Approval to abate delinquent taxes and cancel Polk County tax sales against manufactured homes no longer in existence or residing in the State of Iowa.

Comply with Policy: Compliance with Iowa Code Section 435.25

Background:

In compliance with 435.25, Code of Iowa and in reference to all parcels listed, the Board of Supervisors shall direct the Polk County Real Estate Department and any private buyers to return the tax sale certificates to the Treasurer to be cancelled. Furthermore, they shall direct the Treasurer to abate subsequent taxes, together with all late interest, costs and fees.

Action Impact:

Fiscal Note:

| Fiscal Year | Budget- ed? (Y/N) | Anticipated Expense | Anticipated Revenue | Ongoing Commitment? (Y/N) | If Amendment is Required, | |
|-------------|-------------------------|------------------------|------------------------|---------------------------------|----------------------------|----------------------------|
| | | | | | Expense Account Code | Revenue Account Code |
| 15/16 | | | | | | |
| 16/17 | | | | | | |

Additional Fiscal Note Information (optional): Abate Taxes - \$9,955.37, Cancel Tax Sales - \$20,728.00

2016 MH Abatement

| <u>Parcel Number</u> | <u>Tax Sale Year</u> | <u>Reason</u> |
|----------------------|----------------------|---|
| 000.00830.295.999 | 2014 | Transferred thru the abandon process (junked) |
| 000.00898.784.999 | | Transferred thru the abandon process (junked) |
| 000.00615.715.999 | 2015 | Transferred thru the abandon process |
| 000.00394.906.999 | | Transferred thru the abandon process |
| 000.00625.426.999 | 1985 | Transferred thru valueless process |
| 000.00000.193.777 | 2014 | Transferred thru valueless process |
| 000.00571.208.999 | 2006 | Transferred thru valueless process |

RESOLUTION

MOVED BY _____ SECONDED BY _____

that the following resolution be adopted:

WHEREAS, the State of Iowa, through the Iowa Department of Human Services (DHS) has need to conduct criminal history checks for inclusion in the juvenile court case plans of its clients; and

WHEREAS, the Polk County, through the Office of the Polk County Attorney, possesses access to this information, the technology to obtain the information and the personnel certified and trained to access this information; and

WHEREAS, since July 1, 2013, Polk County, through the Office of the Polk County Attorney, has been party to an Agreement (DCAT5-14-016) with the State of Iowa, through the Iowa Department of Human Services (DHS) to provide this information; and

WHEREAS, the State of Iowa, through the Iowa Department of Human Services and Polk County, Iowa, through the Office of the Polk County Attorney, have negotiated the terms of an Amendment of the Agreement to continue the provisions of this service for the period of July 1, 2016, through June 30, 2017, for the services of a legal assistant to perform these criminal background checks.

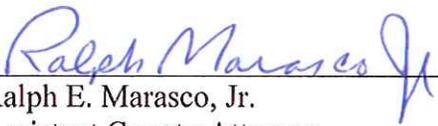
NOW, THEREFORE, BE IT RESOLVED that Polk County, Iowa enters into the attached Agreement continuing Criminal Background Checks with DHS and the Chairperson is authorized to sign said Agreement.

POLK COUNTY BOARD OF SUPERVISORS

Chairperson

#16

Submitted and Approved
as to Form:



Ralph E. Marasco, Jr.
Assistant County Attorney

Fiscal Note: Receipt of an amount not to exceed \$12,000 to be paid in overtime to legal assistant.

RESOLUTION

MOVED BY _____ SECONDED BY _____

that the following resolution be adopted:

WHEREAS, since February 1, 2004, Polk County, Iowa, through the Office of the Polk County Attorney, has been party to an Agreement (DCAT5-14-017) with the State of Iowa, Department of Human Services (DHS), in regard to a project utilizing mediation in child welfare issues; and

WHEREAS, the Office of the Polk County Attorney is again willing and able to provide these services; and

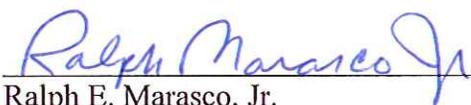
WHEREAS, the parties have negotiated the terms of an Amendment to the Agreement to continue the provision of these services for the term of July 1, 2016 through June 20, 2017.

NOW, THEREFORE, BE IT RESOLVED that Polk County does agree to the attached Amendment to the Agreement continuing Mediation and Diversion Services for Polk County Children and Families with the State of Iowa, Department of Human Services, and does further authorize the Chairperson of the Board of Supervisors to execute the Agreement on behalf of Polk County.

POLK COUNTY BOARD OF SUPERVISORS

Chairperson

Submitted and Approved
as to Form:



Ralph E. Marasco, Jr.
Assistant County Attorney

Fiscal Note: Receipt of an amount not to exceed \$25,000 for services provided.

#17

RESOLUTION

MOVED by _____ **SECONDED** by _____

that the following Resolution be adopted:

WHEREAS the Des Moines Area Regional Transit Authority provides public transportation across the Greater Des Moines Region,; and,

WHEREAS, Polk County is an employer in the region that supports transit ridership by its employees; and,

WHEREAS, both parties believe more ridership can be achieved if the fare payment process for Polk County employees can be simplified so that employees only have to show their Polk County identification badge to ride DART buses.

NOW, THEREFORE BE IT RESOLVED that the Polk County Board of Supervisors hereby approves and authorizes the Chair to sign the attached agreement with the Des Moines Area Regional Transit Authority that will allow Polk County employees and all persons who work in a building owned or operated by Polk County to ride all DART bus services at no cost to the Polk County riders.

POLK COUNTY BOARD OF SUPERVISORS

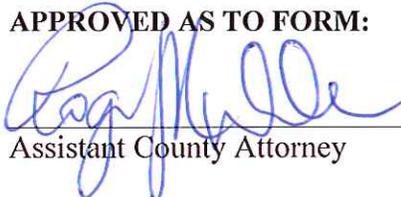
Chairperson

SUBMITTED BY:



Mark Wandro
County Administrator

APPROVED AS TO FORM:



Assistant County Attorney

#18

POLK COUNTY BOARD OF SUPERVISORS

Tuesday Agenda Memorandum

Item Type & Title: Resolution approving an agreement between Polk County and Des Moines Regional Transit Authority for Polk County employee unlimited access ridership.

Agenda Date: May 31, 2016

Contact Individual: Mark Wandro, County Administrator
Board of Supervisors
286-2125

Previous Action taken by the Board: None

Board/Commission Actions: N/A

Comply with Policy: Yes

Background: Polk County is an employer that supports transit ridership by its employees. The attached agreement shall allow Polk County employees and all persons who work in a building owned or operated by Polk County to ride all DART bus services at no cost to the Polk County riders when they show a valid Polk County identification badge upon boarding.

Action Impact: Approval and authorize the Chair to sign the attached agreement.

Fiscal Note:

| Fiscal Year | New Budget Item? (Y/N) | # of New Position(s) Required | Anticipated Expense | Anticipated Revenue | Budget Amendment Required? (Y/N) | If Amendment is Required, | |
|-------------|------------------------|-------------------------------|---------------------|---------------------|----------------------------------|---------------------------|----------------------|
| | | | | | | Expense Account Code | Revenue Account Code |
| 16/17 | Y | | \$50,000 | | N | 50106320.79410 | |
| 17/18 | Y | | \$50,000 | | | 50106320.79410 | |
| 18/19 | Y | | \$50,000 | | | 50106320.79410 | |
| 19/20 | Y | | \$50,000 | | | | |
| 20/21 | Y | | \$50,000 | | | | |

Additional Fiscal Note Information (optional):

RESOLUTION

MOVED by _____ **SECONDED** by _____

that the following Resolution be adopted:

WHEREAS, since 2009 Federal Advocates, Inc. (Firm) has represented the County in Washington, D.C.; and;

WHEREAS, the County and the Firm entered into an agreement for continued federal lobbying services on November 24, 2015.; and;

WHEREAS, the County would like to engage the Firm on additional services; and;

WHEREAS, both parties agree they may terminate this addendum agreement before full contract term (December 31, 2016) immediately upon written notice.

NOW, THEREFORE BE IT RESOLVED that the Polk County Board of Supervisors hereby approves and authorizes the Chair to sign the addendum.

POLK COUNTY BOARD OF SUPERVISORS

Chairperson

SUBMITTED BY:



Mark Wandro
County Administrator

APPROVED AS TO FORM:



Roger Kuhle
Assistant County Attorney

#19

RESOLUTION

MOVED by _____ **SECONDED** by _____ that

the following Resolution be adopted:

WHEREAS, the Polk County Board of Supervisors has identified funding for Community Betterment projects in the FY 15-16 Prairie Meadows Revenue Gaming Plan; and,

WHEREAS, community agencies/organizations throughout the metropolitan area submit requests for Community Betterment funding; and,

WHEREAS, requests for support of community agencies/organizations throughout the metropolitan area have been received from all of the agencies listed on the attached Community Betterment Grant Award List; and,

WHEREAS, the nature of these agencies/organizations and their projects are an appropriate use of the Community Betterment funds.

NOW, THEREFORE, BE IT RESOLVED that the Polk County Board of Supervisors hereby approves awarding \$3,000.00 in Community Betterment Grants, in the individual amounts as identified, to the agencies/organizations on the attached Community Betterment Grant Award List from the Community Betterment fund.

POLK COUNTY BOARD OF SUPERVISORS

Chairperson

SUBMITTED BY:

Lisa Moody-Tunks

Lisa Moody-Tunks
Grant Administrator

Fiscal Impact: \$3,000.00 from the Community Betterment fund, FY 15-16

#20

POLK COUNTY BOARD OF SUPERVISORS

Tuesday Agenda Memorandum

Item Type & Title: Resolution Approving Community Betterment Grant Awards.

Agenda Date: May 31, 2016

Contact Individual: Lisa Moody-Tunks,
Grant Administrator
Polk County Board of Supervisors
286-2272

Previous Action taken by the Board: Community Betterment Awards May 24, 2016 (Date Corrected)-
\$20,500.00.

Board/Commission Actions: N/A

Action Requested (Recommended): Approval of the attached May 31, 2016 Community Betterment Grant Award List.

Comply with Policy: Yes

Background: Polk County has funding for Community Betterment projects in the FY15-16 Prairie Meadows Revenue Gaming Plan. Request for support of community agencies/organizations have been received and their projects are an appropriate use of the Community Betterment funds.

Action Impact: Passing of this resolution approves awarding \$3,000.00 in Community Betterment Grants in the individual amounts as identified on the attached Community Betterment Grant Award List.

Fiscal Note:

| Fiscal Year | Budget- ed? (Y/N) | Anticipated Expense | Anticipated Revenue | Ongoing Commitment? (Y/N) | If Amendment is Required, | |
|-------------|-------------------------|------------------------|------------------------|---------------------------------|----------------------------|----------------------------|
| | | | | | Expense Account Code | Revenue Account Code |
| 15/16 | | \$3,000.00 | | N | | 40109033.79410 |

Additional Fiscal Note Information (optional):

Community Betterment Grant Awards
May 31, 2016

City of Urbandale MAC CAMP

\$3,000.00

TOTAL

\$3,000.00