

OFFICE OF THE
Appanoose County Auditor
KELLY HOWARD

COURTHOUSE
201 N. 12th St., Rm 11
CENTERVILLE, IOWA 52544
Phone (641) 856-6191
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Meeting Agenda
July 20, 2026

The Appanoose County Board of Supervisors will meet on July 20, 2026, 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/Approve agenda
3. Approve minutes of the July 6, 2026 meeting
4. Approve reports (7/17 payroll, 6/26 Prisoner Room & Board Transfer, Auditor, Recorder and Veteran Affairs Quarterly Reports)
5. Approve bills
6. Kim Crawford, Circle of Freedom: Opioid Funding request
7. Approve Resolution 2026-23: 28E Agreement Central Iowa Juvenile Detention Center
8. Approve Application for Tax Abatement: Urban Revitalization Plan
9. General Assistance Policy and Application Update
10. Approve updated FY27 Salary Certification: Conservation Department
11. Approve Resolution 2026-24: 2027 County Five-Year Program Resolution No 1
12. County Engineer report
13. Public Comments
14. Adjourn

Join Zoom meeting Online:

<https://zoom.us/j/6578806191?pwd=zxhtModzmQTn7WKA79RVJrQ7jDfA8R.1&omn=99701628053>

Or dial-in: (312) 626-6799, Meeting ID: 657 880 6191, Passcode: 1fQX33

Posted 7/16/26

July 6, 2026

Appanoose County Board of Supervisors met in regular session July 6, 2026, at 9:00 A.M. in the Boardroom of the Courthouse. Present: Jeff Kulmatycki, Chairman, Dustin Harvey and Scott Buban, Boardmembers. Absent: none.

The meeting started with the pledge.

Harvey motioned to approve the agenda. Seconded by Buban. All voted aye.

Buban motioned to approve the minutes of the June 15 & 29, 2026 meetings. Seconded by Harvey. All voted aye.

Harvey motioned to approve 6/18 & 7/2 payrolls, 5/26 Prisoner Room & Board Transfer and Sheriff Quarterly Report. Seconded by Buban. All voted aye.

Buban motioned to approve the bills. Seconded by Harvey. All voted aye.

Albia Newspapers	Official Pub.& Legal Not.	40.00
Alliant	Electric Light & Power	6066.19
Amazon	Building Repair & Maintce	145.59
Amer Home Fdg	Juvenile Detention & Shel	1679.40
Ascendance	Engineering Services	3160.91
Bailey Off	Off. Supplies & Forms	122.70
J Barber	Building Repair & Maintce	300.00
D Barnthouse	Building Repair & Maintce	200.00
BKE LLC	Engineering Services	6973.00
Bratz Oil	Mileage & Transp. Expense	209.24
Brown's Shoe	Engineering Services	157.24
C-D Supply	Custodial Supplies	1102.71
Calhoun Burns	Engineering Services	9555.00
Cantera Aggregates	Salary-Regular Employees	54713.37
Capital Sanitary Supply	Off. Equip Repair & Maint	348.00
CDW Government	Off. Supplies & Forms	112.70
Centerville Body Shop	Contract Services	310.00
C'ville Produce & Feed	Engineering Services	3560.00
Chariton Valley Elec	Engineering Services	43.06
City Cville	Water & Sewer	18339.97
City of Plano	Maintenance Contract	430.28
City of Unionville	Maintenance Contract	318.40
Danley's Construction	Engineering Services	5420.00
Davis Co Sheriff	Legal & Ct-Related Serv.	48.40
Davison Fuels & Oil	Fuels	152.70
Dept of Treasury	Law Enf. Equip & Weapons	600.00
Erin R. Donato-Porter	Legal Serv. Dep-Subp-Tran	60.50
Ed M Feld Equip	Building Repair & Maintce	1585.00
Fogle Home & Hardware	Building Repair & Maintce	34.60
Galls	Uniforms	102.10
D Gee	Contract Services	87.84
Good Guys Glass Auto	Engineering Services	630.00
GreatAmerica	Computer Services	246.70
PJ Greufe	Health Insurance	1500.00
Hills San	Garbage Serv	525.00
Homestead	Food Preparation Service	10158.75
Hotsy Cleaning Systems	Engineering Services	660.00
IA Dept of Transp	Engineering Services	1161.78
IACP	Dues & Memberships	275.00
IACVS	Contract Services	50.00
IMWCA	Workmens' Comp. Ins.	49783.00

InRoads	Engineering Services	17454.55
Intoximeters	Law Enf. Equip & Weapons	483.00
IA Media Network	Typing-Print.-Bind.Serv.	3166.48
IA Prison Industries	Uniforms	112.98
IA ME	Medical & Health Services	11282.00
IA Trust & Savings	Off. Supplies & Forms	160.03
IA Workforce	Off. Supplies & Forms	111.17
ISAC	Educational & Train.Serv.	8700.00
Legends	Engineering Services	144.50
Liberty	Telephone & Telegr.Serv.	55.00
Mainstay Systems	Law Enf. Equip & Weapons	2744.00
Martin's Flag Co	Building Repair & Maintce	75.40
M Messamaker	Educational & Train.Serv.	276.95
Metal Culverts	Bridge & Culvert Maint.	15840.00
Myers Custom Sign	Engineering Services	30.00
R Pfannebecker	Building Repair & Maintce	180.00
Phelps Uniform	Engineering Services	474.65
Pitney Bowes	Computer Services	195.00
Pitney Bowes	Off. Supplies & Forms	74.67
Polk Co Medical Examiner	Medical & Health Services	150.00
Quill	Off. Supplies & Forms	167.96
RACOM	E911 Other Capital Expens	49.83
RASWC	Garbage Serv	10.00
River Hills	Medical & Health Services	604.00
Robinson Outdoor	Contract Services	2400.00
M Sias	Salary-Regular Employees	1129.17
Sign Solutions	Engineering Services	204.60
Simmons Bldg Materials	Building Repair & Maintce	5.51
B Skinner	Engineering Services	279.99
Solutions	Computer & Microfilm Supp	78679.65
Ty Stewart	Educational & Train.Serv.	90.00
Storey Kenworthy	Election Supplies	919.70
T-Mobile	Radio and related equipme	384.03
Thomas Funeral Home	Mileage & Transp. Expense	1650.00
TerviPay	Food Preparation Service	406.16
Uniti	Engineering Supplies	1745.14
UnityPoint	Engineering Services	378.00
US Bank	Educational & Train.Serv.	373.19
US Cellular	Contrib. & Purchase Serv	1522.39
US Records Midwest	Photocopy & Duplicating	1297.55
Vaughn Auto	Engineering Services	220.79
Verizon	Off. Supplies & Forms	200.04
Vetter Equipment	Engineering Services	1438.21
Visa	Engineering Services	486.46
Walker Welding	Engineering Services	14.05
Wapello Co Aud	Legal & Ct-Related Serv.	2504.92
J Willier	Legal & Ct-Related Serv.	300.00
Grand Total		341200.03

Marty Ryan from Area XV Multi-County Housing Agency requested a reduction in their PILOT (payment in lieu of taxes) for fiscal years 2022-2025 totaling \$1,805.05. Buan requested an annual request be made going forward. Harvey motioned to approve Resolution 2026-22 with the understanding an annual request will be made. Seconded by Buan. All voted aye.

RESOLUTION NO. 2026-22

A RESOLUTION APPROVING A ZERO PERCENT (0%) PAYMENT IN LIEU OF TAXES (PILOT) FOR CURRENT AND
FYE 22'/FYE 23'/FYE24'/FYE 25' FOR AN AFFORDABLE HOUSING PROJECT OWNED AND OPERATED BY AREA
XV MULTI-COUNTY HOUSING AGENCY

WHEREAS,

Area XV Multi-County Housing Agency (the "Housing Agency") owns and/or operates

Moravia – 301 W Chariton A & 301 W Chariton B

Mystic – 808 Green Street

Moulton – 601 E 2nd Street A & 601 E 2nd Street B

which provides safe, decent, and sanitary affordable housing to low-income individuals and families within
Appanoose County, Iowa; and

WHEREAS,

The Housing Agency is authorized under federal law, including the regulations of the United States
Department of Housing and Urban Development (HUD), to make Payments in Lieu of Taxes (PILOT) to
local taxing jurisdictions in place of ad valorem property taxes, subject to regulatory limitations and the
financial capacity of the housing project; and

WHEREAS,

HUD regulations, including 24 C.F.R. § 960.253 and 24 C.F.R. § 990.190, provide that PILOT payments shall
not exceed ten percent (10%) of a project's shelter rents and must be structured so as not to impair the
financial viability or sustainability of public housing operations; and

WHEREAS,

The Housing Agency must maintain compliance with HUD Housing Quality Standards as set forth in 24
C.F.R. § 5.703, and must ensure that operating revenues remain sufficient to support ongoing
maintenance, repairs, and capital needs; and

WHEREAS,

Pursuant to Iowa Code § 403A.5, housing projects owned or operated by a housing authority may make
payments in lieu of taxes to local taxing bodies, provided such payments are established in a manner
consistent with the financial capacity of the project and in furtherance of the public purpose of providing
safe and affordable housing; and

WHEREAS,

The Housing Agency has demonstrated that increased operating costs, capital and maintenance needs,
and other financial constraints currently impact the subject property, and that continuation of PILOT
payments would impose a financial burden that could adversely affect long-term operational stability and
program compliance; and

WHEREAS,

The Appanoose County Board of Supervisors has reviewed the request submitted by Area XV Multi-County
Housing Agency and finds that approval of a zero percent (0%) PILOT is consistent with federal and state
law and serves the public interest by preserving affordable housing within Appanoose County.

NOW, THEREFORE, BE IT RESOLVED BY THE APPANOOSE COUNTY BOARD OF SUPERVISORS:

1. Approval of PILOT Reduction

That the Payment in Lieu of Taxes (PILOT) obligation associated with

Moravia – 301 W Chariton A & 301 W Chariton B

Mystic – 808 Green Street

Moulton – 601 E 2nd St A & 601 E 2nd Street B

owned and/or operated by Area XV Multi-County Housing Agency, is hereby set at zero percent (0%),
effective 7/6/2026 AND retroactive for FYE 22'/ FYE 23'/FYE24'/ FYE25'.

1. Term of Approval

This approval shall remain in effect until modified or rescinded by subsequent action of the Appanoose County Board of Supervisors, or until such time as financial conditions materially change and a revised PILOT agreement is deemed appropriate.

1. Consistency With Law

This action is taken in accordance with applicable HUD regulations and Iowa Code § 403A.5 and is intended to support the continued operation and financial viability of affordable housing serving low-income residents of Appanoose County.

1. Authorization

The Chair of the Appanoose County Board of Supervisors is hereby authorized to execute any documents necessary to carry out the intent of this Resolution.

PASSED AND ADOPTED this 6th day of July, 2026.

APPANOOSE COUNTY BOARD OF SUPERVISORS By: /s/Jeff Kulmatycki, Chair, Board of Supervisors

ATTEST: /s/ Kelly Howard, County Auditor/Clerk

There was discussion regarding setting up a work session with the Tourism board to negotiate the county’s hotel/motel tax. Harvey stated there’s a Tourism meeting at noon today. Buban requested a meeting be set up as soon as possible. Harvey will get some possible dates.

Harvey motioned to accept the retirement of Gary Allen Buckallew Jr as Deputy Sheriff effective 7/16/26. Seconded by Buban. All voted aye.

Buban motioned to approve the re-appointment of Debbie Dell to Conservation Board for a 5-year term ending 7/1/2031. Seconded by Harvey. All voted aye.

Harvey motioned to approve the 2026 Homestead and Homestead 65 credit applications. Seconded by Buban. All voted aye.

Buban motioned to approve the 2026 Disabled Veteran credit applications. Seconded by Harvey. All voted aye.

County Engineer, Brad Skinner, provided an update to the board. The asphalt projects are done. The bridge on 130th just has a couple more things to do before it can be re-opened. Crews have been working on reshapes in subdivisions. They will start work on 200th doing ditch work first before a reshape. The shed in Moulton is done. The concrete approach was poured last week. Kulmatycki asked for more information regarding traffic studies. They’re third on the list to get the equipment used to conduct the study. They will collect a week’s worth of information and plan to present a couple of roads a month to the board until November. The last 60 mph sign was updated this morning. There has been a complaint about truck traffic by the quarry. Trucks haven’t been using the designated route. A reminder will be given. Buban suggested an embargo if a warning does not work.

Public Comments: none

Harvey motioned to adjourn. Seconded by Buban. All voted aye.

The Board adjourned to meet the call of the Auditor at 9:22 A.M.

Appanoose County Board of Supervisors

Attest:

Kelly Howard, Appanoose County Auditor

DISTRICT COURT OF APPANOOSE COUNTY IOWA

REPORT OF FEES COLLECTED
PRISONER ROOM AND BOARD

To the Board of Supervisors of Appanoose County:

I, Sara Oden, Clerk/clerk's Designee of the District Court of the above-named County and State, do hereby certify that the following is a true and correct statement of the fees collected by the Clerk of Court for the month of June, 2026, and the same has been paid to the County as per receipt attached.

COUNTY SHARE OF PRISONER ROOM & BOARD

1000-1000-4440-05-302	Total Prisoner Room & Board Reimbursement 100% General Basic	\$469.90
29000-01000-4440-05-301	60% Transfer to Sheriff	\$281.94

Transfer authorized by Appanoose County Board of Supervisors
This _____ day of _____, 20____.

Signed: _____
Chairperson

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 June 30th, 2026, and the same has been paid to the proper authorities as per duplicate voucher as attached:

Plat Books	\$30.00
Copy Work	\$143.27
Misc.	<u>\$0.00</u>
Total	<u><u>\$173.27</u></u>

RESPECTFULLY SUBMITTED, _____



County Auditor



Office of Appanoose County Recorder
c/o Courthouse
201 N. 12th Street | Centerville, Iowa 52544

County Recorder's Report of Fees Collected

I Maegan Messamaker, Recorder of the County of Appanoose State of Iowa, 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, June 30, 2026 and the same has been paid to the County Treasurer, as per duplicate vouchers which are provided upon request.

Recording Deeds	\$3,360.00
Real Estate Mortgages	\$9,875.00
Releases & Assignments	\$950.00
Hunting & Fishing Licenses	\$79.00
Copies	\$478.95
Boat Registration Writing Fees	\$352.00
Miscellaneous	\$2,305.00
Snow & ATV Writing Fees	\$298.00
R.E. Transfer Tax	\$7,687.84
Vital Records	\$1,240.00
County Conservation	\$210.00
Total	\$26,835.79

All of which is respectfully submitted.

Maegan Messamaker
Appanoose County Recorder

April 1, 2026 - June 30, 2026

[illegible]

RESOLUTION APPROVING AN AMENDMENT TO A CHAPTER 28E INTERGOVERNMENTAL COOPERATION AGREEMENT

RESOLUTION NO. 2026-23

A RESOLUTION APPROVING AND AUTHORIZING THE EXECUTION OF AN AMENDED INTERGOVERNMENTAL AGREEMENT PURSUANT TO IOWA CODE CHAPTER 28E BETWEEN CENTRAL IOWA JUVENILE DETENTION CENTER AND PARTICIPATING IOWA COUNTIES.

WHEREAS, Appanoose County previously entered into an Intergovernmental Agreement pursuant to Iowa Code Chapter 28E with Central Iowa Juvenile Detention Center (CIJDC) and other participating entities, which was filed with the Iowa Secretary of State on June 27th, 2012 as Filing Number M505282 and

WHEREAS, the participating entities have determined that updates, modifications, and amendments to the original 28E Agreement are necessary

WHEREAS, Central Iowa Juvenile Detention Center has already officially approved and executed the proposed Amended 28E Agreement in accordance with all current requirements; and

WHEREAS, this Board of Supervisors has reviewed the updated agreement, a copy of which is on file with the County Auditor, and finds that approving these updates is in the best interest of the County and its residents.

NOW, THEREFORE, BE IT RESOLVED by the Board of Supervisors of Appanoose County, Iowa, as follows:

Section 1. The updated and amended 28E Intergovernmental Agreement by and between Central Iowa Juvenile Detention Center and the participating entities is hereby approved in all respects.

Section 2. The board appointed CIJDC representative is hereby authorized and directed to execute the updated Agreement on behalf of Appanoose County.

Section 3. Upon execution by all parties, Central Iowa Juvenile Detention Center is directed to file the fully executed, amended Agreement with the Iowa Secretary of State as required by Iowa Code Section 28E.8.

Section 4. This resolution shall be in full force and effect from and after its passage and approval as provided by law.

Upon Motion by, Supervisor _____ and 2nd by Supervisor _____

Roll Call Vote was, Jeff Kulmatycki _____, Dustin Harvey _____, Scott Buban _____

PASSED AND ADOPTED this 20th day of July, 2026.

Jeff Kulmatycki, Chairperson, Board of Supervisors
Appanoose County, Iowa

ATTEST:

Kelly Howard County Auditor
Appanoose County, Iowa

CENTRAL IOWA JUVENILE DETENTION CENTER

2317 Rick Collins Way, Eldora, IA 50627

28E Agreement – 06/26/26

ARTICLE I – NAME

The official name of this Entity shall be: Central Iowa Juvenile Detention Center (CIJDC)

ARTICLE II – PURPOSE

1. To form a 28E Entity to provide Juvenile Justice and Social Services.

ARTICLE III – LEGAL STATUS

1. CIJDC is a 28E Entity and shall be a public body and a separate legal entity exercising public and essential governmental functions. CIJDC shall be governed by the Central Iowa Juvenile Detention Center Commission (Commission) as specified in Article VIII.

ARTICLE IV – COMMENCEMENT OF OPERATIONS

1. The operations of the Entity shall commence upon filing of these Articles with the Iowa Secretary of State and recording with each of the Member County's Recorder.
2. The effective date of the Entity will be August 1, 1993.

ARTICLE V – DURATION

1. The duration and existence of the Entity shall be perpetual unless dissolved.

ARTICLE VI – POWERS AND DUTIES

1. The Commission shall have the following powers:
 - a. To adopt and have a common seal and to alter the same at pleasure.
 - b. To sue and be sued.
 - c. To acquire, hold, use and dispose of the reserves derived from the operations of its facilities and other moneys of the Entity.
 - d. To acquire, hold, use and dispose of other personal property for the purposes of the Entity.
 - e. To acquire by purchase, gift, lease or otherwise, real property and easements therein, if any, and to hold and use the same, and to dispose of property so acquired no longer necessary for the purposes of this Entity.
 - f. To accept gifts or grants of real or personal property, money, material, labor or supplies for the purposes of the Entity, and to make and perform such agreements and contracts as may be necessary or convenient in connection with the procuring, acceptance or disposition of such gifts or grants.
 - g. To make and enforce bylaws or rules and regulations for the management and operation of its business and affairs and for the use, maintenance and operation of its facilities and any other of its properties. Such bylaws shall become effective when adopted by the Commission.
 - h. To do and perform any acts and things authorized by Iowa Code Chapter 28E, as amended and by this Agreement, under, through or by means of its, agents and employees, or by contracts with any person.

- i. To enter into any and all contracts, execute any and all instruments, and do and perform all acts or things necessary or desirable for the purpose of the Entity or to carry out any powers expressly given by this Agreement.
- j. To make or cause to be made studies and surveys necessary or useful and convenient to carrying out the functions of the Entity.
- k. To contract with and compensate consultants for professional services including but not limited to architects, engineers, planners, lawyers, accountants, and other found necessary or useful and convenient to the stated purpose of the Entity.
- l. To provide for a system of budgeting, accounting, auditing and reporting of all Entity funds and transactions, for a depository, and for bonding of employees.
- m. To consult with representative of Federal, State, and local agencies, departments and their officers and employees and to contract with such agencies and departments.
- n. To provide in the proceeding authorizing such obligations for remedies upon default in the payment of principal and interest on such obligations including but not limited to, the appointment of a trustee to represent the holders of such obligations in default and the appointment of a receiver of the Entity's property, such trustee and such receiver to have the powers and duties provided for in the proceeding authorizing such obligations.
- o. To hire employees, fix their compensations, benefits, personnel rules and regulations, and terminate their employment.
- p. To borrow money and accept grants, contributions or non-recourse loans from, and to enter into contracts, leases, or other transactions.

2. Duties of the Commission

- a. To approve policy, bylaws, staff and to serve member governments and agencies to fulfill the purposes as outlined in Article II.
- b. The Commission shall adopt and revise bylaws as necessary for the proper operation of the Center. Such bylaws shall become effective when adopted by the Commission.

ARTICLE VII – FINANCING

- 1. The Entity shall operate on a fiscal year basis, July 1 through June 30.
- 2. The Chair of the Commission shall call a meeting of the Commission to review a proposed budget for the next fiscal year, prepared by the CIJDC Executive Director.
- 3. The budget shall project anticipated revenues and expenditures.
- 4. Rates shall be established and adjusted by the Commission.

ARTICLE VIII – MEMBERSHIP

1. Members and Date Joined:

- a. 09-03-1993 – Boone, Calhoun, Hardin, Hamilton, Story and Webster Counties
- b. 02-04-1994 – Marshall County
- c. 07-07-1995 – Winnebago County
- d. 06-11-1999 – Greene County
- e. 01-07-2000 – Tama County
- f. 02-02-2001 – Poweshiek County
- g. 12-14-2001 – Jasper and Hancock Counties

- h. 01-11-2002 – Humboldt County
- i. 12-12-2002 – Kossuth County
- j. 11-07-2003 – Iowa County
- k. 12-01-2008 – Buena Vista County
- l. 08-27-2009 – Floyd County
- m. 10-08-2009 – Wright County
- n. 06-11-2010 – Franklin County
- o. 09-10-2010 – Mahaska County
- p. 05-13-2011 – Appanoose County

2. **Method of Joining** – Any county may join the Entity by proceeding in the following manner:

- a. The Board of Supervisors of the county seeking to enter this 28E Agreement shall pass a resolution approving this 28E Agreement and requesting membership in CIJDC.
- b. Acceptance by the Commission of the applicant county shall pass by unanimous vote of the whole Commission.
- c. The 28E Agreement will need to be updated and amended to add the joining members, then presented to the existing member governments full boards. This approval shall be unanimous from all counties to proceed.
- d. The applicant county shall be assessed an initial fee, which will be \$1.00 per person in their county population at the last census, determined by the Commission.
- e. The Board of Supervisors of the joining county shall appoint a Supervisor Designee and may appoint an Alternate that is an elected official from that county.
- f. New membership would be effective July 1st, the first day of the following fiscal year.

The below items only apply to the following counties: Benton, Bremer, Buchanan, Crawford, Dubuque, Emmet, Fayette, Grundy, Jones, Lucas, Mitchell, and Worth.

- 1. A former county may rejoin and make annual payments for up to 5 years to pay off the initial fee, with voting rights after the first payment. To be eligible to apply for membership status, the former member county must have no outstanding CIJDC invoices greater than 90 days and must stay current on their annual payment.
- 2. Former members may opt to participate as a non-member by declining the initial fee. In this capacity, the county will benefit from the same service rate as members but will possess no voting rights and no equity in the organization.

3. **Duration of Membership** – A Member County shall continue its membership until such time as:

- a. The Member terminates membership; or
- b. The Entity is dissolved.

4. **Membership Termination** – Members may withdraw from the Entity in the following manner:
 - a. The Member County Board of Supervisors shall adopt a Resolution requesting to withdraw their membership from the 28E Agreement and shall forward a copy to the Chair of the CIJDC Commission and the Executive Director
 - b. The Commission will discuss and consider the Resolution during their next meeting.
 - c. Any member wishing to terminate membership shall forfeit all financial gain in CIJDC and there shall be a winding up of debts.

ARTICLE IX – APPOINTMENTS

1. Each Member County shall appoint a County Supervisor as Designee and may appoint one county elected official Alternate at the annual meeting.

ARTICLE X – OFFICERS, MEETINGS, EMPLOYEES AND VOTING

1. **Executive Officers** – The Executive Officers will consist of: Chair, 1st Vice Chair, 2nd Vice Chair, 3rd Vice Chair and 4th Vice Chair. All are elected by the Commission and from the Commission at the annual meeting. They shall serve for a term of one year through January, or until their successors are elected, or they no longer represent their county in the same manner. In this event the remaining members shall elect a replacement. The Chair shall not hold the same office for more than two consecutive full terms.
2. **Meetings** – The Commission shall meet not less than quarterly and at such times as the Chair or Vice-Chair shall call a meeting of the Commission.
3. **Employees** – The Commission may employ staff or pay consultants.
4. **Voting** – Each member of the Commission shall be entitled one vote, to be cast by the Designee or Alternate.
5. **Quorum** – A simple majority of the full commission members shall be sufficient to have a quorum.

ARTICLE XI – BYLAWS

1. The Commission shall adopt bylaws for the operation of the Entity.
2. Bylaws may be repealed, changed, or modified by a majority vote of the Commission.

ARTICLE XII – DISSOLUTION

1. This 28E Agreement created may be dissolved by a majority vote of the Member Counties. Upon such dissolution all assets of CIJDC shall be liquidated and the net proceeds obtained shall be distributed to the individual member counties of the Entity according to the Member Equity Formula. The Member Equity Formula is derived by the most current data of the bed days used by county since inception.

ARTICLE XIII – AMENDMENTS

1. The terms of these Articles of Agreement may be amended by a super majority (2/3) vote of the full Commission and ratification by unanimous vote of the existing member government's full boards. Commission members must receive a copy of proposed amendments at least twenty days prior to the date that action is to be taken. Amendments

will take effect on July 1st of the following fiscal year, unless another effective date is stated.

ARTICLE XIV – SEVERABILITY

1. If any provision of these Articles of Agreement, or the application thereof to any person or circumstance, are held to be invalid, such invalidity shall not affect other provisions or applications of these Articles, which can be given effect without the invalid provisions or applications and to this end the provisions of these Articles are declared to be severable.

All parties have approved this 28E Agreement

Adopted by Commission: 00-00-25

CIJDC Commission Member/**Boone** Co. Supervisor
[Name]

CIJDC Commission Member/**Calhoun** Co. Supervisor
[Name]

CIJDC Commission Member/**Hamilton** Co. Supervisor
[Name]

CIJDC Commission Member/**Hardin** Co. Supervisor
[Name]

CIJDC Commission Member/**Story** Co. Supervisor
[Name]

CIJDC Commission Member/**Webster** Co. Supervisor
[Name]

CIJDC Commission Member/**Marshall** Co. Supervisor
[Name]

CIJDC Commission Member/**Winnebago** Co. Supervisor
[Name]

CIJDC Commission Member/**Greene** Co. Supervisor
[Name]

CIJDC Commission Member/**Tama** Co. Supervisor
[Name]

CIJDC Commission Member/**Poweshiek** Co. Supervisor
[Name]

CIJDC Commission Member/**Hancock** Co. Supervisor
[Name]

CIJDC Commission Member/**Jasper** Co. Supervisor
[Name]

CIJDC Commission Member/**Humboldt** Co. Supervisor
[Name]

CIJDC Commission Member/**Kossuth** Co. Supervisor
[Name]

CIJDC Commission Member/**Iowa** Co. Supervisor
[Name]

CIJDC Commission Member/**Buena Vista** Co. Supervisor
[Name]

CIJDC Commission Member/**Palo Alto** Co. Supervisor
[Name]

CIJDC Commission Member/**Floyd** Co. Supervisor
[Name]

CIJDC Commission Member/**Wright** Co. Supervisor
[Name]

CIJDC Commission Member/**Franklin** Co. Supervisor
[Name]

CIJDC Commission Member/**Mahaska** Co. Supervisor
[Name]

CIJDC Commission Member/**Appanoose** Co. Supervisor
[Name]

APPLICATION FOR TAX ABATEMENT

Appanoose county

(Please type or print)

APPLICANT INFORMATION

Applicant (Owner of Record): Todd & Tina Jewett

ADDRESS 24477 Dewey Rd CITY Centerville STATE IA

PHONE 641-895-0319 NAME OF OWNERS OF RECORD (IF ANY) _____

Todd & Tina Jewett

ADDRESS OF PROPERTY REQUESTED FOR ABATEMENT 24477 Dewey Rd

LEGAL DESCRIPTION ?

EXISTING PROPERTY USE (CIRCLE) RESIDENTIAL AGRICULTURAL VACANT COMMERCIAL/INDUSTRIAL

TYPE OF IMPROVEMENTS

AGRICULTURAL

CONSTRUCTION OF A NEW STRUCTURE

REHABILITATION OF AN EXISTING STRUCTURE

RESIDENTIAL

NEW CONSTRUCTION

NEW MODULAR OR NEW MANUFACTURED HOME PLACED ON

PERMANENT FOUNDATION

IMPROVEMENT TO EXISTING RESIDENTIAL STRUCTURE

COMMERCIAL/INDUSTRIAL

NEW CONSTRUCTION

IMPROVEMENT ON EXISTING STRUCTURE

BRIEF DESCRIPTION OF PROJECT: New House

CURRENT PROPERTY VALUE (FROM ASSESSOR'S RECORDS): LAND: \$ _____ BUILDINGS \$ _____

ESTIMATED OR ACTUAL COST OF IMPROVEMENTS \$ 450,000⁰⁰

PROJECT START DATE: 1/1/25 ESTIMATED OR ACTUAL COMPLETION DATE: 4/25/26

IF RESIDENTIAL RENTAL PROPERTY, COMPLETE THE FOLLOWING:

NUMBER OF UNITS: _____ DATE OF OCCUPANCY: _____

TENANTS (OCCUPYING THE BUILDING WHEN PURCHASED, OR PRESENT TENANTS IF UNKNOWN): _____

RELOCATION BENEFITS RECEIVED BY ELIGIBLE TENANTS: _____

LIST OF BUILDINGS DEMOLISHED: _____

APPLICANT ACKNOWLEDGEMENTS:

TAX ABATEMENT SCHEDULE: 3 YEAR 100%

A COPY OF THE REQUIRED SEWER PERMIT OR WAIVER IS ATTACHED (REQUIRED): YES NO

A COPY OF THE BUILDING PERMIT IS ATTACHED IF REQUIRED: YES NO

The property to which improvements are made conform to the Appanoose County Revitalization Plan as adopted. YES NO

This abatement shall not appl to property tax levies imposed by school districts on residential property after July 1, 2024, as stated in Iowa Code Section (404.3D)

The applicant certifies that all information provided in the support of this application is given for the purpose of obtaining an exemption from taxes on New Construction and is true and complete to the best of the applicant's knowledge.

Applicant's signature: [Signature] date signed: 7/15/26

COUNTY SUPERVISORS ACTION:

APPROVED RESOLUTION NO _____ DATE _____

DISAPPROVED REASON FOR DISAPPROVAL _____

COUNTY ASSESSOR ACTION:

DATE OF REVIEW: _____ APPROVED DISAPPROVED (CIRCLE ONE)

REASON FOR DISAPPROVAL: _____

ASSESSED VALUATION OF IMPROVEMENTS: \$ _____

A NOTICE OF TERMINATION WAS SENT TO THE APPLICANT ON (DATE): _____

NOTE: No change may be made once an application is approved and an exemption is granted.

APPANOOSE COUNTY
GENERAL ASSISTANCE PROGRAM
POLICY

PURPOSE

- 1000 The Code of Iowa outlines the legal basis for the General Assistance Program in counties. This section deals basically with Chapter 252 of the Code, (Support of the Poor). The General Assistance Program is administered by the General Assistance Director and that person reports to the Board of Supervisors.
- 1001 There are two (2) categories of general assistance in the county, which are:
- (1) Assistance for needy persons; and
 - (2) Assistance for poor persons.

DEFINITIONS

- 1002
1. Poor Person shall be construed to mean those who have no property, exempt or otherwise, and are unable, because of physical or mental disabilities, either permanent or temporary, to earn a living by labor. But this shall not be construed to forbid aid to a person in need who has some income.
 2. Needy Person is a person, who is domiciled in the county, or who is a transient in the county for less than three (3) days, who is in need of temporary assistance.
 3. Household or Applicant Household means all persons who live in a residence where there are shared common bathroom, kitchen, dining or bedroom facilities or there are shared utilities (electricity, heat, water) or rental payment or lease.
 4. Liquid Assets means cash or any other item of net worth of the household that can be readily converted to cash within seven (7) days.
 5. Net Worth includes income or moneys from any source, moneys due, checking and savings accounts, other deposits, stocks, bonds, real estate, credit union accounts, cash value life insurance, jewelry and other items with saleable value. Excluded are the following: a homestead in which the person resides, personal possessions, household goods, tools & equipment used for self-support, one motor vehicle & any motor vehicle over ten (10) years old, burial lots and funeral trust funds.
 6. Assistance means food, rent, shelter, clothing, heat, electricity, water, and limited medical services. Food does not include cigarettes, alcoholic beverages or pet products but may include laundry soap, household cleaners, and non-food items used for personal hygiene.
 7. Burial shall mean the basic services necessary for cremation.

ELIGIBILITY

- 1100 The Appanoose County General Assistance Director shall:
1. Evaluate the needs of each person filing an application for assistance.
 2. Re-evaluate as often as necessary.
- 1101 Eligibility of Poor Persons: Relief may be provided poor persons who need immediate relief, cannot obtain relief from any other source, whose household living unit net worth is less than five hundred dollars (\$500.00), household income is less than one hundred percent (100%) of the U.S. Department of Health and Human Services annual Poverty Income Guidelines, and who are eligible for, and are awaiting approval and receipt of assistance under programs provided by State or Federal law.
- 1102 Eligibility of Needy Persons: Relief may be provided to a needy person who needs immediate relief, cannot obtain relief from any other sources, and whose income or assistance from a State or Federal program has been delayed or not actually received by the person because of reasons not attributable to that person and who does not have liquid assets, and whose net worth is less than five hundred dollars (\$500.00)
- 1103 To be eligible for General Assistance, an individual must comply with the following established requirements:
1. Must be a legal resident of the county
 2. Must complete application in full.
 3. Must utilize resources to meet needs; i.e., if receiving from other programs such as SSI, Soc. Sec., FIP, VA, Black Lung, etc., is not eligible for assistance except as provided in paragraph 1101.
 4. Must register or be registered with Iowa Workforce Development. If employable, must accept work or retraining assignments as requested.
 5. If unemployed, list at least two (2) job applications for the past week.

BENEFITS

- 1200 Form of Benefits: The relief shall be purchased directly from the supplier for the applicant or household.
- 1201 General Assistance shall be administered promptly, humanely, and equitable to assure decent and healthful living situations to needy persons.
- 1202 Level of Benefits: The maximum benefits to be provided for each item shall be as stated below. There shall be no payment of deposits, taxes, interest, carrying charges or items that would create equity for the recipient.
1. Food and Provisions – If not eligible for Food Assistance, or if Food Assistance has been delayed up to \$150.00 of General Assistance. Both food and non-food items such as soap products, paper products, household cleaning supplies, personal

hygiene items, and non-prescription drugs. Food and provisions do not include tobacco products, soda pop, alcoholic beverages, and all pet products (food, etc.). For each applicant household, assistance may only be provided one (1) time per month and no more than (2) two times per (12) twelve month period.

2. Rent and Shelter – Reasonable rental value not to exceed six hundred fifty dollars (\$650.00) per month. Rent shall not be paid to responsible relatives. For each applicant household, rent and shelter assistance may only be provided one (1) time per month and no more than (2) two times per (12) twelve month period. Rent and Shelter assistance does not include hotel or motel room rents, whether on a daily, weekly, or monthly basis.
3. Utilities – Payments for fuel for heat, cooking and heating water; electricity for light, be heat, cooking and heating water; and for water. Utilities do not include telephone or cable. The amount authorized will be the total current month's utility bills or five hundred dollars (\$500.00), whichever is less. If the utilities expense is being shared, the amount authorized will be prorated. For each applicant household, utility assistance may only be provided one (1) time per (12) twelve month period.
4. Medical Services – Payment may be made for minor medical expenses which may require a medical professional statement to certify need. Payments may be made for prescription medicines or non-prescription medical items. Payments are limited to Fifty dollars (\$50.00) per occurrence, with a maximum of one (1) payment per month and two (2) payments per twelve (12) month period for each applicant household.
5. Burial – Eligibility for burial benefits exist when the deceased person's estate does not have resources or assets of at least as much as the County Burial Benefit which can be applied toward cremation expenses and when the deceased persons Responsible Relatives - spouse, parent(s), child(ren), grandparent(s) or grandchild(ren) does not have the ability to pay funeral or cremation expenses.

County Burial Benefit is limited to a maximum of nine hundred dollars (\$900.00) as payment in full for the cost of cremation. If the deceased had a burial contract and/or other resources, those amounts will be deducted from the maximum allowance.

- 1203 1. The maximum benefits for any one applicant household per year shall not exceed \$750.00, for any household comprised of one person, and for any applicant household, comprised of more than one person, shall not exceed \$1,500.00.
- 1204 1. Miscellaneous – payment of a necessary basic living expense that is not already covered in the previous items.

REQUIREMENTS

- 1300 Requirements for receiving assistance by a Needy Person – a needy person who is not needed in the home to care for minor children or handicapped adults shall immediately register for employment with Iowa Workforce Development and otherwise actively seek employment. The needy person shall seek and accept any reasonable employment, whether or not it is suitable employment under the guidelines of Iowa Workforce Development. A refusal or failure to actively seek employment or refusal or failure to accept reasonable employment offered, shall disqualify the needy person from receiving future benefits. The needy person will be required to provide reasonable proof that he or she is actively seeking employment.

Falsification of information required for application or failure to provide information as requested shall result in denial of assistance and suspension of eligibility for 180 days.

1. Applicant must be a resident of Appanoose County.
 2. An applicant must be 18 years of age. Exceptions to this policy are married individuals or those emancipated through a legal process of the court system.
 3. Any person voluntarily quitting employment will be suspended from eligibility for general assistance for sixty (60) days.
 4. An applicant who chooses to attend school, who is not available for work, must take advantage of all financial assistance available.
 5. Applicants with mental or physical handicaps may be required to provide verification by a medical professional and/or documentation of the handicap.
 6. All applicants for assistance must first apply for all other assistance programs for which they may be eligible such as SSI, FIP, Food Assistance, etc.
 7. All unemployed applicants must show proof of applying for employment at two (2) business places in past week.
 8. If the applicant is a veteran or spouse of a veteran, said applicant must apply through Veteran's Affairs for relief. If said veteran or spouse of a veteran has used the maximum benefits allowed, and is still in need of assistance, he or she may apply with General assistance, with the amount of Veteran's Affairs benefits received, deducted from maximum amount of General Assistance or determining eligibility.
- 1301 Application for relief – applications for relief shall be submitted by the needy and poor persons to the Director of General Assistance during usual business hours upon forms provided by that office. If, because of undue hardship, a needy or poor person cannot come to the General Assistance office, the Director shall mail an application form. If the applicant or member of the household appears to be eligible for assistance from another state, federal or local source, the Director shall immediately refer the applicant to that source. It shall be the obligation of the applicant to immediately make application to that source, and pursue such application with diligence as a condition of eligibility for assistance under this chapter. It is the obligation of the applicant to establish eligibility for any category of general assistance and need for any item of assistance. If requested, the person applying shall provide the Director with verified

statement of net worth, federal and state income tax returns for the past five (5) years, medical reports, medical authorization, or anything else requested by the Director that bears upon the person's eligibility and need for assistance. The applicant shall provide a statement from a medical professional who is familiar with their case, to establish their ability to work. The Director shall also receive anything that the applicant submits to establish eligibility or need. The applicant's file and the evaluation findings of the Director shall be made available to the applicant, upon request, or to the applicant's attorney by written authorization.

ELIGIBILITY FOR OTHER ASSISTANCE

- 1400 A person who is or may be eligible for other income maintenance type programs should be referred to the proper source.
1. Iowa Department of Health and Human Services for application directly to the Department.
 2. Eligibility for unemployment compensation shall be determined by application to Iowa Workforce Development.
 3. Social Security Administration for all for determination of eligibility for all social security and disability programs.

RESOURCES

- 1500 The eligibility for general assistance shall include both real and personal resources examination.
- 1501 Equity in a homestead of \$15,000 or less shall be exempt from consideration or real property. A homestead shall not cease to be a homestead because of temporary absence of the owner.
- 1502 Liquid resources owned by the person or household applying for general assistance shall not exceed \$500.00 for the applicant household.
- 1503 Any transfer of personal or real property within the last two years for the sake of qualifying for aid, renders the applicant ineligible for aid.
- 1504 The following property shall also be exempt from consideration of the personal property level:
1. All clothing, wedding rings, usual household furniture, bedding, towels and similar equipment, together with personal possessions.
 2. Tools and equipment used for self-support.
 3. One motor vehicle per family unit.
 4. Burial lots or funeral trust funds.

INCOME

- 1600 All net income in cash or income received or readily available to applicant or recipient in his or her family shall be considered in determining the amount of assistance paid. Verification of income shall be provided to the Director.
- 1601 Net income is determined by computing gross income minus medical expenses, mandatory deductions and the following work expenses.
1. Transportation expenses – own vehicle @ \$.50 per mile (no taxis, car payments, etc.).
 2. Child care expense.
 3. Special equipment or clothing needs for employment.
 4. Any other type of employment expense which would be of a miscellaneous nature.
- 1602 State and Federal Assistance Programs, Workers Compensation, Social Security, Retirement Pension, etc. shall be considered as net income.

STANDARD OF NEED

- 1700 General Assistance shall be granted in accordance with a verified need with each applicant household as set forth in this guideline.
- 1701 Exceptions may be made by the Director to the policy herein in an unusual situation.

INITIAL DETERMINATION

- 1800
1. The Director shall determine the applicant's eligibility and needs within seven (7) business days of the receipt of the application. The Director shall notify the applicant by ordinary mail of the determination. The written decision shall show the reasons for the determination and the ordinates applied.
 2. If the Director cannot make a determination within seven (7) business days, the applicant shall be informed in writing by ordinary mail of the reasons why such determination cannot be made.
 3. If an applicant has been previously found eligible, an application with updated information, and the new need or continued need explained must be submitted to the Director. The Director then may proceed to a determination of whether or not current relief is warranted. Notice and mailing of such determination shall be provided as above.

APPEAL PROCESS

- 1900 An applicant has the right to appeal in writing any decision made by the General Assistance Director or authorized designee relative to the administration or interpretation of policies with the following steps:
1. An applicant shall receive a written Notice of Decision. If they disagree with the decision, they can appeal by completing the section at the bottom of the form. The General Assistance Director shall advise the applicant of the right to have legal services.
 2. Notice of all appellate hearings shall be made by certified mail, directed to the person's last known address and mailed not less than two (2) days prior to the hearing.

3. The Board of Supervisors shall hear the applicant's appeal at the time scheduled on the agenda unless continuance is requested by the applicant. The applicant shall be permitted to present whatever evidence is desired in support of the appeal, including testifying, having other witnesses testify, offering documentary evidence and reasonable cross examination of other witnesses, if present. The technical rules of evidence shall not apply. The Board may set reasonable times for the presentation action of the parties of any appeal. The applicant's file shall be admitted into evidence. The Board may question the applicant, and the Director shall present the Board with the reasons for the determination. The appeal will be tape recorded. The hearing before the Board will not be an open meeting under Chapter 21 of the Code of Iowa, since the confidential files of the applicant will be evidence. When the Board deliberates on the appeal, no parties shall be present.
 4. The Board shall make a decision on the appeal within five (5) working days. The Board's decision shall be only on the basis of the evidence submitted before the Board. The applicant shall be informed within four (4) working days thereafter. The Board shall instruct the Director to advise the applicant in writing by ordinary mail. The decision shall state the reasons for the action, together with any statute or ordinance applied. The Board's decision shall also state that an appeal may be taken from the Board's determination, as provided below, and the method by which such appeal may be taken.
 5. An appeal to the District Court shall be allowed by the applicant from the Board's decision within the time and by the manner and procedures established under the Iowa Administrative Procedures Act, Chapter 17A, Code of Iowa.
- 1901 Appeals filed more than thirty (30) days after the notice of the adverse action will be dismissed.

ACTIONS BY THE BOARD OF SUPERVISORS

- 2000 In the event that the Board of Supervisors, in reviewing the actions of the Director, questions any allowance or relief benefits allowed by the Director, it shall take no action concerning such allowance until it conducts a hearing. This hearing, the reasons for it, and notification to the applicant shall be given in the same manner as if the applicant had taken an appeal. This hearing shall proceed in the same manner as an appeal from the Director's determination.

ADDITIONAL PROVISIONS

- 2100 The Director may allow, upon application, the additional benefits provided in Chapter 252 of the Code of Iowa. The provisions of Chapter 252.13 of the Code of Iowa, for repayment of benefits to the county, are applicable and the applicant shall acknowledge the same in writing. Recipients of relief may further be required to work for the county as a condition to receipt of such benefits as required in sections 252.27 and 252.42 of the Code of Iowa. Benefits provided a recipient may be a further claim against the homestead of a recipient and a claim in probate, as provided by section 252.13 of the Code of Iowa.

INTERIM ASSISTANCE REIMBURSEMENT PROGRAM

2200 Reserved

Appanoose County General Assistance Office

generalassistance@appanooseph.net

(641) 437-4332
209 East Jackson Street
Centerville, Iowa 52544

GENERAL ASSISTANCE APPLICATION PACKET

PLEASE READ ALL INSTRUCTIONS CAREFULLY

**PLEASE COMPLETE THE APPLICATION IN BLUE OR
BLACK INK**

**PLEASE RETURN YOUR COMPLETED APPLICATION TO THE
GENERAL ASSISTANCE OFFICE**

**IT IS VERY IMPORTANT THAT THIS APPLICATION BE
COMPLETED IN FULL.**

ALL QUESTIONS MUST BE ANSWERED.

- NECESSARY VERIFICATION MUST ACCOMPANY THE APPLICATION.
 - COPIES OF BILLS AND RECEIPTS MUST BE PROVIDED.
- IF COMPLETE INFORMATION AND ALL REQUIRED SIGNATURES ARE NOT PROVIDED YOUR APPLICATION WILL BE DENIED.
 - YOU MUST COMPLETE PAGES (1), (2), AND (3)
 - YOU MUST SIGN PAGE (4).
- IF REQUESTING HELP WITH YOUR ELECTRIC BILL, SIGN THE RELEASE STATEMENT ON PAGE (3).
- IF YOU ARE ASKING FOR RENT ASSISTANCE, YOU MUST HAVE FORM C COMPLETED AND SIGNED BY YOUR LANDLORD.
- IF YOU ARE CLAIMING A DISABILITY AND DO NOT HAVE ANOTHER FORM OF VERIFICATION, YOU MUST HAVE FORM B COMPLETED AND SIGNED BY YOUR DOCTOR.

**APPLICATIONS WILL NORMALLY BE REVIEWED AND A LETTER NOTICE
OF DECISION MAILED WITHIN 2 WEEKS.**

General Assistance is a program set up in Appanoose County for the temporary assistance of "Poor" and "Needy" persons who cannot get assistance from any other source and who are unable because of physical or mental disability to earn a living by labor. General Assistance funds are very limited and cannot replace or supplement other forms of public assistance. Anyone applying for General Assistance must have made application for all other forms of public assistance for which they may be eligible. People receiving any other form of public assistance must show why the assistance cannot meet the needs for which they applying.

In order to be eligible a person must:

1. Be a legal resident of Appanoose County and have established residency.
2. Have applied for all other forms of public assistance, i.e. SSI, Social Security, FIP, VA, Black Lung, etc., for which may be eligible.
3. Be registered with Iowa Workforce Development, if unemployed. Must document performing a job search.
4. Have a household net worth/ monthly income of less than \$500 for an individual or less than 100% of the Federal Poverty Guidelines for a family.
5. Complete an application accurately and in full.
6. **You must include in the application information about any other assistance that you have applied for in the past 2 months and if assistance was approved, how much assistance was given to you.**

Examples of expenses for which General Assistance may be approved:

1. Food and provisions
2. Rent
3. Utilities – fuel for heat, cooking & heating water; electricity for light, heat, cooking & heating water; and water. Payment for current month usage only. No past due bills will be approved.
4. Medical Services –
 - A. Limited medical assistance. **Must be pre-approved by General Assistance Director.**
 - B. Payment for prescription medicines. **Must be pre-approved by General Assistance Director.**
 - C. Limited payment for dental work to alleviate pain. **Must be pre-approved by General Assistance Director.**
 - D. Glasses, may include examination. **Must be pre-approved by General Assistance Director.**
 - E. Medical appliances, such as hearing aids, braces, special shoes, etc. not available from other sources. **Must be pre-approved by General Assistance Director.**
5. Cremation expenses up to \$900 -- **Must be pre-approved by General Assistance Director and coordinated with funeral home** (Requires a special application)

Examples of expenses for which General Assistance will not be approved:

1. Past due bills of any kind.
2. Mortgage payments, rent deposits, taxes, interest or carrying charges.
3. Utility deposits, connection or reconnection charges, garbage, telephone service, Internet service.
4. Home repairs or modifications.
5. Repairs for or purchase of appliances, automobiles, etc.

Appanoose County General Assistance Office

generalassistance@appanooseph.net

(641) 437-4332
209 East Jackson Street
Centerville, Iowa 52544

IN ORDER TO DETERMINE YOUR ELIGIBILITY FOR GENERAL ASSISTANCE, WE MUST HAVE EXPLANATION AND VERIFICATION OF YOUR SITUATION. FAILURE TO SIGN (pg. 4) AND TO COMPLETE THE APPLICATION, OR BRING IN NEEDED VERIFICATION WILL CAUSE A DELAY, AS THE APPLICATION WILL BE RETURNED AS INCOMPLETE. YOUR COOPERATION IS APPRECIATED.

PLEASE USE BLACK OR BLUE INK!!! PLEASE PRINT!!!

READ THE FOLLOWING MATERIAL CAREFULLY.

EVERY QUESTION ON THE ATTACHED FORM MUST BE COMPLETED.

IT IS YOUR RESPONSIBILITY TO PROVIDE WRITTEN PROOF (verification) OF:

- A. COPIES OF ALL BILLS FOR WHICH ASSISTANCE IS BEING REQUESTED. (Utility bills – must be the itemized bill received from the utility, NOT past due notice, disconnect notice, etc.)
- B. Verification of identity for all adult household members (i.e., social security card, voter registration, driver's license, etc.)
- C. All income received by household members -- this includes all wage slips received in the past 30 days, social security benefits, any letter regarding unemployment compensation, pensions, GI bill, loans, fellowships, scholarships, grants, gifts, loan insurance benefits, money received from friends and relatives. All moneys received for the current school year, either monthly or lump sum must be verified.
- D. You must include in the application information about any other assistance that you have applied for in the past 2 months and if assistance was approved, how much assistance was given to you.
- E. IF UNEMPLOYED: All unemployed in the household, 18 years of age or older, must be registered with Iowa Workforce Development. Must provide detailed information about job searches. If unable to work, must provide medical information and provide a statement from physician stating why and when can return to work.
- F. Shelter Expense: rent or mortgage payments, homeowners insurance policy, taxes and utility bills (most current, whether or not paid).
- G. Other Expenses: medical health insurance, dental bills, eyeglasses, hearing aids, charge accounts, loans, car payments, repairs (most current, whether or not paid).
- H. Tuition and Mandatory Fees: Education bill and receipt of payment.
- I. Child Care Payments: Receipts of current payment – current month.
- J. Child Support & Alimony: Divorce or payment decree.

APPANOOSE COUNTY GENERAL ASSISTANCE APPLICATION

Application Date _____ Date Received by
GA Office _____

YOUR NAME _____
YOUR ADDRESS _____

Date of Birth _____ Social Security Number _____

Telephone Number _____

Marital Status: ☐ Married & living with Spouse ☐ Separated ☐ Single ☐ Divorced ☐ Widowed

SPOUSE NAME _____

Date of Birth _____ Social Security Number _____

Your Previous Address

All other Persons living in your Home Now	Birth Date	Social Security #
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Are you a Veteran: ☐ Yes ☐ No

Branch & Type of Discharge _____ Date _____

LIVING ARRANGEMENTS

☐ I rent my home ☐ I am renting an apartment

If renting – What utilities does rent include? _____

☐ I am buying my home ☐ I own my home/ mortgage paid off

☐ I live with relatives ☐ I live with friends and share expenses

If renting – What utilities does rent include? _____

I have lived in Appanoose County since: _____
Date (Mo.-Day-Yr.) _____

Have you asked for help from some other group or agency, such as the following, in the last 2 months?

Veterans Affairs ☐ Yes ☐ No

SIEDA ☐ Yes ☐ No

Community Mental Health ☐ Yes ☐ No

Other ☐ Yes ☐ No

Please explain – what group/agency, help requested and if approved, how much was paid.

If approved the dollar amount approved.

EMPLOYMENT STATUS & INCOME

Current Employment: (Check employment that applies to you)

- ☐ Employed, Full time ☐ Employed, Part time ☐ Student ☐ Unemployed, Looking for work
☐ Unemployed, Permanently Disabled ☐ Unemployed, Temporarily Disabled ☐ Unemployed, Caring for Children
☐ Retired

Current or Last Employer: _____

If Unemployed – Date of last employment: _____

What 2 job searches have you done in the last week? _____

☐ If not currently employed, you are registered with Iowa Workforce Development.

Current Employment of Other Adults in the Household: (Check employment that applies to other adults listed above)

- ☐ Employed, Full time ☐ Employed, Part time ☐ Student ☐ Unemployed, Looking for work
☐ Unemployed, Permanently Disabled ☐ Unemployed, Temporarily Disabled ☐ Unemployed, Caring for Children
☐ Retired

Current or Last Employer: _____

If Unemployed – Date of last employment: _____

What 2 job searches have they done in the last week? _____

☐ If not currently employed, other adult(s) are registered with Iowa Workforce Development.

Monthly Income from following sources for all people 18 years and older in the household (proof of income should be provided):

(Check type & fill in amounts)

	Applicant Amount:	Others in Household Amount
☐ Employment	_____	_____
☐ Unemployment Compensation	_____	_____
☐ Workmen's Compensation	_____	_____
☐ Social Security/SSI/SSD	_____	_____
☐ Food Assistance (Food Stamps)	_____	_____
☐ Veteran's Benefits	_____	_____
☐ Retirement/Pension	_____	_____
☐ FIP	_____	_____
☐ Child Support or Alimony	_____	_____
☐ Other	_____	_____

Explain: _____

Have you applied for Social Security/SSI/SSD Benefits ☐ YES ☐ No

If YES – Date of Application _____ Status _____

MONTHLY LIVING EXPENSES:

Show amount owing or most current

Rent/House Payment	Electric	Heat	Water	Telephone	Cell Phone	Cable or Satellite TV	Food
Loans	Charge Accounts	Clothing	Car Expense	Insurance Premiums	Taxes	Other	

Monthly Medical Expenses:

	Name	Amt. Pd.	Bal. Due
Doctor			
Hospital			
Dentist			
Prescriptions			
Over the Counter Medications			
Other			

☐ **RENT** – For what month? _____ How much? _____
Your landlord is required to complete and sign the attached Form C.

☐ **ELECTRIC BILL** – For what month? _____ How much? _____
You must provide a copy of your last bill, NOT disconnect notice.
Sign the following statement if bill is with Alliant Energy

☐ **WATER BILL** – For what month? _____ How much? _____
You must provide a copy of your last bill, NOT past due notice.

☐ **PROPANE** – How much? _____

☐ **MEDICINE** – How much? _____

☐ **Something Not Listed Above** – What is it? _____

[illegible]

What is your doctor's name and where are they located: _____

CERTIFICATION STATEMENT -- PLEASE READ CAREFULLY
MUST BE SIGNED BY ALL ADULTS AGE 18 OR OVER LIVING IN THE HOUSEHOLD

I (We) understand the Code of Iowa provides that "any county having expended any money for the relief or support of a poor person, under the provisions of this chapter, may recover the same from any of his kindred, mentioned herein, from such a poor person should he become able, or from his estate, from relatives by action brought within two years from the payment of such expenses, from such poor person's estate by filing the claim as provided by law." (252.13)

I (We) understand I assume full responsibility for the accuracy of the statements on this form. I (We) also understand Appanoose County General Assistance will use these statements to determine my eligibility for General Assistance.

I (We) certify that under penalty of perjury, by signing my name below that information I (we) have given on this form is true and correct.

I (We) understand and agree that if the assistance requested is approved, Appanoose County General Assistance may send a notice of the approval to the person, business or agency who will be paid.

I (We) understand and agree that any "Protected Health Information" being provided as part of or in support of this application will only be used for the purpose of determining eligibility and making payment. I have the right to receive a full printed copy of Appanoose County "Notice of Privacy Practices". (PLEASE INDICATE YOUR DESIRE BELOW)

☐ I ***have provided Protected Health Information as part of this application and do want a full copy of the "Notice of Privacy Practices"***

☐ I ***have provided Protected Health Information as part of this application and do not want a full copy of the "Notice of Privacy Practices"***

Signature or mark of applicant

Date

Signature or mark of spouse or other adult in household

Date

Signature or mark of spouse or other adult in household

Date

The Appanoose County General Assistance Director will send you a written Notice of Decision. If you do not agree with the Appanoose County General Assistance Director's decision, you may appeal it to the Appanoose County Board of Supervisors, obtain an explanation of the action, and present information to show that the action is incorrect. You may speak for yourself or be represented by legal counsel or other spokesperson.

Appanoose County General Assistance Office

generalassistance@appanooseph.net
(641) 437-4332

209 East Jackson Street
Centerville, Iowa 52544

NOTHING HEREIN IS A PROMISE OR GUARANTEE OF APPROVAL OF ANY GENERAL ASSISTANCE REQUEST

THIS DOCUMENTATION MUST BE COMPLETED BY A MEDICAL PROFESSIONAL

Date: _____

Applicant's Name
& Date of Birth: _____

Medical Professional:

The applicant named above has made application to Appanoose County General Assistance. The applicant is claiming a temporary or permanent disability that is preventing them from earning a living from employment. Appanoose County General Assistance is hereby seeking medical professional verification of that claim including an estimate of the length of time the condition may continue. The applicant has signed below to authorize release of this information to Appanoose County General Assistance. Appanoose County General Assistance complies with all HIPAA and Confidentiality regulations for the protection of our client information.

Summary of medical diagnosis:

Length of time condition is expected to persist:

Clinic name:

Medical Professional Signature:

By signing below, I authorize the release of my medical information to Appanoose County General Assistance. This authorization expires 6 months from the date of my signature.

Client/Patient Signature

Date

FORM B

Appanoose County General Assistance Office

generalassistance@appanooseph.net
(641) 437-4332

209 East Jackson Street
Centerville, Iowa 52544

NOTHING HEREIN IS A PROMISE OR GUARANTEE OF APPROVAL OF ANY GENERAL ASSISTANCE REQUEST

NOTE TO LANDLORDS – This form must be completed and signed **IN INK** by the Landlord or Manager – not the tenant.

Any assistance is one time only – recertification will be required for any subsequent requests

THE FOLLOWING WILL BE A PART OF OUR CONSIDERATION:

1. The housing must meet all applicable City or County Codes dealing with Rental properties and have a current registration and inspection with any Health or Housing Department as required.
2. Rent shall not be paid to relatives such as parents, grandparents, children, grandchildren, etc.
3. You must certify that all of the above is applicable to your rental property.
4. The **maximum** rent assistance available is **limited** and may not be equal to the amount of rent being charged. The General Assistance client will be notified of the amount of assistance approved.
5. Payment will normally be made within 30 days. However, payment will be made only if the applicant's rental assistance is, after review, allowed. Claim will be subject to the Appanoose County Board of Supervisors final approval and authorization of payment.
6. **Acceptance by the landlord of rental assistance paid by Appanoose County General Assistance certifies that any pending eviction action is suspended. The landlord certifies that the Applicant has lived in or will live in the rental unit during the entire Rent Period below. The landlord will reimburse Appanoose County if both statements above do not apply.**

Date: _____ Rent Period to be paid by this request: _____

Applicant's Name: _____

List names of **ALL** people who are currently **OR** will be living in this apartment, room or house:

Address of Property Rented: _____ Apt # _____

(City, State)

(ZIP)

Type of Unit: ☐ Apartment ☐ Room ☐ House ☐ Shared Bathroom ☐ Duplex ☐ Mobile Home

Customary Full Monthly Rent: \$ _____ Includes Utilities ☐ YES ☐ NO

Amount of HUD or other Rent Assistance \$ _____ Tenant portion if other than full rent: \$ _____

Mail Payment To: _____
(Name)

(Address)

(City)

(State)

(ZIP)

If payment is not made to the property owner:

Property Owner: _____
(Name)

(Address)

(City)

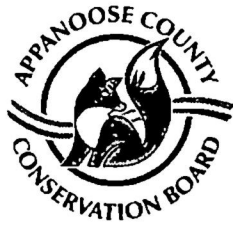
(State)

(ZIP)

I am willing to accept General Assistance payment for rent as indicated above. I further agree to notify General Assistance if there is a change in rental period or occupants. I certify that neither I nor the property owner are related to any of the above tenants/ applicants.

Manager or Property Owner Signature

Daytime Phone #



Appanoose County Conservation Board

25100 520th St
Centerville, IA 52544

July 8, 2026

Appanoose County Board of Supervisors
201 N 12th St.
Centerville, IA 52544

RE: FY2026-2027 Salary Certifications

Full-time employees

Hannah Wiltamuth, Naturalist and Co-director	\$61,541.50 salary total as follows:	
Naturalist	\$50,311	01000 06110 100 22
Co-director	\$11,230.50	01000 06100 100 22
Austin Hoffman, Conservation Technician and Co-director	\$29.48 hourly as follows:	
Conservation Technician	\$24.10/hour	01000 06110 100 22
Co-director	\$5.38/hour	01000 06100 100 22

Part-time seasonal employees

Cassandra Severson	18.00/hr	01000 06110 101 22
Jackson Sisul	15.00/hr	01000 06110 101 22

Regards,

Hannah Wiltamuth
Co-Director / Naturalist

Austin Hoffman
Co-Director / Technician

RESOLUTION NO. 2026-24

2027 County Five-Year Program Resolution No. 1

Appanoose County Secondary Roads

Whereas, Unforeseen circumstances have arisen since adoption of the approved Secondary Road Five Year Program and previous revisions, requiring changes to the sequence, funding, and timing of the proposed work plan.

Now therefore be it resolved, the Board of Supervisors of Appanoose County, Iowa, in accordance with Iowa Code section 309.22, initiates and recommends addition of the following project in the accomplishment year (State Fiscal Year 2027), for approval by the Iowa Department of Transportation (Iowa DOT), per Iowa Code 309.23 and Iowa DOT Instructional Memorandum 2.050. The following projects shall be ADDED to the Program's Accomplishment year:

Project Number FM-C004(133)--55-04, J3T and J18 Culvert Liners, TPMS Project No. 58198.

Said project located on HWY J3T, from ECL Moravia E 8 miles to WCL of Unionville and on HWY J18, from HWY S70 E 10 miles to State HWY 5.

AADT 807 vehicles per day, Work Type 331 - Pipe Culverts, FM Project Costs \$700,000, Day Labor Local Costs of \$0. Work to be completed utilizing FM funds available due to grant awards on other projects.

Recommended:

County Engineer

Date

Approved

Chair Board of Supervisors

Date

Attested

I, _____, Auditor in and for Appanoose County, Iowa, do hereby certify the above and foregoing to be a true and exact copy of a resolution passed and approved by the Board of Supervisors of Appanoose County, Iowa, at its meeting held on the 20th day of July, 2026.

County Auditor