

OFFICE OF THE
Appanoose County Auditor

KELLY HOWARD

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Meeting Agenda
October 18, 2021

The Appanoose County Board of Supervisors will meet Monday, October 18, 2021 at 9:00 A.M. in the Boardroom of the Courthouse. Items on the agenda include:

1. Pledge
2. Declaration of items to be added to the agenda
3. Approve minutes of the October 4, 2021 meeting
4. Approve reports (10/15 payroll, Auditor, Recorder, Sheriff & Veteran Affairs Quarterly Reports)
5. Approve bills
6. Charles Moore: Soil & Water Commission
7. Approve FY2021 Cost Allocation Plan
8. Approve Appanoose County Safety Manual
9. Approve HAVA Cybersecurity Grant Agreement
10. Approve Tax Abatement on mobile home
11. Approve 2022 Weed Commissioner Report & Certification Form
12. John Hansen: Appanoose County Law Center (project progress update, review and approve proposals, review and approve pay request, discussions, and any necessary action)
13. County Engineer Report
 - a. City of Moravia Letter of Understanding: 2021 Seal coat
 - b. City of Moravia Letter of Understanding: Snow removal & road maintenance
14. CDC Coordinator Report
15. Public Comments
16. Adjourn

Posted 10/13/2021

October 4, 2021

Appanoose County Board of Supervisors met in regular session October 4, 2021 at 9:00 A.M. in the Boardroom of the Courthouse. Present: Linda Demry, Chairperson, Mark McGill and Jeff Kulmatycki, Boardmembers. Absent: none.

Meeting started with the Pledge.

Add Franklin & Udell Township financials to the agenda. McGill motioned approve the amended agenda. Seconded by Kulmatycki. All voted aye.

McGill motioned to approve the minutes from the September 20, 2021 meeting. Seconded by Kulmatycki. All voted aye.

Kulmatycki motioned to approve 10/1 payroll, 8/21 Prisoner Room & Board, Douglas, Franklin, Sharon, Udell and Washington Township financials. Seconded by McGill. All voted aye.

McGill motioned to approve the bills. Seconded by Kulmatycki. All voted aye.

Agriland FS	Engineering Services	16887.59
Albia Newspapers	Educational & Train.Serv.	66.00
Alliant	Engineering Services	1327.61
Amazon	Law Enf. Equip & Weapons	368.03
Bailey Off	Off. Supplies & Forms	10.85
Baker's	Engineering Services	31.90
Banleaco	Off. Supplies & Forms	85.07
D Barnthouse	Building Repair & Maintce	150.00
Bill & Ray's Auto	Engineering Services	92.00
Binns & Stevens	Engineering Services	481.95
Bratz Oil	Mileage & Transp. Expense	139.11
E Burgin	Mileage & Transp. Expense	54.45
C-D Supply	Custodial Supplies	429.32
Cantera Aggregates	Engineering Services	38429.17
Capital One	Jail Equip. & Furniture	317.81
Card Services	Engineering Services	139.99
CarQuest	Engineering Services	379.05
Cville Wtrwks	Engineering Services	677.90
Chariton Valley Elec	Engineering Services	89.65
City Cville	Salary-Regular Employees	4797.10
City of Moulton	Engineering Services	200.00
City of Ottumwa/SIRG	Construction & Maint.	8824.14
D Cline-Campbell	Mileage & Transp. Expense	373.67
CSC	Engineering Services	951.60
Control Solutions, Inc	Medical Supplies	281.00
Cook Insurance	Umbrella Insurance	1798.00
DAVE'S TIRE SHOP	Engineering Services	468.00
Davis Co Sheriff	Legal Serv. Dep-Subp-Tran	75.60
Eastern IA Tire	Engineering Services	47.50
L Floen	Uniforms	56.99
Fogle TV	Engineering Services	226.16
GlaxoSmithKline	Prescriptions & Medicine	3391.45
Hills San	Engineering Services	315.00
Home City Ice	Engineering Services	66.50
IA ME	Medical & Health Services	2500.00
John Deere	Engineering Services	1192.14
Kratofil Repair Center	Engineering Services	100.00
L&W Quarries	Engineering Services	15281.58
Lange FH	Funeral Services	1390.00
Lockridge	Engineering Services	2369.35

Mail Serv	Vehicle Renewal Notices	457.14
MARC	Engineering Services	664.75
MHC Kenworth	Engineering Services	114.09
Midwest Fdn Rp	Building Perm. Improvemnt	1503.97
MMIT	Off. Supplies & Forms	94.02
Sinclair NAPA	Engineering Services	442.94
Natel	Telephone & Telegr.Serv.	380.46
O'Reilly	Engineering Services	345.75
ORHC	Engineering Services	74.00
R Pfannebecker	Mileage & Transp. Expense	51.84
Polk Co Treas	Medical & Health Services	184.77
Quill	Off. Supplies & Forms	399.94
RACOM	E911 Other Capital Expens	3500.00
River Hills	Medical & Health Services	1098.00
Seymour Tire	Engineering Services	1947.95
D Sturms	Mileage & Transp. Expense	255.85
Transit Works	Engineering Supplies	90.96
US Bank	Educational & Train.Serv.	1450.36
US Cellular	Off. Supplies & Forms	864.66
Verizon	Engineering Supplies	160.03
Teddy Walker	Educational & Train.Serv.	36.90
Windstream	Off. Supplies & Forms	741.07
Yutzy Repair	Engineering Services	403.77
Ziegler	Engineering Services	31955.17
Grand Total		152081.62

FYI- MMP: Parks Finishing C8, LLC

McGill motioned to approve 2021 Disabled Veteran Property Tax Credit Applications. Seconded by Kulmatycki. All voted aye.

McGill motioned to accept the Preliminary Plat Deer Ridge Subdivision. Seconded by Kulmatycki. All voted aye.

County Engineer, Brad Skinner, provided an update to the board. A copy of a proposed Letter of Understanding with the City of Moravia was presented to the board. The board requested the specifics for the sealcoat project be added. It will be taken out of the FM account and Moravia will make payments over two years. The sealcoat project is to preserve the road and will extend the life of the road seven to eight years. The fog is the final step of the sealcoat. T14 and the City of Moravia are left to fog. The local crews will go back and work on driveways and the shoulders to clean up after the project is complete. The shouldering project is complete. Local crew will do J29. Kulmatycki asked about the Hwy 5 DOT project into county roads. Skinner stated the Rathbun intersection is rough and there is shouldering work that needs fixed. He will work with the DOT on future local projects to get them corrected. The railroad flatcars will be set on the 13th or 14th. Remaining projects before winter include shoulder work, road reshaping by Wind-n-Waves and the quarry. The ditch in Wind-n-Waves has been fixed. They're finalizing the paving plans for next year. McGill asked about roadside mowing before snow. Skinner stated they are trying to get it all done.

John Hansen provided an update to the board on the jail project. They're waiting on the precast walls. A sample has been prepared and he is going to look at it. Steel is coming. A change order was presented for Noah Detention for deleting glazing and food pass locks in the amount of -\$2,737. Kulmatycki motioned to approve change order #2-1 deduct of \$2,737. Seconded by McGill. All voted aye. A pay application was presented. McGill motioned to approve the 10/1/2021 pay application for \$220,277.13. Seconded by Kulmatycki. All voted aye. A quote from Superior Cable for electrical work in

the metal building was presented. Kulmatycki motioned to give notice to proceed with the Superior Cable quote of \$14,889. Seconded by McGill. All voted aye.

Public Comments: Jason Frasier stated Koffee Klatch is Wednesday in the park.

McGill motioned to adjourn. Seconded by Kulmatycki. All voted aye.

The Board adjourned to meet at the call of the Auditor at 9:48 A.M.

Appanoose County Board of Supervisors

Attest:

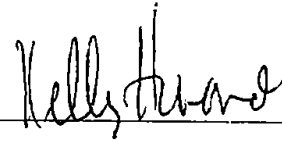
Kelly Howard, Appanoose County Auditor

STATE OF IOWA, APPANOOSE COUNTY
TO THE BOARD OF SUPERVISORS OF APPANOOSE COUNTY, IOWA

I, Kelly Howard, Auditor of the above-named County and State do hereby certify that the following is a true and correct statement of the fees collected by me in my office for the quarter ended September 30, 2021, and the same has been paid to the proper authorities as per duplicate voucher as attached:

Plat Books	\$250.00
Copy Work	\$3.00
Misc.	<u>\$4.00</u>
Total	<u><u>\$257.00</u></u>

RESPECTFULLY SUBMITTED,



County Auditor

10/11/21 8:44:14

Miscellaneous Receipt
Appanoose County Treasurer

10/11/2021

Receipt# 20385

Received from Customer R 200 Appanoose County Auditor

<u>Payment Method</u>	<u>Amount</u>	<u>Check#</u>	<u>Paid by</u>
2 Check	257.00	1023	Appanoose County Auditor

#	Fund	Function	Rev	Dept	Prj	Sub	Post	Earned	Amount
1	01000	3	09000	5500	02		1	09/30/2021	257.00
								Photocopy/FAX Fees	
								K257 - 3rd Qtr Report - SB	

Total Amount 257.00

County Recorder's Report of Fees Collected

(See Chapter 842, Code)

STATE OF IOWA,

APPANOOSE County, } 89.

TO THE BOARD OF SUPERVISORS OF APPANOOSE COUNTY:

I, Teddy Walker, Recorder of the

above named County and State, do hereby certify that the following is a true and correct statement of the fees collected

by me in my office for the quarter ending September 30, 2021, and the same

has been paid to the County Treasurer, as per duplicate voucher No. 20242, 20243, 20309, 20310, 20379, 20380 hereto attached:

For Recording Deeds	3740	00
For Real Estate Mortgages	11310	00
For Releases and Assignments	1365	00
For Hunting and Fishing Licenses Writing Fees	73	50
For Furnishing Certified Copies of Records - Xerox Copies	773	00
Motor Boat Registration Writing Fees	182	50
Miscellaneous	3790	00
Snowmobile & ATV Writing Fees	56	25
R. E. Transfer Tax - 17.25%	8562	62
Vital Records -	1328	00
County Conservation - 50% Boat Titles	245	00
TOTAL	31425	87

All of which is respectfully submitted.

Teddy Walker
County Recorder.

Subscribed and sworn to before me by Teddy Walker

County Recorder, this 11 day of October, 2021.

Kelly Howard

Auditor Appanoose County.



APPANOOSE COUNTY SHERIFF

Treasurer Report

07/01/2021 thru 09/30/2021

	Beginning Running Balance	23,826.12
SEP	Credits (Deposits)	31,367.84
	Debits (Withdraws)	24,447.81
	Ending Running Balance	\$30,746.15

Receipt Details - Collected during date range

CANCEL FEE	50.00
CL-CINCINNATI	300.00
CL-MYSTIC	300.00
CL-NUMA	300.00
CONDEMCOMM	2,456.00
COPIES_CV	198.60
DL-COUNTY	2.00
DL-DOT	5.50
DVD/CD	60.00
EXECUTION	90.00
INMATEBOND	2,300.00
INTEREST	2.34
JAIL PHONES	1,729.13
JAIL REIMBURSE	3,800.00
MAIL	9.00
MILEAGE	1,370.45
MISC	7.83
PROCESS NOTICE	690.00
PUBLICATION	232.02
REFUND	114.83
SALE	150.00
SERVICE FEES	4,760.00
SEX OFFEND REG	150.00
SHERIFF'S DEED	100.00
TRUST FUND	8,840.14
WP-ACQUIRE	50.00
WP-COUNTY	2,640.00
WP-DPS	660.00

Receipts Posted by Date Paid:	31,367.84
Receipts with Date Paid Before Minimum Date, deposited this Date Range:	0.00
Advance Fees Deposited this Date Range:	0.00
(This should equal credits for the date range) Deposited Total:	31,367.84

Payout Information:

Monthly Starting Balance:	23,826.12
Receipts deposited this date range:	31,367.84
Total to Account For:	55,193.96
Disbursements Made This Date Range:	-24,447.81

Funds to be paid to County Treasurer: Should Match Checkbook

CANCEL FEE	50.00
CL-CINCINNATI	300.00
CL-MYSTIC	300.00
CL-NUMA	300.00
COPIES_CV	198.60
DL-COUNTY	2.00
DVD/CD	60.00
EXECUTION	90.00
INTEREST	3.87
JAIL PHONES	1,729.13
JAIL REIMBURSE	3,800.00
MAIL	9.00
MILEAGE	1,370.45
MISC	7.83
PROCESS NOTICE	690.00
SALE	150.00
SERVICE FEES	4,760.00
SEX OFFEND REG	150.00
SHERIFF'S DEED	100.00
WP-ACQUIRE	50.00
WP-COUNTY	2,640.00

Total fees Due to County Treasurer: 16,760.88

Other Funds in Checkbook:

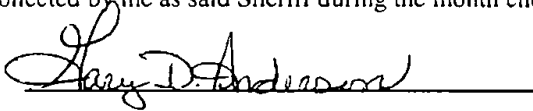
DL-DOT	5.50
REFUND	114.83
TRUST FUND	13,649.94
WP-DPS	215.00

Total Other Funds in Checkbook: 13,985.27

Zero Balance Check

0.00

I, the Sheriff of APPANOOSE COUNTY SHERIFF do hereby certify that the report given above is a correct report of payments collected by me as said Sheriff during the month ending 9/30/2021



Prepared by:

CERTIFICATE OF COST ALLOCATION PLAN

This is to certify that I have reviewed the cost allocation plan submitted herewith and to the best of my knowledge and belief:

- (1) All costs included in this proposal based on the Fiscal Year ended June 30, 2021, to establish cost allocations or billings for use in FY 2023, are allowable in accordance with the requirements of 2 CFR 200 “Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards”, and the Federal award(s) to which they apply. Unallowable costs have been adjusted for in allocating costs as indicated in the cost allocation plan.

- (2) All costs included in this proposal are properly allocable to Federal awards on the basis of a beneficial or causal relationship between the expenses incurred and the Federal awards to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. Similar types of costs have been accounted for consistently.

I declare that the foregoing is true and correct.

Governmental Unit: Appanoose County

Signature: _____

Printed Name of Official: _____

Title: _____

Date of Execution: _____

Appanoose County Safety Manual

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Appanoose County **Management Statement of Safety Manual**

The success of Appanoose County depends upon our efficient use of resources to provide a high-quality service for the citizens of our community. Our most important resource is our employees. To protect this resource, we are committed to providing a safe and healthful workplace for all employees by establishing and maintaining an effective safety and health program. We consider safety to be a core value of our county's operations and we will make every reasonable effort to promote accident prevention for the protection and health preservation of our employees.

The safety program of Appanoose County is organized to give each department responsibility for the accident prevention program. All employees at all levels of our workforce are directed to make safety a matter of continuing concern, equal in importance to all other operational considerations. We are all expected to cooperate in implementing safety practices and to adopt the concept that the safe way to perform a task is the most efficient, and the only acceptable way to perform it.

(Chairmen of Board of Supervisors)

(Date)

Safety Responsibilities

These are only guidelines. On the pages following the guidelines you will find more detailed safety rules. All rules and policies concerning specific and departmental operations will be explained to employees by their immediate supervisory personnel.

Employees are expected to observe all safety rules and regulations in the performance of their various duties.

Department Head Safety Responsibilities:

Management is responsible for providing a place of employment that is free from recognized hazards that could result in injuries or accidents. Since it is impossible for department heads to personally observe all employee activities, they must rely on and assure that all supervisors are trained and aware of their safety responsibilities. Other safety responsibilities of department heads include:

1. Provide leadership and direction concerning safety activities.
2. Participate actively in the continuous evaluation of the safety program.
3. Set goals concerning safety performance within your department.
4. Review losses for potential trends on a regular basis.
5. Enforce all safety rules.
6. Participate in facility and work site audits.
7. Participate and support all accident investigation activities.

Department Head and Supervisor Safety Responsibilities:

Safety is as much a part of the supervisor's responsibility as is getting the job done efficiently. Among the important safety responsibilities of every supervisor are:

1. Familiarize yourself with and enforce the safety rules and regulations that have been established by applicable local, state, and federal organizations. These regulations are intended to set minimum standards for safety and the contents of the regulations should be enforced as minimum safety requirements for all activities on Appanoose County worksites and facilities.
2. Correct all reported hazards. Operating under known hazardous conditions will not be tolerated.
3. Do not permit new or inexperienced employees under your supervision to work with machinery or complex equipment without proper instruction and training.
4. Give adequate instructions. Do not assume that an employee knows how to do a job unless you have knowledge that the person can perform the task correctly.
5. Ensure tools, equipment and machinery being used in the workplace is in proper working condition. Do not allow the use of unsafe tools or equipment under any circumstances.
6. Ensure that proper personal protective equipment is available and used by employees when necessary or required.
7. Always set a good example in safety, such as wearing the proper safety equipment (safety glasses, hard hats, and other protective equipment), following policies/procedures (using seat belts, and following other safety rules and/or laws).
8. Consistently enforce the requirements of the county's safety program and any associated rules or policies.
9. Ensure that all employees have access to a copy of the county's safety manual.
10. Encourage safety suggestions from employees under your supervision.

11. Obtain prompt first aid for injured employees.
12. Participate in accident or incident follow-ups involving your employees.
14. Report ALL accidents/incidents to the Company Nurse along with the employee by calling 1-888-770-0928.
15. Turn in an Incident Review Report and any other information to the Safety Chair, Kristopher Laurson

Employee Safety Responsibilities:

All employees carry a certain amount of responsibility in any safety program. You must be aware that your actions, mental state, physical condition, and attitude directly affect the safety of yourself and your fellow employees. All employees are expected to:

1. Know your job, follow instructions, and think before you act.
2. Use protective equipment (eye protection, hard hats, gloves, and other protective equipment), as the job requires.
3. Work according to good safety practices as posted, instructed, and/or discussed.
4. Refrain from any unsafe act that might endanger yourself or your fellow workers.
5. Use all safety devices provided for your protection.
6. Report any unsafe situation or act to your supervisor immediately.
7. Assume responsibility for thoughtless or deliberate acts that may cause injury to yourself or your fellow workers.
8. Abide by all policies, procedures, and rules associated with the Appanoose County Safety Program.
9. Never operate equipment that you are unfamiliar with or not trained to use. Also, equipment that is defective or in need of repair shall not be used and must be reported to your supervisor.
8. Report ALL accidents/incidents to your supervisor as soon as they occur. Failure to report an injury or incident may be cause for disciplinary action.
9. May be given the opportunity for First Aid/CPR training yearly provided by Appanoose County.
10. Report ALL accidents/incidents to the Company Nurse by calling 1-888-770-0928.

Safety Committees Responsibilities:

Members of the committee should be chosen from those employees recognized for their good work, are safety conscious and have familiarity with the overall work area and equipment. Employees from various work areas should be represented, both supervisory and non-supervisory. The safety chair will be responsible for scheduling meetings, notifying committee members, and following up on items discussed. In order to stay on top of things, the committees are encouraged to meet quarterly. The committees will have the following responsibilities:

1. Investigate all non-employee incidents for safety issues and recommendations.
3. Coordinate the development of safety rules and safe work methods along with overseeing the review and revision of the Appanoose County Safety Manual as needed.
4. Coordinate safety training between departments when possible. This may include video, speakers, and exhibits.

Safety Chair Responsibilities:

1. Serve as the chairpersons for the Appanoose County Safety Committee.
2. Meet as needed with Appanoose County Board of Supervisors to discuss current risk management issues.

3. Oversee the review and revision of the Appanoose County Safety Manual as needed.
4. Oversee the development and review of department safety policies by individual department heads. These departmental policies will be reviewed and updated as needed.
5. Oversee the development and review of new employee orientation procedures and checklists for each department. These departmental procedures and checklists will be reviewed and updated as needed.
6. Schedule all training sessions requested to keep employees up to date on safety issues.
7. Keep record of all safety trainings sponsored by the Appanoose County Safety Committee for Appanoose County employees and prepare an annual report of trainings held each calendar year.

Board of Supervisors Responsibilities:

1. Appoint one Supervisor to serve on the Safety Committee. Appointments will be made in January.
2. Review and adopt an updated Appanoose County Safety Manual as presented by the Appanoose County Safety Committee, as needed.
3. Enforce this policy and recommend, through the appropriate chain of command, discipline for any employee that is disregarding or violating the Appanoose County Safety Manual.
4. Provide the funding and opportunities for training to accomplish and support the Appanoose County Safety Manual.
5. Provide funding for departments to purchase and maintain personal protective equipment to applicable standards.
6. Instruct all employees that safety practices and procedures are to be followed and safe conditions maintained throughout the job.

Basic Safety Rules

General Safety Rules

1. Each employee will be required to comprehend and abide by the contents of this safety program.
2. All accidents, no matter how minor, shall be reported immediately to the Company Nurse.
3. All hazardous conditions, actions and/or practices shall be reported to the supervisor.
4. Work areas, including the inside and outside of vehicles and buildings, shall be kept clean and orderly at all times.
5. Employees are only to operate equipment/tools that they are trained and authorized to operate.
6. Smoking is prohibited by county employees on county property - except in designated areas.
7. Employees must use all safety devices and personal protective equipment provided for their protection.
8. Employees shall wear clothing and shoes suitable for the particular work they are doing.
9. Employees must use assisted lifting devices or obtain assistance from a coworker when lifting heavy objects.
10. Guards are never to be removed except when authorized to make repairs or adjustments. Replace guard immediately upon completion of work.
11. The use of drugs and alcohol during working hours is prohibited.

12. Any employee taking prescription drugs or over-the-counter drugs that could impair assigned work shall report this fact to the supervisor.
13. Employees shall not engage in practical jokes or horseplay that could result in injury to themselves, others or cause property damage.

Office Safety Rules

1. Floors shall be kept clean and clear at all times
2. Rugs and mats shall be kept in good repair and so as not to cause a tripping hazard.
3. Carts, stools, wastebaskets, and other objects shall be kept out of aisle ways, exits, and kept from obstructing firefighting equipment.
4. Materials placed on shelves must be stored in a manner which will prevent their falling. Place heavy objects on lower shelves.
5. Floors shall be kept free of tripping hazards such as telephone cords, extension cords, and cartons.
6. Do not use a chair for a ladder.
7. File drawers shall be closed when not in use.
8. When retrieving or replacing files, pull out only one file drawer at a time as to prevent tipping over the file cabinet and slide drawers in and out gently.
9. Adequate hand protection shall be used by all employees who are allergic to carbon paper, ink, solvents, and ink eradicators.
10. Hands and fingers shall be kept clear of moving parts of office machines. Never open an office machine door while machine is on and running.
11. Razor blades are to be used only with suitable holders and must be stored in protective containers.

Safe Lifting Rules

1. Do not try to lift objects that are bulky or too heavy to lift comfortably without help.
2. Use the following technique to lift:
 - a. Get a firm footing.
 - b. Bend at the knees to grasp the object.
 - c. Keep the back straight and as nearly upright as possible.
 - d. Lift gradually by straightening the legs, keeping the back straight and upright.
 - e. Reverse the procedures when putting a load down.
 - f. Never carry loads which prevent you from seeing where you are going.

Sidewalk Safety Rules

1. Snow cover shall be removed from all sidewalks before start of the business day. (Weather dependent).
2. Ice melting chemicals or sand shall be applied as conditions warrant.

Department Rules and Regulations

The Appanoose County Safety Manual is not all inclusive or exclusive. Each department may have a policy in place to address their individual safety requirements and needs. Departmental policies that are more restrictive will overrule the more general Appanoose County safety policies. It is the responsibility of the department head to ensure all departmental employees are familiar with all safety and health rules and regulations pertaining to their department. All departmental policies should be turned in to the Safety Committee.

Hazards/Work Site and Equipment

Since the success of any safety program depends on identifying hazards and taking immediate corrective action, quarterly department self-inspections are suggested. The purpose of this part of the program is to eliminate unsafe structures, installation, shop facilities, working conditions, equipment, and other unsafe areas of concern.

Procedure for Locating Hazards:

Periodic inspections shall be conducted to recognize and correct unsafe acts and environmental hazards on and about county facilities.

1. Immediate supervisory personnel should maintain a continuous visual inspection of locations, equipment, tools, personal protective devices, and working conditions under their supervision.
2. Safety Committee members shall assist in performing these tasks as needed.
3. Each department may have a quarterly worksite and equipment safety inspection. Each department may develop its own checklist to assist in the inspections.

Reporting Unsafe Acts/Unsafe Conditions:

All employees are encouraged and required to immediately report any unsafe acts or unsafe conditions.

1. Stop work immediately and secure the location or lockout unsafe equipment.
2. Inform immediate supervisor of problem.

Complete Unsafe Conditions Report (see Attachment 2).

Procedure for Eliminating or Correcting Hazards:

1. The responsible immediate supervisory personnel may make corrections whenever it is within their authority to do so.
2. If corrections are beyond the authority of the responsible supervisors, they shall prepare a request for correction and submit it to the Safety Committee and Board of Supervisors.
3. If correction cannot at once be made and danger to human life and property is imminent, the equipment shall be taken out of service and 'tagged' to prohibit its use, or the operation shall be stopped until such time as the hazard is eliminated.

Medical Emergency Procedures

The following actions should be taken in the event of a medical emergency:

1. Call **911, if emergency.**
2. Make sure site is safe before providing assistance. ***Do not attempt rescue alone!***
3. Provide assistance to injured person.
4. Notify immediate supervisor/department head immediately
5. Call the Company Nurse at 1-888-770-0928 to report incident
6. Notify Safety Chair, Kristopher Laurson (641) 437-4332

Each building is to have emergency contacts and telephone numbers posted in a conspicuous manner.

First Aid Policy

Any injury shall be addressed by personnel in accordance with their individual abilities and training and the severity of the injury.

Medical treatment is mandatory for any of the following:

- Severe chest pains
- Traumatic injuries (head injury or severe cut)
- Loss of consciousness or severe dizziness

At least one first aid kit shall be maintained in each occupied building. In addition, a first aid kit may be located in each county owned vehicle. It is recommended that kits be inspected on a regular basis, replacing used, missing, soiled, damaged or outdated items. Make sure all employees are advised of the location of the first aid kits.

An eye wash station suitable for quick drenching or flushing of the eyes and body may be provided within the work area for immediate use if employees are exposed to harmful materials.

Fire Safety Procedures

All departments are to have an emergency fire escape route map displayed in every office.

Flammable Handling and Storage:

1. Practice good housekeeping.
2. Quantities of flammable liquids shall be handled only in approved locations and stored in approved cabinets and safety containers.
3. Keep all flammable liquids or any other hazardous materials away from open flames and other sources of ignition.
4. Smoking is prohibited in and on all Appanoose County property except in designated areas.

Fire Extinguisher---Application and Use:

1. Firefighting equipment shall not be used for any purpose other than fighting fires.
2. Fire extinguishers are classified according to the type of fire they are to be used on:
 - a. Class A-wood, rubbish, combustibles
 - b. Class B-oil and other flammable liquids
 - c. Class C-electrical
 - d. Class D-combustible metal
3. When using a fire extinguisher follow these steps:
 - a. Pull the pin.

- b. Aim the nozzle at the base of the fire.
 - c. Squeeze the lever above the handle.
 - d. Sweep back and forth at the base of the fire until it is out.
 - e. CALL 911
4. Any extinguisher that has been discharged shall be serviced at once.
 5. Fire extinguishers need to be readily accessible and cannot be blocked by storage or other equipment.
 6. Fire extinguishers must be inspected and tagged annually.
 7. Fire extinguishers must be visually checked monthly for proper pressure by department head or designee.

Electricity Safety Procedures

1. Treat every electric wire as a live one.
2. If you come across any dangling wires, do not touch them. Report them to immediate supervisory personnel.
3. Water and electricity can be a fatal combination. Do not use portable electrical equipment if your hands are wet or if you are standing on wet ground.
4. Sparks or smoke from a motor or other electrical equipment can mean a shock or fire hazard. Turn off the power immediately and report the condition promptly.
5. Electrical cords are so common that they are often overlooked as a source of electrical shock. Look for worn insulation and exposed strands. Discard any worn extension cords, do not try to repair them.
6. Be sure extension cords and cords for portable equipment have a three prong (grounding) plug and receptacle. Never under any circumstances, cut the third prong off any plug. Report any equipment or cords with the third prong missing to your supervisor.
7. Avoid rough treatment and kinking of electrical cords. Do not drag them across sharp edges or run them across an aisle where they can become damaged or trip someone.
8. To disconnect a cord, pull on the plug, never pull on the cord.
9. Remember less than 110 volts can kill you, so treat all electrical equipment with caution.

Tornado Safety Procedure

All departments are to have an emergency tornado map, marking a designated safety area and an all-clear meeting place, displayed in every office.

Tornado sirens sounding are to always be taken seriously even if the weather does not look disturbing, except for the routine tornado test sirens that are sounded the 15th and the 30th of the month at around 10 am. A tornado could pop up at any time. It is Appanoose County's policy that all employees are to follow the following procedure when a tornado siren sounds during an annual drill and during an actual warning:

1. Remain in the building that your office is located in. If you are outside, get to the nearest building possible.
2. Go directly to your designated safety area.
3. Find a location against a solid wall and away from doorways, windows, and exterior walls.
4. Be prepared to spend some time in the designated safety area. All employees are to remain there until instructed otherwise by administration.
5. Meet at designated meeting place once the all-clear has been given.

Bomb Threat Policy

It is the policy of Appanoose County to take appropriate action to evacuate the affected premises and ensure our employees safety. Every threat is to be taken seriously.

Phone call threats should follow this procedure:

1. Have more than one person listen to the phone call. If possible, put the phone call on muted speakerphone.
2. Keep the caller on the line as long as possible. Ask them to repeat the message and write down every word that the caller says. Complete the Bomb Threat form (see Attachment 6).
3. Ask the caller where and when the bomb will detonate.
4. Inform the caller that the building is occupied, and that detonation could harm innocent people.
5. Pay close attention to background noise such as motors running, music, or any other sound that could help locate the caller.
6. Listen closely to the callers' voice. Is the caller male or female? Excited or calm? Document as specifically as practicable.
7. After the caller hangs up, or before, if possible, contact the Law Enforcement Center, (8) 911, and notify them of the situation.
8. Immediately evacuate the location of the bomb threat.
9. Nobody is to return to the location that the threat was made upon until the area is cleared by emergency authorities and the Sheriff's Office.

Written threats should follow this procedure:

1. Call the Law Enforcement Center immediately at (8) 911 and report.
2. Save all materials, including the envelope or whatever means you received it.
3. Take appropriate measures to try to retain any evidence such as fingerprints, handwriting, paper, postal marks, or other unique information.

If you receive any suspicious mail or packages **do not** open them. Call the Appanoose County Sheriff's Office immediately.

Personal Protective Equipment

Appanoose County agrees to provide adequate personal protective equipment for all employees that are required to wear it. Each department may require different equipment. Each department may have a written policy stating what personal protective equipment is required while performing the job duties of that department. Personal protective equipment will be inspected by employees every six months for wear and replaced as needed.

Seatbelt/Restraint Policy

Appanoose County requires the driver and front seat occupants of a vehicle to wear a safety belt any time the vehicle is in forward motion on a street or highway in the State of Iowa according to Iowa Code Section 321.445.

It is the policy of Appanoose County that all employees and occupants of county vehicles, equipment, personal and rental cars used on official business use safety belts and shoulder restraints.

Employees operating equipment with rollover protection "ROPs" shall wear safety belts when operating the equipment.

Employees are also prohibited from riding in or on parts of a vehicle that is not designed for human occupancy. This includes but is not limited to pickup and truck boxes, fenders, steps, and bumpers, except in exigent circumstances.

Failure to comply with these rules is a violation of state law punishable by citation and fine and is also a violation of Appanoose County safety policies, which is cause for disciplinary action as follows:

Lockdown Policy

Building or Area Lockdown

A lockdown may be implemented in the face of a hazardous or life-threatening situation. It is intended to limit access and hazards by controlling and managing staff and clients in order to increase safety and reduce possible victimization. When a lockdown is declared, all community members are to stay put in their current position, unless they are immediately adjacent to the dangerous situation (shooter, bomb threat, or other safe location). When a lockdown is declared everyone should close and lock all doors, shut windows and close blinds, and stay low to the floor behind a desk if possible. The building will have restricted access until the all-clear is given by the Sheriff's Office, Code Red, or Emergency Management personnel only. All activities and events are immediately paused and will not resume until official notice is given. A lockdown may be called for a variety of reasons including weapons, intruders, police activity in or around the county buildings, contamination or hazardous materials, or terrorist events. Communication of the lockdown will be made by Code Red to affected areas.

Staff Response during a lockdown

During a lockdown, staff members shall:

- Have individuals remain in the offices
- Check the halls and clear all hallways of individuals
- Keep individuals calm
- Keep an attendance log of all individuals in the room and update throughout the evacuation, local police may need this information for their investigation
- Keep individuals secure by locking windows and doors, closing blinds, and staying close to the floor
- Do not allow anyone in or out until an all-clear signal has been given by the Sheriff's Office, Code Red, or Emergency Management personnel only
- Monitor mobile phone, email, and voice mail for updates
- Always be observant. The personal safety of others may depend on what you remember about the situation

Employee Abuse Policy

It is the policy of Appanoose County to put our employees' safety first. This policy pertains to any county employee that is being abused in any way by any individual.

Abuse can come in many different forms.

- Verbal Physical
- Sexual
- Mental

Appanoose County will not tolerate abuse of any kind towards or by its' employees. If abuse is happening, follow the following procedure that pertains to your situation:

Off of county property (Home Visits, Other Agencies, Other Meeting Locations)

- Exit premises immediately
- Get to a safe location
- Contact your supervisor and explain the situation
- Contact Company Nurse, if needed
- Call Sheriff's Office and report the incident immediately

On county property:

- If you have a panic button, push it immediately
- If you do not have a panic button; call the Sheriff's Office or get a hold of someone to help you in the best possible way (phone, yell, or other communication)
- Ask the person to leave the property if you feel you are in any danger
- Contact your supervisor and explain the situation
- Contact Company Nurse

Injury and Incident Reporting and Investigation

Many incidents and injuries occurring in the workplace or that involve equipment and property are preventable. In order to prevent future incidents and injuries, it is necessary to immediately review the circumstances surrounding each incident. Once the primary cause for the incident has been established, action shall be taken to prevent recurrence. An Incident Review Report (see Attachment 1) is to be used to facilitate the investigation of the cause of the incident. The assigned investigator shall complete this form and a copy will be forwarded to the safety chair. This form should be filled out for the following incidences but is not limited to only these incidences:

1. Any work-related accident resulting in an employee needing medical attention.
2. Any work-related accident that could potentially result in an employee needing medical attention.
3. Any work-related accident resulting in damage to property or equipment.
4. Any accident involving a member of the public

After the investigation into the cause of the accident/incident has been completed and the Incident Review Report has been turned in to the safety chair they shall complete the Employer Investigation Report. The department head is to send the Employer Investigation Report to the safety chair, as soon as possible.

Anytime an employee is involved in a motor vehicle collision with a county vehicle whether there is damage or not, Law Enforcement should be called immediately. If law enforcement is called on an incident, the police report shall accompany the Employee Investigation Form. This Employee Investigation Form does not replace calling the Company Nurse, 888-770-0928, which must be completed every time an employee incurs a work-related injury.

If the investigation determines an employee has contributed to the cause of an incident by failure to obey laws, department or safety rules and regulations, or is found to be under the influence of drugs or alcohol, disciplinary action may result.

The department head shall provide a written response to any recommendations by the safety chair that outlines corrective actions taken by the department.

Copies of all incident reports and corrective actions shall be kept on file with a copy of the OSHA 300 log for the year that the incident occurred in. These reports will be maintained by the Safety Chairs.

Designated Physician Policy

The following policy will be in effect regarding workers' compensation illnesses or injuries.

Appanoose County has designated, Dr. Trombley (Mercy One located at One St. Joseph's Drive, Centerville (641) 437-4111) as its workers' compensation authorized treating physician/clinic as provided by law under Chapter 85.39 of the *Code of Iowa*. Employees with a work-related illness or injury will be required to have their initial evaluation with this physician/clinic. If appropriate, and with prior approval from IMWCA, the physician/clinic may make referrals to other specialists.

If an employee decides to go to another provider without the referral from the authorized treating physician/clinic, the employee will be responsible for all expenses related to those visits. No workers' compensation benefits may be claimed unless seen by the authorized treating physician/clinic.

Training and Orientation

The department head or their designee will provide ongoing safety training in the following areas as the need arises:

- New equipment purchases.
- New/changes in operations.
- Identified areas of increased accidents.
- Newly identified areas of exposure.
- Annual refresher training required for each program.

Documentation of Safety Training:

Documentation from any training courses attended by employees, supervisors or department heads will be kept by the department head for recordkeeping purposes. Documentation associated with safety meetings and county-wide training will be maintained by the Safety Chairs. Department heads may review with their employees the Appanoose County Safety Manual following a review and adoption by the Safety Committee and Board of Supervisors.

New Employee Safety Orientation:

Department heads or their designee may provide an orientation to all new employees to address the hazards of their position as well as a department specific safety policy if applicable. Appanoose County Safety Chairs may provide the new employee with an updated copy of the Appanoose County Safety Manual. This will include a review of all safety rules, policies/procedures, equipment, or other applicable information, that is applicable to the new employee's area of assignment. The new employees will be given an opportunity to ask any relevant questions that may pertain to their assigned duties. It is the department head's responsibility to have the new employee fill out the Safety Manual Acceptance form (see Attachment 4)

Outside Contractors

Any outside contractor hired by Appanoose County shall provide the Appanoose County Auditor's Office with proof of liability insurance prior to work being started.

Disciplinary Policy

Each employee is required to comprehend and abide by the contents of the Appanoose County Safety Program.

Safety reprimands:

Should employees be observed not following documented safety rules/procedures, the attached Employee Reprimand Form (see Attachment 5) may be used. Supervisors should make every effort to ensure employees are following safe work practices.

Appanoose County has developed a progressive disciplinary policy that applies to the safety and health program of this organization. The disciplinary policy is a tool to ensure enforcement of the rules and procedures for a safe and healthful working environment. The disciplinary policy applies to all employees of Appanoose County.

The immediate supervisory personnel or the department head may discipline employees for violation of any safety rules and/or policies. The Safety Chairs may recommend disciplinary action to the immediate supervisory personnel or department head for violation of safety rules. Such discipline will be for just cause and, where appropriate, follow the progressive disciplinary procedure outlined below.

Verbal warnings:

Supervisors may issue verbal warnings to employees that commit minor infractions or violations of the safety rules or safe work practices. A written notation of this verbal warning is to be placed in the employee's personnel file for documentation purposes. Continued violations or verbal warnings will lead to more stringent action.

Written warnings:

Supervisors may issue written warnings for the following:

- Repeated minor violations of safety rules or procedures.
- Single serious violations of a rule or procedure that could have potentially resulted in injury to themselves or another employee or could have caused property damage.
- Activities that could potentially result in injury or property damage.

The Employee Reprimand form may be filled out by the employee's immediate supervisory personnel or department head and a copy is to be placed in the employee's personnel file.

Disciplinary leave:

Supervisors may recommend and management may suspend an employee for the above reasons and the following:

- A single serious violation of a rule or procedure that results in an injury to themselves, another employee or causes property damage.
- Repeated violations or non-conformance to safety rules/procedures.

The Employee Reprimand form may be filled out by the employee's immediate supervisory personnel or department head and a copy is to be placed in the employee's personnel file.

With this disciplinary action the employee will automatically be placed on suspension for 5 days without pay.

Termination:

Supervisors and management may recommend termination of any employee for repeated serious violations of the above circumstances listed in the previous three progressive disciplinary actions.

The Employee Reprimand form may be filled out by the employee's immediate supervisory personnel or department head and a copy is to be placed in the employee's personnel file. It needs to clearly state the action that resulted in termination and all the circumstances surrounding the situation that occurred.

Documentation:

The Safety Chairs may maintain records of disciplinary action. Violations of the Appanoose County safety rules, regulations or procedures may be documented by filling out the Employee Reprimand Form on the employee. The report will state the type of violation and corrective action(s) taken. The employee must read and sign the report acknowledging that they understand the seriousness of the violation and disciplinary action. A copy of this form is to be placed in the employee's personnel file. The Safety Chair should receive a copy of all Employee Reprimand Forms.

Attachment 1

Incident Review Report

Prior to completing this form, the supervisor should review applicable safety procedures, policies and a job hazard analysis to compare the circumstances of the incident to the prescribed guidelines.

Employee name: _____ Date of incident: _____

Location of incident: _____ Time of incident: _____

What task was the employee performing at the time of the incident?

Is there a procedure for this task? **Circle one:** Yes No N/A
If yes, answer the following:

Was employee following procedure? Yes No

If the answer is no, why not?

Were proper tools or equipment being used? Yes No N/A

If the answer is no, why not?

Were tools or equipment in good condition? Yes No N/A

If the answer is no, why not?

Was the correct personal protective equipment (PPE) used? Yes No N/A

If the answer is no, why not?

If the answer is yes, what type of PPE was used?

Was there housekeeping or an environmental problem (i.e. Burnt out light bulbs in stairwell or hoses left on floor)?
Yes No N/A

If the answer is yes, what?

Were immediate corrective steps taken to address causes of the incident? Yes No N/A

If the answer is yes, what?

If the answer is no, why not?

Any recommendations for long-term corrections?

Signature of Immediate Supervisor: _____

Signature of Employee: _____

Attachment 2

Unsafe Conditions Report

Explain what unsafe act or condition you were witness to?

Who did you inform about the situation and when?

Was the situation handled or corrected and explain?

Signature of person reported

Date

Attachment 3

Employee Safety Training Form

Employee Name (Print) _____

Date Training Completed _____

Current Position _____

Supervisor _____

Check one that applies to the course you completed:

Seminar College Course Workshop Conference Other: _____

Course Title _____

School or Organization _____

Dates of attendance _____ Total Hours Training _____

Cost: \$ _____

What specific knowledge or skill did the training provide: _____

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Attachment 4

Safety Manual Acceptance Form

I acknowledge my receipt of the Appanoose County Safety Manual. I have read and am familiar with the requirements of the Safety Manual. I understand and agree to abide by all provisions of the Safety Manual.

I further understand that if I do not follow the policies and procedures within the Safety Manual, I may receive disciplinary action up to and including discharge.

Employee Signature: _____

Employee Name: _____

Department: _____

Date: _____

Witness: _____

Attachment 5

Employee Reprimand Form

This is to advise you that you are being issued an official reprimand based upon the information below.

TO BE FILLED OUT BY DEPARTMENT HEAD

EMPLOYEE'S NAME:	JOB TITLE:
DEPARTMENT/SHOP:	DATE ISSUES:
DATE AND TIME OF OCCURRENCE:	LOCATION OF OCCURRENCE:

Facts of Incident: (explain in detail)

Witnesses of Incident: _____

Type of Reprimand: Verbal Warning Written Warning Suspension Termination

It is regrettable that this step is necessary, but your inappropriate behavior cannot and will not be condoned or tolerated. Repeated instances of this type of behavior may result in more severe discipline.

Signature of Supervisor

Date

TO BE FILLED OUT BY EMPLOYEE

Employee's Statement Regarding Facts of Incident: (explain in detail)

Signature of Employee Acknowledging Receipt

Date

Copy to: Department Head
HR Personnel File
Safety Committee

Attachment 6

Bomb Threat Form

Time of Call: _____

Exact Words the Caller Said:

Questions to Ask Caller:

Caller's Response

When is the bomb going to go off?	
Where is the bomb?	
What does the bomb look like?	
What kind of bomb is it?	
What will cause the bomb to explode?	
Did you place the bomb yourself?	
Why?	
Where are you calling from?	
What is your address?	
What is your name?	

How did the caller's voice sound? (circle)

- | | | | | |
|----------|-----------|---------|---------|---------|
| Calm | Disguised | Nasal | Angry | Broken |
| Stutter | Slow | Sincere | Lisp | Rapid |
| Giggling | Deep | Crying | Squeaky | Excited |
| Stressed | Accent | Loud | Slurred | Normal |

Did the caller sound familiar? YES or NO If yes, whom did it sound like? _____

What background noises did you hear? _____

Is there any other information you can remember that might be helpful?

Recipient Information:

Name of person who received the call: _____

Telephone number call was received on: _____

Department _____

Appanoose County Iowa EMPLOYEE/NON-EMPLOYEE INJURY/ACCIDENT REPORT

Date of Injury _____

Time of Injury _____

Name: _____

Status (circle one): Employee Non-Employee

Local Address: _____

Location: _____ Date of Birth: _____

City: _____

Local Phone: (_____) _____

State: _____ Zip: _____ . Male . Female

Suspected Nature of Injury/Illness

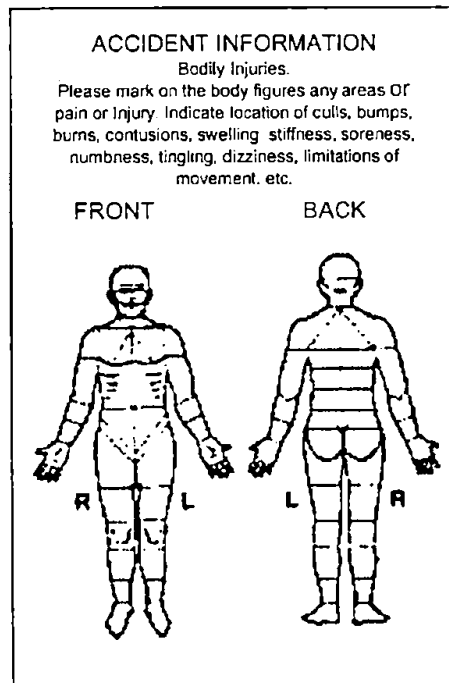
Circle any/all that apply

- | | | | |
|------------|-----------------|-----------------|-------------|
| Abrasion | Dislocation | inhalation | Scratch |
| Amputation | Fainting | internal Injury | Shock |
| Bleeding | Foreign body | Laceration | Sprain |
| Bruise | Fracture | Poisoning | Strain |
| Bum/Scald | Frostbite | Puncture | Suffocation |
| Concussion | Heart | Cramp | Heat Stroke |
| Convulsion | Heat Exhaustion | Other: _____ | |

Part of Body Injured

 Indicate right (R) or left (L)

- | | | | | | | |
|-----------|-----------|--------------|---------|-------|------|--------|
| Hip | Upper Arm | Elbow | Forearm | Wrist | Hand | Finger |
| General | Neck | Shoulder | | | | |
| Skull | Scalp | Spine | | | | |
| Thigh | Eye | Chest | | | | |
| Knee | Ear | Lungs | | | | |
| Lower Leg | Nose | Abdomen | | | | |
| Ankle | Mouth | Back | | | | |
| Foot | Teeth | Pelvis | | | | |
| Toe | Jaw | Other: _____ | | | | |



X Point of Injury
-, Direction of Force

How Did Injury Occur:

Describe events, actions, and conditions which may have contribute

Immediate Action Taken:

Care of Injured Transferred To: Name: _____ Position: _____

Police Called? Yes No Time Called: _____ Arrival Time: _____ Photos of Incident? _____ Yes H No

Ambulance Called? . Yes No Time Called: _____ Arrival Time: _____

Sent to Hospital? Yes No Name of Facility: _____

Staff Witnesses:

Non-Staff Witnesses:

Name: _____
Title: _____
Name: _____
Title: _____

Name: _____
Address: _____
City/Zip: _____
Phone: _____

Name: _____
Address: _____
City/Zip: _____
Phone: _____

Immediate Action Taken:

Care of Injured Transferred To: Name: _____ Position: _____
Police Called? Yes No Time Called: _____ Arrival Time: _____ Photos of Incident? _____ Yes H No
Ambulance Called? . Yes No Time Called: _____ Arrival Time: _____
Sent to Hospital? Yes No Name of Facility: _____

Staff Witnesses:

Non-Staff Witnesses:

Name: _____	Name: _____	Name: _____
Title _____	Address: _____	Address: _____
Name: _____	City/Zip: _____	City/Zip: _____
Title: _____	Phone: _____	Phone: _____

Follow Up and Special Remarks:

Prepared By: _____ Position: _____ Date: _____
Reviewed By: _____ Position: _____ Date: _____

Contact Information:

Company Nurse: 1-888-770-0928

Sheriff's Office Non-Emergency: (641) 437-7100

Safety Chair: Kristopher Laurson (641) 437-4332

Designated Physician: Dr. Trombley (641) 437-4111



Iowa Secretary of State HAVA Cybersecurity Grant Agreement

County Name: _____
Secretary of State Contract Number: _____
Grant Award Amount: _____
CFDA Number: 90.404
County DUNS Number: _____

1. **Parties:** This agreement is between Appanoose County, Iowa (hereinafter referred to as the County) and the Iowa Secretary of State.
2. **Purpose:** Pursuant to the Help America Vote Act, the Iowa Secretary of State's Office has received funding via the Election Assistance Commission (hereinafter referred to as the "EAC") address cybersecurity threats. The County has applied for and been awarded grant funds, not to exceed \$10,000, for the purpose of preventing, preparing for, and responding to cybersecurity threats to elections.
3. **Grant Period:** The performance period for the grant-funded activities begins upon execution of this agreement by both parties.
4. **Records:** The County shall maintain a proper accounting system in accordance with generally accepted accounting standards, including books, records, documents and other evidence pertaining to all costs and expenses for which funds are expended. The County shall maintain books, records and documents in sufficient detail to demonstrate compliance with the Agreement and shall maintain these materials for a period of (5) years from the date the County submits their final report to the Secretary of State or until January 1, 2026, whichever is later.
The County acknowledges that all funds received under this agreement are subject to audit and that access to records related to grant project expenditures shall be made available to the Secretary of State, Auditors of State or their representatives, or representatives of the Federal Election Assistance Commission or the Comptroller General, for purposes of examination and/or audit of the project. The County will comply with requirements outlined in 2 CFR 200.
5. **Reporting Requirement:** The County shall provide a final expenditure report to the Secretary, on a form prescribed by the Secretary, upon request from the Secretary.

6. **Compliance with Laws:** The County agrees that it will comply with all applicable Federal, State, and Local laws, regulations or directives in conducting project activities, and certifies that use of the grant funds will be consistent with the requirements of the following Federal laws:

HAVA – Title II, Part 2 and Title III [42 USC §§ 15421 – 15425, 15481 – 15485];
The Voting Rights Act of 1965 [42 USC § 1973 et seq];
The Voting Accessibility for the Elderly & Handicapped Act [42 USC § 1973 ee et seq];
The Uniformed and Overseas Citizens Absentee Voting Act [42 USC § 1973 ff et seq];
The National Voter Registration Act of 1993 [42 USC § 1973 gg et seq];
The Americans with Disabilities Act of 1990 [42 USC § 12101 et seq]; and
The Rehabilitation Act of 1973 [29 USC § 701 et seq].

7. **Default:** Noncompliance with the terms of this Agreement shall be grounds for cancellation of the grant award and recapture of funds provided to the County. The County agrees to return to the Iowa Secretary of State, within 45 days of written request from the Secretary, all funds received which are not supported upon audit or other Federal or State review of the documentation maintained by the County.
8. **Execution:** This agreement becomes effective when approved by both parties.

County of Appanoose

Date _____

Chairperson, Board of Supervisors

County Auditor

Heidi L. Burhans
Director of Elections
Iowa Secretary of State Office

Date



Appanoose County Treasurers Office

Janet Davis, Treasurer

Courthouse

201 North 12th St

Centerville, IA 52544

Phone: 641-856-3097

Fax: 641-856-8104

Email: jdavis@appanoosecountv.net

October 5, 2021

To: Appanoose County Board of Supervisor
Linda Demry, Chair
Mark McGill
Jeff Kulmatycki

I am writing regarding a mobile home that sat in a mobile home park. There is no parcel number associated to this mobile home. The mobile home is in the name of Jack Belloma. Title number is: 04W007292, Vin: N03551. It is a 1974 FMO.

The mobile home has not been there since 2016.

I have determined it is not feasible for the entire balance of this tax bill to be collected. Therefore, in accordance with Iowa Code, Chapter 445.16, I am requesting that you, acting in your capacity as Appanoose County Board of Supervisors, resolve to abate interest and cost for the mobile home in the amount of \$1429.00.

A handwritten signature in cursive script that reads "Janet Davis".

Janet Davis
Appanoose County Treasurer



2022 COUNTY WEED COMMISSIONER CERTIFICATION FORM

For the County of: Appanoose

Weed Commissioner's Contact Information:

Name Dianna Daly-Husted	Year Appointed 2019
Mailing Address 12307 Highway 5, P.O. Box 399	Telephone 641-724-3511
City, Zip Code Moravia, IA 52571	Alternate Telephone 641-777-7512
Email Address ddaly-husted@adlmcounties.com	Pesticide Certificate # 25128

Signed: _____ Date: _____
Chair/President, County Board of Supervisors

PLEASE RETURN THIS FORM TO:

IOWA DEPARTMENT OF AGRICULTURE AND LAND STEWARDSHIP
State Weed Commissioner
2230 South Ankeny Boulevard
Ankeny, IA 50023-9093

317.3 Weed commissioner -- standards for noxious weed control.

The board of supervisors of each county may annually appoint a county weed commissioner who may be a person otherwise employed by the county and who passes minimum standards established by the department of agriculture and land stewardship for noxious weed identification and the recognized methods for noxious weed control and elimination. The county weed commissioner's appointment shall be effective as of March 1 and shall continue for a term at the discretion of the board of supervisors unless the commissioner is removed from office as provided for by law. The county weed commissioner may, with the approval of the board of supervisors, require that commercial applicators and their appropriate employees pass the same standards for noxious weed identification as established by the department of agriculture and land stewardship. The name and address of the person appointed as county weed commissioner shall be certified to the county auditor and to the secretary of agriculture within ten days of the appointment. The board of supervisors shall fix the compensation of the county weed commissioner and deputies. In addition to compensation, the commissioner and deputies shall be paid their necessary travel expenses. At the discretion of the board of supervisors, the weed commissioner shall attend a seminar or school conducted or approved by the department of agriculture and land stewardship relating to the identification, control, and elimination of noxious weeds.

The board of supervisors shall prescribe the time of year the weed commissioner shall perform the powers and duties of county weed commissioner under this chapter which may be during that time of year when noxious weeds can effectively be killed. Compensation shall be for the period of actual work only although a weed commissioner assigned other duties not related to weed eradication may receive an annual salary. The board of supervisors shall likewise determine whether employment shall be by hour, day or month and the rate of pay for the employment time.



2021 WEED COMMISSIONER'S REPORT

For the County of: Appanoose

Submit to County Board of Supervisors by: November 1, 2021
 Return copy to the IDALS office by: December 1, 2021

Weed Commissioner's Contact Information:

Name Dianna Daly-Husted	Year Appointed 2019
Address 12307 Highway 5, P.O. Box 399	Telephone 641-724-3511
City, Zip Code Moravia, IA 52571	Alternate Telephone 641-777-7512
Email Address ddaly-husted@adlmcounties.com	Pesticide Certificate # 25128

Which of the noxious weeds have you found in your county?

- 1 - Found, a problem in my county
 2 - Found, but not a problem

- 3 - Not known in my county
 ? - If you cannot identify this plant

<i>Primary Noxious Weeds</i>	<i>Answer</i>	<i>Secondary Noxious Weeds</i>	<i>Answer</i>
Buckthorn	2	Buckhorn Plantain	3
Bull Thistle	1	Cocklebur	1
Canada Thistle	1	Curly Dock (Sour Dock)	2
Field Bindweed	2	Multiflora Rose	1
Hoary Cress (Perennial Pepper-grass)	3	Poison Hemlock	3
Horse Nettle	3	Puncturevine	3
Leafy Spurge	2	Red Sorrel (Sheep sorrel)	3
Musk Thistle	1	Shattercane	2
Palmer Amaranth	3	Smooth Dock	2
Perennial Sow Thistle	3	Teasel	1
Quackgrass	3	Velvetleaf (Butterprint)	1
Russian Knapweed	3	Wild Carrot	2
		Wild Mustard	2
		Wild Sunflower	1

<i>Invasive Prohibited Plants</i>	Answer		
Garlic Mustard	3		
Japanese Hop	3		
Japanese Knotweed	3		
Oriental Bittersweet	3		
Purple Loosestrife	1		

Please list any other plants which are a problem or a concern in your county:

As County Weed Commissioner, do your duties include roadside spraying?

Yes No

Did your county publish a Notice of Program for weed control pursuant to the provisions of Title VIII Chapter 317 Section 317.14?

Yes No

Did your county employ contract spraying during 2021?

Yes No

If yes, what percentage of your total spray program is contracted? _____ %

If possible, please list the contract rates. \$/mile _____

Total contract cost \$ _____

In the past year how much did your county spend on purchasing herbicides?

\$ _____

How many times during 2021 was it necessary to serve a noxious weed notice?

Private (written) 0 Public (written) (DOT, DNR, CCB) 0

How many times did you contact individuals personally, rather than sending them a weed control notice?

Private (verbal) 0 Public (verbal) (DOT, DNR, CCB) 0

How many times did you actually enter private or public land, control weeds, and assess the cost to the owner?

0

How many months were you employed as weed commissioner in 2021?

10 months

Are your duties as weed commissioner incorporated into another county job?

Yes No If Yes, what? Director of Environmental Public Health

Weed Comm. Duties 1 % IRVM Duties 0 %

Other County Duties 99 %

How does the overall county weed situation compare with last year?

Improved Unchanged Worse

Comments? I did not have any complaints this year.

Is brush control included in your weed commissioner duties?

Yes No

If yes, what method(s) do you use? (Circle all that apply):

Spraying Cutting Stump treatment Basal bark

Other, explain _____

What are your suggestions and/or recommendations which may improve your county weed and brush infestations?

What herbicides did your county use in your weed control program? Be specific, please list brand name and quantity of each. Please do not list surfactants or adjuvants. If the spray program is contracted in your county, ask your contractor for this information. Add another page if necessary.

Herbicide usage table:

CHEMICAL/BRAND	RATE USED	QUANTITY USED	TO CONTROL?
<i>(Example)</i> Milestone	4 fluid ounces per acre	3.32 gallons	Thistle and teasel on roadside

The above report is true to the best of my knowledge.

Signature Rinina Maly-Husted
County Weed Commissioner

October 12, 2021
Date

Signature _____
Chairman, County Board of Supervisors

Date

Please return a copy to:

Iowa Department of Agriculture and Land Stewardship
Attn: State Weed Commissioner
2230 S Ankeny Blvd
Ankeny, IA 50023-9093

Date: October 12, 2021

Re: Letter of Understanding Regarding 2021 Seal Coat

Parties: Appanoose County & City of Moravia

This agreement, made and entered into by and between Appanoose County, Iowa (which hereinafter may be referred to as "Appanoose County" or "COUNTY") and the City of Moravia, Iowa, (which hereinafter may be referred to as "Moravia" or "CITY"). The purpose of this Agreement shall be to provide joint exercise of the respective powers of the COUNTY and CITY hereto in connection with the maintenance of certain roads and rights-of-way which are in the CITY.

Given a desire by the CITY of Moravia to have the COUNTY assist with certain street maintenance on existing roadways adjoining and extending into the CITY, The COUNTY offers the following services to be reimbursed per County Resolution adopted November 2, 2009:

- a. The COUNTY, shall per the request of the CITY, extend the Farm-to-Market 2021 Seal Coat Project through the CITY along the route of J3T. The CITY shall reimburse the County's Farm-to-Market account for all related expenses of the work performed within the City Limits within two years of the completion of the work, at a minimum of 50% per year. The preliminary summary of costs for the referenced work is \$27,831.24.

It is understood that CITY shall hold harmless the COUNTY for any work performed for the COUNTY, with the exception of any negligent acts by the COUNTY. The COUNTY should be notified immediately of any issue that may be a liability so as to be given an opportunity to correct the deficiency in a timely fashion.

Signed on the behalf of:

APPANOOSE COUNTY, IOWA
Board of Supervisors

CITY OF MORAVIA, IOWA

Passed and approved the _____
day of _____, 2021.

Passed and approved the _____
day of _____, 2021.

Chairperson

Mayor

ATTEST:

ATTEST:

Auditor

City Clerk

(SEAL)

(SEAL)

Date: October 12, 2021

Re: Letter of Understanding Regarding Snow Removal and Standard Road Maintenance

Parties: Appanoose County & City of Moravia

This agreement, made and entered into by and between Appanoose County, Iowa (which hereinafter may be referred to as "Appanoose County" or "COUNTY") and the City of Moravia, Iowa, (which hereinafter may be referred to as "Moravia" or "CITY"). The purpose of this Agreement shall be to provide joint exercise of the respective powers of the COUNTY and CITY hereto in connection with the maintenance of certain roads and rights-of-way which are in the CITY.

Given a desire by the CITY of Moravia to have the COUNTY assist with certain street maintenance on existing roadways adjoining and extending into the CITY, The COUNTY offers the following services to be reimbursed per County Resolution adopted November 2, 2009:

- a. N. & S. Brandon Avenue. The COUNTY will perform, upon request, snow removal activities on the extension of 244th Avenue thru the CITY to the Appanoose/Monroe County Line, which is also the North Corporate limits of the CITY. This work would be done as an extension of the COUNTY'S snow removal activities on County Road 244th Avenue.
- b. The COUNTY shall, upon request, perform requested surface maintenance and snow removal on the aggregate portion of N. East Street. This work would be done as an extension of the COUNTY'S regular activities on County Road 250th Avenue.
- c. Any other work, upon request, subject to the County's availability to perform such tasks.
- d. Per the referenced County resolution, charged rates shall be current established wage rates plus fringe benefits (51% for FY 2022, subject to review annually), and equipment per the current "Iowa Department of Transportation Schedule of Equipment Rates" (subject to review annually).

In accordance with Section 306.4 of the 2020 Code of Iowa, the COUNTY is not responsible for maintenance of Farm-to-Market routes J3T, J18, or J13 through the corporate boundaries of the CITY as an extension of the Farm-to-Market system. Should the CITY fall below a population level of 500, the COUNTY shall be required to assume the maintenance of said Farm-to-Market roads as per said Section 306.4 with regard to surfacing, bridges, shoulders, traffic marking and traffic signage in accordance with the Manual of Uniform Traffic Control Devices. The CITY would be responsible for all other maintenance and construction within the right-of-way, including drainage, culverts, utilities, brush control, etc.

It is understood that CITY shall hold harmless the COUNTY for any work performed for the COUNTY, with the exception of any negligent acts by the COUNTY. The COUNTY should be notified immediately of any issue that may be a liability so as to be given an opportunity to correct the deficiency in a timely fashion.

Signed on the behalf of:

APPANOOSE COUNTY, IOWA

Board of Supervisors

Passed and approved the _____
day of _____, 2021.

Chairperson

ATTEST:

Auditor

(SEAL)

CITY OF MORAVIA, IOWA

Passed and approved the _____
Day of _____, 2021.

Mayor

ATTEST:

City Clerk

(SEAL)