



**NOTICE OF MEETING OF THE WOODBURY COUNTY BOARD OF SUPERVISORS
(DECEMBER 11, 2018) (WEEK 49 OF 2018)**

Live streaming at:
<https://www.youtube.com/user/woodburycountyiowa>

Agenda and Minutes available at:
www.woodburycountyiowa.gov

Rocky L. De Witt 253-0421 rdewitt@woodburycountyiowa.gov	Marty J. Pottebaum 251-1799 mpottebaum@woodburycountyiowa.gov	Keith W. Radig 560-6542 kradig@woodburycountyiowa.gov	Jeremy J. Taylor 259-7910 jtaylor@woodburycountyiowa.gov	Matthew A. Ung 490-7852 matthewung@woodburycountyiowa.gov
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You are hereby notified a meeting of the Woodbury County Board of Supervisors will be held December 11, 2018 at **4:30 p.m.** in the Basement of the Courthouse, 620 Douglas Street, Sioux City, Iowa for the purpose of taking official action on the agenda items shown hereinafter and for such other business that may properly come before the Board.

This is a formal meeting during which the Board may take official action on various items of business. If you wish to speak on an item, please follow the seven participation guidelines adopted by the Board.

1. Anyone may address the Board on any agenda item after initial discussion by the Board.
2. Speakers will approach the microphone one at a time and be recognized by the Chair.
3. Speakers will give their name, their address, and then their statement.
4. Everyone will have an opportunity to speak. Therefore, your remarks may be limited to three minutes on any one item.
5. At the beginning of the discussion on any item, the Chair may request statements in favor of an action be heard first followed by statements in opposition to the action.
6. Any concerns or questions you may have which do not relate directly to a scheduled item on the agenda will also be heard under the first or final agenda item "Citizen Concerns."
7. For the benefit of all in attendance, please silence cell phones and other devices while in the Board Chambers.

AGENDA

4:30 p.m. Call Meeting to Order – Pledge of Allegiance to the Flag – Moment of Silence

- | | |
|---------------------------|-------------|
| 1. Citizen Concerns | Information |
| 2. Approval of the agenda | Action |

Consent Agenda

Items 3 through 7 constitute a Consent Agenda of routine action items to be considered by one motion. Items pass unanimously unless a separate vote is requested by a Board Member.

3. Approval of the minutes of the December 4, 2018 meeting
4. Approval of claims
5. Receive Commission of Veteran Affairs Quarterly Report
6. Human Resources – Melissa Thomas
 - a. Approval of Memorandum of Personnel Transactions
 - b. Approval of request to Deauthorize County Position
 - c. Authorization to Initiate Hiring Process
 - d. Approval for the Chairman to sign the Delta Dental 2019 Renewal

7. County Auditor – Patrick Gill
Consideration and approval of liquor license for the Lofted View Events

End Consent Agenda

8. County Auditor – Patrick Gill
Approve and receive for signature the Greatland Services Agreement for 2016 Affordable Care Act (ACA) reporting Action
9. Juvenile Detention Center – Ryan Weber
Approval to proceed and enter into a contract for bed space with The Flandreau Santee Sioux Tribe of South Dakota Action
10. Human Resources – Melissa Thomas
Approval of MOU regarding overtime and compensatory pay out Action
11. Board Administration – Dennis Butler
Approval of Sioux City Symphony use of the courthouse rotunda Action
12. Reports on Committee Meetings Information
13. Citizen Concerns Information
14. Board Concerns Information

ADJOURNMENT

Subject to Additions/Deletions

CALENDAR OF EVENTS

- WED., DEC. 12** **8:05 a.m.** Woodbury County Information Communication Commission, First Floor Boardroom
- THUR., DEC. 13** **4:00 p.m.** Conservation Board Meeting, Dorothy Pecaut Nature Center, Stone Park
5:30 p.m. SIMPCO Board of Directors, 1122 Pierce St.
- TUES. DEC. 18** **11:00 a.m.** Woodbury County Board of Supervisors' Employee Christmas & Holiday Luncheon
- WED., DEC. 19** **10:00 a.m.** Siouxland Center for Active Generations Board of Directors Meeting, 313 Cook St.
12:00 p.m. Siouxland Economic Development Corporation Meeting, 617 Pierce St., Ste. 202
- THUR., DEC. 20** **4:30 p.m.** Community Action Agency of Siouxland Board Meeting, 2700 Leech Avenue
- WED., JAN. 2** **12:00 p.m.** District Board of Health Meeting, 1014 Nebraska St.
- MONDAY, JAN. 7** **6:00 p.m.** Board of Adjustment meeting, First Floor Boardroom
- WED., JAN. 9** **8:05 a.m.** Woodbury County Information Communication Commission, First Floor Boardroom
6:30 p.m. E911 Service Board Meeting, Climbing Hill Disaster Services Class Room
8:00 p.m. County's Mayor Association Meeting, Public Safety Center, Climbing Hill
- THUR., JAN 10** **12:00 p.m.** SIMPCO Board of Directors, 1122 Pierce St.
4:30 p.m. Conservation Board Meeting, Dorothy Pecaut Nature Center, Stone Park

The following Boards/Commission have vacancies: Commission to Assess Damages - Category A, Category B, Category C and Category D

Woodbury County is an Equal Opportunity Employer. In compliance with the Americans with Disabilities Act, the County will consider reasonable accommodations for qualified individuals with disabilities and encourages prospective employees and incumbents to discuss potential accommodations with the Employer.

Federal and state laws prohibit employment and/or public accommodation discrimination on the basis of age, color, creed, disability, gender identity, national origin, pregnancy, race, religion, sex, sexual orientation or veteran's status. If you believe you have been discriminated against, please contact the Iowa Civil Rights Commission at 800-457-4416 or Iowa Department of Transportation's civil rights coordinator. If you need accommodations because of a disability to access the Iowa Department of Transportation's services, contact the agency's affirmative action officer at 800-262-0003.

DECEMBER 4, 2018, FORTY-EIGHTH MEETING OF THE WOODBURY COUNTY BOARD OF SUPERVISORS

The Board of Supervisors met on Tuesday, December 4, 2018 at 3:30 p.m. Board members present were Ung, De Witt, Radig, Taylor, and Pottebaum. Staff members present were Dennis Butler, Budget/Tax Analyst, Karen James, Board Administrative Assistant, Joshua Widman, Assistant County Attorney, Melissa Thomas, Human Resources Director, and Patrick Gill, Auditor/Clerk to the Board.

1. Motion by De Witt second by Radig to go into closed session per Iowa Code Section 21.5(1)(c). Carried 5-0 on a roll-call vote.

Motion by Taylor second by Radig to go out of closed session per Iowa Code Section 21.5(1)(c). Carried 5-0 on a roll-call vote.

Motion by Taylor second by Radig to approve the recommendation of the attorney in the previous executive session. Carried 5-0.

The regular meeting was called to order with the Pledge of Allegiance to the Flag and a Moment of Silence.

2. There were no citizen concerns.
3. Motion by De Witt second by Taylor to approve the agenda for December 4, 2018. Carried 5-0. Copy filed.
Motion by De Witt second by Taylor to approve the following items by consent:
4. To approve minutes of the November 27, 2018 meeting. Copy filed.
5. To approve the claims totaling \$475,879.58. Copy filed.
6. To approve the separation of Angelique Kelly, P/T Youth Worker, Juvenile Detention Dept., effective 11-29-18. Resignation. Copy filed.
- 7a. To approve the permit to work in the right of way for the City of Salix. Copy filed.
- 7b. To receive the 2018 report of the Weed commissioner. Copy filed.

Carried 5-0.

- 8a. Second reading for compression brake use ordinance was held at 4:45 p.m. Motion by Taylor second by De Witt to approve the second reading. Carried 5-0. Copy filed.
- 8b. Motion by Taylor second by Radig to set the third reading for the compression brake use ordinance for December 18, 2018 at 4:35 p.m. Carried 5-0. Copy filed.
9. The Board heard reports on committee meetings.
10. There were no citizen concerns.
11. Board concerns were heard.

The Board adjourned the regular meeting until December 11, 2018.

Meeting sign in sheet. Copy filed.

QUARTERLY REPORT
COMMISSION OF VETERAN AFFAIRS

STATE OF IOWA
WOODBURY COUNTY

We, the undersigned, members of the Commission of Veteran Affairs, hereby certify that the following is a correct statement of the initials and amounts of assistance given to persons entitled to relief under Chapter 35 of the Code of Iowa, and for the quarter ending September 30, 2018 – 1st Quarter (July, August and September 2018).

Lon Koska
Ernie Clayton
John St. Manfield

Members of Veteran Affairs Commission

VETERAN	ASSISTANCE AMT
1014	\$3095.99
1040	\$427.66
1098	\$700.00
1135	\$2105.97
1138	\$823.58
1139	\$560.00
1142	\$1000.00
1143	\$304.00
1145	\$1033.24
1146	\$1129.23

TOTAL ASSISTANCE FY 17 - 18 1st QUARTER: \$ 11,179.67

WOODBURY COUNTY
HUMAN RESOURCES DEPARTMENT

TO: Board of Supervisors and the Taxpayers of Woodbury County
FROM: Melissa Thomas, Human Resources Director
SUBJECT: Memorandum of Personnel Transactions
DATE: December 11, 2018

For the December 11, 2018 meeting of the Board of Supervisors and the Taxpayers of Woodbury County the Memorandum of Personnel Transactions will include:

1. Asst. County Attorney, Resignation.
2. Human Resources Director, Salary Increase.

Thank you

HUMAN RESOURCES DEPARTMENT
WOODBURY COUNTY, IOWA

#6b

DATE: December 11, 2018

REQUEST TO DEAUTHORIZE COUNTY POSITION(S)

DEPARTMENT	POSITION	APPROVED	DISAPPROVED
Juvenile Detention	Assistant Director		

Chairman, Board of Supervisors

HUMAN RESOURCES DEPARTMENT

WOODBURY COUNTY, IOWA

DATE: December 11, 2018

AUTHORIZATION TO INITIATE HIRING PROCESS

DEPARTMENT	POSITION	ENTRY LEVEL	APPROVED	DISAPPROVED
County Attorney	Asst. County Attorney	AFSCME: \$58,543.00 to \$67,703.00/year		
Juvenile Detention	P/T Youth Worker	AFSCME: \$18.88/hour		
	*Please see attached memos.			

Chairman, Board of Supervisors



WOODBURY COUNTY ATTORNEY

PATRICK "PJ" JENNINGS
COUNTY ATTORNEY

300 COURTHOUSE
620 DOUGLAS STREET
SIOUX CITY, IOWA 51101

TELEPHONE
712-279-6516
FAX # 712-279-6457

MEMORANDUM

Date: November 30, 2018
To: Board of Supervisors
From: PJ Jennings
RE: Request for New Hire

Supervisors:

On December 14, 2018, one of our indictable attorneys will be resigning. This is a very important position within our office. It is crucial that we get a new attorney hired as soon as possible as the duties and learning curve for a new prosecutor can be quite overwhelming.

I ask that you now approve the hiring of a new indictable assistant prosecutor.

A handwritten signature in black ink, appearing to be "PJ Jennings", written in a cursive style.

Lisa Anderson

From: Ryan Weber
Sent: Tuesday, December 4, 2018 10:58 AM
To: Lisa Anderson; Melissa Thomas
Subject: Board requests

Good morning, I am requesting that (1) assistant director position be deauthorize and to hire (1) female part time youth worker.

Ryan M. Weber

Sent from my iPhone

WOODBURY COUNTY BOARD OF SUPERVISORS AGENDA ITEM(S) REQUEST FORM

Date: 12/06/2018 Weekly Agenda Date: 12/11/2018

ELECTED OFFICIAL / DEPARTMENT HEAD / CITIZEN: Melissa Thomas

WORDING FOR AGENDA ITEM:

Approval for the Chairman to sign the Delta Dental 2019 Renewal

ACTION REQUIRED:

- Approve Ordinance
- Approve Resolution
- Approve Motion
- Public Hearing
- Other: Informational
- Attachments

EXECUTIVE SUMMARY:

The paper work for the renewal of Woodbury County's dental plan is being submitted. The paperwork lays out the direct bill and COBRA rates for 2019.

BACKGROUND:

Renewal for the dental plan is an annual event (January 1)

FINANCIAL IMPACT:

IF THERE IS A CONTRACT INVOLVED IN THE AGENDA ITEM, HAS THE CONTRACT BEEN SUBMITTED AT LEAST ONE WEEK PRIOR AND ANSWERED WITH A REVIEW BY THE COUNTY ATTORNEY'S OFFICE?

Yes No

RECOMMENDATION:

Please accept the renewal paperwork and provide the necessary signature.

ACTION REQUIRED / PROPOSED MOTION:

Accept the 2019 dental renewal for signature.



Woodbury County
Group # 33541 - Updated
Rating Period 1/1/18 through 12/31/20
Financial Exhibit

Delta Dental PPOSM

Experience Period	Claims Paid 9/1/17 through 8/31/18	
Claims Paid 9/1/17 through 8/31/18		\$217,561
Adjustment of Claims to Incurred Basis		\$6,729
Incurred Claims		\$224,290
Trend in Claims		\$12,044
Projected Claims Based on Current Experience		\$236,334
Claims and Enrollment Fluctuation Adjustment		(\$4,615)
Projected Annual Claims Based on Current Enrollment		\$231,719

Current Enrollment			
Single	E/S	E/C	Family
167	71	43	84
Projected Claim Factors 1/1/19 through 12/31/19			
Single	E/S	E/C	Family
\$26.34	\$55.54	\$67.10	\$96.22
Fixed Fees			
Cost Per Contract			
2018	2019	2020	
\$4.97	\$5.12	\$5.37	
Suggested Rates 1/1/19 through 12/31/19			
Single	E/S	E/C	Family
\$28.89	\$60.92	\$73.59	\$105.53

Fixed Fees	Per Contract	
Operating Costs	\$5.12	\$22,426
Broker Fee	\$0.00	\$0
Subtotal Fixed Fees	\$5.12	\$22,426
Projected Annual Expense		\$254,144

Direct Bill Rates 1/1/19 through 12/31/19			
Single	E/S	E/C	Family
\$28.89	\$60.92	\$73.59	\$105.53
COBRA Direct Bill Rates 1/1/19 through 12/31/19			
Single	E/S	E/C	Family
\$29.47	\$62.14	\$75.06	\$107.64

The Direct Bill Rates above will be the amount charged unless desired rates are communicated to DDIA at least 45 days prior to the start of this contract period.

Percent of Premium Contributed by Employer: Single 100 % Emp/Spouse 47 % Emp/Child(ren) 39 % Family 27 %

Total Employees Enrolled: 368

Total Employees Eligible: 368

Signature of Group Administrator
 Please sign and return to fax # 888-337-5157 or
 email to: TeamReNew@deltadentalia.com

melissathomas@woodburycountyia.gov
 E-Mail Address

12/06/2018
 Date

DELTA DENTAL OF IOWA

Direct Bill Rates communicated on 11/19/2018:

Single: 29.37
EE + Spouse: 61.92
EE + Children: 74.55
EE + Family: 107.44

Cobra: Single: 29.96
EE + Spouse: 63.16
EE + Children: 76.04
EE + Family: 109.59

WOODBURY COUNTY BOARD OF SUPERVISORS AGENDA ITEM(S) REQUEST FORM

Date: 12/5/2018 Weekly Agenda Date: 12/11/18

ELECTED OFFICIAL / DEPARTMENT HEAD / CITIZEN: County Auditor - Pat Gill

WORDING FOR AGENDA ITEM:

Consideration and approval for liquor license for the Lofted View Events

ACTION REQUIRED:

- Approve Ordinance
- Approve Resolution
- Approve Motion
- Public Hearing
- Other: Informational
- Attachments

EXECUTIVE SUMMARY:

n/a

BACKGROUND:

n/a

FINANCIAL IMPACT:

Unknown at this time

IF THERE IS A CONTRACT INVOLVED IN THE AGENDA ITEM, HAS THE CONTRACT BEEN SUBMITTED AT LEAST ONE WEEK PRIOR AND ANSWERED WITH A REVIEW BY THE COUNTY ATTORNEY'S OFFICE?

Yes No

RECOMMENDATION:

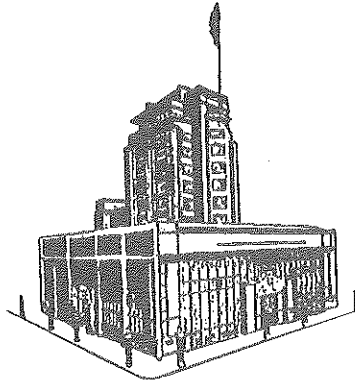
Approve Motion

ACTION REQUIRED / PROPOSED MOTION:

Motion to approve an application for an 12-month, Class C Liquor License (LC) (Commercial) with Outdoor Service and Sunday sales for the Lofted View Events, effective 12/05/2018 through 12/04/2019.

**Office Of The
AUDITOR/RECORDER
Of Woodbury County**

PATRICK F. GILL
Auditor/Recorder



**Court House -- Rooms 103
620 Douglas
Sioux City, Iowa 51101**

**Phone (712) 279-6702
Fax (712) 279-6629**

To: Board of Supervisors

From: Patrick F. Gill, Auditor & Recorder

Handwritten signature of Patrick F. Gill.

Date: December 5, 2018

Subject: Liquor License Application for the Lofted View Events, Bronson, Iowa.

Please approve and receive for signature, an application for a 12-month, Class C Liquor License (LC) (Commercial), with Outdoor Service and Sunday sales privileges, for the Lofted View Events, Bronson, Iowa. The license would be effective 12/05/18 through 12/04/19.



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Applicant License LC_V_82887, Lofted View Events, Bronson

After completion click on the NEXT link to continue to the next screen, or the BACK link to return to the previous screen. The navigation links on the top may also be used to move around the application.

LENGTH OF LICENSE REQUESTED:

(Choose one of the following):

- 12 month
- 8 month
- 6 month
- 14 day
- 5 day

License Status: Submitted to Local Authority

Original issue date of license: MM/DD/YYYY

Issue date of current license: MM/DD/YYYY

License effective date: 12/05/2018 MM/DD/YYYY

License expiration date: MM/DD/YYYY

Number of days notice: 0

70 day notice: 0

Cancel date: MM/DD/YYYY

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Privileges **LC_V_82887, Lofted View Events, Bronson**

After completion click on the NEXT link to continue to the next screen, or the BACK link to return to the previous screen.
 The navigation links on the top may also be used to move around the application.

Select one or more of the privileges you wish to have for your Class C Liquor License (LC) (Commercial). If no privileges are applicable please leave all boxes unchecked and hit the next button.

PRIVILEGES:

- Brew Pub
- Catering Privilege
- Class B Native Wine Permit
- Class B Wine Permit (Carryout Wine - Includes Native Wine)
- Living Quarters
- Outdoor Service
- Sunday Sales

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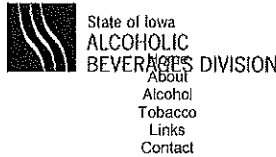


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Applicant LC V 82887, Lofted View Events, Bronson

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Corporation Name/Sole Proprietor Name/Partnership Name(s): (Sole Proprietorship, Partnership, Corporation, etc.)

Name of Business (D/B/A):

Address of Premise:

Address Line 2:

City:

County:

Zip:

Business Phone: Cell / Home Phone:

Same Address

Mailing Address:

Mailing Address Line 2:

City: State:

Zip:

Contact Name:

Phone: Email Address:

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Status of Business **LC_V_82887, Lofted View Events, Bronson**

After completion click on the **NEXT** link to continue to the next screen, or the **BACK** link to return to the previous screen.
 The navigation links on the top may also be used to move around the application.

Indicate how the business will be operated (Choose one of the following):

<input type="radio"/> Sole Proprietorship	<input type="radio"/> Publicly Traded Corporation
<input type="radio"/> General Partnership	<input checked="" type="radio"/> Limited Liability Company
<input type="radio"/> Limited Partnership	<input type="radio"/> Municipality
<input type="radio"/> Privately-Held Corporation	

Corporate ID Number: Federal Employer ID#:

Federal Employer ID Applied For:

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Ownership LC_V_82887, Lofted View Events, Bronson

After completion click on the NEXT link to continue to the next screen, or the BACK link to return to the previous screen. The navigation links on the top may also be used to move around the application.

Corporate applicant's, list all shareholders having 10% or more interest in the corporation and all officers and directors of the corporation regardless of ownership interest. Sole Proprietors shall also include their spouse even if the spouse owns 0% interest. Non-profit corporations or associations need to list officers. Partnerships and Committees not registered with the Secretary of State office will need a trade name filing from their county recorder's office.

If you want to change ownership information at renewal time please finish the renewal with the current ownership listed. When you are finished please go to the Action List and submit an Ownership Update Application along with the license renewal.

Owners:

Name	Address	Percentage	
Heather Hennings	510 N. Pine St, Lawton, IA, 51030	50.00 %	View
Eric Hennings	510 N. Pine St., Lawton, IA, 51030	50.00 %	View

1

First Name:	<input type="text"/>	Last Name:	<input type="text"/>
Address:	<input type="text"/>		
Address Line 2:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text" value="Please Select"/>
Zip:	<input type="text"/>		
Position:	<input type="text"/>	SS#:	<input type="text"/>
Date of Birth:	<input type="text" value="MM/DD/YYYY"/>	% of Ownership:	<input type="text"/>
		U.S. Citizen:	<input type="text" value="Please Select"/>
<input type="button" value="Add"/>			

Please make sure you press "Add" after each owner's information is listed above before pushing the next button.

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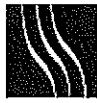


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Criminal History LC_V_82887, Lofted View Events, Bronson

After completion click on the NEXT link to continue to the next screen, or the BACK link to return to the previous screen.
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No <input type="checkbox"/>	Have you ever been convicted of a felony offense in Iowa or any other state of the United States? If yes, list on the next (Violations) screen.
No <input type="checkbox"/>	Have any of the owners listed in the ownership screen ever been charged, arrested, indicted, convicted or received a deferred judgment for any violation of any state, county, city, federal or foreign law? All information shall be reported regardless of the disposition, even if dismissed or expunged. Include pending charges. DO NOT include traffic violations, except those that are alcohol related. If yes, list violations on the next (Violations) screen.
None <input type="checkbox"/>	If no arrests, indictments, summons or convictions are applicable select "NONE".

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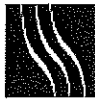


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- Dram Cert
- Local Endorse
- History

Premises Information **LC_V_82887, Lofted View Events, Bronson**

After completion click on the NEXT link to continue to the next screen, or the BACK link to return to the previous screen.
 The navigation links on the top may also be used to move around the application.

Control of premises:

Own

Lease

Other explain:

Submit a signed copy of the lease/rental agreement for the license period or signed final sales contract or warranty deed to your local authority.

Submit a sketch to the Local Authority on 8 1/2 x 11' white paper of the proposed premises showing all areas under the control or lease of the Applicant. Include all floors where alcoholic beverages will be sold, served, consumed and stored. Indicate all entrances and exits, location of bar, back bar, and bathrooms. Please provide a separate sketch for each floor. If Applicant has Outdoor Service Area Privilege, please include in the sketch it's relationship to the licensed premises.

Boat Applicants Only: Submit a sketch to the Local Authority on 8 1/2 x 11' white paper of the proposed premises showing all areas under the control or lease of the Applicant. Include all decks where alcoholic beverages will be sold, served, consumed and stored. Indicate all entrances and exits, location of bar, back bar, bathrooms and where licenses will be displayed. Please provide a separate sketch for each deck. A separate sketch is required for each boat.

Premises type:

Local Authority:

License City:

City Population: 322

License County:

County Population: 102172

Dram Shop:

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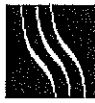
Contact Us

Iowa Alcoholic Beverages Division
 1918 SE Hulsizer Road, Ankeny, IA 50021
 Toll Free 866.IowaABD (866.469.2223)
 Local 515.281.7400

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General Premises Information LC_V_82887, Lofted View Events, Bronson

After completion click on the NEXT link to continue to the next screen, or the BACK link to return to the previous screen.

The navigation links on the top may also be used to move around the application.

of Bathrooms:

of Floors:

Equipped with tables and seats to accommodate a minimum of 25?

Are other liquor, wine or beer businesses accessible from the interior of your premises?

Does your premises conform to all local and state health, fire and building laws and regulation?

Is the capacity of your establishment over 200?

Do you charge a cover charge?

If yes, how often?

Infusing [click here for more information](#)

I will be mixing and storing mixed drinks, cocktails, or infusions prior to a customer placing an order for the beverage.
I will mix, store, and dispense mixed drinks, cocktails or infusions which are not for immediate consumption in compliance with the requirements and restrictions provided in Iowa Code § 123.49(2)"d"(2) and 185 Iowa Administrative Code § 4.5.

I understand that a failure to comply with applicable laws and rules will result in a fine, license suspension, and/or license revocation.

Agree Disagree

I will NOT be mixing and storing mixed drinks, cocktails, or infusions prior to a customer placing an order for the beverage.

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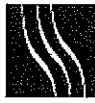


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Applicant Signature LC_V_82887, Lofted View Events, Bronson

Complete the information below and click Finish to complete the application
Note that the license fees will only be withdrawn from accounts after the ABD approves the license.

This application must be completed by a person listed in the Ownership Section.

I hereby declare that all information contained in the Application is true and correct. I understand that misrepresentation of material facts in the Application is a crime and grounds for denial of the license or permit under Iowa law. I further understand that, as a condition of receiving a license, the licensed premises is subject to inspection during business hours by appropriate local, state and federal officials.

NOTE: The Applicant's Name must match one of the owner's names from the Ownership screen.

Owner's Signature: Date:
MM/DD/YYYY

Tentative effective date: MM/DD/YYYY

Licensees are required to submit a bi-annual report of shipment to Iowa consumers due January 10th and July 10th for the previous six months of shipment. This report can be found on the "Action List" under "Complete a Tax Report".

Amount to be transferred from your \$ 936.00 account:

Please notify your Financial Institution to allow ACH debits by our agency's ACH ID number, 142-6004553.

Funds will be pulled from your account 2 days after ABD approves the license. You are ready to submit the application for your license to sell alcoholic beverages in the State of Iowa. By providing the bank information requested and clicking on "finish" you are indicating that you are an owner or authorized user of the bank account listed and that you hereby authorize ABD to debit the account in the amount indicated above.

NAME	0123
ADDRESS	
CITY, STATE, ZIP	01-23456709
DATE	
PAY TO THE ORDER OF	\$ <input type="text"/>
COLLAPSE	
BANK NAME	
ADDRESS	
CITY, STATE, ZIP	
FOR	
NO 123456789 01234567890123 0123	

Bank Routing Number Bank Account Number Check Number

Applicant's Bank Name:

Applicant's Bank Routing Number:

Repeat Bank Routing Number:

The routing number will ALWAYS be 9 digits long. If you are unsure of your routing or account number, call your bank.

Applicant's Account Number:

Repeat Account Number:

Credit cards are not accepted. Your bank information is transferred over a secure connection and is completely confidential.

BY CLICKING ON THE "FINISH" BUTTON, I AGREE TO THE TERMS AND CONDITIONS OF USING MY BANK ACCOUNT AS A PAYMENT METHOD, WHICH ARE LISTED BELOW, AND AUTHORIZE THE STATE OF IOWA TO DEBIT MY BANK ACCOUNT FOR THE LICENSING FEE LISTED ABOVE.
1 Bank Account Payments. By choosing to use a bank account as your payment

Please print a copy of this page for your records before clicking the "FINISH" button.

[Print Notary Form](#) [Finish](#)

If you are not taken to a confirmation screen after clicking on "Finish", please see the notes at the top of the applicant signature screen to find out why the application was not submitted.

[Prev](#)

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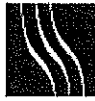


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Dram Shop Liability Certificate of Insurance **LC_V_82887, Lofted View Events, Bronson**

Complete the information below and click **SUBMIT** to endorse this New application.

POLICY INFORMATION	
Reason for re-submittal:	
This is to certify: <i>Specialty Risk of America</i>	
Policy Number:	10-2018-7874
Assured:	Lofted View Events, L.L.C
DBA:	Lofted View Events
Address:	2086 210th St.
Address Line 2:	
City:	Bronson
State:	Iowa
Zip:	51007
Policy Effective Date:	12/05/2018 MM/DD/YYYY
To: <input checked="" type="radio"/>	Expiration Date: 12/05/2019
Thru: <input type="radio"/>	MM/DD/YYYY

CHECK LIST	
<input checked="" type="checkbox"/>	Outdoor Service Endorsement
<input checked="" type="checkbox"/>	Policy Information Verified (if incorrect please contact the licensee)
Does this policy contain an annual aggregate limit provision?	Yes
If Yes, Annual aggregate limit is:	\$251,000 - \$300,000

The above-mentioned policy of insurance (hereinafter policy) contains coverage to comply with the provisions of Iowa Code section 123.92 and all regulations of the Iowa Department of Commerce, Alcoholic Beverages Division.

The policy may be canceled by the Company of the Assured giving 30 days notice in writing to the Alcoholic Beverages Division at its office, Ankeny, Iowa. The 30 days notice will commence from the date notice is actually received by the division.

Whenever requested by the division, the company agrees to furnish to the division a duplicate original of the policy and all pertinent endorsements.

Signature: Date: 11/30/2018 MM/DD/YYYY

Submit

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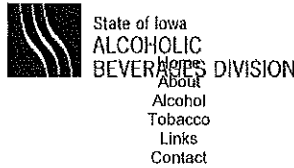
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Local Authority Endorsement **LC_V_82887, Lofted View Events, Bronson**

Complete the information below and click SUBMIT to endorse the New.

LICENSE INFORMATION	
Local Authority:	<i>County of Woodbury</i>
Daytime Phone for Local Authority:	<input type="text" value="(712) 279-6702"/>
<input type="radio"/> License Approved <input type="radio"/> License Denied	Reason For Denial: <input style="width: 150px;" type="text"/>
<input type="radio"/> Outdoor Service Area Approved <input type="radio"/> Outdoor Service Area Denied	
Effective Date:	<input type="text" value="12/05/2018"/>

CHECK LIST	
<input type="checkbox"/>	Sketch on file
<input type="checkbox"/>	Lease, Final Sales Contract or Warranty Deed on file
<input type="checkbox"/>	Premise's address correct
<input type="checkbox"/>	Notarized statement on file
<input type="checkbox"/>	Premise zoned properly
Fire inspection completed:	Yes <input type="radio"/> No <input type="radio"/>
Health inspection completed	Yes <input type="radio"/> No <input type="radio"/>
Was a DCI background check run	Yes <input type="radio"/> No <input type="radio"/>
Previous license number for this location:	<input style="width: 150px;" type="text"/>
Fee Amount: \$936.00 Local Authority Share: \$390.00	

E-MAIL	
Please provide the local authority email address below. Once the application has been reviewed and approved, a copy of the license will be emailed to this address.	
Local Authority E-mail Address	<input style="width: 150px;" type="text"/>

COMMENTS	
<input style="width: 95%; height: 45px;" type="text"/>	

Signature: <input type="checkbox"/>	Date: <input style="width: 40px;" type="text"/>	MM/DD/YYYY
-------------------------------------	---	------------

Submit

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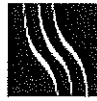


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License History LC_V_82887, Lofted View Events, Bronson
[View All History](#)

License Number	DBA	Comment	Comment Date	Last Updated By
	Lofted View Events	Status changed to Submitted to Local Authority. Dram Shop approved New	11/30/2018	James.Mauro@iowaID
	Lofted View Events	New Application signed.	11/2/2018	LoftedView

1

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WOODBURY COUNTY BOARD OF SUPERVISORS AGENDA ITEM(S) REQUEST FORM

#8

Date: 12/6/18 Weekly Agenda Date: 12/11/18

ELECTED OFFICIAL / DEPARTMENT HEAD / CITIZEN: Auditor Pat Gill

WORDING FOR AGENDA ITEM:

Approve and receive for signature the Greatland Services Agreement for 2016 Affordable Care Act (ACA) reporting.

ACTION REQUIRED:

- | | | |
|--|---|--|
| Approve Ordinance <input type="checkbox"/> | Approve Resolution <input type="checkbox"/> | Approve Motion <input checked="" type="checkbox"/> |
| Public Hearing <input type="checkbox"/> | Other: Informational <input type="checkbox"/> | Attachments <input checked="" type="checkbox"/> |

EXECUTIVE SUMMARY:

Woodbury County is required to file ACA forms electronically to the IRS. Due to staffing changes in 2016, the forms were not filed for tax year 2016 and need to be filed.

BACKGROUND:

Our current software vendor has been unable to provide the 2016 format to file the documents with the IRS. Greatland does have compatible software and has provided a contract that will allow Woodbury to file the documents to the IRS as required. A reference to the vendor was provided by the City of Sioux City. They have used Greatland since 2015.

FINANCIAL IMPACT:

\$500.00

IF THERE IS A CONTRACT INVOLVED IN THE AGENDA ITEM, HAS THE CONTRACT BEEN SUBMITTED AT LEAST ONE WEEK PRIOR AND ANSWERED WITH A REVIEW BY THE COUNTY ATTORNEY'S OFFICE?

Yes No

RECOMMENDATION:

Approve and receive for signature the Greatland Services Contract.

ACTION REQUIRED / PROPOSED MOTION:

Approve and receive for signature the Greatland Services Contract.



Greatland Services Agreement

Prepared for: Woodbury County Government, 1242339

Date: 11/27/18

Type of form(s) to be processed, estimated volume (check all that apply):

✓	Form Package	Quantity
	941	
	941 w/ Voucher	
	PIN Registration	
	W-2	
	W-2c	
	1042-S	
	1098	
	1098-C	
	1098-E	
	1098-T	
	1099-A	
	1099-B	
	1099-C	
	1099-CAP	
	1099-DIV	
	1099-G	

✓	Form Package	Quantity
	1099-INT	
	1099-LTC	
	1099-MISC	
	1099-OID	
	1099-PATR	
	1099-Q	
	1099-R	
	1099-S	
	1099-SA	
	5498	
	5498-ESA	
	5498-SA	
	W-2G	
	1095-B/1094-B	
✓	1095-C/1094-C	500
	Other:	

Processing Service(s) Requested:

- E-File
- State E-File
- Recipient Print/Mail
- Secure PDF Upload of Recipient Copies
- Recipient Copies Bulk Shipped to Payer
- Secure PDF Upload of Payer Copies
- Custom Services
- Other: _____

Data

Type of file provided: Excel Template

Are files encrypted or compressed? No

Are there any foreign addresses (additional postage costs apply)? Not Sure

Number of included transmissions: _____

Timeline for Processing

Test Files Received: 2/4/19

Test Files Sign-off: 2/8/19

Live Files Received: _____

Postmark By: _____

Archive Uploaded By: _____

Shipping

Shipping information for samples or bulk services.

Company: _____

Attention: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Shipping Method for Bulk Services: _____

Pricing

Unit Cost: \$1.00 each

Form Count: 500

Archive Upload: _____

Additional Transmissions: _____

Custom Services (see attached): _____

Estimated Total: \$500.00

Minimum Order Required: \$500.00



Additional Details

2016 ACA Fed E-File Only.
 2016 forms were never sent to the IRS from previous software company (SunGard).
 The customer received an IRS letter. Trying to get her to send to me. Stating they need to electronically file the forms to the IRS.

ACA Prior Year files Received for Review by: 2/4/2019
 ACA Prior Year files Approved by Customer: 2/8/2019

Terms and Conditions

You will incur additional charges for any increase in U.S. postage rates. For delivery outside of the United States, there will be a \$1.00 additional postage charge per form.

Unless otherwise specified or agreed to by Greatland, payment is due upon receipt of an invoice from Greatland. If Greatland agrees to payment terms, you are required to provide Greatland with a completed credit application. An application will be provided upon request and must be approved prior to submission of any test file to Greatland. If your credit application is approved, a deposit of at least 60% of the fees for the quoted services will be due upon your submission of any test file to Greatland and prior to Greatland starting any work.

Time is of the essence with any deadlines provided by Greatland to Customer. If Customer does meet any given deadlines, Greatland will have no liability or obligation to provide the above referenced services in a timely manner.

GREATLAND OFFERS TO PROVIDE THE SERVICES DESCRIBED ABOVE ON THE TERMS SET FORTH ABOVE AND ON OUR SERVICE BUREAU GENERAL TERMS AND CONDITIONS WHICH ARE AVAILABLE AT WWW.GREATLAND.COM OR BY CALLING 1-800-968-1099. WE OBJECT TO ANY DIFFERENT OR ADDITIONAL TERMS AND REJECT ANY PRIOR OFFERS WE RECEIVED FROM YOU. ANY SOFTWARE PROVIDED BY GREATLAND IN THE COURSE OF PERFORMING THE ABOVE SERVICES IS SUBJECT TO GREATLAND'S END-USER LICENSE AGREEMENT AS PROVIDED TO YOU IN CONNECTION WITH THE SOFTWARE.

Greatland Corporation
2480 Walker Ave NW
Grand Rapids, MI 49544

Woodbury County Government
620 Douglas
Sioux City, IA 51101

By: Wahlfeld, Jeanne M Digitally signed by Wahlfeld, Jeanne M
 Date: 2018.11.27 09:23:00 -05'00'

Print Name: Jeanne Wahlfeld

Title: Account Manager

Date: 11/27/18

By: _____

Print Name: _____

Title: _____

Date: _____

WOODBURY COUNTY BOARD OF SUPERVISORS AGENDA ITEM(S) REQUEST FORM

#9

Date: 12/06/2018

Weekly Agenda Date: 12/11/2018

ELECTED OFFICIAL / DEPARTMENT HEAD / CITIZEN: Ryan M. Weber

WORDING FOR AGENDA ITEM:

Approval to proceed and enter into a contract for bed space with The Flandreau Santee Sioux Tribe of South Dakota.

ACTION REQUIRED:

Approve Ordinance

Approve Resolution

Approve Motion

Public Hearing

Other: Informational

Attachments

EXECUTIVE SUMMARY:

The Flandreau Santee Sioux Tribe of South Dakota would like to enter into contract with Woodbury County Juvenile Detention Center for housing and care of their adjudicated adolescents.

BACKGROUND:

The Woodbury County Juvenile Detention Center often enters into contracts with other counties, states, and tribes to house their adjudicated juveniles. It helps offset some of our costs and provides a service to those communities who don't have the resources to house their youth closer to home.

FINANCIAL IMPACT:

The Flandreau Santee Sioux Tribe of South Dakota will be charged \$150.00 per day per resident.

IF THERE IS A CONTRACT INVOLVED IN THE AGENDA ITEM, HAS THE CONTRACT BEEN SUBMITTED AT LEAST ONE WEEK PRIOR AND ANSWERED WITH A REVIEW BY THE COUNTY ATTORNEY'S OFFICE?

Yes No

RECOMMENDATION:

I recommend Woodbury County enter into the agreement with the Flandreau Santee Sioux Tribe of South Dakota.

ACTION REQUIRED / PROPOSED MOTION:

Approve contract to be signed by Flandreau Santee Sioux and then brought back before the board for approval of board signing.

**JUVENILE DETENTION SERVICE AGREEMENT
BETWEEN WOODBURY COUNTY, IOWA AND
THE FLANDREAU SANTEE SIOUX TRIBE OF SOUTH DAKOTA.**

THIS AGREEMENT, entered this ____ day of December, 2018, by and between Woodbury County, Iowa and the Flandreau Santee Sioux Tribe of South Dakota (hereinafter the “Tribe”).

WHEREAS, Woodbury County agrees to allow the Tribe’s juveniles to be housed in the Woodbury County Juvenile Detention Center upon all the conditions set forth below.

NOW THEREFORE, IN CONSIDERATION of the mutual undertakings and agreements hereinafter set forth;

I. The Parties agree as follows:

A. The Tribe agrees to all the following:

1. The Tribe will contact the Woodbury County Juvenile Detention Center prior to the transportation of any juvenile to determine the current population and whether the alleged charges meet the criteria for admittance of the juvenile to the Woodbury County Juvenile Detention Center.
2. The Tribe will provide twenty-four (24) hour transportation service for all its juveniles transported to and from the Woodbury County Juvenile Detention Center.
3. The Tribe will provide all transportation for its juveniles for routine medical treatment, including but not limited to doctor’s appointments, dentist appointments, and/or psychiatric or psychological evaluations.
4. The Tribe will provide social information about the juvenile to the Woodbury County Juvenile Detention Center as is necessary to assist Woodbury County Juvenile Detention Center staff in providing services to the juvenile.
5. The Tribe will pay all costs of evaluations, routine medical exams/treatments, medications, and evaluations not otherwise paid by the family, Title XIX, medical insurance, or Family Centered Services.
6. The Tribe will provide the Woodbury County Juvenile Detention Center with court orders that contain the following information: All criminal charges, placement of the temporary care, custody, and control of the juvenile with the Director of the Woodbury County Juvenile Detention

Center, and authorization for the Woodbury County Juvenile Detention Center to provide emergency medical care, including surgery.

7. The Tribe will pay the costs of any emergency medical care necessary for the juvenile that is not otherwise paid by the family, Title XIX, medical insurance, or Family Centered Services.
 8. The Tribe will maintain contact with the Woodbury County Juvenile Detention Center case worker to track the progress of the juvenile.
 9. The Tribe will provide any information about the juvenile that exist which indicates the juvenile is a danger to himself/herself or others.
 10. The Tribe will remove any of its juveniles as requested by the Woodbury County Juvenile Detention Center within twenty-four (24) hours of notification for any reason unless otherwise authorized by the Director of the Woodbury County Juvenile Detention Center.
 11. The Tribe will pay Woodbury County the rate of one hundred fifty (150) dollars per day for each juvenile placed in the Woodbury County Juvenile Detention Center. The Tribe will pay the one hundred fifty (150) dollars per day rate for the day of placement of the juvenile in the Woodbury County Juvenile Detention Center and the day of release of the juvenile from the Woodbury County Juvenile Detention Center. The Tribe will pay Woodbury County within thirty (30) days from the date of the bill.
- B. Woodbury County and/or the Woodbury County Juvenile Detention Center agree to all the following:
1. Woodbury County will complete intake on all juveniles.
 2. Woodbury County will provide a report on the juvenile's overall conduct during his/her time in the Woodbury County Juvenile Detention Center when necessary.
 3. The Woodbury County Juvenile Detention Center will provide appropriate meals and snacks, sleeping facilities, personal hygiene products, and adequate clothing to the juvenile.
 4. The Woodbury County Juvenile Detention Center will allow two (2) telephone calls during the 7-3 shift and two (2) telephone calls during the 3-11 shift to immediate family members (parents and grandparents) by the juvenile unless otherwise authorized by the Woodbury County Juvenile Detention Center staff. Costs of long distance calls will be assessed to the juvenile.

5. The Woodbury County Juvenile Detention Center will allow the juvenile to have regular telephone calls and visits with his/her juvenile court officer, DHS worker, and attorney.
6. The Woodbury County Juvenile Detention Center will provide scheduled times for visitation with immediate family consisting in this paragraph as parents, grandparents, siblings, or children of the juvenile unless otherwise authorized and approved by the Woodbury County Juvenile Detention Center staff.
7. The Woodbury County Juvenile Detention Center will notify all necessary parties regarding serious medical or behavioral problems within twenty-four (24) hours of the occurrence excluding weekends and holidays.
8. The Woodbury County Juvenile Detention Center will provide the juvenile with crisis counseling.
9. The Woodbury County Juvenile Detention Center will provide the juvenile with educational and recreational services.
10. The Woodbury County Juvenile Detention Center will attempt to collect all necessary medical and other releases for information from the family and juvenile.
11. Woodbury County will bill The Tribe at the end of each juvenile's incarceration period in the Woodbury County Juvenile Detention Center.

II. Right of Refusal

The Woodbury County Juvenile Detention Center reserves the right to refuse acceptance of any juveniles anytime the staff deems the juvenile not appropriate for placement at the Woodbury County Juvenile Detention Center. The Woodbury County Juvenile Detention Center will not accept juveniles who are intoxicated, injured without a proper notice from a doctor that states he/she is safe for placement in the Woodbury County Juvenile Detention Center, or if the Woodbury County Juvenile Detention Center is at capacity. The Woodbury County Juvenile Detention Center will not accept a juvenile who has committed or has been alleged to have committed a criminal act not recognized as a criminal act by the State of Iowa.

All juveniles detained in the Woodbury County Juvenile Detention Center will be required to follow the policy and procedures of the Woodbury County Juvenile Detention Center. The Woodbury County Juvenile Detention Center has the right to have a juvenile immediately removed from the facility in cases of assaultive behavior on other residents or staff, if the juvenile attempts harm to himself/herself, if the juvenile conducts sexual misconduct, or if the juvenile's behavior places the juvenile, other residents or staff in danger. The Tribe agrees upon receiving notice for removal under any of the above scenarios by the Woodbury County Juvenile Detention Center, Flandreau Santee Tribe of

South Dakota will have the juvenile removed within three (3) hours of receiving said notification.

III. Default

In the event The Tribe fails to comply with any term or condition of this Agreement, Woodbury County shall give The Tribe notice of said default. Notice of said default shall specify the nature of the claimed default and The Tribe shall have fourteen (14) days after receipt of the said notice to rectify the default.

If The Tribe does not rectify the default within the fourteen (14) days, Woodbury County may terminate this Agreement forthwith. If The Tribe commits the same default within a sixty (60) day period, Woodbury County may terminate this Agreement forthwith with no additional notice to The Tribe.

IV. Termination

This agreement shall continue into perpetuity until terminated or amended. Either Party has the option to terminate this Agreement at any time upon thirty (30) day written notice, including electronic mail notification. The Agreement may also be amended or terminated at any time upon the written approval of both parties.

The Tribe will have all its juveniles picked up within twenty-four (24) hours of the termination of this Agreement.

V. Assignment

This Agreement shall be binding on the parties hereto and neither party shall assign or transfer their interest in this Agreement without the written consent of the other party hereto.

VI. Limited Waiver

The failure of Woodbury County to insist on the strict performance of any of the terms and conditions of this Agreement shall be deemed a waiver of the rights and remedies that Woodbury County may have regarding that specific instance only and shall not be deemed a waiver of any subsequent breach or default in any terms and conditions.

VII. Indemnification/Hold Harmless

The Tribe shall defend, indemnify, and hold harmless the Woodbury County Juvenile Detention Center and Woodbury County, its officials, employees, and volunteers from any and all claims, injuries, damages, losses, or suits, including attorney's fees, arising or issuing out of or in connection with this Agreement.

VIII. Governing Law

This Agreement shall be governed by the laws of the State of Iowa. The venue for

any suit shall be Woodbury County, Iowa.

IX. Instrument as Entire Agreement

This instrument contains the entire agreement between the parties and no statement, promise, or inducements made by either party that are not contained in this written agreement shall be valid or binding. This Agreement may not be enlarged, modified, or altered except in writing and signed by the parties.

IN WITNESS WHEREOF, the Parties hereto have duly executed this Agreement as of the date set forth above.

Chairman, Woodbury County
Board of Supervisors

Date

State of Iowa, Woodbury County,
On this ___ day of _____, 2018, before me the undersigned, a Notary Public, in and for said State, personally appeared _____ to me known to be the identical person named in and who executed the foregoing instrument and acknowledged that they executed the same as their voluntary act and deed.

NOTARY PUBLIC in and for the STATE OF IOWA

Anthony Reider, President
Flandreau Santee Sioux Tribe

Date

WOODBURY COUNTY BOARD OF SUPERVISORS AGENDA ITEM(S) REQUEST FORM

Date: 12/05/2018 Weekly Agenda Date: 12/11/2018

ELECTED OFFICIAL / DEPARTMENT HEAD / CITIZEN: Melissa Thomas

WORDING FOR AGENDA ITEM:

Approval of MOU regarding overtime and compensatory pay out.

ACTION REQUIRED:

- Approve Ordinance
- Approve Resolution
- Approve Motion
- Public Hearing
- Other: Informational
- Attachments

EXECUTIVE SUMMARY:

Approval of a MOU regarding overtime and compensatory pay out procedures for Juvenile Detention.

BACKGROUND:

This MOU was originally created to make more specific the contract language regarding comp pay out. Paying out compensatory time twice a year helps alleviate the burden for management of employees using all of their comp time at once.

FINANCIAL IMPACT:

Comp payout will vary depending on the number of hours to pay out during the 6 month period.

IF THERE IS A CONTRACT INVOLVED IN THE AGENDA ITEM, HAS THE CONTRACT BEEN SUBMITTED AT LEAST ONE WEEK PRIOR AND ANSWERED WITH A REVIEW BY THE COUNTY ATTORNEY'S OFFICE?

Yes No

RECOMMENDATION:

Pass the motion

ACTION REQUIRED / PROPOSED MOTION:

Motion to approve the MOU for Juvenile Detention Center Bargaining Agreement

Memorandum of Understanding

This Memorandum of Understanding entered into by the undersigned effective January 6, 2017 and continuing until such time as the parties shall agree otherwise. Article VIII, (Hours of Work and Overtime), Section 6(D), shall be amended as follows:

D. Overtime Pay and Compensatory Time

Unless the employee and the Facility Director agree that overtime hours will be compensated with time off, overtime hours shall be compensated in cash.

If overtime hours are compensated in cash, payment shall be made in accordance with Section 7 of the Fair Labor Standards Act.

If overtime hours are compensated with time off, compensatory time shall be provided at a rate of one and one half (1 1/2) hours for each hour of overtime employment. Compensatory time may be accumulated to a maximum of two hundred and forty (240) hours. If compensation is paid to an employee for accrued compensatory time off, such compensation shall be paid at the regular rate earned by the employee at the time the employee receives the compensation. ~~One half of all accrued~~ Compensatory time in excess of forty (40) hours of compensatory time must be used by January 10th or ~~the value of one half of all accrued time~~ any hours in excess of forty (40) hours of compensatory time will be paid in cash, prior to February 1st. ~~One half of all~~ accrued Compensatory time in excess of forty (40) hours must be used by June 10th or ~~the value of one half of all accrued time~~ any hours in excess of forty (40) hours of compensatory time will be paid in cash prior to July 1st.

Notwithstanding the use/payment requirements set forth above, employees may request a waiver for exceptional circumstances such as significant medical procedures. Such a request shall be submitted to Human Resources for consideration by the Board of Supervisors and will be granted only if approved by a majority of the Board. The decision of the Board is final and is not subject to the Grievance Procedures in Article IV.

Employees will be paid in cash for accrued compensatory time prior to transfer to a higher paying position.

Upon termination of employment, employees who have accrued compensatory time, shall be paid for unused compensatory time at a rate of compensation not less than:

- (1) the average regular rate received by the employee during the last three (3) years of the individual's employment, or
- (2) the final regular rate received by the employee, whichever is higher.
Employees who have accrued compensatory time off, may request the use of compensatory time and shall be permitted to use such time within a reasonable period after making the request if the use of compensatory time does not unduly disrupt the operations of the Center.

IN WITNESS WHEREOF, the parties hereto have caused this Memorandum of Understanding to be executed by their duly-authorized representatives effective on the date first written above.

WOODBURY COUNTY, IOWA

AMERICAN FEDERATION OF
STATE, COUNTY AND
MUNICIPAL EMPLOYEES, Iowa
Council 61

By: _____

Chair, Board of Supervisors

By: Preston DeBoer

Preston DeBoer, Representative

By: Dianne Meyer

AFSCME, Local President



Woodbury County Building Services
 401 8th Street
 Sioux City, IA. 51101
 Kenny Schmitz, Building Services Director
kschmitz@woodburycountyiowa.gov
 Office: 712-279-6539 Cell: 712-253-3745

August 20th, 2018

SUBJECT: Sioux City Symphony Courthouse Event Meeting
 Meeting Minutes: August 20th, 2018 – 3:30 pm

Attendees;

Kenny Schmitz- Woodbury County Building Services Director; Dennis Butler- Woodbury County Finance Director;
 Juliet Everist- SCSO President; Travis Morgan- SCSO CEO; Gabriella Galenski- SCSO Treasurer; Ryan Haskins- SCSO Music Director &
 Conductor

A meeting was held to discuss a Courthouse event scheduled by the Sioux City Symphony Orchestra for Saturday, April 6th, 2019. The program named "A Space Odyssey" will be a fund-raising event celebrating the 2019 (50th) Anniversary of the 1st Lunar landing. The event will feature a dinner, light show, & auction.

Program;

4-7pm: Woodbury County Courthouse Rotunda- Dinner
 7-9pm: Orpheum Theatre- Concert
 9-11:30pm: Woodbury County Courthouse Rotunda- After Party

Caterer: Aggies

Tables/Set-up: Uptown Rentals

Bryan Adams: Audio/Visual

Attendance: 150-180 Guests

Schmitz stated Woodbury County would require & provide Courthouse event security utilizing Two Sheriff's Department employees. An estimated \$300.00 labor cost was provided by Butler who will get an actual from Don Armstrong. Security fees will be the responsibility of SCSO. Everist questioned if alcoholic beverages would be allowed. General discussion concluded that was allowed for the 100th Anniversary so probably would not be a problem however SCSO would carry the license and be the responsible party. Everist noted Aggies would be the license holder.

Conversation relating to available space focused on the need to utilize the 1st floor for set-up as guests would not be able to view/participate in activities from the 2nd floor while seated.

An event & table set/up time has not currently been addressed however a table layout from the Courthouse 100th Anniversary Celebration was made available.

Everist questioned electrical power availability & Haskins mentioned the possible need to set up a generator in the Courthouse Alley. It was concluded that if needed it should not be a problem to accommodate.



Schmitz noted that appropriate removal of alcoholic beverages, containers, trash, & floor clean-up would be the responsibility SCSO by Aggies or Uptown Rental immediately following the event. Trash to be disposed of in the Courthouse exterior dumpster. Woodbury County Building Services will provide mop/bucket & floor cleaning agent for Aggies/ Uptown use.

Everist questioned if Woodbury County would provide Courthouse Event non-profit exclusivity to SCSO. Schmitz replied that the Board of Supervisors would not agree as it was probably not legal. Butler mentioned that the Supervisors may consider exclusivity on a date every year but that would probably be all and that it would need to be discussed by the Board.

Everist then questioned the possibility of reserving the Courthouse for SCSO Christmas Gala on December 15th, 2018 & possibly future years following. Butler replied that also would be a decision of the board.

Respectfully,

Kenny Schmitz

Notice of Meeting

The Communications Workers of America, AFL-CIO, Local 7177 (Deputy Sheriffs), and Woodbury County, Iowa, will exchange their initial bargaining positions in accordance with the provisions of Iowa Code § 20.17(3) on Thursday, December 13, 2018, at 10:00 a.m. in the former Board of Supervisors Meeting Room on the first floor at the Woodbury County Courthouse.

THIRD JUDICIAL DISTRICT



DEPARTMENT OF CORRECTIONAL SERVICES

TO: CHAIRPERSON, BOARD OF SUPERVISORS
DATE: November 29, 2018
FROM: Steven Scholl, DIRECTOR *SS*
RE: ANNUAL REPORT FY18

As prescribed by the Code of Iowa, enclosed herein please find the Third Judicial District's Annual Report for FY18. If you have any questions or concerns, please feel free to contact me.

cc: Sally Kraemer, Deputy Director, Western Region, IA DOC
Citizen Advisory Representative, Board of Directors
Judicial Representative, Board of Directors
State of Iowa Auditor
State of Iowa Library
District Office Units/Staff

** This report in full is available for review
in the Board office.*

Probation/Parole Services
515 Water Street
Sioux City, Iowa 51103
(712) 252-0590
FAX: (712) 252-0634

Residential Facilities
515 Water Street
Sioux City, Iowa 51103
North RTF: (712) 252-4226
South RTF: (712) 224-5515
FAX: (712) 252-0634

Probation/Parole Services
720 Western Avenue
Sheldon, Iowa 51201
(712) 324-5384
FAX: (712) 324-5366

ADMINISTRATION
 FIELD SERVICES

NORTH RESIDENTIAL FACILITY
 SOUTH RESIDENTIAL FACILITY

FIELD SERVICES



Woodbury County Sheriff's Office

DAVID A. DREW, SHERIFF

WOODBURY COUNTY JAIL WEEKLY POPULATION REPORT AT 0600 HRS.

LEC 24 HOUR DAILY COUNT

DATE	DAILY TOTAL	LEC	ELECTRONIC MONITORING	JUVENILE	FEDERAL PRISONERS	RELEASED
11/1/18	207	187	19	1	18	30
11/2/18	213	190	22	1	18	21
11/3/18	220	197	22	1	15	17
11/4/18	226	203	22	1	15	10
11/5/18	222	199	22	1	15	15
11/6/18	228	206	21	1	15	17
11/7/18	223	199	23	1	16	26
11/8/18	226	200	25	1	17	20
11/9/18	217	191	25	1	17	24
11/10/18	217	192	24	1	18	20
11/11/18	214	189	24	1	18	17
11/12/18	205	180	24	1	18	19
11/13/18	207	182	24	1	18	9
11/14/18	205	180	24	1	18	14
11/15/18	204	178	25	1	15	23
11/16/18	211	186	24	1	17	14
11/17/18	214	189	24	1	10	28
11/18/18	204	179	24	1	10	14
11/19/18	199	174	24	1	10	13
11/20/18	206	182	23	1	11	14
11/21/18	204	181	22	1	11	22
11/22/18	194	173	20	1	9	35
11/23/18	197	176	20	1	9	12
11/24/18	200	179	20	1	9	12
11/25/18	203	182	20	1	9	11
11/26/18	203	182	20	1	9	12
11/27/18	205	184	20	1	10	20
11/28/18	210	187	22	1	11	12
11/29/18	206	183	22	1	13	19
11/30/18	212	188	23	1	13	15
	0					

TOTAL	MALE	FEMALE
217	179	38
211	175	36
214	176	38
213	177	36
214	180	34
223	188	35
225	190	35
220	186	34
215	177	38
212	172	40
206	167	39
199	165	34
191	160	31
194	160	34
201	162	39
200	166	34
217	176	41
193	155	38
187	149	38
196	152	44
203	160	43
208	173	35
188	157	31
191	158	33
193	163	30
194	162	32
204	170	34
199	165	34
202	172	30
203	169	34
0		

6302 5598 674 30 412 535

6133 5061 1072

*Highest population count each day

LEC TOTAL AVG:	204
TOTAL INMATE AVG:	228