

OFFICIAL NOTICE

The Des Moines County Board of Supervisors will hold a regular session on **Tuesday, August 9th, 2022** at 9:00 A.M. in the public meeting room at the Des Moines County Courthouse.

8:30 AM -Work Session: Board of Supervisors: Review of Weekly Business

PUBLIC NOTICE – the meeting can be viewed by live stream at www.dmcountry.com/youtube. Anyone with questions during the meeting may email the Board of Supervisors at board@dmcountry.com OR call 319-753-8203, Ext 4

TENTATIVE AGENDA:

1. Pledge of Allegiance
2. Changes to Tentative Agenda
3. Meet with Department Heads / Elected Officials
4. Correspondence
5. Discussion / Vote:
 - A. Approval of FY2023 Optimae Life Services Lease Agreement
 - B. Approval of Contracts – Pleasant Grove Road H40 PCC Patching
L-PCCPatching23—73-29
 - C. Payroll Reimbursement Claims
 - D. Personnel Actions:
 1. Auditor (2)
 2. Local Health (3)
 3. Conservation (1)
 4. County Attorney (1)
 5. Correctional Center (1)
 - E. Reports:
 1. Recorder’s Report of Fees Collected, July 2022
 2. Veterans Affairs Reports, July 2022
 - F. Minutes for Regular Meeting on August 2nd, 2022
6. Other Business
7. Future Agenda Items
8. Committee Reports
9. Public Input
10. Adjournment

Work Sessions after meeting:

BOS / County Engineer

RE: Discussion of Changes to Level B Road Upgrade Policy

**LEASE AGREEMENT BETWEEN DES MOINES COUNTY OPTIMAE LIFE SERVICES FOR
910 COTTONWOOD SUITE 1001 OFFICE SPACE**

This Commercial Lease Agreement ("Lease") is made and effective July 1, 2022, by and between DES MOINES COUNTY ("Landlord") and OPTIMAE LIFE SERVICES ("Tenant").

Landlord is the owner of land and improvements commonly known and numbered as 910 COTTONWOOD, SUITE 1000, BURLINGTON, IOWA 52601 and legally described as follows (the "Building"):

Landlord makes available for lease a portion of the Building designated as OPTIMAE LIFE SERVICES, SUITE 1001 (the "Leased Premises").

Landlord desires to lease the Leased Premises to Tenant, and Tenant desires to lease the Leased Premises from Landlord for the term, at the rental and upon the covenants, conditions and provisions herein set forth.

THEREFORE, in consideration of the mutual promises herein, contained and other good and valuable consideration, it is agreed:

1. Term.

A. Landlord hereby leases the Leased Premises to Tenant, and Tenant hereby leases the same from Landlord, for an "Initial Term" beginning JULY 1, 2022 and ending JUNE 30, 2023. Landlord shall use its best efforts to give Tenant possession as nearly as possible at the beginning of the Lease term. If Landlord is unable to timely provide the Leased Premises, rent shall abate for the period of delay. Tenant shall make no other claim against Landlord for any such delay.

B. Tenant may renew the Lease for one extended term of 12 MONTHS. Tenant shall exercise such renewal option, if at all, by giving written notice to Landlord not less than ninety (90) days prior to the expiration of the Initial Term. The renewal term if mutually agreed upon between tenant and landlord shall be at the rental set forth below and otherwise upon the same covenants, conditions and provisions as provided in this Lease.

shall be at the rental set forth below and otherwise upon the same covenants, conditions and provisions as provided in this Lease.

2. Rental.

A. Tenant shall pay to Landlord during the Initial Term rental of \$20,136 per year, payable in installments of \$1,678.00 per month which shall include all maintenance costs. Each installment

payment shall be due in advance on the first day of each calendar month during the lease term to Landlord at DES MOINES COUNTY, 513 N. MAIN ST, BURLINGTON, IOWA or at such other place designated by written notice from Landlord or Tenant. The rental payment amount for any partial calendar months included in the lease term shall be prorated on a daily basis.

B. The rental for the first renewal lease term, if created as permitted under this Lease, shall be \$20,136 per year payable in installments of \$1,678.00 per month.

3. Use.

Tenant covenants and agrees that during the term of this Agreement, it will use and occupy the premises exclusively for the provision of OPTIMAE Life Services. Where applicable, Tennant agrees to operate and maintain the property strictly in accordance with any/ all rules, standards, and regulations promulgated by the Iowa Department of Inspections and Appeals and the Iowa Department of Human Services, in accordance with all Federal, State, or Local laws, rules, standards, and resolutions applying to such operation, and shall obtain or maintain such licenses, approvals, and/or accreditation as may be required, and in keeping with the principles of ethical behavior.

Notwithstanding the forgoing, Tenant shall not use the Leased Premises for the purposes of storing, manufacturing or selling any explosives, flammables or other inherently dangerous substance, chemical, thing or device.

4. Sublease and Assignment.

Tenant shall have the right without Landlord's consent, to assign this Lease to a corporation with which Tenant may merge or consolidate, to any subsidiary of Tenant, or to any corporation under common control with Tenant. Except as set forth above, Tenant shall not sublease all or any part of the Leased Premises or assign this Lease in whole or in part without Landlord's consent, such consent not to be unreasonably withheld or delayed.

5. Repairs.

Tenant takes the premises in their present condition. All repairs exceeding \$500.00 per occurrence will have prior approval of the County or its officially designated representative. The first \$500.00 (or less if the cost does not equal or exceed \$500.00) for each repair occurrence will be paid by Tenant, and the balance remaining after payment of \$500.00 by Tenant will be paid by County. Tenant shall not do, nor cause to be done, any remodeling of existing structures, nor erection of new structures unless County gives prior consent. Tenant shall maintain said premises in a safe and serviceable condition, except for normal wear and tear, and will not permit the premises to be damaged by any act or negligence of Tenant, its agents, or employees. Tenant will be responsible for daily and routine cleaning.

County would suggest the Tenant utilize the following items as a guide to successful daily operations:

- Practice of closing and locking of all doors when rooms or said leased space is not occupied by Optima Life Service staff per safety and security purposes.
- Outdoor areas including all porches and furniture shall be kept clean and free of debris and weeds to provide a safe environment.
- Provide timely and accurate work orders to Des Moines County Maintenance.
- The property will be kept clean.
- Inspections will be performed by County officials.
- General building and grounds maintenance issues will be handled by Des Moines County, all concerns shall be directed to the County Maintenance Supervisor

6. Alterations and Improvements.

Tenant shall have the right to place and install personal property, trade fixtures, equipment and other temporary installations in and upon the Leased Premises, and fasten the same to the premises.

Tenant shall keep an up-to-date inventory of the personal property leased hereunder, notifying County of any losses, thefts, destruction, or contemplated disposal of personal property not needed for the operation of the Leased Premises or welfare of the individuals. Any replacement of Leased Premises property purchased by Tenant during the term of this lease shall remain with County upon termination of the Agreement. Tenant shall have the right to use all furniture, equipment, and other personal property located in Leased Premises. Equipment purchased by Tenant not reimbursed or otherwise paid for by County (except for items purchased to replace original items on the inventory) and perishables (e.g. – food, office, medical, and cleaning supplies) for the operation of OPTIMAE services shall remain the property of Tenant. The County has the right to make an independent inventory of its personal property at any time.

7. Insurance.

A. If the Leased Premises or any other part of the Building is damaged by fire or other casualty resulting from any act or negligence of Tenant or any of Tenant's agents, employees or invitees, rent shall not be diminished or abated while such damages are under repair, and Tenant shall be responsible for the costs of repair not covered by insurance. Tenant shall pay for fire monitoring services for the property.

B. County shall insure the building and personal property against hazards and casualties, including fire and extended coverage; County shall also maintain general liability insurance covering its potential liability for any property damage or bodily injury for which it may be responsible as owner. Tenant shall keep in full force and effect during the term of this lease general liability

insurance, as well as professional malpractice insurance covering those employees as is warranted, naming Des Moines County as an additional insured. During the period of this Agreement, Tenant and Des Moines County shall hold each other harmless from any liability or responsibility for the acts or omissions of any of their respective employees or agents.

8. Utilities.

Des Moines County shall pay Utilities Electric, gas, water, sewer, and garbage. Tenant is responsible for other services such as phone, internet, cable ,etc.

Tenant acknowledges that the Leased Premises are designed to provide standard office use electrical facilities and standard office lighting. Tenant shall not use any equipment or devices that utilizes excessive electrical energy or which may, in Landlord's reasonable opinion, overload the wiring or interfere with electrical services to other tenants.

9. Signs.

Following Landlord's consent, Tenant shall have the right to place on the Leased Premises, at locations selected by Tenant, any signs which are permitted by applicable zoning ordinances and private restrictions. Landlord may refuse consent to any proposed signage that is in Landlord's opinion too large, deceptive, unattractive or otherwise inconsistent with or inappropriate to the Leased Premises or use of any other tenant. Landlord shall assist and cooperate with Tenant in obtaining any necessary permission from governmental authorities or adjoining owners and occupants for Tenant to place or construct the foregoing signs. Tenant shall repair all damage to the Leased Premises resulting from the removal of signs installed by Tenant.

10. Entry.

Landlord shall have the right to enter upon the Leased Premises at reasonable hours to inspect the same, provided Landlord shall not thereby unreasonably interfere with Tenant's business on the Leased Premises. Des Moines County shall have the right to enter upon the Leased Premises at any time for emergency purposes. Des Moines County Maintenance is the point of contact and issuant for Keys and Security Access badges/key fobs. Tenant representatives and/or tenants employees shall agree to all terms and conditions within the Security badge/key fob and Key Agreements signed at time of issuance.

11. Parking.

During the term of this Lease, Tenant shall have the non-exclusive use in common with Landlord, other tenants of the Building, their guests and invitees, of the non-reserved common automobile parking areas, driveways, and footways, subject to rules and regulations for the use thereof as prescribed from time to time by Landlord. Landlord reserves the right to designate parking areas within the Building or in reasonable proximity thereto, for Tenant and Tenant's

agents and employees. Separated structured parking, if any, located about the Building is reserved for tenants of the Building.

12. Building Rules.

Tenant will comply with the rules of the Building adopted and altered by Landlord from time to time and will cause all of its agents, employees, invitees and visitors to do so; all changes to such rules will be sent by Landlord to Tenant in writing.

The consumption or possession of alcoholic beverages or illegal drugs by tenants or visitors is not allowed anywhere on or near the premises of OPTIMAE Life Services, which includes but is not limited to, the inside of vehicles, rooms, and all common areas.

Tenants and visitors are not to be on or near the OPTIMAE Life Services while under the influence of alcohol or drugs. Anyone who witnesses signs of alcohol or drug abuse has an obligation to report it to management, so as to protect the well being of other people.

Tenant or guests will not permit the dwelling to be used for, engage, or to facilitate criminal activity including drug related criminal activity on or near the premises.

Smoking- Tenant, guest, or other person's under Tenant's control shall not smoke anywhere in the building. Smoking is permitted outside, in designated areas only per Iowa Smoke Free Air Act.

Candles- Tenants shall not burn candles, or start any open flames, anywhere in the building or on the property.

Any violation of the above may lead to an immediate termination of agreement and eviction.

To allow no fish, birds, reptiles, animals nor pets of any kind [except for assistive animals] anywhere on premises at any time without prior written permission from DMC maintenance. To report to DMC maintenance any pets seen anywhere on the premises. May not keep pets even temporarily belonging to another person at any time for any reason.

Assistive Animals: Potential tenants must prove [Through State Law] the need for an assistive animal and there will be no more than one assistive animal per unit. No assistive animal can be harmful to others. The assistive animal must be crated at all times when Tenant is absent from the unit. The size of the crate must be of adequate size to allow freedom of movement. If the assistive animal is a cat, the Tenant must provide a veterinary certificate stating the front claws have been removed. Tenant must provide veterinary certificate stating that all assistive animals have been spayed or neutered. Tenant must show that the animals are current with necessary vaccines. Carpet must be professionally cleaned and treated as necessary for pest infestation if it is so recommended by pest control professionals at the Tenants expense. Tenant is responsible to walk assistive animal only in designated areas. Any waste left by animal must be

collected and disposed of appropriately by Tenant. Assistive animal must be on a leash at all times in public or common areas.

13. Damage and Destruction.

Subject to Section 7 above, if the Leased Premises or any part thereof or any appurtenance thereto is so damaged by fire, casualty or structural defects that the same cannot be used for Tenant's purposes, then Tenant shall have the right within ninety (90) days following damage to elect by notice to Landlord to terminate this Lease as of the date of such damage. In the event of minor damage to any part of the Leased Premises, and if such damage does not render the Leased Premises unusable for Tenant's purposes, Landlord shall promptly repair such damage. In making the repairs called for in this paragraph, Landlord shall not be liable for any delays resulting from strikes, governmental restrictions, inability to obtain necessary materials or labor or other matters which are beyond the reasonable control of Landlord. Tenant shall be relieved from paying rent and other charges during any portion of the Lease term that the Leased Premises are inoperable or unfit for occupancy, or use, in whole or in part, for Tenant's purposes unless otherwise provided for in Section 7. Rentals and other charges paid in advance for any such periods shall be credited on the next ensuing payments, if any, but if no further payments are to be made, any such advance payments shall be refunded to Tenant. The provisions of this paragraph extend not only to the matters aforesaid, but also to any occurrence which is beyond Tenant's reasonable control and which renders the Leased Premises, or any appurtenance thereto, inoperable or unfit for occupancy or use, in whole or in part, for Tenant's purposes.

14. Default.

If default shall at any time be made by Tenant in the payment of rent when due to Landlord as herein provided, and if said default shall continue for fifteen (15) days after written notice thereof shall have been given to Tenant by Landlord, or if default shall be made in any of the other covenants or conditions to be kept, observed and performed by Tenant, and such default shall continue for thirty (30) days after notice thereof in writing to Tenant by Landlord without correction thereof then having been commenced and thereafter diligently prosecuted, Landlord may declare the term of this Lease ended and terminated by giving Tenant written notice of such intention, and if possession of the Leased Premises is not surrendered, Landlord may reenter said premises. Landlord shall have, in addition to the remedy above provided, any other right or remedy available to Landlord on account of any Tenant default, either in law or equity. Landlord shall use reasonable efforts to mitigate its damages.

TERMINATION AND AMENDMENT.

Either party to this Agreement shall have the right to terminate this Agreement for cause upon giving a ninety (90) day prior notice in writing. The first thirty (30) days after a notice of termination for cause may be used to correct and cure the causes listed in the notice, thereby rescinding the termination. "Cause" shall be defined as including, but not limited to, the following: an increase in per diem not included in the Agreement or agreed to by both parties,

documented abuse in violation of rules of Department of Inspections and Appeals or state law, or violation of the terms and conditions of this Agreement or any provision incorporated. This Agreement may be terminated immediately because of loss of license or bankruptcy. County may amend this Agreement to comply with changes in state law or policy and shall give written notice to Provider of such amendment and its effective date.

15. Quiet Possession.

Landlord covenants and warrants that upon performance by Tenant of its obligations hereunder, Landlord will keep and maintain Tenant in exclusive, quiet, peaceable and undisturbed and uninterrupted possession of the Leased Premises during the term of this Lease.

16. Condemnation.

If any legally, constituted authority condemns the Building or such part thereof which shall make the Leased Premises unsuitable for leasing, this Lease shall cease when the public authority takes possession, and Landlord and Tenant shall account for rental as of that date. Such termination shall be without prejudice to the rights of either party to recover compensation from the condemning authority for any loss or damage caused by the condemnation. Neither party shall have any rights in or to any award made to the other by the condemning authority.

17. Subordination.

Tenant agrees that it will from time to time upon request by Landlord execute and deliver to such persons as Landlord shall request a statement in recordable form certifying that this Lease is unmodified and in full force and effect (or if there have been modifications, that the same is in full force and effect as so modified), stating the dates to which rent and other charges payable under this Lease have been paid, stating that Landlord is not in default hereunder (or if Tenant alleges a default stating the nature of such alleged default) and further stating such other matters as Landlord shall reasonably require.

18. Notice.

Any notice required or permitted under this Lease shall be deemed sufficiently given or served if sent by United States certified mail, return receipt requested, addressed as follows:

If to Landlord to:
Des Moines County Auditor
513 N. Main
Burlington, Iowa 52601

If to Tenant to:
Optimae Life Services

James Maize
301 West Burlington Avenue
Fairfield, Iowa 52556

Landlord and Tenant shall each have the right from time to time to change the place notice is to be given under this paragraph by written notice thereof to the other party.

19. **Waiver.**

No waiver of any default of Landlord or Tenant hereunder shall be implied from any omission to take any action on account of such default if such default persists or is repeated, and no express waiver shall affect any default other than the default specified in the express waiver and that only for the time and to the extent therein stated. One or more waivers by Landlord or Tenant shall not be construed as a waiver of a subsequent breach of the same covenant, term or condition.

20. **Headings.**

The headings used in this Lease are for convenience of the parties only and shall not be considered in interpreting the meaning of any provision of this Lease.

21. **Consent.**

Landlord shall not unreasonably withhold or delay its consent with respect to any matter for which Landlord's consent is required or desirable under this Lease.

22. **Performance.**

If there is a default with respect to any of Landlord's covenants, warranties or representations under this Lease, and if the default continues more than ninety (90) days after notice in writing from Tenant to Landlord specifying the default, Tenant may, at its option and without affecting any other remedy hereunder, cure such default and deduct the cost thereof from the next accruing installment or installments of rent payable hereunder until Tenant shall have been fully reimbursed for such expenditures. If this Lease terminates prior to Tenant's receiving full reimbursement, Landlord shall pay the unreimbursed balance plus accrued interest to Tenant on demand.

23. Compliance with Law.

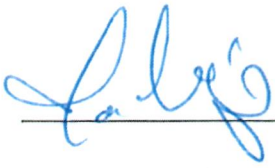
Tenant shall comply with all laws, orders, ordinances and other public requirements now or hereafter pertaining to Tenant's use of the Leased Premises. Landlord shall comply with all laws, orders, ordinances and other public requirements now or hereafter affecting the Leased Premises.

24. Final Agreement.

This Agreement terminates and supersedes all prior understandings or agreements on the subject matter hereof. This Agreement may be modified only by a further writing that is duly executed by both parties.

25. Governing Law.

This Agreement shall be governed, construed and interpreted by, through and under the Laws of the State of Iowa.



Mr. James Maize , Executive Director

Date

CONTRACT

DES MOINES County -- PCC Paving

Project Number: L-PCCPatching23--73-29

Letting Date: Friday, July 29, 2022

THIS AGREEMENT made and entered by and between DES MOINES County, Iowa, by its Board of Supervisors consisting of: Thomas L. Broeker (Chairperson), Shane McCampbell, Jim Cary, Contracting Authority, and JONES CONTRACTING CORP. of, WEST POINT, IA 52656, Contractor.

WITNESSETH: That the contractor, for and in consideration of Three Hundred Four Thousand Seven Hundred Seventy Seven Dollars and One Cents (\$304,777.01) payable as set forth in the specifications constituting a part of this contract, hereby agrees to construct in accordance with the plans and specification therefore, and in the locations designated in the notice to bidders, the various items of work as listed in the quantity and unit price tabulation

Said specifications and plans are hereby made a part of and the basis of this agreement, and a true copy of said plans and specifications are now on file in the office of the County Auditor under the date of 7/12/2022

That in consideration of the foregoing, the Contracting Authority hereby agrees to pay the Contractor, promptly and according to the requirements of the specifications the amounts set forth, subject to the conditions as set forth in the specifications

That it is mutually understood and agreed by the parties hereto that the notice to bidders, the proposal, the specifications for Project No. L-PCCPatching23--73-29 in DES MOINES County, Iowa, the within contract, the contractor's bond and the general and detailed plans are and constitute the basis of the contract between the parties hereto.

That it is further understood and agreed by the parties of this contract that the above work shall be commenced and completed on or before:

| Work Days | Date Type | Date | Liquidated Damages Per Day |
|-----------|-----------------|-----------|----------------------------|
| 19 | Late Start Date | 8/22/2022 | \$1,000.00 |

That time is the essence of this contract and that said contract contains all of the terms and conditions agreed upon the parties hereto.

It is further understood that the Contractor consents to the jurisdiction of the courts of Iowa to hear, determine and render judgment as to any controversy arising hereunder.

IN WITNESS WHEREOF the parties hereto have set their hands for the purposes herein expressed to this and three other instruments of like tenor, as of the ____ Day of _____, 2022

DES MOINES County Iowa, Contracting Authority

Chairperson, County Board of Supervisors

Date

JONES CONTRACTING CORP., Contractor

Signature

47-2578667
Federal ID

SCHEDULE OF PRICES -- CONTRACT

DES MOINES County, Iowa -- Project L-PCCPatching23--73-29

Type of work : PCC Paving

| | Item Number | Description | Units | Quantity | Unit Price | Total |
|-----------------------|--------------|---|-------|----------|-------------|---------------------|
| 1. | 2102-2713090 | EXCAVATION, CLASS 13, WASTE | CY | 705.3 | \$11.55 | \$8,146.22 |
| 2. | 2110-3825010 | GRANULAR MATERIAL | TON | 702.0 | \$28.60 | \$20,077.20 |
| 3. | 2123-7450020 | SHOULDER FINISHING, EARTH | STA | 10.00 | \$176.00 | \$1,760.00 |
| 4. | 2210-0475290 | MACADAM STONE BASE | TON | 917.000 | \$28.05 | \$25,721.85 |
| 5. | 2213-7100400 | RELOCATION OF MAIL BOXES | EACH | 1 | \$500.00 | \$500.00 |
| 6. | 2301-1033080 | STANDARD OR SLIP FORM PORTLAND CEMENT CONCRETE PAVEMENT, CLASS C, CLASS 3 DURABILITY, 8 IN. | SY | 2821.200 | \$71.00 | \$200,305.20 |
| 7. | 2510-6745850 | REMOVAL OF PAVEMENT | SY | 2821.2 | \$4.70 | \$13,259.64 |
| 8. | 2527-9263109 | PAINTED PAVEMENT MARKING, WATERBORNE OR SOLVENT-BASED | STA | 6.07 | \$1,320.00 | \$8,012.40 |
| 9. | 2528-2518000 | SAFETY CLOSURE | EACH | 2 | \$247.50 | \$495.00 |
| 10. | 2528-8445110 | TRAFFIC CONTROL | LS | 1.00 | \$10,890.00 | \$10,890.00 |
| 11. | 2533-4980005 | MOBILIZATION | LS | 1.00 | \$15,609.50 | \$15,609.50 |
| Contract Total | | | | | | \$304,777.01 |

STANDARD SPECIFICATIONS OF THE IDOT, SERIES 2015, AND CURRENT SUPPLEMENTAL SPECIFICATIONS SHALL APPLY.

The County, in accordance with Title VI of the Civil Rights Act of 1964, 78 Stat. 252, 42 U.S.C. 2000d to 2000d-4 and Title 49, Code of Federal Regulations, Department of Transportation, Subtitle A, Office of the Secretary, Part 21, Nondiscrimination in Federally-assisted programs of the Department of Transportation issued pursuant to such Act, hereby notifies all bidders that it will affirmatively insure that in any contract entered into pursuant to this advertisement, minority business enterprises will be afforded full opportunity to submit bids in response to this invitation and will not be discriminated against on the grounds of race, color, or national origin in consideration for an award.

**Payroll Claims
Reimbursements**

NOTICE OF DES MOINES COUNTY PERSONNEL ACTION

Name: Angie Paytes Employee #: 00823
Title: Clerk II Department: Auditor

STATUS CHANGES

TERMINATION

Resignation
 Discharge
 Retirement
 Unsatisfactory Probation
 Death
 Other, Explain

Last Day Worked _____
Add Vacation Days _____ to _____
Add Sick Days _____ to _____
Add Other Days _____ to _____
Last Day Paid _____
Unpaid Days _____ to _____

Final Termination Date _____
Final Rate of Pay _____
Permanent Address _____
City, State, Zip _____

LEAVE OF ABSENCE

Maternity
 Medical
 Other, Explain
 Educational
 Military

Dates of Absence _____ to _____

Does the employee Want
Health Insurance Continued Yes No
Does Employee Want Life
Insurance Continued Yes No

TRANSFER

Permanent
 Temporary
 Voluntary
 Involuntary

Previous Title _____
Previous Dept _____
New Job Title _____
New Dept _____
Previous Rate _____ New Rate _____
Effective Transfer Date _____

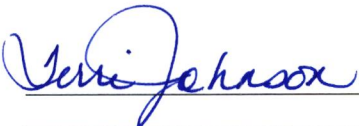
LAY OFF

Does the employee Want
Health Insurance Continued Yes No
Does Employee Want Life
Insurance Continued Yes No
Last Day Worked _____

SALARY ADJUSTMENT

Reclassification
 Anniversary
 Promotion
 Probationary
 Demotion
 Reduction
 Suspension
 Other, Explain
36-month step increase _____

Previous Rate \$36,432.84 New Rate \$37,161.46
Previous Job Title: (if changed) _____
Effective Date: 07/31/2022

Authorized by:  Department: Auditor Date: 07/29/2022
Authorized by: _____ Department: _____ Date: _____

Pay Period Ending: _____ Payroll Date: _____

NOTICE OF DES MOINES COUNTY PERSONNEL ACTION

Name: Kathy Housman Employee #: 00825
Title: Clerk II Department: Auditor

STATUS CHANGES

TERMINATION

Resignation
 Discharge
 Retirement
 Unsatisfactory Probation
 Death
 Other, Explain

Last Day Worked _____
Add Vacation Days _____ to _____
Add Sick Days _____ to _____
Add Other Days _____ to _____
Last Day Paid _____
Unpaid Days _____ to _____

Final Termination Date _____
Final Rate of Pay _____
Permanent Address _____
City, State, Zip _____

LEAVE OF ABSENCE

Maternity
 Medical
 Other, Explain
 Educational
 Military

Dates of Absence _____ to _____

Does the employee Want
Health Insurance Continued Yes No
Does Employee Want Life
Insurance Continued Yes No

TRANSFER

Permanent
 Temporary
 Voluntary
 Involuntary

Previous Title _____
Previous Dept _____
New Job Title _____
New Dept _____
Previous Rate _____ New Rate _____
Effective Transfer Date _____


LAY OFF

Does the employee Want
Health Insurance Continued Yes No
Does Employee Want Life
Insurance Continued Yes No
Last Day Worked _____

SALARY ADJUSTMENT

Reclassification
 Anniversary
 Promotion
 Probationary
 Demotion
 Reduction
 Suspension
 Other, Explain
36-month step increase _____

Previous Rate \$36,432.84 New Rate \$37,161.46
Previous Job Title: (if changed) _____
Effective Date: 08/19/2022

Authorized by:  Department: Auditor Date: 07/29/2022
Authorized by: _____ Department: _____ Date: _____

Pay Period Ending: _____ Payroll Date: _____

NOTICE OF DES MOINES COUNTY PERSONNEL ACTION

Name: Inger McClellan Employee #: _____
Title: Certified Nurse Aide Department: Local Health

STATUS CHANGES

TERMINATION

Resignation Unsatisfactory Probation
 Discharge Death
 Retirement Other, Explain

Last Day Worked _____
Add Vacation Days _____ to _____
Add Sick Days _____ to _____
Add Other Days _____ to _____
Unpaid Days _____ to _____

Final Termination Date _____
Final Rate of Pay _____
Permanent Address _____
City, State, Zip _____

LEAVE OF ABSENCE

Maternity Educational
 Medical Military
 Other, Explain _____

Dates of Absence _____ to _____

Does the employee Want
Health Insurance Continued Yes No
Does Employee Want Life
Insurance Continued Yes No

TRANSFER

Permanent Voluntary
 Temporary Involuntary

Previous Title _____
Previous Dept _____
New Job Title _____
New Dept _____
Previous Rate _____
Effective Transfer Date _____

LAY OFF

Does the employee Want
Health Insurance Continued Yes No
Does Employee Want Life
Insurance Continued Yes No
Last Day Worked _____

SALARY ADJUSTMENT

Reclassification Demotion
 Anniversary Reduction
 Promotion Suspension
 Probationary Other, Explain

8 hours unpaid on July 28, 2022

Previous Rate _____ New Rate _____
Previous Job Title: (if changed) _____
Effective Date: _____

Authorized by: Christa Poggemiller Department: Local Health Date: 7/29/2022
Authorized by: _____ Department: Local Health Date: _____

Pay Period Ending: _____ Payroll Date: _____

NOTICE OF DES MOINES COUNTY PERSONNEL ACTION

Name: Derrick Pfeifer Employee #: _____
Title: Nurse Department: Local Health

STATUS CHANGES

TERMINATION

Resignation Unsatisfactory Probation
 Discharge Death
 Retirement Other, Explain

Last Day Worked _____
Add Vacation Days _____ to _____
Add Sick Days _____ to _____
Add Other Days _____ to _____
Unpaid Days _____ to _____

Final Termination Date _____
Final Rate of Pay _____
Permanent Address _____
City, State, Zip _____

LEAVE OF ABSENCE

Maternity Educational
 Medical Military
 Other, Explain _____

Dates of Absence _____ to _____

Does the employee Want
Health Insurance Continued Yes No
Does Employee Want Life
Insurance Continued Yes No

TRANSFER

Permanent Voluntary
 Temporary Involuntary

Previous Title _____
Previous Dept _____
New Job Title _____
New Dept _____
Previous Rate _____
Effective Transfer Date _____

LAY OFF

Does the employee Want
Health Insurance Continued Yes No
Does Employee Want Life
Insurance Continued Yes No
Last Day Worked _____

SALARY ADJUSTMENT

Reclassification Demotion
 Anniversary Reduction
 Promotion Suspension
 Probationary Other, Explain

16 hours of unpaid leave 8/8/22 and /9//22

Previous Rate _____ New Rate _____
Previous Job Title: (if changed) _____
Effective Date: _____

Authorized by: Christa Poggemiller Department: Local Health Date: 8/5/2022
Authorized by: _____ Department: Local Health Date: _____

Pay Period Ending: _____ Payroll Date: _____

NOTICE OF DES MOINES COUNTY PERSONNEL ACTION

Name: Derrick Pfeifer Employee #: _____
Title: Nurse Department: Local Health

STATUS CHANGES

TERMINATION

Resignation Unsatisfactory Probation
 Discharge Death
 Retirement Other, Explain

TRANSFER

Permanent Voluntary
 Temporary Involuntary

Previous Title _____
Previous Dept _____
New Job Title _____
New Dept _____
Previous Rate _____
Effective Transfer Date _____
Last Day Worked _____
Add Vacation Days _____ to _____
Add Sick Days _____ to _____
Add Other Days _____ to _____
Unpaid Days _____ to _____

LAY OFF

Final Termination Date _____
Final Rate of Pay _____
Permanent Address _____
City, State, Zip _____
Does the employee Want Health Insurance Continued Yes No
Does Employee Want Life Insurance Continued Yes No
Last Day Worked _____

LEAVE OF ABSENCE

Maternity Educational
 Medical Military
 Other, Explain _____

SALARY ADJUSTMENT

Reclassification Demotion
 Anniversary Reduction
 Promotion Suspension
 Probationary Other, Explain
2.5 hours unpaid leave on 8/5/2022

Dates of Absence _____ to _____

Does the employee Want Health Insurance Continued Yes No
Does Employee Want Life Insurance Continued Yes No
Previous Rate _____ New Rate _____
Previous Job Title: (if changed) _____
Effective Date: _____

Authorized by: Christa Poggemiller Department: Local Health Date: 8/5/2022
Authorized by: _____ Department: Local Health Date: _____

Pay Period Ending: _____ Payroll Date: _____

NOTICE OF DES MOINES COUNTY PERSONNEL ACTION

Name: Kelly Rundell Employee # : _____
Title: Environmental Education Coordinator Department: Conservation

STATUS CHANGES

TERMINATION

Resignation
 Discharge
 Retirement
 Unsatisfactory Probation
 Death
 Other, Explain

TRANSFER

Permanent
 Temporary
 Voluntary
 Involuntary

Last Day Worked _____
Add Vacation Days _____ to _____
Add Sick Days _____ to _____
Add Other Days _____ to _____
Last Day Paid _____
Unpaid Days _____ to _____

Previous Title _____
Previous Dept _____
New Job Title _____
New Dept _____
Previous Rate _____ New Rate _____
Effective Transfer Date _____

Final Termination Date August 19, 2022
Final Rate of Pay _____
Permanent Address _____
City, State, Zip _____

Does the employee Want
Health Insurance Continued Yes No
Does Employee Want Life
Insurance Continued Yes No
Last Day Worked _____

LEAVE OF ABSENCE

Maternity
 Medical
 Other, Explain
 Educational
 Military

SALARY ADJUSTMENT

New Hire
 Anniversary
 Probationary
 Demotion
 Reduction
 Suspension
 Other, Explain

Dates of Absence _____ to _____

Does the employee Want
Health Insurance Continued Yes No
Does Employee Want Life
Insurance Continued Yes No

Previous Rate _____ New Rate _____
Previous Job Title: (if changed) _____
Effective Date: _____

Authorized by: Chris Lee Department: Conservation Date: 8/4/22
Authorized by: _____ Department: _____ Date: _____

Pay Period Ending: 8/20/22 Payroll Date: 8/26/22

NOTICE OF DES MOINES COUNTY PERSONNEL ACTION

Name: Dawn Callison Employee #: 0262
Title: Receptionist/Records Assistant Department: County Attorney

STATUS CHANGES

TERMINATION

- Resignation
 Discharge
 Retirement
 Unsatisfactory Probation
 Death
 Other, Explain

Last Day Worked _____
Add Vacation Days 0 to _____
Add Sick Days 0 to _____
Add Other Days 0 to _____
Last Day Paid _____
Unpaid Days _____ Personal hrs _____

Final Termination Date _____
Final Rate of Pay _____
Permanent Address _____
City, State, Zip _____

LEAVE OF ABSENCE

- Maternity
 Medical
 Other, Explain
 Educational
 Military

Dates of Absence _____ to _____

Does the employee Want
Health Insurance Continued Yes No
Does Employee Want Life
Insurance Continued Yes No

TRANSFER

- Permanent
 Temporary
 Voluntary
 Involuntary

Previous Title _____
Previous Dept _____
New Job Title _____
New Dept _____
Previous Rate hourly New Rate _____
Effective Transfer Date _____

LAY OFF

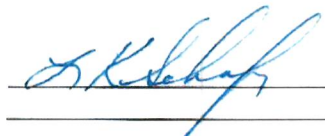
Does the employee Want
Health Insurance Continued Yes No
Does Employee Want Life
Insurance Continued Yes No
Last Day Worked _____

SALARY ADJUSTMENT

- Reclassification
 Anniversary
 Promotion
 Probationary
 Demotion
 Reduction
 Suspension
 Other, Explain

Voluntary quit
0001-04-1100-000-10050 - Effective 8-5-22

Previous Rate _____ New Rate _____
Previous Job Title: (if changed) _____
Effective Date: _____

Authorized by:  Department: Lisa K. Schaefer Date: 8-4-22
Authorized by: _____ Department: County Attorney Date: _____

Pay Period Ending: _____ Payroll Date: _____

NOTICE OF DES MOINES COUNTY PERSONNEL ACTION

Name: ROOKS, Kenyetta Employee #: J154
Title: Correctional Officer-Full Time Department: Correctional Center

STATUS CHANGES

TERMINATION

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Resignation | <input type="checkbox"/> Unsatisfactory Probation |
| <input type="checkbox"/> Discharge | <input type="checkbox"/> Death |
| <input type="checkbox"/> Retirement | <input type="checkbox"/> Other, Explain _____ |

TRANSFER

- | | |
|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Permanent | <input type="checkbox"/> Voluntary |
| <input type="checkbox"/> Temporary | <input type="checkbox"/> Involuntary |

Previous Title _____
Previous Dept _____
New Job Title _____
New Dept _____
Previous Rate _____
Effective Transfer Date _____

Last Day Worked _____
Add Vacation Days _____ to _____
Add Sick Days _____ to _____
Add Other Days _____ to _____
Last Day Paid _____
Unpaid Days _____ to _____

LAY OFF

Final Termination Date _____ Does the employee Want
Health Insurance Continued Yes No
Final Rate of Pay _____ Does Employee Want Life
Permanent Address _____ Insurance Continued Yes No
City, State, Zip _____ Last Day Worked _____

LEAVE OF ABSENCE

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Maternity | <input type="checkbox"/> Educational |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Military |
| <input type="checkbox"/> Other, Explain _____ | |

SALARY ADJUSTMENT

- | | |
|---|---|
| <input type="checkbox"/> Reclassification | <input type="checkbox"/> Demotion |
| <input checked="" type="checkbox"/> Anniversary | <input type="checkbox"/> Reduction |
| <input type="checkbox"/> Promotion | <input type="checkbox"/> Suspension |
| <input type="checkbox"/> Probationary | <input type="checkbox"/> Other, Explain _____ |

Dates of Absence _____ to _____
6 months step increase

Does the employee Want
Health Insurance Continued Yes No Previous Rate \$41,362.40/yr New Rate \$42,429.10/yr
Does Employee Want Life
Insurance Continued Yes No Previous Job Title: (if changed) _____
Effective Date: August 9, 2022

Authorized by: /s/ Colter J. Levinson Department: Correction. Center Date: August 5, 2022
Authorized by: _____ Department: _____ Date: _____

Pay Period Ending: _____ Payroll Date: _____

MISCELLANEOUS RECEIPTS TO TREASURER

DATE: August 1, 2022 _____

| <u>DOC NO.</u> | <u>PAID BY/DESCRIPTION</u> | | <u>ACCOUNT NO.</u> | <u>AMOUNT</u> | <u>ACCURE DATE</u> |
|----------------|--|-----|-----------------------|---------------|--------------------|
| 1636 | Public - Affidavits & Articles of Inc | AA | 0001-1-07-8110-400010 | \$575.00 | 7/29/2022 |
| " | Public - Contracts | CT | 0001-1-07-8110-400015 | \$480.00 | " |
| " | Public - Deeds | DDS | 0001-1-07-8110-400020 | \$1,800.00 | " |
| " | Public - Easements | EM | 0001-1-07-8110-400025 | \$55.00 | " |
| " | Public - Miscellaneous | MI | 0001-1-07-8110-400030 | \$155.00 | " |
| " | Public - Mortgages | MTG | 0001-1-07-8110400035 | \$7,975.00 | " |
| " | Public - Plats | PLT | 0001-1-07-8110-400040 | \$335.00 | " |
| " | State of Iowa-Tax Liens | TL | 0001-1-07-8110-400045 | \$30.00 | " |
| " | Public - Trade Names | TN | 0001-1-07-8110-400050 | \$40.00 | " |
| " | Public - Fin. Stmt's - Fixture Filings | FSF | 0001-1-07-8110-400055 | \$80.00 | " |
| " | DNR - ATV Titles & Liens | ST | 0001-1-07-8110-401000 | \$140.00 | " |
| " | DNR - Boat Liens Fee | BL | 0001-1-07-8110-402000 | \$45.00 | " |
| " | DNR - Boat/Snow Writing Fees | WFB | 0001-1-07-8110-403000 | \$302.50 | " |
| " | DNR - Hunt & Fish Writing Fees | WFH | 0001-1-07-8110-403001 | \$4.00 | " |
| " | Ia Dept of Rev - Rev Stamp Fee | RS | 0001-1-07-8110-404000 | \$7,352.92 | " |
| " | Public - County Transfer Fees | TF | 0001-1-07-8110-410000 | \$1,005.00 | " |
| " | Ia Dept of Health - Vital Record Fee | VR | 0001-1-07-8110-413000 | \$1,236.00 | " |
| " | Public - PhotoCopy/Fax Fees | OMI | 0001-1-07-8110-550000 | \$1,093.20 | " |
| " | Public - Recorder's Record Mgt Fees | RMF | 0024-1-07-8110-414000 | \$560.00 | " |
| " | Two Rivers - Interest on Checking | IC | 0001-1-07-8110-600000 | \$1.03 | " |
| " | Public - Non-refund Over Payment | NR | 0001-4-99-9030-822000 | \$20.80 | " |
| " | DNR - Boat Title Fee | BT | 0027-1-22-6110-412000 | \$210.00 | " |
| " | Public - County UTV Permit | CAP | 0001-1-07-8110-407000 | \$25.00 | " |

TOTAL \$23,520.45

THE REVENUE LISTED ABOVE WAS RECEIVED FROM THE RECORDER'S DEPARTMENT.

BY _____
INITIALS

TREASURER'S RECEIPT NUMBER ISSUED FOR THIS TRANSACTION: _____

DES MOINES CO TREASURER

DATE : 8/1/2022 10:31 AM
OPER : 3-Julie
TKBY : Julie Howe
TERM : 3
REC# : R00392539

| | |
|-------------------------------|----------|
| 400 Miscellaneous Receipt | 23520.45 |
| DMC RECORDER OFFICE | 23520.45 |
| AFFIDAVITS & ARTICLES | 575.00 |
| 0001-1-07-8110-400010 | -575.00 |
| CONTRACTS | 480.00 |
| 0001-1-07-8110-400015 | -480.00 |
| DEEDS | 1800.00 |
| 0001-1-07-8110-400020 | -1800.00 |
| EASEMENTS | 55.00 |
| 0001-1-07-8110-400025 | -55.00 |
| MISCELLANEOUS | 155.00 |
| 0001-1-07-8110-400030 | -155.00 |
| MORTGAGES | 7975.00 |
| 0001-1-07-8110-400035 | -7975.00 |
| PLATS | 335.00 |
| 0001-1-07-8110-400040 | -335.00 |
| TAX LIENS-ST OF IA | 30.00 |
| 0001-1-07-8110-400045 | -30.00 |
| TRADE NAMES | 40.00 |
| 0001-1-07-8110-400050 | -40.00 |
| FIN STMTS FIXTURE FILING | 80.00 |
| 0001-1-07-8110-400055 | -80.00 |
| SNOWMOBILE TITLE & LIENS-DNR | 140.00 |
| 0001-1-07-8110-401000 | -140.00 |
| BOAT LIEN -DNR | 45.00 |
| 0001-1-07-8110-402000 | -45.00 |
| BOAT/SNOW WRITING FEES-DNR | 302.50 |
| 0001-1-07-8110-403000 | -302.50 |
| HUNT/FISH WRITING FEES-DNR | 4.00 |
| 0001-1-07-8110-403001 | -4.00 |
| REVENUE STAMPS-IA DEPT OF REV | 7352.92 |
| 0001-1-07-8110-404000 | -7352.92 |
| TRANSFER FEES - AUDITOR | 1005.00 |
| 0001-1-07-8110-410000 | -1005.00 |
| VITAL RECORDS-IA DEPT HEALTH | 1236.00 |
| 0001-1-07-8110-413000 | -1236.00 |
| OTHER MISC FEES & COPIES | 1093.20 |
| 0001-1-07-8110-550000 | -1093.20 |
| RECORDER'S REC MGT FEE | 560.00 |
| 0024-1-07-8110-414000 | -560.00 |
| TRB - INT ON CK'G-TWO RIVERS | 1.03 |
| 0001-1-07-8110-600000 | -1.03 |
| REC'S NON-REF OVER PYMT | 20.80 |
| 0001-4-99-9030-822000 | -20.80 |
| DNR - BOAT TITLE FEE | 210.00 |
| 0027-1-22-6110-412000 | -210.00 |
| PUBLIC - COUNTY UTV PERMIT | 25.00 |
| 0001-1-07-8110-407000 | -25.00 |

Paid By:DMC RECORDER OFFICE
2-Check 23520.45 REF:4965

APPLIED 23520.45
TENDERED 23520.45

CHANGE 0.00

COMMISSION OF VETERANS AFFAIRS



We, the undersigned members of the Commission of Veterans Affairs, hereby certify that the following is a correct statement of the names, and assistance given to persons entitled to financial assistance under Chapter 35B of the Code of Iowa, as amended, for the month of July 2022.

| NAME | WAR | AMOUNT | FOR |
|------|-----------|----------|-----------|
| A.D. | Peacetime | \$250.00 | Utilities |
| E.G. | Vietnam | \$250.00 | Utilities |
| R.R. | Peacetime | \$242.00 | Rent |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

TOTAL **\$742.00**

Arne Hausknecht
Arne Hausknecht

Marilyn Box
Marilyn Box

Francis McAllister
Francis McAllister



COMMISSION OF VETERANS AFFAIRS

DES MOINES COUNTY

STATISTICS FOR THE MONTH OF JULY 2022

Total spent on Direct Financial Aid to Vets: **\$742.00** Total Budgeted **\$43,550.00**

| SPENT: | | WAR-TIME PERIOD | | | | BALANCE |
|--------------|-----------------|-----------------|----------|-----------|----------|-------------|
| | | | | | | \$43,550.00 |
| Food | \$0.00 | WWII | \$0.00 | July | \$742.00 | \$42,808.00 |
| Medical | \$0.00 | Korean | \$0.00 | August | | \$42,808.00 |
| Rent | \$242.00 | Vietnam | \$250.00 | September | | \$42,808.00 |
| Utilities | \$500.00 | Lebanon | \$0.00 | October | | \$42,808.00 |
| Clothing | \$0.00 | Panama | \$0.00 | November | | \$42,808.00 |
| Personal | \$0.00 | Grenada | \$0.00 | December | | \$42,808.00 |
| Education | \$0.00 | Persian Gulf | \$0.00 | January | | \$42,808.00 |
| Burial | \$0.00 | Peace Time | \$492.00 | February | | \$42,808.00 |
| Misc. | \$0.00 | Food Pantry | \$0.00 | March | | \$42,808.00 |
| | | | | April | | \$42,808.00 |
| | | | | May | | \$42,808.00 |
| Total | \$742.00 | | | June | | \$42,808.00 |

August 2, 2022

The Des Moines County Board of Supervisors met in regular session at the Court House in Burlington at 9 AM on Tuesday, August 2, 2022, with Chairman Jim Cary, Vice-Chair Shane McCampbell and Member Tom Broeker present. This meeting was also held electronically via Webex and YouTube live streaming. Public input was available through board email or call in.

Unless otherwise noted, all motions passed unanimously. The Pledge of Allegiance was conducted.

Meet with Department Heads: Deputy Auditor Sara Doty stated she continues to stay busy with payroll and end of the Fiscal Year. IT Director Colin Gerst reported his office is busy and they have a few projects in the works. County Treasurer Janelle Nalley-Londquist stated the Treasurer's Office is closed today due to her staff being at training. Property Tax Statements are being processed at this time. Conservation Director Chris Lee reported this is the last week of summer camp. There will be a Volunteer Dinner on August 12th at 5:00 p.m. at Starrs Cave Nature Center. SEIL Coordinator of Disability Services Ken Hyndman was present. County Auditor Terri Johnson reported August 8-31st is the candidate filing dates for Ag Extension, Soil and Water Conservation and NPPO candidates. August 30th is the first day voters can submit an absentee ballot request form. October 19th is the first day to mail out ballots and vote in person at the Auditor's Office. County Engineer Brian Carter reported the Auction for Mediapolis & Pleasant Grove shop sites will be held on August 25th. The intersection of Pleasant Grove Road and Highway 61 is now open. There was a bid opening held on Friday for the patch on Pleasant Grove Road with one bid being submitted. Public Health Director Christa Poggemiller stated her office will be at the National Night Out tonight offering COVID Vaccines. Maintenance Director Rodney Bliesener reported there are items listed on the County website for sale. Safety Director Angela Vaughan was present. Sheriff Kevin Glendening stated everything is going well. The Des Moines County Fair is ending today. He wants to invite the public to National Night out tonight from 6:00 p.m. – 8:00 p.m. at the Riverfront. His office has held interviews on August 1st & 2nd to hire a Deputy. The jail population is currently at 77. Assistant County Attorney Trent Henkelvig stated the office remains busy with trials. They will also be present at the National Night Out tonight.

2022 Edward Byrne Memorial Justice Assistance Grant (JAG) Interlocal Agreement between the City of Burlington and Des Moines County in the amount of \$20,363 was presented by Burlington Police Department Major Jeff Klein. The funds will be used to purchase active shooter response equipment accessible by the City and County law enforcement personnel. Broeker made a motion to approve and seconded by McCampbell.

Approval of 2021 Homestead & Military Exemptions were presented. Homestead value is \$53,608,015 and Military value is \$3,468,796. These exemptions are for the 2021 taxes payable 2022 and 2023. Broeker made a motion to approve and seconded by McCampbell.

National Night Out Proclamation to be held on Tuesday, August 2nd was presented. Broeker made a motion to approve and seconded by McCampbell.

Resolution 2022-057 and Final Plat for Myers Corner Subdivision was presented. This is a one-lot subdivision containing 2.95 acres located in Pt NE1/4 Section 13, Franklin Twp. At the southwest corner of Sperry Road and 111th Ave. Owners are Chad & Joni Myers, 18876 111th Ave., Sperry and Madewell LLC, 10955 Sperry Rd., Sperry. Subdivider is Chad & Joni Myers. McCampbell made a motion to approve and seconded by Broeker.

INSERT RESOLUTION #2022-057

Accounts Payable in the amount of \$1,026,060.30 was presented. McCampbell made a motion to approve and seconded by Broeker.

Personnel Actions: Auditor – Sara Doty, Payroll 1st Deputy, 18-Month Step Increase. New Rate of \$59,332.22 effective 8/4. Broeker made a motion to approve and seconded by McCampbell. Local Health – Judith Weatherwax, CNA, Retirement effective 7/29. McCampbell made a motion to approve and seconded by Broeker.

McCampbell motioned to approve the July 26th, 2022 meeting minutes and seconded by Broeker.

Committee Reports – McCampbell attended a Descom Communications and Area Recyclers Meeting. Broeker attended a Descom Communications Meeting.

Meeting was adjourned at 9:34 AM.

Two work sessions were held following the meeting. The first work session included the Board of Supervisors, Public Health, County Engineer, and County Assistant County Attorney. Discussion was held regarding abandoned buildings in the County. The second work session included the Board of Supervisors, County Engineer, and some current landowners. There was discussion on updating the C-Level Road ordinance.

This Board meeting is recorded. The meeting minutes and audio are posted on the county's website www.dmcounty.com

Jim Cary, Chairman

Attest: Sara Doty, Deputy Auditor