CERTIFIED COPY OF ORDER

STATE OF MISSOURI

March Session of the January Adjourned

Term. 20 20

County of Boone

ea.

In the County Commission of said county, on the

26th

day of

March

20 20

the following, among other proceedings, were had, viz:

Now on this day, the County Commission of the County of Boone does hereby approve the request by the Information Technology Department to purchase emergency remote connection software as requested in the attached memorandum.

Done this 26th day of March 2020.

ATTEST

Brianna I Lennon

Clerk of the County Commission

Daniel Atwill

Daniel K. Atwill

Presiding Commissioner

Erect T Door

District I Commissioner

Jane M. Thompson

District II Commissioner



BOONE COUNTY

Department of Information Technology

ROGER B. WILSON BOONE COUNTY GOVERNMENT CENTER 801 E. Walnut, Room 220 Columbia, MO 65201-4890 573-886-4315

Aron Gish

Director

DATE:

March 24, 2020

TO:

Dan Atwill, Presiding Commissioner Fred Parry, District I Commissioner

Janet Thompson, District II Commissioner

FROM:

Aron Gish, IT Director

SUBJECT:

Request to purchase emergency remote connection software

CC:

June Pitchford, County Auditor Caryn Ginter, Budget Analyst

The purpose of this request is to seek approval to purchase five emergency remote connections software. One will be an additional seat for the Recorder's Office while the other four are not specifically designated.

A budget revision has been prepared to transfer funds from department 1123-(Emergency & Contingency) / account 86800-(Emergency) for the following department 1170-(Information Technology) / account 23810-(Untagged Hardware and Software) to complete the purchase for emergency remote connection software.

Total Purchase: \$2,672.50

Thank you for your consideration.

CERTIFIED COPY OF ORDER

STATE OF MISSOURI

March Session of the January Adjourned

Term. 20 20

County of Boone

} ea.

In the County Commission of said county, on the

26th

day of

March

2020

the following, among other proceedings, were had, viz:

Now on this day, the County Commission of the County of Boone does hereby approve the following budget revision from the Information Technology Department to move funds from account 86800 (Emergency) to department 1170 (Information Technology), account 23810 (Untagged Hardware & Software) to complete the purchases for emergency remote connection software.

Department	Account	Department Name	Account Name	Decrease \$	Increase \$
1123	86800	Emergency & Contingency	2,673		
1170	23810	Information Technology	Untagged Hardware & Software (5)		2,673
			- IIII - All Maria		7.1
				2,673	2,673

Done this 26th day of March 2020.

ATTEST:

Brianna L. Lennon

Clerk of the County Commission

Daniel Atwill

Daniel K. Atwill

Presiding Commissioner

Fred J. Parny

District I Commissioner

Jane M. Thompson

District II Commissioner

To: County Clerk's Office

BOONE COUNTY, MISSOURI REQUEST FOR SHOCET REVISIO

Comm Order # 150 - 2020

Please return purchase req with back-up to Auditor's Office.

3/24/20 EFFECTIVE DATE

MAR 24 2020

FOR AUDITORS USE

		8.,	Erit in a Haile	(Use whole \$	amounts) Transfer To
Dept	Account	Fund/Dept Name	Account Name	Decrease	Increase
1123	86800	Emergency & Contingency	Emergency	2,673	
1170	23810	Information Technology	Untagged Hardware and Software (5)		2,673
				2,673	2,673

Describe the circumstances requiring this Budget Revision. Please address any budgetary impact for the remainder of this year and subsequent years. (Use an attachment if necessary):

Revise budget to transfer funds from department 1123-(Emergency & Contingency) / account 86800-(Emergency) for the following department 1170-(Information Technology) to complete the purchase for emergency remote connection software.

EMERGENCY CONNECTION SOFTWARE

Do you anticipate that this Budget Revision will provide sufficient funds to compete the year? YES or NO If not, please explain (use an attachment if necessary):

TO BE COMPLETED BY AUDITOR'S OFFICE

N/A schedule of previously processed Budget Revisions/Amendments is attached

₩ Unencumbered funds are available for this budget revision.

Comments:

Auditor's Office

PRESIDING COMMISSIONER

Daniel Atwill

DISTRICT / COMMISSIONER

DISTRICT II COMMISSIONER

QUOTE CONFIRMATION



DEAR RYAN IRISH,

Thank you for considering CDW•G for your computing needs. The details of your quote are below. <u>Click here</u> to convert your quote to an order.

QUOTE #	QUOTE DATE	QUOTE REFERENCE	CUSTOMER #	GRAND TOTAL
LHZD467	3/24/2020	BOONE031920	8935081	\$1,970.25

QUOTE DETAILS				
ITEM	QTY	CDW#	UNIT PRICE	EXT. PRICE
Citrix Virtual Apps and Desktops Advanced Edition - license + Subscription	5	3625750	\$303.38	\$1,516.90
Mfg. Part#: 3013059-EZ UNSPSC: 43233006				
Start Date - 3,24,2020 End Date 3,23,2021 Contract: Sourcewell RFP 081419 Tech Catalog - Software (081419-CDW) Electronic distribution - NO MEDIA Contract: Sourcewell 081419-CDW Tech Catalog - Software (081419-CDW)				
Citrix Support Software Maintenance - technical support - Jor Citrix XenDes	5	3625754	\$90.67	\$453.35
Mfg. Part#: 4034317-EZ				
UNSPSC: 81112202				
Start Date - 3.24.2020 End Date 3.23.2021 Contract: Sourcewell RFP 081419 Tech Catalog - Software (081419-CDW) Electronic distribution - NO MEDIA Contract: Sourcewell 081419-CDW Tech Catalog - Software				

PURCHASER BILLING INFO	SUBTOTAL	\$1,970.25		
Billing Address:	SHIPPING	\$0.00		
BOONE COUNTY IT DEPT 801 E WALNUT ST RM 220	SALES TAX	\$0.00		
COLUMBIA, MO 65201-4890 Phone: (573) 886-4315	GRAND TOTAL	\$1,970.25		
Payment Terms: NET 30-VERBAL				
DELIVER TO	Please remit payments to: CDW Government 75 Remittance Drive Suite 1515 Chicago, IL 60675-1515			
Shipping Address: BOONE COUNTY IT DEPT 801 E WALNUT ST RM 220 COLUMBIA, MO 65201-4890 Phone: (573) 886-4315 Shipping Method: ELECTRONIC DISTRIBUTION				

Nee	Assistance?	CDW•G SALES CONTACT IN	FORMATION	
Tom Doherty	Į.	(866) 626-8514	Ī	tomdohe@cdwg.com



Pricing Proposal

Quotation #: 18661687 Reference #: EA# 62337182 Created On: Mar-24-2020 Valid Until:

Apr-23-2020

County of Boone

Ryan Irish

Phone: 573-886-4445

Fax:

Email: RIrish@boonecountymo.org

Inside Account Manager

Corinne Walsh

290 Davidson Avenue Somerset, NJ 08873 Phone: 1-833-619-1664

Fax: 1-888-394-5322

Email: corinne_walsh@shi.com

All Prices are in US Dollar (USD)

F	Product	Qty	Your Price	Total
1 V	VinRmtDsktpSrvcsCAL ALNG LicSAPk MVL UsrCAL Microsoft - Part#: 6VC-01252 Contract Name: PC Prime Vendor Services Contract #: CT160910001 Coverage Term: Mar-24-2020 – Apr-30-2022	5	\$140.45	\$702.25
			Total	\$702.25

Additional Comments

Please note: There are items on this quote that are available under contract # CT160910001. These items are marked on the line item level. Thank you for choosing SHI International Corp! The pricing offered on this quote proposal is valid through the expiration date listed above. To ensure the best level of service, please provide End User Name, Phone Number, Email Address and applicable Contract Number when submitting a Purchase Order. For any additional information including Hardware, Software and Services Contracts, please contact an SHI Inside Sales Representative at (888) 744-4084. SHI International Corp. is 100% Minority Owned, Woman Owned Business. TAX ID# 22-3009648; DUNS# 61-1429481; CCR# 61-243957G; CAGE 1HTF0

The products offered under this proposal are resold in accordance with the terms and conditions of the Contract referenced under that applicable line item.

2020 Emergency Fund 1123-86800

DATE	DEPARTMENT	DEPT. NO.	ACCOUNT	ORIGINAL BUDGET	AMOUNT USED	REMAINING BUDGET	DESCRIPTION
1/1/2020 1/1/2020 3/17/2020 3/24/2020	Original budget Public Health Services Information Technology Information Technology	1410 1170 1170	Build Use/Rent Charge 23810 Untagged Hrdwr/Sftwr 23811 Untagged Hrdwr/Sftwr	850,000	(11,370) (13,110) (2,673)	850,000 838,630 825,520 822,847 822,847 822,847 822,847 822,847 822,847 822,847 822,847 822,847	Original budget Cover Revised Condo Assessment for Unit 1 software for emergency remote employee access software for emergency remote employee access
			Total	850,000	(27,153)	822,847	

CERTIFIED COPY OF ORDER

STATE OF MISSOURI

March Session of the January Adjourned

Term. 20 20

County of Boone

ea.

In the County Commission of said county, on the

26th

day of

March

20 20

the following, among other proceedings, were had, viz:

Now on this day, the County Commission of the County of Boone does hereby acknowledge the following budget amendment from the Auditor's Office to cover the cost of the semi-annual association assessments for Unit 1 and 2 of the Boone County/City of Columbia Health Department building.

Department	Account	Department Name	Account Name	Decrease \$	Increase \$
1190	3821	Non-Departmental	Building Rent		13,843
1190	71500	Non-Departmental	Building Use/Rent Charge		13,843
1410	71500	Public Health Services	Building Use/Rent Charge		13,843
1123	86800	Emergency & Contingency	Emergency	11,370	
	- Will			11,370	39,056

Done this 26th day of March 2020.

ATTEST:

Brianna L. Lennon

Clerk of the County Commission

Daniel K. Atwill

Presiding Commissioner

Daniel Atwill

Fred J. Parry

District I Commissioner

Janet M. Thompson

District II Commissioner

BOONE COUNTY, MISSOURI REQUEST FOR BUDGET AMENDMENT

1/1/2020 **EFFECTIVE DATE**

FOR AUDITORS USE

				(Use Whole				
Dept	Account	Fund/Dept Name	Account Name	Transfer From Decrease	Transfer To Increase			
1190	3821	Non-Departmental	Building Rent		13,843			
1190	71500	Non-Departmental	Building Use/Rent Charge		13,843			
1180	71300	140ti-Departmental	Bolland Control Control					
1410	71500	Public Health Services	Building Use/Rent Charge		11,370			
1123	86800	Emergency & Contingency	Emergency	11,370				
- Kata								
		<u> </u>						
		1						
		<u></u>						
				_				
				44.000	00.070			
				11,370	39,056			

Describe the circumstances requiring this Budget Amendment. Please address any budgetary impact for the remainder of this year and subsequent years. (Use an attachment if necessary):

This budget adjustment is to cover the cost of the semi annual association assements for Unit 1 and 2 of the Boone County/City of Columbia Health Department building. The original assessment presented in August 2019 was adjusted to cover maintenance/capital repair work (current siding project and roof replacement later). A revised assessment was sent in October but was not included in the proposed budget. This budget adjustment will cover the increased assessments for Unit 1 and Unit 2 for the year

Auditors Office	
Requesting Official	
TO BE COMPLETE	ED BY AUDITOR'S OFFICE
A fund-solvency schedule is attached.	
☐ Comments: Cover Revised Condo Assessment	nts - Auditor
Auditor's Office Daniel Atwill	Josep Quella-
PRESIDING COMMISSIONER	DISTRICT I COMMISSIONER DISTRICT II COMMISSIONER
ET AMENDMENT PROCEDURES	

 County Clark schedules the Budget Amendment for a first reading on the commission agenda. A copy of the Budget Amendment and all
altachments must be made available for public inspection and review for a period of at least 10 days commencing with the first reading of the Budget Amondment.

At the first reading, the Commission sets the Public Hearing date (at least 10 days hence) and instructs the County Clerk to provide at least 5 days public notice of the Public Hearing, NOTE: The 10-day, period may not be waived.

The Budget Amendment may not be approved prior to the Public Hearing

UOA - Health Department Condo Assessment Calculation - 2020 Budget At 01/08/2020

Revised

Excess Cash Calculation for Budget Checking account balance @ 06/30/2019								\$	17,946
Budgeted profit for July - Dec, 2019									
Subtotal of estimated remaining cash in checking account at end of year									16,242 34,188
Less: Amount of cash to have available in checking account									10,000
Estimated amount of excess cash at year er	nd							\$	24,188
Less: Amount of aniticipated excess cash to maintain assessments same as last year									7,280
Amount of remaining cash, if available, that	can be plac	ed i	n Undesig	nate	ed Reserv	е		\$	16,908
Not Operating Loop not Bronned 2010 Budg	at wat of any		amanta ta					\$	02 222
Net Operating Loss per Proposed 2019 Budg	et net or as:	ses:	sments to	H	empers			Ф	93,332
Member Assessment Calculation	Proration		City	С	ounty 1	С	ounty 2		Total
Unit 1 - City	31.08%	\$	29,008					\$	29,008
Unit 1 - County 1410 - 71500	31.08%		,	\$	29,008			\$	29,008
Unit 2 - County 1190 - 71500	37.84%					\$	35,317	\$	35,317
Total Assessment Amount for the year	100.00%	\$	29,008	\$	29,008	\$	35,317	\$	93,332
Divide for Semi-Annual Assessment Amount 2 2 2							2		
Semi-Annual Assessment Amount		\$	14,504	\$	14,504	\$	17,658	\$	46,666

UOA - Health Department Condo Assessment Calculation - 2019 Budget At 07/14/2019

Original

Excess Cash Calculation for Budget									
Checking account balance @ 06/30/2019								\$	17,946
Budgeted profit for July - Dec, 2019								\$	16,242
Subtotal of estimated remaining cash in check	ing account a	at ei	nd of vear					\$	34,188
Captotal of Communicat Formatting Captotin Officer	g woodunt		in or your					•	9
Less: Amount of cash to have available in ch	necking acco	unt						\$	10,000
Estimated amount of excess cash at year e	-							\$	24,188
•									
Less: Amount of aniticipated excess cash to	maintain ass	sess	ments sa	me	as last yea	ar		\$	7,280
Amount of remaining cash, if available, that can be placed in Undesignated Reserve					\$	16,908			
Altioutit of fernalthing cash, if available, that									
Amount of remaining cash, if available, that			J						
Amount of Terrialining Cash, if available, that									
Net Operating Loss per Proposed 2019 Budg								\$	56,750
Net Operating Loss per Proposed 2019 Budg	get net of ass		sments to	me	embers			\$,
_	get net of ass	ses:	sments to	me			ounty 2		<u>Total</u>
Net Operating Loss per Proposed 2019 Budg	get net of ass		sments to	me	embers		ounty 2	\$,
Net Operating Loss per Proposed 2019 Budg Member Assessment Calculation	get net of ass	ses:	sments to	me	embers		ounty 2		<u>Total</u>
Net Operating Loss per Proposed 2019 Budg Member Assessment Calculation Unit 1 - City	pet net of ass Proration 31.08%	ses:	sments to	me C	embers Sounty 1		Sounty 2 21,474		Total 17,638
Net Operating Loss per Proposed 2019 Budg Member Assessment Calculation Unit 1 - City Unit 1 - County	Proration 31.08% 31.08% 37.84%	ses:	sments to	me C	embers Sounty 1	<u>C</u>		\$	Total 17,638 17,638
Net Operating Loss per Proposed 2019 Budg Member Assessment Calculation Unit 1 - City Unit 1 - County Unit 2 - County	Proration 31.08% 31.08% 37.84%	ses:	City 17,638	0 me	embers county 1 17,638	<u>C</u>	21,474	\$ \$ \$	Total 17,638 17,638 21,474
Net Operating Loss per Proposed 2019 Budg Member Assessment Calculation Unit 1 - City Unit 1 - County Unit 2 - County Total Assessment Amount for the year	Proration 31.08% 31.08% 37.84%	ses:	City 17,638	0 me	embers county 1 17,638	<u>C</u>	21,474 21,474	\$ \$ \$	Total 17,638 17,638 21,474 56,750

Year 2020 Dept 1410 PUBLIC HEALTH SERVICES	INQUIRY MAIN SCREEN 2/ Original Appropriation _ Revisions _ Original + Revisions _	/18/20 11:47:52 17,638.00 17,638.00
Acct 71500 BUILDING USE/RENT CHARGE Fund 100 GENERAL FUND Class/Account A ACCOUNT	Expenditures Encumbrances Actual To Date	
Account Type <u>E</u> <u>EXPENSE</u> Normal Balance <u>D</u> <u>DEBIT</u>	Remaining Balance _ Shadow Balance _	17,638.00 17,638.00
Expenditur	es by Period	
January February March April May June	July August September October November December	

F2=Key Scr F3=Exit F5=Ledger Transactions F7=Transactions F9=Budget

29,008.00 +

17,536-0 -

11,370.00 G+

SUBLSCR BOONE SUBSIDIARY LEDGER INC	QUIRY MAIN SCREEN 2/18	/20 11:41:53
Year <u>2020</u>	Estimated Revenue	21,474.00
Dept 1190 NON-DEPARTMENTAL	Revisions	
Acct 3821 BLDG RENT	_ Original + Revisions	21,474.00
Fund 100 GENERAL FUND	Revenues	5,886.16
Class/Account A ACCOUNT	Actual To Date	5,886.16
Account Type R REVENUE	Remaining Balance	15,587.84
Normal Balance C CREDIT		
•		
Revenues by	Period	
January5,886.16	July	i
February	August	

F2=Key Scr F3=Exit F5=Ledger Transactions F7=Transactions F9=Budget

March _____

April _____

May _____

June _____

0 · C

September _____

October ____

November ____

December _____

35,317.00 +

21/174 0 -

Inc. Revenue 13,843.00 G+

Health Facility Lease Calculation Provided by: Boone County Auditor Originally Prepared 9/12/2019, Revised 01/13/2020

	Section I	X	Sectio	n VII			Section	ı III			
	1190-71500	1190-3821		6220-3820			1190-38	320		-3826	
	Expected or Actual		Annual Lease			Lea	ase Payment		Sp	ecial	
	Condo Assessment	Estimated	Payment for	Estimated		(1	Ends June		Asses	sments	Combined
	Unit 2 *	Reimb.	Major Building	Reimb.			2019)	Reimb.	(No	one)	Monthly
Description	Annual	Monthly	Components	Monthly		-		Monthly	Monthly	(TBD mos)	Payment
2019 Budget Estimate - Old Lease Ends	June 20th 2019 & New I	l esse Arreement	hagine July 1et 201	9							
2019 January- June		* \$ 1,789.50	\$ 7,031.00	\$ 585.92	Jan-Jun	\$	40,812.00	\$6,802.00	\$		\$ 9,177.42
-				\$ 585.92	Jul-Dec	s	42,000.00	\$7,000.00	\$		\$ 9,375.42
2019 July - December	\$ 21,474.00	* \$ 1,789.50	\$ 7,031.00	\$ 505.52	Jul-Dec	Ψ	42,000.00	\$7,000.00	Ψ		\$ 5,575. 1 2
					Total for			6 X \$6,802			
2019 Final	\$ 21,474.00	\$ 1,789.50	\$ 7,031.00	\$ 585.92	Calendar Yea	г \$	82,812.00	6 X \$7,000			
2019 FHC Payments Made (Jan-Sept)	\$ 16,105.50	• •	\$ 5,273.28			\$	61,812.00				
2019 Amount Due (Oct-Dec)	\$ 5,368.50		\$ 1,757.72	5 R		\$	21,000.00				
2020 Budget - Lease period now runs Ju							7777777777				
2020 January- June	\$ 35,317.00	* \$ 2,943.08	\$ 7,031.00	\$ 585.92	Jan-Jun	\$	42,000.00	\$7,000.00	\$	-	\$10,529.00
2020 July - December	\$ 35,317,00	* \$ 2,943.08	\$ 7,031.00	\$ 585.92	Jul-Dec	\$	42,840.00	\$7,140.00	\$		\$10,669.00

^{*} Amounts provided by Kirby Smith, Smith & Associates

Send information to FHC once amounts have been updated for new year with Condo assessment fee provided by Kirby Smith.

Darren Stice - CFO Gina Cox - Director of Accounting dstice@fhcmo.org gcox@fhcmo.org

SUBLSCR BOONE SUBSIDIARY LEDGER	INQUIRY MAIN SCREEN 2	/18/20 11:37:00
Year <u>2020</u>	Original Appropriation	
Dept 1190 NON-DEPARTMENTAL	Revisions	
Acct 71500 BUILDING USE/RENT CHARGE	Original + Revisions	21,474.00
Fund 100 GENERAL FUND	Expenditures	
	Encumbrances	
Class/Account A ACCOUNT	Actual To Date	
Account Type <u>E EXPENSE</u>	Remaining Balance	21,474.00
Normal Balance D DEBIT	Shadow Balance	21,474.00
Expenditu	res by Period	
January	July	4
February	August	
March	September	
April	October	
May	November	
June	December	

F2=Key Scr F3=Exit F5=Ledger Transactions F7=Transactions F9=Budget

₹ 717.00 ...

35,317.00 + 21,74.0 -

13,843.00 G+

Jason Gibson

From:

Jason Gibson

Sent:

Monday, January 13, 2020 10:02 AM

To: Cc: 'Gina Swartz'; dstice@fhcmo.org
June Pitchford

Subject:

FW: UOA Board: Proposed Budget and Assessments for your approval

Attachments:

PROPOSED BUDGET 2020 at 1-8-20.pdf; Assessment Calculation 2020 Budget

01-08-2020.pdf; 2019-12-31 UOA ATM Lease SIGNED.pdf; PROPOSED BUDGET 2020 at 7-19-19.pdf; Assessment Calculation 2020 Budget 07-19-19.pdf; Condo Fees and Reimb

to send to FHC FY20 - Revised budget 01-08-2020.xlsx

Gina, per our conversation, here is the revised assessment calculation. This is based on the most recent revised budget provided by Kirby Smith from 01/08/2020 (attached). The lease payment for Section IX for FY2020 is \$2,943.08 monthly instead of \$1,789.50 as originally presented. I have attached the revised lease calculation which shows the new assessment amounts for FY2020.

Also, in review of the attachments, it appears I missed a communication from Kirby Smith on October 11th on the revised budget assessments for FY2020. I based my original assessment on an earlier proposed budget which was subsequently revised and that communication was missed. I apologize for not providing an corrected assessment prior to this. I've added a revised procedure in our budget processes and year-end checklist to double-check with Kirby before final approval of the budget to confirm these figures are accurate before sending the assessment.

Due to the revised assessment calculation in Section IX, our January payment was short by \$1,153.58 (New assessment amount \$2,943.08 – original assessment payment \$1,789.50). As we discussed, this can be made up with a true-up payment in next month's lease payment.

Thank you and again, I apologize for this miscommunication.

From: Janet Thompson < JThompson@boonecountymo.org>

Sent: Thursday, January 9, 2020 4:57 PM

To: Jason Gibson < JGibson@boonecountymo.org >

Subject: FW: UOA Board: Proposed Budget and Assessments for your approval

FYI—these changes were made so that the maintenance/capital repair work (the big stuff—the siding and later, the roof) on the building would stay on schedule and would cause as little disruption as possible. Everyone on the Board, and the representatives of the "tenants" agreed to the changes when they were discussed.

From: Kirby Smith < <u>kirbydsmith@gmail.com</u>> Sent: Thursday, January 9, 2020 4:19 PM

To: Carol Rhodes < carol.rhodes@como.gov >; Doug Coley < DColey@boonecountymo.org >; Janet Thompson

<<u>JThompson@boonecountymo.org</u>>; Shane Creech <<u>shane.creech@como.gov</u>>

Subject: UOA Board: Proposed Budget and Assessments for your approval

UOA Board,

Per the request from the board at the last board meeting, please find attached the newly revised proposed budget and revised Assessment Chart (dated 1/8/2020) as well as a copy of the previous proposed budget and assessment chart (dated 7/19/2019).

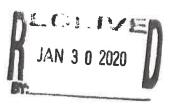
The ATM lease with Central Bank is fully executed for another five years with two, five year options (see attached). Eexcept for the new ATM lease, the proposed budget was approved. In the proposed budget, I had the ATM lease projected to be \$490 per month. The actual rent negotiated by CJ Dykhouse in the new lease is \$500 per month. Therefore, I changed the ATM rent revenue from \$490 to \$500 per month (\$120 per year) and decreased the annual assessments to the owners by \$120 per year.

If you are in approval of the above referenced revisions, please reply with a "yes" and if you are not in approval then please reply with a "no". If passed, the proposed budget dated 1/8/2020 will be approved for this year and I will mail the bi-annual assessments for the first half of 2020.

If you have any questions, please let me know.

Kirby 573-424-0630

Unit Owners Association Health C/o Smith & Associates P.O. Box 30532 Columbia, MO 65205



Invoice

Date	Invoice #
1/27/2020	County12720

Bill To

Janet M. Thompson Northern (District II) Commissioner Boone County Government Center 801 E. Walnut

Columbia, MO 65201-7732

Project					
[init	1.8-2	- Boone C			

Description		Amount
Semi Annual Association Assessment for the County Unit 1 of the Unit Owners Association of Calealth Department; January thru June 2020 Semi Annual Association Assessment for the County Unit 2 of the Unit Owners Association of Calealth Department; January thru June 2020		14,504.00 17,658.00
×.		
120		
our prompt payment is appreciated	Total	\$32,162.0

2020 Emergency Fund 1123-86800

DATE	DEPARTMENT	DEPT. NO.	ACCOUNT	ORIGINAL BUDGET	AMOUNT USED	REMAINING BUDGET	DESCRIPTION
DATE	DEI ARTIVIERT		Account	- DODGET	OSED	BODGET	DESCRIPTION
1/1/2020 1/1/2020	Original budget Public Health Services	1410	Build Use/Rent Charge	850,000	(11,370)	850,000 838,630 838,630 838,630 838,630 838,630 838,630 838,630	Original budget Cover Revised Condo Assessment for Unit 1
			Total	850,000	(11,370)	838,630 838,630 838,630 838,630	

CERTIFIED COPY OF ORDER

STATE OF MISSOURI

March Session of the January Adjourned

Term. 20 20

County of Boone

ea.

In the County Commission of said county, on the

26th

day of

March

20 20

the following, among other proceedings, were had, viz:

Now on this day, the County Commission of the County of Boone does hereby approve the attached K-9 Training Agreements between Boone County and the following:

Morgan County - Basic Training

St. Charles City - Basic Training

Terms of the agreement are stipulated in the attached Agreements. It is further ordered the Presiding Commissioner is hereby authorized to sign said K-9 Training Agreements.

Done this 26th day of March 2020.

ATTEST:

Brianna L. Lennon

Clerk of the County Commission

Daniel Atwill
Daniel K. Atwill

Presiding Commissioner

Fred J. Parr

District I Commissioner

Jane M. Thompson

District II Commissioner

COOPERATIVE AGREEMENT FOR K-9 BASIC TRAINING SERVICES

THIS AGREEMENT dated the Letter of March, 2020, is entered into by and between Boone County, Missouri (County), by and through the Boone County Sheriff's Department (BCSD), and Morgan County Sheriff's Department, MO (Agency):

WHEREAS, BCSD can provide K-9 basic training through its certified K-9 training staff; and

WHEREAS, BCSD can assist Agency in selecting a canine for purchase from an approved vendor to receive the training; and

WHEREAS, Agency desires to procure a canine to receive training from a vendor approved by County and train one of Agency's officers as that canine's handler through the BCSD's K-9 basic training program; and

WHEREAS, County and Agency have the authority to cooperate with each other for the purposes of this Agreement pursuant to RSMo §70.220;

NOW, THEREFORE, it is agreed by and between the parties as follows:

- 1. ASSISTANCE WITH PROCUREMENT OF CANINE. County's K-9 trainer will provide advice on the selection of an appropriate canine from a vendor approved by County. The approved vendor will provide a minimum of a 6-month trainability guarantee and a 1-year health guarantee on a purchased canine that will run to the benefit of Agency. County will provide Agency with information about approved vendors.
- 2. **TRAINING.** BCSD agrees to provide Agency's K-9 handler and canine basic training by and through BCSD's certified staff. Training areas will include obedience, tracking, area search, article search, building search, and narcotics detection with respect to cocaine, heroin, and methamphetamines. The training shall consist of not less than forty (40) sessions, with each session consisting of approximately one, 8-hour day. The training will be conducted over a period of eight (8) weeks, Monday Friday, in regularly-scheduled sessions during that 8-week period. Agency will receive a certificate documenting successful completion of the BCSD's program if the K-9 team meets the standards and requirements of the Missouri Police Canine Association at the conclusion of the training contemplated herein.
- 3. EMPLOYED STATUS OF K-9 HANDLER. Agency agrees that the training contemplated herein is within the scope and course of its handler's employment and Agency will be responsible for all appropriate compensation and the provision of Worker's Compensation coverage to Agency's employee. Agency's handler will execute a Waiver & Release as set out in the attached Exhibit "A" prior to being permitted to participate in the training.
- 4. **CONTRACT PRICE AND PAYMENT.** Agency shall pay County a total sum of Three Thousand Six Hundred Dollars (\$3,600.00) for the training contemplated herein, calculated at a rate of \$90.00/session. Agency may pay the full amount upon execution of this contract or, at Agency's option, Agency shall pay one-half, or \$1,800.00, upon execution of this contract and the remaining one-half, or \$1,800.00, after twenty (20) sessions have been completed.
- 5. **TERM AND TERMINATION.** The Agreement contemplates training sessions to commence on or about the 10th day of February, 2020, and sessions will proceed consecutively, Monday Friday, for a period of eight (8) weeks as scheduled by County. Either party may terminate this

Agreement at any time by providing the other written notice of their intent to terminate. Upon termination for convenience by either party, the parties will reconcile the payments paid and/or due based on the number of sessions attended at the rate of \$90.00 per session (with each session being approximately one, 8-hour day).

- 6. MODIFICATION AND WAIVER. No modification or waiver of any provision of this Agreement nor consent to any departure therefrom, shall in any event be effective, unless the same shall be in writing and signed by County and Agency and then such modification, waiver or consent shall be effective only in the specific instance and for the specific purpose for which mutually agreed.
- 7. FUTURE COOPERATION. The parties agree to fully cooperate with each other to give full force and effect to the terms and intent of this Agreement.
- 8. ENTIRE AGREEMENT. The parties state that this document contains the entire agreement between the parties, and there are no other oral, written, express or implied promises, agreements, representations or inducements not specified herein.
- 9. AUTHORITY. The signatories to this Agreement warrant and certify that they have obtained the necessary authority, by resolution or otherwise, to execute this Agreement on behalf of the named party for whom they are signing.

SO AGREED.

AGENCY: Margas County Shariff By:	BOONE COUNTY, MISSOURI By: Daniel Atwill
Printed Names 124 G. Calant	Daniel K. Atwill, Presiding Commissioner
Printed Name: Charles Especial Dated: 9-14-3020	Dated: March 26, 2020
Dated: 2014-3090	
ATTEST:	ATTEST:
	Brianna L. Lennon, County Clerk
	APPROVED - BCSD
	Dwayne Carey Sheriff
	APPROVED AS TO FORM:
	C.J. Dykhouse, Boone County Counselor
	CERTIFICATION:
	i certify that this contract is within the purpose of the appropriation to which it is
	to be charged and there is an unencumbered
	balance of such appropriation sufficient
	to pay the costs arising from this contract.
	2 24 millioch took by y 33110/2020
	Auditor Date
	1 8 4 CAG UNY " HI ZJ TV " J J G Y

Exhibit "A" INFORMED CONSENT WAIVER AND RELEASE

ASSUMPTION OF RISKS: I acknowledge that participation in the K-9 Basic Training Course [hereinafter the "Program"] involves physical activities which, by their very nature, carry certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. These physical activities involve strenuous exertions of strength using various muscle groups and also involve quick movements using speed and change of direction, all of which could result in injury. These risks range from minor bruises and scratches to more severe injuries, including the risk of heart attacks or other catastrophic injuries. I understand and appreciate that these physical activities carry certain inherent risks and I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

WAIVER AND RELEASE: In consideration of accepting my entry into this Program, I hereby, for myself, my heirs, executors, administrators, or anyone else who might claim on my behalf, covenant not to sue, and waive, release and discharge the Boone County Sheriff's Department, Boone County, Missouri, and/or its employees and agents engaged by them for any purpose relating to the Program that I have been permitted to participate in. This release and waiver extends to all claims of every kind of nature, whatsoever, foreseen or unforeseen, known or unknown.

INDEMNIFICATION AND HOLD HARMLESS: I also agree to indemnify and hold harmless the Boone County Sheriff's Department, Boone County, Missouri, and/or its employees and agents all from any and all claims, actions, suits, procedures, costs, expenses, damages, and liabilities, including attorney's fees, that result from my participation in or involvement with the Program.

Waivers and Releases for minors are accepted only with a parent/guardian signature.

Signature of Participant/Date	
Col 2-14:0020	
Printed Name of Participant	
Charles Black	

ord 20-017

COOPERATIVE AGREEMENT FOR K-9 BASIC TRAINING SERVICES

WHEREAS, BCSD can provide K-9 basic training through its certified K-9 training staff; and

WHEREAS, BCSD can assist Agency in selecting a canine for purchase from an approved vendor to receive the training; and

WHEREAS, Agency desires to procure a canine to receive training from a vendor approved by County and train one of Agency's officers as that canine's handler through the BCSD's K-9 basic training program; and

WHEREAS, County and Agency have the authority to cooperate with each other for the purposes of this Agreement pursuant to RSMo §70.220;

NOW, THEREFORE, it is agreed by and between the parties as follows:

- 1. **ASSISTANCE WITH PROCUREMENT OF CANINE.** County's K-9 trainer will provide advice on the selection of an appropriate canine from a vendor approved by County. The approved vendor will provide a minimum of a 6-month trainability guarantee and a 1-year health guarantee on a purchased canine that will run to the benefit of Agency. County will provide Agency with information about approved vendors.
- 2. **TRAINING.** BCSD agrees to provide Agency's K-9 handler and canine basic training by and through BCSD's certified staff. Training areas will include obedience, tracking, area search, article search, building search, and narcotics detection with respect to cocaine, heroin, and methamphetamines. The training shall consist of not less than forty (40) sessions, with each session consisting of approximately one, 8-hour day. The training will be conducted over a period of eight (8) weeks, Monday Friday, in regularly-scheduled sessions during that 8-week period. Agency will receive a certificate documenting successful completion of the BCSD's program if the K-9 team meets the standards and requirements of the Missouri Police Canine Association at the conclusion of the training contemplated herein.
- 3. **EMPLOYED STATUS OF K-9 HANDLER.** Agency agrees that the training contemplated herein is within the scope and course of its handler's employment and Agency will be responsible for all appropriate compensation and the provision of Worker's Compensation coverage to Agency's employee. Agency's handler will execute a Waiver & Release as set out in the attached Exhibit "A" prior to being permitted to participate in the training.
- 4. **CONTRACT PRICE AND PAYMENT.** Agency shall pay County a total sum of Three Thousand Six Hundred Dollars (\$3,600.00) for the training contemplated herein, calculated at a rate of \$90.00/session. Agency may pay the full amount upon execution of this contract or, at Agency's option, Agency shall pay one-half, or \$1,800.00, upon execution of this contract and the remaining one-half, or \$1,800.00, after twenty (20) sessions have been completed.

- 5. **TERM AND TERMINATION.** The Agreement contemplates training sessions to commence on or about the 3rd day of February, 2020, and sessions will proceed consecutively, Monday Friday, for a period of eight (8) weeks as scheduled by County. Either party may terminate this Agreement at any time by providing the other written notice of their intent to terminate. Upon termination for convenience by either party, the parties will reconcile the payments paid and/or due based on the number of sessions attended at the rate of \$90.00 per session (with each session being approximately one, 8-hour day).
- 6. MODIFICATION AND WAIVER. No modification or waiver of any provision of this Agreement nor consent to any departure therefrom, shall in any event be effective, unless the same shall be in writing and signed by County and Agency and then such modification, waiver or consent shall be effective only in the specific instance and for the specific purpose for which mutually agreed.
- 7. **FUTURE COOPERATION**. The parties agree to fully cooperate with each other to give full force and effect to the terms and intent of this Agreement.
- 8. ENTIRE AGREEMENT. The parties state that this document contains the entire agreement between the parties, and there are no other oral, written, express or implied promises, agreements, representations or inducements not specified herein.
- 9. **AUTHORITY.** The signatories to this Agreement warrant and certify that they have obtained the necessary authority, by resolution or otherwise, to execute this Agreement on behalf of the named party for whom they are signing.

Brianna L. Lennon, County Clerk

APPROVED - BCSD:

Dwayne Carey, Sheriff

APPROVED AS TO FORM:

C.J. Dykhouse, Boone County Counselor

CERTIFICATION:

I certify that this contract is within the purpose of the appropriation to which it is to be charged and there is an unencumbered balance of such appropriation sufficient to pay the costs arising from this contract.

Auditor Revenue. Only-#2 Date 3569

Exhibit "A" INFORMED CONSENT WAIVER AND RELEASE

ASSUMPTION OF RISKS: Tacknowledge that participation in the
[hereinafter the "Program"] involves physical activities which, by their very nature, carry certain
inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. These physical
activities involve strenuous exertions of strength using various muscle groups and also involve quick
movements using speed and change of direction, all of which could result in injury. These risks range
from minor bruises and scratches to more severe injuries, including the risk of heart attacks or other
catastrophic injuries. I understand and appreciate that these physical activities carry certain inherent
risks and I hereby assert that my participation is voluntary and that I knowingly assume all such risks.
WAIVER AND RELEASE: In consideration of accepting my entry into this Program, I hereby, for myself,
my heirs, executors, administrators, or anyone else who might claim on my behalf, covenant not to sue,
and waive, release and discharge the Boone County Sheriff's Department, Boone County, Missouri,
and/or its employees and agents engaged by them for any purpose relating to the Program that I have
been permitted to participate in. This release and waiver extends to all claims of every kind of nature,
whatsoever, foreseen or unforeseen, known or unknown.
INDEMNIFICATION AND HOLD HARMLESS: I also agree to indemnify and hold harmless the Boone
County Sheriff's Department, Boone County, Missouri, and/or its employees and agents all from any and
all claims, actions, suits, procedures, costs, expenses, damages, and liabilities, including attorney's fees,
that result from my participation in or involvement with the Program.
Waivers and Releases for minors are accepted only with a parent/guardian signature.
Signature of Participant/Date
Tol 4 Alce 3/3/2020
Printed name/Date
Tyler J. Christeson 3/3/2020