



Saline County Board of Commissioners

Meeting Agenda

AGENDA

SALINE COUNTY BOARD OF COMMISSIONERS

SALINE COUNTY COURTHOUSE

Wilber, NE

9:30 AM

DATE: November 26, 2019

This agenda is kept on a daily basis and may change from day to day as requests come in to the County Clerk's office. Requests to be on the agenda must be in the County Clerk's office 24 hours prior to the start of the meeting as stated above. This agenda is considered current on the day of the meeting and cannot be changed or altered except for an emergency.

The Board reserves the right to go into executive session if such session is clearly necessary for the protection of the public interest or for the prevention of needless injury to the reputation of an individual.

ROLL CALL

APPROVAL OF AGENDA

APPROVAL OF MINUTES OF THE PREVIOUS MEETING

CITIZENS FORUM

CORRESPONDENCE

REPORT OF OFFICIALS

BUSINESS FOR ACTION

9:45 - Bill Donnelly with US Census Bureau - 2020 Recruiting Update

Discuss and possibly take action on approving 2020 SC Employee Wellness Program.

RESOLUTIONS TO TRANSFER FUNDS

2019-096 - Transfer \$50.00 General Fund to Adult Drug Court Fund, to be reimbursed

2019-097 - Transfer \$80,000 General Fund To Courthouse Bond Debt Service Fund, to be reimbursed.

HIGHWAY SUPERINTENDENT - ROAD AND BRIDGE MATTERS

Don Homolka Request to Occupy County Right-of-Way Sec.25-T6N-R2E

Request for Approval of Engineering Contracts with Speece-Lewis for Culvert Projects: C007604515P & C007604520P

Discuss/Consider/Approve twelve individual requests to occupy right of way from Milligan 1 Wind, LLC. Please see attachment.

11:30 COUNTY GENERAL ASSISTANCE AND CLOSED SESSION MATTERS

CLAIMS APPROVAL

ADJOURNMENT

MY
Annual Saline County
WELLNESS
PROGRAM



2020

A Saline County Wellness Program created exclusively for employees of Saline County

The Saline County Wellness Committee

All employees are encouraged to participate in the Health and Wellness Program which has been developed to promote healthy lifestyles. This program is an employee benefit; please respect and protect it. The Wellness Committee posts its meeting minutes on the County website for the convenience of all employees by following the link provided below.

Following are the rules for the Saline County Fitness Center:

1. The Facility will be open 24 hours a day, seven days a week;
2. **ALL** persons using this Facility must have signed a Waiver/Release of Liability & Indemnity Agreement with Saline County available at:
 - Saline County Human Resource office; or
 - <http://www.co.saline.ne.us/webpages/committees/wellness.html>;
3. You must sign-in and sign-out when using the Facility;
4. This Facility is available only to Saline County employees, their current household members, individuals employed within any Saline County facility and County retirees. Children under 19 years of age are allowed when accompanied and directly supervised by their parent or legal guardian;
5. No alcoholic beverages, tobacco/nicotine or illegal substance use is allowed at this facility;
6. Please be considerate of others by using each machine a reasonable amount of time;
7. The Combination to this Facility lock will be changed on or around July 1st of each year. Please check with the County HR office for a new combination;
8. The last person to leave the Facility will turn off all equipment, turn out the lights and lock the door.

Wellness Committee Contacts:

Tim McDermott: W-(402) 821-3900 x1827; E-mail: tim.mcdermott@saline.nacone.org

Marvin Kohout: H-(402) 946-6531; C-(402) 641-7400; E-mail: commissioner3@saline.nacone.org

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Bruce Filipi: W-(402) 821-2737 x1501; E-mail: scroads@diodecom.net

Jennifer Retchless: C-(402) 821-7224; E-mail: jretchless@sclec-ne.org

Kory Mullen: W-(402) 821-2972 x2500; E-mail: nurse@sclec-ne.org

Lori Moldenhauer: W-(402) 821-2531 x3201; E-mail: lmoldenhauer@lincoln.ne.gov

Adam Drake: W-(402) 821-2972 x2305; Email: adrake@sclec-ne.org

Russ Karpisek: C-(402) 821-7333; Email: commissioner4@saline.nacone.org

Chrissy Niederklein: W-(402) 821-2531 x1903; chrissyn@diodecom.net

2020 Wellness Program Option

Please focus your participation on that which corresponds to your announced intent to use either option as listed in the following pages. If you had not submitted your 2020 Wellness Program application form as earlier requested, and your participation is intended, the default assumption will be held toward Option #1.

OPTION #1 *(Similar to the previous year)*

Or

OPTION #2 *(Utilizing Step Tracking for exercise points along with the MyVia Portal for documentation of exercise and medical form submission)*

How to Track & Earn Points – Option #1 Self Documentation Calendar

1. Turn in your “**Signup Sheet**” upon receipt of program packet.
2. Write your name on the front page and on the “Track Your Progress” page at back of book.
3. Record the exercise/activity, the expended time devoted to that exercise and the number of points earned for that particular exercise or activity on the day in which it was performed.
 - a. Two calendars are enclosed:
 - i. The LARGE Calendar to track exercise points, and;
 - ii. The SMALL Calendar for challenges, monthly classes, and NIRMA classes, etc.
 - b. Exercise points submitted in alternative charts, spreadsheets or word processing documents **will not be calculated by the Committee.**
4. At the end of each month, add up total points from each of your two calendars. Write the monthly total at the bottom of that calendar and at the back of the book on the Track Your Progress Sheet.
5. You may record **double points** for exercise on your own **Birth day, New Year’s Day, Martin Luther King Jr. Day, Presidents’ Day, Valentine’s Day, St. Patrick’s Day, Easter, Arbor Day, Memorial Day, Flag Day, July 4th, Labor Day, Columbus Day, Halloween, Veterans’ Day, Thanksgiving Day, day after Thanksgiving, Christmas Eve, Christmas Day, and New Year’s Eve.**
6. You may also opt to include no more than one hour each week in which to use in place of your day of exercise assigned as, “**Alternate Physical Activity**” points. This is not to coincide with county work schedules, or be used in addition to exercise on any one particular day. As with exercise, note the activity and time involved.

How to Claim Awards

1. **After December 31, 2020**, in order to claim your incentives earned, please turn in your program booklet and sealed medical verification forms to the Wellness Committee by **January 15, 2021**. Pick up your **2021 Wellness packet by the last week of December 2020.**
2. Write down the anticipated benefit you are claiming with the required number of points earned. **Total points will be calculated after the 2021 Health Fair.**
3. You will need to turn in your program booklet and sealed medical forms when you are claiming the incentive you desire within the time period allotted.
4. You will be given notification on the total of your incentive points by the Wellness Committee when all numbers are tabulated.
5. A ‘protest period’ will be opened in order to insure the proper calculation of points.

2020 Wellness Points

Signup sheet (1): 150 points
Impact Survey (1): 500 points
Blood Test (1): 500 points
Physical (1): 500 points

Eye Exam (1): 250 points
Dental (2): 200 points each
Flu Shot (1): 200 points

Exercise: 5 points for every 15 minutes with a maximum of 1 hour per day = **20 points**
“Alternate Physical Activity Points” – 1 hour per week = **20 points**

**NO EXERCISE POINTS DURING PAID WORKING HOURS EXCEPT FOR LUNCH and/or BREAKS*

**Alternate Physical Activity Points are not to be added to points earned for exercise on a given day*

Exercise Definition: *“Exercise is a planned physical activity that is done during a time dedicated for the intent and purpose of developing an overall strong, healthy lifestyle.”*

Wellness Sponsored Educational Class or Video (when available...):

- **50 points** per class attended
- **25 points** per class video rented

Tobacco/Nicotine/Vaping/Illegal Substance:

- Never used/have quit for six (6) months prior to end of year; w/ waiver: **4000 points**

Waist Circumference:

Women: 35 inches & below **1000 points** – 35.1 inches & above 0 points

Men: 40 inches & below **1000 points** – 40.1 inches & above 0 points

**(Earn 100 points for each inch taken off your waist circumference in comparison to the previous year.)*

Health Risk Categories:

- 0 Risk Factors - **1000 points**
- 1 Risk Factor - **800 points**
- 2 Risk Factors - **600 points**
- 3 Risk Factors - **400 points**
- 4 Risk Factors - **0 points**

**(Earn 250 points for each high-risk factor eliminated from the previous year results.)*

NIRMA Onsite Classes (when available): 50 points for each class attended

NIRMA Online Quarterly Class (if available): 75 points for announced quarterly classes

successfully passed within the time period announced as qualifying for earned incentive points

Mini-Challenge participation: Points earned as provided within the rules for each challenge

Blood Donation(s): 20 points per donation throughout the program year

Annual “Operation Under the Tree” Fundraiser: 1 point per dollar value of toy(s) donated

Annual “Shop with a Cop” Fundraiser: 1 point per dollar donated

**(Drop off point: Saline County Law Enforcement Center at any time during the year)*

***NOTE:** The Wellness Committee will use committee discretion to alter, add bonus items or bonus points throughout the year.

Health Insurance Premium Reduction Incentive

1. **0 – 5999 points:** 0% reduction in the employee portion ONLY, premium buy-in
2. **6000 - 7999 points:** 33% reduction in the employee portion ONLY, premium buy-in
3. **8000 – 9999 points:** 66% reduction in the employee portion ONLY, premium buy-in
4. **10000 or more points:** 100% reduction of the employee portion ONLY, premium buy-in

As of July 1, 2016, the employee portion of Health Insurance became 10% of the total employee only premium amount. This percentage can be reduced or eliminated with participation in the annual Wellness Program. Above are the points that must be accumulated to receive the reduction or elimination of this employee portion.

Incentive Awards & Points Required

1. **5000 points:** \$10 Subway Sandwich Gift Card
2. **6000 points:** \$15 Casey's Gift Card
3. **7000 points:** \$25 VISA Gift Card
4. **7500 points:** \$50 VISA Gift Card
5. **8000 points:** \$75 VISA Gift Card or ½ day off from work
6. **9000 points:** \$100 VISA Gift Card
7. **10000 points:** \$150 VISA Gift Card or 1 Day off from work

**#4, #5, #6 & #7 – Your name will be entered into a drawing for a Grand Prize*

**An additional name will be dropped into the hat for every 1,000 points earned above 10,000*

NOTE:

- *There will be tax implications on all monetarily valued incentive awards;*
- *You will need to work with your Supervisor when utilizing earned time off from work*

New Employees

New employees hired within the program year will be allowed to pro-rate the exercise portion of the total points anticipated in assistance with obtaining the fullest earned reduction in the employee portion of health insurance premium costs. For existing employees, the exercise points determined to be adjusted, within the full 10000 points, is calculated to be 2600 points. Any pro-rating will be formulated upon those 2600 points. *(See pie chart later in this booklet)*

THIS WELLNESS PROGRAM IS INTENDED FOR SALINE COUNTY EMPLOYEES ONLY

How to Track Points – Option #2 Wearable Step Tracker

1. Ensure that your “**Signup Sheet**” is submitted indicating that **Option #2** is the recording method for exercise daily steps you wish intend to use.
2. Two calendars remain enclosed in this Program booklet:
 - a. The LARGE Calendar to track steps & points for each day. It remains as an optional, helpful inclusion to record daily steps using a wearable device for Option #2.
 - b. The SMALL Calendar for medical appointments, challenges, wellness or NIRMA classes, etc.
3. **Option #2 Reporting:**
 - a. Using data from your wearable device via your smart phone, computer or tablet, capture your daily, weekly or monthly “anytime steps” in a way that data can be transmitted to your MyVia account, via Workwell at the Nebraska Safety Council using the following steps:
 - i. Go to **www.startmyvia.org**.
 - ii. Enter your username and password:
 1. Username = your email address
 2. Password = your first initial + last initial + four-digit employee # (i.e. jd0099)
 - iii. Click Enter Points on the My Points Tracker widget.
 - iv. Select your activity.
 - v. Enter your completed date at the end of that activity time period.
 - vi. Upload a file(s) showing proof of completion appropriate for the activity. This can be a photo (screen capture), PDF, Word or Excel Document, then hit save.
 - vii. Wait for your submission to be approved. If your points are not approved, it will be noted in your MyVia points tracker with the reason why or with what other items are needed.
 - b. Import wearable data steps into your MyVia account by providing to Workwell, via the Portal, documentation from your device; and/or other Wellness documentation. Confirmation of points earned for each month will be handled by Workwell.
 - c. NOTE: The benchmark date for the submission of each months’ step count data for points is targeted to be the 15th of each subsequent month.

How to Claim Awards

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2. Denote the anticipated benefit you are claiming with the required number of points earned. **Total points will be calculated after the 2021 Health Fair.**
3. **You will NOT need to turn in your program booklet and sealed medical forms when you are claiming the incentive you desire at the end of the year. All such data will be submitted through the MyVia portal as you’ve acquired them throughout the year.**
4. You will be given notification on the total of your incentive points by the Wellness Committee when all numbers are tabulated.
5. A ‘protest period’ will be opened in order to insure the proper calculation of points.

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Dental (2): 200 points each
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Option #2 - Tracker Steps:

- **20 points** for each day with **10,000 steps or more.**
 - Maximum points per day = **20 points**
- **20 points** for each day utilizing a reduced step target based upon a Wellness Committee approved Alternative Standard request. Adjustments will be made case-by-case.

Wellness Sponsored Educational Class or Video *(when available...)*:

- **50 points** per class attended
- **25 points** per class video rented

Tobacco/Nicotine/Vaping/Illegal Substance:

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THIS WELLNESS PROGRAM IS INTENDED FOR SALINE COUNTY EMPLOYEES ONLY



Welcome to NIRMA Online Training. Below you will find a step-by-step process to access your courses and start your training now!

- First, log onto the NIRMA site at www.nirma.info and click on the NIRMA Online University Logo located on the left of the page. (localgovu.com/nirma/) You will be prompted to do the following:
 - Click the “Sign In for Training” button
 - Provide your Username or Email Address
 - Click “Continue”
 - Provide your Password
 - Click “Login”
 - You can then navigate to “Course Catalog” or “My Dashboard”
 - Simply click on the course you want to take and start training!

Other helpful information:

1. You can take your courses any time day or night from any computer with internet access. Simply go to: www.nirma.info, or directly at www.localgovu.com/nirma/, and log in.
2. You can take all available courses activated each quarter whenever you are ready; courses may be rotated out and/or made not available into the next quarter. (*Courses offered for the benefit of Wellness Incentive points are announced at the beginning of each quarter, assigned and earned during the time period for that specific quarter.*)
3. You can stop in mid-course and come back later – the system remembers where you left off.
4. You can print a certificate of completion once you pass the test at the end of your course.
5. The Wellness Committee will run a final, quarter ending report listing those who have successfully completed the assigned course to be used as a valued reference.

**NOTE: The potential for NIRMA to disassociate with the LocalGovU online training portal has been expressed in the past. Please be aware that beginning July 1, 2020, it is possible this training site will no longer be available. The Wellness Committee will stay alert to this and provide information to everyone as more information becomes available.*

Thank you for using the NIRMA online training portal.

January 2020

Sun	Mon	Tue	Wed	Thu	Fri	Sat	Weekly Total
			1 New Year's Day Type: _____ Time: _____ Points: _____	2 Type: _____ Time: _____ Points: _____	3 Type: _____ Time: _____ Points: _____	4 Type: _____ Time: _____ Points: _____	Weekly Total Points: _____
5 Type: _____ Time: _____ Points: _____	6 Type: _____ Time: _____ Points: _____	7 Type: _____ Time: _____ Points: _____	8 Type: _____ Time: _____ Points: _____	9 Type: _____ Time: _____ Points: _____	10 Type: _____ Time: _____ Points: _____	11 Type: _____ Time: _____ Points: _____	Weekly Total Points: _____
12 Type: _____ Time: _____ Points: _____	13 Type: _____ Time: _____ Points: _____	14 Type: _____ Time: _____ Points: _____	15 Type: _____ Time: _____ Points: _____	16 Type: _____ Time: _____ Points: _____	17 Type: _____ Time: _____ Points: _____	18 Type: _____ Time: _____ Points: _____	Weekly Total Points: _____
19 Type: _____ Time: _____ Points: _____	20 Type: _____ Time: _____ Points: _____	21 Martin Luther King Jr. Day Type: _____ Time: _____ Points: _____	22 Type: _____ Time: _____ Points: _____	23 Type: _____ Time: _____ Points: _____	24 Type: _____ Time: _____ Points: _____	25 Type: _____ Time: _____ Points: _____	Weekly Total Points: _____
26 Type: _____ Time: _____ Points: _____	27 Type: _____ Time: _____ Points: _____	28 Type: _____ Time: _____ Points: _____	29 Type: _____ Time: _____ Points: _____	30 Type: _____ Time: _____ Points: _____	31 Type: _____ Time: _____ Points: _____		Weekly Total Points: _____

Monthly Total Points: _____

February 2020

Sun	Mon	Tue	Wed	Thu	Fri	Sat	Weekly Total
						1 Type: _____ Time: _____ Points: _____	Weekly Total Points: _____
2 Type: _____ Time: _____ Points: _____	3 Type: _____ Time: _____ Points: _____	4 Type: _____ Time: _____ Points: _____	5 Type: _____ Time: _____ Points: _____	6 Type: _____ Time: _____ Points: _____	7 Type: _____ Time: _____ Points: _____	8 Type: _____ Time: _____ Points: _____	Weekly Total Points: _____
9 Type: _____ Time: _____ Points: _____	10 Type: _____ Time: _____ Points: _____	11 Type: _____ Time: _____ Points: _____	12 Type: _____ Time: _____ Points: _____	13 Type: _____ Time: _____ Points: _____	14 Valentine's Day Type: _____ Time: _____ Points: _____	15 Type: _____ Time: _____ Points: _____	Weekly Total Points: _____
16 Type: _____ Time: _____ Points: _____	17 President's Day Type: _____ Time: _____ Points: _____	18 Type: _____ Time: _____ Points: _____	19 Type: _____ Time: _____ Points: _____	20 Type: _____ Time: _____ Points: _____	21 Type: _____ Time: _____ Points: _____	22 Type: _____ Time: _____ Points: _____	Weekly Total Points: _____
23 Type: _____ Time: _____ Points: _____	24 Type: _____ Time: _____ Points: _____	25 Type: _____ Time: _____ Points: _____	26 Type: _____ Time: _____ Points: _____	27 Type: _____ Time: _____ Points: _____	28 Type: _____ Time: _____ Points: _____	29 Type: _____ Time: _____ Points: _____	Weekly Total Points: _____

Monthly Total Points: _____

March 2020

Sun	Mon	Tue	Wed	Thu	Fri	Sat	Weekly Total
1 Type: _____ Time: _____ Points: _____	2 Type: _____ Time: _____ Points: _____	3 Type: _____ Time: _____ Points: _____	4 Type: _____ Time: _____ Points: _____	5 Type: _____ Time: _____ Points: _____	6 Type: _____ Time: _____ Points: _____	7 Type: _____ Time: _____ Points: _____	Weekly Total Points: _____
8 Type: _____ Time: _____ Points: _____	9 Type: _____ Time: _____ Points: _____	10 Type: _____ Time: _____ Points: _____	11 Type: _____ Time: _____ Points: _____	12 Type: _____ Time: _____ Points: _____	13 Type: _____ Time: _____ Points: _____	14 Type: _____ Time: _____ Points: _____	Weekly Total Points: _____
15 Type: _____ Time: _____ Points: _____	16 Type: _____ Time: _____ Points: _____	17 St. Patrick's Day Type: _____ Time: _____ Points: _____	18 Type: _____ Time: _____ Points: _____	19 Type: _____ Time: _____ Points: _____	20 Type: _____ Time: _____ Points: _____	21 Type: _____ Time: _____ Points: _____	Weekly Total Points: _____
22 Type: _____ Time: _____ Points: _____	23 Type: _____ Time: _____ Points: _____	24 Type: _____ Time: _____ Points: _____	25 Type: _____ Time: _____ Points: _____	26 Type: _____ Time: _____ Points: _____	27 Type: _____ Time: _____ Points: _____	28 Type: _____ Time: _____ Points: _____	Weekly Total Points: _____
29 Type: _____ Time: _____ Points: _____	30 Type: _____ Time: _____ Points: _____	31 Type: _____ Time: _____ Points: _____					Weekly Total Points: _____

Monthly Total Points: _____

April 2019

Sun	Mon	Tue	Wed	Thu	Fri	Sat	Weekly Total
			1 Type: _____ Time: _____ Points: _____	2 Type: _____ Time: _____ Points: _____	3 Type: _____ Time: _____ Points: _____	4 Type: _____ Time: _____ Points: _____	Weekly Total Points: _____
5 Type: _____ Time: _____ Points: _____	6 Type: _____ Time: _____ Points: _____	7 Type: _____ Time: _____ Points: _____	8 Type: _____ Time: _____ Points: _____	9 Type: _____ Time: _____ Points: _____	10 Type: _____ Time: _____ Points: _____	11 Type: _____ Time: _____ Points: _____	Weekly Total Points: _____
12 Easter Sunday Type: _____ Time: _____ Points: _____	13 Type: _____ Time: _____ Points: _____	14 Type: _____ Time: _____ Points: _____	15 Type: _____ Time: _____ Points: _____	16 Type: _____ Time: _____ Points: _____	17 Type: _____ Time: _____ Points: _____	18 Type: _____ Time: _____ Points: _____	Weekly Total Points: _____
19 Type: _____ Time: _____ Points: _____	20 Type: _____ Time: _____ Points: _____	21 Type: _____ Time: _____ Points: _____	22 Type: _____ Time: _____ Points: _____	23 Type: _____ Time: _____ Points: _____	24 Arbor Day Type: _____ Time: _____ Points: _____	25 Type: _____ Time: _____ Points: _____	Weekly Total Points: _____
26 Type: _____ Time: _____ Points: _____	27 Type: _____ Time: _____ Points: _____	28 Type: _____ Time: _____ Points: _____	29 Type: _____ Time: _____ Points: _____	30 Type: _____ Time: _____ Points: _____			Weekly Total Points: _____

Monthly Total Points: _____

May 2020

Sun	Mon	Tue	Wed	Thu	Fri	Sat	Weekly Total
					1 Type: _____ Time: _____ Points: _____	2 Type: _____ Time: _____ Points: _____	Weekly Total Points: _____
3 Type: _____ Time: _____ Points: _____	4 Type: _____ Time: _____ Points: _____	5 Type: _____ Time: _____ Points: _____	6 Type: _____ Time: _____ Points: _____	7 Type: _____ Time: _____ Points: _____	8 Type: _____ Time: _____ Points: _____	9 Type: _____ Time: _____ Points: _____	Weekly Total Points: _____
10 Type: _____ Time: _____ Points: _____	11 Type: _____ Time: _____ Points: _____	12 Type: _____ Time: _____ Points: _____	13 Type: _____ Time: _____ Points: _____	14 Type: _____ Time: _____ Points: _____	15 Type: _____ Time: _____ Points: _____	16 Type: _____ Time: _____ Points: _____	Weekly Total Points: _____
17 Type: _____ Time: _____ Points: _____	18 Type: _____ Time: _____ Points: _____	19 Type: _____ Time: _____ Points: _____	20 Type: _____ Time: _____ Points: _____	21 Type: _____ Time: _____ Points: _____	22 Type: _____ Time: _____ Points: _____	23 Type: _____ Time: _____ Points: _____	Weekly Total Points: _____
24 Type: _____ Time: _____ Points: _____	25 Memorial Day Type: _____ Time: _____ Points: _____	26 Type: _____ Time: _____ Points: _____	27 Type: _____ Time: _____ Points: _____	28 Type: _____ Time: _____ Points: _____	29 Type: _____ Time: _____ Points: _____	30 Type: _____ Time: _____ Points: _____	Weekly Total Points: _____
31 Type: _____ Time: _____ Points: _____							Weekly Total Points: _____

Monthly Total Points: _____

June 2020

Sun	Mon	Tue	Wed	Thu	Fri	Sat	Weekly Total
	1 Type: _____ Time: _____ Points: _____	2 Type: _____ Time: _____ Points: _____	3 Type: _____ Time: _____ Points: _____	4 Type: _____ Time: _____ Points: _____	5 Type: _____ Time: _____ Points: _____	6 Type: _____ Time: _____ Points: _____	Weekly Total Points: _____
7 Type: _____ Time: _____ Points: _____	8 Type: _____ Time: _____ Points: _____	9 Type: _____ Time: _____ Points: _____	10 Type: _____ Time: _____ Points: _____	11 Type: _____ Time: _____ Points: _____	12 Type: _____ Time: _____ Points: _____	13 Type: _____ Time: _____ Points: _____	Weekly Total Points: _____
14 Flag Day Type: _____ Time: _____ Points: _____	15 Type: _____ Time: _____ Points: _____	16 Type: _____ Time: _____ Points: _____	17 Type: _____ Time: _____ Points: _____	18 Type: _____ Time: _____ Points: _____	19 Type: _____ Time: _____ Points: _____	20 Type: _____ Time: _____ Points: _____	Weekly Total Points: _____
21 Type: _____ Time: _____ Points: _____	22 Type: _____ Time: _____ Points: _____	23 Type: _____ Time: _____ Points: _____	24 Type: _____ Time: _____ Points: _____	25 Type: _____ Time: _____ Points: _____	26 Type: _____ Time: _____ Points: _____	27 Type: _____ Time: _____ Points: _____	Weekly Total Points: _____
28 Type: _____ Time: _____ Points: _____	29 Type: _____ Time: _____ Points: _____	30 Type: _____ Time: _____ Points: _____					Weekly Total Points: _____

Monthly Total Points: _____

July 2020

Sun	Mon	Tue	Wed	Thu	Fri	Sat	Weekly Total
			1 Type: _____ Time: _____ Points: _____	2 Type: _____ Time: _____ Points: _____	3 Type: _____ Time: _____ Points: _____	4 Independence Day Type: _____ Time: _____ Points: _____	Weekly Total Points: _____
5 Type: _____ Time: _____ Points: _____	6 Type: _____ Time: _____ Points: _____	7 Type: _____ Time: _____ Points: _____	8 Type: _____ Time: _____ Points: _____	9 Type: _____ Time: _____ Points: _____	10 Type: _____ Time: _____ Points: _____	11 Type: _____ Time: _____ Points: _____	Weekly Total Points: _____
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Monthly Total Points: _____

August 2020

Sun	Mon	Tue	Wed	Thu	Fri	Sat	Weekly Total
						1 Type: _____ Time: _____ Points: _____	Weekly Total Points: _____
2 Type: _____ Time: _____ Points: _____	3 Type: _____ Time: _____ Points: _____	4 Type: _____ Time: _____ Points: _____	5 Type: _____ Time: _____ Points: _____	6 Type: _____ Time: _____ Points: _____	7 Type: _____ Time: _____ Points: _____	8 Type: _____ Time: _____ Points: _____	Weekly Total Points: _____
9 Type: _____ Time: _____ Points: _____	10 Type: _____ Time: _____ Points: _____	11 Type: _____ Time: _____ Points: _____	12 Type: _____ Time: _____ Points: _____	13 Type: _____ Time: _____ Points: _____	14 Type: _____ Time: _____ Points: _____	15 Type: _____ Time: _____ Points: _____	Weekly Total Points: _____
16 Type: _____ Time: _____ Points: _____	17 Type: _____ Time: _____ Points: _____	18 Type: _____ Time: _____ Points: _____	19 Type: _____ Time: _____ Points: _____	20 Type: _____ Time: _____ Points: _____	21 Type: _____ Time: _____ Points: _____	22 Type: _____ Time: _____ Points: _____	Weekly Total Points: _____
23 Type: _____ Time: _____ Points: _____	24 Type: _____ Time: _____ Points: _____	25 Type: _____ Time: _____ Points: _____	26 Type: _____ Time: _____ Points: _____	27 Type: _____ Time: _____ Points: _____	28 Type: _____ Time: _____ Points: _____	29 Type: _____ Time: _____ Points: _____	Weekly Total Points: _____
30 Type: _____ Time: _____ Points: _____	31 Type: _____ Time: _____ Points: _____						

Monthly Total Points: _____

September 2020

Sun	Mon	Tue	Wed	Thu	Fri	Sat	Weekly Total
		1 Type: _____ Time: _____ Points: _____	2 Type: _____ Time: _____ Points: _____	3 Type: _____ Time: _____ Points: _____	4 Type: _____ Time: _____ Points: _____	5 Type: _____ Time: _____ Points: _____	Weekly Total Points: _____
6 Type: _____ Time: _____ Points: _____	7 Labor Day Type: _____ Time: _____ Points: _____	8 Type: _____ Time: _____ Points: _____	9 Type: _____ Time: _____ Points: _____	10 Type: _____ Time: _____ Points: _____	11 Type: _____ Time: _____ Points: _____	12 Type: _____ Time: _____ Points: _____	Weekly Total Points: _____
13 Type: _____ Time: _____ Points: _____	14 Type: _____ Time: _____ Points: _____	15 Type: _____ Time: _____ Points: _____	16 Type: _____ Time: _____ Points: _____	17 Type: _____ Time: _____ Points: _____	18 Type: _____ Time: _____ Points: _____	19 Type: _____ Time: _____ Points: _____	Weekly Total Points: _____
20 Type: _____ Time: _____ Points: _____	21 Type: _____ Time: _____ Points: _____	22 Type: _____ Time: _____ Points: _____	23 Type: _____ Time: _____ Points: _____	24 Type: _____ Time: _____ Points: _____	25 Type: _____ Time: _____ Points: _____	26 Type: _____ Time: _____ Points: _____	Weekly Total Points: _____
27 Type: _____ Time: _____ Points: _____	28 Type: _____ Time: _____ Points: _____	29 Type: _____ Time: _____ Points: _____	30 Type: _____ Time: _____ Points: _____				Weekly Total Points: _____

Monthly Total Points: _____

October 2020

Sun	Mon	Tue	Wed	Thu	Fri	Sat	Weekly Total
				1 Type: _____ Time: _____ Points: _____	2 Type: _____ Time: _____ Points: _____	3 Type: _____ Time: _____ Points: _____	Weekly Total Points: _____
4 Type: _____ Time: _____ Points: _____	5 Type: _____ Time: _____ Points: _____	6 Type: _____ Time: _____ Points: _____	7 Type: _____ Time: _____ Points: _____	8 Type: _____ Time: _____ Points: _____	9 Type: _____ Time: _____ Points: _____	10 Type: _____ Time: _____ Points: _____	Weekly Total Points: _____
11 Type: _____ Time: _____ Points: _____	12 Columbus Day Type: _____ Time: _____ Points: _____	13 Type: _____ Time: _____ Points: _____	14 Type: _____ Time: _____ Points: _____	15 Type: _____ Time: _____ Points: _____	16 Type: _____ Time: _____ Points: _____	17 Type: _____ Time: _____ Points: _____	Weekly Total Points: _____
18 Type: _____ Time: _____ Points: _____	19 Type: _____ Time: _____ Points: _____	20 Type: _____ Time: _____ Points: _____	21 Type: _____ Time: _____ Points: _____	22 Type: _____ Time: _____ Points: _____	23 Type: _____ Time: _____ Points: _____	24 Type: _____ Time: _____ Points: _____	Weekly Total Points: _____
25 Type: _____ Time: _____ Points: _____	26 Type: _____ Time: _____ Points: _____	27 Type: _____ Time: _____ Points: _____	28 Type: _____ Time: _____ Points: _____	29 Type: _____ Time: _____ Points: _____	30 Type: _____ Time: _____ Points: _____	31 Halloween Type: _____ Time: _____ Points: _____	Weekly Total Points: _____

Monthly Total Points: _____

November 2020

Sun	Mon	Tue	Wed	Thu	Fri	Sat	Weekly Total
1 Type: _____ Time: _____ Points: _____	2 Type: _____ Time: _____ Points: _____	3 Type: _____ Time: _____ Points: _____	4 Type: _____ Time: _____ Points: _____	5 Type: _____ Time: _____ Points: _____	6 Type: _____ Time: _____ Points: _____	7 Type: _____ Time: _____ Points: _____	Weekly Total Points: _____
8 Type: _____ Time: _____ Points: _____	9 Type: _____ Time: _____ Points: _____	10 Type: _____ Time: _____ Points: _____	11 Veteran's Day Type: _____ Time: _____ Points: _____	12 Type: _____ Time: _____ Points: _____	13 Type: _____ Time: _____ Points: _____	14 Type: _____ Time: _____ Points: _____	Weekly Total Points: _____
15 Type: _____ Time: _____ Points: _____	16 Type: _____ Time: _____ Points: _____	17 Type: _____ Time: _____ Points: _____	18 Type: _____ Time: _____ Points: _____	19 Type: _____ Time: _____ Points: _____	20 Type: _____ Time: _____ Points: _____	21 Type: _____ Time: _____ Points: _____	Weekly Total Points: _____
22 Type: _____ Time: _____ Points: _____	23 Type: _____ Time: _____ Points: _____	24 Type: _____ Time: _____ Points: _____	25 Type: _____ Time: _____ Points: _____	26 Thanksgiving Day Type: _____ Time: _____ Points: _____	27 Day After Thanksgiving Type: _____ Time: _____ Points: _____	28 Type: _____ Time: _____ Points: _____	Weekly Total Points: _____
29 Type: _____ Time: _____ Points: _____	30 Type: _____ Time: _____ Points: _____						Weekly Total Points: _____

Monthly Total Points: _____

December 2020

Sun	Mon	Tue	Wed	Thu	Fri	Sat	Weekly Total
		1 Type: _____ Time: _____ Points: _____	2 Type: _____ Time: _____ Points: _____	3 Type: _____ Time: _____ Points: _____	4 Type: _____ Time: _____ Points: _____	5 Type: _____ Time: _____ Points: _____	Weekly Total Points: _____
6 Type: _____ Time: _____ Points: _____	7 Type: _____ Time: _____ Points: _____	8 Type: _____ Time: _____ Points: _____	9 Type: _____ Time: _____ Points: _____	10 Type: _____ Time: _____ Points: _____	11 Type: _____ Time: _____ Points: _____	12 Type: _____ Time: _____ Points: _____	Weekly Total Points: _____
13 Type: _____ Time: _____ Points: _____	14 Type: _____ Time: _____ Points: _____	15 Type: _____ Time: _____ Points: _____	16 Type: _____ Time: _____ Points: _____	17 Type: _____ Time: _____ Points: _____	18 Type: _____ Time: _____ Points: _____	19 Type: _____ Time: _____ Points: _____	Weekly Total Points: _____
20 Type: _____ Time: _____ Points: _____	21 Type: _____ Time: _____ Points: _____	22 Type: _____ Time: _____ Points: _____	23 Type: _____ Time: _____ Points: _____	24 Christmas Eve Type: _____ Time: _____ Points: _____	25 Christmas Day Type: _____ Time: _____ Points: _____	26 Type: _____ Time: _____ Points: _____	Weekly Total Points: _____
27 Type: _____ Time: _____ Points: _____	28 Type: _____ Time: _____ Points: _____	29 Type: _____ Time: _____ Points: _____	30 Type: _____ Time: _____ Points: _____	31 New Year's Eve Type: _____ Time: _____ Points: _____			Weekly Total Points: _____

Monthly Total Points: _____

Mini Challenges,
Educational Classes, NIRMA Classes,
Medical, Dental, HRA, etc.
Self-Tracking Calendar

January 2020

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

Monthly Total: _____

February 2020

Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29

Monthly Total: _____

March 2020

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Monthly Total: _____

April 2020

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

Monthly Total: _____

May 2020

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

Monthly Total: _____

June 2020

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

Monthly Total: _____

July 2020

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

Monthly Total: _____

August 2020

Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

Monthly Total: _____

September 2020

Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

Monthly Total: _____

October 2020

Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

Monthly Total: _____

November 2020

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

Monthly Total: _____

December 2020

Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

Monthly Total: _____

Track Your Progress in 2020

Name: _____ Department: _____

Month	Large Calendar Exercise	Small Calendar (Challenges, Doctor, etc.)	Total Cumulative Points
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			

Signature: _____
Anticipated Total Points: _____
Date: _____

**See page with list of incentives*

*Gift Card relative to the
incentive points earned:

*½ Day or 1 Day off
relative to the incentive
points earned:

NOTE: Please ensure that your submitted documentation is complete and is in accordance with the instructions provided in this booklet. Doing so will allow the Wellness Committee to more accurately calculate and assign the points and incentives achieved. The Wellness Committee reserves its duty to determine disqualifying elements that may adjust your final point totals. There will be a dedicated time announced in which the Committee will hear a requested protest on your behalf. These Protests are for addressing miscalculations of points.

2020 Self Tracking Form

	Points:	Date:	Notes:
Blood Test:	_____	_____	_____
Physical:	_____	_____	_____
Eye Exam:	_____	_____	_____
Dental #1:	_____	_____	_____
Dental #2:	_____	_____	_____
Flu Shot/Mist:	_____	_____	_____
Beginning Waist Circumference:	_____	_____	_____
Ending Waist Circumference:	_____	_____	_____
Beginning HRC*:	_____	_____	_____
Ending HRC*:	_____	_____	_____

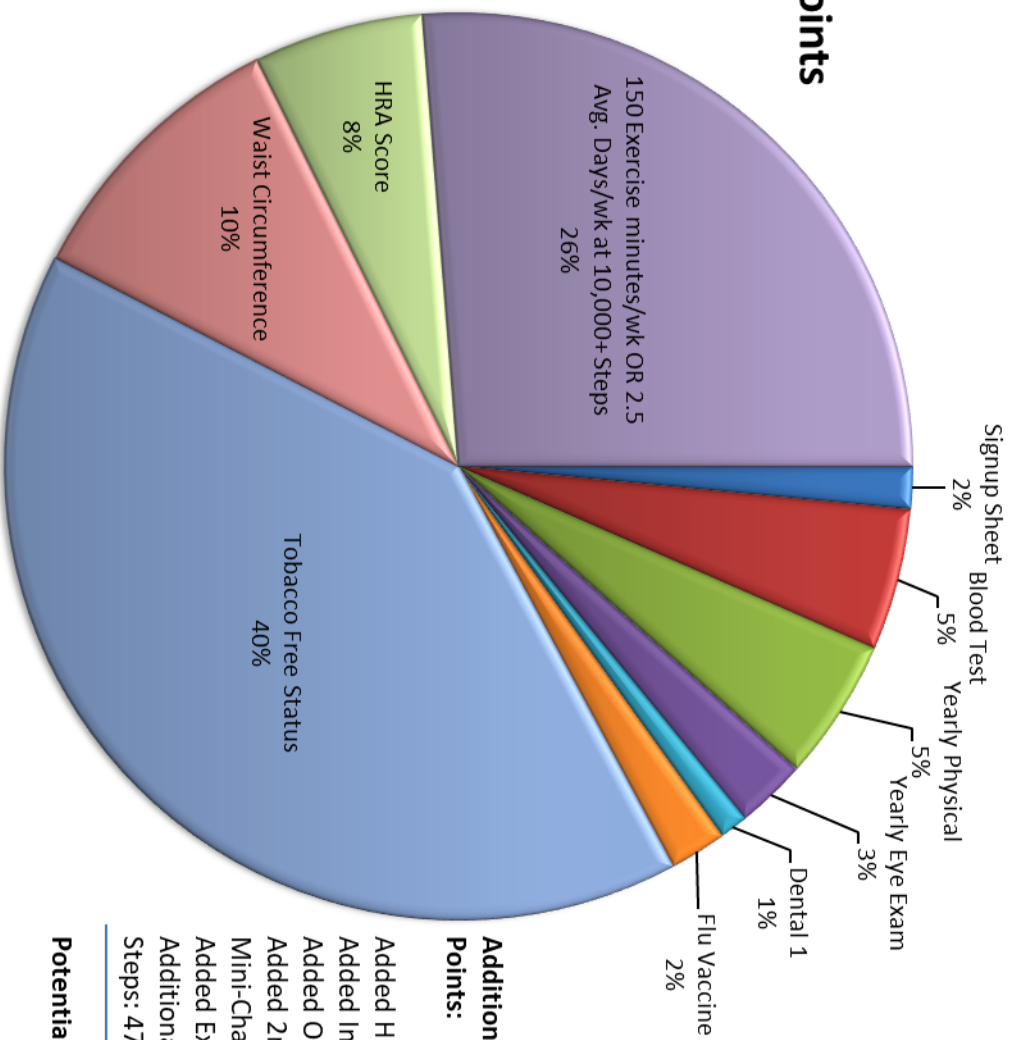
**High Risk Categories*

Maintain your verification records for your Blood Tests, Physical, Eye Exam, Dental visits, Flu Shot, Waist Circumference, Health Risk Categories, Exercise Points, Impact Survey, Blood Donations, have returned the sign-up sheet and provided the signed Tobacco/Nicotine/Illegal Substance Use Waiver form at the end of the Program year, etc.

Option #1 Participants: Save all your documentation till the end of the year for a third-party review.
Option #2 Participants: Ensure that all your medical information is documented within your MyVia Portal.

2020 Annual Wellness Points

Category	Points
Signup Sheet	150
Annual Health Fair	500
Annual Physical	500
Annual Eye Exam	250
Dental 1	200
Flu Vaccine	200
Tobacco Free	4000
Waist Circumference	1000
Midrange HRA Score	600
150min/week exercise or 10,000+ steps 2.5 Days/week	2600
Total:	10,000



Additional Annual Possible Points:

- Added HRA Points: 400
- Added Impact Survey: 500
- Added Online NIRMA: 300
- Added 2nd Dental: 200
- Mini-Challenges: 250
- Added Exercise or Additional Days w/10,000+ Steps: 4700

Potential Anticipated: 6350

Notice of Availability of a Reasonable Alternative Standard to the Saline County Wellness Program

Your county provided health plan is committed to helping you achieve your best health. Rewards for participating in the Saline County wellness program are available to all Saline County employees. If you think you might be unable to meet a reasonable standard for a reward under this wellness program, you might qualify for an opportunity to earn one of the same rewards by different means. Contact the Wellness Committee, they will work with you to find reasonable alternatives to elements of the wellness program with equal levels of reward that are right for you in light of your health status. An Alternative Standard request form is provided for this purpose – provided with this booklet. This form **MUST** be completed and submitted during the time periods specified below. *(Additional documentation may be requested by the Wellness Committee.)*

NOTE: A written declaration of the need and request of a Reasonable Alternative requires:

- Your notification within 30 days of the start of each program year; or
- Within 30 days following an injury or illness that would also require an alternative standard

**Please use this form and/or any other acquired documentation and explanation sheets. Place within an envelope in attention to the Saline County Wellness Committee. Provide this envelope to the Committee via the County Assessor's office.*

NOTES:

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Questions about the program may be directed to the Wellness Committee

MY
Annual Saline County
WELLNESS
PROGRAM



2020

A Saline County Wellness Program created exclusively for employees of Saline County

The Saline County Wellness Committee

All employees are encouraged to participate in the Health and Wellness Program which has been developed to promote healthy lifestyles. This program is an employee benefit; please respect and protect it. The Wellness Committee posts its meeting minutes on the County website for the convenience of all employees by following the link provided below.

Following are the rules for the Saline County Fitness Center:

1. The Facility will be open 24 hours a day, seven days a week;
2. **ALL** persons using this Facility must have signed a Waiver/Release of Liability & Indemnity Agreement with Saline County available at:
 - Saline County Human Resource office; or
 - <http://www.co.saline.ne.us/webpages/committees/wellness.html>;
3. You must sign-in and sign-out when using the Facility;
4. ~~Effective March 1, 2015, †~~ This Facility is available only to Saline County employees, their current household members, employees individuals employed within any Saline County facility and County retirees. Children under 19 years of age are allowed when accompanied and directly supervised by their parent or legal guardian;
5. No alcoholic beverages, tobacco/nicotine or illegal substance use is allowed at this facility;
6. Please be considerate of others by using each machine a reasonable amount of time;
7. The Combination to this Facility lock will be changed on or around July 1st of each year. Please check with the County HR office for a new combination;
8. The last person to leave the Facility will turn off all equipment, turn out the lights and lock the door.

Wellness Committee Contacts:

Tim McDermott: W-(402) 821-3900 x1827; E-mail: tim.mcdermott@saline.nacone.org

Marvin Kohout: H-(402) 946-6531; C-(402) 641-7400; E-mail: commissioner3@saline.nacone.org

Jamie Houser: W-(402) 821-2588; E-mail: jhouser4@diodecom.net

Bruce Filipi: W-(402) 821-2737 x1501; E-mail: scroads@diodecom.net

Jennifer Retchless: C-(402) 821-7224; E-mail: jretchless@sclec-ne.org

Kory Mullen: W-(402) 821-2972 x2500; E-mail: nurse@sclec-ne.org

Lori Moldenhauer: W-(402) 821-2531 x3201; E-mail: lmoldenhauer@lincoln.ne.gov

Adam Drake: W-(402) 821-2972 x2305; Email: adrake@sclec-ne.org

Russ Karpisek: C-(402) 821-7333; Email: commissioner4@saline.nacone.org

Chrissy Niederklein: W-(402) 821-2531 x1903; chrissyn@diodecom.net

2020 Wellness Program Option

Please focus your participation on that which corresponds to your announced intent to use either option as listed in the following pages. If you had not submitted your 2020 Wellness Program application form as earlier requested, and your participation is intended, the default assumption will be held toward Option #1.

OPTION #1 *(as similar to the previous year)*

Or

OPTION #2 *(Utilizing Step Tracking for exercise points along with the MyVia Portal for documentation of exercise and medical form submission)*

How to Track & Earn Points – Option #1 Self Documentation Calendar

1. Turn in your “**Signup Sheet**” upon receipt of program packet.
2. Write your name on the front page and on the “Track Your Progress” page at back of book.
3. Record the exercise/activity, the expended time devoted to that exercise and the number of points earned for that particular exercise or activity on the day in which it was performed.
 - a. Two calendars are enclosed:
 - i. The LARGE Calendar to track exercise points, and;
 - ii. The SMALL Calendar for challenges, monthly classes, and NIRMA classes, etc.
 - b. Exercise points submitted in alternative charts, spreadsheets or word processing documents **will not be calculated by the Committee.**
4. At the end of each month, add up total points from each of your two calendars. Write the monthly total at the bottom of that calendar and at the back of the book on the Track Your Progress Sheet.
5. You may record **double points** for exercise on your own **Birthdays, New Year’s Day, Martin Luther King Jr. Day, Presidents’ Day, Valentine’s Day, St. Patrick’s Day, Easter, Arbor Day, Memorial Day, Flag Day, July 4th, Labor Day, Columbus Day, Halloween, Veterans’ Day, Thanksgiving Day, day after Thanksgiving, Christmas Eve, Christmas Day, and New Year’s Eve.**
6. You may also opt to include no more than one hour each week in which to use in place of your day of exercise assigned as, “**Alternate Physical Activity**” points. This is not to coincide with county work schedules, or be used in addition to exercise on any one particular day. As with exercise, note the activity and time involved.

How to Claim Awards

1. **After December 31, 2020**, in order to claim your incentives earned, please turn in your program booklet and sealed medical verification forms to the Wellness Committee by **January 15, 2021**. Pick up your **2021 Wellness packet by the last week of December 2020.**
2. Write down the anticipated benefit you are claiming with the required number of points earned. **Total points will be calculated after the 2021 Health Fair.**
3. You will need to turn in your program booklet and sealed medical forms when you are claiming the incentive you desire within the time period allotted.
4. You will be given notification on the total of your incentive points by the Wellness Committee when all numbers are tabulated.
5. A ‘protest period’ will be opened in order to insure the proper calculation of points.
- ~~6. Your awards are subject to taxation~~

2020 Wellness Points

Signup sheet (1): 150 points
Impact Survey (1): 500 points
Blood Test (1): 500 points
Physical (1): 500 points

Eye Exam (1): 250 points
Dental (2): 200 points each
Flu Shot (1): 200 points

Exercise: 5 points for every 15 minutes with a maximum of 1 hour per day = **20 points**
“Alternate Physical Activity Points” – 1 hour per week = **20 points**

**NO EXERCISE POINTS DURING PAID WORKING HOURS EXCEPT FOR LUNCH and/or BREAKS*

**Alternate Physical Activity Points are not to be added to points earned for exercise on a given day*

Exercise Definition: *“Exercise is a planned physical activity that is done during a time dedicated for the intent and purpose of developing an overall strong, healthy lifestyle.”*

Wellness Sponsored Educational Class or Video (when available...):

- 50 points per class attended
- 25 points per class video rented

Tobacco/Nicotine/Vaping/Illegal Substance:

- Never used/have quit for six (6) months prior to end of year; w/ waiver: **4000 points**

Waist Circumference:

Women: 35 inches & below **1000 points** – 35.1 inches & above 0 points

Men: 40 inches & below **1000 points** – 40.1 inches & above 0 points

**(Earn 100 points for each inch taken off your waist circumference in comparison to the previous year.)*

Health Risk Categories:

- 0 Risk Factors - **1000 points**
- 1 Risk Factor - **800 points**
- 2 Risk Factors - **600 points**
- 3 Risk Factors - **400 points**
- 4 Risk Factors - **0 points**

**(Earn 250 points for each high-risk factor eliminated from the previous year results.)*

NIRMA Onsite Classes (when available): 50 points for each class attended

NIRMA Online Quarterly Class (if available): 75 points for announced quarterly classes

successfully passed within the time period announced as qualifying for earned incentive points

Mini-Challenge participation: Points earned as provided within the rules for each challenge

Blood Donation(s): 20 points per donation throughout the program year

Annual “Operation Under the Tree” Fundraiser: 1 point per dollar value of toy(s) donated

Annual “Shop with a Cop” Fundraiser: 1 point per dollar donated

**(Drop off point: Saline County Law Enforcement Center at any time during the year)*

***NOTE:** The Wellness Committee will use committee discretion to alter, add bonus items or bonus points throughout the year.

Health Insurance Premium Reduction Incentive

1. **0 – 5999 points:** 0% reduction in the employee portion ONLY, premium buy-in
2. **6000 - 7999 points:** 33% reduction in the employee portion ONLY, premium buy-in
3. **8000 – 9999 points:** 66% reduction in the employee portion ONLY, premium buy-in
4. **10000 or more points:** 100% reduction of the employee portion ONLY, premium buy-in

As of July 1, 2016, the employee portion of Health Insurance became 10% of the total employee only premium amount. This percentage can be reduced or eliminated with participation in the annual Wellness Program. Above are the points that must be accumulated to receive the reduction or elimination of this employee portion.

Incentive Awards & Points Required

1. **5000 points:** \$10 Subway Sandwich Gift Card
2. **6000 points:** \$15 Casey's Gift Card
3. **7000 points:** \$25 VISA Gift Card
4. **7500 points:** \$50 VISA Gift Card
5. **8000 points:** \$75 VISA Gift Card or ½ day off from work
6. **9000 points:** \$100 VISA Gift Card
7. **10000 points:** \$150 VISA Gift Card or 1 Day off from work

**#4, #5, #6 & #7 – Your name will be entered into a drawing for a Grand Prize*

**An additional name will be dropped into the hat for every 1,000 points earned above 10,000*

NOTE:

- *There will be tax implications on all monetarily valued incentive awards;*
- *You will need to work with your Supervisor when utilizing earned time off from work*

New Employees

New employees hired within the program year will be allowed to pro-rate the exercise portion of the total points anticipated in assistance with obtaining the fullest earned reduction in the employee portion of health insurance premium costs. For existing employees, the exercise points determined to be adjusted, within the full 10000 points, is calculated to be 2600 points. Any pro-rating will be formulated upon those 2600 points. *(See pie chart later in this booklet)*

THIS WELLNESS PROGRAM IS INTENDED FOR SALINE COUNTY EMPLOYEES ONLY

How to Track Points – Option #2 Wearable Step Tracker

1. Ensure that your “**Signup Sheet**” is submitted indicating that **Option #2** is the recording method for exercise daily steps you ~~wish~~ intend to use.
2. Two calendars remain enclosed in this Program booklet:
 - a. The LARGE Calendar to track steps & points for each day. It remains as an optional, helpful inclusion to record daily steps using a wearable device for Option #2.
 - b. The SMALL Calendar for medical appointments, challenges, wellness or NIRMA classes, etc.
3. **Option #2 Reporting:**
 - a. Using data from your wearable device via your smart phone, computer or tablet, capture your daily, weekly or monthly “anytime steps” in a way that data can be transmitted to your MyVia account, via Workwell at the Nebraska Safety Council using the following steps:
 - i. Go to **www.startmyvia.org**.
 - ii. Enter your username and password:
 1. Username = your email address
 2. Password = your first initial + last initial + four-digit employee # (i.e. jd0099)
 - iii. Click Enter Points on the My Points Tracker widget.
 - iv. Select your activity.
 - v. Enter your completed date at the end of that activity time period.
 - vi. Upload a file(s) showing proof of completion appropriate for the activity. This can be a photo (screen capture), PDF, Word or Excel Document, then hit save.
 - vii. Wait for your submission to be approved. If your points are not approved, it will be noted in your MyVia points tracker with the reason why or with what other items are needed.
 - b. Import wearable data steps into your MyVia account by providing to Workwell, via the Portal, documentation from your device; and/or other Wellness documentation. Confirmation of points earned for each month will be handled by Workwell.
 - c. NOTE: The benchmark date for the submission of each months’ step count data for points is targeted to be the 15th of each subsequent month.

How to Claim Awards

1. **After December 31, 2020**, in order to claim your incentives earned, return your program booklet and sealed medical verification forms to the Wellness Committee by **January 15, 2021**. Pick up your **2021 Wellness packet by the last week of December 2020**.
2. Denote the anticipated benefit you are claiming with the required number of points earned. **Total points will be calculated after the 2021 Health Fair.**
3. *You will NOT need to turn in your program booklet and sealed medical forms when you are claiming the incentive you desire at the end of the year. All such data will be submitted through the MyVia portal as you’ve acquired them throughout the year.*
4. You will be given notification on the total of your incentive points by the Wellness Committee when all numbers are tabulated.
5. A ‘protest period’ will be opened in order to insure the proper calculation of points.

2020 Wellness Points

Signup sheet (1): 150 points
Impact Survey (1): 500 points
Blood Test (1): 500 points
Physical (1): 500 points

Eye Exam (1): 250 points
Dental (2): 200 points each
Flu Shot (1): 200 points

Option #2 - Tracker Steps:

- **20 points** for each day with **10,000 steps or more.**
 - Maximum points per day = **20 points**
- **20 points** for each day utilizing a reduced step target based upon a Wellness Committee approved Alternative Standard request. Adjustments will be made case-by-case.

Wellness Sponsored Educational Class or Video (when available...):

- **50 points** per class attended
- **25 points** per class video rented

Tobacco/Nicotine/Vaping/Illegal Substance:

- Never used/have quit for six (6) months prior to end of year; w/ waiver: **4000 points**

Waist Circumference:

Women: 35 inches & below **1000 points** – 35.1 inches & above 0 points

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**(Earn 100 points for each inch taken off your waist circumference in comparison to the previous year.)*

Health Risk Categories:

- 0 Risk Factors - **1000 points**
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- 4 Risk Factors - **0 points**

**(Earn 250 points for each high-risk factor eliminated from the previous year results.)*

NIRMA Onsite Classes (when available): 50 points for each class attended

NIRMA Online Quarterly Class (when/if available): 75 points for announced quarterly classes successfully passed within the time period announced as qualifying for earned incentive points

Mini-Challenge participation: Points earned as provided within the rules for each challenge

Blood Donation(s): 20 points per donation throughout the program year

Annual "Operation Under the Tree" Fundraiser: 1 point per dollar value of toy(s) donated

Annual "Shop with a Cop" Fundraiser: 1 point per dollar donated

**(Drop off point: Saline County Law Enforcement Center at any time during the year)*

***NOTE:** The Wellness Committee will use committee discretion to alter, add bonus items or bonus points throughout the year.

Health Insurance Premium Reduction Incentive

1. **0 – 5999 points:** 0% reduction in the employee portion ONLY, premium buy-in
2. **6000 - 7999 points:** 33% reduction in the employee portion ONLY, premium buy-in
3. **8000 – 9999 points:** 66% reduction in the employee portion ONLY, premium buy-in
4. **10000 or more points:** 100% reduction of the employee portion ONLY, premium buy-in

As of July 1, 2016, the employee portion of Health Insurance became 10% of the total employee only premium amount. This percentage can be reduced or eliminated with participation in the annual Wellness Program. Above are the points that must be accumulated to receive the reduction or elimination of this employee portion.

Incentive Awards & Points Required

1. **5000 points:** \$10 Subway Sandwich Gift Card
2. **6000 points:** \$15 Casey's Gift Card
3. **7000 points:** \$25 VISA Gift Card
4. **7500 points:** \$50 VISA Gift Card
5. **8000 points:** \$75 VISA Gift Card or ½ day off from work
6. **9000 points:** \$100 VISA Gift Card
7. **10000 points:** \$150 VISA Gift Card or 1 Day off from work

**#4, #5, #6 & #7 – Your name will be entered into a drawing for a Grand Prize*

**An additional name will be dropped into the hat for every 1,000 points earned above 10,000*

NOTE:

- *There will be tax implications on all monetarily valued incentive awards;*
- *You will need to work with your Supervisor when utilizing earned time off from work*

New Employees

New employees hired within the program year will be allowed to pro-rate the “activity steps” portion of the total points anticipated in assistance with obtaining the fullest earned reduction in the employee portion of health insurance premium costs. For existing employees, the exercise points determined to be adjusted, within the full 10,000 points, is estimated to be 2600 points. Any pro-rating for exercise/walking will be formulated upon those 2600 points. *(See pie chart later in this booklet)*

THIS WELLNESS PROGRAM IS INTENDED FOR SALINE COUNTY EMPLOYEES ONLY



Welcome to NIRMA Online Training. Below you will find a step-by-step process to access your courses and start your training now!

- First, log onto the NIRMA site at www.nirma.info and click on the NIRMA Online University Logo located on the left of the page. (www.localgovu.com/nirma/) You will be prompted to **enter do** the following **access information**:
 - [Click the “Sign In for Training” button](#)
 - [Provide your Username or Email Address](#)
 - [Click “Continue”](#)
 - [Provide your Password](#)
 - [Click “Login”](#)
 - [You can then navigate to “Course Catalog” or “My Dashboard”](#)
 - [Simply click on the course you want to take and start training!](#)

Other helpful information:

1. You can take your courses any time day or night from any computer with internet access. Simply go to: www.nirma.info, or directly at www.localgovu.com/nirma/, and log in.
2. You can take all available courses activated each quarter whenever you are ready; courses may be rotated out and/or made not available into the next quarter. (*Courses offered for the benefit of Wellness Incentive points are announced at the beginning of each quarter, assigned and earned during the time period for [that specific](#) quarter.*)
3. You can stop in mid-course and come back later – the system remembers where you left off.
4. You can print a certificate of completion once you pass the test at the end of your course.
5. [The Wellness Committee will run a final, quarter ending report listing those who have successfully completed the assigned course to be used as a valued reference.](#)

**NOTE: The potential for NIRMA to disassociate with the LocalGovU online training portal has been expressed in the past. Please be aware that beginning July 1, 2020, it MAY be possible this training site will no longer be available. The Wellness Committee will stay alert to this and provide information to everyone as more information becomes available.*

Thank you for using the NIRMA online training portal.

January 2020

(NOTE: Type, Time, Points & Week ending Totals to be added in each month...)

Sun	Mon	Tue	Wed	Thu	Fri	Sat	Weekly Total
			1 New Year's Day Type: _____ Time: _____ Points: _____	2 Type: _____ Time: _____ Points: _____	3 Type: _____ Time: _____ Points: _____	4 Type: _____ Time: _____ Points: _____	Weekly Total Points: _____
5 Type: _____ Time: _____ Points: _____	6 Type: _____ Time: _____ Points: _____	7 Type: _____ Time: _____ Points: _____	8 Type: _____ Time: _____ Points: _____	9 Type: _____ Time: _____ Points: _____	10 Type: _____ Time: _____ Points: _____	11 Type: _____ Time: _____ Points: _____	Weekly Total Points: _____
12 Type: _____ Time: _____ Points: _____	13 Type: _____ Time: _____ Points: _____	14 Type: _____ Time: _____ Points: _____	15 Type: _____ Time: _____ Points: _____	16 Type: _____ Time: _____ Points: _____	17 Type: _____ Time: _____ Points: _____	18 Type: _____ Time: _____ Points: _____	Weekly Total Points: _____
19 Type: _____ Time: _____ Points: _____	20 Type: _____ Time: _____ Points: _____	21 Martin Luther King Jr. Day Type: _____ Time: _____ Points: _____	22 Type: _____ Time: _____ Points: _____	23 Type: _____ Time: _____ Points: _____	24 Type: _____ Time: _____ Points: _____	25 Type: _____ Time: _____ Points: _____	Weekly Total Points: _____
26 Type: _____ Time: _____ Points: _____	27 Type: _____ Time: _____ Points: _____	28 Type: _____ Time: _____ Points: _____	29 Type: _____ Time: _____ Points: _____	30 Type: _____ Time: _____ Points: _____	31 Type: _____ Time: _____ Points: _____		Weekly Total Points: _____

Monthly Total: _____

February 2020

Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1
2	3	4	5	6	7	8
9	10	11	12	13	14 Valentine's Day	15
16	17 President's Day	18	19	20	21	22
23	24	25	26	27	28	29

Monthly Total: _____

March 2020

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17 St. Patrick's Day	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Monthly Total: _____

April 2019

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4
5	6	7	8	9	10	11
12 Easter Sunday	13	14	15	16	17	18
19	20	21	22	23	24 Arbor Day	25
26	27	28	29	30		

Monthly Total: _____

May 2020

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25 Memorial Day	26	27	28	29	30
31						

Monthly Total: _____

June 2020

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4	5	6
7	8	9	10	11	12	13
14 <small>Flag Day</small>	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

Monthly Total: _____

July 2020

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4 Independence Day
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

Monthly Total: _____

August 2020

Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

Monthly Total: _____

September 2020

Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4	5
6	7 Labor Day	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

Monthly Total: _____

October 2020

Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2	3
4	5	6	7	8	9	10
11	12 Columbus Day	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31 Halloween

Monthly Total: _____

November 2020

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11 Veteran's Day	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26 Thanksgiving Day	27 Day After Thanksgiving	28
29	30					

Monthly Total: _____

December 2020

Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24 Christmas Eve	25 Christmas Day	26
27	28	29	30	31 New Year's Eve		

Monthly Total: _____

Mini Challenges,
Educational Classes, NIRMA Classes,
Medical, Dental, HRA, etc.
Self-Tracking Calendar

January 2020

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

Monthly Total: _____

February 2020

Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29

Monthly Total: _____

March 2020

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Monthly Total: _____

April 2020

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

Monthly Total: _____

May 2020

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

Monthly Total: _____

June 2020

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

Monthly Total: _____

July 2020

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

Monthly Total: _____

August 2020

Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

Monthly Total: _____

September 2020

Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

Monthly Total: _____

October 2020

Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

Monthly Total: _____

November 2020

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

Monthly Total: _____

December 2020

Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

Monthly Total: _____

Track Your Progress in 2020

Name: _____ Department: _____

Month	Large Calendar Exercise	Small Calendar (Challenges, Doctor, etc.)	Total Cumulative Points
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			

Signature: _____
Anticipated Total Points: _____
Date: _____

**See page with list of incentives*

*Gift Card relative to the incentive points earned:

*½ Day or 1 Day off relative to the incentive points earned:

NOTE: Please ensure that your submitted documentation is complete and is in accordance with the instructions provided in this booklet. Doing so will allow the Wellness Committee to more accurately calculate and assign the points and incentives achieved. The Wellness Committee reserves its duty to determine disqualifying elements that may adjust your final point totals. There will be a dedicated time announced in which the Committee will hear a requested protest on your behalf. These Protests are for addressing miscalculations of points.

2020 Self Tracking Form

	Points:	Date:	Notes:
Blood Test:	_____	_____	_____
Physical:	_____	_____	_____
Eye Exam:	_____	_____	_____
Dental #1:	_____	_____	_____
Dental #2:	_____	_____	_____
Flu Shot/Mist:	_____	_____	_____
Beginning Waist Circumference:	_____	_____	_____
Ending Waist Circumference:	_____	_____	_____
Beginning HRC*:	_____	_____	_____
Ending HRC*:	_____	_____	_____

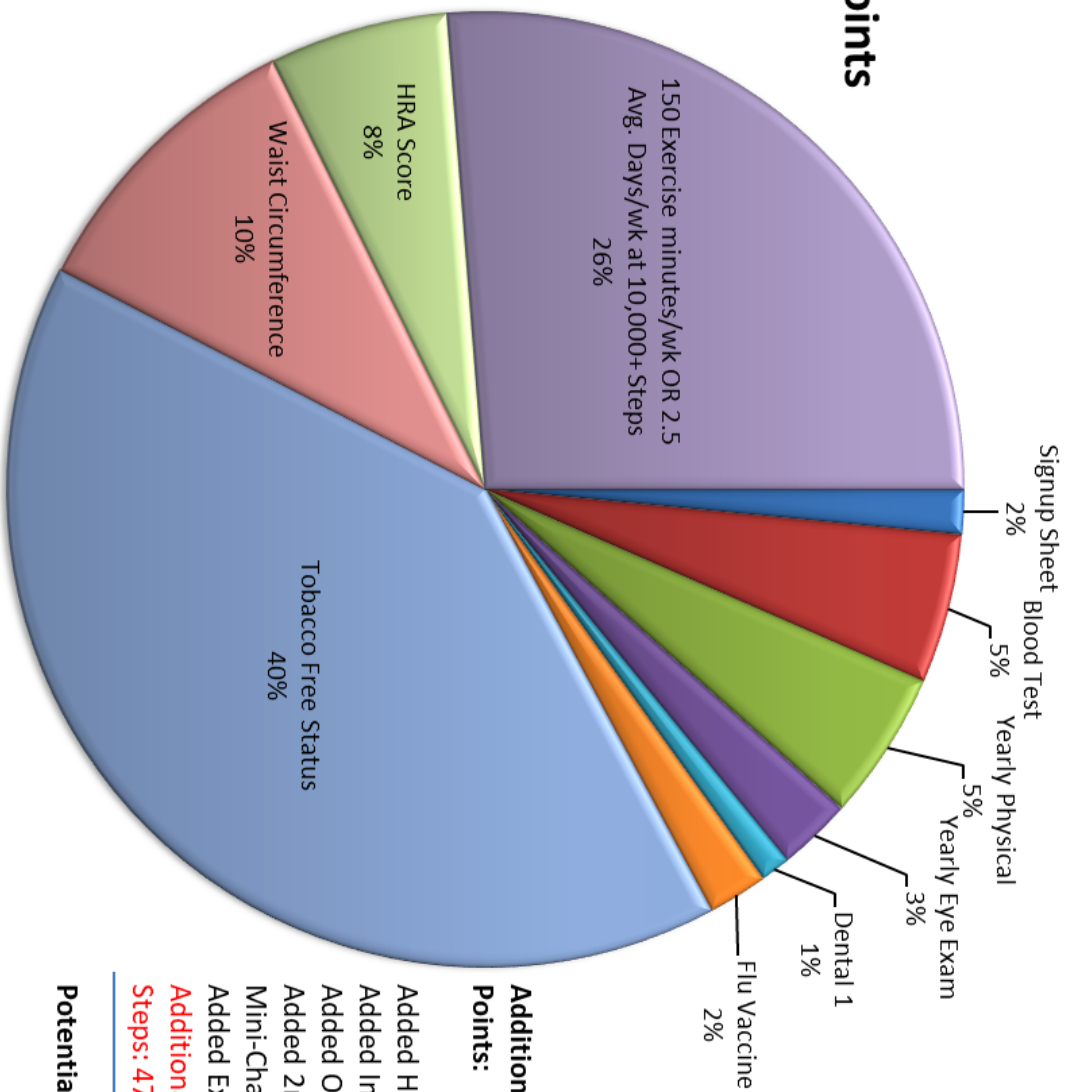
**High Risk Categories*

Maintain your verification records for your Blood Tests, Physical, Eye Exam, Dental visits, Flu Shot, Waist Circumference, Health Risk Categories, Exercise Points, Impact Survey, ~~CPR/First Aid~~ **Blood Donations**, have returned the sign-up sheet and provided the signed Tobacco/Nicotine/Illegal Substance Use Waiver form **at the end of the Program year**, etc.

Option #1 Participants: Save all your documentation till the end of the year for a third-party review.
Option #2 Participants: Ensure that all your medical information is documented within your MyVia Portal.

2020 Annual Wellness Points

Category	Points
Signup Sheet	150
Annual Health Fair	500
Annual Physical	500
Annual Eye Exam	250
Dental 1	200
Flu Vaccine	200
Tobacco Free	4000
Waist Circumference	1000
Midrange HRA Score	600
150min/week exercise	2600
or 10,000+ steps 2.5 Days/week	
Total:	10,000



Additional Annual Possible Points:

- Added HRA Points: 400
 - Added Impact Survey: 500
 - Added Online NIRMA: 300
 - Added 2nd Dental: 200
 - Mini-Challenges: 250
 - Added Exercise or Additional Days w/10,00+ Steps: 4700
- Potential Anticipated: 6350**

Notice of Availability of a Reasonable Alternative Standard to the Saline County Wellness Program

Your county provided health plan is committed to helping you achieve your best health. Rewards for participating in the Saline County wellness program are available to all Saline County employees. If you think you might be unable to meet a reasonable standard for a reward under this wellness program, you might qualify for an opportunity to earn one of the same rewards by different means. Contact the Wellness Committee, they will work with you to find reasonable alternatives to elements of the wellness program with equal levels of reward that are right for you in light of your health status. An Alternative Standard request form is provided for this purpose – provided with this booklet. This form **MUST** be completed and submitted during the time periods specified below. *(Additional documentation may be requested by the Wellness Committee.)*

NOTE: A written declaration of the need and request of a Reasonable Alternative requires:

- Your notification within 30 days of the start of each program year; or
- Within 30 days following an injury or illness that would also require an alternative standard

**Please use this form and/or any other acquired documentation and explanation sheets. Place within an envelope in attention to the Saline County Wellness Committee. Provide this envelope to the Committee via the County Assessor's office.*

NOTES:

2020 Saline County Wellness Program©

All Rights Reserved

Questions about the program may be directed to the Wellness Committee

NOV 12 2019

SALINE COUNTY
REQUEST TO OCCUPY COUNTY RIGHT-OF-WAY

Don Homolka

, hereinafter referred to as owner, requests to construct
Irrigation Pipe/Water Line occupying the Right-of-Way of the Saline County Public Road System at (legal description):

NE 1/4 of E 1/2 T6N R2E
Sec 25

Construction on Gravel Roads **MUST** be Tunneled/ Bored
Trenching on dirt roads optional by pre-approval only

(please indicate one) : Trenching X (pre-approved by Highway Superintendent)
Tunneled/Bored _____

Owner proposes to place and maintain the aforesaid construction on Saline County Public Right-of-Way at owner's expense and hereby absolves Saline County, its officials and employees from any liability from the placing and maintaining of said construction.

The owner will cooperate fully with the officials of Saline County and will keep them fully and immediately informed of all construction or maintenance work required on Saline County public Right-of-Way. The surface of the road will be restored to the same condition as it was prior to the work and such restoration will be accomplished to the reasonable satisfaction of the Saline County officials.

Person to be contacted, prior to construction, is the County Highway Superintendent, Courthouse, second floor, phone (402) 821-2737. Each location to be inspected by Saline County when permit is submitted and upon project completion. Saline County will determine if any labor or gravel will be required to restore the surface of the road or County Right-of-Way to the same condition as it was prior to the project. If determined necessary, the work shall be performed and gravel supplied by the owner.

Attach a sketch or map indicating approximate location to or from an easily recognized landmark.

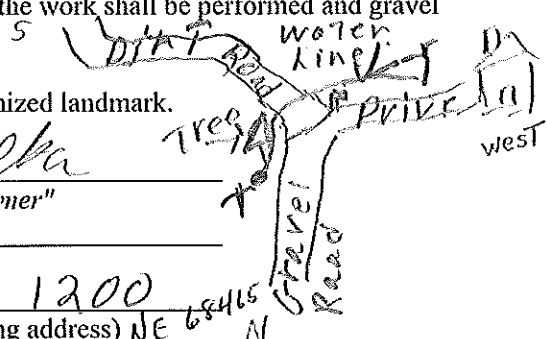
Date Nov. 6 2019

Don Homolka
Signature of "Owner"

Phone 402-821-2367

Cell Phone 402-821-7799

1688 CO R 1200
Wilber (Complete mailing address) NE 64th N



At the option of the County Board of Commissioners, the owner shall furnish a Surety Bond for an amount specified by the Board. The form of the bond shall be acceptable to the Saline County Board.

Surety Bond Required: YES ___ NO X Amount _____

COMMENTS: (County only)

I recommend that this permit be granted subject to

DON Homolka agreeing to return the damaged area to its original condition.

Date _____

Signature - Highway Superintendent

We hereby grant _____ permission to occupy the County Right-of-Way at the location indicated and according to the procedure and conditions described in this document.

Date _____

Signature - Chairman of County Board

SALINE COUNTY

REQUIREMENTS

(Bore or Bury Water Line)

1. The water line will be placed at a MINIMUM depth of five (5) feet BELOW roadway ditch grade.
2. Saline County will be notified no less than 48 hours in advance of any construction.

CALL: Bruce Filipi 402 821-2737 (Hwy. Supt. Office)
826-9394 (Cell)

3. The applicant, Don Hemolka will adequately sign the location of the water line at frequent intervals and at all culvert locations to insure that the applicant, _____ will be notified before any future excavation by county forces.
4. The applicant, Don Hemolka will be required to relocate the water line at their own expense, if necessary, for any future roadway construction.

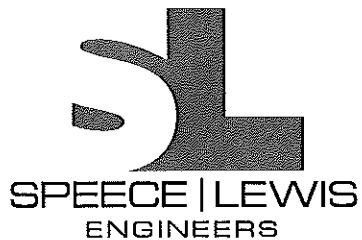
5 & 6 Apply to trenching operations only (Dirt Roads)

5. The applicant, Don Hemolka will be responsible for obtaining adequate compaction of backfill for all trench cuts. Backfill will be placed in successive horizontal layers not exceeding six (6) inches, and properly compacted.
6. All waste material from the trenching operation will be evenly distributed over the ditch side slopes or back slopes. All roadway side slopes, ditches or back slopes disturbed by the trenching operation will be reseeded with a mixture of grass seed as recommended by the Nebraska Game & Parks Commission for seeding county roadways

Applicant: Don Hemolka
Signature

Address: _____

Phone # _____



906 South 26th Street | Lincoln, NE 68510 | Phone: 402.483.5466 | Fax: 402.483.1722 | www.speecelewis.com

November 13, 2019

Mr. Bruce Filipi
Board of County Commissioners
Saline County Courthouse
PO Box 865
204 S High Street
Wilber NE 68465

RE: Saline County Culvert Project
Structure No. C007604515P
Located in Sec. 26-T7N-R4E

Dear Board Members:

PRELIMINARY PLANS

Speece Lewis Engineers proposes to run a profile, cross-sections, and topography survey at the above site. Hydraulic cross sections in the flood plain both upstream and downstream will be taken. Additional cross-sections or control shots will be taken as required to determine culvert alignment and channel revisions, if any. It is anticipated that minimal roadway realignment will be required.

A hydraulic analysis will be carried out for the site to determine the CBC size. Site plans and culvert plans will be prepared for bidding. The Consultant will prepare Bid Documents and Specifications and apply for permits.

The above services will be provided for a lump sum fee of \$10,850.00 for the site. This includes wetlands delineation, which will be required. If special structural details for paved inlet plans are required, the Consultant will be compensated an additional lump sum fee of \$750.00 per inlet plan. If special structural details for paved outlet plans are required, the Consultant will be compensated an additional lump sum fee of \$750.00 per outlet plan. Billings will be submitted after completion of the survey and after the plans for the site have been submitted to the County.

NOTE: A Nationwide Section 14 Permit Application to the US Army Corps of Engineers (USACE) is included in the above lump sum, if it is required. In the event an Individual Army 404 Permit application is required or if the Corps requests an on-site visit, the Speece Lewis Engineers will be compensated an additional lump sum fee of \$2,000.00. It is not anticipated that an Individual Permit will be required.

OBSERVATION OF CONSTRUCTION

Speece Lewis Engineers will furnish on-site construction observation under the supervision of a Licensed Engineer. Observation requirements are subject to the building procedures and the size of the culvert. Anywhere from ten to twelve inspection trips to the site can be anticipated. Observation of reinforcement placement and all concrete pours will be required. Speece Lewis proposes an hourly rate of \$70.00 per hour plus travel expenses at the current federal mileage rate per mile, plus meals at cost, plus testing laboratory cylinder breaks at cost. A staking party will consist of a 2-man survey crew which will be billed at \$135.00 per hour.

In the event observation of construction does not occur before January 1, 2022, construction observation fees may be re-negotiated.

If this proposal meets with your approval, a signed copy of this letter shall serve as a contract. Please keep one (1) copy for your files and return one (1) copy to our office.

If you have any additional questions or concerns, please contact our office.

Respectfully Submitted,

SPEECE LEWIS ENGINEERS, INC.

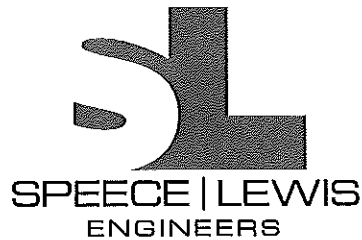


Tim Farmer, P.E.
President

ACCEPTED FOR SALINE COUNTY

By: _____

Date: _____



906 South 26th Street | Lincoln, NE 68510 | Phone: 402.483.5466 | Fax: 402.483.1722 | www.speecelewis.com

November 13, 2019

Mr. Bruce Filipi
Board of County Commissioners
Saline County Courthouse
PO Box 865
204 S High Street
Wilber NE 68465

RE: Saline County Culvert Project
Structure No. C007604520P
Located in Sec. 26-T7N-R4E

Dear Board Members:

PRELIMINARY PLANS

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If this proposal meets with your approval, a signed copy of this letter shall serve as a contract. Please keep one (1) copy for your files and return one (1) copy to our office.

If you have any additional questions or concerns, please contact our office.

Respectfully Submitted,

SPEECE LEWIS ENGINEERS, INC.



Tim Farmer, P.E.
President

ACCEPTED FOR SALINE COUNTY

By: _____

Date: _____

**SALINE COUNTY
COMMERCIAL PERMIT
REQUEST TO OCCUPY COUNTY RIGHT-OF-WAY**

Milligan 1 Wind, LLC, hereinafter referred to as owner, requests to construct/bury mid-voltage
collection cable (Type of Utilities) occupying the Right-of-Way of the Saline County Public Road
System at (legal description) 7A CR O 5,046' EAST OF CR 1000

Construction on Gravel Roads **MUST** be Tunneled/ Bored
Trenching on dirt roads optional by pre-approval only

(Please indicate one): Trenching _____ (pre-approved by Highway Superintendent)
Tunneled/Bored 8" _____

1. Line, Pipe or conduit less than 4" in diameter, \$100.00.
2. Line, pipe or conduit 4" in diameter or more but less than 8" in diameter \$500.00.
3. Line, pipe or conduit 8" in diameter or more, \$1000.00.
4. Telephone utilities are exempt from application fee.

Any person who fails to apply for and receive permission from Saline County prior to commencing construction shall be required to pay the above fee appropriate for the size of line, pipe or conduit and in addition shall be required to pay a \$250.00 damage fee.

Owners and renters desiring to place waterline or gas line in or across County right-of-way must have permission granted by the Saline County Board of Commissioners. Water and gas lines buried in the ROW or under the roadbed proper must be a minimum of 5' (water) and 6' (Gas) deep and be of steel, copper, or approved PVC pipe. All electric service that is buried must be buried to the following depth, primary 60". All telephone communications minimum of 48". In case any of the foregoing services are disrupted, damaged, or put out of service the County will not be liable in any way. Permission must be granted by the Saline County Board of Commissioners before any installation of Utilities. An approved sign shall be erected on a post 5' above ground level designating the route and the location of the utility.

Person to be contacted, prior to construction, is the County Highway Superintendent, Courthouse, second floor, phone (402) 821-2737. Each location to be inspected by Saline County when permit is submitted and upon project completion. Saline County will determine if any labor or gravel will be required to restore the surface of the road or County Right-of-Way to the same condition as it was prior to the project. If determined necessary, the work shall be performed and gravel supplied by the owner.

Date Nov 6, 2019

Dwynne Igan

Signature of "Owner"

Phone 1-858-521-3300

15445 Innovation Dr

San Diego, CA 92128

(complete mailing address)

At the option of the County Board of Commissioners, the owner shall furnish a Surety Bond for an amount specified by the Board. The form of the bond shall be acceptable to the Saline County Board.

Surety Bond Required: YES _____ NO _____ Amount _____

COMMENTS: (County only) I recommend that this permit be granted subject to
_____ agreeing to return the damaged area to its original condition.

Date _____

Signature - Highway Superintendent

We hereby grant _____ permission to occupy the County Right-of-Way at the location indicated and according to the procedure and conditions described in this document.

Date _____

Signature - Chairman of County Board

**SALINE COUNTY
COMMERCIAL PERMIT
REQUEST TO OCCUPY COUNTY RIGHT-OF-WAY**

Milligan 1 Wind, LLC, hereinafter referred to as owner, requests to construct/bury mid-voltage collection cable (Type of Utilities) occupying the Right-of-Way of the Saline County Public Road System at (legal description) 7A CR 1200 76' NORTH OF CR O

Construction on Gravel Roads **MUST** be Tunneled/ Bored
Trenching on dirt roads optional by pre-approval only

(Please indicate one) : Trenching _____ (pre-approved by Highway Superintendent)
Tunneled/Bored 8" _____

1. Line, Pipe or conduit less than 4" in diameter, \$100.00.
2. Line, pipe or conduit 4" in diameter or more but less than 8" in diameter \$500.00.
3. Line, pipe or conduit 8" in diameter or more, \$1000.00.
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Date Nov 6, 2019

Dwynne Igau
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Surety Bond Required: YES _____ NO _____ Amount _____

COMMENTS: (County only) I recommend that this permit be granted subject to _____ agreeing to return the damaged area to its original condition.

Date _____

Signature - Highway Superintendent

We hereby grant _____ permission to occupy the County Right-of-Way at the location indicated and according to the procedure and conditions described in this document.

Date _____

Signature - Chairman of County Board

**SALINE COUNTY
COMMERCIAL PERMIT
REQUEST TO OCCUPY COUNTY RIGHT-OF-WAY**

Milligan 1 Wind, LLC, hereinafter referred to as owner, requests to construct/bury mid-voltage
collection cable (Type of Utilities) occupying the Right-of-Way of the Saline County Public Road
System at (legal description) 7A CR O 2,750' EAST OF CR 1200

Construction on Gravel Roads **MUST** be Tunneled/ Bored
Trenching on dirt roads optional by pre-approval only

(Please indicate one): Trenching _____ (pre-approved by Highway Superintendent)
Tunneled/Bored 8" _____

1. Line, Pipe or conduit less than 4" in diameter, \$100.00.
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Surety Bond Required: YES _____ NO _____ Amount _____

COMMENTS: (County only) I recommend that this permit be granted subject to
_____ agreeing to return the damaged area to its original condition.

Date _____

Signature - Highway Superintendent

We hereby grant _____ permission to occupy the County Right-of-Way at the location indicated and according to the procedure and conditions described in this document.

Date _____

Signature - Chairman of County Board

**SALINE COUNTY
COMMERCIAL PERMIT
REQUEST TO OCCUPY COUNTY RIGHT-OF-WAY**

Milligan 1 Wind, LLC, hereinafter referred to as owner, requests to construct/bury mid-voltage
collection cable (Type of Utilities) occupying the Right-of-Way of the Saline County Public Road
System at (legal description) 7A CR 1350 2,336' SOUTH OF CR O

Construction on Gravel Roads **MUST** be Tunneled/ Bored
Trenching on dirt roads optional by pre-approval only

(Please indicate one) : Trenching _____ (pre-approved by Highway Superintendent)
Tunneled/Bored 8" _____

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Surety Bond Required: YES _____ NO _____ Amount _____

COMMENTS: (County only) I recommend that this permit be granted subject to
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Date _____

Signature - Highway Superintendent

We hereby grant _____ permission to occupy the County Right-of-Way at the location indicated and according to the procedure and conditions described in this document.

Date _____

Signature - Chairman of County Board

**SALINE COUNTY
COMMERCIAL PERMIT
REQUEST TO OCCUPY COUNTY RIGHT-OF-WAY**

Milligan 1 Wind, LLC, hereinafter referred to as owner, requests to construct/bury mid-voltage
collection cable (Type of Utilities) occupying the Right-of-Way of the Saline County Public Road
System at (legal description) 7A CR 1400 4,445' SOUTH OF CR O

Construction on Gravel Roads **MUST** be Tunneled/ Bored
Trenching on dirt roads optional by pre-approval only

(Please indicate one) : Trenching _____ (pre-approved by Highway Superintendent)
Tunneled/Bored 6" _____

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2. Line, pipe or conduit 4" in diameter or more but less than 8" in diameter \$500.00.
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San Diego, CA 92128
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Surety Bond Required: YES _____ NO _____ Amount _____

COMMENTS: (County only) I recommend that this permit be granted subject to
_____ agreeing to return the damaged area to its original condition.

Date _____

Signature - Highway Superintendent

We hereby grant _____ permission to occupy the County Right-of-Way at the location indicated and according to the procedure and conditions described in this document.

Date _____

Signature - Chairman of County Board

**SALINE COUNTY
COMMERCIAL PERMIT
REQUEST TO OCCUPY COUNTY RIGHT-OF-WAY**

Milligan 1 Wind, LLC, hereinafter referred to as owner, requests to construct/bury mid-voltage
collection cable (Type of Utilities) occupying the Right-of-Way of the Saline County Public Road
System at (legal description) 7B CR O 5,021' EAST OF CR 1000

Construction on Gravel Roads **MUST** be Tunneled/ Bored
Trenching on dirt roads optional by pre-approval only

(Please indicate one) : Trenching _____ (pre-approved by Highway Superintendent)
Tunneled/Bored 8" _____

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COMMENTS: (County only) I recommend that this permit be granted subject to
_____ agreeing to return the damaged area to its original condition.

Date _____

Signature - Highway Superintendent

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Date _____

Signature - Chairman of County Board

**SALINE COUNTY
COMMERCIAL PERMIT
REQUEST TO OCCUPY COUNTY RIGHT-OF-WAY**

Milligan 1 Wind, LLC, hereinafter referred to as owner, requests to construct/bury mid-voltage collection cable (Type of Utilities) occupying the Right-of-Way of the Saline County Public Road System at (legal description) 7B CR 1200 786' NORTH OF CR O

Construction on Gravel Roads **MUST** be Tunneled/ Bored
Trenching on dirt roads optional by pre-approval only

(Please indicate one) : Trenching _____ (pre-approved by Highway Superintendent)
Tunneled/Bored 8" _____

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Date _____

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Date _____

Signature - Chairman of County Board

**SALINE COUNTY
COMMERCIAL PERMIT
REQUEST TO OCCUPY COUNTY RIGHT-OF-WAY**

Milligan 1 Wind, LLC, hereinafter referred to as owner, requests to construct/bury mid-voltage collection cable (Type of Utilities) occupying the Right-of-Way of the Saline County Public Road System at (legal description) 7B CR 1300 1,412' SOUTH OF CR N

Construction on Gravel Roads **MUST** be Tanneled/ Bored
Trenching on dirt roads optional by pre-approval only

(Please indicate one) : Trenching _____ (pre-approved by Highway Superintendent)
Tanneled/Bored 6" _____

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2. Line, pipe or conduit 4" in diameter or more but less than 8" in diameter \$500.00.
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Surety Bond Required: YES _____ NO _____ Amount _____

COMMENTS: (County only) I recommend that this permit be granted subject to _____ agreeing to return the damaged area to its original condition.

Date _____

Signature - Highway Superintendent

We hereby grant _____ permission to occupy the County Right-of-Way at the location indicated and according to the procedure and conditions described in this document.

Date _____

Signature - Chairman of County Board

**SALINE COUNTY
COMMERCIAL PERMIT
REQUEST TO OCCUPY COUNTY RIGHT-OF-WAY**

Milligan 1 Wind, LLC, hereinafter referred to as owner, requests to construct/bury mid-voltage
collection cable (Type of Utilities) occupying the Right-of-Way of the Saline County Public Road
System at (legal description) 7B CR 1350 1,211' SOUTH OF CR N

Construction on Gravel Roads **MUST** be Tunneled/ Bored
Trenching on dirt roads optional by pre-approval only

(Please indicate one) : Trenching _____ (pre-approved by Highway Superintendent)
Tunneled/Bored 6" _____

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**SALINE COUNTY
COMMERCIAL PERMIT
REQUEST TO OCCUPY COUNTY RIGHT-OF-WAY**

Milligan 1 Wind, LLC, hereinafter referred to as owner, requests to construct/bury mid-voltage collection cable (Type of Utilities) occupying the Right-of-Way of the Saline County Public Road System at (legal description) 7B CR 1400 2,705' SOUTH OF CR N

Construction on Gravel Roads **MUST** be Tanneled/ Bored
Trenching on dirt roads optional by pre-approval only

(Please indicate one): Trenching _____ (pre-approved by Highway Superintendent)
Tanneled/Bored 6" _____

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Date _____

Signature - Highway Superintendent

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Date _____

Signature - Chairman of County Board

**SALINE COUNTY
COMMERCIAL PERMIT
REQUEST TO OCCUPY COUNTY RIGHT-OF-WAY**

Milligan 1 Wind, LLC, hereinafter referred to as owner, requests to construct/bury mid-voltage
collection cable (Type of Utilities) occupying the Right-of-Way of the Saline County Public Road
System at (legal description) 7B CR 1500 2,532' SOUTH OF CR N

Construction on Gravel Roads **MUST** be Tanneled/ Bored
Trenching on dirt roads optional by pre-approval only

(Please indicate one) : Trenching _____ (pre-approved by Highway Superintendent)
Tanneled/Bored 6" _____

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Person to be contacted, prior to construction, is the County Highway Superintendent, Courthouse, second floor, phone (402) 821-2737. Each location to be inspected by Saline County when permit is submitted and upon project completion. Saline County will determine if any labor or gravel will be required to restore the surface of the road or County Right-of-Way to the same condition as it was prior to the project. If determined necessary, the work shall be performed and gravel supplied by the owner.

Date Nov 6, 2019

Dwynne Igau
Signature of "Owner"

Phone 1-858-521-3300

15445 Innovation Dr

San Diego, CA 92128
(complete mailing address)

At the option of the County Board of Commissioners, the owner shall furnish a Surety Bond for an amount specified by the Board. The form of the bond shall be acceptable to the Saline County Board.

Surety Bond Required: YES _____ NO _____ Amount _____

COMMENTS: (County only) I recommend that this permit be granted subject to
_____ agreeing to return the damaged area to its original condition.

Date _____

Signature - Highway Superintendent

We hereby grant _____ permission to occupy the County Right-of-Way at the location indicated and according to the procedure and conditions described in this document.

Date _____

Signature - Chairman of County Board

**SALINE COUNTY
COMMERCIAL PERMIT
REQUEST TO OCCUPY COUNTY RIGHT-OF-WAY**

Milligan 1 Wind, LLC, hereinafter referred to as owner, requests to construct/bury mid-voltage
collection cable (Type of Utilities) occupying the Right-of-Way of the Saline County Public Road
System at (legal description) 7B CR O 2,085' WEST OF CR 1500

Construction on Gravel Roads **MUST** be Tunneled/ Bored
Trenching on dirt roads optional by pre-approval only

(Please indicate one) : Trenching _____ (pre-approved by Highway Superintendent)
Tunneled/Bored 6" _____

1. Line, Pipe or conduit less than 4" in diameter, \$100.00.
2. Line, pipe or conduit 4" in diameter or more but less than 8" in diameter \$500.00.
3. Line, pipe or conduit 8" in diameter or more, \$1000.00.
4. Telephone utilities are exempt from application fee.

Any person who fails to apply for and receive permission from Saline County prior to commencing construction shall be required to pay the above fee appropriate for the size of line, pipe or conduit and in addition shall be required to pay a \$250.00 damage fee.

Owners and renters desiring to place waterline or gas line in or across County right-of-way must have permission granted by the Saline County Board of Commissioners. Water and gas lines buried in the ROW or under the roadbed proper must be a minimum of 5' (water) and 6' (Gas) deep and be of steel, copper, or approved PVC pipe. All electric service that is buried must be buried to the following depth, primary 60". All telephone communications minimum of 48". In case any of the foregoing services are disrupted, damaged, or put out of service the County will not be liable in any way. Permission must be granted by the Saline County Board of Commissioners before any installation of Utilities. An approved sign shall be erected on a post 5' above ground level designating the route and the location of the utility.

Person to be contacted, prior to construction, is the County Highway Superintendent, Courthouse, second floor, phone (402) 821-2737. Each location to be inspected by Saline County when permit is submitted and upon project completion. Saline County will determine if any labor or gravel will be required to restore the surface of the road or County Right-of-Way to the same condition as it was prior to the project. If determined necessary, the work shall be performed and gravel supplied by the owner.

Date Nov 6, 2019

Dwynne Igan
Signature of "Owner"

Phone 1-858-521-3300

15445 Innovation Dr

San Diego, CA 92128
(complete mailing address)

At the option of the County Board of Commissioners, the owner shall furnish a Surety Bond for an amount specified by the Board. The form of the bond shall be acceptable to the Saline County Board.

Surety Bond Required: YES _____ NO _____ Amount _____

COMMENTS: (County only) I recommend that this permit be granted subject to
_____ agreeing to return the damaged area to its original condition.

Date _____

Signature - Highway Superintendent

We hereby grant _____ permission to occupy the County Right-of-Way at the location indicated and according to the procedure and conditions described in this document.

Date _____

Signature - Chairman of County Board

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8:44:25

SALINE
BOARD PREAPPROVAL REPORT
GENERAL
FROM 12/06/2019 TO 12/06/2019

Account #	Description	Account Amt	Vendor	Invoice Description	Claim #
601-00 BOARD					
00-2-1801	DUES, SUB, REG, & TRAINING	30.00	SOUTHEAST NE COUNTY OFFIC	OCT 18 MEETING	19120042

	601-00 BOARD	30.00			

602-00 CLERK					
00-2-2002	BOOK BINDING	537.49	BEAR GRAPHICS INC	INV 0834878	19120003
00-3-0101	OFFICE SUPPLIES	9.02	EAKES OFFICE PLUS	INV 7898711-0 INV 7894060-	19120008

	602-00 CLERK	546.51			

603-00 TREASURER					
00-2-1700	TRAVEL EXPENSES	11.26	DEBBIE SPANYERS	REIMB/MIL	19120043
00-2-1704	MILEAGE ALLOWANCE	46.98	DEBBIE SPANYERS	REIMB/MIL	19120043
00-2-1801	DUES, SUB, REG, & TRAINING	125.00	NACO	22SPAN0478 22WEBE0465	19120021
00-2-1801	DUES, SUB, REG, & TRAINING	30.00	SOUTHEAST NE COUNTY OFFIC	OCT 18 MEETING	19120042
00-3-0101	OFFICE SUPPLIES	123.16	EAKES OFFICE PLUS	INV 7898711-0 INV 7894060-	19120008
00-3-0101	OFFICE SUPPLIES	54.99	QUILL CORPORATION	INV 2360841	19120026

	603-00 TREASURER	391.39			

605-00 ASSESSOR					
00-2-0100	POSTAL SERVICES	55.00	VISA	ACCT 6076	19120055
00-2-1700	TRAVEL EXPENSES	455.23	VISA	ACCT 6076	19120055
00-2-1704	MILEAGE ALLOWANCE	47.56	SHARON JELINEK	MILEAGE	19120016
00-2-1801	DUES, SUB, REG, & TRAINING	25.00	SOUTHEAST DISTRICT ASSESS	2020 DUES	19120041
00-2-1801	DUES, SUB, REG, & TRAINING	60.00	SOUTHEAST NE COUNTY OFFIC	OCT 18 MEETING	19120042
00-3-0101	OFFICE SUPPLIES	2.57	VISA	ACCT 6076	19120055

	605-00 ASSESSOR	645.36			

607-00 ELECTION					
00-1-0309	ELECTIONS SALARY	27.50	SHARON CERVENY	SPEC ELECTION	19120009
00-1-0309	ELECTIONS SALARY	27.50	ELIZABETH CLARK	SPEC ELECTION	19120010
00-2-1704	MILEAGE ALLOWANCE	24.36	SHARON CERVENY	MIL SPEC ELECT	19120011
00-3-0113	VOTING SUPPLIES	20.00	SECRETARY OF STATE ELECTI	ID CARDS	19120035

	607-00 ELECTION	99.36			

608-00 PLANNING--ZONING COMMISSION					
00-2-1801	DUES, REG, SUBS	125.00	NACO	22SPAN0478 22WEBE0465	19120021

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SALINE
 BOARD PREAPPROVAL REPORT
 GENERAL
 FROM 12/06/2019 TO 12/06/2019

Account #	Description	Account Amt	Vendor	Invoice Description	Claim #
00-2-1801	DUES, REG, SUBS	30.00	SOUTHEAST NE COUNTY OFFIC	OCT 18 MEETING	19120042
00-2-2000	PRINTING AND PUBLISHING	4.50	SEWARD COUNTY INDEPENDENT	INV 116574	19120037
00-3-0101	SUPPLIES-OFFICE	167.49	VISA	ACCT 4030	19120063
00-5-0500	OFFICE EQUIPMENT	.99	VISA	ACCT 4030	19120063
608-00 PLANNING-ZONING COMMISSION		327.98			
610-00 DATA PROCESSING					
00-4-0201	DATA PROCESSING-RENTAL	147.60	STATE OF NEBRASKA DAS CEN	INV 1192331	19120047
610-00 DATA PROCESSING		147.60			
613-00 ADMINISTRATIVE SERVICES HR/IT					
00-2-1801	DUES, SUBS, REG, TRAINING	30.00	SOUTHEAST NE COUNTY OFFIC	OCT 18 MEETING	19120042
613-00 ADMINISTRATIVE SERVICES HR/IT		30.00			
621-00 CLERK OF DIST. COURT					
00-2-1801	DUES, SUB, REG, & TRAINING	30.00	SOUTHEAST NE COUNTY OFFIC	OCT 18 MEETING	19120042
00-3-0101	OFFICE SUPPLIES	22.99	EAKES OFFICE PLUS	INV 7898711-0 INV 7894060-	19120008
621-00 CLERK OF DIST. COURT		52.99			
622-00 COUNTY COURT SYSTEM-JUDGE					
00-2-0100	POSTAL SERVICES	791.20	VISA	ACCT 6942	19120057
00-3-0101	OFFICE SUPPLIES	81.51	EAKES OFFICE PLUS	INV 7898711-0 INV 7894060-	19120008
622-00 COUNTY COURT SYSTEM-JUDGE		872.71			
641-00 BUILDING & GROUNDS (COURT HOUSE)					
00-2-0200	7 COMMUNICATIONS SERVICES	1,608.97	VERIZON WIRELESS	INV 9841905973	19120053
00-2-0200	COMMUNICATIONS SERVICES	7,020.38	WINDSTREAM	NOV19	19120067
00-2-0200	7 COMMUNICATIONS SERVICES	195.85	ZITO MEDIA	ACCT 178-329154	19120069
00-2-9900	MISCELLANEOUS	32.93	VISA	ACCT 8588/2002	19120054
00-2-9900	MISCELLANEOUS	154.69	VISA	ACCT 4716	19120059
00-3-0103	JANITORIAL SUPPLIES	81.85	DOLLAR GENERAL CHARGE SAL	ACCT 899593338	19120007
00-3-0119	BUILDING SUPPLIES	35.00	DOLLAR GENERAL CHARGE SAL	ACCT 899593338	19120007
00-3-0119	BUILDING SUPPLIES	355.94	SCHWARZ PAPER COMPANY	INV 417173	19120034
00-5-0225	LAWN CARE EQUIPMENT	359.80	SCHWARZ PAPER COMPANY	INV 417173	19120034
00-5-0230	BUILDING IMPROVEMENTS	1,134.00	SIEMENS INDUSTRY INC	INV 5445764678	19120039

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SALINE
 BOARD PREAPPROVAL REPORT
 GENERAL
 FROM 12/06/2019 TO 12/06/2019

Account #	Description	Account Amt	Vendor	Invoice Description	Claim #
00-5-0500	EQUIPMENT	191.98	VISA	ACCT 8588/2002	19120054
641-00 BUILDING & GROUNDS (COURT HOUSE)		11,171.39			
651-00 SHERIFF					
00-1-1100	UNIFORM ALLOWANCE	752.50	GT DISTRIBUTORS - AUSTIN	INV0736005 INV0737204	19120015
00-2-0100	POSTAL SERVICES	11.42	VISA	ACCT 3940	19120060
00-2-1801	DUES, SUB, REG, & TRAINING	87.51	CONSOLIDATED MANAGEMENT C	INV 217467 INV 217507	19120005
00-2-1801	DUES, SUB, REG, & TRAINING	99.05	VISA	ACCT 6084	19120061
00-3-0209	FUEL	770.87	SAPP BROS PETROLEUM INC	INV 22889957	19120033
00-3-0209	FUEL	170.59	VISA	ACCT 6084	19120061
00-3-0212	7 EQUIPMENT REPAIRS-COMMERCIAL	196.95	41 AUTO PARTS	INV 025622 INV 025657 INV 0	19120070
651-00 SHERIFF		2,088.89			
652-00 ATTORNEY					
00-2-1700	TRAVEL EXPENSES	415.76	VISA	ACCT 4682	19120056
00-2-1801	DUES, SUB, REG, & TRAINING	66.00	SALINE COUNTY ATTORNEY PE	D22 CI17-28 D22 CR18-51 C22	19120031
00-3-0101	OFFICE SUPPLIES	67.98	EAKES OFFICE PLUS	INV 7898711-0 INV 7894060-	19120008
652-00 ATTORNEY		549.74			
662-00 ATTORNEY-CHILD SUPPORT					
00-2-1801	DUES, SUB, REG, & TRAINING	137.00	THOMSON REUTERS	INV 841211611	19120051
662-00 ATTORNEY-CHILD SUPPORT		137.00			
671-00 JAIL					
00-1-1100	UNIFORM ALLOWANCE	107.00	GT DISTRIBUTORS - AUSTIN	INV0736005 INV0737204	19120015
00-2-0609	7 MAINTENANCE CONTRACTS/REPAIRS	115.50	ANYTIME PLUMBING & HEATIN	INV 19595VI	19120001
00-2-0609	MAINTENANCE CONTRACTS/REPAIRS	25.80	KINER SUPPLY CO	INV 6753	19120017
00-2-0609	7 MAINTENANCE CONTRACTS/REPAIRS	749.50	SOARIN GROUP LLC	INV-5899	19120040
00-2-1200	OFFICE EQUIPMENT REPAIR	973.46	BISHOP BUSINESS EQUIPMENT	INV 483803	19120004
00-2-1200	OFFICE EQUIPMENT REPAIR	187.50	MIPS INC	INV 19110009 INV 19110005 I	19120020
00-2-1701	MEALS REIMBURSEMENT-STAFF	16.89	COLLETTE LOKKEN	REIMB	19120019
00-2-1701	MEALS REIMBURSEMENT-STAFF	15.51	CHRIS STAHL	REIMBURSEMENT	19120045
00-2-1801	DUES, SUB, REG, & TRAINING	17.48	CONSOLIDATED MANAGEMENT C	INV 217467 INV 217507	19120005
00-2-1801	DUES, SUB, REG, & TRAINING	40.00	TONJA VYHNALEK	CLASS	19120064
00-2-1900	BOARD OF PRISONERS-MEALS	4,221.83	SUMMIT FOOD SERVICE LLC	INV2000062654	19120048
00-2-3000	6 MEDICAL SERVICES	380.00	CRETE AREA MEDICAL CENTER	ACCT 4492662 11/7 SVC 11/14	19120006
00-2-9900	6 MISCELLANEOUS	159.00	CRETE AREA MEDICAL CENTER	ACCT 4492662 11/7 SVC 11/14	19120006
00-2-9900	7 MISCELLANEOUS	3,006.00	SWENEY GROUP LLC	INV 2019-009	19120049

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BOARD PREAPPROVAL REPORT
GENERAL
FROM 12/06/2019 TO 12/06/2019

Account #	Description	Account Amt	Vendor	Invoice Description	Claim #
00-2-9900	MISCELLANEOUS	82.04	VISA	ACCT 9495	19120062
00-2-9900	7 MISCELLANEOUS	494.84	41 AUTO PARTS	INV 025622 INV 025657 INV 0	19120070
00-3-0101	OFFICE SUPPLIES	328.34	EAKES OFFICE PLUS	INV 7898711-0 INV 7894060-	19120008
00-3-0103	JANITORIAL SUPPLIES	49.08	WALKER UNIFORM RENTAL	INV 1047491	19120065
00-3-0105	MEDICAL SUPPLIES	527.98	BARNAS DRUG INC	ACCT 228--0	19120002
00-3-0105	MEDICAL SUPPLIES	73.91	SHARED SERVICE SYSTEMS	INV 3422772	19120038
00-3-0119	BUILDING SUPPLIES	19.37	SACK LUMBER COMPANY	1910-105759 1911-111937	19120030
00-3-0119	7 BUILDING SUPPLIES	1.12	41 AUTO PARTS	INV 025622 INV 025657 INV 0	19120070
00-3-0209	FUEL	192.72	SAPP BROS PETROLEUM INC	INV 22889957	19120033
00-3-0209	FUEL	5.00	JENNIFER WARNING	REIMB	19120066
00-5-0500	OFFICE EQUIPMENT	1,232.21	MIPS INC	INV 19110009 INV 19110005 I	19120020

671-00 JAIL		13,022.08			

690-00 911	EMERGENCY SERVICES				
00-2-1801	DUES, SUB, REG, & TRAINING	20.00	DIANE TROSHYNSKI	REIMBURSEMENT	19120052
00-2-9900	MISCELLANEOUS	11.97	VISA	ACCT 9495	19120062

690-00 911 EMERGENCY SERVICES		31.97			

693-00	EMERGENCY MANAGEMENT (CIVIL DEF)				
00-3-0209	FUEL	37.66	VISA	ACCT 6723	19120058

693-00 EMERGENCY MANAGEMENT (CIVIL DEF)		37.66			

701-00	HIGHWAY SUPERINTENDENT				
00-5-1302	ENGINEERING FEES	863.33	SPEECE-LEWIS ENGINEERS	DEC19 CONTRACT	19120044

701-00 HIGHWAY SUPERINTENDENT		863.33			

733-00	WEED CONTROL				
00-2-1700	7 TRAVEL EXPENSES	76.00	RAMADA INN	INV 4673	19120027
00-2-1801	DUES, SUB, REG & TRAINING	125.00	NEBRASKA WEED CONTROL ASS	2020 DUES	19120022
00-2-9900	MISCELLANEOUS	20.40	VISA	ACCT 4030	19120063
00-3-0211	MACHINERY & EQUIPMENT TIRES-RE	838.80	FARMERS COOPERATIVE	ACCT 1715	19120012

733-00 WEED CONTROL		1,060.20			

803-00	VETERANS SERVICE				
00-2-1801	DUES, SUB, REG, & TRAINING	30.00	SOUTHEAST NE COUNTY OFFIC	OCT 18 MEETING	19120042

SALINE
BOARD PREAPPROVAL REPORT
GENERAL
FROM 12/06/2019 TO 12/06/2019

Account # 1099 Description Account Amt Vendor Invoice Description Claim #

803-00 VETERANS SERVICE

30.00

970-00 MISCELLANEOUS & MISC. COURTS

Account #	Description	Amt	Vendor	Invoice Description	Claim #
00-1-0800	INSURANCE (DEDUCTIBLES)	19,039.53	FIRST CONCORD BENEFITS GR	AUG19 DEDUCT OCT19 DEDUCT	19120013
00-1-0903	1 PRIOR SERVICE	18.00	NORMA RIPA	RETIREMENT	19120029
00-1-0903	1 PRIOR SERVICE	30.00	LILA M WITT	RETIREMENT	19120068
00-2-1901	BOARD CONTRACTS PRISONERS	9,169.88	STATE OF NE DEPT CORRECTI	INV 1192847	19120046
00-2-1901	7 BOARD CONTRACTS PRISONERS	4,927.00	STEVEN A SYMES PHD D-ABFA	CASE MSS18-031	19120050
00-2-2515	9 CONTRACTUAL SERVICES (PUBLIC D	7,218.95	SCOTT RYAN GROPP, ATTORNE	DEC19 CONTRACT LATIMER 3473	19120014
00-2-2601	DISTRICT COURT COSTS	28.50	EAKES OFFICE PLUS	INV 7898711-0 INV 7894060-	19120008
00-2-2601	7 DISTRICT COURT COSTS	72.00	LATIMER REPORTING	INV 34736	19120018
00-2-2601	9 DISTRICT COURT COSTS	1,521.00	NELSON CLARK & TIMAN PC L	CR-19-24	19120023
00-2-2601	DISTRICT COURT COSTS	218.15	PELL REPORTING INC	INV 4869 INV 4853	19120025
00-2-2601	DISTRICT COURT COSTS	37.22	SALINE COUNTY ATTORNEY PE	D22 CI17-28 D22 CR18-51 C22	19120031
00-2-2601	DISTRICT COURT COSTS	99.00	SALINE COUNTY DISTRICT CO	CLAIM 1643	19120032
00-2-2602	COUNTY COURT COSTS	1.00	SALINE COUNTY ATTORNEY PE	D22 CI17-28 D22 CR18-51 C22	19120031
00-2-2602	COUNTY COURT COSTS	20.00	SECRETARY OF STATE RULES	177 NAC 1	19120036
00-2-2800	INSTITUTIONAL COSTS	214.00	REGION V SYSTEMS	INV 19-1109	19120028
00-2-2915	JUVENILE CONTRACTUAL COST (JUV	2,056.25	NORTHEAST NEBRASKA JUVENI	INV 014909	19120024
00-2-7000	MICROFILMING/PHOTOSTAT	73.98	EAKES OFFICE PLUS	INV 7898711-0 INV 7894060-	19120008
00-2-9900	MISCELLANEOUS	350.00	MIPS INC	INV 19110009 INV 19110005 I	19120020
00-3-0150	MISC. VEHICLE SUPPLIES (CAR EX	250.65	FARMERS COOPERATIVE	ACCT 1715	19120012

970-00 MISCELLANEOUS & MISC. COURTS

45,345.11

0100 GENERAL FUND

77,481.27

705-00 BRIDGE/ROAD MAINTENANCE

Account #	Description	Amt	Vendor	Invoice Description	Claim #
00-1-1100	UNIFORM ALLOWANCE	52.33	WALKER UNIFORM RENTAL	INV 1046266 INV 1047491	19120085
00-2-0502	WATER	30.00	VILLAGE OF SWANTON	ACCT 207	19120082
00-2-0503	HEATING FUELS	114.08	BLACK HILLS ENERGY	7608 7877 15	19120073
00-2-0504	SEWER	18.00	VILLAGE OF SWANTON	ACCT 207	19120082
00-2-0505	GARBAGE	15.50	VILLAGE OF SWANTON	ACCT 207	19120082
00-2-1400	7 ROAD EQUIPMENT REPAIR PARTS	450.00	ADVANCED AUTO GLASS	INV 22695-19	19120071
00-2-1400	ROAD EQUIPMENT REPAIR PARTS	200.00	CENTRAL STATES HYDRAULIC	INV 19445	19120074
00-2-1400	ROAD EQUIPMENT REPAIR PARTS	757.13	NMC EXCHANGE LLC	INV CUI709838 INV CUI71443	19120078
00-2-1400	ROAD EQUIPMENT REPAIR PARTS	123.52	WICK'S STERLING TRUCKS IN	INV 821141	19120086
00-2-1500	7 ROAD EQUIPMENT REPAIR-LABOR	455.00	WACKEL'S MACHINE SHOP LLC	INV 19690	19120084
00-2-1600	OTHER EQUIPMENT REPAIR	20.00	EAKES OFFICE PLUS	INV 7903683-0 INV INV16524	19120075
00-3-0101	OFFICE SUPPLIES	12.74	EAKES OFFICE PLUS	INV 7903683-0 INV INV16524	19120075
00-3-0106	SHOP SUPPLIES	93.80	HOTSY EQUIPMENT CO	INV 299054	19120076
00-3-0106	SHOP SUPPLIES	69.00	PRAXAIR DISTRIBUTION INC	INV 92858165	19120079

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SALINE
BOARD PREAPPROVAL REPORT
ROAD & BRIDGE
FROM 12/06/2019 TO 12/06/2019

Account #	Description	Account Amt	Vendor	Invoice Description	Claim #
00-3-0202	GRAVEL AND BORROW	32,668.89	BEATRICE CONCRETE CO INC	INV S1 146910 INV P1 14691	19120072
00-3-0202	GRAVEL AND BORROW	10,043.10	JOHNSON SAND & GRAVEL CO	INV 9734A	19120077
00-3-0202	GRAVEL AND BORROW	4,682.04	ROCK ON INC	INV 1614	19120080
00-3-0210	7 MACHINERY & EQUIPMENT GREASE-O	22.38	41 AUTO PARTS	INV 025407	19120087
00-5-0311	RADIO EQUIPMENT	66.00	SHAFFER COMMUNICATIONS IN	INV 19-1799	19120081
00-5-0500	OFFICE EQUIPMENT	605.98	VISA	ACCT 3352	19120083
00-5-1400	MISCELLANEOUS	2,343.82	VISA	ACCT 3352	19120083
705-00 BRIDGE/ROAD MAINTENANCE		52,843.31	*****		
0300 ROAD & BRIDGE FUND		52,843.31	*****		
630-00 DISTRICT COURT-BAILIFF	00-3-0101 OFFICE SUPPLIES	39.48	EAKES OFFICE PLUS	INV 7899684-0	19120088
630-00 DISTRICT COURT-BAILIFF		39.48	*****		
0900 DISTRICT COURT-BAILIFF FUND		39.48	*****		
879-00 VISITORS PROMOTION	00-2-6040 7 VISITOR PROMOTION	549.00	COURTSIDE MARKETING	INV 11715	19120089
879-00 VISITORS PROMOTION		549.00	*****		
0990 VISITORS PROMOTION FUND		549.00	*****		
612-00 EMPLOYEE WELLNESS	00-3-0137 VENDING PRODUCTS	166.91	VISA	ACCT 8588/2002	19120090
00-5-0315	FITNESS EQUIPMENT	3,234.04	VISA	ACCT 8588/2002	19120090
612-00 EMPLOYEE WELLNESS		3,400.95	*****		
1502 EMPLOYEE WELLNESS FUND		3,400.95	*****		

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SALINE
BOARD PREAPPROVAL REPORT
EMPLOYEE WELLNESS
FROM 12/06/2019 TO 12/06/2019

Account #	Description	Account Amt	Vendor	Invoice Description	Claim #

837-00	AGING SERVICES				
00-1-1400	7 PROGRAM EXPENSE	200.00	MARCIA EMAL	NOV19 DORCHEST CRETE FRIEND	19120093
00-1-1400	PROGRAM EXPENSE	8.94	VISA	ACCT 6532	19120097
00-1-1400	PROGRAM EXPENSE	67.45	VISA	ACCT 8975	19120098
00-2-0100	POSTAL SERVICE	308.70	VISA	ACCT 8975	19120098
00-2-1801	DUES, SUBS, REG., & TRAINING	32.00	CRETE NEWS	ACCT 453 SUB	19120092
00-2-6070	7 SPECIAL PROJECTS	7,022.50	HOOV'S HOME IMPROVEMENT	INV 875	19120094
00-2-6070	SPECIAL PROJECTS	816.31	SACK LUMBER COMPANY	1910-101204 1910-102365 191	19120095
00-2-6070	SPECIAL PROJECTS	215.71	VISA	ACCT 8975	19120098
00-2-9900	MISCELLANEOUS	3.00	VISA	ACCT 3108	19120096
00-2-9900	MISCELLANEOUS	118.70	VISA	ACCT 8975	19120098
00-3-0400	6 USDA RAW FOODS	55.00	CRETE AREA MEDICAL CENTER	INV 11 MEALS	19120091

837-00 AGING SERVICES		8,848.31			

2250 AGING SERVICES FUND		8,848.31			

672-00	DRUG COURT				
00-2-0200	7 TELEPHONE SERVICE	120.03	VERIZON WIRELESS	INV 9840803101	19120100
00-2-2515	9 CONTRACTED SERVICES	1,100.00	KALKWARF & SMITH LAW OFFI	DEC19 CONTRACT	19120099

672-00 DRUG COURT		1,220.03			

2380 DRUG COURT FUND		1,220.03			

666-00	JUVENILE SERVICES AID PROGRAM GRANT				
00-1-0200	7 SALARIES	246.00	ANA C PEREZ MENDEZ	PROGRAM	19120101
00-1-0200	7 SALARIES	739.50	ANITA STOUGARD	PROGRAM	19120102

666-00 JUVENILE SERVICES AID PROGRAM GRANT		985.50			

2516 JUVENILE SERVICES AID PROGRAM GRANT FUND		985.50			

982-00	INHERITANCE TAX-SPECIAL				
00-2-4200	7 CONTINGENT EXPENSE	17,895.00	MCCORMICKS HEATING & AIR	INV 4022D	19120103

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SALINE
BOARD PREAPPROVAL REPORT
INHERITANCE TAX
FROM 12/06/2019 TO 12/06/2019

Account #	Description	Account Amt	Vendor	Invoice Description	Claim #

982-00	INHERITANCE TAX-SPECIAL	17,895.00			

2700	INHERITANCE TAX FUND	17,895.00			

600-00 911	EMERGENCY MANAGEMENT FUND				
00-2-0200	TELEPHONE EXP (SURCHARGE)	158.91	WINDSTREAM	NOV19	19120106
00-2-2502	PROFESSIONAL FEES	2,687.00	GEOCOMM INC	INV 7139	19120104
00-5-1217 7	EMERGENCY PHONE 911 EQUIPMENT	32.69	SOARIN GROUP LLC	INV-5805	19120105

600-00 911	EMERGENCY MANAGEMENT FUND	2,878.60			

2910 911	EMERGENCY MANAGEMENT FUND FUND	2,878.60			

600-00 911	WIRELESS SERVICE FUND				
00-5-1217	911 WIRELESS SERVICE FUND	1,548.00	GEOCOMM INC	INV 7139	19120107
00-5-1217 7	911 WIRELESS SERVICE FUND	200.81	SOARIN GROUP LLC	INV-5805	19120108
00-5-1217	911 WIRELESS SERVICE FUND	697.87	WINDSTREAM	NOV19	19120109

600-00 911	WIRELESS SERVICE FUND	2,446.68			

2913 911	WIRELESS SERVICE FUND	2,446.68			

665-00	LAW ENFORCEMENT-COMMISSARY				
00-2-0100	POSTAL SERVICES	332.33	SUMMIT FOOD SERVICE LLC	INV2000051321	INV200005058 19120113
00-2-1900	FOOD	32.27	CBM MANAGED SERVICES	STDINV144307	19120110
00-2-1900	FOOD	2,869.67	SUMMIT FOOD SERVICE LLC	INV2000051321	INV200005058 19120113
00-2-9900 7	MISCELLANEOUS	55.44	CRAWFORD SUPPLY COMPANY	INV 1220747	19120111
00-2-9900	MISCELLANEOUS	312.04	EAKES OFFICE PLUS	INV 7898704-0	INV 7903517- 19120112
00-2-9900	MISCELLANEOUS	1,091.42	SUMMIT FOOD SERVICE LLC	INV2000051321	INV200005058 19120113
00-2-9900	MISCELLANEOUS	25.62	VISA	ACCT 9495	19120114

665-00	LAW ENFORCEMENT-COMMISSARY	4,718.79			

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11/26/19
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SALINE
BOARD PREAPPROVAL REPORT
LAW ENFORCEMENT-COMMISSARY
FROM 12/06/2019 TO 12/06/2019

Account #	Description	Account Amt	Vendor	Invoice Description	Claim #
2940	LAW ENFORCEMENT-COMMISSARY FUND	4,718.79			
600-00	FINANCE/ADMINISTRATION				
00-3-0112	LAW ENFORCEMENT SPLS-DRUG DOG	17.19	VISA	ACCT 6084	19120115
600-00	FINANCE/ADMINISTRATION	17.19			
2960	CRIME PREVENTION (LAW ENFORCEMENT) FUND	17.19			
900-00	COURTHOUSE BUILDING BONDS-DEBT SERV				
00-6-0200	INTEREST PAYMENTS	118,763.75	UNION BANK & TRUST COMPAN	SRS 2015	19120116
900-00	COURTHOUSE BUILDING BONDS-DEBT SERV	118,763.75			
3402	COURTHOUSE BUILDING-DEBT SERVICE FUND	118,763.75			
	GRAND	292,087.86			