

**MCLEOD COUNTY  
BOARD OF COMMISSIONERS MEETING  
PROPOSED AGENDA –SEPTEMBER 21, 2010**

**1 9:00 CALL TO ORDER**

**PLEDGE OF ALLEGIANCE**

**2 9:03 CONSIDERATION OF AGENDA ITEMS \***

**3 9:05 CONSENT AGENDA \***

- A. September 3, 2010 Auditor's Warrants.
- B. September 10, 2010 Auditor's Warrants.
- C. Contract between McLeod Treatment Programs and McLeod County Public Health Nursing for Registered Nursing Services from January 1, 2011-December 31, 2011 at 4-6 hours per week @ \$44 per hour with other trainings provided within a budget of \$10,032.
- D. Install a barrier gate at the entrance of door # 6 at the Material Recovery Facility due to commercial and residential incidents which have led to numerous repairs to the door. St. Cloud Overhead Door, of St. Cloud, MN quoted \$4,790.00 and Overhead Door company of the Northland, of Eagan, MN quoted \$5,504.00. Both quotations include the same costs for electrical and concrete work; the difference is due to the company quotations relative to the barrier gate expenses.
- E. Hire St. Cloud Overhead Door, of St. Cloud, MN to replace the damaged #6 receiving door in the Material Recovery Facility's drive-through. The cost of the replacement would be \$11,688.00.

**4 PAYMENT OF BILLS - COMMISSIONER WARRANT LIST \***

**5 PAYMENT OF BILLS - ADDITIONAL MISCELLANEOUS BILLS TO BE PAID BY AUDITORS WARRANTS \***

**6 9:15 ROAD AND BRIDGE – Engineer John Brunkhorst**

- A. Consider final acceptance and payment to Reiner Contracting of Hutchinson, MN for box culvert projects SAP 43-598-011 (County Road 71) and SAP 43-599-33 (Helen Township). Final payment amounts are \$2,515.68 and \$3,256.96 respectively. \*
- B. Consider purchase of two 1991 Midland pup trailers from Plaisted Companies Inc. of Elk River, MN for \$12,500 each plus applicable tax and license. These pup trailers are not in the current budget but are a very good deal. A good pup is hard to come across. We believe there will be funds remaining in various accounts by the

end of the year that could cover the cost of these. Our last new pup was a 2008 model purchased for \$29,769. \*

C. Consider dues for SW Corridor Transportation Coalition.

**7 9:30 CENTRAL SERVICES- Central Services Manager Tom Keefe**

- A. Consider a contract between McLeod County and BusinessWare Solutions Service of Hutchinson, MN for an extension of the existing maintenance contract of 20 hours at \$130 per hour totaling \$2,600.00 to repair the County's printers as needed for \$2,600. \*
- B. Consider the following agreement and maintenance plan enrollment to assist in providing reliable fax support across the Internet Protocol (IP) network. This would be considered a component of the new VoIP telephone system.
  - 1. AMAC Purchase agreement between McLeod County and Integra Telecom for a DSP II Module and MCD G729 License for 8 channels at a one-time cost of \$1,153.14 plus applicable tax.
  - 2. MITEL/Integra, Telecom Schedule B – Guardian Maintenance Plan Enrollment for the Guardian Select Plan for an annual cost of \$327.00 plus applicable tax for four years.

**8 9:40 ENVIRONMENTAL SERVICES- Environmentalist Roger Berggren**

- A. Consider approving and signing The FY 2011 State of Minnesota Board of Water and Soil Resources Natural Resource Block Grant Agreement (NRBG) which provides money to help administer five different resource areas in the county. This is a yearly agreement that the county and state have entered into for over 15 years. \*

The NRBG money is needed to help offset the costs for certain programs that the county is in charge of administering. The County will receive \$75,527 from this grant and will be required to match this with \$45,298 in a cash-match or in-kind services.

- B. Consider authorizing Commissioner Paul Wright and Roger Berggren to spend up to \$13,500 to resolve issues with Joint Ditch 24, Section 7, Round Grove Township. This item was addressed at the August 31st meeting however the costs have come in above the previously authorized amount. \*

**9 9:55 EXTENSION – Extension Education Jill Grams**

- A. Presentation on the 4-H accomplishments at the McLeod County and Minnesota State Fairs.

**10 10:10 ASSESSOR – County Assessor Sue Schulz**

- A. Presentation on County market values

**11 10:25 FIVE-MINUTE RECESS**

**12 11:00 PUBLIC HEARING - County Ditch Assessments**

- A. Set 2011 ditch assessments

**13 COUNTY ADMINISTRATION**

Review of Commissioners Calendar  
Commissioners reports on committee meetings attended since September 7, 2010.

- A. Consider quotations for installation of a second flagpole at the Courthouse and purchasing County flags to be flown at County facilities.
- B. Consider Staffing Request Review Committee Recommendations.
- C. Consider adopting the proposed Social Media Policy.
- D. Consider setting a public hearing on the proposed granting of a business subsidy for October 5, 2010 at 10:30 a.m.

**OTHER**

Open Forum  
Press Relations

**RECESS**

Next board meeting October 5, 2010 at 9:00 a.m. in the County Boardroom.

Auditor Warrants 9/3/10

9/03/2010 01 FUND  
12:38:14 GENERAL REVENUE FUND

\*\*\*\*\* MCLEOD COUNTY IFS \*\*\*\*\*  
INTEGRATED RECEIPTS AND DISBURSEMENTS SYSTEM  
A/P AUDIT LIST FOR BOARD

COUNTY 43

IFD53 PAGE 1

AUDITOR'S WARRANTS

VENDOR NO.	NAME	ACCOUNT NO.	RPT ACRR	AMOUNT	WARRANT DESCRIPTION SERVICE DATES	INVOICE# PAID ON BEHALF #	ACCOUNT DESCRIPTION ON BEHALF OF NAME
--	000 DEPT				BALANCE SHEET		
-	2811 CNA GROUP LONG TERM CARE	01-000-000-0000-2048		322.80	LONG TERM CARE GENERAL FUND 9/01/2010 9/30/2010	864717	LONG TERM CARE PAYABLE
*	2811 CNA GROUP LONG TERM CARE			\$322.80	*VENDOR TOTAL		
-	908 MINNESOTA COUNTIES INTERGOVER	01-000-000-0000-2045		74,086.25	MEDICAL PREMIUM GENERAL FUN 9/01/2010 9/30/2010		HEALTH INSURANCE PAYABL
		01-000-000-0000-2052		4,948.00	MEDICAL PREMIUM SELF PAY FU 9/01/2010 9/30/2010		COBRA HEALTH INSURANCE
*	908 MINNESOTA COUNTIES INTERGOVER			\$79,034.25	*VENDOR TOTAL		
-	1360 MINNESOTA MUTUAL	01-000-000-0000-2049		1,821.37	LIFE PREMIUM GENERAL FUND 9/01/2010 9/30/2010		LIFE INSURANCE PAYABLE
		01-000-000-0000-2053		14.28	LIFE PREMIUM SELF PAY FUND 9/01/2010 9/30/2010		COBRA LIFE INSURANCE PA
*	1360 MINNESOTA MUTUAL			\$1,835.65	*VENDOR TOTAL		
-	8714 UNION SECURITY INSURANCE COMP	01-000-000-0000-2041		824.96	STD PREMIUM GENERAL FUND 9/01/2010 9/30/2010		SHORT TERM DISABILITY P
		01-000-000-0000-2050		1,401.32	LTD PREMIUM GENERAL FUND 9/01/2010 9/30/2010		LONG TERM DISABILITY PA
*	8714 UNION SECURITY INSURANCE COMP			\$2,226.28	*VENDOR TOTAL		
**	000 DEPT	TOTAL.....		\$83,418.98	* BALANCE SHEET		4 VENDORS 7 TRANSACTIONS
--	013 DEPT				COURT ADMINISTRATOR'S OFFICE		
-	5816 UNITED STATES TREASURY	01-013-000-0000-6272		315.00	COURT APPT MT MM PJ JV-09-9	J HANJANI	COURT APPT ATTY-DEP/NEG
*	5816 UNITED STATES TREASURY			\$315.00	*VENDOR TOTAL		
**	013 DEPT	TOTAL.....		\$315.00	* COURT ADMINISTRATOR'S OFFICE		1 VENDORS 1 TRANSACTIONS
--	076 DEPT				CENTRAL SERVICES - COUNTY WIDE		
-	5771 NU-TELECOM	01-076-000-0000-6203		594.99	587-0770 SVC	80252325	COMMUNICATIONS
		01-076-000-0000-6203		63.94	587-0242 FX LINE	80254872	COMMUNICATIONS
*	5771 NU-TELECOM			\$658.93	*VENDOR TOTAL		
-	68460 QWEST	01-076-000-0000-6203		64.69	FOREIGN EXCHANGE 8/25/2010 9/24/2010	9524450122	COMMUNICATIONS
		01-076-000-0000-6203		321.45	FOREIGN EXCHANGE 8/25/2010 9/24/2010	9524457090	COMMUNICATIONS
*	68460 QWEST			\$386.14	*VENDOR TOTAL		
**	076 DEPT	TOTAL.....		\$1,045.07	* CENTRAL SERVICES - COUNTY WIDE		2 VENDORS 4 TRANSACTIONS
--	101 DEPT				COUNTY RECORDER'S OFFICE		
-	6164 ANDERSON LARSON HANSON SAUNDE	01-101-000-0000-6810		92.00	VOID SPLIT IN PARCEL	A-391912/913	REFUNDS AND REIMBURSEME
*	6164 ANDERSON LARSON HANSON SAUNDE			\$92.00	*VENDOR TOTAL		

ROBECK  
 9/03/2010 01 FUND  
 12:38:14 GENERAL REVENUE FUND

\*\*\*\*\* MCLEOD COUNTY IFS \*\*\*\*\*  
 INTEGRATED RECEIPTS AND DISBURSEMENTS SYSTEM  
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COUNTY 43

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VENDOR NO.	NAME	ACCOUNT NO.	RPT ACCR	AMOUNT	WARRANT DESCRIPTION SERVICE DATES	INVOICE# PAID ON BEHALF #	ACCOUNT DESCRIPTION ON BEHALF OF NAME
-	4120 CORNERSTONE MORTGAGE CO	01-101-000-0000-6810		46.00	VOIDED DOC NO NOTARY STAMP	A-390767	REFUNDS AND REIMBURSEME
*	4120 CORNERSTONE MORTGAGE CO			\$46.00	*VENDOR TOTAL		
**	101 DEPT	TOTAL.....		\$138.00	* COUNTY RECORDER'S OFFICE		2 VENDORS 2 TRANSACTIONS
--	111 DEPT	.....			COURTHOUSE BUILDING		
-	2038 WASTE MANAGEMENT OF WI MN	01-111-000-0000-6257		356.76	GARBAGE REMOVAL 8/01/2010 8/31/2010	5496405-1593-4	SEWER, WATER AND GARBAG
*	2038 WASTE MANAGEMENT OF WI MN			\$356.76	*VENDOR TOTAL		
**	111 DEPT	TOTAL.....		\$356.76	* COURTHOUSE BUILDING		1 VENDORS 1 TRANSACTIONS
--	112 DEPT	.....			NORTH COMPLEX BUILDING		
-	2038 WASTE MANAGEMENT OF WI MN	01-112-000-0000-6257		107.42	GARBAGE REMOVAL 8/01/2010 8/31/2010	5496407-1593-0	SEWER, WATER AND GARBAG
*	2038 WASTE MANAGEMENT OF WI MN			\$107.42	*VENDOR TOTAL		
**	112 DEPT	TOTAL.....		\$107.42	* NORTH COMPLEX BUILDING		1 VENDORS 1 TRANSACTIONS
--	116 DEPT	.....			HEALTH AND HUMAN SERVICES BUILDING		
-	2038 WASTE MANAGEMENT OF WI MN	01-116-000-0000-6257		207.17	GARBAGE REMOVAL 8/01/2010 8/31/2010	5496406-1593-2	SEWER, WATER AND GARBAG
*	2038 WASTE MANAGEMENT OF WI MN			\$207.17	*VENDOR TOTAL		
**	116 DEPT	TOTAL.....		\$207.17	* HEALTH AND HUMAN SERVICES BUILDING		1 VENDORS 1 TRANSACTIONS
--	255 DEPT	.....			COUNTY COURT SERVICES		
-	5771 NU-TELECOM	01-255-000-0000-6203		20.95	111-3209 INTERNET CS	80251991	COMMUNICATIONS
*	5771 NU-TELECOM			\$20.95	*VENDOR TOTAL		
**	255 DEPT	TOTAL.....		\$20.95	* COUNTY COURT SERVICES		1 VENDORS 1 TRANSACTIONS
--	520 DEPT	.....			COUNTY PARK'S		
-	5906 CENTURY LINK	01-520-000-0000-6203		50.27	525 SHOP 8/18/2010 9/17/2010	3203284134226	COMMUNICATIONS
		01-520-000-0000-6203		97.66	525 CARETAKER OFFICE PHONE 8/18/2010 9/17/2010	3203284479100	COMMUNICATIONS
*	5906 CENTURY LINK			\$147.93	*VENDOR TOTAL		
-	5771 NU-TELECOM	01-520-000-0000-6203		37.78	587-2082 SVC	80252678	COMMUNICATIONS
*	5771 NU-TELECOM			\$37.78	*VENDOR TOTAL		
**	520 DEPT	TOTAL.....		\$185.71	* COUNTY PARK'S		2 VENDORS 3 TRANSACTIONS
**	01 FUND TOTAL.....			\$85,795.06	** GENERAL REVENUE FUND		21 TRANSACTIONS

ROBECK  
 9/03/2010 03 FUND  
 12:38:14 ROAD & BRIDGE FUND

\*\*\*\*\* MCLEOD COUNTY IFS \*\*\*\*\*  
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VENDOR NO.	NAME	ACCOUNT NO.	RPT ACCR	AMOUNT	WARRANT DESCRIPTION SERVICE DATES	INVOICE# PAID ON BEHALF #	ACCOUNT DESCRIPTION ON BEHALF OF NAME
--	000 DEPT				BALANCE SHEET		
-	2811	CNA GROUP LONG TERM CARE 03-000-000-0000-2048		21.06	LONG TERM CARE HWY FUND 9/01/2010 9/30/2010	864717	LONG TERM CARE PAYABLE
*	2811	CNA GROUP LONG TERM CARE		\$21.06	*VENDOR TOTAL		
-	908	MINNESOTA COUNTIES INTERGOVER 03-000-000-0000-2045		12,937.49	MEDICAL PREMIUM HWY FUND 9/01/2010 9/30/2010		HEALTH INSURANCE PAYABL
*	908	MINNESOTA COUNTIES INTERGOVER		\$12,937.49	*VENDOR TOTAL		
-	1360	MINNESOTA MUTUAL 03-000-000-0000-2049		120.42	LIFE PREMIUM HWY FUND 9/01/2010 9/30/2010		LIFE INSURANCE PAYABLE
*	1360	MINNESOTA MUTUAL		\$120.42	*VENDOR TOTAL		
-	8714	UNION SECURITY INSURANCE COMP 03-000-000-0000-2041		53.20	STD PREMIUM HWY FUND 9/01/2010 9/30/2010		SHORT TERM DISABILITY P
		03-000-000-0000-2050		146.70	LTD PREMIUM HWY FUND 9/01/2010 9/30/2010		LONG TERM DISABILITY PA
*	8714	UNION SECURITY INSURANCE COMP		\$199.90	*VENDOR TOTAL		
**	000 DEPT	TOTAL.....		\$13,278.87	* BALANCE SHEET		4 VENDORS 5 TRANSACTIONS
--	330 DEPT				HIGHWAY ADMINISTRATION		
-	5771	NU-TELECOM 03-330-000-0000-6203		587.47	TELEPHONE SERVICE	80252214	COMMUNICATIONS
*	5771	NU-TELECOM		\$587.47	*VENDOR TOTAL		
**	330 DEPT	TOTAL.....		\$587.47	* HIGHWAY ADMINISTRATION		1 VENDORS 1 TRANSACTIONS
--	340 DEPT				HIGHWAY EQUIPMENT MAINTENANCE		
-	32	CITY OF BROWNTON 03-340-000-0000-6253		79.61	ELECTRIC	1AVS000208	ELECTRICITY
		03-340-000-0000-6257		42.64	WATER/SEWER	1AVS000208	SEWER, WATER AND GARBAG
*	32	CITY OF BROWNTON		\$122.25	*VENDOR TOTAL		
-	315	CITY OF SILVER LAKE 03-340-000-0000-6257		31.52	WATER/SEWER	20000148009	SEWER, WATER AND GARBAG
*	315	CITY OF SILVER LAKE		\$31.52	*VENDOR TOTAL		
-	2038	WASTE MANAGEMENT OF WI MN 03-340-000-0000-6257		14.59	GARBAGE REMOVAL-SL	5496844-1593-4	SEWER, WATER AND GARBAG
		03-340-000-0000-6257		27.37	GARBAGE REMOVAL-GLENCOE	5496845-1593-1	SEWER, WATER AND GARBAG
		03-340-000-0000-6257		34.99	GARBAGE REMOVAL-LP	5496848-1593-5	SEWER, WATER AND GARBAG
*	2038	WASTE MANAGEMENT OF WI MN		\$76.95	*VENDOR TOTAL		
**	340 DEPT	TOTAL.....		\$230.72	* HIGHWAY EQUIPMENT MAINTENANCE		3 VENDORS 6 TRANSACTIONS
**	03 FUND	TOTAL.....		\$14,097.06	** ROAD & BRIDGE FUND		12 TRANSACTIONS

ROBECK  
 9/03/2010 05 FUND  
 12:38:14 SOLID WASTE FUND

\*\*\*\*\* MCLEOD COUNTY IFS \*\*\*\*\*  
 INTEGRATED RECEIPTS AND DISBURSEMENTS SYSTEM  
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COUNTY 43  
 AUDITOR'S WARRANTS

VENDOR NO.	NAME	ACCOUNT NO.	RPT ACCR	AMOUNT	WARRANT DESCRIPTION SERVICE DATES	INVOICE# PAID ON BEHALF #	ACCOUNT DESCRIPTION ON BEHALF OF NAME
--	391 DEPT				SOLID WASTE TIP FEE		
-	1160 MCLEOD COUNTY AUDITOR-TREASUR	05-391-000-0000-6205		1.39	POSTAGE	PETTY CASH	POSTAGE AND POSTAL BOX
		05-391-000-0000-6205		4.95	POSTAGE	PETTY CASH	POSTAGE AND POSTAL BOX
*	1160 MCLEOD COUNTY AUDITOR-TREASUR			\$6.34	*VENDOR TOTAL		
-	908 MINNESOTA COUNTIES INTERGOVER	05-391-000-0000-2045		2,004.45	MEDICAL PREMIUM SW FUND 9/01/2010 9/30/2010		HEALTH INSURANCE PAYABL
*	908 MINNESOTA COUNTIES INTERGOVER			\$2,004.45	*VENDOR TOTAL		
-	1360 MINNESOTA MUTUAL	05-391-000-0000-2049		84.63	LIFE PREMIUM SW FUND 9/01/2010 9/30/2010		LIFE INSURANCE PAYABLE
*	1360 MINNESOTA MUTUAL			\$84.63	*VENDOR TOTAL		
-	8714 UNION SECURITY INSURANCE COMP	05-391-000-0000-2041		24.90	STD PREMIUM SW FUND 9/01/2010 9/30/2010		SHORT TERM DISABILITY P
		05-391-000-0000-2050		18.00	LTD PREMIUM SW FUND 9/01/2010 9/30/2010		LONG TERM DISABILITY PA
*	8714 UNION SECURITY INSURANCE COMP			\$42.90	*VENDOR TOTAL		
-	2038 WASTE MANAGEMENT OF WI MN	05-391-000-0000-6258		58.00	GSL SCHOOL RECYCLING 8/01/2010 8/31/2010	5496850-1593-1	SCHOOL RECYCLING
		05-391-000-0000-6258		72.00	LP SCHOOL RECYCLING 8/01/2010 8/31/2010	5496851-1593-9	SCHOOL RECYCLING
		05-391-000-0000-6257		105.01	GARBAGE REMOVAL 9/01/2010 9/30/2010	5496852-1593-7	SEWER, WATER AND GARBAG
		05-391-000-0000-6257		15.34	ORGANICS DISPOSAL 9/01/2010 9/30/2010	5496853-1593-5	SEWER, WATER AND GARBAG
		05-391-000-0000-6258		18.00	HOLY TRINITY CHURCH/SCHOOL 9/01/2010 9/30/2010	5496854-1593-3	SCHOOL RECYCLING
		05-391-000-0000-6258		18.00	ST PIUS X SCHOOL 9/01/2010 9/30/2010	5496855-1593-0	SCHOOL RECYCLING
		05-391-000-0000-6258		28.00	OUR SAVIORS LUTHERAN SCHOOL 9/01/2010 9/30/2010	5496856-1593-8	SCHOOL RECYCLING
*	2038 WASTE MANAGEMENT OF WI MN			\$314.35	*VENDOR TOTAL		
**	391 DEPT	TOTAL.....		\$2,452.67	* SOLID WASTE TIP FEE		5 VENDORS 13 TRANSACTIONS
--	393 DEPT				MATERIALS RECOVERY FACILITY		
-	4370 MCLEOD COUNTY ALUMINUM REDEMP	05-393-000-0000-6411		1,498.87	REPLENISH CHKS 25758-25780 8/25/2010 8/30/2010		ALUMINUM RECOVERY
*	4370 MCLEOD COUNTY ALUMINUM REDEMP			\$1,498.87	*VENDOR TOTAL		
-	1160 MCLEOD COUNTY AUDITOR-TREASUR	05-393-000-0000-6205		8.34	POSTAGE	PETTY CASH	POSTAGE AND POSTAL BOX
*	1160 MCLEOD COUNTY AUDITOR-TREASUR			\$8.34	*VENDOR TOTAL		
-	908 MINNESOTA COUNTIES INTERGOVER	05-393-000-0000-2045		1,194.79	MEDICAL PREMIUM MRF FUND 9/01/2010 9/30/2010		HEALTH INSURANCE PAYABL
*	908 MINNESOTA COUNTIES INTERGOVER			\$1,194.79	*VENDOR TOTAL		
-	1360 MINNESOTA MUTUAL						

9/03/2010 05 FUND  
 12:38:14 SOLID WASTE FUND

ROBECK

\*\*\*\*\* MCLEOD COUNTY IFS \*\*\*\*\*  
 INTEGRATED RECEIPTS AND DISBURSEMENTS SYSTEM  
 A/P AUDIT LIST FOR BOARD

COUNTY 43

AUDITOR'S WARRANTS

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VENDOR NO.	NAME	ACCOUNT NO.	RPT ACCR	AMOUNT	WARRANT DESCRIPTION SERVICE DATES	INVOICE# PAID ON BEHALF #	ACCOUNT DESCRIPTION ON BEHALF OF NAME
		05-393-000-0000-2049		9.25	LIFE PREMIUM MRF FUND 9/01/2010 9/30/2010		LIFE INSURANCE PAYABLE
*	1360 MINNESOTA MUTUAL			\$9.25	*VENDOR TOTAL		
**	393 DEPT	TOTAL.....		\$2,711.25	* MATERIALS RECOVERY FACILITY		4 VENDORS 4 TRANSACTIONS
--	397 DEPT	.....			HOUSEHOLD HAZARDOUS WASTE		.....
-	1160 MCLEOD COUNTY AUDITOR-TREASUR	05-397-000-0000-6410		9.14	LI BATTERIES KEYLESS ENTRY	PETTY CASH	BUILDING AND SAFETY SUP
*	1160 MCLEOD COUNTY AUDITOR-TREASUR			\$9.14	*VENDOR TOTAL		
-	908 MINNESOTA COUNTIES INTERGOVER	05-397-000-0000-2045		1,094.26	MEDICAL PREMIUM HHW FUND 9/01/2010 9/30/2010		HEALTH INSURANCE PAYABL
*	908 MINNESOTA COUNTIES INTERGOVER			\$1,094.26	*VENDOR TOTAL		
-	1360 MINNESOTA MUTUAL	05-397-000-0000-2049		10.52	LIFE PREMIUM HHW FUND 9/01/2010 9/30/2010		LIFE INSURANCE PAYABLE
*	1360 MINNESOTA MUTUAL			\$10.52	*VENDOR TOTAL		
-	8714 UNION SECURITY INSURANCE COMP	05-397-000-0000-2041		24.50	STD PREMIUM HHW FUND 9/01/2010 9/30/2010		SHORT TERM DISABILITY P
		05-397-000-0000-2050		16.12	LTD PREMIUM HHW FUND 9/01/2010 9/30/2010		LONG TERM DISABILITY PA
*	8714 UNION SECURITY INSURANCE COMP			\$40.62	*VENDOR TOTAL		
**	397 DEPT	TOTAL.....		\$1,154.54	* HOUSEHOLD HAZARDOUS WASTE		4 VENDORS 5 TRANSACTIONS
**	05 FUND	TOTAL.....		\$6,318.46	** SOLID WASTE FUND		22 TRANSACTIONS



9/03/2010 11 FUND  
 12:38:14 HUMAN SERVICE FUND

ROBECK

\*\*\*\*\* MCLEOD COUNTY IFS \*\*\*\*\*  
 INTEGRATED RECEIPTS AND DISBURSEMENTS SYSTEM  
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VENDOR NO.	NAME	ACCOUNT NO.	RPT ACCR	AMOUNT	WARRANT DESCRIPTION SERVICE DATES	INVOICE# PAID ON BEHALF #	ACCOUNT DESCRIPTION ON BEHALF OF NAME
--	420 DEPT				INCOME MAINTENANCE		
-	2811 CNA GROUP	LONG TERM CARE 11-420-000-0000-2048		54.40	LONG TERM CARE WELFARE FUND 9/01/2010 9/30/2010	864717	LONG TERM CARE PAYABLE
*	2811 CNA GROUP	LONG TERM CARE		\$54.40	*VENDOR TOTAL		
-	908 MINNESOTA COUNTIES	INTERGOVER 11-420-000-0000-2045		14,108.79	MEDICAL PREMIUM INC MAINT F 9/01/2010 9/30/2010		HEALTH INSURANCE PAYABL
*	908 MINNESOTA COUNTIES	INTERGOVER		\$14,108.79	*VENDOR TOTAL		
-	1360 MINNESOTA MUTUAL	11-420-000-0000-2049		264.41	LIFE PREMIUM INC MAINT FUND 9/01/2010 9/30/2010		LIFE INSURANCE PAYABLE
*	1360 MINNESOTA MUTUAL			\$264.41	*VENDOR TOTAL		
-	5771 NU-TELECOM	11-420-600-0010-6203 11-420-600-0010-6203		10.63 51.15	587-0770 SOCIAL SVC 587-0241 SOCIAL SVC	80252325 80252604	COMMUNICATIONS COMMUNICATIONS
*	5771 NU-TELECOM			\$61.78	*VENDOR TOTAL		
-	8714 UNION SECURITY INSURANCE COMP	11-420-000-0000-2041 11-420-000-0000-2050		139.46 164.45	STD PREMIUM INC MAINT FUND 9/01/2010 9/30/2010 LTD PREMIUM INC MAINT FUND 9/01/2010 9/30/2010		SHORT TERM DISABILITY P LONG TERM DISABILITY PA
*	8714 UNION SECURITY INSURANCE COMP			\$303.91	*VENDOR TOTAL		
**	420 DEPT	TOTAL.....		\$14,793.29	* INCOME MAINTENANCE		5 VENDORS 7 TRANSACTIONS
--	430 DEPT				INDIVIDUAL AND FAMILY SOCIAL SERVICES.....		
-	2811 CNA GROUP	LONG TERM CARE 11-430-000-0000-2048		203.76	LONG TERM CARE INC MAINT FU 9/01/2010 9/30/2010	864717	LONG TERM CARE PAYABLE
*	2811 CNA GROUP	LONG TERM CARE		\$203.76	*VENDOR TOTAL		
-	908 MINNESOTA COUNTIES	INTERGOVER 11-430-000-0000-2045		26,627.11	MEDICAL PREMIUM WELFARE FUN 9/01/2010 9/30/2010		HEALTH INSURANCE PAYABL
*	908 MINNESOTA COUNTIES	INTERGOVER		\$26,627.11	*VENDOR TOTAL		
-	1360 MINNESOTA MUTUAL	11-430-000-0000-2049		756.43	LIFE PREMIUM WELFARE FUND 9/01/2010 9/30/2010		LIFE INSURANCE PAYABLE
*	1360 MINNESOTA MUTUAL			\$756.43	*VENDOR TOTAL		
-	5771 NU-TELECOM	11-430-700-0010-6203 11-430-700-0010-6203		15.94 76.73	587-0770 SOCIAL SVC 587-0241 SOCIAL SVC	80252325 80252604	COMMUNICATIONS COMMUNICATIONS
*	5771 NU-TELECOM			\$92.67	*VENDOR TOTAL		
-	8714 UNION SECURITY INSURANCE COMP	11-430-000-0000-2041 11-430-000-0000-2050		306.39 431.25	STD PREMIUM WELFARE FUND 9/01/2010 9/30/2010 LTD PREMIUM WELFARE FUND 9/01/2010 9/30/2010		SHORT TERM DISABILITY P LONG TERM DISABILITY PA
*	8714 UNION SECURITY INSURANCE COMP			\$737.64	*VENDOR TOTAL		

9/03/2010 11 FUND  
12:38:14 HUMAN SERVICE FUND

ROBECK

\*\*\*\*\* MCLEOD COUNTY IFS \*\*\*\*\*  
INTEGRATED RECEIPTS AND DISBURSEMENTS SYSTEM  
A/P AUDIT LIST FOR BOARD

COUNTY 43

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AUDITOR'S WARRANTS

VENDOR NO.	NAME	ACCOUNT NO.	RPT ACCR	AMOUNT	WARRANT DESCRIPTION SERVICE DATES	INVOICE# PAID ON BEHALF #	ACCOUNT DESCRIPTION ON BEHALF OF NAME
** 430 DEPT		TOTAL.....		\$28,417.61	* INDIVIDUAL AND FAMILY SOCIAL SERVICES		5 VENDORS 7 TRANSACTIONS
**	11 FUND	TOTAL.....		\$43,210.90	** HUMAN SERVICE FUND		14 TRANSACTIONS

9/03/2010 25 FUND  
 12:38:14 SPECIAL REVENUE FUND

\*\*\*\*\* MCLEOD COUNTY IFS \*\*\*\*\*  
 INTEGRATED RECEIPTS AND DISBURSEMENTS SYSTEM  
 A/P AUDIT LIST FOR BOARD

COUNTY 43  
 AUDITOR'S WARRANTS

VENDOR NO.	NAME	ACCOUNT NO.	RPT ACCR	AMOUNT	WARRANT DESCRIPTION SERVICE DATES	INVOICE# PAID ON BEHALF #	ACCOUNT DESCRIPTION ON BEHALF OF NAME
--	220 DEPT				BOAT & WATER SAFETY - GRANT		
-	908 MINNESOTA COUNTIES INTERGOVER	25-220-000-0000-2045		13.45	MEDICAL PREMIUM SPECIAL REV 9/01/2010 9/30/2010		HEALTH INSURANCE PAYABL
*	908 MINNESOTA COUNTIES INTERGOVER			\$13.45	*VENDOR TOTAL		
-	1360 MINNESOTA MUTUAL	25-220-000-0000-2049		.89	LIFE PREMIUM BOAT & WATER 9/01/2010 9/30/2010		LIFE INSURANCE PAYABLE
*	1360 MINNESOTA MUTUAL			\$.89	*VENDOR TOTAL		
-	8714 UNION SECURITY INSURANCE COMP	25-220-000-0000-2041		.77	STD PREMIUM BOAT & WATER FU 9/01/2010 9/30/2010		SHORT TERM DISABILITY P
		25-220-000-0000-2050		.24	LTD PREMIUM SPECIAL REVENUE 9/01/2010 9/30/2010		LONG TERM DISABILITY PA
*	8714 UNION SECURITY INSURANCE COMP			\$1.01	*VENDOR TOTAL		
**	220 DEPT	TOTAL.....		\$15.35	* BOAT & WATER SAFETY - GRANT		3 VENDORS 4 TRANSACTIONS
--	603 DEPT				COUNTY EXTENSION		
-	5660 MCLEOD COUNTY 4-H	25-603-000-0000-6350		173.93	WALMART		OTHER SERVICES & CHARGE
*	5660 MCLEOD COUNTY 4-H			\$173.93	*VENDOR TOTAL		
**	603 DEPT	TOTAL.....		\$173.93	* COUNTY EXTENSION		1 VENDORS 1 TRANSACTIONS
--	612 DEPT				SHORELAND - GRANT		
-	908 MINNESOTA COUNTIES INTERGOVER	25-612-000-0000-2045		83.81	MEDICAL PREMIUM SHORELAND F 9/01/2010 9/30/2010		HEALTH INSURANCE PAYABL
*	908 MINNESOTA COUNTIES INTERGOVER			\$83.81	*VENDOR TOTAL		
-	1360 MINNESOTA MUTUAL	25-612-000-0000-2049		.73	LIFE PREMIUM SHORELAND FUND 9/01/2010 9/30/2010		LIFE INSURANCE PAYABLE
*	1360 MINNESOTA MUTUAL			\$.73	*VENDOR TOTAL		
-	8714 UNION SECURITY INSURANCE COMP	25-612-000-0000-2041		6.33	STD PREMIUM SHORELAND FUND 9/01/2010 9/30/2010		SHORT TERM DISABILITY P
*	8714 UNION SECURITY INSURANCE COMP			\$6.33	*VENDOR TOTAL		
**	612 DEPT	TOTAL.....		\$90.87	* SHORELAND - GRANT		3 VENDORS 3 TRANSACTIONS
--	613 DEPT				WATER RESOURCE MANAGEMENT - GRANT		
-	908 MINNESOTA COUNTIES INTERGOVER	25-613-000-0000-2045		111.74	MEDICAL PREMIUM WATER RESOU 9/01/2010 9/30/2010		HEALTH INSURANCE PAYABL
*	908 MINNESOTA COUNTIES INTERGOVER			\$111.74	*VENDOR TOTAL		
-	1360 MINNESOTA MUTUAL	25-613-000-0000-2049		.98	LIFE PREMIUM WATER RESOURCE 9/01/2010 9/30/2010		LIFE INSURANCE PAYABLE
*	1360 MINNESOTA MUTUAL			\$.98	*VENDOR TOTAL		

9/03/2010 25 FUND  
 12:38:14 SPECIAL REVENUE FUND

\*\*\*\*\* MCLEOD COUNTY IFS \*\*\*\*\*  
 INTEGRATED RECEIPTS AND DISBURSEMENTS SYSTEM  
 A/P AUDIT LIST FOR BOARD

COUNTY 43

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AUDITOR'S WARRANTS

VENDOR NO.	NAME	ACCOUNT NO.	RPT ACCR	AMOUNT	WARRANT DESCRIPTION SERVICE DATES	INVOICE# PAID ON BEHALF #	ACCOUNT DESCRIPTION ON BEHALF OF NAME
-	8714 UNION SECURITY INSURANCE COMP	25-613-000-0000-2041		8.44	STD PREMIUM WATER RESOURCE 9/01/2010 9/30/2010		SHORT TERM DISABILITY P
*	8714 UNION SECURITY INSURANCE COMP			\$8.44	*VENDOR TOTAL		
**	613 DEPT	TOTAL.....		\$121.16	* WATER RESOURCE MANAGEMENT - GRANT		3 VENDORS 3 TRANSACTIONS
--	614 DEPT	.....			WETLANDS ADMINISTRATION - GRANT		.....
-	908 MINNESOTA COUNTIES INTERGOVER	25-614-000-0000-2045		279.36	MEDICAL PREMIUM WETLANDS FU 9/01/2010 9/30/2010		HEALTH INSURANCE PAYABL
*	908 MINNESOTA COUNTIES INTERGOVER			\$279.36	*VENDOR TOTAL		
-	1360 MINNESOTA MUTUAL	25-614-000-0000-2049		2.47	LIFE PREMIUM WETLANDS FUND 9/01/2010 9/30/2010		LIFE INSURANCE PAYABLE
*	1360 MINNESOTA MUTUAL			\$2.47	*VENDOR TOTAL		
-	8714 UNION SECURITY INSURANCE COMP	25-614-000-0000-2041		21.09	STD PREMIUM WETLANDS FUND 9/01/2010 9/30/2010		SHORT TERM DISABILITY P
*	8714 UNION SECURITY INSURANCE COMP			\$21.09	*VENDOR TOTAL		
**	614 DEPT	TOTAL.....		\$302.92	* WETLANDS ADMINISTRATION - GRANT		3 VENDORS 3 TRANSACTIONS
--	807 DEPT	.....			DESIGNATED FOR CAPITAL ASSETS		.....
-	268 QUADE ELECTRIC INC	25-807-000-0000-6610		4,990.00	4-H BLDG REMODEL	7122	CAPITAL - OVER \$5,000 (
*	268 QUADE ELECTRIC INC			\$4,990.00	*VENDOR TOTAL		
-	90 SCHLUETER/ROBERT	25-807-000-0000-6610		839.57	4-H BLDG REMODEL		CAPITAL - OVER \$5,000 (
*	90 SCHLUETER/ROBERT			\$839.57	*VENDOR TOTAL		
-	6134 TRICK & SCHEER CONSTRUCTION L	25-807-000-0000-6610		477.00	4-H BLDG REMODEL		CAPITAL - OVER \$5,000 (
*	6134 TRICK & SCHEER CONSTRUCTION L			\$477.00	*VENDOR TOTAL		
**	807 DEPT	TOTAL.....		\$6,306.57	* DESIGNATED FOR CAPITAL ASSETS		3 VENDORS 3 TRANSACTIONS
--	840 DEPT	.....			JUVENILE RESTITUTION FUND		.....
-	6163 CHAPMAN/PAT	25-840-000-0000-6850		750.00	CSW 107 HRS AW		COLLECTIONS FOR OTHER A
*	6163 CHAPMAN/PAT			\$750.00	*VENDOR TOTAL		
-	34 HUTCHINSON PUBLIC SCHOOLS	25-840-000-0000-6850		162.98	CSW 24 HRS SL & GL		COLLECTIONS FOR OTHER A
*	34 HUTCHINSON PUBLIC SCHOOLS			\$162.98	*VENDOR TOTAL		
-	1091 JERABEK MACHINE SHOP	25-840-000-0000-6850		30.00	CSW 4.25 HRS CB		COLLECTIONS FOR OTHER A
*	1091 JERABEK MACHINE SHOP			\$30.00	*VENDOR TOTAL		
**	840 DEPT	TOTAL.....		\$942.98	* JUVENILE RESTITUTION FUND		3 VENDORS 3 TRANSACTIONS
--	886 DEPT	.....			COUNTY FEEDLOT PROGRAM		.....

9/03/2010 25 FUND  
 12:38:14 SPECIAL REVENUE FUND

\*\*\*\*\* MCLEOD COUNTY IFS \*\*\*\*\*  
 INTEGRATED RECEIPTS AND DISBURSEMENTS SYSTEM  
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COUNTY 43

AUDITOR'S WARRANTS

VENDOR NO.	NAME	ACCOUNT NO.	RPT ACCR	AMOUNT	WARRANT DESCRIPTION SERVICE DATES	INVOICE# PAID ON BEHALF #	ACCOUNT DESCRIPTION ON BEHALF OF NAME
-	3692 MACFO	25-886-000-0000-6245		130.00	REG 2010 CONF M CREECH 10/19/2010 10/21/2010		DUES AND REGISTRATION F
*	3692 MACFO			\$130.00	*VENDOR TOTAL		
-	908 MINNESOTA COUNTIES INTERGOVER	25-886-000-0000-2045		310.50	MEDICAL PREMIUM FEEDLOT FUN 9/01/2010 9/30/2010		HEALTH INSURANCE PAYABL
*	908 MINNESOTA COUNTIES INTERGOVER			\$310.50	*VENDOR TOTAL		
-	1360 MINNESOTA MUTUAL	25-886-000-0000-2049		16.29	LIFE PREMIUM FEEDLOT FUND 9/01/2010 9/30/2010		LIFE INSURANCE PAYABLE
*	1360 MINNESOTA MUTUAL			\$16.29	*VENDOR TOTAL		
-	8714 UNION SECURITY INSURANCE COMP	25-886-000-0000-2050		.21	STD PREMIUM FEEDLOT FUND 9/01/2010 9/30/2010		LONG TERM DISABILITY PA
*	8714 UNION SECURITY INSURANCE COMP			\$.21	*VENDOR TOTAL		
**	886 DEPT	TOTAL.....		\$457.00	* COUNTY FEEDLOT PROGRAM		4 VENDORS 4 TRANSACTIONS
**	25 FUND	TOTAL.....		\$8,410.78	** SPECIAL REVENUE FUND		24 TRANSACTIONS

9/03/2010 35 ROBECK  
 12:38:14 DEBT SERVICE FUND

\*\*\*\*\* MCLEOD COUNTY IFS \*\*\*\*\*  
 INTEGRATED RECEIPTS AND DISBURSEMENTS SYSTEM  
 A/P AUDIT LIST FOR BOARD

COUNTY 43

AUDITOR'S WARRANTS

VENDOR NO.	NAME	ACCOUNT NO.	RPT ACCR	AMOUNT	WARRANT DESCRIPTION SERVICE DATES	INVOICE# PAID ON BEHALF #	ACCOUNT DESCRIPTION ON BEHALF OF NAME
--	115 DEPT				COUNTY BUILDINGS MAJOR REPAIRS		
-	871 THE BANK OF NEW YORK MELLON	35-115-000-0000-6350		250.00	ADMINISTRATION FEE	252-1492160	OTHER SERVICES & CHARGE
*	871 THE BANK OF NEW YORK MELLON			\$250.00	*VENDOR TOTAL		
**	115 DEPT	TOTAL.....		\$250.00	* COUNTY BUILDINGS MAJOR REPAIRS		1 VENDORS 1 TRANSACTIONS
**	35 FUND	TOTAL.....		\$250.00	** DEBT SERVICE FUND		1 TRANSACTIONS

9/03/2010 12:38:14 ROBECK  
82 FUND  
COMMUNITY HEALTH SERVICE FUND

\*\*\*\*\* MCLEOD COUNTY IFS \*\*\*\*\*  
INTEGRATED RECEIPTS AND DISBURSEMENTS SYSTEM  
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COUNTY 43

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AUDITOR'S WARRANTS

VENDOR NO.	NAME	ACCOUNT NO.	RPT ACCR	AMOUNT	WARRANT DESCRIPTION SERVICE DATES	INVOICE# PAID ON BEHALF #	ACCOUNT DESCRIPTION ON BEHALF OF NAME
--	852 DEPT				PROJECT HARMONY MOFAS GRANT		
-	1732 BAJARI/ANN						
*		82-852-000-0000-6121		360.00	MOFAS GRANT TIME		PERSONNEL WAGES
	1732 BAJARI/ANN			\$360.00	*VENDOR TOTAL		
-	718 BUERKLE/RHONDA						
		82-852-000-0000-6121		3,456.00	MOFAS GRANT TIME		PERSONNEL WAGES
		82-852-000-0000-6335		30.00	MOFAS GRANT MLG		MILEAGE EXPENSE
		82-852-000-0000-6336		71.40	MOFAS CONF/LODGING		MEALS, LODGING, PARKING
		82-852-000-0000-6350		222.18	MOFAS EVENT SUPPLIES		OTHER SERVICES & CHARGE
		82-852-000-0000-6402		56.17	MOFAS OFFICE SUPPLIES		OFFICE SUPPLIES
*	718 BUERKLE/RHONDA			\$3,835.75	*VENDOR TOTAL		
-	6173 GASPARI/MARIAH						
*		82-852-000-0000-6265		50.00	MOFAS CONTRACTED SVC		PROFESSIONAL SERVICES
	6173 GASPARI/MARIAH			\$50.00	*VENDOR TOTAL		
-	6171 HINOJOSA/CLARA						
*		82-852-000-0000-6265		50.00	MOFAS CONTRACTED SVC		PROFESSIONAL SERVICES
	6171 HINOJOSA/CLARA			\$50.00	*VENDOR TOTAL		
-	6172 HINOJOSA/OLIVIA						
*		82-852-000-0000-6265		50.00	MOFAS CONTRACTED SVC		PROFESSIONAL SERVICES
	6172 HINOJOSA/OLIVIA			\$50.00	*VENDOR TOTAL		
-	6174 HOEFT/SUMMER						
*		82-852-000-0000-6265		50.00	MOFAS CONTRACTED SVC		PROFESSIONAL SERVICES
	6174 HOEFT/SUMMER			\$50.00	*VENDOR TOTAL		
-	6169 KRENTZ/MEGAN						
*		82-852-000-0000-6265		50.00	MOFAS CONTRACTED SVC		PROFESSIONAL SERVICES
	6169 KRENTZ/MEGAN			\$50.00	*VENDOR TOTAL		
-	6175 LONCORICH/BROOKE						
*		82-852-000-0000-6265		50.00	MOFAS CONTRACTED SVC		PROFESSIONAL SERVICES
	6175 LONCORICH/BROOKE			\$50.00	*VENDOR TOTAL		
-	6170 PARPART/CARISSA						
*		82-852-000-0000-6265		50.00	MOFAS CONTRACTED SVC		PROFESSIONAL SERVICES
	6170 PARPART/CARISSA			\$50.00	*VENDOR TOTAL		
-	6167 SCHWIRTZ/KAILI						
*		82-852-000-0000-6265		50.00	MOFAS CONTRACTED SVC		PROFESSIONAL SERVICES
	6167 SCHWIRTZ/KAILI			\$50.00	*VENDOR TOTAL		
-	6165 TOURTELLOTT/ABBY						
*		82-852-000-0000-6265		50.00	MOFAS CONTRACTED SVC		PROFESSIONAL SERVICES
	6165 TOURTELLOTT/ABBY			\$50.00	*VENDOR TOTAL		
-	6168 VARLAND/TORI						
*		82-852-000-0000-6265		50.00	MOFAS CONTRACTED SVC		PROFESSIONAL SERVICES
	6168 VARLAND/TORI			\$50.00	*VENDOR TOTAL		
-	6166 WEBER/ALYSSA						
*		82-852-000-0000-6265		50.00	MOFAS CONTRACTED SVC		PROFESSIONAL SERVICES
	6166 WEBER/ALYSSA			\$50.00	*VENDOR TOTAL		
**	852 DEPT	TOTAL.....		\$4,745.75	* PROJECT HARMONY MOFAS GRANT		13 VENDORS 17 TRANSACTIONS

ROBECK  
 9/03/2010 82 FUND  
 12:38:14 COMMUNITY HEALTH SERVICE FUND

\*\*\*\*\* MCLEOD COUNTY IFS \*\*\*\*\*  
 INTEGRATED RECEIPTS AND DISBURSEMENTS SYSTEM  
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COUNTY 43  
 AUDITOR'S WARRANTS

VENDOR NO.	NAME	ACCOUNT NO.	RPT ACCR	AMOUNT	WARRANT DESCRIPTION SERVICE DATES	INVOICE# PAID ON BEHALF #	ACCOUNT DESCRIPTION ON BEHALF OF NAME
--	853 DEPT				LOCAL PUBLIC HEALTH GRANT		
-	1732 BAJARI/ANN						
		82-853-000-0000-6121		990.00	LOCAL PUBLIC HEALTH GRANT T		PERSONNEL WAGES
		82-853-000-0000-6203		84.65	PHONE/INTERNET		COMMUNICATIONS
		82-853-000-0000-6203		44.00	POSTAGE/POSTAGE BOX		COMMUNICATIONS
		82-853-000-0000-6335		32.50	LOCAL PUBLIC HEALTH GRANT M		MILEAGE EXPENSE
*	1732 BAJARI/ANN			\$1,151.15	*VENDOR TOTAL		
**	853 DEPT	TOTAL.....		\$1,151.15	* LOCAL PUBLIC HEALTH GRANT		1 VENDORS 4 TRANSACTIONS
--	854 DEPT				WIC		
-	222 MEEKER COUNTY TREASURER						
		82-854-000-0000-6856		2,397.00	JUL 2010 WIC		WIC
*	222 MEEKER COUNTY TREASURER			\$2,397.00	*VENDOR TOTAL		
-	314 SIBLEY COUNTY TREASURER						
		82-854-000-0000-6856		1,869.66	JUL 2010 WIC		WIC
*	314 SIBLEY COUNTY TREASURER			\$1,869.66	*VENDOR TOTAL		
**	854 DEPT	TOTAL.....		\$4,266.66	* WIC		2 VENDORS 2 TRANSACTIONS
--	856 DEPT				FPSP		
-	1732 BAJARI/ANN						
		82-856-000-0000-6121		180.00	FAMILY PLANNING GRANT TIME		PERSONNEL WAGES
*	1732 BAJARI/ANN			\$180.00	*VENDOR TOTAL		
**	856 DEPT	TOTAL.....		\$180.00	* FPSP		1 VENDORS 1 TRANSACTIONS
--	862 DEPT				SHIP		
-	718 BUERKLE/RHONDA						
		82-862-000-0000-6121		72.00	SHIP GRANT TIME		PERSONNEL WAGES
*	718 BUERKLE/RHONDA			\$72.00	*VENDOR TOTAL		
-	2747 VIVID IMAGE INC						
		82-862-000-0000-6265		125.00	WEBSITE MAINT-SHIP		PROFESSIONAL SERVICES
*	2747 VIVID IMAGE INC			\$125.00	*VENDOR TOTAL		
**	862 DEPT	TOTAL.....		\$197.00	* SHIP		2 VENDORS 2 TRANSACTIONS
--	869 DEPT				TOBACCO FREE COMMUNITIES		
-	5577 LAGOW/TAMARA						
		82-869-000-0000-6121		245.00	TFC GRANT TIME		PERSONNEL WAGES
*	5577 LAGOW/TAMARA			\$245.00	*VENDOR TOTAL		
-	2747 VIVID IMAGE INC						
		82-869-000-0000-6265		2,655.00	WEBSITE MAINT-TFC		PROFESSIONAL SERVICES
*	2747 VIVID IMAGE INC			\$2,655.00	*VENDOR TOTAL		
**	869 DEPT	TOTAL.....		\$2,900.00	* TOBACCO FREE COMMUNITIES		2 VENDORS 2 TRANSACTIONS
**	82 FUND	TOTAL.....		\$13,440.56	** COMMUNITY HEALTH SERVICE FUND		28 TRANSACTIONS



9/03/2010 12:38:14 ROBECK 84 FUND SUPPORTING HANDS N F P FUND

\*\*\*\*\* MCLEOD COUNTY IFS \*\*\*\*\*  
 INTEGRATED RECEIPTS AND DISBURSEMENTS SYSTEM  
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COUNTY 43  
 AUDITOR'S WARRANTS

VENDOR NO.	NAME	ACCOUNT NO.	RPT ACCR	AMOUNT	WARRANT DESCRIPTION SERVICE DATES	INVOICE# PAID ON BEHALF #	ACCOUNT DESCRIPTION ON BEHALF OF NAME
--	490 DEPT	..... SUPPORTING HANDS NURSE FAMILY PARTNERSHI.....					
-	908 MINNESOTA COUNTIES INTERGOVER	84-490-000-0000-2045		3,360.29	MEDICAL PREMIUM NFP FUND 9/01/2010 9/30/2010		HEALTH INSURANCE PAYABL
*	908 MINNESOTA COUNTIES INTERGOVER			\$3,360.29	*VENDOR TOTAL		
-	1360 MINNESOTA MUTUAL	84-490-000-0000-2049		38.30	LIFE PREMIUM NFP FUND 9/01/2010 9/30/2010		LIFE INSURANCE PAYABLE
*	1360 MINNESOTA MUTUAL			\$38.30	*VENDOR TOTAL		
-	5188 MN FATHERS AND FAMILIES NETWO	84-490-000-0000-6245		20.00	REG NAVAGATING THE NEW NORM 10/01/2010 10/01/2010	L TURBES	DUES AND REGISTRATION F
*	5188 MN FATHERS AND FAMILIES NETWO			\$20.00	*VENDOR TOTAL		
-	8714 UNION SECURITY INSURANCE COMP	84-490-000-0000-2041		41.26	STD PREMIUM SHNFP FUND 9/01/2010 9/30/2010		SHORT TERM DISABILITY P
		84-490-000-0000-2050		79.14	LTD PREMIUM SHNFP FUND 9/01/2010 9/30/2010		LONG TERM DISABILITY PA
*	8714 UNION SECURITY INSURANCE COMP			\$120.40	*VENDOR TOTAL		
**	490 DEPT	TOTAL.....		\$3,538.99	* SUPPORTING HANDS NURSE FAMILY PARTNERSHI		4 VENDORS 5 TRANSACTIONS
--	860 DEPT	..... CHILDRENS TRUST FUND.....					
-	908 MINNESOTA COUNTIES INTERGOVER	84-860-000-0000-2045		202.71	MEDICAL PREMIUM NFP FUND 9/01/2010 9/30/2010		HEALTH INSURANCE PAYABL
*	908 MINNESOTA COUNTIES INTERGOVER			\$202.71	*VENDOR TOTAL		
-	1360 MINNESOTA MUTUAL	84-860-000-0000-2049		9.45	LIFE PREMIUM CHILDRENS TRUS 9/01/2010 9/30/2010		LIFE INSURANCE PAYABLE
*	1360 MINNESOTA MUTUAL			\$9.45	*VENDOR TOTAL		
-	8714 UNION SECURITY INSURANCE COMP	84-860-000-0000-2041		13.64	STD PREMIUM SHNFP FUND 9/01/2010 9/30/2010		SHORT TERM DISABILITY P
		84-860-000-0000-2050		9.75	LTD PREMIUM SHNFP FUND 9/01/2010 9/30/2010		LONG TERM DISABILITY PA
*	8714 UNION SECURITY INSURANCE COMP			\$23.39	*VENDOR TOTAL		
**	860 DEPT	TOTAL.....		\$235.55	* CHILDRENS TRUST FUND		3 VENDORS 4 TRANSACTIONS
**	84 FUND	TOTAL.....		\$3,774.54	** SUPPORTING HANDS N F P FUND		9 TRANSACTIONS

9/03/2010 86 FUND  
 12:38:14 AGENCY FUND

\*\*\*\*\* MCLEOD COUNTY IFS \*\*\*\*\*  
 INTEGRATED RECEIPTS AND DISBURSEMENTS SYSTEM  
 A/P AUDIT LIST FOR BOARD

COUNTY 43

AUDITOR'S WARRANTS

VENDOR NO.	NAME	ACCOUNT NO.	RPT ACCR	AMOUNT	WARRANT DESCRIPTION SERVICE DATES	INVOICE# PAID ON BKHALF #	ACCOUNT DESCRIPTION ON BEHALF OF NAME
--	975 DEPT				DNR CLEARING ACCOUNT		
-	509 MINNESOTA DNR	86-975-000-0000-6850		427.00	DNR		COLLECTIONS FOR OTHER A
*	509 MINNESOTA DNR			\$427.00	*VENDOR TOTAL	8/24/2010 8/30/2010	
**	975 DEPT	TOTAL.....		\$427.00	* DNR CLEARING ACCOUNT		1 VENDORS 1 TRANSACTIONS
--	976 DEPT				GAME & FISH CLEARING ACCOUNT		
-	509 MINNESOTA DNR	86-976-000-0000-6850		158.00	G&F		COLLECTIONS FOR OTHER A
*	509 MINNESOTA DNR			\$158.00	*VENDOR TOTAL	8/24/2010 8/30/2010	
**	976 DEPT	TOTAL.....		\$158.00	* GAME & FISH CLEARING ACCOUNT		1 VENDORS 1 TRANSACTIONS
**	86 FUND	TOTAL.....		\$585.00	** AGENCY FUND		2 TRANSACTIONS

ROBECK  
 9/03/2010 87 FUND  
 12:38:14 TAX AND PENALTY FUND

\*\*\*\*\* MCLEOD COUNTY IFS \*\*\*\*\*  
 INTEGRATED RECEIPTS AND DISBURSEMENTS SYSTEM  
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COUNTY 43

AUDITOR'S WARRANTS

VENDOR NO.	NAME	ACCOUNT NO.	RPT ACCR	AMOUNT	WARRANT DESCRIPTION SERVICE DATES	INVOICE# PAID ON BEHALF #	ACCOUNT DESCRIPTION ON BEHALF OF NAME
--	980 DEPT				TAX COLLECTIONS		
-	5674 HUTCHINSON MEDICAL PROPERTIES						
		87-980-000-0000-6810		1,310.00	2008 TAX REDUCTION	23.239.0010	REFUNDS AND REIMBURSEME
*	5674 HUTCHINSON MEDICAL PROPERTIES			\$1,310.00	*VENDOR TOTAL		
**	980 DEPT	TOTAL.....		\$1,310.00	* TAX COLLECTIONS		1 VENDORS 1 TRANSACTIONS
**	87 FUND	TOTAL.....		\$1,310.00	** TAX AND PENALTY FUND		1 TRANSACTIONS
****		FINAL TOTAL.....		\$177,192.36	**** 101 VENDORS	134 TRANSACTIONS	

9/03/2010  
12:38:14

ROBECK

\*\*\*\*\* MCLEOD COUNTY IFS \*\*\*\*\*  
INTEGRATED RECEIPTS AND DISBURSEMENTS SYSTEM  
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COUNTY 43

AUDITOR'S WARRANTS

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\*\*\*\* RECAP BY FUND

FUND	AMOUNT	NAME
01	85,795.06	GENERAL REVENUE FUND
03	14,097.06	ROAD & BRIDGE FUND
05	6,318.46	SOLID WASTE FUND
11	43,210.90	HUMAN SERVICE FUND
25	8,410.78	SPECIAL REVENUE FUND
35	250.00	DEBT SERVICE FUND
82	13,440.56	COMMUNITY HEALTH SERVICE FUND
84	3,774.54	SUPPORTING HANDS N F P FUND
86	585.00	AGENCY FUND
87	1,310.00	TAX AND PENALTY FUND

DATE APPROVED .....

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177,192.36 \* TOTAL

APPROVED BY, .....

.....  
.....

9.10.10

BERRY  
9/10/2010 01 FUND  
12:23:46 GENERAL REVENUE FUND

\*\*\*\*\* MCLEOD COUNTY IFS \*\*\*\*\*  
INTEGRATED RECEIPTS AND DISBURSEMENTS SYSTEM  
A/P AUDIT LIST FOR BOARD

COUNTY 43

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AUDITOR'S WARRANTS

VENDOR NO.	NAME	ACCOUNT NO.	RPT ACCR	AMOUNT	WARRANT DESCRIPTION SERVICE DATES	INVOICE# PAID ON BEHALF #	ACCOUNT DESCRIPTION ON BEHALF OF NAME
--	000 DEPT	BALANCE SHEET					
-	3028 MINNESOTA CHILD SUPPORT PAYME						
	01-000-000-0000-2056	287.49		CHILD SUPPORT	9/08/2010 9/08/2010	001124208702	CHILD SUPPORT GARNISHME
	01-000-000-0000-2056	94.13		CHILD SUPPORT	9/08/2010 9/08/2010	001436294701	CHILD SUPPORT GARNISHME
	01-000-000-0000-2056	104.29		CHILD SUPPORT	9/08/2010 9/08/2010	001439921102	CHILD SUPPORT GARNISHME
	01-000-000-0000-2056	275.03		CHILD SUPPORT	9/08/2010 9/08/2010	001447664801	CHILD SUPPORT GARNISHME
	01-000-000-0000-2056	165.66		CHILD SUPPORT	9/08/2010 9/08/2010	001499730601	CHILD SUPPORT GARNISHME
*	3028 MINNESOTA CHILD SUPPORT PAYME	\$926.60		*VENDOR TOTAL			
**	000 DEPT	TOTAL.....	\$926.60	* BALANCE SHEET			1 VENDORS 5 TRANSACTIONS
--	003 DEPT	COUNTY WIDE					
-	5281 TASC						
	01-003-000-0000-6350	840.10		D JOHNSON NEGATIVE BALANCE		4500009142	OTHER SERVICES & CHARGE
*	5281 TASC	\$840.10		*VENDOR TOTAL			
**	003 DEPT	TOTAL.....	\$840.10	* COUNTY WIDE			1 VENDORS 1 TRANSACTIONS
--	013 DEPT	COURT ADMINISTRATOR'S OFFICE					
-	9555 CONKEL/JEANNE M V						
	01-013-000-0000-6273	15.00		COURT APPT ES		FA-06-704	COURT APPT ATTY-OTHER
	01-013-000-0000-6273	67.50		COURT APPT Y ALVERADO		FA-09-1929	COURT APPT ATTY-OTHER
	01-013-000-0000-6273	41.25		COURT APPT A EISEL		FA-09-2230	COURT APPT ATTY-OTHER
	01-013-000-0000-6273	30.00		COURT APPT AR		FA-10-853	COURT APPT ATTY-OTHER
	01-013-000-0000-6273	45.00		COURT APPT R HAHN		FX-95-015	COURT APPT ATTY-OTHER
	01-013-000-0000-6273	41.25		COURT APPT D BOETTCHER		F6-01-1186	COURT APPT ATTY-OTHER
	01-013-000-0000-6273	30.00		COURT APPT D WAATAJA		F9-94-223	COURT APPT ATTY-OTHER
*	9555 CONKEL/JEANNE M V	\$270.00		*VENDOR TOTAL			
-	5485 DOHERTY-SCHOOLER/TIFFANY						
	01-013-000-0000-6273	232.50		COURT APPT VD		F8-00-50752	COURT APPT ATTY-OTHER
*	5485 DOHERTY-SCHOOLER/TIFFANY	\$232.50		*VENDOR TOTAL			
-	812 GAVIN OLSON WINTERS TWISS THE						
	01-013-000-0000-6272	11.25		COURT APPT ABB J5-05-50257		2005201-000M	COURT APPT ATTY-DEP/NEG
	01-013-000-0000-6273	240.00		COURT APPT E POLLMANN		2007947-000M	COURT APPT ATTY-OTHER
	01-013-000-0000-6272	180.00		COURT APPT EF JV-10-127		20080409-000M	COURT APPT ATTY-DEP/NEG
	01-013-000-0000-6272	30.00		COURT APPT JK JV-09-29		20080422-001M	COURT APPT ATTY-DEP/NEG
	01-013-000-0000-6272	228.75		COURT APPT CD JV-09-132		20090683-000M	COURT APPT ATTY-DEP/NEG
	01-013-000-0000-6272	1,095.00		COURT APPT AH JV-09-221		20090927-000M	COURT APPT ATTY-DEP/NEG
	01-013-000-0000-6272	15.00		COURT APPT MH JV-09-249		20090965-000M	COURT APPT ATTY-DEP/NEG
	01-013-000-0000-6273	56.25		COURT APPT C SALDANA F7-06-		20100032-000M	COURT APPT ATTY-OTHER
	01-013-000-0000-6273	15.00		COURT APPT S ALDRICH		20100062-000M	COURT APPT ATTY-OTHER
	01-013-000-0000-6273	165.00		COURT APPT T MATHEWS		20100311-000M	COURT APPT ATTY-OTHER
	01-013-000-0000-6273	131.25		COURT APPT T ASCHOFF FA-10-		20100356-000M	COURT APPT ATTY-OTHER
*	812 GAVIN OLSON WINTERS TWISS THE	\$2,167.50		*VENDOR TOTAL			
**	013 DEPT	TOTAL.....	\$2,670.00	* COURT ADMINISTRATOR'S OFFICE			3 VENDORS 19 TRANSACTIONS
--	031 DEPT	COUNTY ADMINISTRATOR'S OFFICE					
-	5212 ALLTEL						

9/10/2010 01 BERRY  
 12:23:46 GENERAL REVENUE FUND

\*\*\*\*\* MCLEOD COUNTY IFS \*\*\*\*\*  
 INTEGRATED RECEIPTS AND DISBURSEMENTS SYSTEM  
 A/P AUDIT LIST FOR BOARD

COUNTY 43

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AUDITOR'S WARRANTS

VENDOR NO.	NAME	ACCOUNT NO.	RPT ACCR	AMOUNT	WARRANT DESCRIPTION SERVICE DATES	INVOICE# PAID ON BEHALF #	ACCOUNT DESCRIPTION ON BEHALF OF NAME
		01-031-000-0000-6203		77.29	CELL PHONE USAGE 8/01/2010 8/31/2010	7402481340-987	COMMUNICATIONS
*	5212 ALLTEL			\$77.29	*VENDOR TOTAL		
-	814 RUTTIGERS BAY LAKE LODGE INC	01-031-000-0000-6336		250.09	M WIESELER MACA/MCHRMA LODG 10/06/2010 10/08/2010		MEALS, LODGING, PARKING
		01-031-000-0000-6336		250.09	P MELVIN MACA/MCHRMA LODGIN 10/06/2010 10/08/2010		MEALS, LODGING, PARKING
*	814 RUTTIGERS BAY LAKE LODGE INC			\$500.18	*VENDOR TOTAL		
**	031 DEPT	TOTAL.....		\$577.47	* COUNTY ADMINISTRATOR'S OFFICE		2 VENDORS 3 TRANSACTIONS
--	041 DEPT				COUNTY AUDITOR-TREASURER'S OFFICE		
-	5414 HUTCHINSON LEASED HOUSING ASS	01-041-000-0000-6810		87.78	2009 INT ON TAX REFUND	23.244.0270	REFUNDS AND REIMBURSEME
*	5414 HUTCHINSON LEASED HOUSING ASS			\$87.78	*VENDOR TOTAL		
**	041 DEPT	TOTAL.....		\$87.78	* COUNTY AUDITOR-TREASURER'S OFFICE		1 VENDORS 1 TRANSACTIONS
--	065 DEPT				INFORMATION SYSTEMS OFFICE		
-	5212 ALLTEL	01-065-000-0000-6203		218.63	CELL PHONE USAGE 8/01/2010 8/31/2010	7402481340-987	COMMUNICATIONS
*	5212 ALLTEL			\$218.63	*VENDOR TOTAL		
**	065 DEPT	TOTAL.....		\$218.63	* INFORMATION SYSTEMS OFFICE		1 VENDORS 1 TRANSACTIONS
--	075 DEPT				CENTRAL SERVICES - CHARGE BACKS		
-	651 COMMISSIONER OF REVENUE	01-075-000-0000-6402		33.00	AUG 2010 USE TAX		OFFICE SUPPLIES
*	651 COMMISSIONER OF REVENUE			\$33.00	*VENDOR TOTAL		
**	075 DEPT	TOTAL.....		\$33.00	* CENTRAL SERVICES - CHARGE BACKS		1 VENDORS 1 TRANSACTIONS
--	076 DEPT				CENTRAL SERVICES - COUNTY WIDE		
-	68460 QWEST	01-076-000-0000-6203		87.85	FOREIGN EXCHANGE 9/01/2010 9/30/2010	612E243217	COMMUNICATIONS
*	68460 QWEST			\$87.85	*VENDOR TOTAL		
**	076 DEPT	TOTAL.....		\$87.85	* CENTRAL SERVICES - COUNTY WIDE		1 VENDORS 1 TRANSACTIONS
--	103 DEPT				COUNTY ASSESSOR'S OFFICE		
-	2976 MINNESOTA ASSN OF ASSESSING O	01-103-000-0000-6245		255.00	FALL CONF S SCHULZ 9/26/2010 9/29/2010	3273117	DUES AND REGISTRATION F
*	2976 MINNESOTA ASSN OF ASSESSING O			\$255.00	*VENDOR TOTAL		
**	103 DEPT	TOTAL.....		\$255.00	* COUNTY ASSESSOR'S OFFICE		1 VENDORS 1 TRANSACTIONS
--	107 DEPT				COUNTY ZONING OFFICE		
-	6179 FRANSEN/SCOTT	01-107-000-0000-6810		30.00	REFUND FOR RECEIPT 10-185		REFUNDS AND REIMBURSEME

9/10/2010 01 BERRY  
 12:23:46 GENERAL REVENUE FUND

\*\*\*\*\* MCLEOD COUNTY IFS \*\*\*\*\*  
 INTEGRATED RECEIPTS AND DISBURSEMENT'S SYSTEM  
 A/P AUDIT LIST FOR BOARD

COUNTY 43

AUDITOR'S WARRANTS

VENDOR NO.	NAME	ACCOUNT NO.	RPT ACCR	AMOUNT	WARRANT DESCRIPTION SERVICE DATES	INVOICE# PAID ON BEHALF #	ACCOUNT DESCRIPTION ON BEHALF OF NAME
*	6179	FRANSEN/SCOTT		\$30.00	*VENDOR TOTAL		
**	107 DEPT	TOTAL.....		\$30.00	* COUNTY ZONING OFFICE		1 VENDORS 1 TRANSACTIONS
--	111 DEPT	.....			COURTHOUSE BUILDING		.....
-	5212 ALLTEL	01-111-000-0000-6203		61.23	CELL PHONE USAGE 8/01/2010 8/31/2010	7402481340-987	COMMUNICATIONS
*	5212 ALLTEL			\$61.23	*VENDOR TOTAL		
**	111 DEPT	TOTAL.....		\$61.23	* COURTHOUSE BUILDING		1 VENDORS 1 TRANSACTIONS
--	117 DEPT	.....			FAIRGROUNDS		.....
-	651 COMMISSIONER OF REVENUE	01-117-000-0000-6303		4.00	AUG 2010 USE TAX		REPAIR AND MAINTENANCE
*	651 COMMISSIONER OF REVENUE			\$4.00	*VENDOR TOTAL		
-	2038 WASTE MANAGEMENT OF WI MN	01-117-000-0000-6257		405.11	GARBAGE REMOVAL 8/01/2010 8/31/2010	5496793-1593-3	SEWER, WATER AND GARBAG
*	2038 WASTE MANAGEMENT OF WI MN			\$405.11	*VENDOR TOTAL		
**	117 DEPT	TOTAL.....		\$409.11	* FAIRGROUNDS		2 VENDORS 2 TRANSACTIONS
--	121 DEPT	.....			VETERANS SERVICE OFFICE		.....
-	5212 ALLTEL	01-121-000-0000-6203		19.02	CELL PHONE USAGE 8/01/2010 8/31/2010	7402481340-987	COMMUNICATIONS
*	5212 ALLTEL			\$19.02	*VENDOR TOTAL		
**	121 DEPT	TOTAL.....		\$19.02	* VETERANS SERVICE OFFICE		1 VENDORS 1 TRANSACTIONS
--	201 DEPT	.....			COUNTY SHERIFF'S OFFICE		.....
-	651 COMMISSIONER OF REVENUE	01-201-000-0000-6403		23.00	AUG 2010 USE TAX		PRINTED PAPER SUPPLIES
*	651 COMMISSIONER OF REVENUE	01-201-000-0000-6408		160.00	AUG 2010 USE TAX		AMMO
				\$183.00	*VENDOR TOTAL		
-	5771 NU-TELECOM	01-201-000-0000-6203		145.56	111-2290 SPEC ACC VOICE	80251967	COMMUNICATIONS
*	5771 NU-TELECOM			\$145.56	*VENDOR TOTAL		
-	138 PRO AUTO & TRANSMISSION INC	01-201-000-0000-6327		686.55	#120 OC FBRACKES WINDOW SWIT	2036728	GENERAL AUTO MAINTENANC
*	138 PRO AUTO & TRANSMISSION INC			\$686.55	*VENDOR TOTAL		
**	201 DEPT	TOTAL.....		\$1,015.11	* COUNTY SHERIFF'S OFFICE		3 VENDORS 4 TRANSACTIONS
--	251 DEPT	.....			COUNTY JAIL		.....
-	5212 ALLTEL	01-251-000-0000-6203		30.88	CELL PHONE USAGE 8/01/2010 8/31/2010	7402481340-987	COMMUNICATIONS
*	5212 ALLTEL			\$30.88	*VENDOR TOTAL		
-	5275	CARD SERVICES					

9/10/2010 01 BERRY  
 12:23:46 GENERAL REVENUE FUND

\*\*\*\*\* MCLEOD COUNTY IFS \*\*\*\*\*  
 INTEGRATED RECEIPTS AND DISBURSEMENTS SYSTEM  
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COUNTY 43

AUDITOR'S WARRANTS

VENDOR NO.	NAME	ACCOUNT NO.	RPT ACCR	AMOUNT	WARRANT DESCRIPTION SERVICE DATES	INVOICE# PAID ON BEHALF #	ACCOUNT DESCRIPTION ON BEHALF OF NAME
*	5275	01-251-000-0000-6268		7.98	HYDROCORTISONE	082822	MEDICAL AID TO PRISONER
				\$7.98	*VENDOR TOTAL		
-	651	COMMISSIONER OF REVENUE					
*	651	01-251-000-0000-6350		18.00	AUG 2010 USE TAX		OTHER SERVICES & CHARGE
				\$18.00	*VENDOR TOTAL		
**	251 DEPT	TOTAL.....		\$56.86	* COUNTY JAIL		3 VENDORS 3 TRANSACTIONS
--	255 DEPT	.....			COUNTY COURT SERVICES		
-	5212	ALLTEL					
		01-255-000-0000-6203		47.05	CELL PHONE USAGE	7402481340-987	COMMUNICATIONS
					8/01/2010 8/31/2010		
*	5212	ALLTEL		\$47.05	*VENDOR TOTAL		
**	255 DEPT	TOTAL.....		\$47.05	* COUNTY COURT SERVICES		1 VENDORS 1 TRANSACTIONS
--	485 DEPT	.....			COUNTY PUBLIC HEALTH NURSING		
-	5212	ALLTEL					
		01-485-000-0000-6203		39.22	CELL PHONE USAGE	7402481340-987	COMMUNICATIONS
					8/01/2010 8/31/2010		
*	5212	ALLTEL		\$39.22	*VENDOR TOTAL		
-	5187	CASE MANAGEMENT SOCIETY OF AM					
		01-485-000-0000-6245		180.00	MEMBERSHIP R KOTLARZ		DUES AND REGISTRATION F
		01-485-000-0000-6245		70.00	REG CMSA MN FALL CONF R HAR		DUES AND REGISTRATION F
					10/15/2010 10/15/2010		
		01-485-000-0000-6245		70.00	REG CMSA MN FALL CONF D HOE		DUES AND REGISTRATION F
					10/15/2010 10/15/2010		
		01-485-000-0000-6245		70.00	REG CMSA MN FALL CONF R KOT		DUES AND REGISTRATION F
					10/15/2010 10/15/2010		
*	5187	CASE MANAGEMENT SOCIETY OF AM		\$390.00	*VENDOR TOTAL		
-	651	COMMISSIONER OF REVENUE					
*	651	01-485-000-0000-6402		50.00	AUG 2010 USE TAX		OFFICE SUPPLIES
				\$50.00	*VENDOR TOTAL		
-	5246	MORROW/CARMEN					
		01-485-000-0000-6350		326.40	13.6 HRS		OTHER SERVICES & CHARGE
					8/16/2010 8/31/2010		
*	5246	MORROW/CARMEN		\$326.40	*VENDOR TOTAL		
**	485 DEPT	TOTAL.....		\$805.62	* COUNTY PUBLIC HEALTH NURSING		4 VENDORS 7 TRANSACTIONS
--	603 DEPT	.....			COUNTY EXTENSION		
-	5212	ALLTEL					
		01-603-000-0000-6203		26.40	CELL PHONE USAGE	7402481340-987	COMMUNICATIONS
					8/01/2010 8/31/2010		
*	5212	ALLTEL		\$26.40	*VENDOR TOTAL		
**	603 DEPT	TOTAL.....		\$26.40	* COUNTY EXTENSION		1 VENDORS 1 TRANSACTIONS
--	609 DEPT	.....			ENVIRONMENTAL SERVICES OFFICE		
-	5212	ALLTEL					
		01-609-000-0000-6203		50.35	CELL PHONE USAGE	7402481340-987	COMMUNICATIONS
					8/01/2010 8/31/2010		



BERRY  
9/10/2010 01 FUND  
12:23:46 GENERAL REVENUE FUND

\*\*\*\*\* MCLEOD COUNTY IFS \*\*\*\*\*  
INTEGRATED RECEIPTS AND DISBURSEMENTS SYSTEM  
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COUNTY 43

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AUDITOR'S WARRANTS

VENDOR NO.	NAME	ACCOUNT NO.	RPT ACCR	AMOUNT	WARRANT DESCRIPTION SERVICE DATES	INVOICE# PAID ON BEHALF #	ACCOUNT DESCRIPTION ON BEHALF OF NAME
*	5212 ALLTEL			\$50.35	*VENDOR TOTAL		
**	609 DEPT	TOTAL.....		\$50.35	* ENVIRONMENTAL SERVICES OFFICE	1 VENDORS	1 TRANSACTIONS
**	01 FUND	TOTAL.....		\$8,217.18	** GENERAL REVENUE FUND		55 TRANSACTIONS

9/10/2010 03 BERRY  
 12:23:46 ROAD & BRIDGE FUND

\*\*\*\*\* MCLEOD COUNTY IFS \*\*\*\*\*  
 INTEGRATED RECEIPTS AND DISBURSEMENTS SYSTEM  
 A/P AUDIT LIST FOR BOARD

COUNTY 43

AUDITOR'S WARRANTS

VENDOR NO.	NAME	ACCOUNT NO.	RPT ACCR	AMOUNT	WARRANT DESCRIPTION SERVICE DATES	INVOICE# PAID ON BEHALF #	ACCOUNT DESCRIPTION ON BEHALF OF NAME
--	000 DEPT				BALANCE SHEET		
-	3028 MINNESOTA CHILD SUPPORT PAYME	03-000-000-0000-2056		244.00	CHILD SUPPORT 9/08/2010 9/08/2010	001253574102	CHILD SUPPORT GARNISHME
*	3028 MINNESOTA CHILD SUPPORT PAYME			\$244.00	*VENDOR TOTAL		
**	000 DEPT	TOTAL.....		\$244.00	* BALANCE SHEET		1 VENDORS 1 TRANSACTIONS
--	310 DEPT				HIGHWAY MAINTENANCE		
-	651 COMMISSIONER OF REVENUE	03-310-000-0000-6568		12.00	AUG 2010 USE TAX		SAFETY CODE REGULATIONS
*	651 COMMISSIONER OF REVENUE			\$12.00	*VENDOR TOTAL		
**	310 DEPT	TOTAL.....		\$12.00	* HIGHWAY MAINTENANCE		1 VENDORS 1 TRANSACTIONS
--	320 DEPT				HIGHWAY CONSTRUCTION		
-	5556 MATHIOWETZ CONSTRUCTION COMPA	03-320-000-0000-6641		59,453.97	PMT 2 SP 43-623-05 JOB 233	623-05-2	STATE AID-REGULAR CONST
		03-320-000-0000-6646		21,523.20	PMT 2 SP 43-623-05 JOB 232	623-05-2	BRIDGE BONDING
		03-320-000-0000-6647		17,220.27	PMT 2 SP 43-623-05 JOB 232	623-05-2	JOINT ROAD PROJECTS
		03-320-000-0000-6648		132,723.07	PMT 2 SP 43-623-05 JOB 233	623-05-2	FEDERAL AID ROAD CONSTR
*	5556 MATHIOWETZ CONSTRUCTION COMPA			\$230,920.51	*VENDOR TOTAL		
**	320 DEPT	TOTAL.....		\$230,920.51	* HIGHWAY CONSTRUCTION		1 VENDORS 4 TRANSACTIONS
--	330 DEPT				HIGHWAY ADMINISTRATION		
-	5658 ARAMARK UNIFORM SERVICES INC	03-330-000-0000-6145		786.32	UNIFORM SVC	14534000	UNIFORM ALLOWANCE
*	5658 ARAMARK UNIFORM SERVICES INC			\$786.32	*VENDOR TOTAL		
-	540 HUTCHINSON UTILITIES COMMISSI	03-330-000-0000-6253		42.16	ELECTRIC WATER STREET 7/23/2010 8/24/2010	110465-045087	ELECTRICITY
		03-330-000-0000-6255		63.73	GAS WATER STREET 7/23/2010 8/24/2010	110465-045087	NATURAL GAS
*	540 HUTCHINSON UTILITIES COMMISSI			\$105.89	*VENDOR TOTAL		
**	330 DEPT	TOTAL.....		\$892.21	* HIGHWAY ADMINISTRATION		2 VENDORS 3 TRANSACTIONS
--	340 DEPT				HIGHWAY EQUIPMENT MAINTENANCE		
-	539 CENTER POINT ENERGY	03-340-000-0000-6255		55.11	TRANSIT BLDG 7/15/2010 8/16/2010	5978149-2	NATURAL GAS
		03-340-000-0000-6255		28.81	LP SHOP FUEL 7/23/2010 8/23/2010	6029864-3	NATURAL GAS
		03-340-000-0000-6255		13.52	SL SHOP FUEL 7/28/2010 8/24/2010	6048963-0	NATURAL GAS
*	539 CENTER POINT ENERGY			\$97.44	*VENDOR TOTAL		
-	540 HUTCHINSON UTILITIES COMMISSI	03-340-000-0000-6253		94.54	ELECTRIC TEMP STORAGE 7/22/2010 8/23/2010	31021-045101	ELECTRICITY
		03-340-000-0000-6255		40.17	GAS TEMP STORAGE 7/22/2010 8/23/2010	31021-045101	NATURAL GAS
*	540 HUTCHINSON UTILITIES COMMISSI			\$134.71	*VENDOR TOTAL		

BERRY

9/10/2010 03 FUND

12:23:46 ROAD & BRIDGE FUND

VENOR NAME ACCOUNT NO. ACCT RPT

\*\* 340 DEPT TOTAL.....

\*\* 03 FUND TOTAL.....

AMOUNT

\$232.15

\*\* 2232,300.87

WARRANT DESCRIPTION SERVICE DATES

\* HIGHWAY EQUIPMENT MAINTENANCE

\*\* ROAD & BRIDGE FUND

\*\*\*\*\* MCLBOD COUNTY IFS \*\*\*\*\*

INTEGRATED RECEIPTS AND DISBURSEMENTS SYSTEM

A/P AUDIT LIST FOR BOARD

AUDITOR'S WARRANTS

COUNTY 43

INVOICE# ACCOUNT DESCRIPTION

# ON BEHALF OF NAME

2 VENDORS

5 TRANSACTIONS

14 TRANSACTIONS

IFD53

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9/10/2010 05 FUND  
12:23:46 SOLID WASTE FUND

\*\*\*\*\* MCLEOD COUNTY IFS \*\*\*\*\*  
INTEGRATED RECEIPTS AND DISBURSEMENTS SYSTEM  
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COUNTY 43

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AUDITOR'S WARRANTS

VENDOR NO.	NAME	ACCOUNT NO.	RPT ACCR	AMOUNT	WARRANT DESCRIPTION SERVICE DATES	INVOICE# PAID ON BEHALF #	ACCOUNT DESCRIPTION ON BEHALF OF NAME
--	391 DEPT				SOLID WASTE TIP FEE		
-	5212 ALLTEL	05-391-000-0000-6203		29.91	CELL PHONE USAGE 8/01/2010 8/31/2010	7402481340-987	COMMUNICATIONS
*	5212 ALLTEL			\$29.91	*VENDOR TOTAL		
-	5771 NU-TELECOM	05-391-000-0000-6203		78.42	FAX SVC	80252324	COMMUNICATIONS
		05-391-000-0000-6203		524.00	TELEPHONE SVC	80252324	COMMUNICATIONS
		05-391-000-0000-6203		115.29	INTERNET	80252324	COMMUNICATIONS
*	5771 NU-TELECOM			\$717.71	*VENDOR TOTAL		
**	391 DEPT	TOTAL.....		\$747.62	* SOLID WASTE TIP FEE		2 VENDORS 4 TRANSACTIONS
--	393 DEPT				MATERIALS RECOVERY FACILITY		
-	4370 MCLEOD COUNTY ALUMINUM REDEMP	05-393-000-0000-6411		1,718.84	REPLENISH CHKS 25781-25833 8/31/2010 9/08/2010		ALUMINUM RECOVERY
*	4370 MCLEOD COUNTY ALUMINUM REDEMP			\$1,718.84	*VENDOR TOTAL		
-	5771 NU-TELECOM	05-393-000-0000-6203		104.40	TELEPHONE SVC	80252324	COMMUNICATIONS
		05-393-000-0000-6203		17.29	FAX SVC	80252324	COMMUNICATIONS
*	5771 NU-TELECOM			\$121.69	*VENDOR TOTAL		
-	1727 WASTE MANAGEMENT OF WI MN	05-393-000-0000-6257		126.09	RECYCLING RESIDUE GARBAGE 8/16/2010 8/31/2010	0007023-1702-5	SEWER, WATER AND GARBAG
		05-393-000-0000-6259		1,076.40	LP CURBSIDE RECYCLING 8/01/2010 8/31/2010	5502552-1593-5	RECYCLING
		05-393-000-0000-6259		81.00	BISCAY CURBSIDE RECYCLING 8/01/2010 8/31/2010	5502690-1593-3	RECYCLING
		05-393-000-0000-6259		5,104.04	GLENCOE CURBSIDE RECYCLING 8/01/2010 8/31/2010	5502691-1593-1	RECYCLING
		05-393-000-0000-6259		631.80	SL CURBSIDE RECYCLING 8/01/2010 8/31/2010	5502692-1593-9	RECYCLING
		05-393-000-0000-6259		464.40	STEWART CURBSIDE RECYCLING 8/01/2010 8/31/2010	5502693-1593-7	RECYCLING
		05-393-000-0000-6259		532.80	BROWNTON CURBSIDE RECYCLING 8/01/2010 8/31/2010	5502694-1593-5	RECYCLING
		05-393-000-0000-6259		13,477.38	HUTCHINSON CURBSIDE RECYCLI 8/01/2010 8/31/2010	5502695-1593-2	RECYCLING
		05-393-000-0000-6259		1,503.00	WINSTED CURBSIDE RECYCLING 8/01/2010 8/31/2010	5502696-1593-0	RECYCLING
		05-393-000-0000-6259		266.40	PLATO CURBSIDE RECYCLING 8/01/2010 8/31/2010	5502697-1593-8	RECYCLING
*	1727 WASTE MANAGEMENT OF WI MN			\$23,263.31	*VENDOR TOTAL		
**	393 DEPT	TOTAL.....		\$25,103.84	* MATERIALS RECOVERY FACILITY		3 VENDORS 13 TRANSACTIONS
--	397 DEPT				HOUSEHOLD HAZARDOUS WASTE		
-	5771 NU-TELECOM	05-397-000-0000-6203		25.12	TELEPHONE SVC	80252324	COMMUNICATIONS
*	5771 NU-TELECOM			\$25.12	*VENDOR TOTAL		
**	397 DEPT	TOTAL.....		\$25.12	* HOUSEHOLD HAZARDOUS WASTE		1 VENDORS 1 TRANSACTIONS

9/10/2010 05 BERRY  
12:23:46 FUND  
SOLID WASTE FUND

\*\*\*\*\* MCLEOD COUNTY IFS \*\*\*\*\*  
INTEGRATED RECEIPTS AND DISBURSEMENTS SYSTEM  
A/P AUDIT LIST FOR BOARD

COUNTY 43

IFD53 PAGE 9

AUDITOR'S WARRANTS

VENDOR NO.	NAME	ACCOUNT NO.	RPT ACCR	AMOUNT	WARRANT DESCRIPTION SERVICE DATES	INVOICE# PAID ON BEHALF #	ACCOUNT DESCRIPTION ON BEHALF OF NAME
**		05 FUND TOTAL.....		\$25,876.58	** SOLID WASTE FUND		18 TRANSACTIONS

9/10/2010 11 BERRY  
 12:23:46 HUMAN SERVICE FUND

\*\*\*\*\* MCLEOD COUNTY IFS \*\*\*\*\*  
 INTEGRATED RECEIPTS AND DISBURSEMENTS SYSTEM  
 A/P AUDIT LIST FOR BOARD

COUNTY 43

AUDITOR'S WARRANTS

VENDOR NO.	NAME	ACCOUNT NO.	RPT ACCR	AMOUNT	WARRANT DESCRIPTION SERVICE DATES	INVOICE# PAID ON BEHALF #	ACCOUNT DESCRIPTION ON BEHALF OF NAME
--	420 DEPT				INCOME MAINTENANCE		
-	5212 ALLTEL	11-420-600-0010-6203		72.28	CELL PHONE USAGE 8/01/2010 8/31/2010	7402481340-987	COMMUNICATIONS
*	5212 ALLTEL			\$72.28	*VENDOR TOTAL		
**	420 DEPT	TOTAL.....		\$72.28	* INCOME MAINTENANCE		1 VENDORS 1 TRANSACTIONS
--	430 DEPT				INDIVIDUAL AND FAMILY SOCIAL SERVICES		
-	5212 ALLTEL	11-430-700-0010-6203		108.43	CELL PHONE USAGE 8/01/2010 8/31/2010	7402481340-987	COMMUNICATIONS
*	5212 ALLTEL			\$108.43	*VENDOR TOTAL		
-	3028 MINNESOTA CHILD SUPPORT PAYME	11-430-000-0000-2056		277.80	CHILD SUPPORT 9/08/2010 9/08/2010	001486828601	CHILD SUPPORT GARNISHME
*	3028 MINNESOTA CHILD SUPPORT PAYME			\$277.80	*VENDOR TOTAL		
**	430 DEPT	TOTAL.....		\$386.23	* INDIVIDUAL AND FAMILY SOCIAL SERVICES		2 VENDORS 2 TRANSACTIONS
**	11 FUND	TOTAL.....		\$458.51	** HUMAN SERVICE FUND		3 TRANSACTIONS

9/10/2010 12:23:46 BERRY  
 25 FUND  
 SPECIAL REVENUE FUND

\*\*\*\*\* MCLEOD COUNTY IFS \*\*\*\*\*  
 INTEGRATED RECEIPTS AND DISBURSEMENTS SYSTEM  
 A/P AUDIT LIST FOR BOARD

COUNTY 43

AUDITOR'S WARRANTS

VENDOR NO.	NAME	ACCOUNT NO.	RPT ACCR	AMOUNT	WARRANT DESCRIPTION SERVICE DATES	INVOICE# PAID ON BEHALF #	ACCOUNT DESCRIPTION ON BEHALF OF NAME
--	015 DEPT				LAW LIBRARY		
-	6 MATTHEW BENDER & COMPANY INC	25-015-000-0000-6451		79.11	LAW BOOK	06214444	BOOKS
*	6 MATTHEW BENDER & COMPANY INC			\$79.11	*VENDOR TOTAL		
-	358 WEST PAYMENT CENTER	25-015-000-0000-6451		125.00	WEST INFO CHARGES 8/01/2010 8/31/2010	821244305	BOOKS
		25-015-000-0000-6451		1,901.59	WEST INFO CHARGES 8/01/2010 8/31/2010	821244588	BOOKS
*	358 WEST PAYMENT CENTER			\$2,026.59	*VENDOR TOTAL		
**	015 DEPT	TOTAL.....		\$2,105.70	* LAW LIBRARY		2 VENDORS 3 TRANSACTIONS
--	223 DEPT				D.A.R.E. PROGRAM		
-	651 COMMISSIONER OF REVENUE	25-223-000-0000-6350		12.00	AUG 2010 USE TAX		OTHER SERVICES & CHARGE
*	651 COMMISSIONER OF REVENUE			\$12.00	*VENDOR TOTAL		
**	223 DEPT	TOTAL.....		\$12.00	* D.A.R.E. PROGRAM		1 VENDORS 1 TRANSACTIONS
--	225 DEPT				MCLEOD COUNTY SHERIFFS POSSE		
-	1803 FASTENAL COMPANY	25-225-000-0000-6350		20.28	TASER CASE POSSE	MNWAC19513	OTHER SERVICES & CHARGE
*	1803 FASTENAL COMPANY			\$20.28	*VENDOR TOTAL		
**	225 DEPT	TOTAL.....		\$20.28	* MCLEOD COUNTY SHERIFFS POSSE		1 VENDORS 1 TRANSACTIONS
--	252 DEPT				JAIL CANTEN ACCOUNT		
-	4426 HOME SOLUTIONS OF GLENCOE	25-252-000-0000-6612		801.55	32" LED SAMSUNG TV	21158	CAPTIAL - \$100-\$5,000 (
*	4426 HOME SOLUTIONS OF GLENCOE			\$801.55	*VENDOR TOTAL		
-	5771 NU-TELECOM	25-252-000-0000-6460		70.71	CABLE 9/01/2010 9/30/2010	80250940	JAIL SUPPLIES
*	5771 NU-TELECOM			\$70.71	*VENDOR TOTAL		
**	252 DEPT	TOTAL.....		\$872.26	* JAIL CANTEN ACCOUNT		2 VENDORS 2 TRANSACTIONS
--	285 DEPT				E-911 SYSTEM MAINTENANCE - GRANT		
-	5771 NU-TELECOM	25-285-000-0000-6203		11.04	234-9687 MISC LD CALL	80252491	COMMUNICATIONS - TELEPH
		25-285-000-0000-6203		628.79	587-0405 E-911	80252625	COMMUNICATIONS - TELEPH
*	5771 NU-TELECOM			\$639.83	*VENDOR TOTAL		
**	285 DEPT	TOTAL.....		\$639.83	* E-911 SYSTEM MAINTENANCE - GRANT		1 VENDORS 2 TRANSACTIONS
--	886 DEPT				COUNTY FEEDLOT PROGRAM		
-	6090 BUSINESSWARE SOLUTIONS	25-886-000-0000-6350		341.14	3YR WARRANTY	157646	OTHER SERVICES & CHARGE
		25-886-000-0000-6612		1,637.33	HP COLOR LASERJET PRINTER	157646	CAPITAL - \$100-\$5,000 (
*	6090 BUSINESSWARE SOLUTIONS			\$1,978.47	*VENDOR TOTAL		

9/10/2010 12:23:46 BERRY  
 25 FUND  
 SPECIAL REVENUE FUND

VENDOR NO.	NAME	ACCOUNT NO.	RPT ACCR	AMOUNT	WARRANT DESCRIPTION SERVICE DATES	INVOICE# PAID ON BEHALF #	ACCOUNT DESCRIPTION ON BEHALF OF NAME
**	886 DEPT	TOTAL.....		\$1,978.47	* COUNTY FEEDLOT PROGRAM		1 VENDORS 2 TRANSACTIONS
**		25 FUND TOTAL.....		\$5,628.54	** SPECIAL REVENUE FUND		11 TRANSACTIONS



9/10/2010 82 FUND  
 12:23:46 COMMUNITY HEALTH SERVICE FUND

\*\*\*\*\* MCLEOD COUNTY IFS \*\*\*\*\*  
 INTEGRATED RECEIPTS AND DISBURSEMENTS SYSTEM  
 A/P AUDIT LIST FOR BOARD

COUNTY 43

AUDITOR'S WARRANTS

VENDOR NO.	NAME	ACCOUNT NO.	RPT ACCR	AMOUNT	WARRANT DESCRIPTION SERVICE DATES	INVOICE# PAID ON BEHALF #	ACCOUNT DESCRIPTION ON BEHALF OF NAME
--	852 DEPT				PROJECT HARMONY MOFAS GRANT		
-	3645 HUTCHINSON EVENT CENTER	82-852-000-0000-6350		425.00	MOFAS EVENT SUPPLIES		OTHER SERVICES & CHARGE
*	3645 HUTCHINSON EVENT CENTER			\$425.00	*VENDOR TOTAL		
-	137 HUTCHINSON LEADER	82-852-000-0000-6350		346.08	MOFAS EVENT SUPPLIES	385332	OTHER SERVICES & CHARGE
*	137 HUTCHINSON LEADER			\$346.08	*VENDOR TOTAL		
**	852 DEPT	TOTAL.....		\$771.08	* PROJECT HARMONY MOFAS GRANT		2 VENDORS 2 TRANSACTIONS
--	856 DEPT				FPSP		
-	8125 ACMC LITCHFIELD	82-856-000-0000-6261		255.75	EXAMS MMS CHS	ACCT 49-10782	PHYSICAL EXAMINATIONS
*	8125 ACMC LITCHFIELD			\$255.75	*VENDOR TOTAL		
-	2858 COBORNS PHARMACY 27	82-856-000-0000-6439		26.51	PRESCRIPTION MMS CHS	MCLEOD CO JAIL	PRESCRIPTIONS
*	2858 COBORNS PHARMACY 27			\$26.51	*VENDOR TOTAL		
-	2299 ECONO FOODS PHARMACY	82-856-000-0000-6439		83.96	PRESCRIPTION MMS FAMILY PLA		PRESCRIPTIONS
*	2299 ECONO FOODS PHARMACY			\$83.96	*VENDOR TOTAL		
-	2412 GLENCOE REGIONAL HEALTH SERVI	82-856-000-0000-6261		225.83	EXAMS MMS CHS	ACCT 42806	PHYSICAL EXAMINATIONS
*	2412 GLENCOE REGIONAL HEALTH SERVI			\$225.83	*VENDOR TOTAL		
-	6206 MEEKER MEMORIAL HOSPITAL	82-856-000-0000-6260		240.00	STD TESTING CHLAMYDIA	ACCT 23223	STD TESTING
*	6206 MEEKER MEMORIAL HOSPITAL			\$240.00	*VENDOR TOTAL		
**	856 DEPT	TOTAL.....		\$832.05	* FPSP		5 VENDORS 5 TRANSACTIONS
--	862 DEPT				SHIP		
-	6177 ABSOLUTE CATERING	82-862-000-0000-6350		761.00	CATERING FOR SHIP SUMMIT 8/18/2010 8/18/2010		OTHER SERVICES & CHARGE
*	6177 ABSOLUTE CATERING			\$761.00	*VENDOR TOTAL		
**	862 DEPT	TOTAL.....		\$761.00	* SHIP		1 VENDORS 1 TRANSACTIONS
**	82 FUND	TOTAL.....		\$2,364.13	** COMMUNITY HEALTH SERVICE FUND		8 TRANSACTIONS

9/10/2010 84 FUND  
 12:23:46 SUPPORTING HANDS N F P FUND

BERRY

\*\*\*\*\* MCLEOD COUNTY IFS \*\*\*\*\*  
 INTEGRATED RECEIPTS AND DISBURSEMENTS SYSTEM  
 A/P AUDIT LIST FOR BOARD

COUNTY 43

AUDITOR'S WARRANTS

VENDOR NO.	NAME	ACCOUNT NO.	RPT ACCR	AMOUNT	WARRANT DESCRIPTION SERVICE DATES	INVOICE# PAID ON BEHALF #	ACCOUNT DESCRIPTION ON BEHALF OF NAME
--	490 DEPT	..... SUPPORTING HANDS NURSE FAMILY PARTNERSHI.....					
-	6075 POPE COUNTY PUBLIC HEALTH						
	84-490-000-0000-6203			.03	COMMUNICATIONS		COMMUNICATIONS
	84-490-000-0000-6269			2,566.88	SALARYFRINGE JUL 2010		CONTRACTS
	84-490-000-0000-6335			287.50	575 MLG JUL		MILEAGE EXPENSE
	84-490-000-0000-6350			43.14	CLERICAL SUPPORT JUL 2010		OTHER SERVICES & CHARGE
	84-490-000-0000-6403			6.90	PRINTED SUPPLIES		PRINTED PAPER SUPPLIES
*	6075 POPE COUNTY PUBLIC HEALTH			\$2,904.45	*VENDOR TOTAL		
-	4903 REDWOOD COUNTY PUBLIC HEALTH						
	84-490-000-0000-6205			11.51	POSTAGE AUG		POSTAGE AND POSTAL BOX
	84-490-000-0000-6335			764.50	1529 MLG AUG		MILEAGE EXPENSE
	84-490-000-0000-6350			899.58	CLERICAL SUPPORT AUG		OTHER SERVICES & CHARGE
	84-490-000-0000-6403			28.30	PRINTED SUPPLIES		PRINTED PAPER SUPPLIES
*	4903 REDWOOD COUNTY PUBLIC HEALTH			\$1,703.89	*VENDOR TOTAL		
**	490 DEPT	TOTAL.....		\$4,608.34	* SUPPORTING HANDS NURSE FAMILY PARTNERSHI		2 VENDORS 9 TRANSACTIONS
**	84 FUND	TOTAL.....		\$4,608.34	** SUPPORTING HANDS N F P FUND		9 TRANSACTIONS

9/10/2010 86 BERRY  
12:23:46 AGENCY FUND

\*\*\*\*\* MCLEOD COUNTY IFS \*\*\*\*\*  
INTEGRATED RECEIPTS AND DISBURSEMENTS SYSTEM  
A/P AUDIT LIST FOR BOARD

COUNTY 43  
AUDITOR'S WARRANTS

VENDOR NO.	NAME	ACCOUNT NO.	RPT ACCR	AMOUNT	WARRANT DESCRIPTION SERVICE DATES	INVOICE# PAID ON BEHALF #	ACCOUNT DESCRIPTION ON BEHALF OF NAME
-- 833	DEPT				MORTGAGE REGISTRY TAX		
-	1004 MINNESOTA DEPARTMENT OF REVEN	86-833-000-0000-6850		38,677.94	AUG 2010 MTG REG		COLLECTIONS FOR OTHER A
*	1004 MINNESOTA DEPARTMENT OF REVEN			\$38,677.94	*VENDOR TOTAL		
**	833 DEPT	TOTAL.....		\$38,677.94	* MORTGAGE REGISTRY TAX		1 VENDORS 1 TRANSACTIONS
-- 834	DEPT				DEED TAX		
-	1004 MINNESOTA DEPARTMENT OF REVEN	86-834-000-0000-6850		18,233.16	AUG 2010 DEED TAX		COLLECTIONS FOR OTHER A
*	1004 MINNESOTA DEPARTMENT OF REVEN			\$18,233.16	*VENDOR TOTAL		
**	834 DEPT	TOTAL.....		\$18,233.16	* DEED TAX		1 VENDORS 1 TRANSACTIONS
-- 935	DEPT				REAL ESTATE ASSURANCE - REGISTERED LAND.....		
-	3411 COMMISSIONER OF FINANCE	86-935-000-0000-6850		226.50	AUG REGISTERED LAND 8/01/2010 8/31/2010		COLLECTIONS FOR OTHER A
*	3411 COMMISSIONER OF FINANCE			\$226.50	*VENDOR TOTAL		
**	935 DEPT	TOTAL.....		\$226.50	* REAL ESTATE ASSURANCE - REGISTERED LAND		1 VENDORS 1 TRANSACTIONS
-- 939	DEPT				STATE SURCHARGE		
-	3411 COMMISSIONER OF FINANCE	86-939-000-0000-6850		6,720.00	AUG REGISTRARS FEES 8/01/2010 8/31/2010		COLLECTIONS FOR OTHER A
*	3411 COMMISSIONER OF FINANCE			\$6,720.00	*VENDOR TOTAL		
**	939 DEPT	TOTAL.....		\$6,720.00	* STATE SURCHARGE		1 VENDORS 1 TRANSACTIONS
-- 940	DEPT				VITAL RECORDS SURCHARGE - BIRTH & DEATH.....		
-	3411 COMMISSIONER OF FINANCE	86-940-000-0000-6850		1,104.00	AUG BIRTH/DEATH SURCHARGE 8/01/2010 8/31/2010		COLLECTIONS FOR OTHER A
*	3411 COMMISSIONER OF FINANCE			\$1,104.00	*VENDOR TOTAL		
**	940 DEPT	TOTAL.....		\$1,104.00	* VITAL RECORDS SURCHARGE - BIRTH & DEATH		1 VENDORS 1 TRANSACTIONS
-- 950	DEPT				BIRTH RECORD SURCHARGE		
-	3411 COMMISSIONER OF FINANCE	86-950-000-0000-6850		1,180.00	AUG BIRTH RECORD SURCHARGE 8/01/2010 8/31/2010		COLLECTIONS FOR OTHER A
*	3411 COMMISSIONER OF FINANCE			\$1,180.00	*VENDOR TOTAL		
**	950 DEPT	TOTAL.....		\$1,180.00	* BIRTH RECORD SURCHARGE		1 VENDORS 1 TRANSACTIONS
-- 952	DEPT				CHILDREN'S TRUST FUND SURCHARGE - BIRTH.....		
-	3411 COMMISSIONER OF FINANCE	86-952-000-0000-6850		360.00	AUG CHILDREN SRCHG 8/01/2010 8/31/2010		COLLECTIONS FOR OTHER A
*	3411 COMMISSIONER OF FINANCE			\$360.00	*VENDOR TOTAL		
**	952 DEPT	TOTAL.....		\$360.00	* CHILDREN'S TRUST FUND SURCHARGE - BIRTH		1 VENDORS 1 TRANSACTIONS

9/10/2010 86 FUND  
12:23:46 AGENCY FUND

BERRY

\*\*\*\*\* MCLEOD COUNTY IFS \*\*\*\*\*  
INTEGRATED RECEIPTS AND DISBURSEMENTS SYSTEM  
A/P AUDIT LIST FOR BOARD

COUNTY 43  
AUDITOR'S WARRANTS

VENDOR NO.	NAME	ACCOUNT NO.	RPT ACCR	AMOUNT	WARRANT DESCRIPTION SERVICE DATES	INVOICE# PAID ON BEHALF #	ACCOUNT DESCRIPTION ON BEHALF OF NAME
--	954 DEPT				MARRIAGE LICENSE		
-	3411 COMMISSIONER OF FINANCE	86-954-000-0000-6850		556.00	AUG MARR LIC SRCHG 8/01/2010 8/31/2010		COLLECTIONS FOR OTHER A
		86-954-000-0000-6850		58.00	AUG MARR LIC SUPRVD VISIT 8/01/2010 8/31/2010		COLLECTIONS FOR OTHER A
		86-954-000-0000-6850		56.00	AUG MARR LIC/MN ENABLE 8/01/2010 8/31/2010		COLLECTIONS FOR OTHER A
		86-954-000-0000-6850		250.00	AUG MARR LIC/DISPL HOME REG 8/01/2010 8/31/2010		COLLECTIONS FOR OTHER A
		86-954-000-0000-6850		80.00	AUG MARR LIC/DISPL HOME RED 8/01/2010 8/31/2010		COLLECTIONS FOR OTHER A
		86-954-000-0000-6850		50.00	AUG MARR LIC/COUPLES ON BRI 8/01/2010 8/31/2010		COLLECTIONS FOR OTHER A
*	3411 COMMISSIONER OF FINANCE			\$1,050.00	*VENDOR TOTAL		
**	954 DEPT	TOTAL.....		\$1,050.00	* MARRIAGE LICENSE		1 VENDORS 6 TRANSACTIONS
--	956 DEPT				SALES TAX		
-	651 COMMISSIONER OF REVENUE	86-956-000-0000-6850		1,421.00	SALES TAX 6.875% AUG 2010		COLLECTIONS FOR OTHER A
*	651 COMMISSIONER OF REVENUE			\$1,421.00	*VENDOR TOTAL		
**	956 DEPT	TOTAL.....		\$1,421.00	* SALES TAX		1 VENDORS 1 TRANSACTIONS
--	975 DEPT				DNR CLEARING ACCOUNT		
-	509 MINNESOTA DNR	86-975-000-0000-6850		541.50	DNR 8/31/2010 9/07/2010		COLLECTIONS FOR OTHER A
*	509 MINNESOTA DNR			\$541.50	*VENDOR TOTAL		
**	975 DEPT	TOTAL.....		\$541.50	* DNR CLEARING ACCOUNT		1 VENDORS 1 TRANSACTIONS
--	976 DEPT				GAME & FISH CLEARING ACCOUNT		
-	509 MINNESOTA DNR	86-976-000-0000-6850		669.50	G&F 8/31/2010 9/07/2010		COLLECTIONS FOR OTHER A
*	509 MINNESOTA DNR			\$669.50	*VENDOR TOTAL		
**	976 DEPT	TOTAL.....		\$669.50	* GAME & FISH CLEARING ACCOUNT		1 VENDORS 1 TRANSACTIONS
**	86 FUND	TOTAL.....		\$70,183.60	** AGENCY FUND		16 TRANSACTIONS

9/10/2010 87 FUND  
 12:23:46 TAX AND PENALTY FUND

\*\*\*\*\* MCLEOD COUNTY IFS \*\*\*\*\*  
 INTEGRATED RECEIPTS AND DISBURSEMENTS SYSTEM  
 A/P AUDIT LIST FOR BOARD

COUNTY 43

AUDITOR'S WARRANTS

VENDOR NO.	NAME	ACCOUNT NO.	RPT ACCR	AMOUNT	WARRANT DESCRIPTION SERVICE DATES	INVOICE# PAID ON BEHALF #	ACCOUNT DESCRIPTION ON BEHALF OF NAME
--	980 DEPT				TAX COLLECTIONS		
-	5414 HUTCHINSON LEASED HOUSING ASS						
		87-980-000-0000-6810		2,384.00	2009 TAX COURT	23.244.0270	REFUNDS AND REIMBURSEME
*	5414 HUTCHINSON LEASED HOUSING ASS			\$2,384.00	*VENDOR TOTAL		
**	980 DEPT	TOTAL.....		\$2,384.00	* TAX COLLECTIONS		1 VENDORS 1 TRANSACTIONS
**	87 FUND	TOTAL.....		\$2,384.00	** TAX AND PENALTY FUND		1 TRANSACTIONS
****		FINAL TOTAL.....		\$352,021.75	**** .76 VENDORS		135 TRANSACTIONS

9/10/2010  
12:23:46

BERRY

\*\*\*\*\* MCLEOD COUNTY IFS \*\*\*\*\*  
INTEGRATED RECEIPTS AND DISBURSEMENTS SYSTEM  
A/P AUDIT LIST FOR BOARD

COUNTY 43

AUDITOR'S WARRANTS

IFDS3

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\*\*\*\* RECAP BY FUND

FUND	AMOUNT	NAME	
01	8,217.18	GENERAL REVENUE FUND	
03	232,300.87	ROAD & BRIDGE FUND	
05	25,876.58	SOLID WASTE FUND	
11	458.51	HUMAN SERVICE FUND	
25	5,628.54	SPECIAL REVENUE FUND	
82	2,364.13	COMMUNITY HEALTH SERVICE FUND	
84	4,608.34	SUPPORTING HANDS N F P FUND	
86	70,183.60	AGENCY FUND	
87	2,384.00	TAX AND PENALTY FUND	
DATE APPROVED .....	**	352,021.75 * TOTAL	APPROVED BY, .....
			.....
			.....

2011  
Contract for Registered Nursing Services  
McLeod Treatment Programs

McLeod Treatment Programs and McLeod County Public Health Nursing hereby enter into this agreement to provide health care services to McLeod Treatment Programs (MTP) from January 1, 2011 to December 31, 2011 in accordance with the conditions outlined below:

- A. Responsibilities of McLeod County Public Health Nursing:
1. McLeod County Public Health Nursing shall have on file documentation of credentials, current licensure, and satisfaction of qualifications of Registered Nurses.
  2. McLeod County Public Health Nursing shall have on file proof of professional liability insurance coverage and shall disclose this information to MTP upon request.
  3. Fulfill all requirements of MN Statute 144.057 (applicant background study).
  4. Adhere to all MN Statutes regarding Maltreatment to Minors, Vulnerable Adults, and Mandatory Reporting Laws.
  5. Provide MTP with protocol to contact the nurse for medication consultation and training.
  6. Provide consultation and review of each MTP program's administration of medications at least monthly (average 4-6 hrs/wk) including a) review of medication procedures and policies; b) medication problems including errors and refusals; c) monitoring medication effects, side effects, contraindications; d) medication storage and inventory procedures; e) medication verification procedures; f) medication disposal procedures (the RN Contractor will be responsible for proper disposal of medications); g) documentation procedures and h) staff consultation. The RN Contractor will conduct an on-site consultation and review at each facility as agreed upon by MTP and RN Contractor.
  7. The following will be reviewed by the RN Contractor at least annually: a) standing orders (in conjunction with the MTP Contracted Medical Consultant); b) MTP medication administration policy and necessary revisions including RN Contractor signature on policy.
  8. Nurse(s) will communicate the need for specific supply items to MTP Program Manager.
  9. Nurses will refer non-nursing problems, which have not already been addressed by others, to the appropriate resources.
  10. Health Service policies shall be abided by in all respects, including written consent for data privacy, consent for medical treatment, and consent for release of information.
  11. Nurses will make recommendations regarding special dietary and exercise needs of residents depending on their medical condition (diabetic diet, exercise, food allergies, or food contraindications) as requested.
  12. Nurse(s) will prepare written documentation to Program Manager on weekly consultation content, hours of service, and questions/concerns.

13. Provide medication administration training to all MTP staff (3-4 times per year as MTP needs dictate for 4 hours each) and four (1 hour) medication refresher courses and provide certificates of completion to each MTP staff member attending.
14. Provide blood borne pathogens/infectious diseases training to all McLeod Treatment Programs, Inc. staff (1-2 times per year for 1.5 hours) and provide certificates of completion to each MTP staff member attending.
15. Provide child passenger safety training to all McLeod Treatment Programs, Inc. staff (1 time per year for 3 hours) and provide certificates of completion to each MTP staff member attending.
16. With prior approval of MTP management, offer health teaching to staff as need arises (diabetic instruction, nutrition, medication side effects, etc.).
17. Provide MTP management with training protocol 1 week prior to training.
18. Registered nurses of McLeod County Public Health Nursing Service will attend training on the procedures of MTP. It is the responsibility of MTP to provide this training.
19. Keep all information gained as a result of contact with MTP, residents or staff confidential and private.
20. Provide services within budget of \$10,032.00. This budget for 2011 includes cost for medication consultation and review (\$9,152.00) and medication administration, blood borne pathogens/infectious diseases and child passenger safety training (\$880.00).
21. Submit a detailed billing by the 10th day of each month for services provided the previous month.

B. Expectations of McLeod Treatment Programs:

1. Provide a private area of the residence to keep records and supplies.
2. Provide staff with necessary and appropriate equipment to perform their duties such as scale, stethoscope, sphygmomanometer, thermoscan thermometer, and usual and customary first aid equipment (tongue blades, alcohol wipes, tweezers, band aids, 1st aid cream, etc.), blood borne pathogen equipment with safety storage area.
3. MTP staff will be available to assist the nurse(s) and will maintain a safe work environment for the nurse(s).
4. Have available to the nurse any past history or records of residents that are relevant to his mental/medical health.
5. Have parent/guardian-sign the appropriate releases for access to information and medical consent.
6. MTP staff will be responsible for administering all medication and will communicate with the nurse(s) any medication that a resident is receiving and inform the nurse(s) of medication changes on a weekly basis.



7. MTP staff shall be responsible for following through on a recommendation or for making an arrangement in the event that a referral is made by the nurse. Findings should be communicated back to the nurse and documented on the resident's record.
8. MTP staff is responsible for providing transportation in the event that a referral is made.
9. MTP will have available to staff a Medical Consultant for consultation.
10. Provide educational opportunities, which will expand knowledge of nurses especially in the MTP population.
11. Provide administrative supervision and evaluation of RN contract services.
12. Inform McLeod County Public Health Nursing of any changes in licensure or policy that may affect RN Contractors services and contract.
13. Monitor and evaluate RN Contract budget, not to exceed \$10,032.00 for 2011.
14. Reimburse the registered nurse at \$44.00 per hour for all services.
15. Remit contract fee within 30 days of receipt of the billing.
16. MTP will provide training to nurses of McLeod County Public Health Nursing Services in the procedures of MTP that pertain to medical concerns, release of information procedures, and parental contact.
17. McLeod Treatment Program, Inc. provides assurances to the Public Health Nursing service that it will comply with the Health Insurance Portability and Accountability Act (HIPAA) requirements necessary to protect individual identifying health information (IIHI). Use and disclosure will require that all IIHI be:
  - \* Appropriately safeguarded;
  - \* Any misuse of IIHI will be reported to the Public Health Nursing Service
  - \* Secure satisfactory assurances from any subcontractor
  - \* Grant individual clients/parents/legal guardians access and ability to amend their IIHI
  - \* Make available an accounting of disclosures: release applicable records to the Department of Health or Department of Human Services if requested and
  - \* Upon termination, return or destroy all IIHI in accordance with conventional record destruction practices.

C. Joint Responsibilities of Nursing and MTP:

1. Plan and coordinate health problems and concerns of all parties, including what may be feasible for resident's health care.
2. Jointly evaluate the services provided annually.

D. Terms of Contract:

1. This contract shall be effective on January 1, 2011 and shall remain in effect until December 31, 2011 or until canceled or terminated as provided herein.

E. Conditions of the parties' obligations:

1. This agreement may be canceled by either party at any time, with or without cause, upon thirty (30) day notice, in writing, delivered by mail or in person to the other party. In the event of such a notice, Public Health Nursing shall be entitled to payment for services and duties satisfactory performed.
2. Sixty (60) days prior to the termination date specified in this agreement, MTP may evaluate the performance of the Nursing Services in regard to the terms of this agreement to determine whether such performance merits renewal of this agreement.
3. No claim for service furnished by the RN Contractors, not specifically provided in the agreement, will be allowed by MTP unless the service is approved in writing by MTP. Such approval shall be considered to be a modification of or addendum to the agreement

Approved as to Form and Execution:

Dated:

\_\_\_\_\_  
McLeod County Attorney

\_\_\_\_\_  
Chair-McLeod County Board

\_\_\_\_\_  
Chair-MTP Board of Directors

\_\_\_\_\_  
Director-McLeod County PHN

\_\_\_\_\_  
Executive Director-McLeod Treatment Programs

## Barrier Gate Bids For Door #6

08/10/10

1. Quote from St. Cloud Overhead Door Company
  - Lift Master Model BG 770-50-11 Barrier Gate \$3,221.00
  - Electrical Quote for power source \$1,099.00
  - Concrete Quote for base of tower \$650.00
  - Total cost of project \$4,970.00
  
2. Quote from Overhead Door Company of the Northland
  - Lift Master Mega Arm Tower \$3,755.00
  - Electrical Quote for power source \$1,099.00
  - Concrete Quote for base of tower \$650.00
  - Total cost of project \$5,504.00

**I recommend the St. Cloud Overhead Door Company quote. The reasons are they have the lowest bid; we have done business with them in the past and have a good working relationship.**

**Mark Johnson  
Recycling Manager**



**ST. CLOUD OVERHEAD DOOR COMPANY**  
 2150 FRONTAGE RD SOUTH, WAITE PARK, MN 56387  
 PH (320)253-1310 FAX (320)253-0649  
 (800)253-1310 WWW.SCOHD.COM

# PROPOSAL

Attn: Mark

Proposal Submitted To <b>McLeod County Solid Waste Management</b>	Phone	Date <b>6/14/10</b>
Street <b>1065 5<sup>th</sup> Ave SE</b>	Job Name	
City, State, Zip <b>Hutchinson, MN 55350</b>	Location	

- (1) Lift-Master Model BG-770-50-11 Barrier Gate Operator
- Wood Arm, 12' length
  - Activation by coiling door operator limit switch
  - Industrial Duty
  - Pad Mount (pad by others)
  - Safety electric photo eyes

QUOTE \$ 3,221.00 *Installed*

**TERMS & CONDITIONS:**

- ▶ OUR QUOTE INCLUDES MATERIAL AND INSTALLATION.
- ▶ OPENING PREPARATION & ELECTRICAL WIRING BY OTHERS.
- ▶ THIS PROPOSAL IS BASED ON WORKING OFF CONCRETE FLOORS & OPENING CLEAR OF ANY OBSTRUCTIONS.
- ▶ TERMS: NET 10 DAYS

Authorized Signature: Dave Billig, General Mgr

**THIS PROPOSAL IS VALID FOR 45 DAYS.**

**ACCEPTANCE OF PROPOSAL:**

THE ABOVE PRICES, SPECIFICATIONS & CONDITIONS ARE SATISFACTORY & ARE HEREBY ACCEPTED.

SIGNATURE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE OF ACCEPTANCE \_\_\_\_\_

Fax To:

Attn:

# Pages:

*2 X*

Fax #:

*320-234-4345*

**A BG 770****barrier gate operator**  
INDUSTRIAL-DUTY

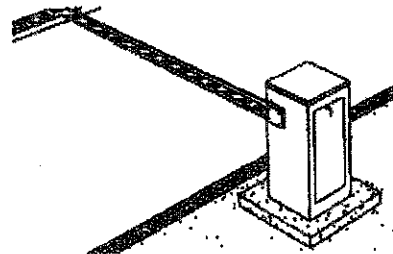
GATE OPERATORS

Arm Ordered  
Separately**Reliable performance  
barrier gate operator for  
industrial applications**

Engineered for the highest durability and safety, this powerfully designed barrier gate operator supports arm lengths up to 15 ft. and arms weighing up to 25 lbs. A heavy-duty 1/2 HP industrial motor with overload protection supports 100 cycles per hour. This model meets UL325 standard for Class I, II, III and IV.

**2-Year Warranty**

Typical Installation

**electronic features:**

- Power ON/OFF Switch
- Two-Button Control Station, OPEN/CLOSE
- 24VAC Control Circuit
- One 115VAC Accessory Outlet (on 115VAC models only)
- ETL Listed; Complies to UL325
- Full Systems Capability - Compatible with most access control devices and safety accessories
- Plug-in Connectors for Open Loop Detector and Hold Open Loop Detector Included in Control Box
- Electrical Controls in Separate Removable Enclosure

**mechanical features:**

- Heavy-Duty Gear Reducer
- Continuous-Duty 1/2 HP Commercial Motor
- Fully Adjustable Driven Limit System
- 11-Gauge Steel Cabinet with Weather-Resistant Baked-on Powder coat Finish
- Opening Time of 4 Seconds
- Removable Top and Side Panels for Easy Access
- Pad Mount
- Shipping Weight - 225 lbs.

**optional features:**

- Optional Timer-to-Close Module, adjustable for 1-1024 seconds

Refer to the Modifications Section for additional options applicable to this model.

Online Ordering at Your Convenience! • <http://dealer.chamberlain.com>



# K&S ELECTRIC, INC.

2445 WEST LINCOLN AVE, OLIVIA, MN 56277  
(320)523-1458

MONDAY, JULY 12, 2010

MARK JOHNSON  
MCLEOD COUNTY WASTE MANAGEMENT FACILITY  
1065 5TH AVE SE  
HUTCHINSON, MN 55350

**PROJECT: WIRE GATE AT EAST DRIVE THROUGH OHD**

THE FOLLOWING IS OUR QUOTATION FOR THE ELECTRICAL PORTION OF THE ABOVE MENTIONED PROJECT. INCLUDED ARE ALL THE MATERIALS, LABOR, EQUIPMENT AND TOOLS REQUIRED FOR A COMPLETE ELECTRICAL INSTALLATION. GOOD FOR 30 DAYS.

ESTIMATE: \$1,099.00

INCLUDED: INSTALLATION OF THREE PHASE BOLT IN BREAKER IN EXISTING PANEL  
RUN CONDUIT AND WIRE FOR UP TO 5 HP MOTOR ON GATE  
RUN CONDUIT AND WIRE FOR CONTROL OF GATE FROM EXISTING SENSOR  
ADD RELAY IN SENSOR CONTROLLER TO USE FOR GATE  
INSTALL DISCONNECT SWITCH BY GATE FOR SERVICING  
WIRE FROM DISCONNECT TO GATE WITH RIGID CONDUIT ON GROUND IF NEED  
BE FOR GETTING BETWEEN UNIT AND BUILDING  
INSPECTION FEE

NOT INCLUDED: ADDITIONAL CIRCUIT FOR CONTROLS IF NEEDED  
CONTROLS TO RUN GATE OTHER THAN USE OF EXISTING PROX SWITCH ON  
OHD  
RELOCATION OF GROUND LOOP FOR OHD IF NEEDED

THANK YOU FOR THE OPPORTUNITY TO QUOTE THIS PROJECT AND WE WOULD ENJOY WORKING WITH YOU. IF YOU HAVE ANY QUESTIONS FEEL FREE TO CALL ME ON MY CELL PHONE AT (320)583-3412.

SINCERELY,

DAN SMITH

**White Construction of Hutchinson, Inc**  
19404 Major Avenue  
Hutchinson, MN 55350

# QUOTATION

Quote Number: Q2010-1982

Quote Date: Aug 8, 2010

Page: 1

Voice: 320-587-4000  
Fax: 320-587-4709

**Quoted To:**  
McLeod County HHWF  
Household Hazardous Waste Fac.  
1065 5th Avenue SE  
Hutchinson, MN 55350

Customer ID	Good Thru	Payment Terms	Sales Rep
MCLEHW	9/7/10	Net 10 Days	

Quantity	Item	Description	Unit Price	Amount
		Remove 3' x 4' of Asphalt		
		Pour 12" Base for Stop Arm		
		<b>TOTAL PROJECT ESTIMATE</b>		<b>650.00</b>

Subtotal	650.00
Sales Tax	
<b>TOTAL</b>	<b>650.00</b>

**OVERHEAD DOOR COMPANY OF THE NORTHLAND**

3195 TERMINAL DRIVE  
EAGAN, MN 55121

I.D.E.A. Accredited Dealer

The Genuine. The Original.



Tel: (651) 683-0307  
Fax (651-683-0625

E Mail JohnZ@Ohdnd.com  
www.overheaddoornorthland.com

Proposal #: JZ-12393

PROPOSAL SUBMITTED TO: McLeod Co Solid Waste Mgmt			Date 7/1/2010	Attention Mark
STREET 1065 5th Ave SE			Job Name McLeod Co Solid Waste Mgmt - Mega Arm Tower	
City Hutchinson	State mn	ZipCode 55350	Job Location Hutchinson	
Phone Number 320-234-4300	Fax Number 320-234-4345	Job Phone 320-234-4300		

**FURNISH AND INSTALL: Mega Arm Tower**

- (1) Liftmaster Mega Arm Tower
- MEGA ARM / MEGA ARM TOWER
- 15' arm
- 10' flexible red light on arm

**High Performance Commercial DC Barrier Gate Operator**

The Mega Arm and Mega Arm Tower are DC-powered additions to the LiftMaster® family of gate operators. Designed with a 24V DC (1/2 HP equivalent) motor, these models provide exceptional starting torque and continuous operation, making them ideal for most applications. Constructed with an aluminum alloy chassis, they're corrosion resistant and light enough for one person to carry and install. The heavy-duty motor supports 6,000 cycles per day with an operator speed of 2.5 seconds to open or close.

**No power? No problem!**

Built-in battery backup provides seamless operation of the gate operator and all DC control and sensing devices in the event of a power loss.

- Radio receiver built-in
- Aluminum alloy chassis
- Built-in battery backup
- Soft start/stop
- DC operator system
- Right or left-handed operation
- Breakaway arm
- Control inputs
- Inherent obstruction sensing
- LED indicators
- Dual gate operation
- Dynamic braking
- Magnetic sensors
- Timer to close
- 2-year warranty for electronics and mechanism;
- 10-year warranty for chassis and cover

Installed Price: \$3,755 includes tax, labor, materials and freight

Deduct \$750 if you would like to install this unit yourself. Thanks much. JZ

Notes: All Electrical work by others



We hereby propose to complete in accordance with above specification, for the sum of:

Signature BILL REGER Direct Dial: 651-683-0307

**TERMS AND CONDITIONS**

Payment to be made as follows:

Prices subject to change if not accepted in 45 days.

BY OTHERS: Jambs, spring pads, all wiring to motors and control stations, unless otherwise stated above, are not included. Purchaser agrees that doors shall remain in the seller's possession until paid in full. In the event Purchaser breaches or defaults under the terms and provisions of this agreement, the Purchaser shall be responsible for the costs of collection, including reasonable attorneys' fees. The seller shall be entitled to full and final payment on the Purchase Order. There shall be a 1½ % service charge per month for all payments due and owing after 30 days. (Agreements are contingent upon strikes, accidents, or delays beyond our control). Warrantees are covered during normal business hours only.

ACCEPTANCE: Terms, Price, and specifications on all pages of this proposal are hereby accepted and the work authorized.

Purchaser: \_\_\_\_\_

Signature

Title

Date of Acceptance



# **K&S ELECTRIC, INC.**

**2445 WEST LINCOLN AVE, OLIVIA, MN 56277  
(320)523-1458**

MONDAY, JULY 12, 2010

MARK JOHNSON  
MCLEOD COUNTY WASTE MANAGEMENT FACILITY  
1065 5TH AVE SE  
HUTCHINSON, MN 55350

**PROJECT: WIRE GATE AT EAST DRIVE THROUGH OHD**

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ESTIMATE: \$1,099.00

INCLUDED: INSTALLATION OF THREE PHASE BOLT IN BREAKER IN EXISTING PANEL  
RUN CONDUIT AND WIRE FOR UP TO 5 HP MOTOR ON GATE  
RUN CONDUIT AND WIRE FOR CONTROL OF GATE FROM EXISTING SENSOR  
ADD RELAY IN SENSOR CONTROLLER TO USE FOR GATE  
INSTALL DISCONNECT SWITCH BY GATE FOR SERVICING  
WIRE FROM DISCONNECT TO GATE WITH RIGID CONDUIT ON GROUND IF NEED  
BE FOR GETTING BETWEEN UNIT AND BUILDING  
INSPECTION FEE

NOT INCLUDED: ADDITIONAL CIRCUIT FOR CONTROLS IF NEEDED  
CONTROLS TO RUN GATE OTHER THAN USE OF EXISTING PROX SWITCH ON  
OHD  
RELOCATION OF GROUND LOOP FOR OHD IF NEEDED

THANK YOU FOR THE OPPORTUNITY TO QUOTE THIS PROJECT AND WE WOULD ENJOY WORKING WITH YOU. IF YOU HAVE ANY QUESTIONS FEEL FREE TO CALL ME ON MY CELL PHONE AT (320)583-3412.

SINCERELY,

DAN SMITH

**White Construction of Hutchinson, Inc**  
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# QUOTATION

Quote Number: Q2010-1982  
Quote Date: Aug 8, 2010  
Page: 1

Voice: 320-587-4000  
Fax: 320-587-4709

**Quoted To:**  
McLeod County HHWF  
Household Hazardous Waste Fac.  
1065 5th Avenue SE  
Hutchinson, MN 55350

Customer ID	Good Thru	Payment Terms	Sales Rep
MCLEHW	9/7/10	Net 10 Days	

Quantity	Item	Description	Unit Price	Amount
		Remove 3' x 4' of Asphalt		
		Pour 12" Base for Stop Arm		
		<b>TOTAL PROJECT ESTIMATE</b>		<b>650.00</b>
<b>Subtotal</b>				<b>650.00</b>
<b>Sales Tax</b>				
<b>TOTAL</b>				<b>650.00</b>



# ST. CLOUD OVERHEAD DOOR COMPANY

2150 DIVISION STREET, WAITE PARK, MN 56387

PH (320)253-1310 FAX (320)253-0649

(800)253-1310 WWW.SCHOD.COM

## PROPOSAL

Attn: Ed/ Mark

Proposal Submitted To McCleod County Solid Waste	Phone 320-583-3445	Date September 10, 2010,
Street 1065 5 <sup>th</sup> Ave SE	Job Name East Door- Drive Through	
City, State, Zip Hutchinson, Mn	Location 14'3"x 27' rolling steel door	

Damaged large rolling steel door.

Replace curtain/torsion tube assembly.

Includes new curtain, torsion tube assembly, bottom bar with safety edge, hood, hood center bracket, fork lift rental and labor.

Quote: \$11,688.00

### TERMS & CONDITIONS:

- OUR QUOTE INCLUDES MATERIAL, TAX & INSTALLATION.
- OPENING PREPARATION & ELECTRICAL WIRING BY OTHERS.
- THIS PROPOSAL IS BASED ON WORKING OFF CONCRETE FLOORS & OPENING CLEAR OF ANY OBSTRUCTIONS.
- TERMS: NET 10 DAYS

### THANK YOU

WILLIAM DESCHEPPER

AUTHORIZED SIGNATURE: William DeSchepper  
Service Department

**THIS PROPOSAL IS VALID FOR 45 DAYS.**

### ACCEPTANCE OF PROPOSAL:

THE ABOVE PRICES, SPECIFICATIONS & CONDITIONS ARE SATISFACTORY & ARE HEREBY ACCEPTED.

E-Mail ed.homan@co.mcleod.mn.us

Attn:

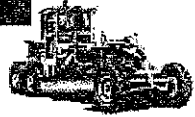
# Pages 1

Fax # 320-234-4345

SIGNATURE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE OF ACCEPTANCE \_\_\_\_\_



# MCLEOD COUNTY HIGHWAY DEPARTMENT

1400 Adams Street SE  
Hutchinson, MN 55350  
Project SAP 043-598-011 - CO. RD. 71 Culvert Replacement Br. 43J07  
Final Pay Request No. 2

Contractor: Reiner Contracting  
21541 Hwy 7 West  
Hutchinson, MN 55350

Contract No. 1071  
Vendor No. 4764  
For Period: 7/2/2010 - 8/17/2010  
Warrant # \_\_\_\_\_ Date \_\_\_\_\_

### Contract Amounts

Original Contract	\$116,873.70
Contract Changes	(\$62,592.32)
Revised Contract	\$54,281.38

### Work Certified To Date

Base Bid Items	\$112,905.82
Change Orders	\$0.00
Backsheets	(\$62,592.32)
Supplemental Agreements	\$0.00
Work Orders	\$0.00
Total	\$50,313.50

### Funds Encumbered

Original	\$116,873.70
Additional	\$0.00
Total	\$116,873.70

	Work Certified This Pay Request	Work Certified To Date	Less Amount Retained	Less Previous Payments	Amount Paid This Pay Request	Total Amount Paid To Date
SAP 043-598-011	\$0.00	\$50,313.50	\$0.00	\$47,797.82	\$2,515.68	\$50,313.50
			Percent Retained: 0%		Percent Complete: 92%	
<b>Amount Paid This Final Pay Request</b>					<b>\$2,515.68</b>	

I hereby certify that a Final Examination has been made of the noted Contract, that the Contract has been completed, that the entire amount of Work Shown in this Final Voucher has been performed and the Total Value of the Work Performed in accordance with, and pursuant to, the terms of the Contract is as shown in this Final Voucher.

Approved By

County/City/Project Engineer

Date

8/18/10

Approved By Reiner Contracting

Contractor

Date

8/23/2010

McLeod County Highway Department  
Certificate of Final Contract Acceptance  
Final Voucher No.: 2

Low S.P. No.: SAP 043-598-011

Contract No.: 1071

This is to certify that to the best of my knowledge, the items of work shown in the Statement of Work Certified herein have actually furnished in accordance with the Plans and Specifications. This Project has been completed in accordance with the Laws, Standards and Procedures of Minnesota as they apply to projects in this category, and if applicable, approved by the Federal Highway Administration.

Dated 9/3/10 Signature [Signature] County/City/Project Engineer

The undersigned Contractor hereby certifies that the work described has been performed in accordance with the terms of the Contract, and agrees that the Final Value of Work Certified on this Contract is \$50,313.50 and agrees to the amount of \$2,515.68 as Final Payment on this Contract in accordance with this Final Voucher.

Contractor Reiner Contracting By Debra Reiner

And \_\_\_\_\_

State of Minnesota, McLeod County Highway Department

On This 23 Day August, 2010, Before me appeared Debra Reiner To me known to

(Individual Acknowledgment)

be the person who executed the foregoing Acceptance and Acknowledged that he/she executed the same as \_\_\_\_\_ free to act and deed

(Corporate Acknowledgment)

Debra Reiner And Craig Reiner to me personally known, who, being each by me duly sworn

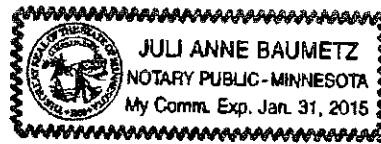
each did say that they are respectively the President and Vice President of the

Reiner Contracting Corporation named in the foregoing instrument, and that the seal affixed to said instrument is the Corporate Seal of said Corporation, and the said instrument was signed and sealed in behalf of said Corporation by authority of its

Directors and said President and Vice President acknowledged said instrument to be the free act and deed of said Corporation.

Notarial

Seal



My Commission as Notary Public in McLeod County

Expires January 31, 2015 Signature Juli Anne Baumetz

I hereby certify that a Final Examination has been made of the noted Contract, that the Contract has been completed, that the entire amount of Work Shown in this Final Voucher has been performed and the Total Value of the Work Performed in accordance with, the terms of the Contract is as shown in this Final Voucher. This Contract is hereby accepted in accordance with the Specification 1516. Final acceptance of the Contract will be effective upon full Execution, by the Contractor and the Department, of the "Certificate of Final Acceptance" included with the Final Voucher.

Dated \_\_\_\_\_ Signature \_\_\_\_\_ District Engineer

McLeod County Highway Department  
Certificate of Final Acceptance  
County Board Acknowledgment

Contract Number: 1071  
Contractor: 4764 - Reiner Contracting  
Date Certified: 8/18/2010  
Payment Number: 2

Whereas; Contract No. 1071 has in all things been completed, and the County Board being fully advised in the premises, now then be it resolved; that we do hereby accept said completed project for and in behalf of the McLeod County Highway Department and authorize final payment as specified herein.

McLeod County Highway Department  
State of Minnesota

I, \_\_\_\_\_, County \_\_\_\_\_ within and for said county do hereby certify that the foregoing resolution is a true and correct copy of the resolution on file in my office.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

At \_\_\_\_\_, Minnesota

Signed By \_\_\_\_\_  
County \_\_\_\_\_

(SEAL)

**MCLEOD COUNTY HIGHWAY DEPARTMENT**

1400 Adams Street SE  
 Hutchinson, MN 55350  
 Project No. SAP 043-598-011  
 Final Pay Request No. 2

**SAP 043-598-011 Payment Summary**

No.	From Date	To Date	Work Certified Per Pay Request	Amount Retained Per Pay Request	Amount Paid Per Pay Request
1	5/1/2010	7/1/2010	\$50,313.50	\$2,515.68	\$47,797.82
2	7/2/2010	8/17/2010	\$0.00	(\$2,515.68)	\$2,515.68
<b>Totals:</b>			<b>\$50,313.50</b>	<b>\$0.00</b>	<b>\$50,313.50</b>

**SAP 043-598-011 Funding Category Report**

Funding Category No.	Work Certified To Date	Less Amount Retained	Less Previous Payments	Amount Paid This Pay Request	Total Amount Paid To Date	
000	7,042.24	0.00	6,690.13	352.11	7,042.24	
005	43,271.26	0.00	41,107.70	2,163.56	43,271.26	
<b>Totals:</b>		<b>\$50,313.50</b>	<b>\$0.00</b>	<b>\$47,797.83</b>	<b>\$2,515.68</b>	<b>\$50,313.50</b>

**SAP 043-598-011 Encumbrance Report**

Accounting No.	Funding Source	Amount Paid This Pay Request	Revised Contract Amount	Funds Encumbered To Date	Paid To Contractor To Date
1071-5	BrBnd/Misc Appr	2,163.56	46,979.46	109,571.78	43,271.26
7101	Local	352.11	7,301.92	7,301.92	7,042.24
<b>Totals:</b>		<b>\$2,515.68</b>	<b>\$54,281.38</b>	<b>\$116,873.70</b>	<b>\$50,313.50</b>



SAP 043-598-011 Project Item Status								
Item No.	Item	Description	Units	Unit Price	Contract Quantity	Quantity To Date	Quantity This Pay Request	Amount To Date
<b>Br. No. 43J07</b>								
1	2021.501	MOBILIZATION	LUMP SUM	\$2,750.00	1	1	0	\$2,750.00
14	2412.511	12X9 PRECAST CONCRETE BOX CULVERT	LIN FT	\$476.00	94	94	94	\$44,744.00
12	2412.511	12 X 9 PRECAST CONCRETE BOX CULVERT (INSTALLATION)	LIN FT	\$98.21	94	94	0	\$9,231.74
15	2412.512	12X9 PRECAST CONCRETE BOX CULVERT END SECTION	EACH	\$8,125.00	2	2	2	\$16,250.00
13	2412.512	12X9 PRECAST CONCRETE BOX CULVERT END SECTION (INSTALLATION)	EACH	\$1,730.96	2	2	0	\$3,461.92
16	2412.603	MISC. BOX CULVERT MATERIALS	LUMP SUM	\$1,598.32	1	1	1	\$1,598.32
4	2451.503	GRANULAR BACKFILL (CV)	CU YD	\$14.30	261	170	0	\$2,431.00
17	2451.601	1-1/2" MINUS CLEAN ROCK BEDDING (CV)	CU YD	\$27.00	460	359	0	\$9,693.00
6	2511.504	QUARRY RUN RIPRAP	TON	\$45.10	325	336	0	\$15,153.60
7	2557.603	TEMPORARY FENCE DESIGN SPECIAL	LIN FT	\$4.40	40	0	0	\$0.00
8	2563.601	TRAFFIC CONTROL	LUMP SUM	\$550.00	1	1	0	\$550.00
<b>Totals For Section Br. No. 43J07:</b>								<b>\$105,863.58</b>
<b>GRADING</b>								
2	2104.501	REMOVE PIPE CULVERTS	LIN FT	\$22.02	60	60	0	\$1,321.20
3	2105.601	APPROACH GRADING	LUMP SUM	\$4,179.42	1	1	0	\$4,179.42
9	2573.502	SILT FENCE, TYPE MACHINE SLICED	LIN FT	\$1.38	560	159	0	\$219.42
10	2575.523	EROSION CONTROL BLANKETS CATEGORY 3	SQ YD	\$1.65	290	468	0	\$772.20
11	2575.555	TURF ESTABLISHMENT	LUMP SUM	\$550.00	1	1	0	\$550.00
<b>Totals For Section GRADING:</b>								<b>\$7,042.24</b>
<b>Backsheet 1 - County provided box culvert materials</b>								
18	2412.511	12X9 PRECAST CONCRETE BOX CULVERT	LIN FT	(\$476.00)	94	94	94	(\$44,744.00)
19	2412.512	12X9 PRECAST CONCRETE BOX CULVERT END SECTION	EACH	(\$8,125.00)	2	2	2	(\$16,250.00)
20	2412.603	MISC. BOX CULVERT MATERIALS	LUMP SUM	(\$1,598.32)	1	1	1	(\$1,598.32)
24	2412.603	MISC. BOX CULVERT MATERIALS	LUMP SUM	(\$90.48)	1	1	1	(\$90.48)
23	2412.6030002	BOX CULVERT MATERIALS TAX	LUMP SUM	(\$4,309.44)	1	1	1	(\$4,309.44)
<b>Totals For Backsheet 1 - County provided box culvert materials:</b>								<b>(\$66,992.24)</b>
<b>Backsheet 2 - extra box materials and sales tax</b>								
21	2412.603	MISC. BOX CULVERT MATERIALS	LUMP SUM	\$90.48	1	1	1	\$90.48
22	2412.6030002	BOX CULVERT MATERIALS TAX	LUMP SUM	\$4,309.44	1	1	1	\$4,309.44
<b>Totals For Backsheet 2 - extra box materials and sales tax:</b>								<b>\$4,399.92</b>
<b>Project Totals:</b>								<b>\$50,313.50</b>

MCLEOD COUNTY HIGHWAY DEPARTMENT

1400 Adams Street SE  
Hutchinson, MN 55350  
Project No. SAP 043-598-011  
Final Pay Request No. 2

**SAP 043-598-011 Contract Changes**

No.	Type	Date	Explanation	Estimated Amount	Amount Paid To Date
BK1	Backsheet	8/17/2010	Box Culvert materials provided by County per Force Account	(\$66,992.24)	(\$66,992.24)
BK2	Backsheet	8/17/2010	Minor extra box culvert materials and sales tax	\$4,399.92	\$4,399.92
<b>Contract Change Totals:</b>				<b>(\$62,592.32)</b>	<b>(\$62,592.32)</b>



# MCLEOD COUNTY HIGHWAY DEPARTMENT

1400 Adams Street SE  
Hutchinson, MN 55350

Project SAP 043-599-033 - Helen Township Replace Bridge L2376  
Contract Final Pay Request No. 2

Contractor: Reiner Contracting  
21541 Hwy 7 West  
Hutchinson, MN 55350

Contract No. 9033  
Vendor No. 4764  
For Period: 11/24/2009 - 8/20/2010  
Warrant # \_\_\_\_\_ Date \_\_\_\_\_

**Contract Amounts**

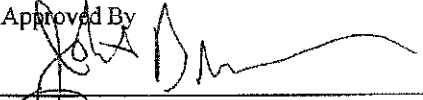
Original Contract	\$65,755.27
Contract Changes	(\$228.48)
Revised Contract	\$65,526.79

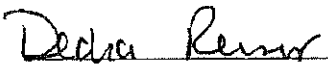
**Funds Encumbered**

Original	\$65,755.27
Additional	\$0.00
Total	\$65,755.27

	Work Certified This Pay Request	Work Certified To Date	Less Amount Retained	Less Previous Payments	Amount Paid This Pay Request	Total Amount Paid To Date
SAP 043-599-033	\$0.00	\$65,139.20	\$0.00	\$61,882.24	\$3,256.96	\$65,139.20
			Percent Retained: 0%		Percent Complete: 99%	
Contract 9033	\$0.00	\$65,139.20	\$0.00	\$61,882.24	\$3,256.96	\$65,139.20
			Percent Retained: 0%		Percent Complete: 99%	
<b>Amount Paid This Contract Final Pay Request</b>					<b>\$3,256.96</b>	

I hereby certify that a Final Examination has been made of the noted Contract, that the Contract has been completed, that the entire amount of Work Shown in this Final Voucher has been performed and the Total Value of the Work Performed in accordance with, and pursuant to, the terms of the Contract is as shown in this Final Voucher.

Approved By   
\_\_\_\_\_  
County/City/Project Engineer  
Date 9/3/10

Approved By Reiner Contracting  
  
\_\_\_\_\_  
Contractor  
Date 8/31/2010

MCLEOD COUNTY HIGHWAY DEPARTMENT  
 1400 Adams Street SE  
 Hutchinson, MN 55350  
 Project No. SAP 043-599-033  
 Contract Final Pay Request No. 2

**Contract Payment Summary**

From Date	To Date	Work Certified Per Period	Amount Retained Per Period	Amount Paid Per Period	Amount Paid To Date
10/1/2009	11/23/2009	\$65,139.20	\$3,256.96	\$61,882.24	\$61,882.24
11/24/2009	8/20/2010	\$0.00	(\$3,256.96)	\$3,256.96	\$65,139.20
<b>Totals:</b>		<b>\$65,139.20</b>	<b>\$0.00</b>	<b>\$65,139.20</b>	

**SAP 043-599-033 Payment Summary**

No.	From Date	To Date	Work Certified Per Pay Request	Amount Retained Per Pay Request	Amount Paid Per Pay Request
1	10/1/2009	11/23/2009	\$65,139.20	\$3,256.96	\$61,882.24
2	11/24/2009	8/20/2010	\$0.00	(\$3,256.96)	\$3,256.96
<b>Totals:</b>			<b>\$65,139.20</b>	<b>\$0.00</b>	<b>\$65,139.20</b>

MCLEOD COUNTY HIGHWAY DEPARTMENT  
1400 Adams Street SE  
Hutchinson, MN 55350  
Project No. SAP 043-599-033  
Contract Final Pay Request No. 2

McLeod County Highway Department  
Certificate of Final Contract Acceptance

Low S.P. No.: SAP 043-599-033

Final Voucher No.: 2

Contract No.: 9033

This is to certify that to the best of my knowledge, the items of work shown in the Statement of Work Certified herein have actually furnished in accordance with the Plans and Specifications. This Project has been completed in accordance with the Laws, Standards and Procedures of Minnesota as they apply to projects in this category, and if applicable, approved by the Federal Highway Administration.

Dated 8/20/10 Signature Phillip Schulz County/City/Project Engineer

The undersigned Contractor hereby certifies that the work described has been performed in accordance with the terms of the Contract, and agrees that the Final Value of Work Certified on this Contract is \$65,139.20 and agrees to the amount of \$3,256.96 as Final Payment on this Contract in accordance with this Final Voucher.

Contractor Reiner Contracting By Debra Reiner  
And \_\_\_\_\_ And Cory Reiner

State of Minnesota, McLeod County Highway Department

On This 31 Day August, 2010, Before me appeared \_\_\_\_\_ To me known to

(Individual Acknowledgment)  
be the person who executed the foregoing Acceptance and Acknowledged that he/she executed the same as \_\_\_\_\_ free to act and deed

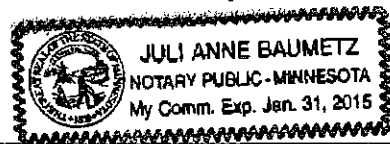
(Corporate Acknowledgment)  
Debra Reiner And Cory Reiner, to me personally known, who, being each by me duly sworn

each did say that they are respectively the President and Vice President of the

Reiner Contracting Corporation named in the foregoing instrument, and that the seal affixed to said instrument is the Corporate Seal of said Corporation, and the said instrument was signed and sealed in behalf of said Corporation by authority of its

Directors and said President and Vice President acknowledged said instrument to be the free act and deed of said Corporation.

Notarial



Seal

My Commission as Notary Public in McLeod County

Expires January 31, 2015 Signature Juli Anne Baumetz

**MCLEOD COUNTY HIGHWAY DEPARTMENT**

1400 Adams Street SE

Hutchinson, MN 55350

Project No. SAP 043-599-033

Contract Final Pay Request No. 2

I hereby certify that a Final Examination has been made of the noted Contract, that the Contract has been completed, that the entire amount of Work Shown in this Final Voucher has been performed and the Total Value of the Work Performed in accordance with, the terms of the Contract is as shown in this Final Voucher.

This Contract is hereby accepted in accordance with the Specification 1516. Final acceptance of the Contract will be effective upon full Execution, by the Contractor and the Department, of the "Certificate of Final Acceptance" included with the Final Voucher.

Dated \_\_\_\_\_ Signature \_\_\_\_\_ District Engineer

MCLEOD COUNTY HIGHWAY DEPARTMENT  
1400 Adams Street SE  
Hutchinson, MN 55350  
Project No. SAP 043-599-033  
Contract Final Pay Request No. 2

**McLeod County Highway Department  
Certificate of Final Acceptance  
County Board Acknowledgment**

Contract Number: 9033  
Contractor: 4764 - Reiner Contracting  
Date Certified: 8/20/2010  
Payment Number: 2

Whereas; Contract No. 9033 has in all things been completed, and the County Board being fully advised in the premises, now then be it resolved; that we do hereby accept said completed project for and in behalf of the McLeod County Highway Department and authorize final payment as specified herein.

McLeod County Highway Department  
State of Minnesota

I, \_\_\_\_\_, County \_\_\_\_\_ within and for said county do hereby certify that the foregoing resolution is a true and correct copy of the resolution on file in my office.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

At \_\_\_\_\_, Minnesota

Signed By \_\_\_\_\_  
County \_\_\_\_\_

(SEAL)



# MCLEOD COUNTY HIGHWAY DEPARTMENT

1400 Adams Street SE  
Hutchinson, MN 55350

Project SAP 043-599-033 - Helen Township Replace Bridge L2376  
Final Pay Request No. 2

Contractor: Reiner Contracting  
21541 Hwy 7 West  
Hutchinson, MN 55350

Contract No. 9033  
Vendor No. 4764  
For Period: 11/24/2009 - 8/20/2010  
Warrant # \_\_\_\_\_ Date \_\_\_\_\_

**Contract Amounts**

Original Contract	\$65,755.27
Contract Changes	(\$228.48)
Revised Contract	\$65,526.79

**Work Certified To Date**

Base Bid Items	\$65,367.68
Change Orders	(\$228.48)
Backsheets	\$0.00
Supplemental Agreements	\$0.00
Work Orders	\$0.00
Total	\$65,139.20

**Funds Encumbered**

Original	\$65,755.27
Additional	\$0.00
Total	\$65,755.27

	Work Certified This Pay Request	Work Certified To Date	Less Amount Retained	Less Previous Payments	Amount Paid This Pay Request	Total Amount Paid To Date
SAP 043-599-033	\$0.00	\$65,139.20	\$0.00	\$61,882.24	\$3,256.96	\$65,139.20
			Percent Retained: 0%		Percent Complete: 99%	
<b>Amount Paid This Final Pay Request</b>					<b>\$3,256.96</b>	



**MCLEOD COUNTY HIGHWAY DEPARTMENT**

1400 Adams Street SE  
 Hutchinson, MN 55350  
 Project No. SAP 043-599-033  
 Final Pay Request No. 2

**SAP 043-599-033 Payment Summary**

No.	From Date	To Date	Work Certified Per Pay Request	Amount Retained Per Pay Request	Amount Paid Per Pay Request
1	10/1/2009	11/23/2009	\$65,139.20	\$3,256.96	\$61,882.24
2	11/24/2009	8/20/2010	\$0.00	(\$3,256.96)	\$3,256.96
<b>Totals:</b>			<b>\$65,139.20</b>	<b>\$0.00</b>	<b>\$65,139.20</b>

**SAP 043-599-033 Funding Category Report**

Funding Category No.	Work Certified To Date	Less Amount Retained	Less Previous Payments	Amount Paid This Pay Request	Total Amount Paid To Date
001	56,009.68	0.00	53,209.19	2,800.48	56,009.68
002	9,129.52	0.00	8,673.04	456.48	9,129.52
<b>Totals:</b>		<b>\$65,139.20</b>	<b>\$0.00</b>	<b>\$3,256.96</b>	<b>\$65,139.20</b>

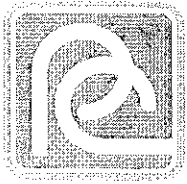
**SAP 043-599-033 Encumbrance Report**

Accounting No.	Funding Source	Amount Paid This Pay Request	Revised Contract Amount	Funds Encumbered To Date	Paid To Contractor To Date
0004	Town Bridge	2,846.13	57,187.25	57,415.73	56,922.63
0005	BrBnd/Misc Appr	0.00	0.00	0.00	0.00
9931	Local	410.83	8,339.54	8,339.54	8,216.57
<b>Totals:</b>		<b>\$3,256.96</b>	<b>\$65,526.79</b>	<b>\$65,755.27</b>	<b>\$65,139.20</b>

MCLEOD COUNTY HIGHWAY DEPARTMENT  
 1400 Adams Street SE  
 Hutchinson, MN 55350  
 Project No. SAP 043-599-033  
 Final Pay Request No. 2

SAP 043-599-033 Project Item Status								
Item No.	Item	Description	Units	Unit Price	Contract Quantity	Quantity To Date	Quantity This Pay Request	Amount To Date
<b>NON-PARTICIPATING</b>								
8	2105.601	APPROACH GRADING	LUMP SUM	\$4,279.44	1	1	0	\$4,279.44
9	2442.501	Remove Existing Bridge	LUMP SUM	\$534.24	1	1	0	\$534.24
10	2451.503	GRANULAR BACKFILL (CV)	CU YD	\$14.98	68	98	0	\$1,468.04
11	2501.511	15" CS PIPE CULVERT	LIN FT	\$43.58	28	28	0	\$1,220.24
12	2501.515	15" GS PIPE APRON	EACH	\$107.00	2	2	0	\$214.00
13	2573.502	SILT FENCE, TYPE MACHINE SLICED	LIN FT	\$1.61	810	446	0	\$718.06
14	2575.555	TURF ESTABLISHMENT	LUMP SUM	\$695.50	1	1	0	\$695.50
<b>Totals For Section NON-PARTICIPATING:</b>								<b>\$9,129.52</b>
<b>PARTICIPATING</b>								
1	2021.501	MOBILIZATION	LUMP SUM	\$4,280.00	1	1	0	\$4,280.00
2	2412.511	10X6 PRECAST CONCRETE BOX CULVERT	LIN FT	\$584.33	52	52	0	\$30,385.16
3	2412.512	10X6 PRECAST CONCRETE BOX CULVERT END SECTION	EACH	\$5,402.51	2	2	0	\$10,805.02
4	2451.503	GRANULAR BACKFILL (CV)	CU YD	\$14.98	123	129	0	\$1,932.42
5	2451.509	AGGREGATE BEDDING (CV)	CU YD	\$22.39	97	102	0	\$2,283.78
6	2511.504	QUARRY RUN RIPRAP	TON	\$45.46	120	110.04	0	\$5,002.42
7	2563.601	TRAFFIC CONTROL	LUMP SUM	\$1,549.36	1	1	0	\$1,549.36
<b>Totals For Section PARTICIPATING:</b>								<b>\$56,238.16</b>
<b>Change Order 1</b>								
15	2451.509	AGGREGATE BEDDING (CV)	CU YD	(\$2.24)	102	102	0	(\$228.48)
<b>Totals For Change Order 1:</b>								<b>(\$228.48)</b>
<b>Project Totals:</b>								<b>\$65,139.20</b>

SAP 043-599-033 Contract Changes					
No.	Type	Date	Explanation	Estimated Amount	Amount Paid To Date
CO1	Change Order	11/18/2009	Aggregate Bedding Deduction	(\$228.48)	(\$228.48)
<b>Contract Change Totals:</b>				<b>(\$228.48)</b>	<b>(\$228.48)</b>



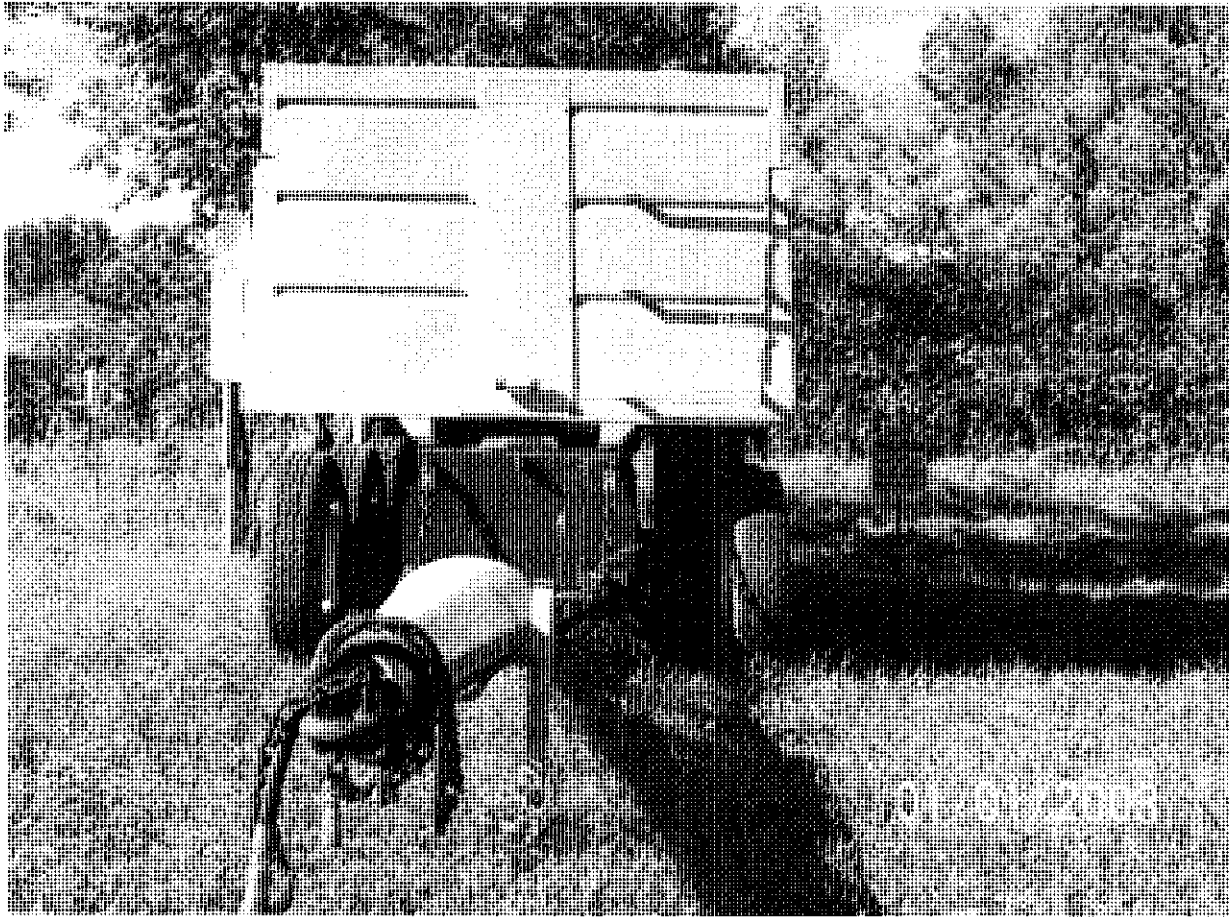
Plaisted  
Companies  
INCORPORATED

Sale of two, 1991 Midland gravel trailers, to McLeod County.

Vehicle Ident. Numbers, 90146, and 910606, D.O.T. inspected.

Price: \$12,500.00 each, + tax and lisc.





# *BusinessWare Solutions*

## *Service Contract*

**Chanhassen**  
P.O. Box 36  
500 West 79<sup>th</sup> Street Suite #3  
Phone 952/-975-0081  
Fax 952/975-1898

**Hutchinson**  
P.O. Box 273  
555 Third Avenue NW  
Phone 320/587-2940  
Fax 320/587-2302

**Owatonna**  
1301 Oak Street South  
Phone 507/455-2338  
Fax 507/455-0395

*BusinessWare Solutions* agree to perform service for McLeod County at a discounted rate in accordance with the following contract guidelines:

### *Contract Guidelines*

1. Service hours can consist of (but are not limited to) computer and peripheral repairs, installation, training, networking, cabling, and all associated travel.
2. Hours billed will include round trip travel from the nearest *BusinessWare Solutions* location.
3. Service contract customers will receive priority over non-contracted customers.
4. *BusinessWare Solutions* will log and report all service completed.
5. Contract is not valid until or unless prepaid.
6. Weekly, monthly, and annual appointments are recommended.
7. Parts, supplies, special equipment, and rentals are not included in this contract.
8. Contractee will neither hire nor discuss job opportunities with any *BusinessWare* employees for a period of 90 days after the last service contact is made. Should the contractee violate this, a finder's fee of \$5,000 will be immediately payable to *BusinessWare Solutions* by contractee. Additional penalties may apply.

*Number of Service Contract Hours Purchased: 20 Hours*

*Per Hour Rate of Service Contract Hours: 130.00*

*Total Dollar Amount of Service Contract: \$2,600.00*

*Company Contact: Tom Keefe*

*Contact Phone Number: 320.864.1325 Email: tom.keefe@co.mcleod.mn.us*

*BusinessWare Solutions Authorizing Agent Signature*

*Date*

---

*Company Authorizing Agent Signature*

*Date*

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#1 U.S. Dealer  
**MITEL**<sup>®</sup>  
 2007-2009



# AMAC Purchase Agreement

<b>COMPANY:</b>	McLeod County	<b>PREPARED BY:</b>	Jeff Anderson
<b>CONTACT:</b>		<b>EMAIL:</b>	jcanderson@integratelecom.com
<b>DATE PREPARED:</b>	September 8, 2010	<b>PHONE:</b>	763-745-8256
<b>SYSTEM TYPE:</b>	Mitel 5000	<b>FAX:</b>	763-745-8356

QTY	DESCRIPTION	Unit Price	Extn'd Price
3	DSP II Module. Used for T.38 FoIP and G.729 compression support.	236.54	\$709.62
3	MCD G729 License for 8 channels. Enables TDM compression for 8 channels.	147.84	\$443.52
<b>MATERIAL COST</b>			<b>\$1,153.14</b>
<b>LABOR COST</b>			<b>Time and Material</b>
<b>TOTAL PRICE (Before Labor Charges and applicable Sales Tax)</b>			<b>\$1,153.14</b>

Compass Customer #   
 Compass Incident #

**Summary of Work**

Enable 8 channels of G.729 compression at Courthouse and 8 channels of G.729 compression at Health & Human Services. Enable 8 channels of compression at Solid Waste, HATS, Extension Office, Annex, North complex and LEC.

*Labor will be billed at current hourly rate unless otherwise noted.*

*By signing below, CUSTOMER agrees to all terms and conditions of PURCHASE AGREEMENT.*

Name	Title	Date
McLeod County		

Name	Title	Date
Integra Telecom Inc.		

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**INTEGRA TELECOM**  
**MAC AGREEMENT TERMS AND CONDITIONS**

(1) **INSTALLATION.** INTEGRA TELECOM, INC. ("INTEGRA TELECOM") will install the equipment listed on the MAC Purchase Agreement (the Equipment) at the Customer's premises pursuant to the terms and conditions of sale and installation in these MAC Agreement Terms and Conditions. The Customer will obtain the consent of its landlord or building owner to install the Equipment and any other necessary approvals and permits and will pay the charge therefore. The Installation Date, as the term is used herein, shall be the date upon which the Equipment is first installed and available for use by the Customer.

(2) **WARRANTY.** Subject to the provisions of this paragraph, INTEGRA TELECOM warrants that the Equipment and its installation will be free from defects in material and workmanship. The term of this warranty shall be a period of one year from the Installation Date. In the event that a Customer is covered by a Guardian Warranty and Installation Agreement, the warranty period under these MAC Agreement Terms and Conditions shall be coterminous with the Guardian Warranty and Installation Agreement warranty period, but shall in no case be less than 12 months. In no event will Customer will double-recover for a defect in equipment or installation under the Terms and Conditions of both the MAC Agreement Terms and Conditions and the Guardian Warranty and Installation Agreement. If defects appear within the applicable warranty period, INTEGRA TELECOM will have the option of repairing or replacing the Equipment at its expense. Such repair or replacement shall be Customer's exclusive remedy for breach of warranty. This warranty does not extend to any Equipment which has been:

- a) subject to misuse, neglect, accident, fire or other casualty
- b) wired, installed, repaired or altered by anyone other than INTEGRA TELECOM
- c) moved from its original location or no longer owned and used by the Customer named herein; or
- d) previously excluded from coverage under the original Guardian Warranty and Installation Agreement.

(3) **LIMITATION OF LIABILITY.** Except as specifically provided in these MAC Agreement Terms and Conditions and the Terms and Conditions of a Guardian Warranty and Installation Agreement, if applicable, there are no other warranties regarding the sale or installation of the Equipment, express or implied, including but not limited to, any implied warranties of merchantability or fitness for a particular purpose. In no event shall INTEGRA TELECOM be liable for loss of profits, benefits, indirect, consequential or similar damages even if INTEGRA TELECOM has been advised of the possibility of such damages. INTEGRA TELECOM's liability for any and all monetary damages is limited to an amount not to exceed the total Purchase Price for the Equipment in question regardless of the form in which any legal or equitable action may be brought against INTEGRA TELECOM.

No action, regardless of form, arising out of this transaction under this Agreement may be brought by either party more than one year after the cause of action has occurred; except that an action for non-payment may be brought within one year after the date of the last payment.

(4) **SECURITY INTEREST; RISK OF LOSS.** INTEGRA TELECOM reserves a purchase money security interest in the Equipment covered by this Agreement in the amount of the unpaid balance of the purchase price of the Equipment (Purchase Price) until payment in full of the Purchase Price in accordance with the terms and conditions set forth in this Agreement. A financing statement may be filed with the appropriate public authorities and the Customer agrees to sign any forms presented to it by INTEGRA TELECOM at any time to protect INTEGRA TELECOM's security interest. INTEGRA TELECOM shall bear the risk of loss or damage to the Equipment while at the Premises until the Installation Date except for loss or damage caused by the Customer's negligence, or from improper storage of the Equipment or storage in areas accessible to unauthorized persons. After the Installation Date, all risk of loss or damage to the Equipment shall be borne by the Customer.

(5) **DEFAULT.** If the Customer breaches any provision of these MAC Agreement Terms and Conditions, including, without limitation, its payment obligations, the Customer shall be in default hereunder and all unpaid amounts of the Purchase Price shall, at INTEGRA TELECOM's option, become immediately due and payable. INTEGRA TELECOM shall then have all rights and remedies of a secured party under the Uniform Commercial Code and any other applicable laws. INTEGRA TELECOM shall be entitled to recover reasonable attorney's fees and costs of collection associated with enforcing its rights hereunder. INTEGRA TELECOM may charge interest on overdue amounts at the rate of 1.5% per month, but not in excess of the highest rate permitted by law.

(6) **UNCONTROLLABLE CIRCUMSTANCES.** If the performance of any part of these MAC Agreement Terms and Conditions by INTEGRA TELECOM is prevented, hindered, delayed or otherwise made impractical by reason of any flood, riot, fire, strike, explosion, war, or any other cause beyond the control of INTEGRA TELECOM, INTEGRA TELECOM shall be excused from such performance to the extent that it is prevented, hindered or delayed by such causes. All delivery and installation dates are approximate, and INTEGRA TELECOM shall under no circumstances be liable for damages-- special, incidental or consequential-- resulting from delays in delivery or installation.

(7) **MISCELLANEOUS.** These MAC Agreement Terms and Conditions are tendered to the Customer for execution by it but shall not be binding upon INTEGRA TELECOM until accepted in writing by a manager or a corporate officer of INTEGRA TELECOM. Deposit or other acceptance of the payment tendered herewith shall not constitute acceptance of this agreement. The Customer's offer made hereby shall be irrevocable for a period of 30 days from the Customer's execution hereof. These MAC Agreement Terms and Conditions and the Terms and Conditions of a Guardian Warranty and Installation Agreement, if applicable, constitute the entire agreement between the parties relative to the sale and installation of the Equipment and supersede all prior negotiations and statements. This Agreement may not be amended or supplemented except by an instrument in writing executed by both parties. In the case of INTEGRA TELECOM, such execution must be by a manager or a corporate officer. This Agreement shall be governed by and construed in accordance with the laws of the state in which it was signed. If any provision of this Agreement shall be held to be invalid, illegal or unenforceable, the validity, legality or enforceability of the remaining provisions shall in no way be affected or impaired.

INTEGRA TELECOM and Customer each represent that they have the power and authority to enter into this Agreement and that the same constitutes a valid and binding obligation of each party.

The Customer understands that the Purchase Price does not include the use of Teflon cable or conduit. Any use of Teflon cable or conduit would result in additional cost added to the Purchase Price.

(8) **LEASE/FINANCE.** If "Lease/Finance" is checked on the front of this Agreement, INTEGRA TELECOM will endeavor to make leasing or financing arrangements on the terms specified. The Customer will supply financial information and will execute the leasing or financing company's standard documents. Even if the Equipment is leased or financed, the warranty shall run to the Customer. In the event the Customer elects to have INTEGRA TELECOM begin installation before lease or financing arrangements have been finalized, if such arrangements cannot be obtained, Customer agrees to pay INTEGRA TELECOM in full in accordance with the cash Purchase Price on the front of this Agreement.

(9) **CREDIT.** INTEGRA TELECOM is authorized to investigate or appoint an agent to investigate Customer's credit standing.

(10) **TAXES.** Unless otherwise provided, Customer will be liable for the payment of all taxes associated with the purchase and installation of the Equipment.





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 2007-2009



**SCHEDULE B - GUARDIAN MAINTENANCE PLAN ENROLLMENT**

**Prepared For: McLeod County - T.38 Fax Support**

830 11th Street East, Suite 111, Glencoe, MN 55336-2200

<b>CONTACT:</b>	Tom Keefe	<b>PREPARED BY:</b>	Sarah Watson
<b>DATE PREPARED:</b>	April 29, 2010	<b>EMAIL:</b>	Sarah.Watson@integratelecom.com
<b>SYSTEM TYPE:</b>	Mitel 3300 ICP	<b>PHONE / FAX:</b>	763 745-8225 / 763 745-8325

In addition to providing our Guardian Protect Five (5) year parts performance guarantee, Integra is committed to customer satisfaction by providing the most comprehensive service and maintenance programs in the industry.

**Take advantage of our Special Pre-install enrollment incentives when you select either our Guardian Plus or Guardian Select maintenance plans and receive up to 45% off our Standard Pricing!**

Please select below the Maintenance Plan coverage you desire for the first year.

All Guardian Maintenance Plans may be cancelled with 30 days written notice.

(Coverage begins from the date upon which the Equipment is first installed. The 1st year is included FREE)

**MAINTENANCE PLANS OVERVIEW**

**Guardian Select Plan:**  Initials

- 7 X 24 X 365 Service
- **Guaranteed Emergency Response – 2 hours or \$1000**
- **Guaranteed Emergency Spare Parts Inventory – In stock or \$1,000**
- **15% discount** on any additional Equipment purchases while under Plan
- **Unlimited Consultation Services available upon request**
- Non-emergency response – 24 business hour
- **Unlimited On-Site End-User Training on system functionality**
- Priority queue for service requests
- Enhanced Power & Lightning Surge Protection coverage
- Free Software Upgrades - Manufacturer Software Assurance Program (refer to Schedule A agreement regarding terms and software applications covered)
- **Annual System Audit (covers system enhancements & network review)**
- **Annual System Certification (preventive maintenance) once per year**

**Guardian Plus Plan:**  Initials

- 8-5, M-F Service (Normal Business Hours) Additional hours billed at time-and-a-half
- **Guaranteed Emergency Response – 2 hours or less or \$250**
- **Guaranteed Emergency Spare Parts Inventory – In stock or \$250**
- **5% discount** on any additional Equipment purchases while under Plan
- Limited Consultation Service available upon request
- Non-emergency response – 24 business hours
- **Unlimited In-House Training for office personnel on system functionality**
- Priority queue for service requests
- Enhanced Power & Lightning Surge Protection coverage
- Free Software Upgrades - Manufacturer Software Assurance Program (refer to Schedule A agreement regarding terms and software applications covered)

**Choose a Payment Plan:**

Enroll Now, Pay Now (save 62% off Standard Price)

\$327 per year ( 4 ) # of Years

Enroll Now, Pay Later (save 60% off Standard Price)

\$347 per year  \$29 per month

Standard Price

\$867 per year

**Choose a Payment Plan:**

Enroll Now, Pay Now

N/A per year ( ) # of Years

Enroll Now, Pay Later

N/A per year  N/A per month

Standard Price

N/A per year

**FY 2011 STATE OF MINNESOTA  
BOARD OF WATER AND SOIL RESOURCES  
NATURAL RESOURCES BLOCK GRANT AGREEMENT**

Vendor: 034236001-00			PO#: 17531			P1#:		Date Pd:	
Line	FY	Fund	Agency	Org	Appr Unit	Object Code	Description	Amount	
01	11	100	R9P	2LWP	NRB	5A20	LWM	\$	12,430
02	11	211	R9P	2LWP	NRB	5A20	LWM	\$	
03	11	100	R9P	2WCA	NRB	5A20	WCA	\$	16,170
04	11	100	R9P	2SLD	NRB	5A20	SHORELAND	\$	2,938
05	11	211	R9P	2FDC	FDL	5A20	FEEDLOT	\$	34,058
06	11	352	R9P	2SST	C10	5A20	SSTS	\$	8,501
07	11	200	R9P	2SST	NRS	5A20	SSTS	\$	1,430
08	11	200	R9P	2SST	NRS	5A20	SSTS ED. STIP.	\$	

For BWSR Use Only

This grant agreement is between the State of Minnesota, acting through its Board of Water and Soil Resources (Board), and MCLEOD COUNTY, 830 11TH ST E #103, GLENCOE 55336 (Grantee).

This grant agreement is for the following grant programs:

Comprehensive Local Water Management Base Grant	\$ 12,430
Wetland Conservation Act Base Grant	\$ 16,170
DNR Shoreland Management Base Grant	\$ 2,938
MPCA County Feedlot Base Grant	\$ 31,791
MPCA County Feedlot Performance Grant	\$ 2,267
BWSR/MPCA SSTS Base Grant	\$ 9,931
MPCA SSTS Educational Stipend	\$
<b>Grant Total</b>	<b>\$ 75,527</b>

**Recitals**

1. The Laws of Minnesota 2009, Chapter 37, Sec. 3, Subd. 2, and Sec.5, appropriated funds for the Natural Resources Block Grants (NRBG) to assist with the implementation of Comprehensive Local Water Plans, the Wetland Conservation Act, Shoreland, Subsurface Sewage Treatment Systems (SSTS), and County Feedlot Permit Programs.
2. The Laws of Minnesota 2009, Chapter 172, Article 2, Section 6, authorizes the Board to use Clean Water Funds to make grants for SSTS Base Grants.
3. Minnesota Statutes 103B.101 Subd. 9 (1), and 103B.3369, Subd. 5, authorize the Board to award grants.
4. A Grantee must meet the criteria established by statute, the Board, the DNR, and MPCA, to be eligible to receive NRBG grant funds.
5. The Board has determined the Grantee to be eligible and has selected the Grantee to participate in the NRBG.
6. The Grantee has agreed to appropriate the required local match.
7. The Grantee represents that it is duly qualified and agrees to perform all services described in this grant contract to the satisfaction of the State.
8. As a condition of the grant, Grantee agrees to minimize administration costs.

**Authorized Representative**

The State's Authorized Representative is David Weirens, BWSR Land & Water Section Administrator, 520 Lafayette Road North, Saint Paul, MN 55155, 651-297-3432, or his successor, and has the responsibility to monitor the Grantee's performance and the authority to accept the services and performance provided under this grant agreement.

The Grantee's Authorized Representative is **NAME**  
**TITLE**  
**ADDRESS**  
**TELEPHONE NUMBER**

If the Grantee's Authorized Representative changes at any time during this grant contract, the Grantee must immediately notify the State.

### **Grant Agreement**

#### **1 Term of Grant Agreement**

- 1.1 **Effective date:** July 1, 2010
- 1.2 **Expiration date:** June 30, 2012, or until all obligations have been satisfactorily fulfilled whichever comes first.
- 1.3 **Survival of Terms.** The following clauses survive the expiration or cancellation of this grant contract: 7. Liability; 8. State Audits; 9. Government Data Practices; 11. Governing Law, Jurisdiction, and Venue.

#### **2 Grantee's Duties**

The Grantee is responsible for the specific duties for the NRBG as follows:

- 2.1 **Match:** The Grantee's participation in the NRBG is conditioned upon Grantee expenditure to match the NRBG as required by the Board. The Grantee's Program Allocation and Contribution Plan is incorporated into this Agreement by reference with the P.O.
- 2.2 **Reporting:** All data and information provided in a Grantee's report shall be considered public.
  - A. The Grantee will submit an annual progress report to the Board by February 1 of each year on the status of program implementation by the Grantee. Information provided must conform to the requirements and formats set by the Board.
  - B. Display on its website the previous calendar year's detailed information on the expenditure of grant funds and measurable outcomes as a result of the expenditure of funds according to the format specified by the BWSR, by June 30 of each year.
  - C. The Grantee will submit a final progress report to the Board by August 1 of 2012. Information provided must conform to the requirements and formats set by the Board. A late or incomplete final report will result in the withholding of any future NRBG executions.
- 2.3 **Compliance:** The Grantee will comply with Minnesota Statutes Section 103B.3361 through 103B.3369 (LWP), Minnesota Rules Chapter 8420 (WCA); Minnesota Statutes Section 103F.201 and Minnesota Rules Chapter 6120 (Shoreland); and Minnesota Rules Chapter 7020 (Feedlot); Minnesota Rules Chapter 7082.0040 through 7082.0700 (SSTS); and amendments thereto, for Comprehensive Water Planning, Wetland Conservation Act, Shoreland Management, Subsurface Sewage Treatment Systems, and County Feedlot Programs, and, if receiving Educational Stipend, attend Advanced Designer/Inspector and Service Provider training.
- 2.4 **Wetland Conservation Act Funds Transfer:** As required by the Board, the Grantee's participation in the NRBG is conditioned upon the transfer of a minimum of **\$5,000** to the Soil and Water Conservation District (SWCD) for Wetland Conservation Act activities, or such greater amount as agreed upon by the county and SWCD. This transfer must occur within 30 days of receipt of NRBG funds by the Grantee.

#### **3 Time**

The Grantee must comply with all the time requirements described in this grant agreement. In the performance of this grant agreement, time is of the essence.

#### **4 Terms of Payment**

- 4.1 Payment of the grant amount stated above will be made in one installment by the Board promptly after the effective date of this grant agreement.
- 4.2 Any grant funds remaining unspent after the end of the expiration date stated above will be returned to the Board within one month of that date.
- 4.3 The Board must consult with the approving authority before granting an amendment to the grant agreement, or a component thereof.

4.4 The obligation of the State under this grant agreement will not exceed the amount stated above for each grant program.

## 5 Conditions of Payment

All services provided by the Grantee under this grant agreement must be performed to the States satisfaction, as determined at the sole discretion of the State's Authorized Representative and in accordance with all applicable federal, state, and local laws, ordinances, rules, and regulations. The Grantee will not receive payment for work found by the State to be unsatisfactory or performed in violation of federal, state, or local law.

## 6 Assignment, Amendments, and Waiver

6.1 **Assignment.** The Grantee may neither assign nor transfer any rights or obligations under this grant agreement without the prior consent of the State and a fully executed Assignment Agreement, executed and approved by the same parties who executed and approved this grant agreement, or their successors in office.

6.2 **Amendments.** Any amendment to this grant agreement must be in writing and will not be effective until it has been executed and approved by the same parties who executed and approved the original grant agreement, or their successors in office.

6.3 **Waiver.** If the State fails to enforce any provision of this grant agreement, that failure does not waive the provision or its right to enforce it.

## 7 Liability

The Grantee must indemnify, save, and hold the State, its agents, and employees harmless from any claims or causes of action, including attorney's fees incurred by the State, arising from the performance of this grant agreement by the Grantee or the Grantee's agents or employees. This clause will not be construed to bar any legal remedies the Grantee may have for the State's failure to fulfill its obligations under this grant agreement.

## 8 State Audits

Under Minn. Stat. § 16B.98, Subd. 8, the Grantee's books, records, documents, and accounting procedures and practices of the Grantee or other party relevant to this grant agreement or transaction are subject to examination by the State and/or the State Auditor or Legislative Auditor, as appropriate, for a minimum of six years from the end of this grant agreement, receipt and approval of all final reports, or the required period of time to satisfy all state and program retention requirements whichever is later.

8.1 The books, records, documents, accounting procedures and practices of the Grantee and its designated local units of government and contractors relevant to the NRBG, and match and grant expenditures, may be examined at any time by the Board or Board's designee and are subject to verification. The Grantee or delegated local unit of government will maintain records relating to the receipt and expenditure of grant and match funds.

8.2 The Grantee or designated local unit of government implementing this Agreement will provide for an audit that meets the standards of the Office of State Auditor. The audit must cover the duration of the Agreement Period and be performed within one year after the end of the Agreement Period or when routinely audited, whichever occurs first. Copies of the audit report must be provided to the Board if requested.

## 9 Government Data Practices

The Grantee and State must comply with the Minnesota Government Data Practices Act, Minn. Stat. Ch. 13, as it applies to all data provided by the State under this grant contract, and as it applies to all data created, collected, received, stored, used, maintained, or disseminated by the Grantee under this grant agreement. The civil remedies of Minn. Stat. § 13.08 apply to the release of the data referred to in this clause by either the Grantee or the State.

If the Grantee receives a request to release the data referred to in this Clause, the Grantee must immediately notify the State.

## 10 Workers' Compensation

The Grantee certifies that it is in compliance with Minn. Stat. § 176.181, Subd. 2, pertaining to workers' compensation insurance coverage. The Grantee's employees and agents will not be considered State employees. Any claims that may arise under the Minnesota Workers Compensation Act on behalf of these employees and any

claims made by any third party as a consequence of any act or omission on the part of these employees are in no way the State's obligation or responsibility.

**11 Governing Law, Jurisdiction, and Venue**

Minnesota law, without regard to its choice-of-law provisions, governs this grant agreement. Venue for all legal proceedings out of this grant contract, or its breach, must be in the appropriate state or federal court with competent jurisdiction in Ramsey County, Minnesota.

**12 Termination**

The State may cancel this grant agreement at any time, with or without cause, upon 30 days' written notice to the Grantee. Upon termination, the Grantee will be entitled to payment, determined on a pro rata basis, for services satisfactorily performed.

**13 Data Disclosure**

Under Minn. Stat. § 270C.65, Subd. 3, and other applicable law, the Grantee consents to disclosure of its social security number, federal employer tax identification number, and/or Minnesota tax identification number, already provided to the State, to federal and state tax agencies and state personnel involved in the payment of state obligations. These identification numbers may be used in the enforcement of federal and state tax laws which could result in action requiring the Grantee to file state tax returns and pay delinquent state tax liabilities, if any.

**14 Prevailing Wage**

It is the responsibility of the Grantee or contractor to pay prevailing wages on construction projects to which state prevailing wage laws apply (Minn. Stat. 177.42 – 177.44). All laborers and mechanics employed by grant recipients and subcontractors funded in whole or in part with these state funds shall be paid wages at rates not less than those prevailing on projects of a character similar in the locality.

**IN WITNESS WHEREOF**, the parties have caused this Grant Agreement to be duly executed intending to be bound thereby.  
**APPROVED:**

**MCLEOD County**

<b>BY:</b>
<b>TITLE:</b>
<b>DATE:</b>

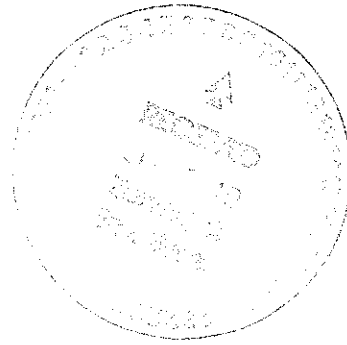
**Board of Water and Soil Resources**

<b>BY:</b>
<b>TITLE: Land &amp; Water Section Administrator</b>
<b>DATE:</b>

H:11NRBGA

AG:#2477631-v1

**Ewert Bros Inc.**  
**PO Box 582**  
**Hutchinson, MN 55350**



Date	Invoice #
9/1/2010	413

McLeod County Zoning  
 830 11th Street East  
 Glencoe, MN. 55336

Terms

Item	Quantity	Description	Rate	Amount
Furnish	620	600 15" dual wall	8.00	4,960.00
Furnish	560	600 10" dual wall	4.50	2,520.00
Furnish	1	15" dual wall tee for intake	100.00	100.00
Furnish	1	10" dual wall tee for intake	50.00	50.00
Install	2	intakes	70.00	140.00
Install	1,200	1200 of dual wall pipe	4.00	4,800.00
Connections	1	connect old 10" to new 10"	50.00	50.00
Connections	1	connect existing tile line to new 10" tile	80.00	80.00
Backhoe Time	4	Find existing main	100.00	400.00
		Replace main on Lipke and Klammer farm		
			<b>Total</b>	<b>\$13,100.00</b>

Ewert Bros Inc.

Ewert Bros Inc.

PO Box 582

Hutchinson, MN 55350

# Estimate

Date	Estimate #
8/17/2010	51

Name / Address
McLeod County Zoning 830 11th Street East Glencoe, MN. 55336

Project

Item	Description	Qty	Cost	Total
Furnish	600 15" dual wall	600	8.00	4,800.00
Furnish	600 10" dual wall	600	4.50	2,700.00
Install	1200 of dual wall pipe	1,200	4.00	4,800.00
Connections	connect old 10" to new 10"	1	50.00	50.00
Connections	connect existing tile lines to new tile line (unknown as to how many need to be connected)	1	80.00	80.00
Backhoe Time	Find existing main	4	100.00	400.00
	Replace main on Lipke and Klammer farm			
			<b>Total</b>	812,830.00

Customer Signature



# COMMISSIONERS CALENDAR

2010

## SEPTEMBER

- 21 @ 9:00 am County Board Meeting / Boardroom / Full Board  
21 @ 1:00 pm Social Services Board / Health and Human Services Building / Full Board  
(T) 22 @ 7:30 am Public Health Advisory / Hutchinson Area Health Care / Nies, Wangerin  
~~22 @ 9:30 am Planning Commission / Boardroom / Bayerl **Canceled due to no applications**~~  
28 Committee Meeting Day / Any Commissioner  
29 @ 7:30 pm Annual Township Association Meeting / Boardroom / Any Commissioner

## OCTOBER

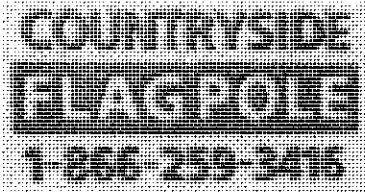
- 4 @ 8:00 am **MN Rural Counties Caucus / Alexandria, MN / Bayerl, Terlinden**  
5 @ 9:00 am County Board Meeting / Boardroom / Full Board  
5 @ After Bd Board Workshop / Boardroom / Full Board  
7 @ 9:00 am Crow River Joint Powers Board / Litchfield / Bayerl  
  
12 Committee Meeting Day / Any Commissioner  
8:30 am Department Head Meeting / North Complex-North room / Full Board  
  
12 @ 5:30 pm Heartland Community Action Board / Cosmos / Terlinden  
13 @ 9:00 am McLeod Treatment Program / Solid Waste Management / Bayerl, Wright  
13 @ 9:00 am Prairie Country RC&D / Willmar / Terlinden  
14 @ 7:30 am Community Health Advisory Board / Solid Waste Management / Nies, Wangerin  
  
19 @ 9:00 am County Board Meeting / Boardroom / Full Board  
19 @ 11:00 am **Employee Benefits Fair / Boardroom / All Commissioners**  
19 @ 1:00 pm Social Services Board / Health and Human Services Building / Full Board  
  
26 Committee Meeting Day / Any Commissioner  
8:30 am Department Head Meeting / North Complex-North room / Full Board  
  
27 @ 9:30 am Planning Commission / Boardroom / Bayerl

## NOVEMBER

- 2 @ 9:00 am County Board Meeting / Boardroom / Full Board  
2 @ TBD **Board Workshop / Boardroom / Full Board**  
4 @ 9:00 am **Crow River Joint Powers Board / Litchfield / Bayerl**  
5 @ 10:00 am **County Canvassing Board Meeting / North Complex / Wangerin, Wright**  
  
9 Committee Meeting Day / Any Commissioner  
8:30 am Department Head Meeting / Boardroom / Full Board  
  
9 @ 5:30 pm Heartland Community Action Board / Cosmos / Terlinden  
10 @ 9:00 am McLeod Treatment Program / Solid Waste Management / Bayerl, Wright  
10 @ 9:00 am Prairie Country RC&D / Willmar / Terlinden

- 16 @ 9:00 am **County Board Meeting / Boardroom / Full Board**





# Quote

Quote # 2010170  
 Date: Sep 3, 2010

Attn: Wayne Rosenfeld  
 McLeod Cty Court House  
 830 11<sup>th</sup> St E  
 Glencoe, MN 55336

The following quote is to refurbish and reinstall an existing 4" x 20' tapered aluminum shoe base flagpole next to the existing US flagpole on the court house grounds. Quote includes all labor and materials to install pole and have it completely ready to raise the flag.

QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL
	Excavate		75
4	1/2" concrete anchors	4	16
	3,000 psi concrete formed and poured		150
1	6" Aluminum Cleat w/ 1/4" x 14NC SST bolts		6
40'	5/16" Solid Braid Nylon Halyard	0.45/ft	18
2	3 1/2" Solid Brass Flag Snaps	3.50	7
	Labor to Refurbish & Install		75
	Boom Truck Service to Glencoe, MN		75
Subtotal			422
6.875% MN Sales Tax			29
<b>TOTAL</b>			<b>451</b>

Thank You for your Inquiry:

Countryside Flagpole  
 13752 Hwy 7  
 Hutchinson, MN 55350

Phone: (320) 282-6117  
 Fax: (320) 587-7725

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



Meeting your construction needs since 1965

## SCHATZ CONSTRUCTION, INC.

### PROPOSAL

1011  
ARMSTRONG  
AVENUE

GLENCOE  
MINNESOTA  
55336

PHONE:  
1-320-864-3131

FAX:  
1-320-864-5804

E-MAIL:  
SCHATZ-  
CONST@EMBARQ  
MAIL.COM

DATE: August 12, 2010

TO: McLeod County  
ATTN: Mr. Pat Melvin

JOB DESCRIPTION: Flagpole base

1. Excavate 5'0" deep frost foundation
2. Furnish and install 2'0" X 2'0" X 5'0" concrete Foundation base.
3. Base reinforcement bar as required
4. 3/4" Galvanixed anchor bolts 18" long
5. Backfill foundation with gravel
6. Install sidewalk around foundation.
7. Install flagpole supplied by others.

EXCLUSIONS: Mechanical, Electrical, County to verify location  
Of flagpole

BASE BID PRICE: 2,459.00

AUTHORIZED SIGNATURE *THOMAS SCHATZ*

ACCEPTANCE OF PROPOSAL

AUTHORIZED SIGNATURE \_\_\_\_\_

NEW CONSTRUCTION, REMODELING, ADDITIONS  
SPECIALITY HOMES, OFFICES, CHURCHES, MEDICAL FACILITIES, INDUSTRIAL FACILITIES

**Staffing Request Committee**

**11:00 AM**

**Tuesday, September 14, 2010**

**North Complex Large Conf Room**

**AGENDA**

A) Consider staffing requests from Public Health due to recent resignations

**Recommendation:**

- Hire Licensed Practical Nurse @ 40 hours/week for Family Health Area
- Hire Registered Nurse or Public Health Nurse @ 40 hours for Family Health Area
- Hire Register Nurse or Public Health Nurse @ 28 hours/week for Family Health Area
- Allow Registered Nurse to reduce from 40 hours/week to 32hours/week with the understanding that hours may need to be increased if workload demands
- Allow Registered Dietician to increase from 20 hours/week to 28 hours/week
- Allow Secretary II to increase from 28 hours/week to 35 hours/week

Positions currently funded with the SHIP grant should be reviewed at the end of the grant program to determine if staffing level changes are needed

B) Consider hiring a full-time Office Support Specialist (grade 9) at Social Services to fill an open position due to a promotion

**Recommendation:** Hire Office Support Specialist at 40 hours per week.

---

*Please note that the Committee Chairperson has responsibility to invite staff not copied on this Agenda and expected to attend the meeting.*

---

CC: All Commissioners  
All Department Heads  
Mary Jo Wieseler  
Pat Melvin

## SECTION \_\_\_ - SOCIAL MEDIA USAGE

Social media technologies will be used as a tool to complement, communicate or deliver messages and information resources to media and constituencies.

The County's presence on social media sites or services is considered an extension of the County's information networks and is governed by the Acceptable Use for Computer and Network Systems Policy.

Violation of this policy may lead to disciplinary action up to and including termination from employment.

### DEPARTMENT RESPONSIBILITIES

Each department that is contemplating the use of social media will submit a plan to the County Administrator that should at a minimum include:

- Specific goals for the use of the technology where a clear business purpose has been determined including the target audience
- Describe the approach the department will take in implementing the plan, including: a listing of which social media tool(s) will be used; a listing of which staff members will be assigned for viewing only and which will be responsible for posting on the department's social media account(s); and a description of the procedures the department will use to manage the outgoing message content

### APPROPRIATE USE

County employees who are designated by Department Heads to be responsible for posting on the department's social media accounts are expected to ensure appropriate communication forums, including the types of messages created and the tone and content. Employee use of all social media technologies must be able to withstand public scrutiny without embarrassment to the recipient, the department, or McLeod County. These employees are expected to adhere to the highest ethical standards when conducting County business. They must use excellent judgment in making decisions about their department's day-to-day postings and what is shared with the public as it relates to the department's specific goals. Employees

that fail to conduct themselves in an appropriate manner shall be subject to the disciplinary procedures outlined in the Personnel Policy or applicable union contracts.

Violation of these standards may result in the removal of department pages from the social media outlets. County Administration will monitor content on each of the social media sites to ensure adherence to policy and retains the authority to remove information.

## OFFICIAL RECORDS AND RECORDS RETENTION

Each department must be aware of the official records it maintains and the retention of those records according to an approved records retention schedule. Social media communications and posts might not consist of official records required to be maintained according to a record retention schedule. However, if a department determines that any communication or posts are official records, those records should be maintained in an appropriate format according to the relevant records retention schedule.

## USE OF PERSONAL ACCOUNTS

For those employees who have been given access by their Department Head, the creation or use of personal social networking technology or account with a County resource is allowed only during an employee's non-work time and must not interfere with County business.

The County may monitor information created or accessed on County resources including but not limited to computers, cell phones, pagers, smartphones, etc., and employees should have no expectation of privacy regarding such information.

In online social media, the lines between public and private, personal and professional may become blurred. Online social media content should be consistent with the County's professional standards.

The County expects employees to use discretion while using their personal social media accounts, including but not limited to, by not posting or disclosing any County information or data considered private or confidential.