



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

January 10th 2019
9 AM to 11 AM
Agenda

1. Meeting called to order
2. Welcome and Introductions
3. Additions to the Agenda
4. Approval of November 2018 meeting minutes*
5. Election of Officers
 - a. Current 2018 Officers
 - Chair –Joe Nagel (McLeod)
 - Vice Chair –Mike Housman (Meeker)
 - Secretary-Bobbie Harder (Sibley)
6. Appoint SCHSAC Representative and Alternate*

Expectations; 1) Attend meetings as a representative of MMS CHB providing appropriate contributions, 2) Provide a summary report of meeting to all MMS CHB members. See handout for additional information.
7. Appoint CHB Representative to the Healthy Community leadership Team (HCLT)*

Expectations; 1) Attend meetings as a representative of MMS CHB providing appropriate contributions, 2) Provide a summary report of meeting to all MMS CHB members. See handout for additional information.
8. Appoint Legal Representative for MMS CHB
9. Conflict of Interest Policy to be completed and signed (enclosed)*
10. Fiscal Administration
 - a. Approval of Expense Report*
 - b. Approval of Financial statements*
 - c. Updates from MMS CHB Finance Committee
11. Administrative Items

- a. Ratification of Child and Teen Check-up contract agreement in the amount of \$229,013 for the time period of 1/1/2019-12/31/2019

12. Consideration of Resolution 2019-1*, Designation of Security Bank & Trust Co. as MMS CHB official bank and designation of staff to conduct financial transactions.

13. Consideration of Resolution 2019-2* Amendment of Exhibit A ADMINISTRATION SERVICES of the 2018 MMS Delegation Agreement

14. CHS Employee Compensation

- a. Performance Evaluation
- b. Cost of Living increases
- c. Step Increases; midpoint

15. CHS Administrator Transition**

- a. Board meeting format*

Adjourn

Attachments:

- November 2018 Meeting minutes
- SCHSAC Summary
- HCLT Summary
- Conflict of Interest Statement
- Resolution 2019-1 Bank Designation
- Resolution 2019-2 Exhibit A Amendment
- CHS Administrator Transition Plan
- MDH Letter, Qualification Review, 145A Requirements
- Board format

2019 DATES

January 10th at HHW

February 7th at HHW

March 14th

April 11th

May 9th

June 13th

July 11th

August 8th

September 12th

October 10th

November 14th

December 12th

All meetings 9-11 unless otherwise specified



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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

MEEKER-McLEOD-SIBLEY COMMUNITY HEALTH BOARD Meeting Minutes Monday November 8th , 2018 McLeod County Solid Waste Large Room, Hutchinson

Board Members

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

Staff Present

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

Guests:, Amanda Maresh-McLeod County Public Health

1. **Additions to the Agenda**
Decision on the delegation agreements and exhibit tweaks
Furniture bid request
Motion by Rs and BO Motion Carries.
2. **Exhibit A adjustments and delegation agreement discussion**
Under purchase agreement for delegated entity staff to discuss in the delegation agreement in the grant authority and grant lead responsibilities need to be addressed. Beth Oberg made a motion to remove language in regards to team lead language, remove the second paragraph with the intention that Allie will bring back alternative language to address this concern and seconded by Mike Housman. Motion carries.
3. **Approval of September 17th 2018 meeting minutes*** Motion made by Mike Housman and seconded by Ron Shimanski. Motion carries.
4. **Request approval of Resolution 2018-5 supporting submission of Family Connects grant proposal*** Discussion occurred regarding the program in regards to its relation to Supporting Hands, a proposed budget, would we need additional staff etc. CHS would like to use this program to identify the high risk moms to provide support and help set long term parenting goals. No counties are currently doing Family Connect model. Motion by Ron Shimanski and seconded by Beth Oberg. Motion Carries. Roll call 5 to 1 in favor.
5. **Request approval for Vivid Image Block Proposal***
Page 81 of invoices to reference. This agency for our websites, emails and marketing/outreach pieces. Contact the board chair in the future prior to spending for approval and then bring to the board. Motion made by Beth Oberg and seconded by Bobbie Harder. Motion carries.

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6. Financial Reports

a. Expense Report*

b. Financial Statements*

Invoicing bugs are still being worked on. Donna from Meeker works to complete a combined document and the Board Chair reviews and then it comes to the Board for full discussion. Mary Bachman's stipend was discussed. This contract will end Dec. 2018. Community Health Survey bill discussed. Healthy Communities monies were discussed. SHIP dollars were discussed in regards to the Meeker County Trails Plan. Vivid Image was also discussed in regards to county emails and there will be some reimburse to the CHS in regards to email accounts because of our transition into using McLeod County. Family Planning expense discussed regarding to emergency contraception and our grant – Allie will be looking at the current grant cycle and what is approved and what is not and to see if this is an acceptable expense. Page 33 of board packet needs to be removed from the website for data protection. Expense report for approval motion made by Ron Shimanski and seconded by Joy Cohrs, motion carries. Financial Statements for approval motion made by Beth Oberg and seconded by Ron, motion carries.

7. Finance Committee Update

a. MDH Letter dated 10/25/18 and Response*

Discussion with MDH and the Finance Committee in regards to an improvement plan due to our transition of standing on our own vs under a county umbrella. CDS and CHS will continue to work on this improvement plan and have communication with grant managers at MDH. Motion made by Mike Housman and seconded by Bobbie Harder for materials that are being sent to MDH in response to their letter. Motion carries.

b. 2019 MMS Budget-DRAFT*

A discussion of a summary document of a 2019 MMS Budget and CHS Administrative Budget document took place. Allie is working with CDS on getting a process in place. Audit bid and IT bid are things with Allie is looking into things. Some costs could go down. Motion to approve budget was made by Ron Shimanski and seconded by Mike Housman. Motion carries.

8. Request approval of Conway, Deuth, Schimising (CDS) proposal for bookkeeping services.*

Breakdown of proposal given from CDS still comes in lower than the McLeod County proposal from 2017. Board could decide when Sarah needs to attend the board meetings. Motion to accept \$13,668 proposal by Beth Oberg and seconded by Ron Shimanski. Motion carries.

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9. Discussion of HR Service options*

a. Request approval of contract for HR services

Two proposals were shared from CDS and Pro Resources. CDS presentation was preferred from those who heard the presentation. Beth and Joe's recommendation is CDS. Pro Resources has a bigger pool for benefit resources (ie- dental) vs dealing with the broker. Dealing with a broker is added to Allie's workload and premium paying concerns. HR on Demand is the web-based for employees to use through CDS. Discussion of Workman's comp piece was also took place. Motion made by Joe Nagel and seconded by Beth Oberg to go with CDS for HR services. Motion carries.

10. Discussion of and approval of 2019 CHS Employer Benefit Contributions*

Documents sent out for discussion for 2019 benefit costs. 5.5% increase for employee insurance with current plan. Comparable plan information was shared. Peep is not age-banded. Rich Westlund's recommendation is to stay with the current HSA plan which is HealthPartners that is age-banded. The CHS provides 100% coverage of single and 50% coverage of spouse or dependant. Motion made by Ron Shimanski and seconded by Joy Cohrs to approve the proposed plan with current contributions. Motion carries.

11. Furniture Bid Discussion

Could the CHS look into what the counties have to use? A bid being considered is \$20,000 and what was budgeted is \$24,000. Purchase new office chairs. Motion made to Beth Oberg and seconded by Joe Nagel not to exceed \$16,000 for furniture purchases. Motion carries.

12. Determine 2019 CHB Meeting schedule

Discussion of meeting frequency – stay quarterly or every other month? Consideration must be given in regards to have more meetings on the calendar now. An every month meeting, if not full board than a committee meeting could be held. Hutchinson and Litchfield for meeting space as possibilities. Solid Waste space will not be available in the future so the fairgrounds could be an option. February meeting would be a conflict – February 7th would be considered. At this time the next meeting will January 10th, 2019.

Adjourn – Motion to adjourn was made by Ron Shimanski and seconded by Bobbie Harder. Motion carries.

Attachments:

- **September 17th 2018 Meeting minutes**
- **Financial Reports**
- **MDH Letter and response**
- **2019 CHS Administrative Budget**
- **CDS Bookkeeping Service Proposal**

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- **Information packet for HR Options**
- **2018 Employer Benefit Contributions**

State Community Health Services Advisory Committee (SCHSAC)

The State Community Health Services Advisory Committee (SCHSAC, pronounced like "shack") was created by the Minnesota Legislature in 1976 as a component of the Local Public Health Act.

The purpose of SCHSAC, as described in the Local Public Health Act, is to advise, consult with, and make recommendations to the Commissioner of Health on matters relating to the development, funding, and evaluation of community health services in Minnesota.

SCHSAC meets four times per year; (March, June, September, December)

- an Executive Committee meets more frequently:
- Agendas and other materials are made available prior to meetings
- Meetings are held in the Twin Cities metro area from 10:00 a.m. to 2:30 p.m.
- The commissioner of health and MDH Executive Office staff attend meetings whenever possible
- Members are reimbursed for travel and parking; lunches are provided at meetings

SCHSAC develops and annual work plan to focus activities; much of the work plan is accomplished through smaller workgroups.

SCHSAC workgroups engage in problem solving and policy development and submits recommendations to health commissioner. Recommendations are adopted by community health boards, implemented statewide through guidelines, used as basis for developing local and state policy.

- Minnesota public health leaders support and sustain SCHSAC through commitment and active participation.
- SCHSAC informs policy development, strengthens state-local relationships and communication, and builds support for public health.
- Member local elected officials and public health directors and administrators embody the state's commitment to protecting, maintaining, and improving health of all Minnesotans.

Website: <http://www.health.state.mn.us/divs/opi/pm/schsac/>

Healthy Communities Leadership Team (HCLT)

ABOUT

MMS HC is a collaboration of organizations and individuals partnering together to promote health and well-being within our communities. Created in January of 1995, the MMS HCC is supported by the Healthy Communities Leadership Team (HCLT), which meets on a quarterly basis and who's commitment is "to improve the health of our community."

This coalition also serves as the Community Leadership Team for MMS CHS's Statewide Health Improvement Partnership (SHIP) grant, from the Minnesota Department of Health.

MISSION

To advance healthy living within our three counties.

VISION

To partner with communities to encourage and support efforts to impact environmental change and enhance healthful living.

Meeting Schedule:

February 6th 9:30-11 at Southwest Initiative Foundation (SWIFT), Hutchinson

May 1st 9:30 – 11 Location TBD

Aug. 7th 9:30 – 11 Location TBD

Nov. 6th 9:30 – 11 Location TBD

Website: <https://www.mmshealthycommunities.org/>

Conflict of Interest Policy
Meeker-McLeod-Sibley Community Health Services

An official shall not engage in any official duties, private enterprise, participate in any professional activity or perform any act or service during or outside their official duties with the Community Health Services, which would affect the officials ability to perform the normal duties and responsibilities of their position, or which is adverse to the interests of Meeker-McLeod-Sibley Community Health Services. In determining whether such outside official duties or activities for private gain constitute a conflict of interest with public duties, or are inconsistent or incompatible with the public official duties, the following shall be considered;

1. The performance of an act in other than the capacity as an official which may later act directly to the control, inspection, review, audit or enforcement by said official for the Community Health Services is prohibited
2. The use of Community Health Services time, facilities, equipment and supplies or the badge, uniform, prestige or influence of Community Health Services official duties for private gain.
3. Receipt or acceptance by the official of any money or other consideration from anyone other than the Community Health Services for the performance of an act which the official would be required or expected to perform in the regular course of the official's official duties, or as part of their duties as an official.
4. Officials participating in compensated or non-compensated activities/volunteer work are encouraged to continue in such participation. If an official is participating in any compensated or non-compensated activity that may cause a conflict, the official should discuss the potential conflict with the Community Health Board, whose decision shall be final.
5. Failure to follow this policy by the Community Health Services Coordinator or Fiscal Officer may result in termination of the contract between the Community Health Board and the Coordinator or Fiscal Officer.
6. The Meeker-McLeod-Sibley Community Health Services Conflict of Interest Policy shall be reviewed yearly by the Elected Officials of the Community Health Board, the Community Health Services Coordinator and Fiscal Officer. The Original Statement of Conflict of Interest shall be signed yearly by the Elected Officials of the Community Health Board, the Community Health Services Coordinator and Fiscal Officer.

Approved 12-14-98
Meeker-McLeod-Sibley Community Health Board

Original Statement of Conflict of Interest
Local Official for Meeker-McLeod-Sibley Community Health Services

Instructions

- * This statement must be completed by each local official, it must be signed and dated. The signature indicates that the official understands and agrees to the Meeker-McLeod-Sibley Community Health Services Conflict of Interest Policy.
- * This statement is due to the Community Health Services Coordinator within 80 days after undertaking duties of office.
- * This statement may *not* be filed electronically.
- * All information on this statement is public information.
- * It is unlawful to use this information for commercial purposes.
- * Address questions to the Meeker-McLeod-Sibley Community Health Services Coordinator

Local Official

Name	Title of office held
Government Unit	Telephone (daytime)
Address	
City, State, Zip	
Occupation	Principal place of business

Period Covered

January 1, 2019 _____ to December 31, 2019 _____

Certification

I, _____, certify that I have read, understand and agree to the
(Print or type name)
Meeker-McLeod-Sibley Community Health Services Conflict of Interest Policy, and am aware of no current conflict of interest with my present official position. I agree to make the Meeker-McLeod-Sibley Community Health Board aware if any potential conflict of interest develops.

Signature of local official

Date

Any person who signs and certifies to be true a statement which the person knows contains false information, or who knowingly omits required information, is guilty of a gross misdemeanor.



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Meeker-McLeod-Sibley Community Health Services

114 N. Holcombe #250
Litchfield, Minnesota 55355

Direct Line (320)210-2660
Fax Number (320) 693-5399

RESOLUTION 2019-1 Meeker-McLeod-Sibley Community Health Board

The Meeker-McLeod-Sibley Community Health Board (MMS CHB) by virtue of its authority under Minnesota Statutes 145A, in accordance with the Board's Joint Powers Agreement and By-Laws, and by this Resolution of the Board adopted at a scheduled meeting on January 10, 2019 hereby designates Security Bank and Trust Company, Glencoe as the official bank of the MMS CHB.

Security Bank and Trust Co.
735 11th St. E
Box 218
Glencoe MN 55336
(320) 864-3171

The Meeker-McLeod-Sibley Community Health Board designates the following employees' authority and access to the bank account, including on-line access in order to conduct financial transactions and employee services required for agency operations, according to regulatory requirements.

Name: *Diane Winter, Meeker County Public Health Director, MMS CHS Deputy Director*
Address: 114 N. Holcombe #250, Litchfield MN 55355
Telephone: (W): (320) 693-5370

Name: *John Giliszinski, Sibley County Public Health and Human Service Director*
Address: 111 8th St. PO Box 237, Gaylord MN 55335
Telephone: (W): (507)237-4000

This resolution authorizes the above-referenced appointees to act on behalf of, and bind, the Board to the extent, and for the purposes, indicated in this Resolution.

Signed: _____
Meeker-McLeod-Sibley Community Health Board CHAIR

01-10-19
Date



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Meeker-McLeod-Sibley Community Health Services

115 N Holcombe, Suite 250
Litchfield, Minnesota 55355

Direct Line (320)510-2660
Fax Number (320) 693-5399

RESOLUTION 2019-2 Meeker-McLeod-Sibley Community Health Board

The Meeker-McLeod-Sibley Community Health Board by virtue of its authority under Minnesota Statutes 145A, in accordance with the Board's Joint Powers Agreement and By-Laws, and by this Resolution of the Board adopted at a scheduled meeting on January 10, 2019 hereby amend EXHIBIT A ADMINISTRATION SERVICES of the 2018 MMS CHB Delegation Agreement to **REMOVE** the 2nd paragraph under Personnel Section containing the following language:

CHB may purchase services from individuals employed by any County that is a Delegated Entity to act as Team Leaders or Grant Managers. Purchased services will occur through a Service Purchase Agreement between CHB and the Delegated Entity that employs the individual to provide said services. The Service Purchase Agreement may require that some or all payments from CHB be paid to the specific individual providing the service.

Signed: _____
Meeker-McLeod-Sibley Community Health Board CHAIR

01-10-19
Date

2019 MMS CHS ADMINISTRATOR TRANSITION PLAN

PHASE ONE

January-February

January 15th	Deputy Director resumes minimal day to day operations of CHS, including fiscal responsibilities
January 10th	Formal request made to Meeker County Board, for CHS Administrator Services
January 10th	Formal request made to Meeker County Board for additional Fiscal Management Services
February 7th	MDH staff can attend MMS Board meeting (Dee Finley and Linda Bauck-Todd)
February 28th	Negotiation Period

PHASE TWO

March-September

March	Interim CHS Administrator identified
March-April	Contract or purchase service agreements are developed and approved for interim CHS Administrator and Fiscal Management Services
April-May	MDH notified and qualification review is completed
May-September	Research and review of options for CHS Administrator

PHASE THREE

October-December

October	Decision made for permanent CHS Administrator
	Transition period (recruitment, etc.)
December	MDH Qualification review (if needed)



Protecting, Maintaining and Improving the Health of All Minnesotans

December 10, 2018

Joe Nagel, Commissioner, McLeod County
Chair, Meeker-McLeod-Sibley Community Health Board
20849 196th Rd.
Hutchinson, MN 55350

Dear Commissioner Nagel:

We were recently notified that your Community Health Board (CHB) will have a change in the Community Health Services (CHS) administrator position. We consider this a very important public health leadership position and want to make you aware of a few resources that you may find helpful as you recruit or appoint a new CHS administrator.

- **Minnesota Administrative Rule 4736.0110.** This rule sets forth the minimum required qualifications for CHS administrators. The qualification requirements from the rule are enclosed. This document also includes a helpful table of MDH expectations of CHS administrators. You can also find the rule at here: <https://www.revisor.mn.gov/rules/?id=4736.0110>
- **CHS Administrator Review.** Once you have hired or appointed a new CHS administrator, the MDH reviews their education and experience to make sure they meet these minimum qualifications. An overview of this process is enclosed.
- **Core Competencies.** CHBs are encouraged to review and incorporate the Tier 3 Core Competencies for public health leaders in their position requirements. The State CHS Advisory Committee (SCHSAC) views these competencies at the *optimal* qualifications of a CHS administrator. You can find out more about the core competencies online through the Public Health Foundation, at: www.phf.org/corecompetencies

Your board will need to have someone identified to serve as the CHS administrator before the current administrator leaves her position. It is important that the MDH have a point of contact for information related to grants and other administrative activities. If your board is considering appointing an interim CHS administrator while you look for a permanent replacement, the interim appointee should meet the minimum qualification requirements. Depending on the length of their interim appointment, they may be subject to an MDH review of qualifications.

We also want to make sure that concerns related to financial management of the CHB outlined in my letter to you on October 25 continue to be addressed during this transition and that the plan detailed in your November 11 letter continues to be implemented. My staff will reach out to you in early 2019 to schedule a follow-up meeting with the CHB and the current CHB leadership to discuss these issues.

We hope that you will find these resources helpful. Selecting a new CHS administrator is a big decision and MDH staff are here to help. We are available to review the qualifications of your potential candidates prior to an offer being made. If you have any questions as you work through this transition,

please do not hesitate to contact me or the Public Health Nurse Consultant for your area (Linda Bauck-Todd, linda.baucktodd@state.mn.us). Good luck and thank you for your continued commitment to Minnesota's state-local public health partnership.

Sincerely,



Debra Burns, Director
Centers for Health Equity and Community Health
Minnesota Department of Health
P.O. Box 64975
St. Paul, MN 55164-0975
www.health.state.mn.us

ECC: Allie Elbert, CHS Administrator; Linda Bauck-Todd, PHNC
Enclosure: Qualification Requirements, CHS Administration Qualification Review Process

Community Health Services Administrators

QUALIFICATIONS AND EXPECTATIONS

Qualifications of CHS Administrators

Minnesota state statute (145A.04 Subd. 2) requires each Community Health Board (CHB) to appoint a community health services administrator. Minnesota Rules 4736.0110 (www.revisor.leg.state.mn.us/arule/4736/0110.html) sets forth minimum required qualifications that CHS administrators MUST meet to ensure qualified public health leadership at the local level.

A community health board (CHB) is required to have a community health services administrator who has:

- A baccalaureate or higher degree in administration, public health, community health, environmental health, or nursing, and two years of documented public health experience in an administrative or supervisory capacity, or be registered as an environmental health specialist or sanitarian in the state of Minnesota and have two years of documented public health experience in an administrative or supervisory capacity;
- A master's or higher degree in administration, public health, community health, environmental health, or nursing, and one year of documented public health experience in an administrative or supervisory capacity; or
- A baccalaureate or higher degree and four years of documented public health experience in an administrative or supervisory capacity.

The documented experience of a community health services administrator must include skills necessary to:

- Direct and implement health programs;
- Prepare and manage budgets;
- Manage a planning process to identify, coordinate, and deliver necessary services;
- Prepare necessary reports;
- Evaluate programs for efficiency and effectiveness;
- Coordinate the delivery of community health services with other public and private services; and
- Advise and assist the community health board in the selection, direction, and motivation of personnel.

DeeAnn Finley
Community Health Division
Minnesota Department of Health
P.O. Box 64975
St. Paul, MN 55164-0975
651-201-4551 or deeann.finley@state.mn.us
www.health.state.mn.us

MDH Expectations of CHS Administrators

The Minnesota Department of Health has long held certain expectations for CHS administrators. The table below briefly documents those expectations and provides examples of key related responsibilities. This document is not inclusive of all expectations of CHS administrators. MDH views CHS administrators as key public health leaders in Minnesota.

MDH Expectations	Responsibilities
Assure that the CHB is meeting the requirements of Minnesota Statute 145A and relevant state and federal requirements.	Periodic review and updating of CHB legal documents to including but not limited to: <ul style="list-style-type: none"> • CHB resolutions (e.g., CHB formation and Agent of the Board, etc.) • Joint Powers Agreement • Delegation agreements • Master Grant Contract • MDH grant agreements
Assure that the CHB is meeting the responsibilities outlined in the Local Public Health Grant grant project agreement.	At least once during the grant cycle, submit documentation to MDH assuring that the CHB duties, responsibilities and related community health board work have been reviewed with the board. This includes maintaining documentation requirements (i.e., items to keep on file).
Provide input into local and state public health policy development.	The State Community Health Services Advisory Committee (SCHSAC) is a key group in the development of state and local public health policy in Minnesota. As such, attendance at the SCHSAC quarterly meetings and participation in a SCHSAC work group(s) is recommended. It is further recommended that CHS Administrators attend the annual Community Health Conference and provide feedback ,and expertise to MDH as requested (e.g., project or topic specific surveys, interviews, respond to requests from email/Listserv requests, etc.).
Communicate public health matters to the CHB/board.	MDH expects CHS Administrators to communicate information from the annual conference, quarterly SCHSAC meetings, work groups, and other MDH and public health sources, back to their CHBs (and vice versa). CHS Administrators should remain aware of current public health events taking place in the state and keep the board and public informed.
Coordinate (or assure) the community health assessment and planning process.	The CHB must complete the 5 year community health assessment and community health improvement plan, as a requirement of the Local Public Health Act. MDH views the CHS Administrator as lead staff and liaison to the CHB, and as such, assumes their participation and leadership in assessment and planning process.
Have oversight and approval of annual reporting for the CHB/member counties;	The CHB is required to complete annual reporting to the MDH. MDH views the CHS Administrator as lead staff and liaison to the CHB, and as such requires their participation and leadership in reporting. Annual reporting includes a set of questions that CHS Administrators are specifically required to complete.
Participate in SCHSAC (often as an alternate member) and on SCHSAC work groups;	See above.
Have signature authority for routine matters of the CHB (“agent of the board”).	Listed as “agent of board” in the MDH contact database.

CHS Administration Qualification Review Process

Background

Minnesota state statute (145A.04 Subd. 2)¹ requires that each Community Health Board (CHB) appoint a Community Health Services (CHS) Administrator.

145A.04, Subd. 2. **Appointment of community health service (CHS) administrator.**

A community health board must appoint, employ, or contract with a CHS administrator to act on its behalf. The board shall notify the commissioner of the CHS administrator's contact information and submit a copy of the resolution authorizing the CHS administrator to act as an agent on the board's behalf. The resolution must specify the types of action or actions that the CHS administrator is authorized to take on behalf of the board.

Minnesota Rules 4736.0110² sets forth minimum required qualifications that CHS administrators MUST meet to ensure qualified public health leadership at the local level. An in-depth study conducted by the State Community Health Services Advisory Committee (SCHSAC) stated, *"Today's public health field is increasingly demanding and complex. It requires strong—qualified, authoritative, and responsible—leadership... [CHS administrators] should have clear roles, responsibilities and authorities which are documented, shared and visible."*³ The report recommended additional qualifications for CHS administrators, which reflect the complexity of current public health practice and the competencies needed for effective local leadership.

Review Process

The Minnesota Department of Health (MDH) will review the education and experience of all incoming CHS administrators to ensure each meets minimum qualifications outlined in Minnesota Administrative Rule 4736.0110. Furthermore, CHBs are strongly encouraged to appoint CHS administrators who meet the Tier 3 Core Competencies⁴ for public health leaders as recommended by SCHSAC.³

If a CHB needs to appoint an individual to serve as the CHS administrator on an interim basis, the interim appointee must still meet the minimum qualification requirements and is subject to an MDH review of qualifications.

The review process is as follows:

1. On an ongoing basis, MDH will provide information and education to CHBs to help them understand CHS administrator qualification requirements, and to make them aware that all incoming administrators are subject to a review of qualifications. Methods shall include periodic trainings and informational materials.
2. If the situation allows, MDH will send a letter to the CHB chair when a public health leadership change is anticipated outlining the CHS administrator qualifications and review process. MDH can assist in a review of potential CHS administrators to assure they meet the minimum qualifications prior to an appointment being made.

CHS ADMINISTRATOR QUALIFICATION REVIEW PROCESS

3. The MDH must be informed in writing whenever a CHB appoints a new CHS administrator. The correspondence should include a copy of the CHB resolution appointing the administrator and naming the CHS administrator as an agent of the board (see contact information below).
4. MDH will contact the newly appointed CHS administrator requesting a copy of their resume or curriculum vitae and any other supporting documentation that helps summarize their educational qualifications and relevant work experience.
5. MDH will promptly review the resume, using the criteria outlined in subparts 1-4 of Minnesota Administrative Rule 4736.0110, and may request additional information or documentation as needed.
6. MDH will schedule a conference call with the CHS administrator to discuss qualifications and identify any technical assistance or training needs.
7. MDH will inform the new CHS administrator and the chair of the CHB of the results of this review in writing.
 - a. If the prospective administrator is found to meet the required qualifications, s/he and the CHB chair will be notified in writing (via a welcome letter).
 - b. If the qualifications of the prospective CHS administrator are found to be deficient, s/he will be notified in writing, and MDH will work with the CHB to identify a qualified candidate within the jurisdiction.

References

1. Minnesota Statute 145A
(<https://www.revisor.mn.gov/statutes/?id=145A>)
2. Minnesota Administrative Rules 4736.01101
(<https://www.revisor.mn.gov/rules/?id=4736.0110>)
3. Updating Minnesota's Blueprint for Public Health. SCHSAC (December 2010)
(http://www.health.state.mn.us/divs/opi/pm/schsac/docs/wkgrp/2010-12_f_updatingblueprint.pdf)
4. The Council on Linkages between Academia and Public Health Practice (2008). Core Competencies for Public Health Professionals
(http://www.phf.org/resourcestools/pages/core_public_health_competencies.aspx)

Contact Information

Please contact DeeAnn Finley with any notification, questions or comments pertaining to this process.

DeeAnn Finley
Community Health Division
Minnesota Department of Health
P.O. Box 64975
St. Paul, MN 55164-0975
Phone: 651-201-4551 or Email: deeann.finley@state.mn.us

Minnesota Local Public Health Act

SUMMARY OF MINN. STAT. § 145A

This document summarizes the Minnesota Local Public Health Act (Minn. Stat. § 145A). This document is not a comprehensive summary of all public health mandates or authorities. The statute language can be found on the online: [Minnesota Statutes: Chapter 145A. Community Health Boards](#). This document is not a substitute for the advice of your jurisdiction's legal counsel.

145A.01 Citation

May be cited as the "Local Public Health Act"

145A.02 Definitions

This section provides necessary definitions for terms included in this statute.

145A.03 Establishment and Organization

- County **must** take on the responsibility of a community health board (CHB) or join a CHB.
- **Must** include 30,000+ within its jurisdiction or be composed of three or more counties.
- CHB or 402 board **may** assign the powers and duties to a human services board. Eligibility for funding will be maintained if all requirements of a CHB are met.
- A county **may** establish a joint CHB by agreement with one or more contiguous counties, or an existing city CHB may establish a joint CHB with one or more contiguous existing city CHBs in the same county in which it is located.
- The CHB **must** have at least five members and **must** elect a chair and vice-chair and **must** hold at least two meetings per year.
- CHBs meeting these requirements are eligible for the Local Public Health Grant.

Minnesota Department of Health
Center for Public Health Practice
PO Box 64975 St. Paul, MN 55164-0975
651-201-3880 health.ophp@state.mn.us
www.health.state.mn.us

June 2017

*To obtain this information in a different format, call:
651-201-3880.*

145A.04 Powers and Duties of CHB

- Develop and maintain a system of community health services.
- Enforce laws, regulations, and ordinances pertaining to its powers and duties within the jurisdiction.
- **Must** identify local public health priorities and implement activities to address the priorities and the areas of public health responsibility, which include:
 - assuring an adequate local public health infrastructure
 - promoting healthy communities and healthy behavior
 - preventing the spread of communicable disease
 - protecting against environmental health hazards
 - preparing and responding to emergencies
 - assuring health services
- **Must** complete an assessment of community health needs and develop a community health improvement plan, seek community input on health issues and priorities, establish priorities based on community needs.
- **Must** implement a performance management process in order to achieve desired outcomes.
- **Must** annually report to the commissioner on a set of performance measures and be prepared to provide documentation of ability to meet the performance measures.
- **Must** appoint, employ, or contract with a community health services (CHS) administrator to act on its behalf. CHS administrator must meet personnel requirements outlined in rule.
- **Must** appoint, employ, or contract with a medical consultant.
- **May** employ personnel.
- **May** acquire property, accept gifts and grants or subsidies, and establish and collect reasonable

SUMMARY OF THE MINNESOTA LOCAL PUBLIC HEALTH ACT

fees. Access to services must not be denied due to inability to pay.

- **May** contract to provide, receive, or ensure provision of services.
- **Must** make investigations and reports and obey instructions of the Commissioner of Health to control communicable diseases.
- **Must** participate in planning for emergency use of volunteer health professionals through the Medical Reserve Corps (MRC).
- **May** enter a building for inspection.
- **Must** remove or abate public health nuisances.
- **May** seek an injunction to enjoin the violation of statute, rule or ordinance.
- It is a misdemeanor to hinder CHB, county, or city from entering building where enforcement is necessary.
- **Cannot** neglect to enforce.
- **Does not** limit powers outlined in other laws.
- **May** recommend legislation.
- **Must** ensure equal access to services.
- **Must not** deny services because of inability to pay.
- MDH **must** establish State Community Health Services Advisory Committee (SCHSAC).
 - SCHSAC **must** meet quarterly
 - CHB **may** appoint a member to SCHSAC.

145A.05 Local Ordinances

- A county board **may** adopt various ordinances public health.
- Cities and towns **may** adopt ordinances relating to public health, but they **must not** conflict with or be less restrictive than those adopted by the county board.

145A.06 Commissioner; Powers and Duties

This section outlines the powers and duties of the commissioner of health. This is in addition to the duties outlined in other laws.

145A.61 Criminal Background Studies

This section outlines the commissioner of health's authority to conduct criminal background studies on MRC volunteers.

145A.07 Delegation of Powers and Duties

- The commissioner of health **may** enter into delegation agreements with the CHB to perform

certain licensing, inspection, reporting, and enforcement duties.

- A CHB **may** authorize a city or county within its jurisdiction to carry out the activities of a CHB.

145A.08 Assessment of Costs; Tax Levy Authorized

- **May** assess and recover costs for care to control disease or enforcement actions.
- A city council or county board that has formed or is a member of a CHB **may** levy taxes to pay the cost of performing its duties.

145A.11 Powers and Duties of City and County

A city council or county board that has formed or is a member of a CHB has the following duties:

- **Must** consider the income and expenditures required to meet local public health priorities and statewide outcomes in levying taxes.
- **May** by ordinance adopt and enforce minimum standards for services provided

145A.131 Local Public Health Grant

- Formula based on level of funding from 2003.
- **Must** provide at least a 75 percent match for the state funds received through the local public health act grant. Eligible match funds include local property taxes, third party reimbursements, fees, other local funds, donations, and non-federal grants.
- **Must** meet all the requirements and perform all the duties in subd. 3 and subd. 4.
- **Must** comply with accountability requirements outlined each year.
- If CHB does not accept LPH grant, the commissioner may retain the funds.
- **May** use their local public health grant funds to address the areas of public health responsibility and local priorities developed through the community health assessment and community health improvement planning process.

145A.14 Special Grants

This section addresses the requirements of migrant health grants, Indian health grants, and funding to tribal governments.

145A.17 Family Home Visiting Programs

This section establishes a program to fund family home visiting program.

Meeker-McLeod-Sibley Community Health Board

Historical standing agenda items:

- SCHSAC Update
- Fiscal reports
- Legislative issues
- Performance Management Update- Dashboards
 - Team/Program status report
 - Strategic Plan status report
 - Community Health Improvement Plan status report
 - Quality Improvement updates
- Administrative Items (contracts, policies, resolutions)
- Brief presentation on a relevant and timely topic

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

Date Uploaded to CDS:	12/12/2018										
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
A&T Diehn Enterprises, LLC	21092 451st Ave	Arlington	MN	55307	\$ 1,200.00	Dec Invoice	MRC	Professional Services	501	6265	QPR classes
Barna, Guzy & Steffen, Ltd	200 Coon Rapids Blv, Suite 400	Minneapolis	MN	55433-5894	\$ 258.48	194823	Local Public Health Grant	Professional Services	100	6265	Delegation Consultation
Doherty Staffing Solutions	CM 3808	St. Paul	MN	55170-3808	\$ 1,340.42	158697	WIC Peer Grant	Professional Services	234	6265	WIC Peer Staffing
Emmi Bratsch	183 4th Ave NW	Hutchinson	MN	55350	\$ 28.00		Project Harmony Grant	Other Charges & Services	212	6350	Employee Reimbursement
Hutchinson Event Center	1005 Hwy 15 S	Hutchinson	MN	55350	\$ 115.00	Nov Invoice	Local Public Health Grant	Meeting Expense	100	6353	Room Rental Staff Workshop
					\$ 115.00	Oct Invoice	Local Public Health Grant	Meeting Expense	100	6353	Room Rental Staff Workshop
					Total	\$ 230.00					
Hutchinson Leader - Litchfield	STE #100, 170 Shady Ridge NW	Hutchinson	MN	55350	\$ 7.50	1118387370	Child & Teen Check-Up	Professional Services	601	6265	Social Media Ads
Jessica Remington	775 Walnut St NE	Hutchinson	MN	55350	\$ 3.00	Dec Invoice	WIC-Admin	Meals/Lodging/Parking & Misc.	225	6336	Employee Reimbursement
Mary Bachman	225 Dale Circle	Green Isle	MN	55338	\$ 980.00	Dec Invoice	SHIP-Community	Professional Services	230	6265	3-County SHIP Coord
McLeod Alliance for Victims of Domestic Violence, Inc	PO Box 393	Hutchinson	MN	55350	\$ 500.00	Dec Invoice	Healthy Communities Coalition	Other Charges & Services	103	6350	CLT Mini-grant
Meeker County	325 Sibley Ave N	Litchfield	MN	55355	\$ 2,400.00	1901	Local Public Health Grant	Other Charges & Services	100	6350	Office space rent
MN Counties Computer Cooperative	100 Empire Drive, Suite 201	St. Paul	MN	55128-1846	\$ 9,120.00	1901141	Local Public Health Grant	Other Charges & Services	100	6350	PH Doc & HIE
					\$ 1,700.00	1901141	Local Public Health Grant	Dues & Registrations Fees	100	6245	Annual Dues
					Total	\$ 10,820.00					
National WIC Association	2001 S St NW, Suite 580	Washington D	DC	20009	\$ 50.00	YAHVGUDBTC	WIC-Admin	Dues & Registrations Fees	225	6245	Membership Fee
Spartannash Econofoods - 3335	1531 Momentum Place	Chicago	IL	60689	\$ 30.59	4118	FPSP	Prescriptions	206	6439	FP
Developemntal Impact, LLC	602 2nd Ave NE	St. Joseph	MN	56374	\$ 325.00	30290	TANF	Professional Services	224	6265	Reflective Practice Meeker
					\$ 345.00	30333	TANF	Professional Services	224	6265	Relfective Practice
					Total	\$ 670.00					
McLeod County Auditor-Treasurer	2391 Hennepin Ave N	Glencoe	MN	55336	\$ 105.03	6167	Local Public Health Grant	Communications	100	6203	Air Card
					\$ 105.03		WIC-Admin	Communications	225	6203	Air Card
					\$ 168.79		Emergency Preparedness	Communications	502	6203	Air Card Cell Phone
					\$ 158.17		Project Harmony Grant	Communications	212	6203	Air Card Cell Phone
					Total	\$ 537.02					
Vivid Image, Inc	897 Hwy 15 S	Hutchinson	MN	55355	\$ 120.23	13169	Local Public Health Grant	Printing & Publishing	100	6241	Business Cards

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

Statement Date: 12/6/2018

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

DATE	DESCRIPTION	CHARGES	CREDITS	ACCOUNT BALANCE
10/23/2018	QPR Class GFW Community Ed- Winthrop	\$400.00		
10/30/2018	QPR Class Winsted Community Ed	\$400.00		
11/13/2018	QPR Class Litchfield Fire/Rescue Department	\$400.00		
				\$1,200.00

Program: 501
Account #: 0205
Description: QPR classes
Approved by: AE

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 10/31/18 - CLOSING DATE 10/31/18

STATEMENT NO 194823

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	2,340.00
CURRENT BILLING (FEES AND DISBURSEMENTS)	258.48
LESS: PAYMENTS/CREDITS	2,340.00
TOTAL BALANCE DUE	258.48

Program: 100
 Account # 0265
 Description: Delegation Consultation
 Approved by: AG

67180-001

SML

RE JOINT POWERS AGREEMENT

STATEMENT DATE 10/31/18 - CLOSING DATE 10/31/18

STATEMENT NO 194823

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

BARNA, GUZY & STEFFEN, LTD.

400 NORTHTOWN FINANCIAL PLAZA
200 COON RAPIDS BOULEVARD
MINNEAPOLIS, MN 55433-5894
(763) 780-8500

STATEMENT AS OF OCTOBER 31, 2018
STATEMENT NO. 194823

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

SML
67180-001
OCTOBER 31, 2018
STMT NO. 194823

67180-001: MEEKER-MCLEOD-SIBLEY/RE: JOINT POWERS AGREEMENT

PROFESSIONAL FEES		INITIALS	HOURS	AMOUNT
10/1/2018	EXCHANGE EMAILS WITH CLIENT ON QUESTION FROM MCLEOD.	SML	0.30	60.00
10/5/2018	REVIEW OF EMAILS ON DELEGATION AGREEMENT.	DRS	0.50	75.00
10/26/2018	CONVERSATION WITH SML ON STATUTORY REQUIREMENTS FOR COMMUNITY HEALTH SERVICE.	DRS	0.30	45.00
			TOTAL CURRENT FEES:	180.00

DISBURSEMENTS

10/8/2018	CHECK PAID TO SCOTT M. LEPAK - 9/17/18 MILEAGE TO HUTCHINSON - 144 MILES.			78.48
			TOTAL DISBURSEMENTS:	78.48

TOTAL CURRENT BILLING: 258.48

PAYMENTS AND CREDITS

10/26/2018	PAYMENT	CK# 0051073341		2,340.00
			TOTAL PAYMENTS AND CREDITS:	2,340.00

BILLING SUMMARY

PREVIOUS BALANCE DUE	2,340.00
CURRENT BILLING (FEES AND DISBURSEMENTS)	258.48
LESS: PAYMENTS/CREDITS	2,340.00
TOTAL BALANCE DUE	258.48



Remit To: Doherty Staffing Solutions
 CM 3808
 St. Paul, MN 55170-3808

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

INVOICE

Invoice Amount
\$1,320.61

Payment Terms	Invoice Date
Net On Receipt	11/11/2018
Invoice No.	Customer No.
158697	62486

Make Check Payable to Doherty Staffing Solutions, Inc.

A service charge (annual percentage rate of 18%) is charged on all unpaid invoices.

Customer Name	Department	Customer No.	Payment Terms
Meeker - McLeod - Sibley Community Health Services	Corporate	62486	Net On Receipt

Description	Shift	Type	Units	Rate	Amount
WeekWork Ending: Nov 4 2018					
12:00AM					
Collett, Emily	Consultant	Reg	2.25	\$18.68	\$42.03
Collett, Emily	Consultant	Expense Reimbursement	1.00	\$21.80	\$21.80
Huberty, Amber L	Consultant	Reg	1.75	\$18.68	\$32.69
Huberty, Amber L	Consultant	Expense Reimbursement	1.00	\$79.95	\$79.95
Nicholson, Andrea Joy	Consultant	Reg	0.50	\$21.71	\$10.86
Nicholson, Andrea Joy	Consultant	Expense Reimbursement	1.00	\$52.32	\$52.32
Schlueter, Meg L	Consultant	Reg	4.50	\$18.68	\$84.06
Schlueter, Meg L	Consultant	Expense Reimbursement	1.00	\$19.62	\$19.62
Total This WeekWork Ending:					\$343.33
WeekWork Ending: Oct 14 2018					
12:00AM					
Collett, Emily	Consultant	Reg	3.50	\$18.68	\$65.38
Huberty, Amber L	Consultant	Reg	6.50	\$18.68	\$121.42
Nicholson, Andrea Joy	Consultant	Reg	4.50	\$21.71	\$97.70
Schlueter, Meg L	Consultant	Reg	5.50	\$18.68	\$102.74
Total This WeekWork Ending:					\$387.24
WeekWork Ending: Oct 21 2018					
12:00AM					
Collett, Emily	Consultant	Reg	6.50	\$18.68	\$121.42
Huberty, Amber L	Consultant	Reg	0.50	\$18.68	\$9.34

Thank You For Your Business!
 If you have any questions, Call (952)
 832-8376

Description		Shift	Type	Units	Rate	Amount
Nicholson, Andrea Joy	Consultant		Reg	10.25	\$21.71	\$222.53
Schlueter, Meg L	Consultant		Reg	3.50	\$18.68	\$65.38
Total This WeekWork Ending:						\$418.67
WeekWork Ending: Oct 28 2018 12:00AM						
Collett, Emily	Consultant		Reg	2.00	\$18.68	\$37.36
Nicholson, Andrea Joy	Consultant		Reg	2.50	\$21.71	\$54.28
Schlueter, Meg L	Consultant		Reg	3.25	\$18.68	\$60.71
Total This WeekWork Ending:						\$152.35

ACAAdminFee	\$19.02
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Reg: 57.5 OT: 0 DT: 0 Total Hours: 61.5

Total - This Invoice:	\$1,320.61
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IF PAID AFTER : 12/11/2018	\$1,340.42
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Program: 234

Account # 0265

Description: WIC Peer Staffing

Approved by: AG

Thank You For Your Business!
 If you have any questions, Call (952)
 832-8376

Meeker-McLeod-Sibley Community Health Services
Request for Payment Claim Voucher

Please
Staple Here

Vendor Information

Vendor Number _____ Address Change
Name: Emmi Bratzech
Attention/Other: # (320) 510-1014 home (320) 588-2711
Address: 183 4th Ave NW
City, State, Zip Code: Hutchinson, MN 55350

Program: 212
Account #: 0350
Description: Employee reimbursement
Approved by: [Signature] Voucher Number 19

Audit Initials: _____

Account Number	Amount	Description (30 Characters)	Invoice Number (13 Spaces)	Report Code	Accrual Code
<u>ACCOUNT CODE</u> <u>212</u>	<u>\$288.00</u>	<u>PH WUNT INNOVATIVE</u>			
<u>DESCRIPTION CODE</u> <u>0350</u>		<u>SWIM PACKETS</u> <u>"0350"</u>			
	Total Amount of Check				
	<u>0.00</u>				

All requests must have supporting documentation such as invoices & receipts.

Mailing Instructions

- Mail Direct With Attachments
- Return to: Name _____ Department _____

Hold For Vendor Pick-Up

The undersigned, being duly sworn, deposes and says that the above bill is correct, the amount thereof is justly due, and no part thereof has been allowed or paid, and that the services therein mentioned have been actually rendered, and the items mentioned have been actually furnished.

Prepared By: [Signature] Approved By: [Signature]
Date: 11/09-18 Date: 12/5/18



AMERICINN HUTCHINSON, MN

1115 HWY. 7 EAST
 HUTCHINSON, MN 55350 US

Phone: 320-587-5515

Fax: 320-587-5296

Email: hutchinson.mn@americinn.com

Printed: 11/1/2018 4:24:21 PM

Folio (Detailed)

Name: POOL OCTOBER Confirmation Number: 479-240136
 Account Number: 479-240136

Room: Room Type: Nights: Guests: /0
 Rate Plan: Daily Rate: GTD: -
 Arrival: Departure:

Room Rate:

Name: POOL OCTOBER Confirmation Number: 479-240136

Date	Code	Description	Amount	Balance
11/1/2018	VI	VI (0688)	(\$28.00)	(\$28.00)
11/1/2018	POOL PASS	POOL PASS	\$6.52	(\$21.48)
11/1/2018	TAX1	CITY (0.5%)	\$0.03	(\$21.45)
11/1/2018	TAX3	STATE (6.875%)	\$0.45	(\$21.00)
11/1/2018	POOL PASS	POOL PASS	\$6.52	(\$14.48)
11/1/2018	TAX1	CITY (0.5%)	\$0.03	(\$14.45)
11/1/2018	TAX3	STATE (6.875%)	\$0.45	(\$14.00)
11/1/2018	POOL PASS	POOL PASS	\$6.52	(\$7.48)
11/1/2018	TAX1	CITY (0.5%)	\$0.03	(\$7.45)
11/1/2018	TAX3	STATE (6.875%)	\$0.45	(\$7.00)
11/1/2018	POOL PASS	POOL PASS	\$6.52	(\$0.48)
11/1/2018	TAX1	CITY (0.5%)	\$0.03	(\$0.45)
11/1/2018	TAX3	STATE (6.875%)	\$0.45	\$0.00

Summary

Room	Tax	F&B	Other	CC	Cash	DB
\$0.00	\$1.92	\$0.00	\$26.08	(\$28.00)	\$0.00	\$0.00

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: October 29, 2018

Program: 100

Account # 0353

Description: mtg room rental for

Approved by: KE STH
WYKSPY

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

Prepared on: 10/29/2018

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

Hutchinson Event Center

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

Hutchinson's Meeting Place!

ROOM ESTIMATE SHEET 2018 rvsd

Meeker/McLeod/Sibley County Health Services	October 29, 2018
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MMSCHS
Attn: Kerry Ward
1805 Ford Ave Suite 200
Glencoe, MN 55336

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)		\$20.00	1	\$20.00
COOKIES (doz) \$4 DOUGHNUTS (doz/variety) \$10				\$0.00
FOOD/BEVERAGE \$80 OR \$50 OR %				\$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 Business/Private \$95-\$50-\$20-\$10				\$0.00
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:

TOTAL QUOTE	\$115.00
Non-refundable booking fee	— []
Additional Payments Recv'd	— \$0.00

INVOICE TO FOLLOW UPON FINAL DETAILS	REMAINING TOTAL DUE	\$115.00	Total
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***Total Quote Due or Booking fee due upon receipt Due two wks prior to event

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: November 29, 2018

TOTAL QUOTE DUE:	\$115.00	Program:	<u>100</u>
NONREFUNDABLE BOOKING FEE:	(\$0.00)	Account #	<u>0353</u>
\$0.00 \$0.00 Additional payments recv'd	\$0.00	Description:	<u>Room rental for staff workshop</u>
Remaining Fee	<u>\$115.00</u>	Approved by:	<u>AE</u>

***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:

Prepared on: 11/30/2018

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

Hutchinson Leader - Litchfield
 STE #100
 170 SHADY RIDGE NW
 HUTCHINSON MN 55350
 (320) 753-3635

Fax(320) 753-3636

Advertising Statement

1 Billing Period 11/2018		2 Advertiser/Client Name MMS COMMUNITY HEALTH SERVICES		
23 Total Amount Due 507.50		*Unapplied Amount	3 Terms of Payment	
21 Current Net Amount Due 7.50	22 30 Days 500.00	60 Days .00		Over 90 Days .00
4 Page Number 1	5 Billing Date 11/30/18	6 Billed Account Number 387370	COLLE.	7 Advertiser/Client Number 387370

8 Billed Account Name and Address MMS COMMUNITY HEALTH SERVICES ALLIE ELBERT 1805 FORD AVE GLENCOE MN 55336		Amount Paid: Comments:
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PLEASE NOTE: YOUR ACCOUNT IS PAST DUE.
 PLEASE SUBMIT YOUR PAYMENT PROMPTLY TO AVOID SUSPENSION OF YOUR CREDIT PRIVILEGES.

Please Return Upper Portion With Payment

10 Date	11 Reference	12 13 14 Description-Other Comments/Charges	15 SAU Size 16 Billed Units	17 Times Run 18 Rate	19 Gross Amount	20 Net Amount
11/30/18	SRV	BALANCE FORWARD Service Charge Amnt Subject (500.00)		1 0.00	7.50	500.00 7.50

Program: 601
 Account #: 10245
 Description: social media ads
 Approved by: AG

Statement of Account - Aging of Past Due Amounts

Due date: 12/15/18

21 Current Net Amount Due 7.50	22 30 Days 500.00	60 Days 0.00	Over 90 Days 0.00	*Unapplied Amount	23 Total Amount Due 507.50
------------------------------------	-----------------------	-----------------	----------------------	-------------------	--------------------------------

Hutchinson Leader - Litchfield
 (320) 753-3635

* UNAPPLIED AMOUNTS ARE INCLUDED IN TOTAL AMOUNT DUE

24 Invoice Number 1118387370		Advertiser Information			
1 Billing Period 11/2018	6 Billed Account Number 387370	7 Advertiser/Client Number 387370	2 Advertiser/Client Name MMS COMMUNITY HEALTH SE		

Please
Staple Here

Meeker-McLeod-Sibley Community Health Services
Request for Payment Claim Voucher

Vendor Information	
Vendor Number	Address Change <input type="checkbox"/>
Name:	JESSICA K. WILSON
Attention/Other:	370 451 4337
Address:	1425 5775 WILSON ST NE
City, State, Zip Code:	MINNEAPOLIS, MN 55412

Voucher Number

Audit Initials: _____

Account Number	Amount	Description (30 Characters)	Invoice Number (13 Spaces)	Report Code	Accrual Code
225 - 6336	65.00	PACKING FEE			
0.00		Total Amount of Check			

All requests must have supporting documentation such as invoices & receipts.

Mailing Instructions	
<input checked="" type="checkbox"/> Mail Direct	<input type="checkbox"/> With Attachments
<input type="checkbox"/> Return to :	
Name _____	
Department _____	
<input type="checkbox"/> Hold For Vendor Pick-Up	

The undersigned, being duly sworn, deposes and says that the above bill is correct, the amount thereof is justly due, and no part thereof has been allowed or paid, and that the services therein mentioned have been actually rendered, and the items mentioned have been actually furnished.

Prepared By: _____ Approved By: _____
Date: _____ Date: _____

Date: 11/8/2018

Program: 225
Account # 10336
Description: Employee reimbursement
Approved by: AE

Receipt

P/S #46 A Payment No. 00000049
T/D #01 Ticket No. 025365
Entry Time 11/26/2018 (Mon) 9:27
Exit Time 11/26/2018 (Mon) 16:26
Parking Time 7:01
Parking Fee Rate A \$3.00

Cash Amount \$3.00

=====
Total **\$3.00**

Thank You for Your Visit
Please Come Again !
=====

INVOICE

From:

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

DATE: DECEMBER 3, 2018

TO:

Allie Elbert
Meeker-McLeod-Sibley Community Health
Services
1805 Ford Ave., Suite 200
Glencoe, MN 55336
Phone (320) 510-2660

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

Program: 230
Account #: 0205
Description: 3-COUNTY SHIP coord
Approved by: AE

"To support and promote the elimination of relationship violence through education, empowerment, protection, and advocacy"

CLT mini-grant



INVOICE

12/03/2018

Bill To

Meeker McLeod Sibley CHS
114 N. Holcombe #250
Litchfield, MN 55355

PO Box 393
Hutchinson, MN
55350
(320) 234-7933
(800) 934-0851
Fax: 320-234-6317
E-mail:
mavdv@hutchtel.net
www.mcleodalliance.org

Description of Services	Amount
Grant	\$500.00

Comments

Thank you for helping victims of domestic violence in McLeod County.

Sub Total	\$500.00
Total	\$500.00
Amount Paid	
Amount Due	\$500.00

Board of Directors

Dan Hatten - Chair
Kim Behnen - Vice Chair
Jane Otto - Secretary
Carla Wegner - Treasurer
Dan Hatten
Patti Lowmske
Joy May
Susan Noyes
Terri Healy
Andrew Brall
Rachel Stearns

Executive Director

Rhonda Buerkle

Advocacy Coordinator

Glynn Facek

Legal Advocate

Jill Barrall

Bilingual Advocate

Chela Vergara

PAYMENT INFORMATION

Please make check payments payable to:

McLeod Alliance for Victims of Domestic Violence, Inc.

Thank you!

Rhonda Buerkle, Executive Director
MAVDV, INC.

Program: 103
Account # 0350
Description: CLT Mini-grant
Approved by: AB



Minnesota Counties Computer Cooperative
 100 Empire Drive
 Suite 201
 St. Paul, MN 55128-1846

1901141 Invoice Number
 1/1/19 Invoice Date
 10,820.00 Amount

MMS Community Health Services
 1805 Ford Ave SE
 Suite 200
 Glencoe, MN 55336

2019 - 1st Qtr PH-DOC Software Support (Jan 1 - Mar 31)	1.00	6,620.00	6,620.00
2019 Health Information Exchange Fund (replacement for the ACOM Translator maint) annual	1.00	2,500.00	2,500.00
2019 MCCC Community Health Services User Group - Annual Dues	1.00	1,700.00	1,700.00

Program: 100 = 1,700
 Account # 6350
 Description: Annual dues
 Approved by: AE

$19,120 =$
 Program: 100
 Account # 6350
 Description: PH. DOC = HIE
 Approved by: AE

10,820.00

MMS Community Health Services
 1805 Ford Ave SE
 Suite 200
 Glencoe, MN 55336

1901141 Invoice Number
 1/1/19 Invoice Date
 10,820.00 Amount
 Jan 31, 2019 Due Date

Remit To:
 M & I Lockbox : MCCC
 MI 33: P.O. Box 1150
 Minneapolis, MN 55480-1150



National
WIC
Association
2001 S Street,
NW Suite 580
Washington DC, DC 20009
Phone: 202-232-5492
Fax: 202-387-5281

Invoice

Order ID YAHVGUDBTC

Date Nov 05, 2018

Amount Invoiced \$50.00

Amount Paid \$0

Balance Due \$50.00

DUE

Program: 275
Account # 10745
Description: Membership Fee
Approved by: AE

When paying by check, please indicate
the Order ID on the check stub (e.g.
ABCDE12345).

Ship To

Jessica Remington
Meeker-McLeod-Sibley Community Health
Services
114 N. Holcombe
Suite 250
Litchfield , MN 55355

Bill To

Jessica Remington
Meeker-McLeod-Sibley Community Health
Services
114 N. Holcombe
Suite 250
Litchfield , MN 55355

Items

Item	Unit	Qty	Amount
2019 Membership Agency: Meeker-McLeod-Sibley Community Health Services	\$50.00	1	\$50.00

Total \$50.00

Payments

Type	Date	Method	Amount
------	------	--------	--------

REMIT TO SPARTANNASH.
 ECONOFOODS - 3335
 1531 MOMENTUM PLACE
 CHICAGO, IL 60689

ACCOUNT # 4118 BILLING DATE 11/01/2018

MEEKER PUBLIC HEALTH
 114 N. HOLCOMBE #250
 LITCHFIELD, MN 55355

PLEASE ENTER
 AMOUNT ENCLOSED

Amount Due: \$224.43

PLEASE DETACH HERE AT PERFORATION AND RETURN THE TOP PORTION WITH YOUR REMITTANCE.

TRANSACTION DATE	DESCRIPTION / TRANSACTION NUMBER	CHARGES	PAYMENTS CREDITS
10/15/2018	RX 8015263 FOR NEW DAY 1.5MG TAB FOR [REDACTED] ON 10/11/18	30.59	

RECEIVED
 NOV 13 2018

BY: _____

Program: 200
 Account # 6439
 Description: FP
 Approved by: AE

616-878-8584-

Balance Last Statement	193.84	+	This Month's Charges	30.59	-	Payments Credits	0.00	=	AMOUNT DUE \$224.43				
Current Charges	30.59	+	30 Days Past Due	0.00	+	60 Days Past Due	193.84			+	90 Days Past Due	0.00	+

Net 30. Minimum Payment: \$224.43. No Discount Applies. Payment Due By: 12/01/2018



Tracy Schreifels, MS, LMFT, IMH-E (III)
Developmental Impact, LLC.

602 2nd Ave NE
Saint Joseph, MN 56374
Phone: 320-420-2234
E-mail: tracy@developmentalimpactllc.com

Invoice

Bill To:
Amanda Maresh
McLeod County Public Health
1805 Ford Ave. N Suite 200
Glencoe, MN 55336

Invoice #: 30333
Invoice Date: 11/30/2018
Customer ID: McLeodcountyPH

Program: 224
Account #: 6265
Description: Reflective Practice
Approved by: AE

Date	Terms	Tax ID
11/30/2018	Due Upon Delivery	

Quantity	Description	Unit Price	Total
1.5 hr	Group Reflective Consultation 11/30/2018	\$150.00	\$225.00
2 hr	Drive time	\$60.00	\$120.00
Subtotal			\$345.00
Miscellane-			
Balance Due			\$345.00

Please make checks payable to **Developmental Impact, LLC.**

Remit payment to:
602 2nd Ave NE
Saint Joseph, MN 56374

Thank you for your business!



McLeod County
Invoice

MAKE CHECKS PAYABLE TO: McLeod County Auditor-Treasurer

Mail to: McLeod County Auditor-Treasurer
2391 Hennepin Ave N
Glencoe, MN 55336

Direct all phone inquiries to (320) 864-1262

INVOICE NUMBER

6167

Name: Meeker McLeod Sibley CHS
Address: Attn: Allie Elbert
PO Box 51
Glencoe, MN 55336

Invoice Date	Invoice Amount
11/15/18	\$537.02

DATE	DESCRIPTION	
11/15/2018	Verizon Bill for CHS December 2017-March 2018	537.02
TOTAL		\$537.02

TERMS: Due upon Receipt

ACCOUNT DISTRIBUTION (For office use only)

ACCOUNT NUMBER	AMOUNT	DESCRIPTION	INVOICE NO.
01003.5990	537.02	Verizon Bill for CHS December 2017	6167



Program: 100 (LH6)
Account # 6203
Description: air card - 105.03
Approved by: AZ

Program: 225 (WIC)
Account # 6203 105.03
Description: air card
Approved by: AZ

Program: 502 (PHEP)
Account # 6203
Description: air card cell phone 168.79
Approved by: AZ

Program: 217 (Project Harmony)
Account # 6203
Description: cell phone, air card 158.17
Approved by: AZ

Total

537.02

Get Minute

Arizona

PHS

December 2017 Bill

Invoice Number 9799159612 Account Number 583731374-00001 Date Due 01/25/18 Page 3 of 23

Overview of Lines

Charges by Cost Center	Page Number	Monthly Charges	Usage and Purchase Charges	Equipment Charges	Surcharges and Other Charges and Credits	Taxes, Governmental Surcharges and Fees	Third-Party Charges (includes Tax)	Total Charges	Voice Plan Usage	Messaging Usage	Data Usage	Voice Roaming	Messaging Roaming	Data Roaming
No Cost Center														
320-510-3828 4g Usb	4	\$34.99	---	---	\$0.02	\$0.00	---	\$35.01	---	---	.0815B	---	---	---
320-510-4007 Joy Kubis	5	\$34.99	---	---	\$0.02	\$0.00	---	\$35.01	---	---	.5365B	---	---	---
320-510-5205 Jessica Remington	6	\$34.99	---	---	\$0.02	\$0.00	---	\$35.01	---	---	1.2476B	---	---	---
320-510-5220 Phn Pw	7	\$34.99	---	---	\$0.02	\$0.00	---	\$35.01	---	---	---	---	---	---
320-510-5223 Phn Pw	8	\$34.99	---	---	\$0.02	\$0.00	---	\$35.01	---	---	2.4066B	---	---	---
320-510-5232 Kerry Ward	9	\$34.99	---	---	\$0.02	\$0.00	---	\$35.01	---	---	.0649B	---	---	---
320-510-5243 Phn Pw	10	\$34.99	---	---	\$0.02	\$0.00	---	\$35.01	---	---	2.3666B	---	---	---
320-510-5268 Phn Pw	11	\$34.99	---	---	\$0.02	\$0.00	---	\$35.01	---	---	.0505B	---	---	---
Subtotal		\$279.92	\$0.00	\$0.00	\$0.16	\$0.00	\$0.00	\$280.03						
PHNS														
320-510-0062 Joanne Bolland	12	\$34.99	---	---	\$0.02	\$0.00	---	\$35.01	---	---	.3496B	---	---	---
320-510-0066 Phn Pw	13	\$34.99	---	---	\$0.02	\$0.00	---	\$35.01	---	---	.1246B	---	---	---
320-510-0265 Jennifer Smith	14	\$34.99	---	---	\$0.02	\$0.00	---	\$35.01	---	---	6.7866B	---	---	---
320-510-0524 Chs-Allie Friedrichs	15	\$34.99	---	---	\$0.02	\$0.00	---	\$35.01	---	---	1.1733B	---	---	---
320-510-0662 Phn Pw	16	\$34.99	---	---	\$0.02	\$0.00	---	\$35.01	---	---	1.6666B	---	---	---
320-510-2234 Michelle McGraw	17	\$34.99	---	---	\$0.02	\$0.00	---	\$35.01	---	---	2.0626B	---	---	---
320-510-2253 Phn Pw	18	\$34.99	---	---	\$0.02	\$0.00	---	\$35.01	---	---	.0636B	---	---	---
320-510-2295 Phn Pw	19	\$34.99	---	---	\$0.02	\$0.00	---	\$35.01	---	---	.0856B	---	---	---
320-510-2323 Phn Pw	20	\$34.99	---	---	\$0.02	\$0.00	---	\$35.01	---	---	---	---	---	---
320-510-2327 Phn Pw	21	\$34.99	---	---	\$0.02	\$0.00	---	\$35.01	---	---	---	---	---	---
320-510-2473 Phn Pw	22	\$34.99	---	---	\$0.02	\$0.00	---	\$35.01	---	---	.1795B	---	---	---
Subtotal		\$384.89	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$385.11						
Total Current Charges		\$664.81	\$0.00	\$0.00	\$0.38	\$0.00	\$0.00	\$665.19						

Air Card total -> \$105.03

PAID

JAN 19 2018

MCLEOD COUNTY

[Signature]



Invoice Number Account Number Date Due Page
 9799159634 583743452-00001 01/25/18 30 of 50

Summary for Chs-Cathryn Wirta: 320-510-1993
CHS

Project Harmony

Your Plan

Nationwide Email & Data 400
 \$64.09 monthly charge
 400 monthly allowance minutes
 \$.25 per minute after allowance

Friends & Family

Email & Data EVDO Unlimited
 Unlimited monthly megabyte

Beginning on 12/26/16:
 24% Access Discount

M2M National Unlimited
 Unlimited monthly Mobile to Mobile

UNL Night & Weekend Min
 Unlimited monthly OFFPEAK

UNL Picture/Video MSG
 Unlimited monthly Picture & Video

UNL Text Messaging
 Unlimited monthly M2M Text
 Unlimited monthly Text Message

Have more questions about your charges?
 Get details for usage charges at
www.vzw.com/mybusinessaccount.

Monthly Charges

Nationwide Email & Data 400	01/03 - 02/02	64.09
24% Access Discount	01/03 - 02/02	-15.38
4G Smartphone Hotspot	01/03 - 02/02	10.00
		\$58.71

Usage and Purchase Charges

Voice	Allowance	Used	Billable	Cost
Shared <i>minutes</i>	400 (shared)	93	---	---
Mobile to Mobile <i>minutes</i>	unlimited	118	---	---
Total Voice				\$0.00

Messaging

	Allowance	Used	Billable	Cost
Text <i>messages</i>	unlimited	401	---	---
Unlimited M2M Text <i>messages</i>	unlimited	438	---	---
Picture & Video <i>messages</i>	unlimited	13	---	---
Total Messaging				\$0.00

Data

	Allowance	Used	Billable	Cost
Megabyte Usage <i>megabytes</i>	unlimited	2293.678	---	---
Total Data				\$0.00

Total Usage and Purchase Charges \$0.00

Surcharges

Fed Universal Service Charge	1.66
Regulatory Charge	.21
Total	\$1.87

Taxes, Governmental Surcharges and Fees

MN 911/Telerelay Chrg	1.00
Total	\$1.00

Total Current Charges for 320-510-1993

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JAN 19 2018

\$61.58

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JAN 19 2018

McLEOD COUNTY

needs to be paid by mecker-McLeod-Sibley CHS

R/K



Invoice Number Account Number Date Due Page
 9799159634 583743452-00001 01/25/18 41 of 50

Summary for Chs-Cathryn Wirta: 320-510-3444
PHNS

Your Plan

Mobile Broadband Unlimited
 \$34.99 monthly charge
 \$.25 per minute

MBB Unlimited
 Unlimited monthly gigabyte

Have more questions about your charges?
 Get details for usage charges at
www.vzw.com/mybusinessaccount.

Monthly Charges

Mobile Broadband Unlimited 01/03 - 02/02 34.99
\$34.99

Usage and Purchase Charges

Data	Allowance	Used	Billable	Cost
Gigabyte Usage	<i>gigabytes</i> unlimited	.021	—	—
Total Data				\$0.00

Total Usage and Purchase Charges \$0.00

Surcharges
 Regulatory Charge .02
\$0.02

Total Current Charges for 320-510-3444
\$35.01

PH

Needs to be paid by
 Meeker-McLeod-Sibley CHS

PAID

JAN 19 2018

MCLEOD COUNTY

BRK



Invoice Number Account Number Date Due Page
 9799159612 583731374-00001 01/25/18 17 of 23

Summary for Michelle McGraw: 320-510-2234
PHNS

Your Plan

Mobile Broadband Unlimited
 \$34.99 monthly charge
 \$.25 per minute

MBB Unlimited
 Unlimited monthly gigabyte

Have more questions about your charges?
 Get details for usage charges at
www.vzw.com/mybusinessaccount.

Monthly Charges

Mobile Broadband Unlimited 01/03 - 02/02 34.99
\$34.99

Usage and Purchase Charges

Data	Allowance	Used	Billable	Cost
Gigabyte Usage	<i>gigabytes</i> unlimited	2.062	---	---
Total Data				\$0.00

Total Usage and Purchase Charges \$0.00

Surcharges

Regulatory Charge .02
\$0.02

Total Current Charges for 320-510-2234

\$35.01

PHNS

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JAN 19 2018

McLEOD COUNTY

*Needs to be paid by
 Meeker McGraw-Sibly CHS*

PHNS



Invoice Number Account Number Date Due Page
 9799159634 583743452-00001 01/25/18 31 of 50

Summary for Chs-Michelle McGraw: 320-510-4850
CHS

Your Plan

Nationwide Basic SharePlan 400
 \$38.45 monthly charge
 400 monthly allowance minutes
 \$.25 per minute after allowance

PAYU MB With EVDO
 \$1.99 per megabyte

Beginning on 01/08/16:
 24% Access Discount

M2M National Unlimited
 Unlimited monthly Mobile to Mobile

UNL Night & Weekend Min
 Unlimited monthly OFFPEAK

100 Text PIX FLIX Messages
 100 monthly message allowance
 \$.10 per message sent after allowance
 \$.02 per message Rcv'd after allowance

Have more questions about your charges?
 Get details for usage charges at
www.vzw.com/mybusinessaccount.

Monthly Charges

Nationwide Basic SharePlan 400	01/03 - 02/02	38.45
24% Access Discount	01/03 - 02/02	-9.23
		\$29.22

Surcharges

Fed Universal Service Charge	1.45
Regulatory Charge	.21
	\$1.66

Taxes, Governmental Surcharges and Fees

MN 911/Telerelay Chrg	1.00
	\$1.00

Total Current Charges for 320-510-4850

\$31.88

PHEP

*Needs to be paid by
 Meeker-McLeod - Sibley CHS*

PAID

JAN 19 2018

MCLEOD COUNTY

[Signature]



Invoice Number Account Number Date Due Page
 9799159612 583731374-00001 01/25/18 15 of 23

Summary for Chs-Allie Fredriechs: 320-510-0524
PHNS

Your Plan

Mobile Broadband Unlimited
 \$34.99 monthly charge
 \$.25 per minute

MBB Unlimited
 Unlimited monthly gigabyte

Have more questions about your charges?
 Get details for usage charges at
www.vzw.com/mybusinessaccount.

Monthly Charges

Mobile Broadband Unlimited 01/03 - 02/02 34.99
\$34.99

Usage and Purchase Charges

Data	Allowance	Used	Billable	Cost
Gigabyte Usage	<i>gigabytes</i> unlimited	1.173	---	---
Total Data				\$0.00

Total Usage and Purchase Charges \$0.00

Surcharges

Regulatory Charge .02
\$0.02

Total Current Charges for 320-510-0524 **\$35.01**

CRHG

*Needs to be paid by
 Maeder-McLeod-Sibley CHS*

PAID
 JAN 19 2018
 MCLEOD COUNTY

KUP



Invoice Number Account Number Date Due Page

9799159612 583731374-00001 01/25/18 6 of 23

Summary for Jessica Remington: 320-510-5205

Your Plan

Mobile Broadband Unlimited
\$34.99 monthly charge
\$.25 per minute

MBB Unlimited
Unlimited monthly gigabyte

Have more questions about your charges?
Get details for usage charges at
www.vzw.com/mybusinessaccount.

Monthly Charges

Mobile Broadband Unlimited 01/03 - 02/02 34.99
\$34.99

Usage and Purchase Charges

Data	Allowance	Used	Billable	Cost
Gigabyte Usage	<i>gigabytes</i> unlimited	1.247	--	--
Total Data				\$0.00

Total Usage and Purchase Charges \$0.00

Surcharges

Regulatory Charge .02
\$0.02

Total Current Charges for 320-510-5205

\$35.01

WIC

PAID

JAN 19 2018

McLEOD COUNTY

*Needs to be paid by
meeker - McLeod - Sibbey. CHS*



Invoice Number Account Number Date Due Page
 9800962040 583731374-00001 Past Due 15 of 23

Summary for Chs-Allie Fredriechs: 320-510-0524
PHNS

Your Plan

Mobile Broadband Unlimited
 \$34.99 monthly charge
 \$.25 per minute

MBB Unlimited
 Unlimited monthly gigabyte

Have more questions about your charges?
 Get details for usage charges at
www.vzw.com/mybusinessaccount.

Monthly Charges

Mobile Broadband Unlimited 02/03 - 03/02 34.99
\$34.99

Usage and Purchase Charges

Data	Allowance	Used	Billable	Cost
Gigabyte Usage <i>gigabytes</i>	unlimited	3.898	---	---
Total Data				\$0.00
Total Usage and Purchase Charges				\$0.00
Surcharges				
Regulatory Charge				.02
				\$0.02

Total Current Charges for 320-510-0524 **\$35.01**

CPHG

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 FEB 23 2018
 McLEOD COUNTY

[Handwritten signature]



Invoice Number Account Number Date Due Page
 9800962040 583731374-00001 Past Due 17 of 23

Summary for Michelle McGraw: 320-510-2234
PHNS

Your Plan

Mobile Broadband Unlimited
 \$34.99 monthly charge
 \$.25 per minute

MBB Unlimited
 Unlimited monthly gigabyte

Have more questions about your charges?
 Get details for usage charges at
www.vzw.com/mybusinessaccount.

Monthly Charges

Mobile Broadband Unlimited 02/03 - 02/02 34.99
\$34.99

Usage and Purchase Charges

Data	Allowance	Used	Billable	Cost
Gigabyte Usage <i>gigabytes</i>	unlimited	3.096	---	---
Total Data				\$0.00
Total Usage and Purchase Charges				\$0.00
Surcharges				
Regulatory Charge				.02
				\$0.02
Total Current Charges for 320-510-2234				\$35.01

PHNS

PAID
 FEB 23 2018
 McLEOD COUNTY

2
R/W



Invoice Number Account Number Date Due Page

9800962040 583731374-00001 Past Due 6 of 23

Summary for Jessica Remington: 320-510-5205

Your Plan

Mobile Broadband Unlimited
\$34.99 monthly charge
\$.25 per minute

MBB Unlimited
Unlimited monthly gigabyte

Have more questions about your charges?
Get details for usage charges at
www.vzw.com/mybusinessaccount.

Monthly Charges

Mobile Broadband Unlimited 02/03 - 03/02 34.99
\$34.99

Usage and Purchase Charges

Table with 5 columns: Data, Allowance, Used, Billable, Cost. Row 1: Gigabyte Usage, gigabytes, unlimited, .218, --, --. Row 2: Total Data, \$0.00

Total Usage and Purchase Charges \$0.00

Surcharges

Regulatory Charge .02
\$.02

Total Current Charges for 320-510-5205 \$35.01

WIC

PAID
FEB 23 2018
McLEOD COUNTY

K16

Vivid Image, Inc.
897 Highway 15 S
Hutchinson, MN 55350
(320) 587-8974

INVOICE

INVOICE # 13169
DATE 11/30/2018
DUE DATE 12/15/2018
TERMS Net 15

BILL TO

Meeker, McLeod Sibley
Healthy Communities
1805 Ford Ave N Suite 200
Glencoe, MN 55336

Please detach top portion and return with your payment.

ACCOUNT DIRECTOR

Cory Dammann

SERVICE

QTY

AMOUNT

Print Material

5 Sets of Business Cards

1

112.50T

Sales Tax

Sales Tax calculated by AvaTax on Thu 29 Nov 19:36:03 UTC 2018

1

7.73

We accept Visa, MasterCard, and Discover for your convenience. If we have not received your payment by its due date, we may apply a late fee of \$20.00.

SUBTOTAL

120.23

TAX (0%)

0.00

TOTAL

120.23

There is a \$30.00 charge for all returned checks.

BALANCE DUE

\$120.23

Program: 100

Account # 1024

Description: BUSINESS CARDS

Approved by: AE

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

Date Uploaded to CDS:	11/14/2018										
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
Association of MN Counties	125 Charles Ave	St. Paul	MN	55103-2108	\$ 375.00	51392	Local Public Health Grant	Dues & Registrations Fees	100	6245	AMC Registration
Conway, Deuth & Schmiesing, PLLP	820 Sibley Ave N	Litchfield	MN	55355	\$ 5,765.00	255953	Local Public Health Grant	Professional Services	100	6265	Bookkeeping Services
Doherty Staffing Solutions	CM 3808	St. Paul	MN	55170-3808	\$ 1,968.77	154692	WIC Peer Grant	Professional Services	234	6265	WIC Peer Staffing
Evolution Shirts	307 Main Street, PO Box 243	Henderson	MN	56044	\$ 150.00	Oct Invoice	Local Public Health Grant	Printing & Publishing	100	6241	Printing Costs
Hutchinson Leader	STE #100, 170 Shady Ridge NW	Hutchinson	MN	55350	\$ 500.00	387370	Child & Teen Check-up	Other Charges & Services	601	6350	Social Media Outreach
Joanie's Catering	213 N High Drive Apt 110	Hutchinson	MN	55350	\$ 18.18	Nov Invoice	SHIP-Community	Meeting Expense	230	6353	Worksite Wellness Consortium Mtg Expense
Joanne Moze, LLC	4351 Harriet Ave	Minneapolis	MN	55409	\$ 1,000.00	121	Local Public Health Grant	Professional Services	100	6265	Health Equity Grant
Mary Bachman	225 Dale Circle	Green Isle	MN	55338	\$ 980.00	Nov Invoice	SHIP-Community	Other Charges & Services	230	6350	Nov SHIP
					\$ 2,000.00	Nov Invoice	Local Public Health Grant	Other Charges & Services	100	6350	Health Equity Grant
				Total	\$ 2,980.00						
Office of the State Auditor	Ste 500, 525 Park St	St Paul	MN	55103	\$ 15,100.50	69469	Local Public Health Grant	Professional Services	100	6265	2018 Audit Costs
Pam Bagley	52038 283rd St	Grove City	MN	56243	\$ 20.87	Nov Invoice	SHIP-Community	Meeting Expense	230	6353	Mtg Expense
Survey Systems	3650 Kent St	Shoreview	MN	55126-7012	\$ 12,395.90	18-12296	Healthy Communities Coalition	Professional Services	103	6265	Community Survey
Developmental Impact, LLC	602 2nd Ave NE	St Joseph	MN	56374	\$ 325.00	30285	TANF	Professional Services	224	6265	Reflective Practice
Vivid Image, Inc	897 Hwy 15 S	Hutchinson	MN	55350	\$ 1,500.00	13145	Local Public Health Grant	Professional Services	100	6265	Health Equity Grant

Association of Minnesota Counties
125 Charles Avenue
St. Paul, MN 55103-2108
651-789-4338

Invoice

Meeker-McLeod-Sibley CHB
 1805 Forde Avenue North
 Suite 200
 Glencoe, MN 55336-1371

Program: 100
 Account # 6245
 Description: AMC registration
 Approved by: [Signature]

Account #	Order Number	Order Date	Terms	Invoice Date	Purchase order
8058	57176	10/1/2018	Net 45	12/4/2018	
Quantity	Item code	Description		Meeting Date	Price
1	ANNCONF18/REG	Annual Conference Allie Elbert		12/3/2018	\$375.00
Total Due:					\$375.00

Send payment to:
Association of Minnesota Counties
P.O. Box 64689
St. Paul, MN 55164



www.cdscpa.com
(888) 388-1040

CONWAY, DEUTH & SCHMIESING, PLLP
CPAS & ADVISORS

WILLMAR 331 3rd St SW, Ste 2, PO Box 570, Willmar, MN 56201 | (320) 235-3311
BENSON 1209 Pacific Ave, Ste 3, Benson, MN 56215 | (320) 843-2302
MORRIS 401 Atlantic Ave, Morris, MN 56267 | (320) 589-2602
LITCHFIELD 820 Sibley Ave N, Litchfield, MN 55355 | (320) 693-7975
SARTELL 2351 Connecticut Ave, Ste 110, Sartell, MN 56377 | (320) 252-7565

MEEKER-McLEOD-SIBLEY COMMUNITY HEALTH SERVICES
1805 FORD AVE N
SUITE #200
GLENCOE, MN 55336

Invoice: 255953
Date: 10/31/2018
Due Date: 11/19/2018
Client ID: L16175
Amount Due: \$5,765.00

Please return this portion with payment:

Amount Enclosed: \$ _____

Invoice Date: 10/31/2018
MEEKER-McLEOD-SIBLEY COMMUNITY HEALTH SERVICES
Invoice #255953

PREPARATION OF 6/6, 6/20, 7/4, 7/18, 8/1, 8/15, 8/29, 9/12, 9/29, 10/10 AND 10/24/18 PAYROLLS.	770.00
PERA AND EMPLOYEE LIFE INSURANCE CONTRIBUTIONS SUBMITTED FOR JUNE, JULY, AUGUST AND SEPTEMBER PAYROLLS.	180.00
JUNE, JULY, AUGUST, SEPTEMBER AND OCTOBER BOOKKEEPING AND BILL PAY PER CONTRACT.	1,250.00
FISCAL HOSTING MEETING - TRAVEL TO HUTCHINSON AND MET WITH BOARD MEMBER FOR 9.5 HOURS AT CONTRACTED \$140.00 PER HOUR.	1,330.00
PREPARATION OF FISCAL HOSTING MEETING, 5 HOURS AND CONTRACTED \$140.00 PER HOUR.	700.00
ADDITIONAL PAYROLL RELATED TIME SETTING UP NEW EMPLOYEES, PHONE CONVERSATIONS WITH MSRS REGARDING ENROLLMENT CHANGES, IMPLEMENT RETROACTIVE WAGE INCREASES AND TIME RELATED TO ADJUSTING FOR NEW FLEX PLAN ELECTIONS.	250.00
PREPARATION OF 2ND AND 3RD QUARTER 2018 PAYROLL REPORTS.	250.00
PREDATION OF AND ADJUSTMENTS TO MONTHLY EXPENSE REPORTS FOR GRANTS FOR JUNE THROUGH SEPTEMBER.	760.00
PHONE CALLS AND MEETING WITH JULIE AND ALLIE REGARDING HOW MEETING REPORTS SHOULD BE PREPARED AND REVIEW OF THE SAME.	275.00



www.cdscpa.com
(888) 388-1040

CONWAY, DEUTH & SCHMIESING, PLLP
WILLMAR 331 3rd St SW, Ste 2, PO Box 570, Willmar, MN 56201 | (320) 235-3311
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LITCHFIELD 820 Sibley Ave N, Litchfield, MN 55355 | (320) 693-7975
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SARTELL 2351 Connecticut Ave, Ste 110, Sartell, MN 56377 | (320) 252-7565

MEEKER-McLEOD-SIBLEY COMMUNITY HEALTH SERVICES

1805 FORD AVE N

SUITE #200

GLENCOE, MN 55336

Invoice: 255953

Date: 10/31/2018

Due Date: 11/19/2018

Client ID: L16175

New Charges	\$5,765.00
Beginning Balance	\$0.00
Invoices	5,765.00
Receipts	0.00
Adjustments	0.00
Service Charges	0.00
Amount Due	<u>\$5,765.00</u>

Program: 100

Account # 10265

Description: Bookkeeping Services

Approved by: ATC

<u>10/31/2018</u>	<u>09/30/2018</u>	<u>08/31/2018</u>	<u>07/31/2018</u>	<u>06/30/2018+</u>	<u>Total</u>
5,765.00	0.00	0.00	0.00	0.00	\$5,765.00



www.cdscpa.com
(888) 388-1040

CONWAY, DEUTH & SCHMIESING, PLLP

WILLMAR 331 3rd St SW, Ste 2, PO Box 570, Willmar, MN 56201 | (320) 235-3311

BENSON 1209 Pacific Ave, Ste 3, Benson, MN 56215 | (320) 843-2302

MORRIS 401 Atlantic Ave, Morris, MN 56267 | (320) 589-2602

LITCHFIELD 820 Sibley Ave N, Litchfield, MN 55355 | (320) 693-7975

SARTELL 2351 Connecticut Ave, Ste 110, Sartell, MN 56377 | (320) 252-7565



Remit To: Doherty Staffing Solutions
 CM 3808
 St. Paul, MN 55170-3808

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

INVOICE

Invoice Amount

\$1,939.67

Payment Terms

Invoice Date

Net On Receipt

09/09/2018

Invoice No.

Customer No.

154692

62486

Make Check Payable to Doherty Staffing Solutions, Inc.

A service charge (annual percentage rate of 18%) is charged on all unpaid invoices.

Customer Name	Department	Customer No.	Payment Terms
Meeker - McLeod - Sibley Community Health Services	Corporate	62486	Net On Receipt

Description	Shift	Type	Units	Rate	Amount
WeekWork Ending: Aug 12 2018 12:00AM					
Collett, Emily	Consultant	Reg	2.25	\$18.68	\$42.03
Huberty, Amber L	Consultant	Reg	1.00	\$18.68	\$18.68
Nicholson, Andrea Joy	Consultant	Reg	13.75	\$21.71	\$298.51
Schlueter, Meg L	Consultant	Reg	10.00	\$18.68	\$186.80
Total This WeekWork Ending:					\$546.02
WeekWork Ending: Aug 19 2018 12:00AM					
Collett, Emily	Consultant	Reg	1.25	\$18.68	\$23.35
Huberty, Amber L	Consultant	Reg	3.50	\$18.68	\$65.38
Nicholson, Andrea Joy	Consultant	Reg	8.75	\$21.71	\$189.96
Schlueter, Meg L	Consultant	Reg	2.50	\$18.68	\$46.70
Total This WeekWork Ending:					\$325.39
WeekWork Ending: Aug 26 2018 12:00AM					
Collett, Emily	Consultant	Reg	0.75	\$18.68	\$14.01
Huberty, Amber L	Consultant	Reg	4.25	\$18.68	\$79.39
Nicholson, Andrea Joy	Consultant	Reg	3.50	\$21.71	\$75.99
Schlueter, Meg L	Consultant	Reg	5.75	\$18.68	\$107.41
Total This WeekWork Ending:					\$276.80
WeekWork Ending: Sep 2 2018 12:00AM					
Collett, Emily	Consultant	Reg	6.75	\$18.68	\$126.09
Huberty, Amber L	Consultant	Reg	0.75	\$18.68	\$14.01
Nicholson, Andrea Joy	Consultant	Reg	2.00	\$21.71	\$43.42
Schlueter, Meg L	Consultant	Reg	6.25	\$18.68	\$116.75

Thank You For Your Business!
 If you have any questions, Call (952)
 832-8376

Description	Shift	Type	Units	Rate	Amount
Total This WeekWork Ending:					\$300.27
WeekWork Ending: Sep 9 2018 12:00AM					
Collett, Emily	Consultant	Reg	2.25	\$18.68	\$42.03
Collett, Emily	Consultant	Expense Reimbursement	1.00	\$21.80	\$21.80
Huberty, Amber L	Consultant	Reg	1.75	\$18.68	\$32.69
Huberty, Amber L	Consultant	Expense Reimbursement	1.00	\$20.00	\$20.00
Huberty, Amber L	Consultant	Expense Reimbursement	1.00	\$43.60	\$43.60
Nicholson, Andrea Joy	Consultant	Reg	6.50	\$21.71	\$141.12
Nicholson, Andrea Joy	Consultant	Expense Reimbursement	1.00	\$64.31	\$64.31
Schlueter, Meg L	Consultant	Reg	2.75	\$18.68	\$51.37
Schlueter, Meg L	Consultant	Expense Reimbursement	1.00	\$45.78	\$45.78
Total This WeekWork Ending:					\$462.70

ACAAdminFee \$28.49

Reg: 86.25 OT: 0 DT: 0 Total Hours: 91.25 Total - This Invoice: \$1,939.67

IF PAID AFTER : 10/09/2018 \$1,968.77

Program: 234
 Account # 6265
 Description: WIC Peer Staffing
 Approved by: AE

pay this amount ↗

Thank You For Your Business!
 If you have any questions, Call (952)
 832-8376

Invoice #9526 - signs Thank you for your business!



Evolution Shirts
307 Main Street
P.O. Box 243
Henderson, MN 56044
507-248-3133
<http://www.evolutionshirts.com>
evolutionshirts@gmail.com

Created October 3, 2018
Customer Due October 9, 2018
Date
Total \$150.00
Outstanding \$150.00

Customer Billing

Sibley County Health & Human Services
Laurie Becker
laurieb@co.sibley.mn.us

Customer Shipping

Notes

see below info/photo

Category	Item #	Color	Description	XS	S	M	L	XL	2XL	3XL	4XL	5XL	6XL	Qty	Items	Price	Total
Signs365			Foam Core sign - 24"x36" - pack of 5											1	1	\$140.00	\$140.00



Fee Description	Amount
Shipping to Evolution	\$10.00

Total Quantity 1
Sub Total \$150.00
Tax \$0.00
Total Due \$150.00
Paid \$0.00
Outstanding \$150.00

Program: 100
Account # 10241
Description: Printing costs
Approved by: AE

Program: _____
Account # _____
Description: _____
Approved by: _____

Hutchinson Leader - Litchfield
 STE #100
 170 SHADY RIDGE NW
 HUTCHINSON MN 55350
 (320) 753-3635

Fax(320) 753-3636

Advertising Statement

1 Billing Period 10/2018		2 Advertiser/Client Name MMS COMMUNITY HEALTH SERVICES		
23 Total Amount Due 500.00		*Unapplied Amount	3 Terms of Payment	
21 Current Net Amount Due 500.00	22 30 Days .00	60 Days .00	Over 90 Days .00	
4 Page Number 1	5 Billing Date 10/31/18	6 Billed Account Number 387370 COLLE.		7 Advertiser/Client Number 387370

8 Billed Account Name and Address MMS COMMUNITY HEALTH SERVICES ALLIE ELBERT 1805 FORD AVE GLENCOE MN 55336		Amount Paid: Comments:
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IF YOU WOULD LIKE TO PAY YOUR ACCOUNT BY CREDIT CARD,
 PLEASE CALL OUR BILLING DEPARTMENT AT (320) 753-3665

Please Return Upper Portion With Payment

10 Date	11 Reference	12 13 14 Description-Other Comments/Charges	15 SAU Size 16 Billed Units	17 Times Run 18 Rate	19 Gross Amount	20 Net Amount
10/30/18	500639	BALANCE FORWARD				250.00
	PAY	PAYMENT - THANK YOU				-250.00
10/03/18	787953	DIGITAL DISPLAY BANNER	1.0X 1.00	1		
	BANNR	LEAD	1.00	0.00	250.00	250.00
10/07/18	787953	DIGITAL DISPLAY BANNER	1.0X 1.00	1		
	BANNR	LEAD	1.00	0.00	250.00	250.00

Program: 601
 Account # 6350 - other charges
 Description: social media outreach
 Approved by: AV

Statement of Account - Aging of Past Due Amounts

Due date: 11/15/18

21 Current Net Amount Due 500.00	22 30 Days 0.00	60 Days 0.00	Over 90 Days 0.00	*Unapplied Amount	23 Total Amount Due 500.00
--------------------------------------	---------------------	-----------------	----------------------	-------------------	--------------------------------

Hutchinson Leader - Litchfield
 (320) 753-3635

* UNAPPLIED AMOUNTS ARE INCLUDED IN TOTAL AMOUNT DUE

24 Invoice Number 1018387370	25 Billing Period 10/2018	Advertiser Information		
6 Billed Account Number 387370	7 Advertiser/Client Number 387370	2 Advertiser/Client Name MMS COMMUNITY HEALTH SE		

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

Program: 230 error AE
 Account # 0350
 Description: Nov SHIP coord : Employee reimbursement
 Approved by: AE

DATE: NOVEMBER 2, 2018

INVOICE

TO:
 Allie Elbert
 Meeker-McLeod-Sibley Community Health
 Services
 1805 Ford Ave., Suite 200
 Glencoe, MN 55336
 Phone (320) 510-2660

Program: 230
 Account # 0350
 Description: Nov SHIP
 Approved by: AE

Program: 100
 Account # 0350
 Description: Health Equity Grant
 Approved by: AE

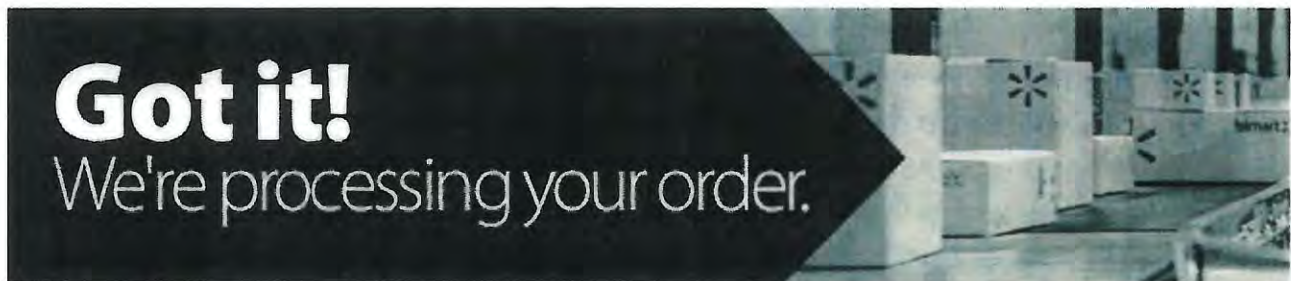
Handwritten notes:
 \$980 - SHIP
 \$2,000 - Health Equity Cohort grant
 \$2000

Expense	Amount
Invoice for agreed upon rate of \$980 per month for SHIP and Healthy Communities Coordination Duties, payable for the month of: November, 2018	\$980
Reimbursement of incentives purchased for Health Equity Grant on personal credit card (supporting receipts attached) Walmart: 34 x \$20 = \$680 Caseys: 33 x \$20 = \$660 Coborns: 33 x \$20 = \$660	\$2,000
Total	\$2,980

Mary Bachman - Order received. Arrives 11/08. Blue Stripes Walmart Gift...

From: "Walmart.com" <help@walmart.com>
To: <maryb@co.sibley.mn.us>
Date: 11/1/2018 9:59 AM
Subject: Order received. Arrives 11/08. Blue Stripes Walmart Gift...

[Help Center](#) [Your Account](#)



Hello Mary,

Thanks for shopping with us. We're processing your order now and we'll email you again when there are status updates. You can also track the status [here](#).

*Sincerely,
-Your Walmart Customer Care Team*

Order number: 5761851-026360

Ships from Walmart

Arrives by

Shipping To

Thu, Nov 8
We'll send an email with tracking info when your order ships.

Mary Bachman
111 8th St.
PO Box 237
Gaylord , MN 55334

Item	Qty	Total
Blue Stripes Walmart Gift Card \$20.00	34	\$680.00

Items may arrive in multiple boxes on different days.

Order summary

Order subtotal	\$680.00
Walmart shipping	FREE
Order total:	\$680.00

Billing information

Billing address

Mary Bachman
225 Dale Circle
Green Isle, MN 55338

Payment method(s)

MASTERCARD ending in 5113

Credit cards aren't charged until your order ships. If you see a pending charge on your account prior to shipping, this is an authorization hold to ensure the funds are available.

Helpful information

- Need to cancel? Click the **Request Cancellation** button in [this link](#). Please act quickly — you can only cancel until your order starts processing.

Mary Bachman

*Casey's
gift cards*

Casey's General Store# 1646
119 5TH ST
GAYLORD, MN 55334
Register 1

11/1/18 11:05:05
Reg:1 Cashier:ALISHA
Receipt 1346332
Type SALE

33x 20

*paid w/ personal
credit card*

Gift Card - Hypercom 660.00

SubTotal 660.00
Total 660.00

Received
MasterCard 660.00
ACC XXXXXXXXXXXX5113 SWIPED
Approved 01996Z

Approved 01996Z Seq#339344APP
REF 001337658966

11/1/18 11:05:05

Mary Bachman

*Paid w/
personal
credit card*



1921 Coborn Blvd, St Cloud MN 56301

Bill To:

Sibley County Public Health

Attn: Mary Bachman

Pick up Location: Coborns- Glencoe

Date	Quantity	Product Description	Amount Due
11/5/2018	33	\$20 Gift Cards	\$ 660.00
CC payment \$			(660.00)
Total Due: \$			-
Gift Card Rec'd by:			
Printed Name <u>Mary Bachman</u>			
Signature <u>Mary Bachman</u>			
PLEASE GIVE GIFT CARD ORDERS TO BOOKKEEPER FOR GUEST PICK UP			

Send Payments to:
Attn: Gina Ehlers
Coborns Inc.
PO Box 6146
St. Cloud, MN 56302

Program: 100
 Account #: 10205
 Description: 2018 Audit Costs
 Approved by: AE

Claim for Audit
 Office of the State Auditor
 Suite 500, 525 Park Street
 Saint Paul, Minnesota 55103
 (651) 296-2551 TDD (800) 627-3529

Alethea Freidrichs, Executive Director
 Meeker, McLeod, Sibley CHS
 1805 Ford Avenue N
 Suite 200
 Glencoe, MN 55336-1371

Claim No. 69469
 Date: 10/29/2018
 Final Statement

Contact/address change noted on other side. Changes can also be e-mailed to
 accounting@osa.state.mn.us.

Total: \$15,100.50

Services Performed for: Meeker, McLeod, Sibley CHS
 Audit Period Ended: December 31, 2017
 Services for the Period: 2/7/2018 to 10/2/2018

Date: 10/29/2018

Claim No. 69469

Services Performed by: Position Description	Hours	Hourly Rate	Total
<i>Totals Prior to this Claim:</i>		0.00	\$0.00
<i>Financial Audit Services</i>			
Director	28.00	\$100.00	\$2,800.00
Senior	37.00	\$83.00	\$3,071.00
Intermediate	74.75	\$74.00	\$5,531.50
Standards and Procedures Review	1.00	\$110.00	\$110.00
Standards and Procedures Review	4.00	\$110.00	\$440.00
Standards and Procedures Review	5.00	\$110.00	\$550.00
Audit Manager Review	7.00	\$112.00	\$784.00
Audit Manager Review	0.50	\$112.00	\$56.00
Audit Manager Review	0.50	\$112.00	\$56.00
<i>Subtotal for Financial Audit Services</i>	<u>157.75</u>		<u>\$13,398.50</u>
<i>Single Audit Services</i>			
Intermediate	23.00	\$74.00	\$1,702.00
<i>Subtotal for Single Audit Services</i>	<u>23.00</u>		<u>\$1,702.00</u>
Total Due for Claim No. 69469	180.75		\$15,100.50

Totals To Date: 180.75 \$15,100.50

If you need additional information regarding the services performed, please contact Stephanie Erickson at
 (651) 297-7106 or Stephanie.Erickson@osa.state.mn.us

Please return top portion with remittance.

Please send remittance to:

Minnesota State Auditor
 Office of the State Auditor
 Suite 500, 525 Park Street
 St. Paul, Minnesota 55103

Per Minnesota Statute § 6.56, please pay promptly. Payments not made within 60 days of receipt of this invoice will be subject to an interest charge of 1.5 percent per month or any part of a month. For unpaid, undisputed balances equal to or in excess of \$100, minimum monthly interest payment of \$10 applies.

If you are interested in paying electronically (by ACH), please email accounting@osa.state.mn.us for more information.

TO:
 Pam Bagley
 52038 283rd Street
 Grove City, MN 56243

INVOICE DATE	11/02/18
--------------	----------

DATE OF EXPENSE	DESCRIPTION - attach additional documentation as appropriate	AMOUNT
11/2/2018	Reimbursement for Lunch Meeting at Muddy Cow with Meeker County Food Shelf and U of MN Ext. Healthy Food in the Community _____	\$11.62
11/1/2018	Reimbursement for Lunch Meeting at American Legion for Community Market of Litchfield Board Mtg Healthy Food in the Community _____	\$9.25
	PLEASE PAY THIS AMOUNT:	\$20.87

FOR OFFICE USE ONLY: (circle one)

Healthy School Food	Active Living	Tobacco Free Living
Healthy Food in the Community	Child Care	Worksite Wellness
Advance Linkages with Health Reform	Community Clinical Linkages	

*SHIP -
 Community HE/AL*

Program: 230
 Account # 6353
 Description: mtg expense
 Approved by: AE

200 NORTH SIBLEY AVENUE
LITCHFIELD, MN 55355
320.693.9074

200 NORTH SIBLEY AVENUE
LITCHFIELD, MN 55355
320.693.9074

Server: Alexis Date: 11/01/2018
12:37 PM 11/01/2018
D R/6 2/28026

Server: Alexis 11/01/2018
D R/6 12:15 PM
Guests: 0 28026
HAMBURGER 7.25
Subtotal 7.25
Tax 0.50
Total 7.75
Balance Due 7.75

CASH
VISA 2097103
Card #XXXXXXXXXXXX027
Magnetic card present: BALLEY PAMLA R
Card Entry Method: S
Approval: 020543

Amount \$7.75
Tip 1.50
= Total 9.25

THANK YOU! AND STOP AGAIN!!
WE APPRECIATE YOUR BUSINESS!!

I agree to pay the above
total amount according to the
card issuer agreement.

X

TRISTOPHIC COPY!

Muddy Cow
915 US-12
Litchfield, MN 55355

Check 4-3 Table 25
KIM P. 11/2/2018
Guests 3 12:12 PM

BACON CHEESE EGGROLLS 9.00

Subtotal 9.00
Tax 0.62

TOTAL 9.62

BALANCE DUE 9.62

If split among 3 guests
each pay \$3.21

Thank You! Come see us again Soon!!

Merchant Copy
Muddy Cow Litchfield

915 US-12
Litchfield, MN 55355

Current Batch: 11022018
Fri 11/2/2018 12:53:47 PM
Check 4-3 Table 25
KIM P.
Station POS4-WAIT WEST

VISA XXXXXXXXXXXX4327
Approval 025347

BASE \$9.62
TIP 2.00
TOTAL 11.62

SIGN X _____
BAGLEY/PAMELA K
Merchant Copy

I agree to pay the above total amount
according to the card issuer agreement.

Survey Systems

Healthy Communities

INVOICE

3650 Kent Street • Shoreview, MN 55126-7012
 Phone: 800.473.7188 • Fax: 651.489.0323
 www.sur-sys.com

Date	Invoice #
10/25/18	18-12296

Bill To:
 Meeker-McLeod-Sibley Comm Health Services
 Attn: Mary Bachman
 PO Box 237
 Gaylord MN 55334

Ship To:
 Meeker McLeod Sibley
 Attn: Mary Bachman
 PO Box 237
 Gaylord, MN 55334

Customer PO#	Terms	Due Date	Ship Date	Ship Via	Customer ID
	Net 30	11/24/18	10/25/18	US Mail	

Item	Description	Quantity	Unit Price	Amount
	Meeker-McLeod-Sibley 2018 Health Assessment Survey Project			
4200 - Services ...	Form Design, Meeker-McLeod-Sibley Health Assessment Survey, 8 page	1	200.00	200.00
4200 - Services ...	Letter Design, Qty 2 One Sided - Black & White	2	25.00	50.00
4200 - Services ...	Postcard Design, White 100# stock, Black & White	1	15.00	15.00
4200 - Services ...	Envelope Design, Qty 2 - 9x12 Outgoing & 6x9 Business Reply	2	20.00	40.00
4100 - Printing	Printing Survey, Qty 9900	1	3,242.00	3,242.00
4100 - Printing	Printing Letter #1, Qty 5400	1	242.00	242.00
4100 - Printing	Printing Reminder Letter #2, Qty 4500	1	222.00	222.00
4100 - Printing	Printing Postcard & Addressing, Qty 5400	1	826.00	826.00
4100 - Printing	Printing 9x12 Outgoing Envelope & Addressing, Qty 9900	1	2,463.00	2,463.00
4100 - Printing	Printing Business Reply Envelope 6x9, Qty 9900	1	1,399.00	1,399.00
4210 - Services ...	Overlaying/Slug Setup Template	1	25.00	25.00
4210 - Services ...	Overlay Special ID onto forms	9,900	0.055	544.50
4150 - Assembly	Assemble Forms for Mailing	9,900	0.126	1,247.40
4610 - Postage L...	Outgoing Postage remainder due for all (3) mailings	1	1,880.00	1,880.00

Program: 103

Account # 102605

Description: Comm. Survey

Approved by: AG

Thank you for your business.

Total

\$12,395.90

Vivid Image, Inc.
897 Highway 15 S
Hutchinson, MN 55350
(320) 587-8974



INVOICE

INVOICE # 13145
DATE 11/08/2018
DUE DATE 11/23/2018
TERMS Net 15

BILL TO
Meeker, McLeod Sibley
Healthy Communities
1805 Ford Ave N Suite 200
Glencoe, MN 55336

Please detach top portion and return with your payment.

ACCOUNT DIRECTOR
Cory Dammann

SERVICE	QTY	AMOUNT
Marketing Services Health Equity Marketing	1	1,500.00
Sales Tax Sales Tax calculated by AvaTax on Thu 08 Nov 22:31:03 UTC 2018	1	0.00

We accept Visa, MasterCard, and Discover for your convenience. If we have not received your payment by its due date, we may apply a late fee of \$20.00.

BALANCE DUE

\$1,500.00

There is a \$30.00 charge for all returned checks.

Program: 100
Account # 62105
Description: Health Equity Grant
Approved by: AE