

## **PROCEEDINGS OF THE BOARD OF COUNTY COMMISSIONERS**

Date: October 3, 2023

9:00 a.m.

Place: Commissioners Room, Courthouse, Caledonia, MN

Members Present: Dewey Severson, Eric Johnson, Robert Burns, Bob Schuldt, and Greg Myhre

Others Present: Interim Auditor/Treasurer Polly Heberlein, Reporter Charlene Selbee, Reporter Rose Korabek, Finance Director Carol Lapham, Board Clerk/EDA Director Allison Wagner, Recorder Mary Betz, Engineer Brian Pogodzinski, Human Resources Director Theresa Arrick-Kruger, IT Director Andrew Milde, Environmental Services Director Martin Herrick, Environmental Services Technical Clerk Amy Sylling, Deputy Auditor/Treasurer Mark Bennett, Public Health and Human Services Director John Pogleasa, Deputy Auditor/Treasurer Eliana Babinski, Deputy Auditor/Treasurer Nikki Konkell, Financial Assistance Supervisor Karen Kohlmeyer, Fiscal Supervisor Heidi Harms, Amber Miller, Emily Papenfuss, Yvonne Krogstad, and Amanda Bennett

Presiding: Chairperson Severson

Call to order.

Pledge of Allegiance.

Motion was made by Commissioner Johnson, seconded by Commissioner Burns, motion unanimously carried to approve the agenda.

Motion was made by Commissioner Burns, seconded by Commissioner Johnson, motion unanimously carried to approve the meeting minutes from September 26, 2023.

Public Comment:

Rose Korabek introduced herself as the new editor at the Caledonia Argus.

### **APPOINTMENTS**

At 9:10 a.m. a public hearing was held pursuant to Minnesota Statutes 394.26, to consider adopting a No Wake Zone by ordinance. Motion by Commissioner Johnson, seconded by Commissioner Myhre, motion unanimously carried to have the public hearing. The proposed ordinance would regulate boats in the Mississippi River commencing at the “West Channel Bridge” and concluding at the main channel entrance for the west backwater channel near River

Mile 699, within the boundaries of Houston County, Minnesota. If approved the ordinance would enact a “One-Hundred (100) Foot No-Wake” ordinance. Environmental Services Director Herrick said the County had received a quote for no wake bouys that totaled \$3,664.32. No public comments were made during the public hearing. A motion was made by Commissioner Johnson, seconded by Commissioner Burns to return to the regular board meeting.

## CONSENT AGENDA

Motion by Commissioner Myhre, seconded by Commissioner Schuldt, motion unanimously carried to approve the consent agenda.

- 1) Hire Patricia Goetzinger Krall as a Casual Employee, Sheriff’s Office Transport Officer at an hourly wage of \$18.53.
- 2) Change the employment status of Deputy Sheriff, Lucas Inglett, from probationary to regular, effective 10/10/2023.

## ACTION ITEMS

File No. 1 – Commissioners discussed with Human Resources Director Theresa Arrick-Kruger, Public Health and Human Services Director Pugleasa, and Financial Assistance Supervisor Kohlmeyer initiating a competitive search for a 1.0 FTE Case Aide B22. The item had been tabled from the previous meeting. Kruger said nothing had changed in the needs of the department. The opening was to fill a vacancy that had been created by an employee moving to another position. Kohlmeyer said the person would be located at the front desk and would support all of Human Services. Commissioner Burns moved, Commissioner Severson seconded, motion carried three to two to approve initiating a competitive search for a 1.0 FTE Case Aide B22. Commissioners Severson, Burns, and Schuldt voted yes. Commissioners Johnson and Myhre voted no.

File No. 2 – Commissioners discussed the possibility of an investigation relating to a public comment made at the September 26, 2023 Board meeting. Commissioner Myhre said he thought an investigation should be done. Commissioner Johnson said they had received an official complaint. Commissioner Schuldt asked if the County had an official complaint form. Human Resources Director Kruger said the County did not have an official complaint form that she was aware of. Kruger said the comments were made about a request for proposal (RFP) and not the hiring of an employee. Kruger said employee hiring complaints would come to her. Commissioner Schuldt said it seemed to him that they were making a complaint. Commissioner Johnson said someone from outside the County should be hired to conduct an investigation of the process. He said he did not think it was the County’s “finest hour”. He said maybe nothing had been done wrong, or maybe there were things the County could improve upon. Commissioner Schuldt said typically such matters would go to an outside agency. Neutral agencies such as Winona County and Fillmore County were mentioned. Commissioner Burns said “in her opinion the process was not done properly”. Commissioner Severson said the timing of the complaint was unusual. Commissioner Burns asked why it had taken so long for the complaint to come

forward. Commissioner Myhre said he knew what he thought had happened as he had been a part of the process. He said he wanted an investigation to confirm his thoughts. Commissioner Myhre moved, Commissioner Johnson seconded, motion carried to hire an outside agency to conduct an investigation relating to a public comment made at the September 26, 2023 Board meeting. The Commissioners voted by roll. Commissioner Severson abstained. Commissioners Johnson, Schuldt, and Myhre voted yes. Commissioner Burns voted no. Commissioners Johnson and Schuldt would work together to find an outside agency to conduct the investigation.

File No. 3 – Commissioners discussed the possibility of adopting an ordinance for a No Wake Zone near the West Channel of the Mississippi River. Commissioner Johnson asked if the ordinance could be enforced. Environmental Services Director Herrick said he believed it could be enforced based on feedback from Attorney Jandt. Commissioners Johnson and Schuldt questioned the no wake zone being only 100 feet from the shore. Herrick said the 100 feet was a compromise. Commissioner Schuldt asked if the concern was the wake or the speed of the boats. Commissioner Severson said he believed speed was the concern. He said docks were damaged from the wake. Commissioner Schuldt said as a boater you would make less of a wake at a faster speed. He said the no wake zone could actually make the wake worse. Commissioner Schuldt asked if a no wake zone was also going to be put in place near Brownsville. Commissioner Schuldt said Bullhead Bay south of Wildcat was not a no wake zone, however boat house owners put out their own no wake zone signs and he said most people abided by them. Schuldt said although the no wake was not enforceable most people did slow down for the signs. Commissioner Schuldt said he did not want to see anyone get hurt, but that the waves would still be the same size. He also said the County was looking at budgets and he questioned how much the bouys would cost the next year. Commissioner Burns said the people of Shore Acres had asked for the no wake zone. Commissioner Burns said he understood what Schuldt was saying about big boats. Commissioner Burns said he did not think many big boats went through the area. Commissioner Burns said it was a safety issue for those who lived there. Commissioner Myhre said people should have known when they built their homes there. Commissioner Johnson said while he understood the public safety concerns his issue was that it was not the whole river and only the 100 feet. He said cost was a factor as well. Commissioner Schuldt said 100 feet was not that long of a distance. Commissioner Schuldt questioned if the homeowners had put out bouys themselves. He said 100 feet would not make a difference. Commissioner Burns moved, Commissioner Severson seconded, motion failed three to two to adopt an ordinance for No Wake Zone near the West Channel of the Mississippi River. Commissioners Burns and Severson voted yes. Commissioners Johnson, Schuldt, and Myhre voted no.

## DISCUSSION ITEMS

Commissioners discussed recent meetings they had attended and upcoming meetings including a Joint Board of Health, SELCO, Hiawatha Valley Mental Health, Merchant's Bank, and upcoming EDA and District 9 meeting.

Commissioner Schuldt said the City of La Crescent was looking into a safe school route and the possibility of changing speed limits in the City. Engineer Pogodzinski said he was working with the City and County Sheriff's office to get some crash history along the proposed route.

Commissioner Johnson said one thing he had learned from the Joint Board of Health Meeting was that Fillmore County was farther along than Houston County when it came to putting ordinances in place relating to cannabis. Public Health and Human Services Director John Pugleasa said he thought that was because Fillmore County was currently focusing on regulations relating to the 2022 edible legislation. He said he thought Houston County was planning to focus on the 2023 legislation going forward. Pugleasa said Houston County did have an upcoming public hearing that would be focusing on a public use ordinance. Pugleasa suggested a study committee be put in place to help position the County to respond to what the State was doing with the 2023 legislation. Commissioner Johnson said AMC had sample cannabis ordinances that could be looked at, and said a study committee could be formed in the future. Pugleasa said he would connect with Environmental Services Director Herrick and Attorney Jandt to prepare something for a future agenda.

Public Comment:

None.

There being no further business at 10:28 a.m. a motion was made by Commissioner Myhre, seconded by Commissioner Johnson motion unanimously carried to adjourn the meeting. The next meeting would be a regular meeting on October 10, 2023.

BOARD OF COUNTY COMMISSIONERS

HOUSTON COUNTY, MINNESOTA

By: \_\_\_\_\_  
Dewey Severson, Chairperson

Attest: \_\_\_\_\_  
Polly Heberlein, Interim Auditor/Treasurer

**HOUSTON COUNTY  
AGENDA REQUEST FORM  
October 10, 2023**

**Date Submitted: October 4, 2023**

**By: Tess Kruger, HRD/Facilities Mgr.**

**ACTION ITEMS**

**NONE**

**APPOINTMENT REQUEST**

**NONE**

**HR CONSENT AGENDA REQUEST**

**Highway Dept.**

- **Change the employment status of Highway Maintenance Specialist, James Sweet, from probationary to regular, effective 10/24/2023**

**Public Health & Human Services**

- **Change the employment status of Social Worker, Andrea Hinitt, from probationary to regular, effective 10/24/2023**

<b><u>Reviewed by:</u></b>	<input checked="" type="checkbox"/>	<b>HR Director</b>	<input checked="" type="checkbox"/>	<b>Sheriff</b>
	<input checked="" type="checkbox"/>	<b>Finance Director</b>	<input type="checkbox"/>	<b>Engineer</b>
	<input type="checkbox"/>	<b>IS Director</b>	<input checked="" type="checkbox"/>	<b>PHHS</b>
	<input type="checkbox"/>	<b>County Attorney</b>	<input type="checkbox"/>	<b>(indicate other dept)</b>
	<input type="checkbox"/>	<b>Environmental Svcs</b>		
<b><u>Recommendation:</u></b>				
<b><u>Decision:</u></b>				

# Houston County

## Agenda Request Form

Date Submitted: 10/5/2023

Person requesting appointment with County Board: John Pugleasa, Director Public Health & Human Services

Will you be doing a power point or video presentation: ☐ Yes ☒ NO

**Issue:**

In July of 2023, the Board approved submission of a Toward Zero Deaths (TZD) grant. This grant funded for \$2865.00 for 10/01/23 through 9/30/24. PH/HS is requesting Board acceptance of the grant and approval of the agreement with the Minnesota Office of Public Safety.

**Attachments/Documentation for the Board's Review:**

Electronic copy of contract for review and hard copy for signature.

**Justification:**

**Action Requested:**

Review and approve grant agreement as presented.

### For County Use Only

<b><u>Reviewed by:</u></b>	<input type="checkbox"/> County Auditor	<input type="checkbox"/> County Attorney	<input type="checkbox"/> Zoning/Environmental Service
	<input type="checkbox"/> Finance Director	<input type="checkbox"/> County Engineer	<input type="checkbox"/> HR/Personnel
	<input type="checkbox"/> IS Director	<input type="checkbox"/> Other (indicate dept)	

**Recommendation:**

**Decision:**

All agenda request forms must be submitted to the County Auditor by 4:00 p.m. on Monday in order to be considered for inclusion on the following week's agenda. The Board will review all requests and schedule appointments as appropriate.



## Grant Contract Agreement

Page 1 of 2

<b>Minnesota Department of Public Safety ("State")</b> Office of Traffic Safety 445 Minnesota Street, Suite 1620 Saint Paul, MN 55101	<b>Grant Program: 2024 TZD Safe Roads</b>
<b>Grantee:</b> Houston County Public Health 611 Vista Drive, Suite 1 Caledonia, MN 55927-1189	<b>Grant Contract Agreement No.: A-SAFE24-2024-HOUPH-003</b>
<b>Grantee's Authorized Representative:</b> Jordan Knoke Houston County Public Health 611 Vista Drive, Suite 1 Caledonia, MN 55927-1189 Phone: 507-725-5811 Email: <a href="mailto:Jordan.knoke@co.houston.mn.us">Jordan.knoke@co.houston.mn.us</a>	<b>Grant Contract Agreement Term:</b>  <b>Effective Date:</b> 10/01/2023 <b>Expiration Date:</b> 09/30/2024
<b>State's Authorized Representative:</b> Kat Vue, Grant Coordinator Office of Traffic Safety 445 Minnesota Street, Suite 1620 Saint Paul, MN 55101 Phone: 651-201-7060 Email: <a href="mailto:kat.vue@state.mn.us">kat.vue@state.mn.us</a>	<b>Grant Contract Agreement Amount:</b> Original Agreement \$ 2,865.60 Matching Requirement \$ 0.00
	<b>Federal Funding:</b> CFDA/ALN: 20.600  <b>FAIN:</b> 69A37523300004020MN0  <b>State Funding:</b> None  <b>Special Conditions:</b> None

Under Minn. Stat. § 299A.01, Subd 2 (4) the State is empowered to enter into this grant contract agreement.

**Term:** The creation and validity of this grant contract agreement conforms with Minn. Stat. § 16B.98 Subdivision 5. Effective date is the date shown above or the date the State obtains all required signatures under Minn. Stat. § 16B.98, Subdivision 7, whichever is later. Once this grant contract agreement is fully executed, the Grantee may claim reimbursement for expenditures incurred pursuant to the Payment clause of this grant contract agreement. Reimbursements will only be made for those expenditures made according to the terms of this grant contract agreement. Expiration date is the date shown above or until all obligations have been satisfactorily fulfilled, whichever occurs first.

The Grantee, who is not a state employee, will:

Perform and accomplish such purposes and activities as specified herein and in the Grantee's approved 2024 TZD Safe Roads Application ["Application"] which is incorporated by reference into this grant contract agreement and on file with the State at Office of Traffic Safety, 445 Minnesota Street, Suite 1620, Saint Paul, MN 55101. The Grantee shall also comply with all requirements referenced in the 2024 TZD Safe Roads Guidelines and Application which includes the Terms and Conditions and Grant Program Guidelines (<https://app.dps.mn.gov/EGrants>), which are incorporated by reference into this grant contract agreement.

**Budget Revisions:** The breakdown of costs of the Grantee's Budget is contained in Exhibit A, which is attached and incorporated into this grant contract agreement. As stated in the Grantee's Application and Grant Program Guidelines, the Grantee will submit a written change request for any substitution of budget items or any deviation and in accordance with the Grant Program Guidelines. Requests must be approved prior to any expenditure by the Grantee.

**Matching Requirements:** (If applicable.) As stated in the Grantee's Application, the Grantee certifies that the matching requirement will be met by the Grantee.



## Grant Contract Agreement

Page 2 of 2

**Payment:** As stated in the Grantee's Application and Grant Program Guidance, the State will promptly pay the Grantee after the Grantee presents an invoice for the services actually performed and the State's Authorized Representative accepts the invoiced services and in accordance with the Grant Program Guidelines. Payment will not be made if the Grantee has not satisfied reporting requirements.

**Certification Regarding Lobbying:** (If applicable.) Grantees receiving federal funds over \$100,000.00 must complete and return the Certification Regarding Lobbying form provided by the State to the Grantee.

### 1. ENCUMBRANCE VERIFICATION

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

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

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

### 3. STATE AGENCY

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

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

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

Grant Contract Agreement No./ P.O. No. A-SAFE24-2024-HOUPH-003 / 3000090953

Project No.: 24-06-08

### 2. GRANTEE

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

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

Print Name: \_\_\_\_\_

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

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

Signed: John Zyl

Print Name: John Pugliese

Title: PH/HS Director

Date: 10/4/2023

Signed: Sam J. Jandt

Print Name: Samuel D. Jandt

Title: Hst Cty Atty

Date: 10-5-2023

Distribution: DPS/FAS  
Grantee  
State's Authorized Representative



Budget Summary

Budget			
Budget Category	State Reimbursement	Local Match	
Direct Labor			
Salary/fringe	\$2,865.60	\$0.00	
Total	\$2,865.60	\$0.00	
Total	\$2,865.60	\$0.00	

# Houston County Agenda Request Form

Date Submitted: 10/5/2023

Person requesting appointment with County Board: John Pugleasa, Director Public Health & Human Services

Will you be doing a power point or video presentation:        Yes        X NO

**Issue:**

Review and approve contract with Serenity Services for guardianship and conservatorship and related legal services.

**Attachments/Documentation for the Board's Review:**

Soft copy of agreement for review. Hard copy for signature.

**Justification:**

**Action Requested:**

Review and approve contract as presented.

## For County Use Only

**Reviewed by:**

<u>          </u> County Auditor	<u>          </u> County Attorney	<u>          </u> Zoning/Environmental Service
<u>          </u> Finance Director	<u>          </u> County Engineer	<u>          </u> HR/Personnel
<u>          </u> IS Director	<u>          </u> Other (indicate dept)	

**Recommendation:**

**Decision:**

All agenda request forms must be submitted to the County Auditor by 4:00 p.m. on Monday in order to be considered for inclusion on the following week's agenda. The Board will review all requests and schedule appointments as appropriate.

## PURCHASE OF SERVICE AGREEMENT

This Agreement made and entered into by and between the County of Houston, through its local social service agency, Houston County Human Services, 304 South Marshall Street, Room #104, Caledonia, MN 55921, referred to as "County" and **Serenity Services.**, 602 13<sup>th</sup> Avenue SW, Austin, MN 55912, hereafter referred to as the "Provider".

### WITNESSETH

WHEREAS, Houston County Human Services has identified a need for Guardianship/Conservator services for indigent persons who are impaired to the extent of lacking sufficient understanding or capacity to make personal decisions, and are unable to meet personal needs for medical care, nutrition, clothing, shelter, or safety, even with appropriate technological and supported decision-making assistance; and

WHEREAS, this is a mandated service under Minnesota Statute 524.5-101 to 524.5-903 and 252A.01 to 252A.21;

WHEREAS, County wishes to purchase such program services from the Provider;

NOW, THEREFORE, in consideration of the mutual understanding and agreements set forth, Houston County and Provider agree as follows:

1. Term

The term of this Agreement shall be from October 15, 2023 through December 31, 2024. Either party may cancel this Agreement, with or without cause, upon thirty (30) days written notice. Cancellation of this Agreement or expiration of the Agreement term shall not relieve County from paying for Provider's services for wards and protected persons that the Provider is court-appointed to serve, and whom are still eligible for services under this Agreement, before cancellation or termination, so long as Provider remains the court-appointed Guardian and/or Conservator.

2. Services:

- a. Pursuant to MN Statutes 256M (Vulnerable Children and Adults Act) and as further detailed in Attachment A to this Agreement, Houston County agrees to purchase, and Provider agrees to furnish the following services:

**BRASS CODE**

59500

69500

61600

51600

64800

**SERVICE DESCRIPTION**

Guardianship/Conservatorship (DD)

Guardianship/Conservatorship (Adult)

Transportation/Mileage (Adult)

Transportation/Mileage (DD)

Money Management/Rep Payee

3. Cost and Delivery of Purchased Services:

See Attachment A for details.

**4. Eligibility for Services:**

- a. Service eligibility will be determined according to the criteria established by Houston County.
- b. Services under this Agreement shall only be provided to clients meeting the criteria of indigent residents of Houston County.
- c. County shall determine an indigent client AND the category of complexity shall be assigned by County after negotiation with the Provider. All new indigent cases that are not a medical emergency must be screened by County prior to start of service. Service level is subject to negotiation by Provider and County in the light of actual experience with the client and/or changing circumstances.

**5. Payment for Purchased Services:**

- a. To receive payment, Provider shall, within ten (10) business days following the last day of each month, submit a county approved invoice for purchased services to County. The invoice shall show client name, address, case number, and a detailed listing of the service(s) provided.
- b. County shall, within thirty-five (35) days of receipt of the invoice and summary sheet, make payment for all approved units of service. Provider will be contacted within the 35-day period for charges that are in a pending approval status.
- c. Provider further acknowledges that bills must be current and timely. Provider acknowledges that there will be a reduction of 50% of the total amount billable, on bills submitted for payment more than 3 months after date of service.
- d. If the ward/conservatee has a monthly income and is:
  - 1) Receiving Minnesota Supplemental Aid (MSA) and not residing in Nursing Home or Regional Treatment Center or
  - 2) Receives Housing Support (GRH) benefits or
  - 3) Receiving Medical Assistance (MA) Payments for Long-Term Care (LTC) Services,Provider shall deduct 5% of the ward/conservatee's gross monthly income for conservator/guardian fees up to a maximum of \$100.00 per month. This amount must then be deducted from the indicated County payment amount. If the amount obtained from income exceeds County payment amount, there will be no County payment to Provider.

**6. Records**

- a. Provider shall maintain such records and provide County with financial, statistical and service reports as County may require for accountability.
- b. Per MN Statute 16C.05, Subd. 5, all records pertaining to this Agreement must be maintained for six (6) years at 602 13<sup>th</sup> Avenue SW, Austin, MN 55912.
- c. Provider agrees to cooperate in evaluative and/or outcome efforts as required by County.

**7. Independent Contractor**

- a. Provider represents that it has, or will secure at its own expense, all personnel required in performing services under this Agreement. Any and all personnel of Provider or other persons, while engaged in the performance of any work or services required by Provider under this Agreement, shall have no contractual relationship with the county and shall not be considered employees of County, and any and all claims that may or might arise under the Unemployment Compensation Act or the Workers' Compensation Act of the State of Minnesota on behalf of said personnel arising out of employment or alleged employment including, without limitation, claims of discrimination against Provider, its officers, agents, contractors, or employees shall in no way be the responsibility of County; and Provider shall defend, indemnify, and hold County, its officers, agents, and employees harmless from any and all such claims irrespective of any determination of any pertinent tribunal, agency, board, commission, or court. Such personnel or other persons shall neither require nor be entitled to any compensation, rights, or benefits of any kind whatsoever from County, including without limitation, tenure rights, medical and hospital care, sick and vacation leave, Workers' Compensation, Unemployment Insurance, disability, severance pay and PERA.
- b. It is agreed that nothing contained in the Agreement, including the payment provisions as specified above for the full term or any portion or extension of the contract period, is intended or should be construed as creating the relationship of co-partners, joint venturers, or an association with County. And nor shall Provider, its employees, agents, and representatives be considered employees, agents and representatives of County.

**8. Provider Standards and Licenses**

- a. Upon initial implementation of an Agreement with the Provider, Provider shall furnish County a background resume to include the following: professional and personal credentials for guardianship/conservatorship, a minimum of three personal/professional references, professional associations and/or accreditation of such, a current Minnesota driver's license in good standing.
- b. Provider will comply with all background check and background reporting requirements specified by County and courts. Provider agrees to inform Houston County of any change in address and/or violations that may affect background check results within 5 days of the occurrence.
- c. Provider shall comply with all applicable Federal and State statutes and regulations, as well as local ordinances and rules now in effect or hereafter adopted including Minnesota Statutes 524.5 et al.
- d. Other provisions for cancellation of this Agreement notwithstanding, failure to meet the requirements listed in this section may be cause for cancellation of this Agreement effective as of receipt of notice of cancellation.

9. Safeguard of Client Information:

Provider agrees to comply with all data privacy rules as governed by the Minnesota Data Practices Act, Minnesota Chapter 13, and the requirements of the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations (45 C.F.R. Part 160-164).

10. Indemnification:

- a. Provider does hereby agree that it will defend, indemnify, and hold harmless County, its elected officials, employees and agents against any and all liability, loss, damages, costs and expenses (including reasonable attorney's fees and costs of defense) which County may hereafter sustain, incur, or be required to pay:
  - 1) By reason of any client and any client's personal caregiver suffering bodily or personal injury, death, or property loss or damage either while participating in or receiving services to be furnished under this Agreement, or while on premises owned, leased, or operated by the Provider, or while being transported to or from said premises in any vehicle owned, operated, leased, chartered, or otherwise contracted for by the Provider or any officer, agent, or employee thereof; or
  - 2) By reason of any client causing injury to, or damage to, the property of another person, during any time when the Provider or any officer, agent, or employee thereof has undertaken or is furnishing the services called for under this Agreement.
  - 3) Any actual or alleged violation of any applicable statute, ordinance, administrative order, rule or regulation, or decree of any court by Provider related to services furnished to client pursuant to this Agreement.
- b. This indemnity provision shall survive the termination or expiration of this Agreement. Nothing herein shall be construed to limit County from asserting against third parties any defenses or immunities (including common law, statutory and constitutional) it may have or be construed to create a basis for a claim or suit when none would otherwise exist.

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

IN WITNESS WHEREOF, Houston County and Provider have executed this Agreement as of the day and year first written above.

SERENITY SERVICES

BY: \_\_\_\_\_

DATED: \_\_\_\_\_

Darla Nienoord  
Partner

Approved as to Form and Execution:

BY:  \_\_\_\_\_


DATED: 10-4-23

Houston County Attorney

BY: \_\_\_\_\_

DATED: \_\_\_\_\_

Chairperson  
Houston County Board of Commissioners

BY:  \_\_\_\_\_

DATED: 10/4/2023

John Puleasa, Director  
Houston County Human Services

## **Houston County's Conservatorship and Guardianship Service Definition**

### **A guardian or conservator:**

- Has only those powers necessary to provide for the demonstrated needs of the ward or protected person.
- Is responsible for protecting the rights of ward or protected person.
- Is the court-appointed decision maker for the ward or protected person.
- Should involve the ward or protected person (and other interdisciplinary team members if applicable) in the decision-making process but is ultimately responsible for making decisions that promote the health, safety and personal well-being of the ward or protected person.

### **Duties for Guardian/Conservators:**

Minimum of two (2) face-to-face visits with client per year. On a monthly basis, have contact with the client and/or those in close contact with client, such as staff or significant others.

Guardians should have at least one (1) visit per year occur at the client's home (unless the client expressly refuses to allow the home visit and/or service arrangement specifies otherwise)

- Sign consents and other necessary paperwork
- Complete financial applications as needed
- Complete any required correspondence
- Make court appearances on behalf of client as needed
- Attend Care Conference, annual meetings, ISP and IHP meetings on client's behalf
- Communicate with interdisciplinary team members regarding decisions made

### **Conservator:**

- Pay monthly bills and service other financial responsibilities
- Establish and manage appropriate checking, savings and other accounts
- File annual accounting with the court(s).

### **Guardian:**

- Coordinate general living support services
- Coordinate housing upkeep and repair if needed
- Ensure general living and health needs are adequately met
- File annual well-being report to court(s).

### **General:**

- Remain current on trends and procedures of Conservatorship and Guardianship
- Submit monthly bills and contact notes to Houston County

### **Representative Payee Services:**

A representative payee is a person who acts as the receiver of United States Social Security Disability or Supplemental Security Income for a person who is not fully capable of managing their own benefits, i.e. cannot be their own payee. If a guardian is not deemed eligible by the Social Security Administration to take a fee from the client's Social Security benefits, Houston



County shall pay 1 hour per month (\$39.00) for the provision of rep payee-type services provided to clients assigned by Houston County.

**Rates:**

The amount paid for service will be billable at \$175 per month for service provided directly to or on behalf of the client.

**Service Arrangements:**

Individual Service Arrangements will authorize the amount and frequency of service to be provided to each client. Provider cannot exceed the authorized amount of service to be provided without having received prior approval from the involved County worker, or designee, to do so.

**Billing:**

- Time should be tracked and billed in 15-minute increments.
- Bills and associated contact notes documented on the monthly voucher should be submitted to a Human Services Case Manager on a monthly basis.
- While monthly billing is expected, if for some reason monthly billing is not possible, they must be submitted quarterly.
- Provider must meet "end of the year" budget deadlines to be paid for December.

# Houston County

## Agenda Request Form

This form is not intended for the general public. It is intended for use by county department heads, representatives of other governmental units or vendors/agencies who contract with Houston County. Members of the public may address the Board during the Public Comment Period. (See Policy for Public Comment Period).

Date Submitted: 10/2/2023 for 10/10/2023

Person requesting appointment with County Board: Martin Herrick

**Issue:**

CUP Approval/Denial:1) Joseph Gardner to have a dwelling in the ag district in Hokah Township.

**Justification:**

Agenda, Hearing Notice, Findings and Board Packet are attached.

**Action Requested:**

Final Approval by the County Board.

### For County Use Only

<b><u>Reviewed by:</u></b>	_____ County Auditor	_____ County Attorney	_____ Zoning Administrator
	_____ Finance Director	_____ County Engineer	_____ Environmental Services
	_____ IS Director	_____ Other (indicate dept)	_____

**Recommendation:**

**Decision:**

All agenda request forms must be submitted to the County Auditor by 4:00 p.m. on Monday in order to be considered for inclusion on the following week's agenda. The Board will review all requests and determine if the request will be heard at a County Board meeting.

**HOUSTON COUNTY  
BOARD OF ADJUSTMENT AND  
PLANNING COMMISSION  
Thursday, September 28, 2023**

***Hearings are in the Houston County Commissioner's Room.***  
*Please enter through the west entrance. Doors will open at 4:45 pm.*

**BOARD OF ADJUSTMENT**

Approve Minutes for August 31, 2023

**VARIANCE HEARING:**

- 5:00 pm      ***Mark & Lisa Inglett – La Crescent Township***  
1) Variance of setback requirements to reduce rear yard setbacks for existing structures (15.8 Subd. 1).  
2) Variance of setback requirements to allow an accessory building to be located within 8 feet of the rear lot line. (29.14 Subd. 1 (1)).
- 5:20 pm      ***Prairie Hiland LLC – Crooked Creek Township***  
Variance to reduce township road setback for an existing dwelling (14.7 Subd. 3).
- 5:40 pm      ***John Yehle – Brownsville Township***  
Variance to reduce side yard setback for an after-the-fact deck (14.8 Subd. 1).
- 6:00 pm      ***Joseph Gardner – Hokah Township***  
Variance to reduce State Highway setback for an existing building (14.7 Subd. 1).

Approve Minutes for September 19, 2023

**PLANNING COMMISSION**

**CONDITIONAL USE HEARING:**

- 6:30 pm      ***Joseph Gardner – Hokah Township***  
Conditional Use Permit to have a dwelling in an agricultural district (14.3 Subd. 1(10)).
- 6:50 pm      ***Bluff Country LLC – La Crescent Township***  
Conditional Use Permit to place a dwelling in an agricultural district (14.3 Subd. 1(10)).

## NOTICE OF PUBLIC HEARING

### PLEASE TAKE NOTICE:

That an application has been made by Joseph Gardner, 6962 State 26, La Crescent, MN 55921, for a Conditional Use Permit to have a dwelling in an agricultural district (Section 14 – 14.3 Conditional Uses, Subdivision 1, Subsection 10) in Hokah Township on the following premises, to-wit:

SE1/4 SW1/4 SW1/4 SE1/4, Section 2, Township 103, Range 4, Houston County, Minnesota.  
(Parcel 05.0011.001)

Said applicant standing and making application is as fee owner of said described lands.

A hearing on this application will be held at the Houston County Commissioner's Room, City of Caledonia, Minnesota at 6:30 p.m. on Thursday, September 28, 2023.

All persons having an interest in the matter will be given the opportunity to submit comments relative to the granting or denying of said application. Comments should be mailed to the Environmental Services Dept., 304 South Marshall Street, Caledonia, MN 55921, or emailed to [martin.herrick@co.houston.mn.us](mailto:martin.herrick@co.houston.mn.us), and must be received by Wednesday, September 20, 2023. Comments in regard to the petition received by this date will be part of the public record and will be made available for review by the Planning Commission prior to the meeting.

HOUSTON COUNTY PLANNING COMMISSION

By Martin Herrick  
Zoning Administrator

ADV: September 18, 2023

## CRITERIA FOR GRANTING CONDITIONAL USE PERMITS

NAME OF APPLICANT: *Joseph Gardner* DATE: *September 28, 2023*

C.U.P. REQUESTED: *To have a dwelling in the agriculture protection district.*

The Planning Commission shall not recommend a conditional use permit unless they find the following:

### FINDINGS OF FACT

Section 11.05 of the Houston County Zoning Ordinance requires the following:

1. That the proposed use conforms to the County Land Use Plan.

Staff Analysis: This location satisfies the density limitations and compliance requirements identified in our Zoning Ordinance.

Board agreed to the finding by a unanimous vote.

2. That the applicant demonstrates a need for the proposed use.

Staff Analysis: A Conditional Use Permit is required for this parcel to be compliant with the nonfarm dwelling requirements and allow continued use of a dwelling at this location.

Board agreed to the finding by a unanimous vote.

3. That the proposed use will not degrade the water quality of the County.

Staff Analysis: The use of this parcel has been for a single-family dwelling for many years and the new proposal will not intensify that use. A new septic system designed and installed by a licensed Minnesota septic professional will be required.

Board agreed to the finding by a unanimous vote.

4. That the proposed use will not adversely increase the quantity of water runoff.

Staff Analysis: The square footage of impervious surface on this parcel will likely be very similar to previous conditions once all buildings are complete. In addition, the original house was likely partially within floodplain while the proposed dwelling is well above. This relocation will be a benefit to stormwater flow over the parcel.

Chairman Hammell asked if the garden shed will be located near where the old house was. Joe said it would be.

Board agreed to the finding by a unanimous vote.

5. That soil conditions are adequate to accommodate the proposed use.

Staff Analysis: This is an existing structure, but soils at this location can accommodate structures with proper design.

Board agreed to the finding by a unanimous vote.

6. That potential pollution hazards have been addressed and that standards have been met.

Staff Analysis: A septic system, designed and installed by a licensed MN septic professional will be required.

Board agreed to the finding by a unanimous vote.

7. That adequate utilities, access roads, drainage and other necessary facilities have been or are being provided.

Staff Analysis: Since a single-family dwelling has been located on this parcel for many years all utilities should be present. Any additional utilities are the responsibility of the applicant.

Board agreed to the finding by a unanimous vote.

8. That adequate measures have been or will be taken to provide sufficient off-street parking and loading space to serve the proposed use.

Staff Analysis: There is adequate open space on this property for parking of recreational equipment and vehicles.

Board agreed to the finding by a unanimous vote.

9. That facilities are provided to eliminate any traffic congestion or traffic hazard which may result from the proposed use.

Staff Analysis: N/A

10. That the Conditional Use will not be injurious to the use and enjoyment of other property in the immediate vicinity for the purposes already permitted.

Staff Analysis: While this parcel is within the agricultural district, the surrounding area is primarily residential or government owned recreational land. This is also a continuation of an existing use and should not be injurious to those in the immediate vicinity. The improvements made by the applicant will likely increase nearby property values.

Board agreed to the finding by a unanimous vote.

11. That the establishment of the Conditional Use will not impede the normal and orderly development and improvement of surrounding vacant property for predominant uses in the area.

Staff Analysis: This site has been a legal, non-conforming dwelling since 1967 and bringing it up to current standards should not adversely affect surrounding vacant property.

Board agreed to the finding by a unanimous vote.

12. That adequate measures have been or will be taken to prevent or control offensive odor, fumes, dust, noise and vibration, so that none of these will constitute a nuisance, and to control lighted signs and other lights in such a manner that no disturbance to neighboring properties will result.

Staff Analysis: N/A

13. That the density of any proposed residential development is not greater than the density of the surrounding neighborhood or not greater than the density indicated by the applicable Zoning District.

Staff Analysis: This proposal is consistent with neighboring residential properties and proposed in an open quarter-quarter of the agricultural protection district.

Board agreed to the finding by a unanimous vote.

14. That the intensity of any proposed commercial or industrial development is not greater than the intensity of the surrounding uses or not greater than the intensity characteristic of the applicable Zoning District.

Staff Analysis: N/A

15. That site-specific conditions and such other conditions are established as required for the protection of the public's health, safety, morals, and general welfare.

Staff Analysis: This proposal will not negatively affect the public's health, safety, morals and general welfare.

Board agreed to the finding by a unanimous vote.

Greg Myhre made a motion to accept the findings as presented. Wayne Feldmeier seconded.



# HOUSTON COUNTY ENVIRONMENTAL SERVICES

Solid Waste • Recycling • Zoning  
304 South Marshall Street – Room 209, Caledonia, MN 55921  
Phone: (507) 725-5800 • Fax: (507) 725-5590



## STAFF REPORT

9/20/2023

Application Date: 8/28/23  
Hearing Date: 9/28/2023  
Petitioner: Joseph Gardner  
Reviewer: Amelia Meiners  
Zoning: Ag Protection  
Address: 6962 State 26  
Township: La Crescent  
Parcel Number: 05.0011.001  
Submitted Materials: CUP Application

## OVERVIEW

### REQUEST

The applicant is requesting a Conditional Use Permit to continue use of a previously legal, non-conforming dwelling on less than 40 acres in the agricultural protection district.

### SUMMARY OF NOTEWORTHY TOPICS

This is a unique situation. This is currently a 2.5-acre parcel, but was once combined with the parent parcel, PID 05.0011.000 and together they total 8.2-acres. There are five other houses in this quarter-quarter, but they are within the residential district.



Figure 1. Zoning districts within the SW SE quarter-quarter of Section 2.



According to the Assessor's records, the original dwelling on this parcel was constructed in 1952. From that point on the house was continuously occupied until a fire took place on July 5, 2020, to which a 30% obsolescence (loss) was recorded on the property. Staff then had to determine if the dwelling was occupied after the fire. One item that has been used to determine occupancy of a dwelling is mail service. When contacted about this parcel in October of 2022, the La Crescent Post Office had the location listed as vacant but did not note a specific "start date". Staff spoke with the landowner, Eric Thesing, shortly afterward and he stated after the fire the dwelling was "non-livable". In October of 2020, they also purchased a house in the City of Brownsville. Establishing occupancy is important because this parcel existed with a dwelling on under 40 acres on August 30, 1967, when the Houston County Zoning Ordinance (HCZO) was first adopted and has continued as a legal, non-conforming use. Section 9.1, subdivision 6 of the HCZO states:

***Subdivision 6. Non-Conformities; Certain Classes of Property.*** This subdivision applies to **homestead and non-homestead residential real estate** and seasonal residential real estate occupied for recreational purposes. A non-conformity, including the lawful use or occupation of land or premises existing at the time of the adoption of an official control under this chapter, may be continued, including through repair, replacement, restoration, maintenance, or improvement, but not including expansion. If the nonconformity or occupancy is **discontinued for a period of more than one year**, or any nonconforming building or structure is destroyed by fire or other peril to the extent of 50% of its market value, and no building permit has been applied for within 180 days of when the property is damaged, **any subsequent use or occupancy of the land or premises must be a conforming use or occupancy.** If a nonconforming building or structure is destroyed by fire or other peril to the extent of 50% of its market value, the board may impose reasonable conditions upon a building permit in order to mitigate any newly created impact on adjacent property.

This dwelling was not destroyed to the extent of 50% of its market value, but the discontinued use for more than a year requires that the occupancy of the land be conforming moving forward. **For a dwelling on under 40 acres this means a conditional use permit is required.**

The applicant purchased the property in December of 2022 with the intent of remodeling the original dwelling, but after closer inspection discovered that was not an option. That dwelling was then removed from the property in June. At that point, the applicant began converting a building originally permitted as a garage into a dwelling. On August 28<sup>th</sup>, he came into the office for a permit to build an addition (breezeway and attached garage). At that time, he was told that a change of use was required on the existing garage and that the deck also required a permit.



The existing garage was permitted (Permit #2549 on 8/1/2002), but during parcel review it was discovered it does not meet the 130-foot highway setback as required on the permit. That request is being reviewed by the Board of Adjustment.

The following sections of the Houston County Zoning Ordinance are relevant:

**Nonconformity.** *Any legal use, structure or parcel of land already in existence, recorded, or authorized before the adoption of official controls or amendments thereto that would not have been permitted to become established under the terms of the official controls as now written, if the official controls had been in effect prior to the date it was established, recorded or authorized.*

#### **14.3 CONDITIONAL USES**

**Subdivision 1. Conditional Uses.** *In the Agricultural Protection District, the following uses may be allowed only after obtaining a Conditional Use Permit in accordance with the provision of this Ordinance.*

(10) *Dwellings. Single-family non-farm dwellings subject to the following:*

(a) *No more than one (1) dwelling per quarter-quarter section.*

(b) *Non-farm dwellings built after the adoption of this Ordinance shall be setback at least one-fourth, (1/4), mile from all feedlots, except as otherwise provided in this Ordinance.*

(c) *Non-farm dwelling units shall not be permitted on land which is of soil classifications of Class I-III soils rated in the Soil Survey - Houston County by the U. S. D. A. Natural Resource Conservation Service, except in cases where the land has not been used for the production of field crops or enrolled in a government program whereby compensation is received in exchange for the removal of an area from production, for a period of ten years or more.*

(d) *Non-farm dwelling units shall only be permitted on sites considered Buildable Lots as defined by this Ordinance, and shall not be permitted in areas classified wetlands, flood plain, peat and muck areas and other areas of poor drainage. Non-farm dwelling units shall not be permitted on land which has a slope of twenty-four (24) percent or greater. All non-farm dwellings must have an erosion control plan as required by Section 24.*

(e) *Non-farm dwelling units shall be required to be located on lots having ownership of at least thirty-three (33) feet of road frontage on a public roadway or a legally recorded perpetual access at least thirty-three (33) feet wide from an existing public roadway and a minimum lot area of one (1) acre.*

#### **SECTION 9 - NON-CONFORMING USES**

##### **9.1 INTENT AND GENERAL APPLICATION**

**Subdivision 1. Establishment of Nonconforming Uses.** *Within the districts established by this Ordinance or amendments that may later be adopted, there may exist lots, structures and uses of land, water and structures which were lawful before August 30, 1967, but which would be prohibited, regulated or restricted under the terms of this Ordinance or future amendment.*

**Subdivision 2. Nonconforming Uses May Be Continued.** *It is the intent of this Ordinance to permit these nonconforming uses or structures to continue until they are removed, but not to encourage their survival. Such uses are declared by this Ordinance to be incompatible with permitted uses in the districts involved. It is further the intent of this Ordinance that non-conformities shall not be enlarged upon, expanded or extended, nor be used as grounds for adding other structures or uses prohibited elsewhere in the same district.*

**Subdivision 3. Nonconforming Uses May Not Be Extended Or Enlarged.** *A non-conforming use of a structure, a non-conforming use of land and water, or a non-conforming structure, shall not be extended or enlarged after passage of this Ordinance by attachment on a building or premises of additional signs intended to be seen from off the premises, or by the addition of other uses of a nature which would be prohibited generally in the district involved.*

**Subdivision 4. Discontinued Nonconforming Uses.** *If a non-conforming use of a structure or building, other than a residential-use structure, is discontinued for a period of six (6) months, further use of the structure or property shall conform to this Ordinance. The County Assessor shall notify the Zoning Administrator or Planning Commission in writing of all instances of non-conforming uses which have been discontinued for a period of twelve (12) consecutive months.*

**Subdivision 5. Destruction of Nonconforming Uses.** *If a non-conforming structure, other than a residential-use structure, is destroyed by any cause, to an extent exceeding fifty (50) percent of its market value as indicated by the records of the County Assessor, a future structure on the site shall conform to this Ordinance.*

**Subdivision 6. Non-Conformities; Certain Classes of Property.** *This subdivision applies to homestead and non-homestead residential real estate and seasonal residential real estate occupied for recreational purposes. A non-conformity, including the lawful use or occupation of land or premises existing at the time of the adoption of an official control under this chapter, may be continued, including through repair, replacement, restoration, maintenance, or improvement, but not including expansion. If the nonconformity or occupancy is discontinued for a period of more than one year, or any nonconforming building or structure is destroyed by fire or other peril to the extent of 50% of its market value, and no building permit has been applied for within 180 days of when the property is damaged, any subsequent use or occupancy of the land or premises must be a conforming use or occupancy. If a nonconforming building or structure is destroyed by fire or other peril to the extent of 50% of its market value, the board may impose reasonable conditions upon a building permit in order to mitigate any newly created impact on adjacent property.*

#### TOWNSHIP AND NEIGHBORHOOD COMMENTS

Hokah Township and the ten nearest property owners were notified. The township was fine with the applications. No other comments were received.

#### SITE CHARACTERISTICS

This is a 2.5-acre parcel in the agricultural protection district of Hokah Township and is the only dwelling within the ag district of the SW SE quarter-quarter. A portion of this parcel is within floodplain, but repurposing of the garage is likely a better option than building in the floodplain. The northwest corner of the parcel is mapped wetland and shoreland setbacks are met. Soils are 599E2 which is class VIe. There are no slope or bluff concerns, and the applicant will continue to use the existing driveway. MN DOT has 75-feet of right-of-way in this location and this parcel meets the buildable lot standard.

#### EVALUATION

Section 11.05 of the Houston County Zoning Ordinance requires the following:

Subdivision 1. Findings. The Planning Commission shall not recommend a conditional use permit unless they find the following:

1. That the proposed use conforms to the County Land Use Plan.

Staff Analysis: This location satisfies the density limitations and compliance requirements identified in our Zoning Ordinance.

2. That the applicant demonstrates a need for the proposed use.

Staff Analysis: A Conditional Use Permit is required for this parcel to be compliant with the non-farm dwelling requirements and allow continued use of a dwelling at this location.

3. That the proposed use will not degrade the water quality of the County.

Staff Analysis: The use of this parcel has been for a single-family dwelling for many years and the new proposal will not intensify that use. A new septic system designed and installed by a licensed Minnesota septic professional will be required.

4. That the proposed use will not adversely increase the quantity of water runoff.

Staff Analysis: The square footage of impervious surface on this parcel will likely be very similar to previous conditions once all buildings are complete. In addition, the original house was likely partially within floodplain while the proposed dwelling is well above. This relocation will be a benefit to stormwater flow over the parcel.

5. That soil conditions are adequate to accommodate the proposed use.

Staff Analysis: This is an existing structure, but soils at this location can accommodate structures with proper design.

6. That potential pollution hazards have been addressed and that standards have been met.

Staff Analysis: A septic system, designed and installed by a licensed MN septic professional will be required.

7. That adequate utilities, access roads, drainage and other necessary facilities have been or are being provided.

Staff Analysis: Since a single-family dwelling has been located on this parcel for many years all utilities should be present. Any additional utilities are the responsibility of the applicant.

8. That adequate measures have been or will be taken to provide sufficient off-street parking and loading space to serve the proposed use.

Staff Analysis: There is adequate open space on this property for parking of recreational equipment and vehicles.

9. That facilities are provided to eliminate any traffic congestion or traffic hazard which may result from the proposed use.

Staff Analysis: N/A

10. That the Conditional Use will not be injurious to the use and enjoyment of other property in the immediate vicinity for the purposes already permitted.

Staff Analysis: While this parcel is within the agricultural district, the surrounding area is primarily residential or government owned recreational land. This is also a continuation of an existing use and should not be injurious to those in the immediate vicinity. The improvements made by the applicant will likely increase nearby property values.

11. That the establishment of the Conditional Use will not impede the normal and orderly development and improvement of surrounding vacant property for predominant uses in the area.

Staff Analysis: This site has been a legal, non-conforming dwelling since 1967 and bringing it up to current standards should not adversely affect surrounding vacant property.

12. That adequate measures have been or will be taken to prevent or control offensive odor, fumes, dust, noise and vibration, so that none of these will constitute a nuisance, and to control lighted signs and other lights in such a manner that no disturbance to neighboring properties will result.

Staff Analysis: N/A

13. That the density of any proposed residential development is not greater than the density of the surrounding neighborhood or not greater than the density indicated by the applicable Zoning District.

Staff Analysis: This proposal is consistent with neighboring residential properties and proposed in an open quarter-quarter of the agricultural protection district.

14. That the intensity of any proposed commercial or industrial development is not greater than the intensity of the surrounding uses or not greater than the intensity characteristic of the applicable Zoning District.

Staff Analysis: N/A

15. That site specific conditions and such other conditions are established as required for the protection of the public's health, safety, morals, and general welfare.

Staff Analysis: This proposal will not negatively affect the public's health, safety, morals and general welfare.

#### RECOMMENDATION

The Planning Commission must consider the criteria above. Should the permit be granted, staff recommend requiring the following conditions:

1. The Permittee shall comply with all federal, state, and local laws and regulations.
2. The County may enter onto the premises at reasonable times and in a reasonable manner to ensure the permit holder is in compliance with the conditions and all other applicable statutes, rules, and ordinances.

Proposed motion: Recommend granting of a conditional use permit for a single-family dwelling on under 40 acres with the two conditions.

\$ 50.00

No. 2549

7

State of Minnesota,  
County of Houston

Township of Hokah  
Office of Zoning Administration

## ZONING PERMIT

IN CONSIDERATION OF The statements and representations made by Bruce Orke

6962 State 26, LaCrescent, MN 55947

in application therefore duly filed in this office, which application is hereby made a part hereof, PERMISSION IS HEREBY

GRANTED To said Bruce Orke

to build garage (36' x 24') a building described as follows: kind of construction as owner

(build, erect, install, add to, alter, repair, move, wreck, as the case may be)

Woodframe

front or width in feet \_\_\_\_\_; side or length in feet \_\_\_\_\_; height in feet \_\_\_\_\_;  
number of stories \_\_\_\_\_; cubic feet \_\_\_\_\_; square feet \_\_\_\_\_; upon that tract of  
land described as follows: Lot \_\_\_\_\_ Block \_\_\_\_\_; plat or addition \_\_\_\_\_

Pt SE 1/4 SW 1/4 SW 1/4 SE 1/4 Section 2 Township 103 Range 4

which tract is of the size and area specified in said application.

This permit is granted upon the express conditions that said owner and his \_\_\_\_\_ contractors, agents, workers and employees, shall comply in all respects with the ordinances of the County of Houston; that it does not cover the use of public property, such as streets, sidewalks, alleys, etc., for which special permits must be secured; and that it does not cover the following:

all permits

for which special permits must be secured.

(Electrical work, plumbing, heating, plastering, etc., if such there be.)

Given under the hand of the Zoning Administration of Houston County and its corporate seal and attested this

1st \_\_\_\_\_ day of August \_\_\_\_\_, 2002.

Parcel # 05-0011-001



Zoning Administration

This permit is not transferable and is good for one year only to build.

Landowner is General Contractor.

Setback of 50 feet from all property lines.

Setback of 130 feet from the centerline of County 26.

**Amelia Meiners**

---

**From:** Amy Sylling  
**Sent:** Wednesday, September 6, 2023 9:58 AM  
**To:** Martin Herrick  
**Cc:** Amelia Meiners  
**Subject:** Joe Gardner township approval

Marty,

Delayne Vogel called to let us know that Hokah Township approves of Joe Gardner's CUP, Variance and permit applications.

**Amy Sylling**  
Houston County Environmental Services  
304 South Marshall St. – RM 209  
Caledonia, MN 55921  
507-725-5800



Conditional Use Request  
2023-CUP-165679

Fees Paid  
\$746.00

Applicant  
Amy Sylling

Created  
August 28, 2023

Number  
2023-CUP-  
165679

GARDNER,JOSEPH P |  
050011001 |  
Submitted by AmyS on  
8/28/2023



## Applicant

Amy Sylling

5077255800

[amy.sylling@co.houston.mn.us](mailto:amy.sylling@co.houston.mn.us)

## Search Parcel Data

 Completed On 8/28/2023 9:49 AM EST by AmyS

ParcelID	Address	City	OwnerName	Acres
050011001	6962 STATE 26	LA CRESCENT	GARDNER,JOSEPH P	2.500

## CONDITIONAL USE INTRO

 Completed On 8/28/2023 9:54 AM EST by AmyS

A Conditional Use is a land use or development that would not be appropriate generally but may be allowed with appropriate restrictions as provided by official controls upon a finding that specific criteria are met, as outlined in Section 6.5 of the ordinance.

When submitting an application, the information requested in this form is required. You may be asked to provide additional information as deemed necessary by the Zoning Office, the Planning Commission, or the County Board.

A non-refundable application fee and recording fee are required before an application is considered complete.

**Prior to completing this form, a pre-application meeting with County Zoning is strongly recommended.**

Application Fee:

### Conditional Use Application Fee

\$700.00

Recording Fee:

### Recording Fee

\$46.00

Application Type:

Conditional Use

## APPLICANT INFORMATION

 Completed On 8/28/2023 9:54 AM EST by AmyS

Applicant Name

GARDNER,JOSEPH P

Parcel Tax ID

050011001

Telephone Number

507-272-1713

**Address**

6962 STATE 26

**City**

LA CRESCENT

**Zip**

55947

**Legal Description**

SE1/4 SW1/4 SW1/4 SE1/4 DOC #227532; DOC 260567; DOC 264283; DOC 264673;

**Section-Township-Range**

02-103-004

**Do you own additional adjacent parcels**

No

**Township of:**

Hokah

**Applicants are required to inform township boards of their application.** Please reference the table below and contact the official for your township.

**I understand I am required to inform my township of my application.**

Yes

**Township Contacts**

TOWNSHIP	NAME	PHONE
Black Hammer	Clayton Johnson	507-450-6384
Brownsville	Christine Novak	507-459-0636
Caledonia	Judith Massman	507-458-3294
Crooked Creek	David Winnes	507-542-4515
Hokah	Delayne Vogel	608-397-6516
Houston	John Beckman	507-896-3106
Jefferson	Anne Falken	320-493-8629
La Crescent	Jason Wieser	507-429-0133
Mayville	Erin Hammell	608-225-1830
Money Creek	Adam Florin	608-797-2515
Mound Prairie	Colleen Tracy	507-459-3573
Sheldon	Wayne Runningen	507-450-0065
Spring Grove	Mike Wiste	507-450-4638
Union	Craig Frederick	608-769-9541
Wilmington	Melissa Schroeder	608-780-3998
Winnebago	Luke King	507-725-8816
Winnebago	Joyce Staggemeyer	507-542-4637

Yucatan

Deb Dewey

507-896-3566

12

**CONDITIONAL USE REQUEST** Completed On 8/28/2023 9:57 AM EST by AmyS[Click here to view the Houston County Zoning Ordinance](#)**Describe in detail your request.**

I tore down a home I purchased recently and remodeled the garage into a home. When I applied for a permit for a deck recently I was made aware that I needed a CUP to have a home on less than 40 acres in the ag district.

**Citation of Ordinance Section from which the Conditional Use is requested:**

14.3 1(10)

**Requested Dimension:****Please upload any supporting documents:****CONDITIONAL USE FINDING OF FACTS** Completed On 8/28/2023 10:07 AM EST by AmyS[Click here to view the Houston County Zoning Ordinance](#)

## Findings Required:

The Planning Commission shall not recommend a Conditional Use Permit unless they find that the requirements below are satisfied. As the applicant, it is your responsibility to demonstrate that your proposal satisfies these requirements. For each of the 15 criteria, please select the appropriate response and provide a detailed explanation.

**1. That the proposed use conforms to the County Land Use Plan.**

Yes

**Comments:**

Houses are common in the ag district.

**2. That the applicant demonstrates a need for the proposed use.**

Yes

**Comments:**

I bought this property to live on not realizing that it was not permitted even though a home existed on the property.

**3. That the proposed use will not degrade the water quality of the County.**

Yes

**Comments:**

A septic will protect water quality.

**4. That the proposed use will not adversely increase the quantity of water runoff.**

Yes

**Comments:**

The building has existed for 20+ years.

**5. That soil conditions are adequate to accommodate the proposed use.**

Yes

**Comments:**

The building has existed for 20+ years.

**6. That potential pollution hazards have been addressed and standards have been met.**

Yes

**Comments:**

A septic will protect water quality.

**7. That adequate utilities, access roads, drainage and other necessary facilities have been or are being provided.**

Yes

**Comments:**

All utilities, access roads and drainage have been established.

**8. That adequate measures have been or will be taken to provide sufficient off-street parking and loading space to serve the proposed use.**

N/A

**Comments:**

N/A

9. That adequate facilities are provided to eliminate any traffic congestion or traffic hazard which may result from the proposed use.

N/A

**Comments:**

N/A

10. That the conditional use will not be injurious to the use and enjoyment of other property in the immediate vicinity for the purposes already permitted.

Yes

**Comments:**

This property has been updated and greatly improved since I have owned it. I tore down the existing home that had been burned and rehabbed the garage into a home.

11. That the establishment of the Conditional Use will not impede the normal and orderly development and improvement of surrounding vacant property for predominant uses in the area.

Yes

**Comments:**

Houses are common in the ag district and this parcel had a dwelling on it when I bought it.

12. That adequate measures have been or will be taken to prevent or control offensive odor, fumes, dust, noise and vibration, so that none of these will constitute a nuisance, and to control lighted signs and other lights in such a manner that no disturbance to neighboring properties will result.

N/A

**Comments:**

N/A

13. That the density of any proposed residential development is not greater than the intensity of the surrounding uses or not greater than the intensity characteristic of the applicable zoning district

N/A

Comments:

N/A

14. That the density of any proposed commercial or industrial development is not greater than the intensity of the surrounding uses or not greater than the intensity characteristic of the applicable zoning district.

N/A

Comments:

N/A

15. That site specific conditions and such other conditions are established as required for the protection of the public's health, safety, morals, and general welfare.

Yes

Comments:

The public's health, safety, morals, and general welfare will be protected.

#### SITE PLAN INFORMATION Completed On 8/28/2023 10:12 AM EST by AmyS

A site plan MUST accompany all Applications. You may either upload a drawing or use the interactive map below.

##### Upload Site Plan

Use the Interactive Map to Create a Site Plan. Map tools: Click the plus and minus buttons in the upper left of the map window, to zoom in/out. Navigation Mode - Scroll up to zoom in, scroll down to zoom out. Click and hold to pan around map. Text Mode - To place text on the map, click on the "Add Text" tool, click the place on the map where you would like the text to be displayed, then enter the text in the box that appears at the top of the screen, click ok to display the text on the map. Draw a point - Click once on the map where you would like the point to be. Draw a Line - Click once on map to start drawing a line, double click to stop drawing line. Draw a Polyline - Click once on map to start drawing a polygon, click map at each vertex and double click to finish polygon drawing. Draw a Rectangle - Click once on the map where you would like the rectangle to be. The rectangle will appear on the map. Click on the Select tool and click on the rectangle to resize (click an outside square and drag to resize), rotate (click, hold and drag the circle on top of the rectangle to rotate) or delete (click the rectangle and hit the delete button). Measure - Click once on map to start draw a line with a measurement, click map at each vertex and double click to finish drawing. If you double click near starting point area measurement will also be calculated. Undo Last Edit - Click tool to undo last drawing edit. Undo All Edits - Click tool to undo all drawing edits.

👁 Sketch Layer +

👁 Reference Layer —

▶ 👁 Mapproxy



Use the space below to include site plan comments, if necessary

The burned house is marked with an X and has been removed. The garage that I remodeled into a home is marked with rectangle.

**APPLICATION SUBMITTAL** Completed On 8/28/2023 10:12 AM EST by AmyS

By checking this box, I grant Houston County access to my property for the purpose of evaluating this application.

Yes

By checking this box, I certified that I have notified my town board of my application.

Yes

By checking this box, I certify that the information provided in this application is true and accurate to the best of my knowledge.

Yes

**Signature**



**Date Signed:**

8/28/2023

Check this box if Staff Signature on behalf of Applicant.

Yes

**Email APPLICATION SUBMITTAL** Completed On 8/28/2023 10:12 AM EST by AmyS

**Delivered** on Monday, August 28, 2023 at 10:12 AM CDT

**Options**

- Send to the applicant? Yes
- Send to members of the following roles:
  - Zoning
  - County Board

**Recipients**

To:

holly.felten@co.houston.mn.us  
amy.sylling@co.houston.mn.us  
amelia.meiners@co.houston.mn.us

[martin.herrick@co.houston.mn.us](mailto:martin.herrick@co.houston.mn.us)  
[robert.burns@co.houston.mn.us](mailto:robert.burns@co.houston.mn.us)  
[eric.johnson@co.houston.mn.us](mailto:eric.johnson@co.houston.mn.us)  
[robert.schuldt@co.houston.mn.us](mailto:robert.schuldt@co.houston.mn.us)  
[dewey.severson@co.houston.mn.us](mailto:dewey.severson@co.houston.mn.us)

**Subject:** Parcel 050011001 Conditional Use Application Received

The information provided in your Conditional Use application has been received by the County. An application fee of \$700.00 payable to the Houston County Treasurer and a recording fee of \$46.00 payable to the Houston County Recorder are necessary to complete your application and are required before the application will be reviewed. Please send a separate check for each.

Houston County Planning and Zoning  
304 S. Marshall Street, Room 209  
Caledonia, MN 55921

Once payment is received your application will be reviewed and you will be contacted by staff.

Please call 507-725-5800 or email [martin.herrick@co.houston.mn.us](mailto:martin.herrick@co.houston.mn.us) with any questions or concerns.

**Number:** 2023-CUP-165679  
**Workflow:** Conditional Use Request  
**Description:** GARDNER,JOSEPH P | 050011001 |  
**Created On:** 8/28/2023

[View Application](#)

## External Notes

## Documents

## Internal Notes

## Documents



# Houston County Agenda Request Form

Date Submitted: 10/5/2023

Person requesting appointment with County Board: John Pogleasa, Director Public Health & Human Services

Will you be doing a power point or video presentation: ☐ Yes ☒ NO

**Issue:**

Approve MFIP Biennial Service Agreement 2022-2023. This is a required agreement for administration of the Minnesota Family Investment Program (MFIP).

**Attachments/Documentation for the Board's Review:**

Soft copy of Biennial Service Agreement for review

**Justification:**

**Action Requested:**

Review and approve agreement as presented. Complete electronic signature and submission process.

For County Use Only			
<b><u>Reviewed by:</u></b>	<input type="checkbox"/> County Auditor	<input type="checkbox"/> County Attorney	<input type="checkbox"/> Zoning/Environmental Service
	<input type="checkbox"/> Finance Director	<input type="checkbox"/> County Engineer	<input type="checkbox"/> HR/Personnel
	<input type="checkbox"/> IS Director	<input type="checkbox"/> Other (indicate dept)	
<b><u>Recommendation:</u></b>			
<b><u>Decision:</u></b>			

All agenda request forms must be submitted to the County Auditor by 4:00 p.m. on Monday in order to be considered for inclusion on the following week's agenda. The Board will review all requests and schedule appointments as appropriate.

Enter the county or tribal nation's unique ID number

28HOU675

\*Required field

### Contact Information

COUNTY/CONSORTIUM NAME

Houston

PLAN YEAR

2024-2025

\* CONTACT PERSON

Karen Kohlmeier

\* TITLE

Financial Assistance Supervisor

\* ADDRESS

304 S Marshall St, Rm 104

\* CITY

Caledonia

\* STATE

MN

\* ZIP CODE

55921

\* PHONE NUMBER

507-725-5811

\* EMAIL ADDRESS (where correspondence related to this form will be sent)

karen.kohlmeier@co.houston.mn.us

\* CONFIRM EMAIL ADDRESS

karen.kohlmeier@co.houston.mn.us



**Note: Please review Bulletin #23-11-02: 2024-2025 Minnesota Family Investment Program (MFIP) Biennial Service Agreement (BSA) Guidelines for more details before you complete this document.**

## A. Needs Statement

### 1. Identify challenges in financial assistance that are prohibiting you from properly serving MFIP/DWP families in your community.

Childcare continues to be a barrier for our MFIP/DWP clients. Houston County continues to lose in home childcare providers and the childcare centers can't staff enough help to offset the loss of open slots. Families are unable to find providers and are having to use multiple providers or are being placed on long wait lists. Houston County also has no public transportation and so the clients in the more rural areas having difficulty finding reliable transportation to and from work. We also have issues with broadband and many are unable to find internet access that would enable them to find work from home employment.

9369 characters remaining

### 2. \* Identify challenges in employment services that are prohibiting you from properly serving MFIP/DWP families in your community.

Houston County continues to have a well established relationship with our employment services provider. Our county recently had a major employer close and move their business out of our community which decreases the number of higher paying jobs for our residents. The challenges they face are compounded by the lack of public transportation, the lack of child care providers and the mental health and opioid crisis.

9581 characters remaining

### 3. \* Identify the strengths in your community that you are most proud of that benefit MFIP/DWP families.

Houston County has strong relationships within our community. There are many local agencies and community groups that provide other layers of resources for the residents of our community. Many of our local churches sponsor back to school, winter clothing and food drives throughout the year. We have a strong collaboration with our local public health agency, the EDA and our local SEMCAC agency along with Workforce Development, Inc and so we are able to find opportunities to support those in our community.

9484 characters remaining

**A. Needs Statement** (continued)**4. What strengths and resources do you have available to address the needs of your participants?**

Please **check all** the resources available to participants in your service area and check whether the resource is available within MFIP financial or employment services "in-house" or from a partner organization (County/Tribal Nation resources with developed connections to MFIP), and/or an external community resource or both. If you lack the resources in your service area, check the Resource Gaps column. Add any "other" resources that you consider necessary.

MFIP Resources	Partner Resources	Community Resources	Resource Gaps	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ABE/GED
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Adult/elder services
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Career planning
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Childcare funds
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Chemical health services
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Computer lab access
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Credit counseling/financial literacy
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	English Language Learner (ELL)
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food shelf
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Housing assistance
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Job club
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Job development
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Job placement
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Job retention
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Job search workshops
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mental health services
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	On-the-job training program
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Post-secondary education planning
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Re-entry support
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Short-term training
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Supported work / paid work experience
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transportation assistance (gas cards, bus cards)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vehicle repair funds
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Veteran Services Support
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Volunteer opportunities
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Youth program
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other <input type="text"/>

**5. County/Tribal Nation Program Contact Information**

Please name contacts for the following programs if different from the contact on the cover page. You only need to give a person's phone and email once.

* MFIP EMPLOYMENT SERVICES STAFF CONTACT NAME	* PHONE NUMBER	* EMAIL ADDRESS
<input type="text"/>	<input type="text"/>	<input type="text"/>
* DWP STAFF CONTACT NAME	PHONE NUMBER	EMAIL ADDRESS
<input type="text"/>	<input type="text"/>	<input type="text"/>
* FINANCIAL ASSISTANCE SERVICES STAFF CONTACT NAME	PHONE NUMBER	EMAIL ADDRESS
<input type="text"/>	<input type="text"/>	<input type="text"/>

**A. Needs Statement** (continued)**6. Employment Services Provider(s) Information**

MN Statute 256J.50, Subdivision 8: Each county, or group of counties working cooperatively, must make available to participants the choice of at least two employment and training service providers as defined under MN Statute 256J.49, Subdivision 4, except in counties contracting with workforce centers that use multiple employment and training services or that offer multiple services options under a collaborative effort and can document that participants have choice among employment and training services designed to meet specialized needs.

List your current employment services provider(s) and check the respective box to indicate which population served. If a Workforce Center is the only employment services provider, list the multiple employment and training services among which participants can choose. Section I of this form addresses provider choice.

<b>NAME</b>		<b>ADDRESS</b>	
<input type="text" value="Workforce Development, Inc"/>		<input type="text" value="2070 College View Rd E, Rochester, MN 55904"/>	
<b>CONTACT PERSON</b>	<b>PHONE NUMBER</b>	<b>EMAIL</b>	
<input type="text" value="Wanda Jensen"/>	<input type="text" value="507-292-5166"/>	<input type="text" value="wjensen@wdimn.org"/>	
<b>Population Served</b> <input checked="" type="checkbox"/> MFIP ES <input checked="" type="checkbox"/> DWP ES <input checked="" type="checkbox"/> FSS <input checked="" type="checkbox"/> Teen Parents <input checked="" type="checkbox"/> 200% FPG <input type="checkbox"/> Other			

## B. Service Models

## Minnesota Family Investment Program (MFIP) and the Diversionary Work Program (DWP)

1. \*What strategies do you use for hard-to-engage participants? Check all that apply.

- ☐ Home visits
 ☒ Sanction outreach services  
☒ Off-site meeting opportunities
 ☒ Incentives – specify:   
☒ Virtual appointments
 ☒ Workforce One Connect app  
☐ Other – specify:

2. \*What types of job development do you do? Check all that apply.

- ☒ Sector job development
 ☒ Individual job development  
☒ Other – specify:

3. \* Do you have an ongoing job development partnership or sector based job development with community employers to help participants with employment?

- ☐ No
 ☒ Yes – check all activities employer provides:  
☒ Interview opportunities
 ☒ Job skills training
 ☒ Job placement
 ☒ Job shadowing  
☒ On-site job training
 ☒ Work experience
 ☒ Helps plan training programs  
☐ Other – specify:

4. \* Do you provide the following services to prepare participants for work?

- ☐ No
 ☒ Yes – check all that apply:  
☒ Transportation
 ☒ Soft skills training
 ☐ Financial planning
 ☒ Mentoring  
☐ Other – specify:

5. \* Do you provide job retention services to employed participants while they are receiving MFIP?

- ☐ No
 ☒ Yes – check all that apply and answer the follow up question below:  
☒ Available to assist with issues that develop on the job
 ☐ Financial planning  
☒ Soft skills training
 ☒ Mentoring
 ☒ Transportation  
☒ Personal contact with the employee
 HOW OFTEN?   
☐ Other – specify:

If yes, how long do you provide job retention services?

- ☐ Less than 3 months
 ☐ 3-6 months
 ☒ 7-12 months
 ☐ More than one year

6. \* Do you provide job advancement services to employed participants?

- ☐ No
 ☒ Yes – check all that apply:  
☒ Career laddering
 ☒ Networking
 ☒ Coaching/mentoring
 ☒ Ongoing job search
 ☒ Education/training  
☐ Other – specify:

7. \* Do you utilize any career pathways programs or skill assessment and credentialing programs for your participants?

- ☐ No
 ☒ Yes – check all that apply:  
☒ Pathways to Prosperity (P2P)
 ☐ Work Keys
 ☒ National Career Readiness Certificate (NCRC)  
☒ Other – specify:

**B. Service Models** (continued)**Family Stabilization Services (FSS)**

1. \* Do you have qualified professionals available to assist with FSS cases in your service area who meet the licensure and accreditation requirements below?

☐ No ☒ Yes – check all that apply:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Licensed physician      | <input type="checkbox"/> Physician assistant   | <input type="checkbox"/> Advanced practice registered nurse    |
| <input type="checkbox"/> Physical therapist      | <input type="checkbox"/> Occupational therapist  | <input type="checkbox"/> Licensed social worker                |
| <input type="checkbox"/> Licensed psychologist   | <input type="checkbox"/> Certified school psychologist   | <input checked="" type="checkbox"/> Mental health professional |
| <input type="checkbox"/> Certified psychometrist | <input checked="" type="checkbox"/> Other – specify: <u>Social Workers for AMH and CMH, Adult Rehabilitation Mental Health Services Work</u> |  |

2. \* Do you make referrals for children of FSS participants?

☐ No ☒ Yes – check all that apply:

- |   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> Children's Mental Health Services         | <input checked="" type="checkbox"/> Public Health Nurse home visiting services | <input checked="" type="checkbox"/> Child Wellness Check-ups |
| <input checked="" type="checkbox"/> Women, Infants and Children Program (WIC) | <input type="checkbox"/> Follow Along Program                                  |  |
| <input type="checkbox"/> Other – specify: <u></u>                             |  |  |

3. \* Are any of these services for children offered to non-FSS families?

☐ No ☒ Yes

**Services for families under 200% of Federal Poverty Guideline (FPG)**

1. \* Do you serve families not receiving MFIP/DWP that are under 200% of the Federal Poverty Guideline (FPG)?

☐ No ☒ Yes

DESCRIBE

We will provide assessment; career planning; development of EP; essential skills training

2. \* Do you provide services to families who have exited MFIP/DWP or families at risk of receiving MFIP or the Diversionary Work Program (DWP), but are under 200% of the Federal Poverty Guideline (FPG)?

☐ No ☒ Yes – check all the services that apply:

- |  |  |  |   |
|--|--|--|---|
| <input checked="" type="checkbox"/> Child care   | <input checked="" type="checkbox"/> Job retention services | <input checked="" type="checkbox"/> GED              | <input checked="" type="checkbox"/> ABE/ELL classes               |
| <input checked="" type="checkbox"/> Job postings   | <input checked="" type="checkbox"/> Computer lab access    | <input checked="" type="checkbox"/> Support services | <input checked="" type="checkbox"/> Transportation/vehicle repair |
| <input checked="" type="checkbox"/> Other – specify: <u>WIOA co-enrollment opportunities</u> |  |  |   |

If yes, how long do you provide these services?

☐ Up to 3 months ☐ 6 months ☒ 12 months ☐ Other – specify:

3. \* Do you provide services to Non-Custodial Parents (NCPs) that are under 200% of the Federal Poverty Guideline (FPG)?

☐ No ☒ Yes

Describe below, including how many NCPs you are currently serving:

None

4. \* Describe the process you have in place to verify income below 200% FPG for participants that are not on MFIP or DWP.

Most often the participants are on another public assistance program such as SNAP, CCAP or health care and we use the information they have already provided.

**B. Service Models** (continued)**Minnesota Family Investment Program (MFIP) Services for Teen Parents**

1. \* Are there specialized workers who work primarily with teens?

☐ No ☒ Yes – check all that apply for each age group:

**Minors**  
(under age 18)**Age**  
**18/19**

Financial worker

Employment service worker

Social worker

Public health nurse

Child care worker

Child protection worker

Other job role – specify:

2. \* Is there a single point of contact for teens, that is, one staff with primary responsibility for keeping in contact with the teen, working with the teen, and making connections to other services? Respond for each age group separately. If yes for an age group, check the one position that serves this function within that age group.

☐ No ☒ Yes

**Minors (under age 18)**☒ Financial worker☐ Employment service worker☐ Social worker (Social Services)☐ Public health nurse☐ Child care worker☐ Child protection worker☐ Other job role**Age 18/19**☒ Financial worker☐ Employment service worker☐ Social worker (Social Services)☐ Public health nurse☐ Child care worker☐ Child protection worker☐ Other job role

3. \* Does your County/Tribal Nation have an active partnership with the local public health agency to get teen parents enrolled and engaged in public health nurse home visiting services? Check one for each age group.

**Minors (under age 18)**☒ Yes, mandatory☐ Yes, voluntary☐ No**Age 18/19**☐ Yes, mandatory☒ Yes, voluntary☐ No



**C. Addressing Equity**

1. \* Describe how you are ensuring your services are inclusive and accessible for all.

Houston County is working on developing and IDI program and creating a training program for our staff. We have provided training to our staff regarding poverty informed decision making and continue to work at finding opportunities for our staff to find additional trainings.

2. \* How are you working to advance equity in service delivery in your county/Tribal Nation?

Our service provider, Workforce Development, Inc., is currently working on the Inclusive Workforce Employer (I/WE) designation. Staff have completed IDI assessments and have had multiple training sessions on Equity, Inclusion and Respect. They work towards delivering the best services to all customers. WDI staff have attended multiple training session focused on poverty informed decisions and providing services to fit the unique needs of our MFIP families.

3. \* Do you provide equity and diversity training for workers?

- ☒ No  
☐ Yes, voluntary  
☐ Yes, mandatory

4. \* Do you have culturally specific employment services for different racial/ethnic groups?

☒ No ☐ Yes – check all that apply:

- ☐ African American ☐ African immigrant ☐ American Indian ☐ Asian American  
☐ Asian immigrant ☐ Hispanic/Latino ☐ Newly arrived immigrant  
☐ Other – specify:

**D. Collaboration and Communication with Others****Workforce One**

1. \* How many Financial Workers have access to Workforce One?
2. \* How many Child Care assistance workers have access to Workforce One?
3. \* How many support staff have access to Workforce One?

**Workforce One Connect App**

1. \* Does your county/Tribal Nation have the Workforce One Connect app available to participants?

☐ No – explain:

☒ Yes – indicate which of the following groups are utilizing the app features in Workforce One:

☒ Employment services    ☒ Financial workers    ☒ Child care workers

☐ Other – specify:

**MAXIS**

1. \* How many employment services staff have MAXIS access?
2. \* How many managers/supervisors have MAXIS access?
3. \* Describe the process your service area uses to identify and resolve discrepancies between MAXIS and WF1 data in areas such as Family Stabilization Services coding, employment/hours, sanction status, etc.

Our financial workers meet every other month with our employment services provider to ensure cases are coded correctly. They communicate frequently via phone and email in order to keep up with any changes reported on either side. We also utilize the Status Update form provided to us by the state.

**D. Collaboration and Communication with Others** (continued)**Child Care Assistance Program**

1. \*What strategies does your agency use that involve MFIP and/or Employment Services staff to support timely and consistent receipt of child care assistance through the Child Care Assistance Program? *Check all that apply.*

- ☐ Shared electronic document management system
- ☒ Regular case consultation meetings
- ☒ Workers with dual MFIP and CCAP role
- ☐ Workers with dual Employment Services and CCAP role
- ☐ Specific CCAP workers process MFIP child care cases
- ☒ MFIP and/or Employment Services workers receive training related to CCAP
- ☒ Communication with CCAP worker via phone, email or fax
- ☐ Use of agency-developed forms or documents
- ☒ MFIP and/or Employment Services workers assist families with completing CCAP paperwork (for example, the CCAP application)
- ☒ MFIP and/or Employment Services workers have MEC2 Inquiry access
- ☐ Other - specify:

2. \* What barriers prevent timeliness?

The amount of paperwork and verification is our biggest barrier for timeliness. Clients are often overwhelmed by the amount of documentation the need to provide in order to receive child care assistance. We try to work with them the best we can to provide options to help gather the necessary information.

7691 characters remaining

## E. Emergency Services

1. \* Does your County/Tribal Nation provide emergency or crisis services from your Consolidated Fund?

☐ No ☒ Yes

2. \*Submit a copy of your Emergency Assistance policy as an attachment.

Describe any major changes you've made to this policy below.

The only change made was to reduce the allowable time between being eligibl for Emergency Assistance from 24 months to 12 months.

7869 characters remaining

## F. Measures

### Performance Measures

Performance-based funding is determined by a service area's annualized Self-Support Index value. Review the information and report links in this section to see the effect of performance on funding and reporting, based on [MN Statute 256J.626, Subdivision 7](#).

Each year a bonus to a service area's Consolidated Fund allocation will be based on its performance on the Self-Support Index in the previous April to March year.

The three-year Self-Support Index (S-SI): This measure starts with all adults receiving MFIP or DWP cash assistance in a quarter and tracks what percentage of them, three years later, are no longer receiving family cash assistance or are working an average of 30 hours a week if still receiving cash assistance. Those who left MFIP after reaching 60 counted months and those who left due to 100 percent sanction are only counted as a success if they worked an average of 30 hours per week in their last month of eligibility or if they began receiving Supplemental Security Income (SSI) after family cash assistance ended. To provide fair comparisons across service areas, DHS calculates a "Range of Expected Performance" for the S-SI that is based on local caseload characteristics and economic conditions. The service area's Self-Support Index value is whether the service area was above, within, or below its expected Range.

The S-SI and Range are annualized for the four quarters in the April through March year ending in the reporting year before the funding year. See the annualized report on the MFIP Reports page on the DHS website for 2023: [Minnesota Family Investment Program 2023 Annualized Self-Support Index \(state.mn.us\)](#). A service area with an annualized S-SI above its customized Range of Expected Performance for 2023 will receive a 2.5 percent bonus added to its Consolidated Fund allocation for calendar year 2024.

If your service area is receiving a bonus, congratulations! Please share a success strategy here:

9999 characters remaining

If your service area performed "above" or "within," you can go to Section G.

If your service area performed "below" for two consecutive years, you will have to **negotiate a multi-year improvement plan** with DHS. If no improvement is shown by the end of the multi-year plan, the next year's allocation must be decreased by 2.5 percent, to remain in effect until the service area performs within or above its Range of Expected Performance.

**F. Measures** (continued)**Racial/Ethnic Disparities**

A racial/ethnic disparity is defined as a one-year Self Support Index that is five or more percentage points lower for a non-white racial/ethnic group than for the white group of MFIP/DWP-eligible adults in the County/Tribal Nation or consortium. The report "Annualized MFIP Performance Measures by Racial/Ethnic or Immigrant Group and by County, County Consortium, and Tribal Provider" is now available at <https://public.tableau.com/app/profile/tyler.borgmann/viz/AnnualizedS-SISuccessRatebyRacialEthnicorImmigrantGroup/SSISuccessRateDashboard-intro>

To view your agency's measurement, click on the "S-SI Success Rate by Agency" button. This will bring you to the statewide data for 2022. From the first drop down you can select your county, county consortium or Tribal Nation. If you note any groups that are below the line (indicated by a green bar) your county, county consortium or Tribal Nation will answer the next question below:

What strategies and action steps for each of the groups below the disparities reference line do you plan to implement for the coming biennium to reduce these disparities?

To address disparities, a couple things often come to mind:

1. hire staff that is representative of the community
2. provide specific services that are culturally appropriate for the minority community members.

In a small county like Houston, there is a very small employment services staff, and it is difficult to find staff who represent the diverse community members we may see referred for services. The number of people falling into the disparities category is often not enough to develop a specific, specialized set of services. To offset this and deliver the best services to all our customers, WDI employment services staff have attended multiple trainings over the past year focused on making poverty informed decisions and providing services that fit the unique needs of our MFIP families, learning about working effectively with diverse populations and motivational interview training to allow us to build deeper relationships with our customers. Our outreach specialist meets with employers to help them understand the workforce of today and to help remove stigma and racism in employment by providing facts.

Action plan - continue to be educated by bringing forward opportunities to educate staff and the community. Build strong relationships with all our customers to ensure they are getting the best possible service while putting additional focus on the experiences our African American and other diverse customers may be facing.

8543 characters remaining

**G. Program Monitoring and Compliance**

1. \*What procedures do you have in place to ensure that program funds are being used appropriately as directed in law? *Check all that apply.*

- ☒ Budget control procedures for approving expenditures  
☒ Cash management procedures for ensuring program income is used for permitted activities  
☒ Internal policies around use of funds (i.e. participant support services)  
☐ Other – specify:

2. \*What procedures do you have in place to ensure program policies are followed and applied accurately? *Check all that apply.*

- ☒ Case consultation  
☐ Sample case review by supervisors  
☐ Sample case review by lead worker/mentor  
☐ Sample case reviews by peers  
☐ Other – specify:

3. Effective August 1st, 2023, counties and Tribal Nations are no longer required to administer random drug tests to MFIP participants who are convicted drug felons but may do so at the county or Tribal Nation's option. If applicable, what procedures/policies do you have in place for administering random drug tests to MFIP participants who are convicted drug felons as allowed by [MN Statute 256J.26, Subdivision 1](#)? **Select one.**

- ☐ Written policy within the MFIP unit  
☐ Coordination with Corrections  
☐ Currently establishing new policy/procedure(s)  
☐ Other – specify:

**Submit a copy of your written policy as an attachment.**

## H. Administrative Cap Waiver

Minnesota Family Investment Program (MFIP) allows counties to request a waiver of the MFIP administrative cap (currently at 7.5%) for providing supported employment, uncompensated work, or a community work experience program for a major segment of the county's MFIP population. Counties that are operating such a program may request up to 15% administrative costs per [MN Statute 256J.626, Subdivision 2](#).

If your County/Tribal Nation is interested in applying for the waiver for the coming biennium, please complete the following four questions.

1. Describe the activity(s) you will provide.

4000 characters remaining

2. Explain the reasons for the increased administrative cost.

4000 characters remaining

3. Describe the target population and number of people expected to be served.

4000 characters remaining

4. Describe how the unpaid work experience is designed to impart skills and what steps are taken to help participants move from unpaid work to paid work.

4000 characters remaining

If your County/Tribal Nation is providing unpaid work experience activities for MFIP participants and you don't already have an Injury Protection Plan (IPP) in place, please click on [eDocs](#) to fill out the IPP form. Email the completed form to: [Jonathan.Hausman@state.mn.us](mailto:Jonathan.Hausman@state.mn.us).



## I. Provider Choice

MFIP provisions require counties to provide a choice of at least two employment service providers available to participants unless a workforce center is being utilized ([MN Statute 256J.50, Subdivision 8](#)). Counties may request an exception if meeting this requirement results in a financial hardship ([MN Statute 256J.50, Subdivision 9](#)).

Does your County/Tribal Nation:

- ☐ Have at least two employment and training services providers. Go to Section J.
- ☒ Have a CareerForce center that provides multiple employment and training services, offers multiple services options under a collaborative effort and can document that participants have choice among employment and training services designed to meet specialized needs. Go to Section J.
- ☐ Intend to submit a financial hardship request.

**I. Provider Choice** (continued)**Financial Hardship Request**

A financial hardship is defined as a county's inability to provide the minimum level of service for all programs if a disproportionate amount of the MFIP consolidated fund must be used to cover the costs of purchasing employment services from two providers or the cost of contracting with a workforce center.

To request approval of a financial hardship exception from the choice of provider requirement, please provide the following information.

1. If the County/Tribal Nation had a choice of providers in calendar year 2023, describe:
  - factors that have changed which indicate a financial hardship,
  - why the hardship is expected to continue, and
  - the magnitude of the hardship, which makes limiting delivery of employment services the best financial option for the County/Tribal Nation.

2000 characters remaining

2. Summarize options explored by the county, including use of other partners in a workforce center or other community agencies, such as a Community Action Program or a technical college. The summary should also include:
  - major factors which prevent the County/Tribal Nation from utilizing these options and include a cost analysis of each option considered; and
  - the process used to determine the cost of other options (RFP or other County/Tribal Nation process).

2000 characters remaining

3. If the County/Tribal Nation proposes to directly deliver MFIP employment services, provide a budget and staffing plan that clearly indicates consolidated funds will not be used to supplant County/Tribal Nation funds. The description should include information about what steps will be taken to ensure that staff have the experience and skills to deliver employment services.

2000 characters remaining

Financial Hardship requests will be reviewed by the Department of Human Services (DHS) and the Department of Employment and Economic (DEED) leadership. DHS and DEED will also look at the amount budgeted by the County/Tribal Nation for employment and training during calendar year 2023 and use this amount as a guide to determine whether the amount budgeted by the County/Tribal Nation for calendar year 2024 is reasonable.

If a financial hardship is approved, DHS and DEED will closely monitor County/Tribal Nation programs to ensure outcomes are achieved and services are being delivered consistent with state law. For additional information or if you have questions, please email Pamela McCauley at [Pamela.McCauley@state.mn.us](mailto:Pamela.McCauley@state.mn.us).

## J. Budget

Click on the link below to review your service area's 2024 MFIP allocation and Federal Funding Sources:

[MFIP Consolidated Fund \(PDF\)](#)

In the budget table below, indicate the amount and percentage for each item listed for the budget line items for calendar years 2024-2025. Also note:

- Refer to the 2024-25 Minnesota Family Investment Program (MFIP) Biennial Service Agreement (BSA) Guidelines Bulletin section, "Allowable Services under MFIP Consolidated Fund."
- Total percent must equal 100.
- Income maintenance administration is reasonable in comparison to the whole budget.
- Ensure the Emergency Assistance/Crisis Services plan is included if funds are allocated.
- All services must be an allowable expenditure under the MFIP Consolidated Fund.
- Allocation amounts must be spent by the end of calendar year, remaining amounts does not roll over into the following year.
- Medical expenditures are NOT allowable.

## 2024 Budget

Email Arina Preston at [Arina.Preston@state.mn.us](mailto:Arina.Preston@state.mn.us), if you need assistance or have questions with the budget section.

Budgeted Amount	Percent	Line Items
40,000.00	26.06%	Employment Services (DWP)
69,088.00	45.02%	Employment Services (MFIP)
10,000.00	6.52%	Emergency Services/Crisis Fund
9,375.00	6.11%	Administration (cap at 7.5% or up to 15% with an approved administrative cap waiver)
15,000.00	9.77%	Income Maintenance Administration
	0.00%	Incentives (Include the total amount of funds budgeted for participant incentives but don't include support services here)
10,000.00	6.52%	Under 200% Services
	0.00%	Capital Expenditures
	0.00%	Other: <input type="text"/>
<b>\$153,463.00</b>	<b>100.00%</b>	<b>Total</b>

## 2025 Budget

Budgeted Amount	Percent	Line Items
40,000.00	26.06%	Employment Services (DWP)
69,088.00	45.02%	Employment Services (MFIP)
10,000.00	6.52%	Emergency Services/Crisis Fund
9,375.00	6.11%	Administration (cap at 7.5% or up to 15% with an approved administrative cap waiver)
15,000.00	9.77%	Income Maintenance Administration
	0.00%	Incentives (Include the total amount of funds budgeted for participant incentives but don't include support services here)
10,000.00	6.52%	Under 200% Services
	0.00%	Capital Expenditures
	0.00%	Other: <input type="text"/>
<b>\$153,463.00</b>	<b>100.00%</b>	<b>Total</b>

## K. Certifications and Assurances

### Public Input

\* Prior to submission, did the County/Tribal Nation solicit public input for at least 30 days on the contents of the agreement?

☐ No ☒ Yes

Was public input received?

☒ No ☐ Yes

If received but not used, please explain.

4000 characters remaining

## K. Certifications and Assurances

### Assurances

It is understood and agreed by the County/Tribal Nation board that funds granted pursuant to this service agreement will be expended for the purposes outlined in [Minnesota Statutes, section 256J](#); that the commissioner of the Minnesota Department of Human Services (hereafter department) has the authority to review and monitor compliance with the service agreement, that documentation of compliance will be available for audit; that the County/Tribal Nation make reasonable efforts to comply with all MFIP requirements, including efforts to identify and apply for available state and federal funding for services within the limits of available funding; and that the County/Tribal Nation agrees to operate MFIP in accordance with state law and federal law and guidance from the department.

Counties and Tribal Nations may use the funds for any allowable expenditures under subdivision 2, including case management outlined in [Minnesota Statutes, section 256J](#).

This allocation is funded with 8% state funds and 92% federal TANF funds and paid quarterly.

**Federal funds.** Payments are to be made from federal funds. If at any time such funds become unavailable, this CONTRACT shall be terminated immediately upon written notice of such fact by STATE to County/Tribal Nation. In the event of such termination, County/Tribal Nation shall be entitled to payment, determined on a pro rata basis, for services satisfactorily performed. An amendment must be executed any time any of the data elements listed in 2 CFR 200.332 and this clause, including the Assistance Listing number, are changed, such as additional funds from the same federal award or additional funds from a different federal award. STATE has determined that County/Tribal Nation is a "contractor" and not a "subrecipient" pursuant to 2 C.F.R section 200.331.

**Pass-through requirements.** County/Tribal Nation acknowledges that, if it is a subrecipient of federal funds under this CONTRACT, County/Tribal Nation may be subject to certain compliance obligations. County/Tribal Nation can view a table of these obligations in the [Health and Human Services Grants Policy Statement](#),<sup>[1]</sup> Exhibit 3 on page II-3, in addition to specific public policy requirements related to the federal funds here. To the degree federal funds are used in this contract. STATE and County/Tribal

County/Tribal Nation must match the name associated with the Unique Entity Identifier) §§ 200.501-521 (Subpart F – Audit Requirements).<sup>[2]</sup>

**2. County/Tribal Nation Unique Entity Identifier (EUI):**

28HOU675

Effective April 4, 2022, the Unique Entity Identifier is the 12 character alphanumeric identifier established and assigned at SAM.gov to uniquely identify business entities and must match County/Tribal Nation name.

**3. Federal Award Identification Number (FAIN):** 2201MNTANF and 2301MNTANF

**4. Federal Award Date:** October 1, 2022 (projected) (The date of the award to the MN Dept. of Human Services.)

**5. Period of Performance:** January 1, 2024 – December 31, 2025

**6. Budget period start and end date:** January 1, 2024 – December 31, 2025

**7. \*Amount of federal funds:**

A. Total Amount Awarded to DHS for this project: \$103,290,000 (projected)

B. Total Amount Awarded by DHS for this project to County/Tribal Nation named above: \$

**8. Federal Award Project description:** Temporary Assistance for Needy Families (TANF)

**9. Name:**

A. Federal Awarding Agency: Administration for Children and Families

B. MN Dept. of Human Services (DHS)

C. Contact information of DHS's awarding official: Jovon Perry, Jovon.perry@state.mn.us

**10. \*Assistance Listings Number & Name** (formerly known as CFDA No.):

Payments are to be made from federal funds obtained by STATE through Catalog of Federal Domestic Assistance (CFDA) No.:

NUMBER:

NAME:

Total amount made available at time of disbursement: \$

**11. \* Is this federal award related to research and development?** ☒ No ☐ Yes

**12. Indirect Cost Rate for this federal award is:** up to 15% (including if the de minimis rate is charged)

## Service Agreement Certification

- ☐ Checking this box certifies that this 2024 - 2025 MFIP Biennial Service Agreement has been prepared as required and approved by the County/Tribal Nation board(s) under the provisions of Minnesota Statutes, section 256J. In the box below, state the name of the chair of the County/Tribal Nation board of commissioners or authorized designee, their mailing address and the name of the county.

\* DATE OF CERTIFICATION

\* NAME (CHAIR OR DESIGNEE)

\* COUNTY/TRIBE

\* MAILING ADDRESS

\* CITY

\* STATE

\* ZIP CODE

If your county/tribal agency is unable to complete your BSA by October 15th, 2023, you will need to request an extension by emailing [Jonathan.Hausman@state.mn.us](mailto:Jonathan.Hausman@state.mn.us). Please provide additional information about why you were not able to complete this form.

## Save or Submit

**To save your work**, click the 'Save Form for Later' button. Your information will be saved, and you may finish the form later.

**To submit your information to DHS**, click the 'Submit Final Form' button.

# Houston County Agenda Request Form

Date Submitted: 10/5/2023

Person requesting appointment with County Board: John Pugleasa, Director Public Health & Human Services

Will you be doing a power point or video presentation:        Yes        X NO

**Issue:**

Establish a committee to study cannabis licensing and regulation related to recently passed legalization of adult use cannabis.

**Attachments/Documentation for the Board's Review:**

none

**Justification:**

**Action Requested:**

Establishe committee and initial membership as proposed.

For County Use Only			
<b><u>Reviewed by:</u></b>	<u>          </u> County Auditor	<u>          </u> County Attorney	<u>          </u> Zoning/Environmental Service
	<u>          </u> Finance Director	<u>          </u> County Engineer	<u>          </u> HR/Personnel
	<u>          </u> IS Director	<u>          </u> Other (indicate dept)	<u>          </u>
<b><u>Recommendation:</u></b>			
<b><u>Decision:</u></b>			

All agenda request forms must be submitted to the County Auditor by 4:00 p.m. on Monday in order to be considered for inclusion on the following week's agenda. The Board will review all requests and schedule appointments as appropriate.