



MEEKER-McLEOD-SIBLEY COMMUNITY HEALTH BOARD  
McLeod County Solid Waste Large Conference Room  
1065 5th Avenue SE, Hutchinson MN 55350

July 12th , 2018  
9 AM to 11 AM  
Agenda

1. Meeting called to order
2. Welcome and Introductions
3. Additions to the Agenda
4. Approval of June 18<sup>th</sup> 2018 meeting minutes\*
5. Financial Reports
  - a. June Expense Report\*
  - b. May and June Financial Statements\*
6. Review and discussion of Springsted Pay Plan\*- Julie Urell to present
7. Administrative Items
  - a. Family Planning contract with Minnesota Department of Health for a total amount of \$153,331 with a time period of July 1, 2018- December 31, 2022. Annual award amount is \$34,074, with exception of the final year at \$17,035\*.
  - b. Public Health Emergency Preparedness (PHEP) and Cities Readiness Initiative (CRI) contract with the Minnesota Department of Health for a total of \$84,470. (PHEP amount-\$72,470 and CRI amount-\$12,000) from July 1st, 2018- June 30<sup>th</sup>, 2019\*

Adjourn

Attachments:

- June 18<sup>th</sup> 2018 Meeting minutes
- Financial Reports
- Springsted Pay Plan
- MDH- Family Planning Contract and PHEP/CRI Contract

2018 Meeting Dates

July 12<sup>th</sup> 9-11  
August 9<sup>th</sup> 9-11  
September 17<sup>th</sup> 9-11  
October 11<sup>th</sup> 9-11

Large Conference Room

McLeod Solid Waste Bldg



**MEEKER-McLEOD-SIBLEY COMMUNITY HEALTH BOARD Meeting Minutes**  
**Monday June 18th, 2018**  
**McLeod County Solid Waste Large Room, Hutchinson**

**Board Members**

Beth Oberg.....present	Joe Tacheny.....present	Ron Shimanski.....present
Joe Nagel.....present	Bill Pinske.....present	Bobbie Harder.....absent
Mike Housman.....absent	Doug Krueger.....present	Joy Cohrs.....present

**Staff Present**

Diane Winter.....present	Allie Elbert.....present	
John Glisczinski ...present	Rachel Fruhwirth.....present	Colleen Robeck....absent
Kerry Ward.....present		

**Guests:** Rich Pol, Sheila Murphy, Gary Kruggel, Paul Viring, Paul Wright, Sarah –CDS, Scott Lepek

**1. Welcome and Introductions**

**2. Additions to the Agenda** Motion made by Ron Shimanski and seconded by Bill Pinske to approve the minutes- motion carries

1) Resignation of Erick Boder, request to approve recruitment

**3. Approval of May 10<sup>th</sup> 2018 meeting minutes\*** Motion made by Beth Oberg and seconded by Ron Shimanski to approve the May 2018 minutes -motion carries

**4. Update on Delegation Agreement progress; Draft Delegation Agreement\***

- a. Scott Lepek reviews the current draft. See attached document. Subdivision 1 page 2 speaks to the delegation and the exhibits. CHB is allowed to change exhibits. The stipend area was under discussion. Meeker space was discussed. Note to be made in relation to phone system, copiers, and server space, which would need to be addressed with IT. HR policies discussed. It would be the plan to have the CHB policy would closely match Meeker County so Meeker can assist as needed. Under the exhibits, it would be the expectation that each county would have some many visits etc.
- b. Timeline for approval would be in October 2018 at the county level, a September 2018 approval by the CHB would be needed. We would work on tweaks the next

**5. Update on Administrative Support**

Springsted was hired to do the study. Three options are available and a June 28<sup>th</sup> presentation will take place with the small group committee. The board would make the decision at the July meeting on what plan the CHB will use.

# ***Meeker-McLeod-Sibley Community Health Services***

1805 Ford Avenue, Suite 200  
Glencoe, Minnesota 55336

Direct Line (507) 766-3531  
Fax Number (320) 864-1484

## **Regular Board Agenda Items:**

### **6. Financial Reports**

Sarah from CDS was here to present. Allie, Julie and Sarah met to change the recording process to help more accurately tracking the pass through process. Some issues with the accounts receivable have been noticed- Sarah and Allie will be meeting to investigate this. Table financial report approval; motion made by Beth Oberg and seconded by Billy Pinske- motion carried.

- a. May Expense Report\*
- b. May Financial Statement\*

### **7. Administrative Items**

#### **a. Contract with Mary Bachman\***

- i. *Reference documents included: 2009 Contract with M.B\* and Historical Perspective SHIP Team Leader\** This contract would be a limited term agreement until exhibits from Delegation Agreement are ironed out. Bill Pinske motioned accept the new agreement ending by December 31<sup>st</sup>, 2018 and seconded Ron Shimanski. Motion carries

#### **b. Recruitment of new EP Coordinator in lieu of Erick Boder's resignation**

- i. Replace this position up to a full-time status. A motion was made by Ron Shimanski and seconded by Beth Oberg.

## **Adjourn**

Motion by Joy Cohrs and seconded by Ron Shimanski to adjourn. Motion carries.

### **Attachments:**

- May 10th 2018 Meeting minutes
- Draft Delegation Agreement
- Financial Reports
- Mary Bachman Contract
- 2009 Mary Bachman Contract
- Historical Perspective SHIP Team Leader

### **2018 Meeting Dates**

January 11<sup>th</sup> 9-11  
April 12<sup>th</sup> 9-11  
May 10<sup>th</sup> 9-11  
June 18<sup>th</sup> 9-11  
July 12<sup>th</sup> 9-11  
August 9<sup>th</sup> 9-11  
September 17<sup>th</sup> 9-11  
October 11<sup>th</sup> 9-11

Large Conference Room

McLeod Solid Waste Bldg

**MEEKER-MCLEOD-SIBLEY COMMUNITY HEALTH SERVICES  
INVOICE PAYMENT REQUEST FORM**

Date Uploaded to CDS:	6/1/18	Vendor Address	Vendor City	Vendor State	Vendor Zip Code	Payment Amount	Invoice #	Account Class	Account	Grant/Program Number	Object Number	Reason for Payment	Phone number
Mary Bachman	225 Dale Circle	Green Isle	MN	55338	\$ 271.19	5.19.18			Meals/Lodging/Parking & Misc.	501	6336	Employee reimbursement (MRC)	507-317-1846
					\$ 140.00	5.10.18		SHIP-Schools	Other Charges & Services	232	6350	3 County SHIP Coordination	
					\$ 280.00			SHIP-Community	Other Charges & Services	230	6350		
					\$ 280.00			SHIP-Health Care	Other Charges & Services	231	6350		
					\$ 280.00			SHIP-Workplace	Other Charges & Services	233	6350		
					<b>Total \$ 1,251.19</b>								
Paul Thomas Hohag	1501 Portland Ave S. Apt. 212	Minneapolis	MN	55404	\$ 500.00	5.25.18		SAVE	Other Charges & Services	105	6350	Speaker Stipend (SAVE)	320-864-1228
Joanies' Catering LLC	1811 Scenic Heights CT. SW	Hutchinson	MN	55350	\$ 500.00	5.1.18		SAVE	Other Charges & Services	105	6350	Catering Fee reimbursement	320-587-5126
Greg Hayes	1285 Farmhouse Dr	Waconia	MN	55387	\$ 500.00	5.30.18		Emergency Preparedness	Training	501	6360	NIMS Trainer Costs	612-501-9914
Sibley County Public Health and Human Services	111 8th st Box 237	Gaylord	MN	55334	\$ 775.00	5.29.18		Local Public Health Grant	Dues & Registrations Fees	100	6245	NNPHI Registration Costs	507-237-4000
					\$ 1,003.28			MRC	Meals/Lodging/Parking & Misc.	501	6336	NNPHI Lodging/travel costs (MRC)	
					\$ 500.18	5.21.18		FPSP	Other Charges & Services	501	6350	Go-To Meeting renewal	
					<b>Total \$ 2,278.46</b>								
A&T Diehn Enterprises	21092 451st Ave	Arlington	MN	55307	\$ 1,200.00	5.18.18		SAVE MRC	Other Charges & Services	501	6350	QPR Classes (MRC)	507-381-4082
T-Mobile	PO Box 790047	St. Louis	MO	63179	\$ 149.56	955039250		WIC Peer Grant	Communications	234	6203	WIC Peer cell phone	
Cash Wise	1020 Hwy 15 S	Hutchinson	MN	55350	\$ 653.12	5.30.18		Local Public Health Grant	Meeting Expense	100	6353	NIMS training expense	320-587-7655
Hunter's Ridge Community Church	850 School Rd SW	Hutchinson	MN	55350	\$ 60.00	5.19.18		WIC Peer Grant	Meeting Expense	234	6353	Room Rental WIC Peer	320-587-8374
AMAZON-ONLINE					\$ 189.00	5.18.18		MRC	Training	501	6360	Hoarding Training Material	

Allie Elbert 6/1/18



~~[Company Name]~~

# INVOICE

Mary Bachman  
225 Dale Circle  
Green Isle, MN 55338  
Phone 507-317-1846

DATE: 5/29/2018

**TO:**

Allie Elbert  
Meeker-McLeod-Sibley Community Health Board  
1805 Ford Ave NW Suite 200  
Glencoe, MN 55336

**FOR:**

Reimbursement of personal expenses to attend National Network of  
Public Health Institutes conference, New Orleans  
5/22/18 – 5/25/18

DESCRIPTION	RATE	AMOUNT
Mileage (Green Isle to MSP roundtrip) 99 miles	\$0.545/mile	\$53.96
Parking at MSP 5/22 – 5/25 Value Parking 4 days	\$15/day	\$60.00
Taxi from airport to hotel		\$36.00
Taxi from hotel to airport		\$36.00
5/22 lunch – Kilwins		\$5.00
5/22 supper – Hard Rock Cafe		\$19.92
5/23 supper – Willie's Chicken Shack		\$12.74
5/24 supper – Bubba Gump Shrimp Co.		\$25.52
5/25 breakfast – Market Cafe		\$5.44
5/25 lunch – WOW Café Delaware North Travel		\$16.61
	Total	\$271.19

Receipts attached for documentation.

Acc 501  
MRC

Taxi to hotel



**\$39.00**

Custom Amount \$39.00

Total \$39.00

*Mary Bachman*  
*\$36.00*



Alliance  
Last Location  
321-888-6153

MasterCard May 22 2018 at 1:03 PM  
(Swipe) #10YH  
Auth code  
MARY A BACHMAN

© 2018 Square, Inc.

1455 Market Street, Suite 600  
San Francisco, CA 94103

© Mapbox © OpenStreetMap [Improve this map](#)

[Square Privacy Policy](#) [Not your receipt?](#)  
[Manage preferences](#) for digital receipts



Taxi to airport

Airport parking

VETERANS TAXI CO.  
(504) 367-6767  
WE ARE PLEASED TO SERVE N. O. FOR 70 YEARS

TERMINAL ID: \*\*\*\*\* 360  
MERCHANT: \*\*\*\*\* 622  
MEDALLION: 0966V  
DRIVER ID: \*\*\*\*\*5539  
TRIP NUMBER: 2036  
PASSENGERS: 1 RATE: 2 DISTANCE: 0.00  
05/25/2018 START: 13:01 END: 13:01

FARE AMOUNT: \$ 26.00  
TIP AMOUNT: \$ 7.20  
TOTAL: \$ 43.20

AID: A00000000041010  
APPLICATION NAME: MasterCard  
ATC: 007E AC:  
MASTER  
APPCODE: \*\*\*  
ENTRY METHOD: CONTACT CHIP

\*\*\*PASSENGER COPY\*\*\*

DESCRIPTION:

FOR COMPLIMENTS OR CONCERNS PLEASE CALL  
(504) 658 7176  
THANKS FOR RIDING WITH US

Powered by:

**Verifone**



ePark

TransactionId: 375425-9041  
Ticket-Nr.: 1020064317  
Entry Date/Time: 5/22/2018 8:01 AM  
Exit Date/Time: 5/25/2018 7:31 PM  
Duration dd hh:mm: 3 11:30  
Lane: 126  
Plate #:   
Cashier: ePark  
PARKING FEES \$ 55.80  
Adjustments: \$ 0.00  
MN SALES TAX %7.525 \$ 4.20  
Total Due: \$ 60.00  
CREDIT CARD \$ 60.00  
Change: \$ 0.00  
Total Paid: \$ 60.00

MASTERCARD XXXXXXXX  
AUTH:

Cardholder agrees to pay the above total amount  
according to the card issuer agreement

Customer Copy

5/22 lunch

5/22  
supper

# Kilwins - New Orleans

600 Decatur Street  
Suite 106  
New Orleans, LA 70130  
(504) 345-2462

05/22/2018 14:24 Order# 0000085077  
REG\_0161\_002 - Chardonnay

Dish - Single  
1.00 ea @ 4.48 / ea T 4.48

Merchandise: 4.48  
State 0.23  
Orleans Parish 0.23  
French Quarter 0.02  
NOEHA Tax 0.04

Total: 5.00

Cash 5.00

Tendered: 20.00  
Change: -15.00

Number of Items: 1

Thank You for Shopping at Kilwin's  
neworleans@kilwins.com



Hard Rock Cafe - New Orleans  
125 Bourbon Street  
New Orleans, LA 70130

150029640 DAVE 2

CHK 3209

12

MAY22'18 5:13PM

1 TWISTD MAC & CHZ 17.95

subtotal 17.95

Tax 1.97

5:38 Amt Due

\$19.92

Heals Contribution: \_\_\_\_\_

100% of your contribution today  
will fund music programs in  
more than 75 countries.  
Visit [hardrockheals.org](http://hardrockheals.org)  
learn more!

Hard Rock Heals Foundation, Inc  
is a Florida not-for-profit  
corporation and is recognized  
as a Federal 501c3 organization

\*\*\*\*\*

\*GRATUITY NOT INCLUDED\*

Suggested gratuity options  
for your convenience

20% Gratuity =3.59

18% Gratuity =3.23

\*\*\*\*\*

Become a fan on facebook  
[www.facebook.com/hardrockcafeneworleans](http://www.facebook.com/hardrockcafeneworleans)

Follow us on twitter  
[www.twitter.com/hardrock\\_nola](http://www.twitter.com/hardrock_nola)

+=====+

Purchase Code:006243005e55726

Rewards#:1929581179

Purchase Tracked

+=====+

5/23 supper

5/24 supper

Willie's Chicken Shack

707 CANAL STREET  
NEW ORLEANS, LA 70130

138 Lafayette

Check: 2097

Guests: 1  
5tg

05/23/2018 06:52PM

\*\*\* REPRINT \*\*\*

1	2 Pieces Mixed	8.99
	Red Beans	
1	Bottle Water	2.50
	Credit Card	12.74
	Food	8.99
	Beverages	2.50
	Subtotal	11.49
	Tax	1.25
	Payment	12.74
	Change Due	\$0.00

----- Check Closed -----  
05/23/2018 06:53:16PM

Please Visit Us Again Soon.  
Bathroom code Male 2436/Female 1742

Order Number: 2097

Bubba Gump Shrimp Co  
Restaurant & Market  
429 Decatur St.  
New Orleans, LA

Server: Molik 2505331

05/24/2018

803/2  
Guests: 1  
Area: Bar

5:33 PM  
10019

Top Sirloin Steak 22.99

2 Items

Subtotal 22.99  
Tax 2.53

Total 25.52  
\*Balance Due\* \$25.52

A suggested gratuity of 15% - 20%  
is customary. The amount of  
gratuity is always discretionary.

For contracted banquets or similar  
events, balance due includes  
suggested gratuity if accepted.

Become a member of Landry's Select Club  
today and start earning free rewards!  
Ask your server or join online at  
[www.LandrysSelect.com](http://www.LandrysSelect.com)

5/25 breakfast

MARKET CAFE  
0008 Table 35 #Party 1  
WANDA H SvrCk: 2 8:58a 05/25/18

1 N/C WATER 0.00  
1 SIDE WHITE TOAST 1.95  
1 SIDE BACON 2.95

Sub Total: 4.90  
Tax : 0.54  
Sub Total: 5.44

05/25 9:15a TOTAL: 5.44

Suggested Gratuity  
15% GRATUIT 0.74  
18% GRATUIT 0.88  
20% GRATUIT 0.98

\*\*\* THANK YOU \*\*\*  
FOR DINING WITH US.  
MARKET CAFE

5/25 lunch

WOW Cafe  
Delaware North Travel  
New Orleans International Airport

ORDER: 22

BACHMAN/MARY A Grab: 738693  
5/25/2018 1:33 PM Ref: 913322

Cheese Quesadilla 7.99

(2) Texas Toast 3.98

24oz Nestle Water 2.79

Subtotal 14.76

Sales Tax 1.85

Total USD\$ 16.61

Charged to MASTERCARD

Tell us about your experience by visiting  
DelawareNorthListens.com

Your order was powered by Grab!  
Next time, avoid the line with Grab  
mobile ordering! [www.getgrab.com](http://www.getgrab.com)

# INVOICE

**From:**

Mary Bachman  
225 Dale Circle  
Green Isle, MN 55338  
Phone (507) 317-1846

DATE: MAY 10, 2018

**TO:**

Allie Elbert  
Meeker-McLeod-Sibley Community Health  
Services  
1805 Ford Ave., Suite 200  
Glencoe, MN 55336  
Phone (507) 766-3531

Invoice for agreed upon rate of \$980 per month for SHIP and Healthy Communities  
Coordination Duties, payable to Mary Bachman for the month of: **May, 2018**

Contact Person:	Paul Thomas Hohag
Mailing Address:	1501 Portland Ave S Apt #212 Minneapolis, MN 55404

## INVOICE

320-804-1228

TO: Meeker-McLeod-Sibley CHS 1805 Ford Avenue, Suite 200 Glencoe, MN 55336
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INVOICE DATE	05/25/18
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DATE OF EXPENSE	DESCRIPTION	AMOUNT
5/10/18 - 5/15/18	School Presentations	\$500.00
PLEASE PAY THIS AMOUNT:		\$500.00

Acct 105  
other charges



**Joannie' Catering**

1811 Scenic Heights Ct. SW

Hutchinson, MN 55350

Phone: (320) 587-5126

**INVOICE**

INVOICE #1001

DATE: 5/1/18

**TO:**

Meeker-McLeod-Sibley CHS

1805 Ford Ave Suite 200

Glencoe, MN 55336

(507)-766-3531

**FOR:**Reimbursement of Catering Fee at the April 9<sup>th</sup> Mental Health  
Event at Hutchinson Event Center

DESCRIPTION	HOURS/MILES	RATE	AMOUNT
Reimbursement of partial cost of Hutchinson Event Center Catering Fee			500.00
TOTAL			\$500.00

**Thank you for your business!**

---

**GREG HAYES**

**INVOICE**

612-501-9914

greghayes.chg@me.com

1285 Farmhouse Drive

Waconia, MN 55387

Attention: Eric Boder  
Emergency Manager  
McCloud County  
1805 Ford Ave N Ste. 200  
Glencoe, MN 55336

Date: 5/30/18

Project Title: NIMS 100 & 200  
Project Description: McCloud County  
Invoice Number: 53018

Terms: 30 Days

Description	Quantity	Unit Price	Cost
NIMS 100 & 200 Presentation	1	\$ 500.00	\$ 500.00
		Subtotal	\$ 500.00
	Tax	0.00%	\$ 0.00
		Total	\$ 500.00

Thank you for your business. It's a pleasure to work with you on your project.

Make checks payable to **Greg Hayes- 1285 Farmhouse Dr. Waconia, MN 55387**

Sincerely yours,

Greg Hayes

MRC - Acct 501

Sibley County Public Health and Human Services  
111 8th Street, PO Box 237  
Gaylord, MN 55334

## INVOICE

TO:  
Meeker McLeod Sibley CHS  
Attn: Allie Elbert  
1805 Ford Ave Suite 200  
Glencoe, MN 55336

INVOICE DATE 5/29/2018

QTY	DESCRIPTION	UNIT PRICE	AMOUNT
1	NNPHI Annual Conference - Registration Fee Mary Bachman - Sibley County PHHS	\$775.00	\$775.00
1	NNPHI Annual Conference - Hotel 3 Nights Mary Bachman - Sibley County PHHS	\$613.68	\$613.68
1	NNPHI Annual Conference - Airfare Mary Bachman - Sibley County PHHS	\$389.60	\$389.60
TOTAL			\$1,778.28

**PAY THIS  
AMOUNT** \$1,778.28

THANK YOU!

**Oksana Frick - Fwd: Registration Confirmed - 2018 NNPHI Annual Conference and Public Health Workforce Forum**

**From:** Mary Bachman  
**To:** Oksana Frick  
**Date:** 3/6/2018 9:37 AM  
**Subject:** Fwd: Registration Confirmed - 2018 NNPHI Annual Conference and Public Health Workforce Forum

I will keep an eye to see if my hotel for the 3rd night gets approved at the discounted rate.

>>> "Carmelita Marrow" <cmarrow@nnphi.org> 3/6/2018 9:35 AM >>>

☒ 925x180-2018NNPHIAnnualConference

Dear Mary,

Thank you for registering for the 2018 NNPHI Annual Conference and Public Health Workforce Forum! Your registration has been confirmed. Please save this email for future reference.

Date: May 22 - 24, 2018  
 Location: InterContinental New Orleans  
 444 St. Charles Avenue, New Orleans, Louisiana 70130, USA

**Current Registration:**

**Registration Information:**

**Registration Items**

Mary Bachman NNPHI Annual Conference ONLY

**Additional Information**

Mary Bachman Have you attended a previous NNPHI Annual Conference?  
 No  
 How did you hear about the Annual Conference and Public Health Workforce Forum?  
 Other: Sent to me by supervisor  
 Pursuant to the Americans with Disabilities Act, do you require specific aids or services?  
 None

**Group Confirmation Number: N8NLNM6KKWR**

**Primary Registrant (Mary Bachman)**

**Confirmation Number: D7NMZDDY78C**

**Order Summaries:**

Date	Type	Amt Ordered	Amt Paid	Amt Due
06-Mar-2018 9:26 AM CT	offline order	\$775.00	\$0.00	\$775.00

**Mary Bachman**

Order Date	Order Type	Item	Item Type	Amt Ordered	Amt Paid	Amt Due
06-Mar-2018 9:26 AM CT	Offline Charge	NNPHI Annual Conference ONLY	Admission Item	\$775.00	\$0.00	\$775.00
				<b>Amt Ordered</b>	<b>Amt Paid</b>	<b>Amt Due</b>
				<b>Total</b>	\$775.00	\$0.00 \$775.00



If you intend to pay by check, please make checks payable to NNPHI (Tax ID 72-1505359) and send with a copy of your invoice to:

NNPHI  
 Attn: Merilee Jones  
 1100 Poydras Street, Suite 950  
 New Orleans, LA 70163

not permitted as both carry-on and checked baggage.

Spare batteries for other devices, fuel cells, and e-cigarettes are permitted in carry-on baggage only. If your carry-on bag contains these items and is gate checked, they must be removed and carried in the cabin. Further information and specific guidelines regarding restricted items can be found [here](#).

### Passenger Info

NAME	FLIGHT	SEAT
MARY BACHMAN	DELTA 1723	22C
SkyMiles #*****920	DELTA 1723	20D

Visit [delta.com](#) or use the Fly Delta app to view, select or change your seat. If you purchased a Delta Comfort+™ seat or a Trip Extra, please visit My Trips to access a receipt of your purchase.

### Flight Receipt

Ticket #:

Place of Issue: Delta.com

Ticket Issue Date: 08MAR18

Ticket Expiration Date: 08MAR19

### METHOD OF PAYMENT

CA\*\*\*\*\*

**\$389.60 USD**

### CHARGES

#### Air Transportation Charges

Base Fare **\$335.82 USD**

#### Taxes, Fees and Charges

United States - September 11th Security Fee(Passenger **\$11.20 USD**

Civil Aviation Security Service Fee) (AY)

United States - Transportation Tax (US) **\$25.18 USD**

United States - Passenger Facility Charge (XF) **\$9.00 USD**

United States - Flight Segment Tax (ZP) **\$8.40 USD**

### TICKET AMOUNT

**\$389.60 USD**

#### NONREF/PENALTY APPLIES

This ticket is non-refundable unless the original ticket was issued at a fully refundable fare. Some fares may not allow changes. If allowed, any change to your itinerary may require payment of a change fee and increased fare. Failure to appear for any flight without notice to Delta will result in cancellation of your remaining reservation.

Note: When using certain vouchers to purchase tickets, remaining credits may not be refunded. Additional charges and/or credits may apply.

Fare Details: MSP DL MSY157.21TAVNA0MB DL MSP178.61UAUNA0MB USD335.82END ZP MSPMSY XF MSP4.5MSY4.5

### Checked Bag Allowance



**INTERCONTINENTAL.**  
NEW ORLEANS

05-25-18

<b>EMCVenues for NNPHI</b>	Folio No. :	<b>1095688</b>	Room No. :	<b>0914</b>
<b>1515 Poydras Street Suite 1490</b>	A/R Number :		Arrival :	<b>05-22-18</b>
<b>New Orleans</b>	Group Code :	<b>NSZ</b>	Departure :	<b>05-25-18</b>
<b>United States</b>	Company :	<b>EMCVenues for NNPHI</b>	Conf. No. :	<b>66760723</b>
	Membership No. :		Booking # :	
Bachman, Mary	Invoice No. :		Page No. :	<b>1 of 1</b>

Date	Description	Charges	Credits
05-22-18	*Accommodation	175.00	
05-22-18	Room State Tax	17.50	
05-22-18	State/City Occupancy Fee	2.00	
05-22-18	Room City Tax	7.00	
05-22-18	Tourism Support Assessment	3.06	
05-23-18	*Accommodation	175.00	
05-23-18	Room State Tax	17.50	
05-23-18	State/City Occupancy Fee	2.00	
05-23-18	Room City Tax	7.00	
05-23-18	Tourism Support Assessment	3.06	
05-24-18	*Accommodation	175.00	
05-24-18	Room State Tax	17.50	
05-24-18	State/City Occupancy Fee	2.00	
05-24-18	Room City Tax	7.00	
05-24-18	Tourism Support Assessment	3.06	
05-25-18	Mastercard XXXXXXXXXXXX		613.68
<b>Total</b>		<b>613.68</b>	<b>613.68</b>
<b>Balance</b>		<b>0.00</b>	

**Guest Signature:** \_\_\_\_\_

I have received the goods and / or services in the amount shown heron. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the card holder's agreement with the issuer.

Sibley County Public Health and Human Services  
111 8th Street, PO Box 237  
Gaylord, MN 55334

## INVOICE

TO:  
Meeker McLeod Sibley CHS  
Attn: Allie Elbert  
1805 Ford Ave Suite 200  
Glencoe, MN 55336

INVOICE DATE 5/21/2018

QTY	DESCRIPTION	UNIT PRICE	AMOUNT
1	CHS GoToMeeting Annual Plan Renewal May 13, 2018 - May 12, 2019	\$500.18	\$500.18
		TOTAL	\$500.18

PAY THIS  
AMOUNT \$500.18

THANK YOU!

fp 501

**Oksana Frick - Your Receipt for GoToMeeting**

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**From:** "LogMeIn, Inc." <customerservice@s.logmein.com>  
**To:** <goto@mmspublichealth.org>  
**Date:** 5/19/2018 12:01 AM  
**Subject:** Your Receipt for GoToMeeting

---

[Account Login](#)

# Thank you for choosing us.

**Dear Oksana Frick,**

At the end of each billing cycle, your services will be automatically renewed. To manage your account or turn off renewal, please visit [My Account](#). If you have any questions, please contact Global Customer Support.

Again, thank you for using GetGo, Inc., a subsidiary of LogMeIn, Inc.

**Billing Address:**

Oksana Frick

PO Box 237, Gaylord, MN

[goto@mmspublichealth.org](mailto:goto@mmspublichealth.org)

Receipt: 123257449

Charged to MasterCard

([Edit Payment Info](#))

Product	Amount
1 organizer seat of GoToMeeting Annual Plan with 25 attendees starts May 13, 2018 CDT extends through May 12, 2019 CDT	\$468.00 USD \$32.18 (Tax)
Charged to MasterCard	(\$500.18) USD
Balance due:	\$0.00 USD



A&T Diehn Enterprises  
21092 451st Avenue  
Arlington, MN 55307  
(507)381-4082

Statement Date:

5/18/2018

**STATEMENT OF ACCOUNT**  
Community Health Services  
1805 Ford Avenue  
Glencoe, MN 55336

DATE	DESCRIPTION	CHARGES	CREDITS	ACCOUNT BALANCE
5/8/2018	QPR Class Glencoe (Community)	\$400.00		
5/15/2018	QPR Class Gaylord (Community)	\$400.00		
5/17/2018	QPR Class Litchfield (Community)	\$400.00		
				\$1,200.00

Acct 501 MRC

T-Mobile

## Your Statement

Page 1 of 10

Statement For: **MMS CHS MCLEOD COUNTY**  
 Account Number: **955039250**

**Important Information**

This is your final bill for wireless service and reflects all charges applied to your account through 5/19/18. Payment of this bill is due in full by 06/12/18.

AB 01 002765 88523 B 12 A



MMS CHS MCLEOD COUNTY  
 ATTN: ALLIE FREIDRICH  
 1805 FORD AVE N STE 200  
 GLENCOE MN 55336-1371

**Summary**

Previous Balance \$ 149.56  
 Pmt Rec'd - Thank You \$ (149.56)

**Total Past Due** \$ -  
*(Due Immediately)*

Monthly Recurring Chgs \$ 100.00  
 Other Charges \$ 39.72  
 Taxes & Surcharges \$ 9.84

**Total Current Charges** \$ 149.56  
**Current Charges Due By** 6/12/18

**Grand Total** \$ 149.56

PLEASE DETACH THIS PORTION AND RETURN WITH YOUR PAYMENT PLEASE MAKE SURE ADDRESS SHOWS THROUGH WINDOW.

T-Mobile

Statement For: **MMS CHS MCLEOD COUNTY**  
 Account Number: **955039250**

T-MOBILE  
 PO BOX 790047  
 ST. LOUIS MO 63179-0047



Amount Due By 6/12/18	Amount Enclosed
\$149.56	AutoPay



If you have changed your address - check box and record new address on the reverse side.

0409550392500612180000149563553361371

002765 1/4

# INVOICE

Cash Wise Foods  
1020 Hwy 15 So.  
Hutchinson, MN 55350  
Phone 320-587-7655  
Fax 320-587-7165

INVOICE

DATE: 5/30/2018

TO: KERRY  
MEEKER MCLEOD PUBLIC HEALTH

DATE	DESCRIPTION		TOTAL
5/30/2018	Baked potato Bar	60x\$8	\$480
	Bottle water	2x\$2.98	\$5.96
	Lemonade	5@ 3 for \$5	\$8.34
	Delivery/setup	1	\$30
	15% Event Center Fee	1	\$84.37
		Subtotal	\$608.67
			Tax \$44.45
TOTAL DUE			\$653.12



# Hunters Ridge Community Church

Our Mission: To relate to God more intimately,  
To evidence the fruit of the Spirit,  
And to bring Jesus into all our relationships.  
Rev. Howard Anderson, Pastor

Jessica Remington  
Meeker - McLeod - Sibley Community Health Services  
1805 Ford Ave. N. Ste.200  
Glencoe, MN 55336

## Invoice

Use of Fellowship Hall for "Mom's Like You" Breastfeeding Support Group

Date of Use	Number of Hours	Per Hour	Total Due	Total Paid
1-20-18	2	\$30.00		\$60.00
2-17-18	2	\$30.00		\$60.00
3-17-18	2	\$30.00		\$60.00
4-21-18	2	\$30.00		\$60.00
5-19-18	2	\$30.00	60.00	
Total Due			60.00	

Please make check to Hunters Ridge Community Church.

Thank You for your payment of \$60.00 received on 5-15-18 for the April Support Group.

Hello Office Manager,

Thank you for shopping with us. We'll send a confirmation once your items have shipped. Your order details are indicated below. If you would like to view the status of your order or make any changes to it, please visit Your Orders on Amazon.com.

This order is placed on behalf of McLeod County Public Health.

Your estimated delivery date is:

**Thursday, May 24 -**

**Friday, May 25**

Your shipping speed:

**FREE Shipping**



Your order will be sent to:

**M-M-S CHS McLeod County**

**1805 FORD AVE N STE 200**

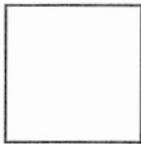
**GLENCOE, MN 55336-1371**

**United States**

## Order Details

Order #114-7534916-3592223

Placed on Friday, May 18, 2018



**12 x Buried in Treasures: Help for Compulsive Acquiring,  
Saving, and Hoarding (Treatments That Work)**  
Tolin, David, Frost, Randy O., Steketee, Gail;  
Paperback  
Sold by Amazon.com Services, Inc.

**\$15.75**

Item Subtotal:	\$189.00
Shipping & Handling:	\$14.88
Promotion Applied:	-\$14.88
Total Before Tax:	\$189.00
Estimated Tax:	\$0.00
<b>Order Total:</b>	<b>\$189.00</b>

To learn more about ordering, go to [Ordering from Amazon.com](#).  
If you want more information or need more assistance, go to [Help](#).

Thank you for shopping with us.

**Amazon.com**

Recommended for You in Kindle Books

**MEEKER-MCLEOD-SIBLEY COMMUNITY HEALTH SERVICES  
INVOICE PAYMENT REQUEST FORM**

Date Uploaded to CDS:		6/20/2018										
Vendor Name	Vendor Address	Vendor City	Vendor State	Vendor Zip Code	Payment Amount	Invoice #	Account Class	Account	Grant/Program Number	Object Number	Reason for Payment	Phone Numbers
Alethea Elbert	69245 520th St	Fairfax	MN	55332	\$ 30.00	6.1.18	Local Public Health Grant	Other Charges & Services	100	6350	Background check reimbursement	507-766-3531
Hutchinson Event Center	1005 Hwy 15 S	Hutchinson	MN	55350	\$ 115.00	5.30.18	FPSP	Meeting Expense	206	6353	Room rental for staff meeting	320-234-5656
Hunters Ridge Community Church	850 School Road SW	Hutchinson	MN	55350	\$ 60.00	6.16.18	WIC Peer Grant	Meeting Expense	234	6353	Room rental WIC BF Peer	320-587-8374
4Imprint	101 Commerce St PO Box 320	Oshkosh	WI	54901	\$ 4,437.68	6311141	FPSP	Other Charges & Services	206	6350	Outreach Incentives Account # 1760030	800-355-5043
Public Health Accreditation Board	1600 Duke St. Ste 200	Alexandria	VA	22314	\$ 3,100.00	INV-40646	Local Public Health Grant	Dues & Registrations Fees	100	6245	Final Accreditation Fee	703-778-4549
Joanne Moze	4351 Harriet Ave	Minneapolis	MN	55409	\$ 2,981.01	6.4.18	SHIP-Community	Professional Services	230	6265	SHIP Evaluation costs	612-518-4046
Lamar	PO Box 96030	Baton Rouge	LA	70896	\$ 375.00	109218765	MRC	Professional Services	501	6265	Make it OK Billboard (MRC)	800-777-4896
Barna, Guzy & Steffen	200 Coon Rapids Blvd Suite 400	Minneapolis	MN	55433	\$ 5,710.00	188526	Local Public Health Grant	Professional Services	100	6265	Delegation agreement consultant costs	763-780-8500
Hutchinson Area Chamber	2 Main Street South	Hutchinson	MN	55350	\$ 30.00	4264	CRABC	Printing & Publishing	104	6241	CRABC Table tent advertising	320-587-5252
Howard Lake-Waverly-Winsted ISD #2687	8700 County RD 6 SW PO Box 708	Howard Lake	MN	55349	\$ 500.00	1146	Healthy Communities Coalition	Other Charges & Services	103	6350	CLT Mni-grant funding	320-543-4646
McLeod County Public Health	1805 Ford Ave Suite 200	Glencoe	MN	55336	\$ 86.90	6.4.18	Project Harmony Grant	Printing & Publishing	212	6241	Recovery Coach Recruitment	320-864-3185
					\$ 1,000.00		Child & Teen Check-Up	Other Charges & Services	601	6350	Dropbox renewal	
					Total	\$ 1,086.90						
ONLINE - CARDMEMBER Service					\$ 23.98		Local Public Health Grant	Office Supplies	100	6402	Credit Card charge- CHS Office supplies	
Glencoe Regional Health Services Attn: Ashley Melchert	1805 Hennepin Ave N	Glencoe	MN	55336	\$ 679.71	Acct# 42806	FPSP	STD Testing	206	6260	FPSP Service fees	320-864-3121
					\$ 624.44		FPSP	Physical Examinations	206	6261		
					\$ 1,918.08		FPSP	Prescriptions	206	6439		
					Total	\$ 3,222.23						
Coborns Pharmacy	2211 11th St N	Glencoe	MN	55336	\$ 34.38	#2027	FPSP	Prescriptions	206	6439	FPSP Service fee	320-864-6132

*Alethea Elbert*      *6/20/18*

JOSHUA ELBERT OR ALETHEA ELBERT

69245 520TH ST  
FAIRFAX MN 55332

3424

June 1, 2018

Date

CHECK ARMOR  
TRADE PROTECTION

Pay to the  
Order of

Bureau of Criminal Apprehension \$ 30.00

Thirty and 00/100

Dollars



Photo  
Safe  
Deposit  
Details on back



MINNOW BANK®

200 Oak Street • PO Box 38  
Danube, MN 56230  
MoneyLine 1-888-616-2265

For

2 Background checks

Alethea Elbert

Harland Clarke

INTOUCH® CUSTOM CREATIONS®

Alethea Elbert  
69245 520TH ST  
Fairfax MN 55332

507-766-3531



# Hutchinson Event Center

Hutchinson Event Center  
1005 Hwy 15 South  
Hutchinson, MN 55350  
320-234-5656

Hutchinson's Meeting Place!

## INVOICE

MMSCHS  
Attn: Kerry Ward  
1805 Ford Ave Suite 200  
Glencoe, MN 55336

Terms: Due upon receipt

---

**Hutchinson Event Center Rental:** Meeker/McLeod/Sibley County Health Service

**DATE:** May 30, 2018

<b>TOTAL QUOTE DUE:</b>		<b>\$115.00</b>
<b>NONREFUNDABLE BOOKING FEE:</b>		<b>( \$0.00 )</b>
<b>\$0.00</b>	<b>\$0.00</b>	<b>Additional payments recv'd \$0.00</b>
<b>Remaining Fee</b>		<b>\$115.00</b> Amount Due

\*\*\*Total Quote Due or Booking fee due upon receipt  
(FEE INCLUDES ALL ITEMS REQUESTED FOR UPCOMING EVENT.)

\*\*\*A minimum fee of \$60 will be applied for any CONFETTI usage

**NOTES:** half room for rate of the 1/4

**Prepared on:** 6/1/2018

\*Catering Fee & Beverage fee of 15% to be determined by vendor.



# Hutchinson Event Center

Hutchinson's Meeting Place!

Hutchinson Event Center  
1005 Hwy 15 South  
Hutchinson, MN 55350  
320-234-5656

## ROOM ESTIMATE SHEET 2018 rvsd

Meeker/McLeod/Sibley County Health Services		May 30, 2018	
<p align="center"><b>MMSCHS</b> Attn: Kerry Ward 1805 Ford Ave Suite 200 Glencoe, MN 55336</p>			
AV PACKAGE-LG 9x12'	screen/projector/mic.	\$200.00	\$0.00
AV PACKAGE-SMALL 6'	screen/projector/mic.	\$80.00	\$0.00
BACK DROP WITH LIGHTS		\$50.00	\$0.00
BACK DROP		\$25.00	\$0.00
CHAIR COVERS client put on/ Event Center remove		\$0.75	\$0.00
CHINA/FLATWARE \$1 (caterer may add additional fee)		\$1.00	\$0.00
COFFEE \$15 (30 CUPS) OR \$20 (50 CUPS)			\$0.00
COOKIES (doz) \$4 DOUGHNUTS(doz/variety) \$10			\$0.00
FOOD/BEVERAGE \$80 OR \$50 OR 0%			\$0.00
HIGH TOP TABLES - up to five		\$50.00	\$0.00
LATTICE WITH LIGHTS		\$40.00	\$0.00
LIGHTS-DANCE FLOOR		\$50.00	\$0.00
LIGHTS-PERIMETER		\$20.00	\$0.00
LIGHTS-PERIMETER & POLE		\$60.00	\$0.00
LINENS <b>Business/Private</b> \$95-\$50-\$20-\$10		\$20.00	1 \$20.00
MICROPHONE		\$35.00	\$0.00
MIRRORS-BEVELED		\$0.75	\$0.00
PIANO		\$25.00	\$0.00
REFUNDABLE DAMAGE DEPOSIT		\$300.00	\$0.00
ROOM AREA- 1/4 Great Room		\$95.00	1 \$95.00
SCREEN \$10 OR \$15 OR \$100			\$0.00
SECURITY-PER HOUR		\$57.00	\$0.00
SKIRTING		\$5.00	\$0.00
SKIRTING WITH LIGHTS		\$10.00	\$0.00
SPECIAL DAY RATE		\$350.00	\$0.00
STAFFING-PER HOUR		\$60.00	\$0.00
NOTES:half room for rate of the 1/4	<b>TOTAL QUOTE</b>		\$115.00
	Non-refundable booking fee		— [ ]
	Additional Payments Recv'd		— \$0.00
INVOICE TO FOLLOW UPON FINAL DETAILS	<b>REMAINING TOTAL DUE</b>		\$115.00 Total
***Total Quote Due or Booking fee due upon receipt Due two wks prior to event			



# Hunters Ridge Community Church

Our Mission: To relate to God more intimately,

To evidence the fruit of the Spirit,

And to bring Jesus into all our relationships.

Rev. Howard Anderson, Pastor

Jessica Remington

Meeker - McLeod - Sibley Community Health Services

1805 Ford Ave. N. Ste.200

Glencoe, MN 55336

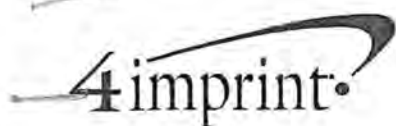
## Invoice

Use of Fellowship Hall for "Mom's Like You" Breastfeeding Support Group

Date of Use	Number of Hours	Per Hour	Total Due	Total Paid
1-20-18	2	\$30.00		\$60.00
2-17-18	2	\$30.00		\$60.00
3-17-18	2	\$30.00		\$60.00
4-21-18	2	\$30.00		\$60.00
5-19-18	2	\$30.00		\$60.00
6-16-18	2	\$30.00	\$60.00	
Total Due			\$60.00	

Please make check to Hunters Ridge Community Church.

Thank You for your payment of \$60.00 received for the May Support Group.



101 Commerce St  
PO Box 320  
Oshkosh, WI 54901

www.4imprint.com

877-446-7746

800-355-5043

DONNA MILLER  
FAMILY PLANNING SPG  
MEEKER-MCLEOD-SIBLEY COMM HEALTH SVCS  
114 N HOLCOMBE AVE, STE 250  
LITCHFIELD MN 55355

**Shipping Address**

Laurie Terning  
Meeker County Public Health  
114 N Holcombe Ave  
Ste 250  
Litchfield, MN 55355-2283  
USA  
Tel: 320-693-5381

Invoice Number 6311141

Invoice Date May 21, 2018

Reference No 1010

Account No. 1760030

Account Rep. Stephanie Brehmer

Our Order No. 15698549

Item		Krypton Pen				Colours		(Barrel,Grip/Trim): Translucent Chartreuse, Chartreuse		
Qty	Item #	Description	Unit \$	Price \$	Total \$					
600	9630	Krypton Pen	0.4200	252.00	252.00					
1	Delivery	3rd Party Billing per Order	0.0000	0.00	0.00					
		Freight		9.64	9.64					
						261.64				

Item	Power Clip - Opaque		Colours (Clip,Grip): White, Black		
Qty	Item #	Description	Unit \$	Price \$	Total \$
600	2245-S	Power Clip - Opaque	0.7100	426.00	426.00
1	Set-Up Charge	Set-Up Charge	55.0000	55.00	55.00
		Freight		37.71	37.71
					518.71

Item	Risky Business Sunglasses - Two Tone		Colours	(Inner Frame,Outer Frame): Lime Green, Black		
Qty	Item #	Description	Unit \$	Price \$	Total \$	
500	109494-TT	Risky Business Sunglasses - Two Tone	1.3900	695.00	695.00	
1	Set-Up Charge	Set-Up Charge	40.0000	40.00	40.00	
		Freight		46.99	46.99	
					781.99	

Item		Catch a Wave Shopping Tote		Colours		(Tote,Handles): Gray, Gray	
Qty	Item #	Description	Unit \$	Price \$	Total \$		
2,000	138938	Catch a Wave Shopping Tote	1.3200	2,640.00	2,640.00		
1	Set-Up Charge	Set-Up Charge(Per Order Line)	55.0000	55.00	55.00		
		Freight		180.34	180.34		
						2,875.34	

MAY 24 2018

Please ensure that payment is received by Jun 20 2018.

Total Net	4,437.68
Total Tax	0.00
Grand Total	4,437.68
Total Due	4,437.68





*Advancing  
public health  
performance*

# INVOICE

## Public Health Accreditation Board

1600 Duke St Ste 200  
Alexandria, VA 22314  
Phone 703-778-4549 x109  
[accounting@phaboard.org](mailto:accounting@phaboard.org)

INVOICE #: INV-40646  
DATE: 06/10/2018  
DUE DATE: DUE UPON RECEIPT

TOTAL DUE: \$0.00

**BILL**

**TO:** MEEKER-MCLEOD SIBLEY COMMUNITY HEALTH SER  
1805 Ford Ave North  
STE 200  
Glencoe, MN 55336

Reference # if applicable:

DESCRIPTION / MEMO	AMOUNT
Accreditation Fees-Category 2	\$3,100.00
<b>TOTAL AMOUNT:</b>	<b>\$3,100.00</b>

Special instructions or notes:

5 YR Sales Invoice

Make all checks payable: Public Health Accreditation Board. If you have any questions concerning this invoice, contact Mark Paepcke, Chief Administrative Officer at (703) 778-4549 x104, or [accounting@phaboard.org](mailto:accounting@phaboard.org)

# INVOICE

\* One SHIP  
Acct

**FOR:**  
SHIP Evaluation services from 3/1/2018-5/31/2018

Warwick Ave  
106

Community

**THANK YOU FOR YOUR BUSINESS!**



# BGS

**Barna, Guzy & Steffen, Ltd.**

ATTORNEYS AT LAW

200 Coon Rapids Boulevard, Suite 400  
Minneapolis, Minnesota 55433-5894

67180-001

SML

RE: JOINT POWERS AGREEMENT

STATEMENT DATE: 05/31/18 - CLOSING DATE: 05/31/18

STATEMENT NO: 188526

LB

MEEKER-MCLEOD-SIBLEY  
COMMUNITY HEALTH SERVICES  
1805 FORD AVENUE #200  
GLENCOE, MN 55336

*Committed to serving you with these areas of law:*

Estate and Tax Planning, Banking,  
Commercial Litigation, Collections,  
Personal Injury, Family, Business/Corporate,  
Real Estate Transactions,  
Labor and Governmental, Criminal Defense  
Probate and Trust Administration

AMOUNT REMITTED \$ \_\_\_\_\_

**To Ensure Proper Credit, Please Return This Portion With Your Payment. Thank You.**

We Accept Visa, MasterCard, Discover and American Express.  
See Reverse for Payment by Credit Card.

**Fed. Tax ID# 41-0975695**

Payments Due Upon Receipt of Invoice  
Unless Prior Arrangements Have Been Made.

## BILLING SUMMARY

PREVIOUS BALANCE DUE	615.00
CURRENT BILLING (FEES AND DISBURSEMENTS)	5,710.00
LESS: PAYMENTS/CREDITS	615.00
<b>TOTAL BALANCE DUE</b>	<b>5,710.00</b>

67180-001

SML

RE: JOINT POWERS AGREEMENT

STATEMENT DATE: 05/31/18 - CLOSING DATE: 05/31/18

STATEMENT NO: 188526

LB

Please Refer to Privacy Notice on Reverse Side.

Barna, Guzy & Steffen, Ltd. • 200 Coon Rapids Boulevard, Suite 400  
Minneapolis, MN 55433-5894 • Telephone: (763) 780-8500 • (800) 422-3486 • Fax: (763) 780-1777



CRABC

Date	Invoice #
6/5/2018	4264

Bill To
Meeker-McLeod-Sibley Community Health Ser Crow River Area Breastfeeding Coalition Attn: Jayme Krauth 1805 Ford Ave Suite 200 Glencoe MN 55336

Terms	Due Date
Net due in 30 days	7/5/2018

Description	Amount
Table Tent Event Listing Event Date(s): August 4	30.00
Total	\$30.00



Howard Lake - Waverly - Winsted ISD #2687  
8700 County Rd 6 SW  
PO Box 708  
Howard Lake, MN 55349

Ph: 320-543-4646 Fax: 320-543-4630

CLT  
mini-grant

# INVOICE

Number	Date	Page
1146	06/04/2018	Pg 1 of 1

Ext Invoice No Ref:

Bill To: MEEKER-MCLEOD-SIBLEY  
HEALTHY COMMUNITIES  
1805 FORD AVE. N - SUITE 200  
GLENCOE MN 55336

Ship To: MEEKER-MCLEOD-SIBLEY  
HEALTHY COMMUNITIES  
1805 FORD AVE. N - SUITE 200  
GLENCOE MN 55336

Email:

Customer	Customer PO No	Sales Order No	Terms	Due Date
1 1285 MEEKER-MCLEOD-SIBLEY			Net 30	07/04/2018

No.	SKU Code/Description/Comments	Taxable	U/M	Units	Rate	Extended
1		No		1.00	500.00	500.00

4/27/18 Community Symposium expenses (See attached breakdown)

Subtotal	\$500.00
Sales Tax	\$0.00
Invoice Total	\$500.00
Payment Received	\$0.00
Discounts Given	\$0.00
Balance Due	\$500.00

## Community Symposium - April 27, 2018

	Hours	Rate	Stipend	FICA	TRA/PERA	Total
Adickes, Breanne	4	\$25.00	\$100.00	\$7.65	\$7.50	\$115.15
Barth, Britta	3	\$25.00	\$75.00	\$5.74	\$5.63	\$86.36
Cottingham, Heidi	4	\$25.00	\$100.00	\$7.65	\$7.50	\$115.15
Holm, Emily	5.42	\$25.00	\$135.50	\$10.37	\$10.16	\$156.03
Mortensen, Sarah	3	\$15.86	\$47.58	\$3.64	\$3.57	\$54.79
				<hr/>		
				\$458.08	\$35.04	\$34.36
						\$527.48

Cost of folders/badges (Innovative Office Solutions)	135.62
---	--------

**Total**

\$ 663.10

### STATEMENT

**McLeod County Public Health Nursing Service**

1805 Ford Avenue, Suite 200

Glencoe, MN 55336

Date June 4, 2018

To MMS CHS

Attn: Allie Elbert

1805 Ford Ave, Ste 200

Glencoe, MN 55336

Other: Recovery coach Hutch Leader ad	= \$	61.83
Recovery coach Indeed charges for May 2018	= \$	25.07
Dropbox renewal	= \$	1,000.00

Project Harmony  
- CTC

Total Charges = \$ 1,086.90

Less Payments	= \$
---------------	------

**Balance Due = \$ 1,086.90**



June 2018 Statement

Open Date: 05/04/2018 Closing Date: 06/04/2018

Page 1 of 3

Account:

Visa® Community Card

M M S CHS ()

Cardmember Service

BUS 30 ELN

678

1-866-552-8855

2

**New Balance** \$23.98  
**Minimum Payment Due** \$23.98  
**Payment Due Date** 07/01/2018

**Late Payment Warning:** As a reminder, your card is a pay in full product. If we do not receive your payment in full by the date listed above, a fee of either 3.00% of the payment due or \$39.00 minimum, whichever is greater, will apply.

**Activity Summary**

Previous Balance	\$0.00
Payments	\$0.00
Other Credits	\$0.00
Purchases	\$23.98
Balance Transfers	\$0.00
Advances	\$0.00
Other Debits	\$0.00
Fees Charged	\$0.00
Interest Charged	\$0.00

**New Balance** = \$23.98

**Past Due** \$0.00

**Minimum Payment Due** \$23.98

Credit Line \$1,500.00

Available Credit \$1,476.02

Days in Billing Period 32

**Payment Options:**



Mail payment coupon  
with a check



Pay online at  
[myaccountaccess.com](http://myaccountaccess.com)



Pay by phone  
1-866-552-8855

Please detach and send coupon with check payable to: Cardmember Service

CPN 001869756



0047985100614727710000023980000023987

24-Hour Cardmember Service: 1-866-552-8855

• to pay by phone  
• to change your address

000004536 01 SP 000638850252995 P

M M S CHS  
ACCOUNTS PAYABLE  
1805 FORD AVE N STE 200  
GLENCOE MN 55336-1371



paid on-line

Account Number	
Payment Due Date	7/01/2018
New Balance	\$23.98
Minimum Payment Due	\$23.98

Amount Enclosed

\$

Cardmember Service

P.O. Box 790408

St. Louis, MO 63179-0408



6/20/18 AE



**Public Health**  
Prevent • Promote • Protect

Meeker McLeod Sibley  
Community Health Services

## Meeker-McLeod-Sibley Community Health Services

1805 Ford Avenue, Suite 200  
Glencoe, Minnesota 55336

Direct Line (507) 766-3531  
Fax Number (320) 864-1484

Initial/Yearly Exam with Pap	<u>  3  </u> x \$150.00 = \$ 450.00
Yearly Exam without Pap	<u>      </u> x \$100.00 = \$ _____
Counseling Only	<u>      </u> x \$ 40.00 = \$ _____
Pregnancy Test	<u>  4  </u> x \$ 8.61 = \$ 34.44
Depo Injection	<u>  1  </u> x \$ 23.00 = \$ 23.00

### STD Diagnosis:

Herpes	<u>      </u> x \$ _____ = \$ _____
Chlamydia/Gonorrhea	<u>  1  </u> x 43.33 = 43.33
Chlamydia/Gonorrhea	<u>  1  </u> x 68.09 = 68.09
Gonorrhea	<u>  1  </u> x 83.51 = 83.51
Chlamydia	<u>  1  </u> x 56.39 = 56.39
Vaginitis	<u>  1  </u> x 128.18 = 128.18
Vaginitis	<u>  1  </u> x 60.06 = 60.09
STD Treatment at Clinic	<u>  1  </u> x 136.61 = 136.61
Syphilis	<u>  1  </u> x 41.10 = 41.10
Syphilis	<u>  1  </u> x 16.34 = 16.34
Syphilis	<u>  1  </u> x 46.07 = 46.07
<b>EXAM TOTAL \$ 1,187.15</b>	

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Sterlization (tubal)	<u>  2  </u> x 947.54 = \$ 1,895.08
Nexplanon	<u>      </u> x \$ _____ = \$ _____
Essure Kit	<u>      </u> x \$ _____ = \$ _____
IUD	<u>      </u> x \$ _____ = \$ _____

**METHOD TOTAL \$ 1,895.08**

**LESS Client Fees Received: -\$ 0**

**TOTAL MMS CHS payment : \$ 3,082.23** to: Glencoe Regional Health Services Acct #: 42806  
Attn: Ashley Melchert  
1805 Hennepin Ave N  
Glencoe, MN 55336

Meeker McLeod Sibley Community Health Services  
MMS CHS  
FAMILY PLANNING PAYMENT AUTHORIZATION FORM

Initial/Yearly Exam with Pap \_\_\_\_\_ x \$150.00 = \$ \_\_\_\_\_

Yearly Exam without Pap   1   x \$100.00 = \$ 100.00

Counseling Only   1   x \$ 40.00 = \$ 40.00

Pregnancy Test \_\_\_\_\_ x \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Depo Injection \_\_\_\_\_ x \$ 23.00 = \$ \_\_\_\_\_

STD Diagnosis:

Herpes \_\_\_\_\_ x \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Chlamydia \_\_\_\_\_ x \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Gonorrhea \_\_\_\_\_ x \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Vaginitis \_\_\_\_\_ x \$ \_\_\_\_\_ = \$ \_\_\_\_\_

STD Treatment at Clinic \_\_\_\_\_ x \$ \_\_\_\_\_ = \$ \_\_\_\_\_

\_\_\_\_\_ x \$ \_\_\_\_\_ = \$ \_\_\_\_\_

\_\_\_\_\_ x \$ \_\_\_\_\_ = \$ \_\_\_\_\_

**EXAM TOTAL \$ 140.00**

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Sterilization (tubal) \_\_\_\_\_ x \_\_\_\_\_ = \$ \_\_\_\_\_

Nexplanon \_\_\_\_\_ x \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Essure Kit \_\_\_\_\_ x \$ \_\_\_\_\_ = \$ \_\_\_\_\_

IUD \_\_\_\_\_ x \$ \_\_\_\_\_ = \$ \_\_\_\_\_

**METHOD TOTAL \$**

**LESS Client Fees Received: -\$**

**TOTAL MMS CHS payment : \$140.00** to: Glencoe Regional Health Services Acct #: 42806  
Attn: Ashley Melchert  
1805 Hennepin Ave N  
Glencoe, MN 55336

Meeker McLeod Sibley Community Health Services  
MMS CHS  
FAMILY PLANNING PAYMENT AUTHORIZATION FORM

Initial/Yearly Exam with Pap \_\_\_\_\_ x \$150.00 = \$ \_\_\_\_\_

Yearly Exam without Pap \_\_\_\_\_ x \$100.00 = \$ \_\_\_\_\_

Counseling Only \_\_\_\_\_ x \$ 40.00 = \$ \_\_\_\_\_

Pregnancy Test \_\_\_\_\_ x \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Depo Injection \_\_\_\_\_ x \$ 23.00 = \$ \_\_\_\_\_

STD Diagnosis:

Herpes \_\_\_\_\_ x \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Chlamydia \_\_\_\_\_ x \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Gonorrhea \_\_\_\_\_ x \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Vaginitis \_\_\_\_\_ x \$ \_\_\_\_\_ = \$ \_\_\_\_\_

STD Treatment at Clinic \_\_\_\_\_ x \$ \_\_\_\_\_ = \$ \_\_\_\_\_

\_\_\_\_\_ x \$ \_\_\_\_\_ = \$ \_\_\_\_\_

\_\_\_\_\_ x \$ \_\_\_\_\_ = \$ \_\_\_\_\_

**EXAM TOTAL \$ \_\_\_\_\_**

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Sterilization (tubal) \_\_\_\_\_ x \_\_\_\_\_ = \$ \_\_\_\_\_

Nexplanon \_\_\_\_\_ x \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Prescription 2 x \$ 17.19 = \$ 34.38 Rx#7338153 & Rx#7338154

IUD \_\_\_\_\_ x \$ \_\_\_\_\_ = \$ \_\_\_\_\_

**METHOD TOTAL \$**

**LESS Client Fees Received: -\$**

**TOTAL MMS CHS payment : \$34.38      to:      Coborn's Pharmacy #2027  
2211 11<sup>th</sup> St N  
Glencoe, MN 55336**

## Minnesota Department of Health

### Grant Award Cover Sheet

You have received a grant award from the Minnesota Department of Health (MDH). Information about the grant award, including funding details, are included below. Contact your MDH Grant Manager if you have questions about this cover sheet.

**DATE:** July 1, 2018

**ATTACHMENT:** Grant Project Agreement

**CONTACT FOR MDH:** Gary Greenfield, Family Planning Special Projects Coordinator, 651-201-3743, [gary.greenfield@state.mn.us](mailto:gary.greenfield@state.mn.us)

Grantee SWIFT Information	Grant Agreement Information	Funding Information
<b>Name of MDH Grantee:</b> Meeker-McLeod-Sibley CHB	<b>Grant Agreement/Project Agreement Number:</b>	<b>Total Grant Funds (all funding sources):</b> \$153,331
<b>Grantee SWIFT Vendor Number:</b> 0000999305 <b>SWIFT Vendor Location Code:</b> 001	<b>Period of Performance Start Date:</b> July 1, 2018 <b>Period of Performance End Date:</b> December 31, 2022	<b>Total State Grant Funds:</b> \$128,146 <b>Total Federal Grant Funds:</b> \$25,185

### Notice to Grantee about Federal Funds

You have received a sub-award of federal financial assistance from MDH. Information about the award is being shared with you per 2 CFR 200.331. Please keep a copy of this cover sheet with the grant project agreement.

<b>Grantee Data Universal Numbering System (DUNS) Name and Number</b>	<b>DUNS Name:</b> McLeod County Auditor <b>DUNS Number:</b> 140868188
<b>Grantee's Approved Indirect Cost Rate for the Grant</b>	0%
<b>Is The Award for Research and Development?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Project Description</b>	Provide grants to eligible agencies for the provisions of pre-pregnancy family planning services
<b>Name of Federal Awarding Agency</b>	Temporary Assistance for Needy Families
<b>CFDA Name and Number (Catalog of Federal Domestic Assistance)</b>	<b>CFDA Name:</b> Personal Responsibility and Work Opportunity Reconciliation Act of 1996 <b>CFDA Number:</b> 93.558
<b>Federal Award Identification Number (FAIN)/ Grantor's Pass-through Number</b>	NGA: 2017G996115
<b>Federal Award Date (Date MDH received federal grant)</b>	10/6/2016
<b>Total Amount of Federal Award Received by MDH</b>	2,312,000



**Minnesota Department of Health  
Community Health Board Grant Project Agreement**

This Grant Project Agreement, and amendments and supplements, is between the State of Minnesota, acting through its Commissioner of Health ( "STATE") and Meeker-McLeod-Sibley Community Health Board , an independent organization, not an employee of the State of Minnesota, address 1805 Ford Avenue NW, Suite 200, Glencoe, MN 55336 , ("GRANTEE").

1. Under Minnesota Statutes 144.0742, the STATE is empowered to enter into a contractual agreement for the provision of statutorily prescribed public health services;
2. The STATE and the GRANTEE have entered into Master Grant Contract number 12-700-00087 ("Master Grant Contract") effective January 1, 2015 or subsequent Master Grant Contracts and amendments and supplements thereto;
3. The STATE, pursuant to Minnesota Statutes 145.925 is empowered to provide grants to eligible agencies for the provisions of pre-pregnancy family planning services; and
4. The GRANTEE represents that it is duly qualified and willing to perform the duties described in this grant project agreement to the satisfaction of the STATE. Pursuant to Minnesota Statutes Section 16B.98, subdivision 1, the GRANTEE agrees to minimize administrative costs as a condition of this grant.

NOW, THEREFORE, it is agreed:

1. ***Incorporation of Master Grant Contract.*** All terms and conditions of the Master Grant Contract are hereby incorporated by reference into this grant project agreement.

2. ***Term of Agreement.***

2.1 *Effective date.* July 1, 2018. Grantee is eligible for payment for all services satisfactorily performed from the effective date notwithstanding the date all required signatures are obtained.

2.2 *Expiration date.* December 31, 2022, or until all obligations have been fulfilled to the satisfaction of the STATE, whichever occurs first, except for the requirements specified in this grant project agreement with completion dates which extend beyond the termination date specified in this sentence.

3. ***Grantee's Duties and Responsibilities.*** The GRANTEE shall:

3.1 Complete to the satisfaction of the State all of the duties set forth in Exhibit A, Grantee Work Plan, which is attached and incorporated into this agreement. Exhibit A describes the target population in Minnesota to be served and objectives and methodologies of each service component to be provided. This information is taken from the Grantee's Family Planning Special Projects Grant application or revised application approved by the State and, as incorporated into this grant agreement, shall be construed as mandatory duties and responsibilities. Any changes to Exhibit A require prior approval from State's Authorized Representative and when approved will become a part of this grant agreement.

3.2 The State shall, during the course of this grant agreement, evaluate Grantee's progress toward reaching the target population and goals and objectives of the grant agreement and compliance with any special conditions. The State reserves the right to request additional information from Grantee to carry out its evaluation.

3.3 If the Grantee decides to fulfill any of its obligation and duties under this grant agreement through a subcontractor to be paid for by funds received under this grant agreement, the Grantee shall not execute a contract with subcontractor or otherwise enter into a binding agreement until it has first received approval from the State.

3.4 The Grantee certifies that no funding provided under this grant agreement will be used to support religious counseling or partisan political activity.

3.5 Submit standardized quarterly progress reports as defined by the State and when requested by the state.

#### **4. Consideration and Payment.**

*4.1 Consideration.* The STATE will pay for all services performed by the GRANTEE under this grant project agreement as follows:

*(a) Compensation.* The GRANTEE will be paid compensation not to exceed \$153,331, according to the breakdown of costs contained in Exhibit B, which is attached and incorporated into this agreement. The Grantee will be required to submit a detailed budget for each subsequent year of this grant agreement on April 1st of each funding period below in (b) Total Obligation and when approved by the State's Authorized Representative these detailed budgets will become part of this grant agreement.

*(b) Total Obligation.* The total obligation of the STATE for all compensation and reimbursements to the GRANTEE under this grant project agreement will not exceed \$153,331 as follows:

<u>Time Period</u>	<u>Funding</u>
July 1, 2018 – June 30, 2019	\$34,074
July 1, 2019 – June 30, 2020	\$34,074
July 1, 2020 - June 30, 2021	\$34,074
July 1, 2021 – June 30, 2022	\$34,074
July 1, 2022 – December 31, 2022	\$17,035

Any carryforward will be determined by the State's Authorized Representative.

*(c) Budget Modifications.* Modifications greater than 10 percent of any budget line item in the most recently approved budget (listed in 4.1(a) or incorporated in Exhibit B) requires prior approval from the STATE and must be indicated on submitted reports. Failure to obtain prior approval for modifications greater than 10 percent of any budget line item may result in denial of modification request and/or loss of funds. Modifications equal to or less than 10 percent of any budget line item are permitted without prior approval from the STATE provided that such modification is indicated on submitted reports and that the total obligation of the STATE for all compensation and reimbursements to the GRANTEE shall not exceed the total obligation listed in 4.1(b).

#### **4.2 Terms of Payment.**

*(a) Invoices.* The State will promptly pay the GRANTEE after the GRANTEE presents an itemized invoice for the services actually performed and the State's Authorized Representative accepts the invoiced services. Invoices must be submitted in a timely fashion and according to the following schedule: Invoices must be submitted in a form prescribed by the State by the 30<sup>th</sup> day of the month following the previous month of service.

*(b) Federal Funds.* Payments under this grant project agreement will be made from federal funds obtained by the STATE through Title IV, CFDA number 93.558 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, including public law and all amendments. The Notice of Grant Award (NGA) number is 2015G996115. The GRANTEE is responsible for compliance with all federal requirements imposed on these funds and accepts full financial responsibility for any requirements imposed by the Grantee's failure to comply with federal requirements. If at any time federal funds become unavailable, this agreement shall be terminated immediately upon written notice of by the STATE to the GRANTEE. In the event of such a termination, GRANTEE is entitled to payment, determined on a pro rata basis, for services satisfactorily performed.

**5. *Conditions of Payment.*** All services provided by GRANTEE pursuant to this grant project agreement must be performed to the satisfaction of the STATE, as determined in the sole discretion of its Authorized Representative. Further, all services provided by the GRANTEE must be in accord with all applicable federal, state, and local laws, ordinances, rules and regulations.

**6. *Ownership of Equipment.*** Disposition of all equipment purchased under this grant project agreement shall be in accordance with Code of Federal Regulations, Title 45, Part 74, Subpart C or, for Notice of Grant Awards issued on or after December 26, 2014, in accordance with Code of Federal Regulations, Title 2, Subpart A, Chapter II, Part 200. For all equipment having a current per unit fair market value of \$5,000 or more, the STATE shall have the right to require transfer of the equipment, including title, to the Federal Government or to an eligible non-Federal party named by the STATE. This right will normally be exercised by the STATE only if the project or program for which the equipment was acquired is transferred from one grantee to another.

**7. *Authorized Representatives.***

**7.1 *STATE's Authorized Representative.*** The STATE's Authorized Representative for purposes of administering this grant project agreement is Gary Greenfield, Family Planning Special Projects Coordinator, 85 East 7<sup>th</sup> Place, PO Box 64882, St. Paul, MN 55164, 651-201-3743, and [gary.greenfield@state.mn.us](mailto:gary.greenfield@state.mn.us), or his/her successor, and has the responsibility to monitor the GRANTEE's performance and the final authority to accept the services provided under this grant project agreement. If the services are satisfactory, the STATE's Authorized Representative will certify acceptance on each invoice submitted for payment.

**7.2 *GRANTEE's Authorized Representative.*** The GRANTEE's Authorized Representative is Allie Elbert, CHS Administrator, 1805 Ford Avenue NW, Suite 200, Glencoe, MN 55336, 507-766-3531, and [Allie.Elbert@co.mcleod.mn.us](mailto:Allie.Elbert@co.mcleod.mn.us), or his/her successor. The GRANTEE's Authorized Representative has full authority to represent the GRANTEE in fulfillment of the terms, conditions, and requirements of this agreement. If the GRANTEE selects a new Authorized Representative at any time during this grant project agreement, the GRANTEE must immediately notify the STATE.

**8. *Termination.***

**8.1 *Termination by the STATE.*** The STATE or GRANTEE may cancel this grant project agreement at any time, with or without cause, upon thirty (30) days written notice to the other party.

**8.2 *Termination for Cause.*** If the GRANTEE fails to comply with the provisions of this grant project agreement, the State may terminate this grant project agreement without prejudice to the right of the STATE to recover any money previously paid. The termination shall be effective five business days after the STATE mails, by certified mail, return receipt requested, written notice of termination to the GRANTEE at its last known address.

*8.3 Termination for Insufficient Funding.* The STATE may immediately terminate this grant project agreement if it does not obtain funding from the Minnesota legislature or other funding source; or if funding cannot be continued at a level sufficient to allow for the payment of the work scope covered in this grant project agreement. Termination must be by written (e-mail, facsimile or letter) notice to the GRANTEE. The STATE is not obligated to pay for any work performed after notice and effective date of the termination. However, the GRANTEE will be entitled to payment, determined on a pro rata basis, for services satisfactorily performed to the extent that funds are available. The STATE will not be assessed any penalty if this grant project agreement is terminated because of the decision of the Minnesota legislature, or other funding source, not to appropriate funds. The STATE must provide the GRANTEE notice of the lack of funding within a reasonable time of the STATE receiving notice of the same.

9. **Publicity.** Any publicity given to the program, publications, or services provided from this grant project agreement, including, but not limited to, notices, informational pamphlets, press releases, research, reports, signs, and similar public notices prepared by or for the GRANTEE or its employees individually or jointly with others, or any sub-grantees shall identify the STATE as a sponsoring agency and shall not be released, unless such release is approved in advance in writing by the STATE'S Authorized Representative. If federal funding is being used for this grant project agreement, the federal program must also be recognized.

**[Remainder of this page intentionally left blank.]**

APPROVED:

1. GRANTEE

*The Grantee certifies that the appropriate persons(s) have executed the project agreement on behalf of the Grantee as required by applicable articles, bylaws, resolutions, or ordinances.*

By: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

2. STATE AGENCY

*Project Agreement approval and certification that STATE funds have been encumbered as required by Minn. Stat. §§ 16A.15 and 16C.05.*

By: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

By: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

*Distribution:*

- MDH (Original fully executed Grant Project Agreement)
- Grantee
- State Authorized Representative



## Exhibit A: FPSP Work Plan

### Component: Public Information

**Goal:** The general population of Meeker, McLeod and Sibley Counties will be aware of family planning services (FPSP or MFPP) available within their county.

OBJECTIVES	TARGET POPULATION	ACTIVITIES	ACTIVITY RATIONALE	EVALUATION
1. By June 30, 2020, the general population will be informed about general family planning services that are available.	1. The general population of Meeker, McLeod and Sibley (MMS) counties.	<p>1. Internet search engines and social media sites will be utilized for bilingual family planning information.</p> <p>Printed materials will be posted throughout the communities at various places such as grocery stores, laundromats, post offices, etc.</p> <p>Information on the MMS FPSP will be available through the family planning hotline number.</p>	<p>1. Availability of information through various venues will reach individuals potentially eligible for program services.</p> <p>Providing FPSP information on a statewide hotline will enable individuals to access family planning program information in one location.</p>	<p>1. 100% of activities will be targeted to the applicant's geographic area.</p> <p>Data will be kept by public health and family planning services staff to monitor how clients found out about family planning services. Referral sources to the program will be tracked through the over the counter (OTC) form.</p> <p>Any community opposition will be evaluated and considered when further public information strategies are implemented.</p>

## FPSP Work Plan

### Component: Outreach

**Goal:** To increase awareness of available family planning and reproductive health services in the local area, including the Minnesota Family Planning Program (MFPP), to persons at risk for unintended pregnancy and STIs.

OBJECTIVES	TARGET POPULATION	ACTIVITIES	ACTIVITY RATIONALE	EVALUATION
1. By June 30, 2020, at least 10,000 males and females will be informed of local family planning services.	1. Low-income males and females in MMS counties who are at high risk for unintended pregnancy and Sexually Transmitted Infections (STI).	<p>1. Individuals will be referred to and receive MMS FPSP and MFPP information and materials (via brochures, bookmarks, window clings, wallet-sized cards, and posters) at WIC clinics and through other public health programs/services (i.e. home visiting program and free pregnancy testing).</p> <p>Outreach materials, such as posters, brochures, and wallet-sized cards will be available at Social Service agencies, Head Start, Community Action Agencies, Probation and other community venues.</p> <p>Family Planning outreach materials will be placed in public restrooms in Sibley County bars and Ridgewater College.</p> <p>Outreach materials (sunglasses, flash drives, condom cases, etc.) that are imprinted with the family planning services logo/contact information will be shared at various venues and events.</p>	<p>1. Targeting potential clients during their appointment times with other public health programs will allow convenient, timely access to family planning information offered by trained staff that the clients are familiar with and trust.</p> <p>Providing family planning outreach materials where individuals gather in small communities will conveniently and reliably reach males and females who may not be served through our typical public health programs and services.</p>	<p>1. Data will be kept by public health and family planning services staff documenting the number of individuals receiving outreach materials in one-to-one or group sessions.</p> <p>Referral sources to the program will be tracked through the OTC form.</p> <p>Data will be kept documenting the number of outreach materials/brochures distributed.</p>

2. By June 30, 2020, outreach materials will be distributed to target the Hispanic/Latino (migrant or permanent resident) individuals in MMS counties.	2. Racial and ethnic minorities, particularly Hispanics, in MMS Counties, who are at risk for unintended pregnancy and STIs.	2. FPSP information will be available in the WIC and Public Health settings in Spanish and English.  Bilingual community outreach workers and Spanish interpreters employed through WIC and other public health programs will provide culturally competent family planning outreach.	2. Providing bilingual outreach resources will assure that minorities with cultural or language barriers will be reached.	2. Data will be kept by public health and family planning services staff documenting the number of Hispanic individuals receiving outreach materials in one-to-one or group sessions, and number and type of outreach materials distributed. Feedback will be obtained from Hispanic outreach workers.
3a. By June 30, 2020, MMS counties will provide printed educational information and over the counter (OTC) method provision through the partnership with Ridgewater College in Hutchinson.	3a. Administration, staff, nursing department and students at Ridgewater College.	3a. Ongoing communication with Ridgewater administration.  Information regarding family planning and reproductive health resources and services will be distributed at various campus events.  Posters providing information regarding MFPP will be placed in public restrooms on campus. A family planning display will be set up at the annual Ridgewater Health Fair.	3a. The college age student population is a high risk population for unintended pregnancies and STIs.  Providing outreach materials on campus will allow community college students to be aware of and use family planning services.	3a. A written agreement will be developed defining roles and responsibilities of partnership with Ridgewater College and the provision of family planning services.
3b. By June 30, 2020, MMS will host up to eight informational outreach events at Ridgewater College.	3b. Student population of Ridgewater College.	3b. MMS will host informational games to educate students about being prepared, being smart, and being protected regarding sexual health. Provide outreach materials regarding family planning services available through FPSP and MFPP, along with	3b. Informational games will provide general education about family planning services to a high risk population of college students.	3b. Evaluation of events will be tracked with number of attendance and student participation.  Students at Ridgewater College will be aware of the availability of family planning services. Feedback will be obtained from Student Life Services



		information regarding family planning methods, STIs, etc.		staff on campus through various data collection methods.
4. By June 30, 2020, incarcerated individuals in MMS counties will be informed of the availability of family planning services.	4. Incarcerated individuals in MMS counties.	<p>4. Public health nurses or health educators will present group or individual education sessions to inmates at the county jail in order to provide pregnancy/ STI prevention, and chlamydia and gonorrhea screening/treatment information.</p> <p>Depending on each county's jail procedures, inmates will receive information about family planning program services through distribution of flyers in booking packet, posters, individual health assessments with jail nurse, and outreach materials included in bags of condoms that are placed in inmate personal belongings by jail nurse or correctional facility staff.</p>	<p>4. Incarcerated individuals are a group at an extremely high risk of unintended pregnancy and STIs. While incarcerated, inmates cannot access MFPP services. Providing outreach materials regarding family planning services will provide inmates with information and resources they may access upon their release.</p>	<p>4. Data will be kept by public health and family planning services staff documenting the number of incarcerated individuals receiving outreach materials in bags of condoms placed in inmate personal belongings, through one-to-one or group sessions, and number and type of outreach materials distributed.</p>

## FPSP Work Plan

### Component: Counseling

Goal: To facilitate responsible family planning and reproductive health decision-making, using non-directive, confidential counseling.

OBJECTIVES	TARGET POPULATION	ACTIVITIES	ACTIVITY RATIONALE	EVALUATION
1. By June 30, 2020 all women of childbearing age in MMS counties will have free pregnancy tests available to them.	1. All women of childbearing age in MMS counties.	1. Free pregnancy tests will be available to all women of childbearing age.	1. Pregnancy awareness is necessary to direct counseling regarding family planning and STI testing and treatment	1. Documentation will be kept by public health agencies regarding number of pregnancy tests completed.
2. By June 30, 2020, low-income women and men at high risk of unintended pregnancy and STIs will receive non-directive and non-judgmental family planning counseling.	2. Low-income women and men in MMS counties who are at high risk for unintended pregnancy and STIs.	2. At public health agencies, intake nurses will refer to local clinics for MFPP.  Counseling and referral to community resources will be provided over the phone, at public health offices during regular business hours. (8 AM – 430 PM) Utilization of language interpreters, TTY lines, and other accommodations will be provided as barriers are presented.  Written and verbal information re: OTC methods will be provided to clients at public health offices as appropriate.  Counseling will allow the client to voluntarily determine method of choice, including emergency contraception and LARC methods.	2. Counseling will allow individuals to freely voice questions and concerns, and voluntarily choose their method of family planning.  Counseling re: available community resources will allow clients to access resources according to their current needs.  Counseling completed by individuals trained in counseling and family planning services will provide clients with	2. Data will be kept by public health offices documenting number of clients receiving non-directive family planning counseling and client demographics.  Data will be tracked through OTC forms completed by public health staff documenting number of clients counseled at public health office.

<p>3. By June 30, 2020, clients of Hispanic origin will receive non-directive family planning counseling.</p>		<p>Information re: preconception/pregnancy care and resources will be provided. STIs prevention and counseling will be provided. Counseling regarding the availability of chlamydia and gonorrhea screening and treatment (including EPT) at public health will be provided.</p> <p>Nurses will assess and counsel clients opting to receive condoms. Models/samples and verbal and written instructions will be utilized to provide client understanding of accurate use of method.</p> <p>Nurses will provide counseling and information on reproductive health life planning and future without violence cards.</p>	<p>accurate and factual information.</p> <p>Utilization of verbal, written and hands-on learning will enhance client understanding and facilitate learning for all types of learning styles.</p> <p>Public health agency staff will evaluate the effectiveness of counseling through verifying the client's verbal understanding and will address any questions or concerns before client leaves.</p>	
<p>3. By June 30, 2020, clients of Hispanic origin will receive non-directive family planning counseling.</p>	<p>3. Hispanics in MMS counties, who are at risk for unintended pregnancy and STIs.</p>	<p>3. Interpreters and Spanish forms/materials will be used for Spanish-speaking clients. If an interpreter is not available, the Language Line will be utilized.</p>	<p>3. Utilizing interpreters at public health and translation of forms into Spanish will facilitate the understanding of counseling by Spanish-speaking clients.</p>	<p>3. Data will be kept by public health and family planning staff documenting the number of Hispanic individuals receiving non-directive family planning counseling.</p>

4. By June 30, 2020, all incarcerated individuals seeking family planning information and/or services will receive non-directive family planning counseling.	4. Incarcerated individuals in MMS counties.	<p>4. Group counseling sessions, with male and female inmates separated will be offered to incarcerated individuals. Inmates will receive information on family planning methods, STI signs and symptoms/prevention, and available funding sources for reproductive health services and contraception.</p> <p>Verbal exchanges, brochures, models of family planning methods, charts and other written materials and media resources may be utilized in the counseling process.</p>	<p>4. Inmates are at high risk for unintended pregnancy and STIs. Inmates cannot access MFPP services. Providing counseling re: pregnancy/STI prevention will increase incidence of contraceptive use upon release and decrease chlamydia and gonorrhea rates in this population.</p> <p>Group/individual sessions allow individuals to voice questions/concerns re: family planning methods or STI testing/prevention, and will be provided by public health staff trained in counseling and reproductive health topics.</p>	4. Data will be kept documenting the date of the sessions and the number of inmates participating in non-directive group or one-to-one individual counseling sessions.
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5. By June 30, 2020, 100% of individuals receiving OTC methods of contraception at public health office will be educated and counseled so they may choose a method that is best suited for them.	5. All men and women of childbearing age in MMS counties.	5. Counseling, using non-directive techniques, in a non-judgmental manner will be provided regarding various methods (including emergency contraception and LARC) prior to receiving a family planning method at the location at which it is dispensed (public health office and jail). Counseling is provided at the locations listed above by staff trained in family planning methods and counseling.	5. One to one counseling allows individuals to freely and voluntarily make an informed choice of their method of family planning.  Counseling that includes education on the use of the selected family planning method, including explanations of the risks and benefits, will lead to an informed choice of contraceptive methods.	5. Documentation of counseling will be maintained at the public health offices on the OTC intake form at public health. 100% of all public health OTC forms will document counseling.
6. Communicate up to date information to public health staff.	6. Public health staff.	6. The coordinator will be the bridge in communicating pertinent family planning grant information to the other staff.	6. To keep staff updated and/or informed on family planning information..	6. Staff will verbalize understanding.

## FPSP Work Plan

### Component: Methods

**Goal:** To provide OTC methods to target population individuals who are at risk for unintended pregnancy and STIs and provide referrals to agencies providing prescriptive methods.

OBJECTIVES	TARGET POPULATION	ACTIVITIES	ACTIVITY RATIONALE	EVALUATION
1. By June 30, 2020, 100% of requests by individuals at high risk for unintended pregnancy will be provided a voucher for payment for emergency contraception through public health.	1. Women of childbearing age in MMS counties.	1. Emergency contraception payment vouchers will be provided to individuals seeking emergency contraception at the public health offices or referred to public health from clinic sites, pharmacies, etc.	1. Provision of funding for emergency contraception will allow access for individuals not otherwise able to access emergency contraception.	1. Tracking of the number of individuals receiving vouchers for payment for emergency contraception through MMS County Public Health offices.
2. By June 30, 2020, public health office walk-ins, WIC clients, public health clients in the home, or counseled one to one will receive an OTC method.	2. Men and women of childbearing age and at risk of STIs in MMS counties.	2. Nurses will provide condoms during public health home visits, at the public health office, clinics, in restrooms at business locations, Ridgewater College, during health fairs, etc. per client's request, and in restroom vending machines placed in MMS counties. Clients receiving OTC methods will be encouraged to receive medical/laboratory services.	2. Some clients may opt for an OTC method for their primary source of contraception, rather than a prescriptive method.  Condom use will provide both contraception and STI protection for clients.	2. The following data will be tracked: Number of clients served with OTC methods in the public health office walk-ins, in home visits, and WIC clinic.  Number of condoms distributed in Ridgewater restrooms, health fairs, and other locations.



3. By June 30, 2020, all individuals seeking a method of contraception will receive one to one counseling on various methods.	3. Men and women of childbearing age in MMS counties.	3. OTC methods will be dispensed at public health offices by public health staff. Public health offices are open and available for walk-ins for distribution M to F, 8 to 4:30. Printed materials with agencies providing prescriptive methods will be available to clients (ie: Planned Parenthood, MFPP, Open Door Clinic, etc).	3. Clients must be given appropriate education prior to selecting a method of contraception, including the risks and benefits of the methods, allowing the clients the information to make an informed choice.	3. Documentation of counseling will be maintained on the OTC intake form at public health. 100% of all OTC forms will document counseling.
4. By June 30, 2020, all non-English speaking individuals served will have interpretation for services provided and adequate translation of forms/ educational materials.	4. Non-English speaking individuals.	4. Interpreters will be used for Spanish speaking clients. Spanish forms and materials will be used for Spanish speaking individuals when delivering the method chosen.  Language line interpretation will be used for languages for which an interpreter is not available.	4. Language barriers need to be overcome in order to provide effective counseling and services to non-English speaking clients.	4. Presence of forms translated into other languages (Spanish), and availability of interpreters on public health staff.  Availability of language lines.
5. By June 30, 2020, all incarcerated individuals at MMS County detention centers will have an OTC method of contraception available to them.	5. Incarcerated individuals in MMS counties.	5. Education on how/where to obtain reproductive health services and contraception upon release. Condoms will be provided to inmates in the correctional setting (method of distribution to be dependent upon individual jail administration's permission: methods could include placement in personal belongings for discharge, distribution during FPSP/STI	5. Inmates have often lost (during incarceration) or have no source of insurance coverage for reproductive health needs and contraception.	5. Number of incarcerated individuals receiving class or one to one education on family planning methods, STIs and available sources of funding for reproductive health services.  Number of incarcerated individuals receiving OTC methods.

		educational class, or during one to one meetings with inmate).		
6. By June 30, 2020, all inmates will be offered a urine chlamydia and gonorrhea screening test during their incarceration.	6. Incarcerated individuals in MMS counties.	6. Inmates will receive notification of availability of chlamydia and gonorrhea screening program either through posters within the jail, through one to one contacts with the jail nurse or jail staff, at family planning/STI sessions at the jail, or through a flyer in their personal possession bag (with OTC method). Inmates will be provided with information on the screening process and expedited partner therapy /partner notification. Payment will be provided for provision of expedited partner therapy to partners of infected individuals.	6. Offering of chlamydia and gonorrhea screening to high-risk inmates will assist in identifying individuals currently infected with chlamydia and gonorrhea.  Treatment of partners of infected individuals will prevent/reduce re-transmission of chlamydia and gonorrhea	6. Number of individuals receiving urine chlamydia and gonorrhea screening at correctional facilities.  Number of positive chlamydia and gonorrhea tests.  Number of partners treated through expedited partner therapy.
7. By June 30, 2020 100 individuals will receive a urine chlamydia and gonorrhea screen through MMS Public Health Services.	7. Men and women of childbearing age in MMS counties.	7. Provision of a voluntary urine chlamydia and gonorrhea screening for individuals requesting test. Provision of education related to the importance of partner notification/treatment for individuals with a positive test.	7. Chlamydia and gonorrhea screening to individuals identifies those currently infected. Chlamydia and gonorrhea are treatable, but go undetected due to absence of symptoms. Partner treatment of infected individuals will reduce chlamydia and gonorrhea retransmission.	7. Number of community individuals receiving urine chlamydia and gonorrhea screening through public health office.  Number of positive chlamydia and gonorrhea tests.  Number of partners treated through expedited partner therapy.



## FPSP Work Plan

### Component: Referral

**Goal:** To assist in making clients aware of appropriate resources to promote optimal reproductive health.

OBJECTIVES	TARGET POPULATION	ACTIVITIES	ACTIVITY RATIONALE	EVALUATION
1. By June 30, 2020 all women who have a positive pregnancy test at MMS public health agencies will be made aware of services to meet prenatal care needs.	1. All women of childbearing age who have a positive pregnancy at MMS public health agencies.	1. Pregnant women will be referred to medical provider for prenatal care.  Pregnant women will be referred to other health and human services, including, but not limited to, financial/food assistance, medical assistance, and case management; Community Action Councils for energy assistance, job search, housing needs; public health for WIC, home visiting, immunizations, car seats, C&TC; domestic violence resources, substance abuse treatment/counseling programs; smoking cessation programs	1. Providing written and verbal information on community resources will assist clients in meeting their prenatal needs	1. Public health will document referrals made on pregnancy test form.
2. By June 30, 2020, all clients needing referrals to other health and human services will receive oral and/or written information as well as other appropriate assistance.	2. Individuals in MMS counties.	2. Individuals will be referred to appropriate community resources such as Social Services for programs including, but not limited to, financial/food assistance, medical assistance, and case management; Community Action Councils for energy assistance, job search, housing needs; public health for WIC, home visiting, immunizations, car seats, C&TC; domestic violence resources, substance abuse treatment/counseling programs; smoking	2. Providing written and verbal information on community resources will assist clients in meeting their needs.	2. Public health will document all referrals made on OTC intake form

		<p>cessation programs; and area medical providers for health care.</p> <p>Individuals will be offered gas cards or transit tokens to assist with the cost of traveling to agencies providing prescriptive methods</p>	<p>Assisting with transportation costs will improve the likelihood of clients following through with appointments at distant locations.</p>	<p>Public Health will keep a log of all gas cards and transit tokens purchased and dispersed.</p>
<p>3. By June 30, 2020, all clients will be made aware of agencies appropriate to meet their family planning needs.</p>	<p>3. Individuals requesting services/methods not provided by MMS or MFPP.</p>	<p>3. Clients will be referred to the family planning hotline and be provided a hotline card. Printed materials with agencies providing prescriptive methods will be available to clients (ie; Planned Parenthood, MFPP, Open Door Clinic, etc).</p>	<p>3. Clients will be given the opportunity to check a statewide database for methods or services on contraception.</p>	<p>3. Public health will document all referrals made on the OTC intake form.</p>
<p>4. By June 30, 2020, all clients will be aware of the MFPP program.</p>	<p>4. Individuals determined to be MFPP eligible.</p>	<p>4. Individuals who are MFPP eligible will be referred to area MFPP providers.</p>	<p>4. Making MFPP eligible clients aware of the application process and area providers of MFPP will facilitate in getting reproductive health care.</p>	<p>4. Public health will keep track of the number of individuals referred to the MFPP program on the OTC intake form.</p>

## FPSP Work Plan

### Component: Follow-Up

Goal: To provide continuity of reproductive health care for all FPSP clients and those served by FPSP dollars.

OBJECTIVES	TARGET POPULATION	ACTIVITIES	ACTIVITY RATIONALE	EVALUATION
1. By June 30, 2020 all those served by FPSP dollars, which test positive for STIs will be notified of results.	1. All served by FPSP dollars testing positive for STIs.	1. Local FPSP coordinators will notify clients of abnormal test results.	1. Notification of abnormal test results and the need for follow-up will provide continuity of reproductive health for clients.	1. Local FPSP coordinators will audit a log kept of those who receive chlamydia and gonorrhea testing at public health agency to ensure that 100% of those tested will receive notification of results via mail, telephone call, or in person.
2. By June 30, 2020, all those served by FPSP dollars, with positive STI test results will receive education on treatment and prevention of STIs.	2. All served by FPSP dollars that test positive for STIs.	2. Clients diagnosed with STIs will be counseled on prevention of the spread of STIs including diagnosis/treatment for partner(s), and will be offered condoms.	2. Clients diagnosed with STIs will need education on further prevention of and spread of STIs. Condoms are a barrier against STIs during sexual activity.	2. Local FPSP coordinators will audit a log kept of those who receive chlamydia and gonorrhea testing at public health agency to ensure that 100% of those with positive test results receive appropriate follow-up.
3. By June 30, 2020, all who are served by FPSP who test positive for chlamydia and/or gonorrhea will be offered expedited partner therapy (EPT).	3. All those served by FPSP dollars who test positive for chlamydia and/or gonorrhea.	3. Those diagnosed with positive chlamydia and/or gonorrhea tests will be offered a voucher for EPT for each partner they've had within the last 60 days or the most recent sex partner if none within the previous 60 days.	3. Treating partners of those diagnosed with positive chlamydia and/or gonorrhea test results may decrease the spread of and/or re-infection of same/other partners and may decrease the risk of other serious health complications.	3. Local FPSP coordinators will audit a log kept of those who receive testing at public health agency to ensure that 100% of those with positive test results and who follow-up with public health agency are offered EPT.

## Exhibit B: BUDGET SUMMARY

### FAMILY PLANNING SPECIAL PROJECTS GRANTS 7/1/2018 through 6/30/2020

Grantee Agency Meeker-McLeod-Sibley Community Health Services

Address: 1805 Ford Ave Suite 200  
Glencoe, MN 55336

Contact Person Allie Elbert

Telephone #: 507-766-3531

Email allie.elbert@co.mcleod.mn.us

#### FPSP Funds

#### Budget by Line Item

	Total
Salaries and fringe	58,968
Contractual Services	0
Instate Travel	339
Supplies and Expenses*	840
Other (provide detail below)	8,000
Contraceptives	
Subtotal	68,147
Indirect Costs	
<b>TOTAL</b>	<b>68,147</b>

\*Includes telephone, postage, print, copy and equipment under \$ 5,000

## Minnesota Department of Health Community Health Board Grant Project Agreement Amendment

Grant Project Agreement Start Date:	7/1/2017	Current Project Amendment Amount	\$ 84,470
Original Grant Project Agreement Expiration Date:	6/30/2022	Original Grant Project Agreement Amount:	\$ 85,209
Current Grant Project Agreement Expiration Date:	6/30/2022	Previous Project Amendment(s) Total:	\$ -0-
Requested Grant Project Agreement Expiration Date:	6/30/2019	Requested Total Grant Project Agreement Amount:	\$ 169,679

This Grant Project Agreement Amendment is between the State of Minnesota, acting through its Commissioner of the Minnesota Department of Health (hereinafter "State") and Meeker McLeod Sibley Community Health Board 1805 Ford Avenue NW, Suite 200 Glencoe, MN 55336 (hereinafter "Grantee").

### Recitals

1. The State has a grant project agreement with the Grantee identified as SWIFT Contract # 127943 ("Original Grant Project Agreement") to provide measurable and sustained progress in the implementation and execution of the CDC's Public Health Preparedness Capabilities: National Standards for State and Local Planning. Funding and activities for this agreement are authorized under Section 319 C -1 of the Public Health Service (PHS) Act (42 USC § 247d-3a, as amended. If applicable, contingent supplemental emergency response awards are authorized under 317 (a) and 317 (d) of the Public Health Service Act (42 USC § 247b (a) and (d) subject to available funding and other requirements and limitations.
2. This amendment provides supplemental federal funding based on continuation funding from CDC for grant duties, exercises, plans, and other deliverables. Funding requires the successful completion and acceptance of all duties and deliverables including AARIPs by the State prior to June 30, 2019.
3. This amendment serves as notification to funded entities that the current period of performance originally scheduled to end on June 30, 2022 will now end of June 30, 2019.
4. The State and the Grantee are willing to amend the Original Grant Project Agreement as stated below.

### Grant Agreement Amendment

Amended or deleted grant project agreement terms will be ~~struck out~~, and the added grant project agreement terms will be underlined.

#### REVISION 1. Clause 2. "Term of Agreement" is amended as follows:

**2.1 Effective date.** This grant project agreement shall be effective on July 1, 2017, **or the date the STATE obtains all required signatures under Minnesota Statutes 16B.98. Subd. 5(a), whichever is later. The GRANTEE must not begin work until this contract is fully executed and the State's Authorized Representative has notified the GRANTEE that work may commence.**

**2.2 Expiration date.** ~~June 30, 2022~~, June 30, 2019 or until all obligations have been fulfilled to the satisfaction of the STATE, whichever occurs first, except for the requirements specified in this grant



project agreement with completion dates which extend beyond the termination date specified in this sentence. .

**REVISION 2. Clause 4.1. "Consideration" is amended as follows:**

*4.1 Consideration.* The STATE will pay for all services performed by the GRANTEE under this grant project agreement as follows:

*(a) Compensation.* The GRANTEE will be paid on a reimbursement basis only.

**Budget Period Award Amounts**

Each specific Budget Period award is available only for the specific Budget Period for which it is awarded. Funds remaining and not fully liquidated at the end of each Budget Period will be cancelled and will not be available to the GRANTEE in any subsequent Budget Period.

Award Name	Budget Period	Award Amount
Budget Period 1 PHEP	Budget Period 1 July 1, 2017-June 30, 2018	\$73,209
Budget Period 1 CRI	Budget Period 1 July 1, 2017-June 30, 2018	\$12,000
<del>Budget Period 2</del> <u>Budget Period 1 Supplement</u> PHEP	<del>Budget Period 2</del> <u>Budget Period 1 Supplement</u> July 1, 2018-June 30, 2019	<u>\$ 72,470</u>
<del>Budget Period 2</del> <u>Budget Period 1 Supplement</u> CRI	<del>Budget Period 2</del> <u>Budget Period 1 Supplement</u> July 1, 2018-June 30, 2019	<u>\$ 12,000</u>
Budget Period 3 PHEP	Budget Period 3 July 1, 2019-June 30, 2020	\$ To Be Determined
Budget Period 3 CRI	Budget Period 3 July 1, 2019-June 30, 2020	\$ To Be Determined
Budget Period 4 PHEP	Budget Period 4 July 1, 2020-June 30, 2021	\$ To Be Determined
Budget Period 4 CRI	Budget Period 4 July 1, 2020-June 30, 2021	\$ To Be Determined
Budget Period 5 PHEP	Budget Period 5 July 1, 2021-June 30, 2022	\$ To Be Determined
Budget Period 5 CRI	Budget Period 5 July 1, 2021-June 30, 2022	\$ To Be Determined

*(b) Total Obligation.* The total obligation of the STATE for all compensation and reimbursements to the GRANTEE under this grant project agreement will not exceed ~~Eighty-five thousand two hundred nine dollars (\$85,209)~~ One hundred sixty-nine thousand six hundred seventy-nine dollars (\$169,679).

Except as amended herein, the terms and conditions of the Original Grant Project Agreement and all previous amendments remain in full force and effect. The Original Grant Project Agreement, and all previous amendments, are incorporated by reference into this amendment.

**APPROVED:**

**1. STATE ENCUMBRANCE VERIFICATION**

*Individual certifies that funds have been encumbered as required by Minn. Stat. §§ 16A.15 and 16C.05.*

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

SWIFT Contract/PO No(s). \_\_\_\_\_

**2. GRANTEE**

*The Grantee certifies that the appropriate person(s) have executed the grant project agreement amendment on behalf of the Grantee as required by applicable articles, bylaws, resolutions, or ordinances.*

By: Michelle Elbert

Title: MMS CHS Administrator

Date: 5/16/18

By: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**3. MINNESOTA DEPARTMENT OF HEALTH**

By: \_\_\_\_\_ (with delegated authority)

Title: \_\_\_\_\_

Date: \_\_\_\_\_

*Distribution:*

- MDH – Original (fully executed) Grant Project Agreement Amendment
- Grantee
- State's Authorized Representative