

OSAWATOMIE CITY COUNCIL
AGENDA

May 27, 2021

6:30 p.m. | Mile Zero Trailhead | 1400 South Street

(Due to inclement weather, this meeting has been moved to the Municipal Auditorium at 439 Main Street)

1. Call to Order
2. Roll Call
3. Pledge of Allegiance
4. Invocation
5. Consent Agenda
 - Consent Agenda items will be acted upon by one motion unless a Council member requests an item be removed for discussion and separate action.*
 - A. May 27th Agenda
 - B. Pay Application(s)
 - Dondlinger Construction - \$42,999.66 - Trail
 - Halls Bobcat – \$440.00 – Trail
 - Halls Bobcat - \$520.00 - Trail
6. Comments from the Public
 - Citizen participation will be limited to 5 minutes. Stand & be recognized by the Mayor.*
7. Public Hearing
 - A. Condemnation
 - i) 831 Pacific Avenue
8. Presentations, Proclamations, and Appointments
 - A. Flint Hills Trail Day
9. Unfinished Business
10. New Business
 - A. Resolution 879 – Acceptance of the Flint Hills Trail Bridge
 - B. Resolution 880 - Acceptance of the Flint Hills Trail (Osawatomie Reach) from the Task Force for Rails for Trails.
 - C. Resolution 881 – Modifying Hiring Procedures for the Osawatomie Police Department and Authorizing the Hiring of Officer Kyle Hurt
 - D. Resolution 882 – Establishing a Contract with Springboard Creative to Redesign the City Logo and Other Branding Elements
 - E. Ordinance 3796 – Approving KDHE Loan Agreement for the WWTP Project
 - F. Resolution 883 - USDA Grant for 800mHz Radios
 - G. Resolution 884 – Annual Health Insurance Renewals
11. Council Report
12. Mayor’s Report
13. City Manager & Staff Report
14. Executive Session
15. Other Discussion/Motions
16. Adjourn

NEXT REGULAR MEETING – June 10th, 2021

*A SPECIAL JOINT MEETING OF THE CITY COUNCIL AND USD 367 BOARD OF EDUCATION
WILL TAKE PLACE ON JUNE 14TH AT 6:00PM AT OSAWATOMIE HIGH SCHOOL*

APPLICATION AND CERTIFICATE FOR PAYMENT

Invoice #: 320013-02

To Owner: CITY OF OSAWATOMIE, KS
509 5TH STREET, P.O. BOX 37

Project: 320013- City of Osawatomie-Flint Hills
Nature Trail Pedestrian Brg.

Application No. : 2

Distribution to :

Owner

Architect

Contractor

OSAWATOMIE, KS 66064

Period To: 4/27/2021

From Contractor: DONDLINGER & SONS CON/via Architect:
P.O. BOX 398
WICHITA, KS 67201

Project Nos: 2020-12

Contract For:

Contract Date: 12/1/2021

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in connection with the Contract.
Continuation Sheet is attached.

1. Original Contract Sum	\$86,247.50
2. Net Change By Change Order	\$2,008.65
3. Contract Sum To Date	\$88,256.15
4. Total Completed and Stored To Date	\$88,256.15
5. Retainage :	
a. 5.00% of Completed Work	\$4,412.82
b. 0.00% of Stored Material	\$0.00
Total Retainage	\$4,412.82
6. Total Earned Less Retainage	\$83,843.33
7. Less Previous Certificates For Payments	\$40,843.67
8. Current Payment Due	\$42,999.66
9. Balance To Finish, Plus Retainage	\$4,412.82

The undersigned Contractor certifies that to the best of the Contractor's knowledge, information, and belief, the work covered by this Application for Payment has been completed in accordance with the Contract Documents. That all amounts have been paid by the Contractor for Work for which previous Certificates for Payment were issued and payments received from the Owner, and that current payment shown herein is now due.

CONTRACTOR: DONDLINGER & SONS CONST CO INC

By: *[Signature]* Date: 4-28-21

State of: Kansas County of: Sedgwick
Subscribed and sworn to before me this 28th
Notary Public: Andrea Frye day of April, 2021
My Commission expires: 2/15/25



ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising the above application, the Architect certifies to the Owner that to the best of the Architect's knowledge, information, and belief, the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the Contractor

AMOUNT CERTIFIED \$ 42,999.66

(Attach explanation if amount certified differs from the amount applied. Initial all figures on this Application and on the Continuation Sheet that are changed to conform with the amount certified.)

ARCHITECT: *[Signature]*
By: _____ Date: _____

This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment, and acceptance of payment are without prejudice to any rights of the Owner or Contractor under this Contract.

CHANGE ORDER SUMMARY	Additions	Deductions
Total changes approved in previous months by Owner	\$2,008.65	\$0.00
Total Approved this Month	\$0.00	\$0.00
TOTALS	\$2,008.65	\$0.00
Net Changes By Change Order	\$2,008.65	

CONTINUATION SHEET

Application and Certification for Payment, containing Contractor's signed certification is attached.

Application No. : 2

Application Date : 4/27/2021

To: 4/27/2021

In tabulations below, amounts are stated to the nearest dollar.

Architect's Project No.:

Use Column I on Contracts where variable retainage for line items may apply.

Invoice # : 320013-02

Contract : 320013- City of Osawatomie-Flint Hills Nature Trail Pedestrian Brg.

A Item No.	B Description of Work	C Scheduled Value		D From Previous Application (D+E)		E This Period In Place		F Unit Cost		G Total Completed To Date (D+E+F)		% Complete	H Balance To Finish (C-G)		I Retainage
		Units	Total Price	Units	Total Price	Units	Total Price	Units	UM	Units	Total Price		Units	Total Dollars	
001	Mobilization		8,500.00		4,250.00		4,250.00				8,500.00	100.00%		0.00	
		0.00		0.00		0.00		\$ 0.00	LS	0.00			0.00		
002	Contractor Construction Staking		1,200.00		1,200.00		0.00				1,200.00	100.00%		0.00	
		0.00		0.00		0.00		\$ 0.00	LS	0.00			0.00		
003	Clearing & Grubbing		1,600.00		1,600.00		0.00				1,600.00	100.00%		0.00	
		0.00		0.00		0.00		\$ 0.00	LS	0.00			0.00		
004	Erosion Control		1,800.00		900.00		900.00				1,800.00	100.00%		0.00	
		0.00		0.00		0.00		\$ 0.00	LS	0.00			0.00		
005	Permanent Seeding		2,400.00		0.00		2,400.00				2,400.00	100.00%		0.00	
		0.00		0.00		0.00		\$ 0.00	LS	0.00			0.00		
006	Aggregate Base (AB-3)(4")		1,072.50		0.00		1,072.50				1,072.50	100.00%		0.00	
		66.00		0.00		66.00		\$ 16.25	SY	66.00			0.00		
007	Structural Steel Truss (Design & Manufacture)		36,358.65		12,118.34		24,240.31				36,358.65	100.00%		0.00	
		0.00		0.00		0.00		\$ 0.00	LS	0.00			0.00		
008	Structural Steel Truss (Delivery)		2,500.00		0.00		2,500.00				2,500.00	100.00%		0.00	
		0.00		0.00		0.00		\$ 0.00	LS	0.00			0.00		
009	Structural Steel Truss (Installation)		9,900.00		0.00		9,900.00				9,900.00	100.00%		0.00	
		0.00		0.00		0.00		\$ 0.00	LS	0.00			0.00		
010	Abutments		16,100.00		16,100.00		0.00				16,100.00	100.00%		0.00	
		2.00		2.00		0.00		\$ 8,050.00	EA	2.00			0.00		
011	Class III Excavation		3,325.00		3,325.00		0.00				3,325.00	100.00%		0.00	
		35.00		35.00		0.00		\$ 95.00	CY	35.00			0.00		
012	Slope Protection (12")(D-50)		3,500.00		3,500.00		0.00				3,500.00	100.00%		0.00	
		70.00		70.00		0.00		\$ 50.00	SY	70.00			0.00		
Grand Totals			88,256.15		42,993.34		45,262.81		0.00		88,256.15	100.00%		0.00	4,412.82

Hall's Bobcat Service

607 Mulberry Ave.
Osawatomie, KS 66064

Invoice

Date	Invoice #
5/13/2021	5816

Division of E & H Properties, Inc.

Bill To
City of Osawatomie 439 Main Street Osawatomie, Ks 66064

Excavation - Residential & Commercial
Rock Yard - Landscape & Supplies (located 607 Mulberry, Osawatomie)

Customer Phone

(913) 755-2146

Office Hours: Mon.-Fri. 8-5 Sat. 8-Noon
Office Phone #: 1-913-245-4089

<u>Your Residential or Commercial Contractor!</u>		P.O. No.	Terms	Project
			Net 10 days	
Description	Qty	U/M	Rate	Amount
Top Soil per scoop = about 1 cu. yd. for kiosk at trail head	11		40.00	440.00
Please make check payable to: Hall's Bobcat Service			Sales Tax (0.0%)	\$0.00
Term: Cash - Accounts not paid within 10 days of the date invoiced are subject to a 1.5% monthly finance charge.			Total	\$440.00
email: hallsbobcatservice@gmail.com			Payments/Credits	\$0.00
THANK YOU FOR YOUR BUSINESS			Balance Due	\$440.00

Hall's Bobcat Service

607 Mulberry Ave.
Osawatomie, KS 66064

Invoice

Date	Invoice #
5/15/2021	5843

Division of E & H Properties, Inc.

Bill To
City of Osawatomie 439 Main Street Osawatomie, Ks 66064

Excavation - Residential & Commercial
Rock Yard - Landscape & Supplies (located 607 Mulberry, Osawatomie)

Customer Phone

(913) 755-2146

Office Hours: Mon.-Fri. 8-5 Sat. 8-Noon
Office Phone #: 1-913-245-4089

<u>Your Residential or Commercial Contractor!</u>		P.O. No.	Terms	Project
			Net 10 days	
Description	Qty	U/M	Rate	Amount
Top Soil per scoop = about 1 cu. yd.	13		40.00	520.00T
2nd load of dirt for the trail head kiosk picked up by Jason R.				
Please make check payable to: Hall's Bobcat Service			Sales Tax (0.0%)	\$0.00
Term: Cash - Accounts not paid within 10 days of the date invoiced are subject to a 1.5% monthly finance charge.			Total	\$520.00
email: hallsbobcatservice@gmail.com			Payments/Credits	\$0.00
THANK YOU FOR YOUR BUSINESS			Balance Due	\$520.00

CITY OF OSAWATOMIE



PROCLAMATION ISSUED BY THE MAYOR AND CITY COUNCIL

WHEREAS, the Kanza Rail-Trail Conservancy extended the Flint Hills Trail, now known as the Flint Hills State Park, to a point near the western limits of the City of Osawatomie; and,

WHEREAS, the City of Osawatomie established the Osawatomie Trail Task Force on September 27, 2018; and

WHEREAS, the Task Force was charged with the financing, design, engineering and construction of the trail segment (Osawatomie Reach) which serves to connect the City of Osawatomie to the Flint Hills Trail State Park; and

WHEREAS, in addition to land acquisition, that work also included the installation of the Flint Hills Trail Bridge as well as the creation and landscaping of the trailhead at Mile Zero, named Walker Station; and

WHEREAS, this was accomplished only with the tireless efforts of the task force volunteers; and

WHEREAS, it is fitting that the citizens of the City of Osawatomie give thanks and appreciation to the members of the Osawatomie Trail Task Force for their passion and commitment in bringing this asset to our community.

NOW, THEREFORE, I, L. Mark Govea, Mayor of the City of Osawatomie, do hereby proclaim Thursday, May 27th, 2021 as

FLINT HILLS TRAIL DAY

in the City of Osawatomie, and I urge all citizens to celebrate this immense achievement and great addition to our community and to support the continued efforts of individuals working to improve our hometown; and

FURTHER, I urge all citizens to spend quality time with friends and loved ones on our trail and appreciate the beauty in our own backyard.

Proclaimed this 27th day of May, 2021.

L. Mark Govea, Mayor
City of Osawatomie

CITY OF OSAWATOMIE





City of Osawatomie

ACTION ITEM SUMMARY	Item Number:	
	Date:	May 27, 2021
Director of Community Development	From:	Ed Beaudry

RE: Condemnation hearing for 831 Pacific Avenue

RECOMMENDATION: Approve the condemnation and demolition of 831 Pacific Avenue.

DETAILS: On April 8th, 2021, City staff presented Resolution 861 to the council. Resolution 861 is a Resolution fixing a date and place and providing for a hearing before the Governing Body of the City of Osawatomie.

On November 23, 2020 831 Pacific Avenue (a 3-story balloon frame wooden structure) was involved in a house fire. The fire caused severe damage to the interior and exterior of the house. The condemnation and demolition of the house and garage will prevent any chance of structural collapse, and remove any blight the house is causing.

City staff have secured the house with plywood to prevent anyone from entering the property, however the Police Department have had numerous complaints from citizens about unwanted traffic in and around the house. There have been numerous complaints about the unsightliness of the property and the number of rodents and snakes.

This property has an issue with who is the owner, the previous owner surrendered the property to the bank, however the bank did not file for a foreclosure on the property with the County Register of Deeds. The bank then released the lien on the property, after speaking with the Register of Deeds office, lawyers, judges, and finally the bankruptcy trustee I have come to the conclusion that the property does belong to John and Marcia Marshall. I spoke with John Marshall and he told me he has no interest in the property and wishes to deed the property to the city.

I have a quote from Gowing Construction in the amount of \$8,350.00 for demolition of the house, garage, and shed. This amount is consistent with quotes I have received in the past for demolition.

Related Statute / City Ordinances	Resolution 861
Line Item Code/Description	N/A
Available Budget:	N/A

RESOLUTION NO. 861

A RESOLUTION FIXING A TIME AND PLACE AND PROVIDING FOR NOTICE OF A HEARING BEFORE THE GOVERNING BODY OF THE CITY OF OSAWATOMIE, KANSAS, AT WHICH THE OWNERS, THE OWNERS' AGENT, ANY LIENHOLDERS OF RECORD, AND ANY OCCUPANT AND OTHER PARTIES IN INTEREST OF STRUCTURES LOCATED WITHIN SAID CITY AND DESCRIBED HEREIN MAY APPEAR AND SHOW CAUSE WHY SUCH STRUCTURE SHOULD NOT BE CONDEMNED AND ORDERED REPAIRED OR DEMOLISHED IN THE CASE OF UNSAFE OR DANGEROUS STRUCTURES.

WHEREAS, the enforcing officer of the City of Osawatomie, Kansas, did on the 8th day of April, 2021, file with the Governing Body of said City, a statement in writing that the structures hereinafter described, are either abandoned, or unsafe and dangerous.

NOW, THEREFORE, BE IT RESOLVED BY THE GOVERNING BODY OF THE CITY OF OSAWATOMIE, KANSAS, as follows:

That a hearing will be held on the 27th day of May, 2021, before the Governing Body of the City of Osawatomie at 6:30 p.m., at Memorial Hall, 411 11th Street, Osawatomie, Kansas at which the owners, the owners' agents, any lienholders of record, any occupants and other parties in interest, as that term is defined by law, of the following described structures:

1. **WILLIAMS SUBD. LOTS 1&2, E65FT, LT4 WILLIAMS ADDN. SECTION 10 TOWNSHIP 18, RANGE 22, in the City of Osawatomie, Miami County, Kansas; Commonly Known As 831 Pacific Avenue;**

may appear and show cause why such structures should not be condemned and ordered repaired or demolished in the case of unsafe or dangerous structures.

BE IT FURTHER RESOLVED, that the City Clerk shall cause this resolution to be published once each week for two consecutive weeks on the same day of each week with at least thirty days between the last publication and the date set for the hearing herein.

BE IT FURTHER RESOLVED, that a copy of this resolution shall be mailed by certified mail within three days after its first publication to each owner, owners' agent, lienholder and occupant and other party in interest at the last known address marked "deliver to addressee only."

PASSED AND ADOPTED by the Governing Body of the City of Osawatomie, Kansas this 8th day of April, 2021, a majority being in favor thereof.

APPROVED AND SIGNED by the Mayor.

Resolution 861

L. Mark Govea, Mayor

(SEAL)

ATTEST:

Tammy Seamands, City Clerk



City of Osawatomie

ACTION ITEM SUMMARY	Item Number:	
	Date:	May 25, 2021
City Manager	From:	Mike Scanlon

RE: Resolution 879 – Acceptance of the Flint Hills Trail Bridge

RECOMMENDATION: That the City Council approve Resolution 879 – Acceptance of the Flint Hills Trail Bridge.

DETAILS: Mr. David Baldrige of Baldrige Engineering was hired by the City of Osawatomie to design and bid the construction of the Flint Hills Trail Bridge, roughly ¼ mile to the west of Mile Zero on the Flint Hills trail. As part of that contract, Mr. Baldrige is required to write a letter on behalf of the City accepting the work performed and starting the warranty period. Find attached his letter along with Resolution 879.

Related Statute / City Ordinances	Various Resolutions were passed in 2020 and 2021 related to the Flint Hills Trail project and the Bridge approved in this Resolution.
Line Item Code/Description	N/A
Available Budget:	N/A

CITY OF OSAWATOMIE, KANSAS

RESOLUTION No. 879

**A RESOLUTION ACCEPTING THE FLINT HILLS TRAIL BRIDGE AND DIRECTING THE CITY
MANAGER TO MAKE ALL FINAL PAYMENTS RELATED TO ITS COMPLETION**

WHEREAS, The City of Osawatomie entered into a contract with Dondlinger Construction in an Agreement Dated December 1, 2020; and

WHEREAS, the work required under said contract has been completed and in compliance with the approved plans and specifications and a final walkthrough was completed by Michael J. Scanlon, City Manager, and David Baldrige, Baldrige Engineering.

NOW, THEREFORE, be it resolved by the Governing Body of the City of Osawatomie:

Section 1. The Governing Body hereby accepts the work performed by Dondlinger Construction for the construction of the Flint Hills Trail Bridge.

Section 2. The Governing Body accepts the letter from Baldrige Engineering of final completion of the Flint Hills Trail Bridge, dated May 10, 2021.

PASSED AND APPROVED by the Governing Body of the City of Osawatomie, Kansas, this 27th day of May, 2021, a majority voting in favor of.

APPROVED and signed by the Mayor.

L. Mark Govea, Mayor

(SEAL)

ATTEST:

Tammy Seamands, City Clerk



Baldrige Engineering LLC

City of Osawatomie Kansas

May 10, 2021

Re. Flint Hills Nature Trail Pedestrian Bridge final walk through

Mr. Scanlon,

Myself, David Baldrige of Baldrige Engineering LLC (designer and Inspector) Michael Scanlon, Osawatomie City Manager (Owner) and Aaron Carter, Dondlinger Construction (Contractor Superintendent) performed a final walk through for the above mentioned project on the morning of May 10th 2021.

The owner asked a question on the maintenance of the rub rail, Aaron answered that periodical resealing of the rub rail should keep it in serviceable condition for 10 years. If it deteriorates after that, the city could consider replacement with similar treated lumber or consider upgrading to an IPE (Brazilian Hardwood) rub rail that will last quite a bit longer.

The owner thanked Dondlinger Superintendent/Project manager, Aaron Carter for the diligence and expertise shown by his firm.

I David Baldrige, the Engineer, sign off on the project being complete.

At this point, per the contract, the one-year warranty period will start on the date of this memo.

Sincerely,

A handwritten signature in blue ink, appearing to read 'David Baldrige', is written over a light blue horizontal line.

David Baldrige, P.E.



City of Osawatomie

ACTION ITEM SUMMARY	Item Number:	10.B
	Date:	May 25, 2021
City Manager	From:	Mike Scanlon

RE: Resolution 880– Acceptance of the Flint Hills Trail (Osawatomie Reach) from the Task Force for Rails for Trails.

RECOMMENDATION: That the City Council approve Resolution 880 – Acceptance of the Flint Hills Trail (Osawatomie Reach) from the Task Force for Rails for Trails.

DETAILS: Resolution 880 officially accepts the work completed by the Task Force for Rails for Trails. The Resolution outlines responsibilities of the City Manager and Public Works department related to the maintenance and ongoing investment in the Flint Hills Trail. The Resolution also dissolves the current task force and replaces it with the Osawatomie Community Trails Task Force.

Related Statute / City Ordinances	Various Resolutions were passed in 2020 and 2021 related to the Flint Hills Trail project and the Bridge approved in this Resolution.
Line Item Code/Description	N/A
Available Budget:	N/A

CITY OF OSAWATOMIE, KANSAS

RESOLUTION No. 880

**A RESOLUTION ACCEPTING THE FLINT HILLS TRAIL (OSAWATOMIE REACH)
FROM THE TASK FORCE FOR RAILS FOR TRAILS**

WHEREAS, The City of Osawatomie established the Task Force for Rails for Trails on September 27, 2018; and

WHEREAS, the Task Force took on the completion of the Flint Hills Trail segment connecting the City of Osawatomie to the Flint Hills Nature Trail, which later became known as the Flint Hills Trail State Park; and

WHEREAS, the Task Force has worked hand-in-hand with the City to get the “Osawatomie Reach” finished, which included the creation of Walker Station at Mile Zero, the Completion of the Flint Hills Trail Bridge (Osawatomie Reach), and the planting and placement of trees and other native flora at Walker Station; and

WHEREAS, it is only fitting and right that the citizens of the City of Osawatomie give thanks and appreciation to the members of the Task Force for Rails for Trails for their passion and commitment in bringing this asset to our community.

NOW, THEREFORE, be it resolved by the Governing Body of the City of Osawatomie:

Section 1. The Governing Body hereby accepts the work of the Task Force for Rails for Trails and accept the “Osawatomie Reach” of the Flint Hills Trail that starts at Walker Station – Mile Zero.

Section 2. The Governing Body in accepting the Task Force’s work hereby directs the City Manager to create a special budgeted fund to be identified as the Osawatomie Trail Conservancy. This budget will be established as an Expendable Trust Fund under Generally Accepted Accounting Principles (GAAP) and will be dedicated to the maintenance of trails created by the City of Osawatomie.

Section 3. The Governing Body hereby directs that the City Manager ensure that the ongoing maintenance and mowing of the “Osawatomie Reach” be budgeted for and specifically identified as a “high priority” maintenance area for the City’s Public Works Department.

Section 4. The Governing Body hereby directs that the City Manager begin the process of coordinating Trail activities with the Kansas Department of Wildlife, Parks and Tourism, other communities along the Flint Hills Trail and local merchants to leverage the investment and economic opportunities made available to the City of Osawatomie.

PASSED AND APPROVED by the Governing Body of the City of Osawatomie, Kansas,
this 27th day of May, 2021, a majority voting in favor of.

APPROVED and signed by the Mayor.

L. Mark Govea, Mayor

(SEAL)

ATTEST:

Tammy Seamands, City Clerk



City of Osawatomie

ACTION ITEM SUMMARY	Item Number: 881
	Date: May 27, 2021
Chief of Police	From: David

RE: Resolution 881 - A RESOLUTION MODIFYING HIRING PROCEDURES FOR THE OSAWATOMIE POLICE DEPARTMENT AND AUTHORIZING THE HIRING OF OFFICER KYLE HURT

DETAILS: In 2020, the Chief of Police submitted to the City Manager and the City Council the proposed Police Department budget for 2021. Shortly thereafter, said budget was approved.

The Police Department is currently down 7 of 14 Officers, and in the current climate it is becoming more and more difficult to recruit qualified applicants. The Police Department currently has an applicant by the name of Kyle Hurt, whom is seeking employment at our agency. Mr. Hurt and his family have been lifelong members of the Osawatomie community, to include his father who has worked for the city for 30 years. Mr. Hurt is currently employed with the Johnson County Sheriff’s Office and has recently completed the Johnson County Law Enforcement Academy, making Kyle a Certified Law Enforcement Officer in the state of Kansas. Mr. Hurt has expressed that his reasoning for wanting to change employment from Johnson County Sheriff’s Office to the Osawatomie Police Department is due to his desire to help the people from his own community.

According to Kansas Statute; KSA 74-5609a, any law Enforcement agency which commences employment of a police officer within one year of completion of said academy shall reimburse the paying agency any and all tuition, salary, travel expenses and any other expenses incurred which were incidental to training such officer.

Therefore, in order for the Osawatomie Police Department to employ Mr. Hurt, we are required by statute to reimburse the Johnson County Sheriff’s Office any and all expenses incurred incidental to his training and certification. The costs incurred by Johnson County Sheriff’s Office at this point are \$32,597.85, which is outside the approved budget for 2021. As this expense is outside of the approved 2021 budget, the Chief of Police is requesting that the City Council approve payment to the Johnson County Sheriff’s Office in the sum of \$32,597.85.

The justification of this expenditure is as follows: When the Police Department hires a non-certified individual the first thing that has to occur is they are required to complete 14 weeks of training at the Kansas Law Enforcement Training Academy in Hutchinson Kansas. Associated with the 14 weeks of training comes travel expenses of traveling to and from Hutchinson every week. Upon completion of the academy, there is typically 12 to 16 weeks with a Field Training Officer, learning department policies, standard operating procedures, situational training, emergency response, report writing, record management system, and geographical orientation of the city.

Mr. Hurt already being certified, along with the additional training he has received at the Johnson County Sheriff’s Office, allows the Osawatomie Police Department to put a certified Officer on the street almost immediately vs. 6 to 8 months from now. Growing up in Osawatomie, not only puts Mr. Hurt ahead of any other applicant in regards to learning the city geographically, but he has a vested interest in this community

and its citizens. Mr. Hurt has a true desire to help the community and citizens from which he was raised. In closing, this is an expenditure that would already be spent by the department if we were to hire any other uncertified person.

RECOMMENDATION: That the City Council approve the reimbursement payment of \$32,597.85 to the Johnson County Sheriff’s Office for the tuition reimbursement and training of Officer Kyle Hurt, in order to employ him with our agency.

Law Enforcement Training (JCCC) ¹	\$7,597.40
Straight Pay During LEO Training	\$13,832.00
Straight Pay for Field Training	\$12,480.00
Uniform/Outfitting New Officer	\$2,000.00
TOTAL	\$35,909.40

¹This relates to training provided through JCCC. Had we used Hutchinson, the cost would have been \$0.00. The net difference in training would make **the total \$28,312.**

Related Statute / City Ordinances	N/A
Line Item Code/Description	N/A
Available Budget:	N/A

CITY OF OSAWATOMIE, KANSAS

RESOLUTION NO. 881

A RESOLUTION MODIFYING HIRING PROCEDURES FOR THE OSAWATOMIE POLICE DEPARTMENT AND AUTHORIZING THE HIRING OF OFFICER KYLE HURT

WHEREAS, in 2020, the Osawatome Chief of Police submitted to the City Manager and City Council the proposed budget for 2021 and the City Manager and Council approved said proposed budget; and

WHEREAS, the Police Chief is currently attempting to fill an open position at the Police Department by hiring Certified Law Enforcement Officer Kyle Hurt; and

WHEREAS, Officer Kyle Hurt is currently employed with the Johnson County Sheriff's Office and has recently completed the Johnson County Law Enforcement Academy, making him a Certified Law Enforcement Officer in the State of Kansas; and

WHEREAS, according to KSA 74-5609a *any Law Enforcement agency which commences employment of a police officer within one year of completion of said academy shall reimburse the paying agency any and all tuition, salary, travel expenses and any other expenses incurred which were incidental to training such officer*; and

WHEREAS, the Chief of Police is requesting that the City Council authorize the reimbursement payment of \$32,597.85 to the Johnson County Sheriff's Office for the tuition expenses of Officer Hurt, an amount which is outside what was approved for the 2021 budget.

NOW, THEREFORE, BE IT RESOLVED BY THE GOVERNING BODY OF THE CITY OF OSAWATOMIE, KANSAS:

Section One: The Osawatome City Council authorizes the reimbursement payment of \$32,597.85 to the Johnson County Sheriff's Office for the tuition reimbursement and training of Officer Kyle Hurt.

PASSED AND APPROVED by the Governing body of the City of Osawatome, Kansas, this 27th day of May, 2021, a majority voting in favor of.

APPROVED and signed by the Mayor.

L. Mark Govea, Mayor

(SEAL)

ATTEST:

Tammy Seamands, City Clerk

Invoice

JOHNSON COUNTY SHERIFF'S OFFICE

588 E. Santa Fe, Suite 2000
 Olathe, Ks. 66061-3273
 Email: Stacy.murry@jocogov.org
 Phone: 913-715-5271
 Fax: 913-715-5272

Date: 05/05/21
 Invoice #:
 Cust PO#:
 Terms: upon receipt

Bill To

Osawatomie Police Department
 Attn: Chief David Stuteville
 509 Fifth Street
 Osawatomie, KS 66064

Ph:

Preliminary

Item	Date	Description		Rate	Amount
1		KSA 74-5609a Tuition; reimbursement of tuition Wolf, cody Date of Hire: 3/27/2020 Date of Separation: Basic Academy 2021-1 1/3/2021 to 4/16/2021			
		Deputy Salary & Benefits while in Academy	1	24,436.05	\$24,436.05
		Average cost of instruction/prep per deputy - Academy	1	7,597.40	\$7,597.40
		Average cost of range rental & Ammunition	1	338.50	\$338.50
		Average cost of EVOC rental:	1	225.90	\$225.90
Total					\$32,597.85
Invoice Total					\$32,597.85
Previous Balance					
Balance Due					\$32,597.85

Remit to: Johnson County Sheriff's Office
 Fiscal Unit
 588 E. Santa Fe, Suite 2000
 Olathe, Ks. 66061-3273

Message

**MAKE CHECKS PAYABLE TO:
 JOHNSON COUNTY SHERIFF'S OFFICE**

Report Name: ZLDPYCST_EMPRJ.rdf
 Request_id: 23876893
 User ID: 1708
 Creation Date: 05-MAY-21
 Updated Date: 05-MAY-21

Report Date: 05-MAY-21 12:46 PM
 Page: 1 of 4
 Instance Name: PRODC

JOHNSON COUNTY, KANSAS
 Payroll Costs by Employee
 PayDates 15-JAN-21 Thru 23-APR-21

Start Pay Date: 15-JAN-21

End Pay Date: 23-APR-21

As of 05-MAY-21 12:46:13

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Johnson County, Kansas
 Payroll Costs by Employee
 PayDates 15-JAN-21 Thru 23-APR-21

Employee Name Employee No	Fund Function Cost Center Proj Num	Account No	Gross Wages	ER Unemployment	ER Wrkmns Comp	ER Life/Med/Vis /Dental	ER Retirement	ER Supp Retire	ER FICA
HR Organization:SHR-Public Safety									
Hurt, Kyle Allen 28343	1010 21380 1256320 000000000	500020 500060 500070 500320 500330	13,794.54 265.80 403.38 177.20 354.40	14.25	210.73	29.80 5,936.00 39.44 170.48	0.00K 0.00E 3,418.95S 0.00T	0.00 0.00	1,089.92
	Sub-Total		14,995.32	14.25	210.73	6,175.72	3,418.95	0.00	1,089.92
	1010 00000 1811370 000000000	500490	0.00	0.00	0.00	0.00 0.00 0.00 0.00	0.00K 0.00E 0.00S 0.00T	160.00 0.00	0.00
	Sub-Total		0.00	0.00	0.00	0.00	0.00	160.00	0.00
	Employee Total		14,995.32	14.25	210.73	6,175.72	3,418.95	160.00	1,089.92
HR Organization Total			14,995.32	14.25	210.73	6,175.72	3,418.95	160.00	1,089.92

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Johnson County, Kansas
 Payroll Costs by Employee
 PayDates 15-JAN-21 Thru 23-APR-21

Employee Name Employee No	Fund Function Cost Center Proj Num	Account No	Gross Wages	ER Unemployment	ER Wrkmns Comp	ER Life/Med/Vis /Dental	ER Retirement	ER Supp Retire	ER FICA
Grand Total			14,995.32	14.25	210.73	6,175.72	3,418.95	160.00	1,089.92

Sum 16 = ? x 15 = ?

 14058.15 1335 199.35 5289.85 3205.35 15000 *****
 1021.80

\$24,436.05

***** END OF REPORT*****



[Employees](#) [Employee Actions](#)

Review: Hurt, Kyle Allen, 28343

Week Starting Sunday, January 03 2021

Timecard Period (days) 7

Comments

Hours Type	Reason	Cost Center	Sun, Jan 03	Mon, Jan 04	Tue, Jan 05	Wed, Jan 06	Thu, Jan 07	Fri, Jan 08	Sat, Jan 09	Total
Regular Hours	SHR-NCADC-INMATE CUSTODY		Start 08:00	Start 08:00	Start 08:00	Start 08:00	Start 07:30	Start 08:00	Start	20.5
			Stop 12:00	Stop 12:00	Stop 12:00	Stop 12:00	Stop 12:00	Stop 12:00	Stop	
			Hrs	Hrs	Hrs	Hrs	Hrs	Hrs	Hrs	
Regular Hours	SHR-NCADC-INMATE CUSTODY		Start 13:00	Start 13:00	Start 13:00	Start 13:00	Start 13:00	Start 13:00	Start	19.5
			Stop 17:00	Stop 17:00	Stop 17:00	Stop 17:00	Stop 16:30	Stop 17:00	Stop	
			Hrs	Hrs	Hrs	Hrs	Hrs	Hrs	Hrs	
			0	8	8	8	8	8	0	40

Time Detail

Hours Type	Sun, Jan 03	Mon, Jan 04	Tue, Jan 05	Wed, Jan 06	Thu, Jan 07	Fri, Jan 08	Sat, Jan 09	Total
Regular Hours	Start 08:00	Start 08:00	Start 08:00	Start 08:00	Start 07:30	Start 08:00	Start	20.5
	Stop 12:00	Stop 12:00	Stop 12:00	Stop 12:00	Stop 12:00	Stop 12:00	Stop	
	Hrs 4	Hrs 4	Hrs 4	Hrs 4	Hrs 4.5	Hrs 4	Hrs	
Regular Hours	Start 13:00	Start 13:00	Start 13:00	Start 13:00	Start 13:00	Start 13:00	Start	19.5
	Stop 17:00	Stop 17:00	Stop 17:00	Stop 17:00	Stop 16:30	Stop 17:00	Stop	
	Hrs 4	Hrs 4	Hrs 4	Hrs 4	Hrs 3.5	Hrs 4	Hrs	
	0	8	8	8	8	8	0	40

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Review: Hurt, Kyle Allen, 28343

Week Starting Sunday, January 10 2021

Timecard Period (days) 7

Comments

Hours Type	Reason	Cost Center	Sun, Jan 10	Mon, Jan 11	Tue, Jan 12	Wed, Jan 13	Thu, Jan 14	Fri, Jan 15	Sat, Jan 16	Total
Regular Hours	SHR-NCADC-INMATE CUSTODY		Start	Start 08:00	Start 08:00	Start 08:00	Start 08:00	Start 08:00	Start	20
			Stop	Stop 12:00	Stop 12:00	Stop 12:00	Stop 12:00	Stop 12:00	Stop	
			Hrs	Hrs	Hrs	Hrs	Hrs	Hrs	Hrs	
Regular Hours	SHR-NCADC-INMATE CUSTODY		Start	Start 13:00	Start 13:00	Start 13:00	Start 13:00	Start 13:00	Start	20
			Stop	Stop 17:00	Stop 17:00	Stop 17:00	Stop 17:00	Stop 17:00	Stop	
			Hrs	Hrs	Hrs	Hrs	Hrs	Hrs	Hrs	
			0	8	8	8	8	8	0	40

Time Detail

Hours Type	Sun, Jan 10	Mon, Jan 11	Tue, Jan 12	Wed, Jan 13	Thu, Jan 14	Fri, Jan 15	Sat, Jan 16	Total
Regular Hours	Start	Start 08:00	Start 08:00	Start 08:00	Start 08:00	Start 08:00	Start	20
	Stop	Stop 12:00	Stop 12:00	Stop 12:00	Stop 12:00	Stop 12:00	Stop	
	Hrs	Hrs 4	Hrs 4	Hrs 4	Hrs 4	Hrs 4	Hrs	
Regular Hours	Start	Start 13:00	Start 13:00	Start 13:00	Start 13:00	Start 13:00	Start	20
	Stop	Stop 17:00	Stop 17:00	Stop 17:00	Stop 17:00	Stop 17:00	Stop	
	Hrs	Hrs 4	Hrs 4	Hrs 4	Hrs 4	Hrs 4	Hrs	
		0	8	8	8	8	0	40

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Review: Hurt, Kyle Allen, 28343

Week Starting Sunday, January 17 2021

Timecard Period (days) 7

Comments

Hours Type	Reason	Cost Center	Sun, Jan 17	Mon, Jan 18	Tue, Jan 19	Wed, Jan 20	Thu, Jan 21	Fri, Jan 22	Sat, Jan 23	Total
Regular Hours	SHR-NCADC-INMATE CUSTODY		Start Stop Hrs	Start Stop Hrs	Start 08:00 Stop 12:00 Hrs	Start 08:00 Stop 12:00 Hrs	Start 08:00 Stop 12:00 Hrs	Start 08:00 Stop 12:00 Hrs	Start Stop Hrs	16
Regular Hours	SHR-NCADC-INMATE CUSTODY		Start Stop Hrs	Start Stop Hrs	Start 13:00 Stop 17:00 Hrs	Start 13:00 Stop 17:00 Hrs	Start 13:00 Stop 17:00 Hrs	Start 13:00 Stop 17:00 Hrs	Start Stop Hrs	16
Holiday Pay	SHR-NCADC-INMATE CUSTODY		Start Stop Hrs	Start Stop Hrs 8	Start Stop Hrs	Start Stop Hrs	Start Stop Hrs	Start Stop Hrs	Start Stop Hrs	8
			0	8	8	8	8	8	0	40

Time Detail

Hours Type	Sun, Jan 17	Mon, Jan 18	Tue, Jan 19	Wed, Jan 20	Thu, Jan 21	Fri, Jan 22	Sat, Jan 23	Total
Holiday Pay	Start Stop Hrs	Start Stop Hrs 8	Start Stop Hrs	Start Stop Hrs	Start Stop Hrs	Start Stop Hrs	Start Stop Hrs	8
Regular Hours	Start Stop Hrs	Start Stop Hrs	Start 08:00 Stop 12:00 Hrs 4	Start 08:00 Stop 12:00 Hrs 4	Start 08:00 Stop 12:00 Hrs 4	Start 08:00 Stop 12:00 Hrs 4	Start Stop Hrs	16
Regular Hours	Start Stop Hrs	Start Stop Hrs	Start 13:00 Stop 17:00 Hrs 4	Start 13:00 Stop 17:00 Hrs 4	Start 13:00 Stop 17:00 Hrs 4	Start 13:00 Stop 17:00 Hrs 4	Start Stop Hrs	16
		0	8	8	8	8	0	40

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Review: Hurt, Kyle Allen, 28343

Week Starting Sunday, January 24 2021

Timecard Period (days) 7

Comments

Hours Type	Reason	Cost Center	Sun, Jan 24	Mon, Jan 25	Tue, Jan 26	Wed, Jan 27	Thu, Jan 28	Fri, Jan 29	Sat, Jan 30	Total
Regular Hours	SHR-NCADC-INMATE CUSTODY		Start	Start 08:00	Start 08:00	Start 08:00	Start 08:00	Start 08:00	Start	20
			Stop	Stop 12:00	Stop 12:00	Stop 12:00	Stop 12:00	Stop 12:00	Stop	
			Hrs	Hrs	Hrs	Hrs	Hrs	Hrs	Hrs	
Regular Hours	SHR-NCADC-INMATE CUSTODY		Start	Start 13:00	Start 13:00	Start 13:00	Start 13:00	Start 13:00	Start	20
			Stop	Stop 17:00	Stop 17:00	Stop 17:00	Stop 17:00	Stop 17:00	Stop	
			Hrs	Hrs	Hrs	Hrs	Hrs	Hrs	Hrs	
			0	8	8	8	8	8	0	40

Time Detail

Hours Type	Sun, Jan 24	Mon, Jan 25	Tue, Jan 26	Wed, Jan 27	Thu, Jan 28	Fri, Jan 29	Sat, Jan 30	Total
Regular Hours	Start	Start 08:00	Start 08:00	Start 08:00	Start 08:00	Start 08:00	Start	20
	Stop	Stop 12:00	Stop 12:00	Stop 12:00	Stop 12:00	Stop 12:00	Stop	
	Hrs	Hrs 4	Hrs 4	Hrs 4	Hrs 4	Hrs 4	Hrs	
Regular Hours	Start	Start 13:00	Start 13:00	Start 13:00	Start 13:00	Start 13:00	Start	20
	Stop	Stop 17:00	Stop 17:00	Stop 17:00	Stop 17:00	Stop 17:00	Stop	
	Hrs	Hrs 4	Hrs 4	Hrs 4	Hrs 4	Hrs 4	Hrs	
		0	8	8	8	8	0	40

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Review: Hurt, Kyle Allen, 28343

Week Starting Sunday, January 31 2021

Timecard Period (days) 7

Comments

Hours Type	Reason	Cost Center	Sun, Jan 31	Mon, Feb 01	Tue, Feb 02	Wed, Feb 03	Thu, Feb 04	Fri, Feb 05	Sat, Feb 06	Total
Regular Hours	SHR-NCADC-INMATE CUSTODY		Start 08:00 Stop 12:00 Hrs	Start 08:00 Stop 12:00 Hrs	Start 08:00 Stop 12:00 Hrs	Start 08:00 Stop 12:00 Hrs	Start 08:00 Stop 12:00 Hrs	Start 08:00 Stop 12:00 Hrs	Start Stop Hrs	20
Regular Hours	SHR-NCADC-INMATE CUSTODY		Start 13:00 Stop 17:00 Hrs	Start 13:00 Stop 17:00 Hrs	Start 13:00 Stop 17:00 Hrs	Start 13:00 Stop 17:00 Hrs	Start 13:00 Stop 17:00 Hrs	Start 13:00 Stop 17:00 Hrs	Start Stop Hrs	20
			0	8	8	8	8	8	0	40

Time Detail

Hours Type	Sun, Jan 31	Mon, Feb 01	Tue, Feb 02	Wed, Feb 03	Thu, Feb 04	Fri, Feb 05	Sat, Feb 06	Total
Regular Hours	Start Stop Hrs	Start 08:00 Stop 12:00 Hrs 4	Start 08:00 Stop 12:00 Hrs 4	Start 08:00 Stop 12:00 Hrs 4	Start 08:00 Stop 12:00 Hrs 4	Start 08:00 Stop 12:00 Hrs 4	Start Stop Hrs	20
Regular Hours	Start Stop Hrs	Start 13:00 Stop 17:00 Hrs 4	Start 13:00 Stop 17:00 Hrs 4	Start 13:00 Stop 17:00 Hrs 4	Start 13:00 Stop 17:00 Hrs 4	Start 13:00 Stop 17:00 Hrs 4	Start Stop Hrs	20
		0	8	8	8	8	0	40

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Review: Hurt, Kyle Allen, 28343

Week Starting Sunday, February 07 2021

Timecard Period (days) 7

Comments

Hours Type	Reason	Cost Center	Sun, Feb 07	Mon, Feb 08	Tue, Feb 09	Wed, Feb 10	Thu, Feb 11	Fri, Feb 12	Sat, Feb 13	Total
Regular Hours	SHR-NCADC-INMATE CUSTODY		Start 08:00 Stop 12:00 Hrs	Start 08:00 Stop 12:00 Hrs	Start 08:00 Stop 12:00 Hrs	Start 08:00 Stop 12:00 Hrs	Start 08:00 Stop 12:00 Hrs	Start 08:00 Stop 12:00 Hrs	Start Stop Hrs	20
Regular Hours	SHR-NCADC-INMATE CUSTODY		Start 13:00 Stop 17:00 Hrs	Start 13:00 Stop 17:00 Hrs	Start 13:00 Stop 17:00 Hrs	Start 13:00 Stop 17:00 Hrs	Start 13:00 Stop 17:00 Hrs	Start 13:00 Stop 17:00 Hrs	Start Stop Hrs	20
			0	8	8	8	8	8	0	40

Time Detail

Hours Type	Sun, Feb 07	Mon, Feb 08	Tue, Feb 09	Wed, Feb 10	Thu, Feb 11	Fri, Feb 12	Sat, Feb 13	Total
Regular Hours	Start 08:00 Stop 12:00 Hrs 4	Start 08:00 Stop 12:00 Hrs 4	Start 08:00 Stop 12:00 Hrs 4	Start 08:00 Stop 12:00 Hrs 4	Start 08:00 Stop 12:00 Hrs 4	Start 08:00 Stop 12:00 Hrs 4	Start Stop Hrs	20
Regular Hours	Start 13:00 Stop 17:00 Hrs 4	Start 13:00 Stop 17:00 Hrs 4	Start 13:00 Stop 17:00 Hrs 4	Start 13:00 Stop 17:00 Hrs 4	Start 13:00 Stop 17:00 Hrs 4	Start 13:00 Stop 17:00 Hrs 4	Start Stop Hrs	20
		0	8	8	8	8	0	40

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Review: Hurt, Kyle Allen, 28343

Week Starting Sunday, February 14 2021

Timecard Period (days) 7

Comments

Hours Type	Reason	Cost Center	Sun, Feb 14	Mon, Feb 15	Tue, Feb 16	Wed, Feb 17	Thu, Feb 18	Fri, Feb 19	Sat, Feb 20	Total
Regular Hours	SHR-NCADC-INMATE CUSTODY		Start 08:00 Stop 12:00 Hrs	Start 08:00 Stop 12:00 Hrs	Start 08:00 Stop 12:00 Hrs	Start 08:00 Stop 12:00 Hrs	Start 08:00 Stop 12:00 Hrs	Start 08:00 Stop 12:00 Hrs	Start 08:00 Stop 12:00 Hrs	20
Regular Hours	SHR-NCADC-INMATE CUSTODY		Start 13:00 Stop 17:00 Hrs	Start 13:00 Stop 17:00 Hrs	Start 13:00 Stop 17:00 Hrs	Start 13:00 Stop 17:00 Hrs	Start 13:00 Stop 17:00 Hrs	Start 13:00 Stop 17:00 Hrs	Start 13:00 Stop 17:00 Hrs	20
			0	8	8	8	8	8	0	40

Time Detail

Hours Type	Sun, Feb 14	Mon, Feb 15	Tue, Feb 16	Wed, Feb 17	Thu, Feb 18	Fri, Feb 19	Sat, Feb 20	Total
Regular Hours	Start 08:00 Stop 12:00 Hrs 4	Start 08:00 Stop 12:00 Hrs 4	Start 08:00 Stop 12:00 Hrs 4	Start 08:00 Stop 12:00 Hrs 4	Start 08:00 Stop 12:00 Hrs 4	Start 08:00 Stop 12:00 Hrs 4	Start 08:00 Stop 12:00 Hrs	20
Regular Hours	Start 13:00 Stop 17:00 Hrs 4	Start 13:00 Stop 17:00 Hrs 4	Start 13:00 Stop 17:00 Hrs 4	Start 13:00 Stop 17:00 Hrs 4	Start 13:00 Stop 17:00 Hrs 4	Start 13:00 Stop 17:00 Hrs 4	Start 13:00 Stop 17:00 Hrs	20
		0	8	8	8	8	0	40

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Review: Hurt, Kyle Allen, 28343

Week Starting Sunday, February 21 2021

Timecard Period (days) 7

Comments

Hours Type	Reason	Cost Center	Sun, Feb 21	Mon, Feb 22	Tue, Feb 23	Wed, Feb 24	Thu, Feb 25	Fri, Feb 26	Sat, Feb 27	Total
Regular Hours	SHR-NCADC-INMATE CUSTODY		Start	Start 08:00	Start 08:00	Start 08:00	Start 08:00	Start 08:00	Start	20
			Stop	Stop 12:00	Stop 12:00	Stop 12:00	Stop 12:00	Stop 12:00	Stop	
			Hrs	Hrs	Hrs	Hrs	Hrs	Hrs	Hrs	
Regular Hours	SHR-NCADC-INMATE CUSTODY		Start	Start 13:00	Start 13:00	Start 13:00	Start 13:00	Start 13:00	Start	20
			Stop	Stop 17:00	Stop 17:00	Stop 17:00	Stop 17:00	Stop 17:00	Stop	
			Hrs	Hrs	Hrs	Hrs	Hrs	Hrs	Hrs	
			0	8	8	8	8	8	0	40

Time Detail

Hours Type	Sun, Feb 21	Mon, Feb 22	Tue, Feb 23	Wed, Feb 24	Thu, Feb 25	Fri, Feb 26	Sat, Feb 27	Total	
Regular Hours	Start	Start 08:00	Start 08:00	Start 08:00	Start 08:00	Start 08:00	Start	20	
	Stop	Stop 12:00	Stop 12:00	Stop 12:00	Stop 12:00	Stop 12:00	Stop		
	Hrs	Hrs 4	Hrs 4	Hrs 4	Hrs 4	Hrs 4	Hrs		
Regular Hours	Start	Start 13:00	Start 13:00	Start 13:00	Start 13:00	Start 13:00	Start	20	
	Stop	Stop 17:00	Stop 17:00	Stop 17:00	Stop 17:00	Stop 17:00	Stop		
	Hrs	Hrs 4	Hrs 4	Hrs 4	Hrs 4	Hrs 4	Hrs		
		0	8	8	8	8	8	0	40

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Review: Hurt, Kyle Allen, 28343

Week Starting Sunday, February 28 2021

Timecard Period (days) 7

Comments

Hours Type	Reason	Cost Center	Sun, Feb 28	Mon, Mar 01	Tue, Mar 02	Wed, Mar 03	Thu, Mar 04	Fri, Mar 05	Sat, Mar 06	Total
Regular Hours	SHR-NCADC-INMATE CUSTODY		Start	Start 08:00	Start 08:00	Start 08:00	Start 08:00	Start 08:00	Start	20
			Stop	Stop 12:00	Stop 12:00	Stop 12:00	Stop 12:00	Stop 12:00	Stop	
			Hrs	Hrs	Hrs	Hrs	Hrs	Hrs	Hrs	
Regular Hours	SHR-NCADC-INMATE CUSTODY		Start	Start 13:00	Start 13:00	Start 13:00	Start 13:00	Start 13:00	Start	20
			Stop	Stop 17:00	Stop 17:00	Stop 17:00	Stop 17:00	Stop 17:00	Stop	
			Hrs	Hrs	Hrs	Hrs	Hrs	Hrs	Hrs	
			0	8	8	8	8	8	0	40

Time Detail

Hours Type	Sun, Feb 28	Mon, Mar 01	Tue, Mar 02	Wed, Mar 03	Thu, Mar 04	Fri, Mar 05	Sat, Mar 06	Total	
Regular Hours	Start	Start 08:00	Start 08:00	Start 08:00	Start 08:00	Start 08:00	Start	20	
	Stop	Stop 12:00	Stop 12:00	Stop 12:00	Stop 12:00	Stop 12:00	Stop		
	Hrs	Hrs 4	Hrs 4	Hrs 4	Hrs 4	Hrs 4	Hrs		
Regular Hours	Start	Start 13:00	Start 13:00	Start 13:00	Start 13:00	Start 13:00	Start	20	
	Stop	Stop 17:00	Stop 17:00	Stop 17:00	Stop 17:00	Stop 17:00	Stop		
	Hrs	Hrs 4	Hrs 4	Hrs 4	Hrs 4	Hrs 4	Hrs		
		0	8	8	8	8	8	0	40

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Review: Hurt, Kyle Allen, 28343

Week Starting Sunday, March 07 2021

Timecard Period (days) 7

Comments

Hours Type	Reason	Cost Center	Sun, Mar 07	Mon, Mar 08	Tue, Mar 09	Wed, Mar 10	Thu, Mar 11	Fri, Mar 12	Sat, Mar 13	Total
Regular Hours	SHR-NCADC-INMATE CUSTODY		Start 08:00 Stop 12:00 Hrs	Start 08:00 Stop 12:00 Hrs	Start 08:00 Stop 12:00 Hrs	Start 08:00 Stop 12:00 Hrs	Start 08:00 Stop 12:00 Hrs	Start 08:00 Stop 12:00 Hrs	Start 08:00 Stop 12:00 Hrs	20
Regular Hours	SHR-NCADC-INMATE CUSTODY		Start 13:00 Stop 17:00 Hrs	Start 13:00 Stop 17:00 Hrs	Start 13:00 Stop 17:00 Hrs	Start 13:00 Stop 17:00 Hrs	Start 13:00 Stop 17:00 Hrs	Start 13:00 Stop 17:00 Hrs	Start 13:00 Stop 17:00 Hrs	20
			0	8	8	8	8	8	0	40

Time Detail

Hours Type	Sun, Mar 07	Mon, Mar 08	Tue, Mar 09	Wed, Mar 10	Thu, Mar 11	Fri, Mar 12	Sat, Mar 13	Total
Regular Hours	Start 08:00 Stop 12:00 Hrs	Start 08:00 Stop 12:00 Hrs 4	Start 08:00 Stop 12:00 Hrs 4	Start 08:00 Stop 12:00 Hrs 4	Start 08:00 Stop 12:00 Hrs 4	Start 08:00 Stop 12:00 Hrs 4	Start Stop Hrs	20
Regular Hours	Start 13:00 Stop 17:00 Hrs	Start 13:00 Stop 17:00 Hrs 4	Start 13:00 Stop 17:00 Hrs 4	Start 13:00 Stop 17:00 Hrs 4	Start 13:00 Stop 17:00 Hrs 4	Start 13:00 Stop 17:00 Hrs 4	Start Stop Hrs	20
	0	8	8	8	8	8	0	40

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Review: Hurt, Kyle Allen, 28343

Week Starting Sunday, March 14 2021

Timecard Period (days) 7

Comments

Hours Type	Reason	Cost Center	Sun, Mar 14	Mon, Mar 15	Tue, Mar 16	Wed, Mar 17	Thu, Mar 18	Fri, Mar 19	Sat, Mar 20	Total
Regular Hours	SHR-NCADC-INMATE CUSTODY		Start	Start 08:00	Start 08:00	Start 08:00	Start 08:00	Start 08:00	Start 08:00	20
			Stop	Stop 12:00	Stop 12:00	Stop 12:00	Stop 12:00	Stop 12:00		
			Hrs	Hrs	Hrs	Hrs	Hrs			
Regular Hours	SHR-NCADC-INMATE CUSTODY		Start	Start 13:00	Start 13:00	Start 13:00	Start 13:00	Start 13:00	Start 13:00	20
			Stop	Stop 17:00	Stop 17:00	Stop 17:00	Stop 17:00	Stop 17:00		
			Hrs	Hrs	Hrs	Hrs	Hrs			
			0	8	8	8	8	8	0	40

Time Detail

Hours Type	Sun, Mar 14	Mon, Mar 15	Tue, Mar 16	Wed, Mar 17	Thu, Mar 18	Fri, Mar 19	Sat, Mar 20	Total	
Regular Hours	Start	Start 08:00	Start 08:00	Start 08:00	Start 08:00	Start 08:00	Start	20	
	Stop	Stop 12:00	Stop 12:00	Stop 12:00	Stop 12:00	Stop 12:00	Stop		
	Hrs	Hrs 4	Hrs 4	Hrs 4	Hrs 4	Hrs 4	Hrs		
Regular Hours	Start	Start 13:00	Start 13:00	Start 13:00	Start 13:00	Start 13:00	Start	20	
	Stop	Stop 17:00	Stop 17:00	Stop 17:00	Stop 17:00	Stop 17:00	Stop		
	Hrs	Hrs 4	Hrs 4	Hrs 4	Hrs 4	Hrs 4	Hrs		
		0	8	8	8	8	8	0	40

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Review: Hurt, Kyle Allen, 28343

Week Starting Sunday, March 21 2021

Timecard Period (days) 7

Comments

Hours Type	Reason	Cost Center	Sun, Mar 21	Mon, Mar 22	Tue, Mar 23	Wed, Mar 24	Thu, Mar 25	Fri, Mar 26	Sat, Mar 27	Total
Regular Hours	SHR-NCADC-INMATE CUSTODY		Start	Start 08:00	Start 08:00	Start 08:00	Start 08:00	Start 08:00	Start	20
			Stop	Stop 12:00	Stop 12:00	Stop 12:00	Stop 12:00	Stop 12:00	Stop	
			Hrs	Hrs	Hrs	Hrs	Hrs	Hrs	Hrs	
Regular Hours	SHR-NCADC-INMATE CUSTODY		Start	Start 13:00	Start 13:00	Start 13:00	Start 13:00	Start 13:00	Start	20
			Stop	Stop 17:00	Stop 17:00	Stop 17:00	Stop 17:00	Stop 17:00	Stop	
			Hrs	Hrs	Hrs	Hrs	Hrs	Hrs	Hrs	
			0	8	8	8	8	8	0	40

Time Detail

Hours Type	Sun, Mar 21	Mon, Mar 22	Tue, Mar 23	Wed, Mar 24	Thu, Mar 25	Fri, Mar 26	Sat, Mar 27	Total	
Regular Hours	Start	Start 13:00	Start 08:00	Start 08:00	Start 08:00	Start 08:00	Start	20	
	Stop	Stop 17:00	Stop 12:00	Stop 12:00	Stop 12:00	Stop 12:00	Stop		
	Hrs	Hrs 4	Hrs 4	Hrs 4	Hrs 4	Hrs 4	Hrs		
Regular Hours	Start	Start 08:00	Start 13:00	Start 13:00	Start 13:00	Start 13:00	Start	20	
	Stop	Stop 12:00	Stop 17:00	Stop 17:00	Stop 17:00	Stop 17:00	Stop		
	Hrs	Hrs 4	Hrs 4	Hrs 4	Hrs 4	Hrs 4	Hrs		
		0	8	8	8	8	8	0	40

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Review: Hurt, Kyle Allen, 28343

Week Starting Sunday, March 28 2021

Timecard Period (days) 7

Comments

Hours Type	Reason	Cost Center	Sun, Mar 28	Mon, Mar 29	Tue, Mar 30	Wed, Mar 31	Thu, Apr 01	Fri, Apr 02	Sat, Apr 03	Total
Regular Hours	SHR-NCADC-INMATE CUSTODY		Start 08:00	Start 08:00	Start 08:00	Start 08:00	Start 08:00	Start 08:00	Start 08:00	20
			Stop 12:00	Stop 12:00	Stop 12:00	Stop 12:00	Stop 12:00	Stop 12:00	Stop 12:00	
			Hrs	Hrs	Hrs	Hrs	Hrs	Hrs	Hrs	
Regular Hours	SHR-NCADC-INMATE CUSTODY		Start 13:00	Start 13:00	Start 13:00	Start 13:00	Start 13:00	Start 13:00	Start 13:00	20
			Stop 17:00	Stop 17:00	Stop 17:00	Stop 17:00	Stop 17:00	Stop 17:00	Stop 17:00	
			Hrs	Hrs	Hrs	Hrs	Hrs	Hrs	Hrs	
			0	8	8	8	8	8	0	40

Time Detail

Hours Type	Sun, Mar 28	Mon, Mar 29	Tue, Mar 30	Wed, Mar 31	Thu, Apr 01	Fri, Apr 02	Sat, Apr 03	Total	
Regular Hours	Start 08:00	Start 08:00	Start 08:00	Start 08:00	Start 08:00	Start 08:00	Start 08:00	20	
	Stop 12:00	Stop 12:00	Stop 12:00	Stop 12:00	Stop 12:00	Stop 12:00	Stop 12:00		
	Hrs 4	Hrs 4	Hrs 4	Hrs 4	Hrs 4	Hrs 4	Hrs 4		
Regular Hours	Start 13:00	Start 13:00	Start 13:00	Start 13:00	Start 13:00	Start 13:00	Start 13:00	20	
	Stop 17:00	Stop 17:00	Stop 17:00	Stop 17:00	Stop 17:00	Stop 17:00	Stop 17:00		
	Hrs 4	Hrs 4	Hrs 4	Hrs 4	Hrs 4	Hrs 4	Hrs 4		
		0	8	8	8	8	8	0	40

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[Employees](#) [Employee Actions](#)

Review: Hurt, Kyle Allen, 28343

Week Starting Sunday, April 04 2021

Timecard Period (days) 7

Comments

Hours Type	Reason	Cost Center	Sun, Apr 04	Mon, Apr 05	Tue, Apr 06	Wed, Apr 07	Thu, Apr 08	Fri, Apr 09	Sat, Apr 10	Total
Regular Hours	SHR-NCADC-INMATE CUSTODY		Start Stop Hrs	Start 08:00 Stop 12:00 Hrs	Start 08:00 Stop 12:00 Hrs	Start 08:00 Stop 12:00 Hrs	Start 08:00 Stop 12:00 Hrs	Start 08:00 Stop 12:00 Hrs	Start Stop Hrs	20
Regular Hours	SHR-NCADC-INMATE CUSTODY		Start Stop Hrs	Start 13:00 Stop 17:00 Hrs	Start 13:00 Stop 17:00 Hrs	Start 13:00 Stop 17:00 Hrs	Start 13:00 Stop 17:00 Hrs	Start 13:00 Stop 17:00 Hrs	Start Stop Hrs	20
			0	8	8	8	8	8	0	40

Time Detail

Hours Type	Sun, Apr 04	Mon, Apr 05	Tue, Apr 06	Wed, Apr 07	Thu, Apr 08	Fri, Apr 09	Sat, Apr 10	Total
Regular Hours	Start Stop Hrs	Start 08:00 Stop 12:00 Hrs 4	Start 08:00 Stop 12:00 Hrs 4	Start 08:00 Stop 12:00 Hrs 4	Start 08:00 Stop 12:00 Hrs 4	Start 08:00 Stop 12:00 Hrs 4	Start Stop Hrs	20
Regular Hours	Start Stop Hrs	Start 13:00 Stop 17:00 Hrs 4	Start 13:00 Stop 17:00 Hrs 4	Start 13:00 Stop 17:00 Hrs 4	Start 13:00 Stop 17:00 Hrs 4	Start 13:00 Stop 17:00 Hrs 4	Start Stop Hrs	20
		0	8	8	8	8	0	40

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[Employees](#) [Employee Actions](#)

Review: Hurt, Kyle Allen, 28343

Week Starting Sunday, April 11 2021

Timecard Period (days) 7

Comments

Hours Type	Reason	Cost Center	Sun, Apr 11	Mon, Apr 12	Tue, Apr 13	Wed, Apr 14	Thu, Apr 15	Fri, Apr 16	Sat, Apr 17	Total
Regular Hours	SHR-NCADC-INMATE CUSTODY		Start 08:00 Stop 12:00 Hrs	Start 08:00 Stop 12:00 Hrs	Start 08:00 Stop 12:00 Hrs	Start 08:00 Stop 12:00 Hrs	Start 08:00 Stop 12:00 Hrs	Start 08:00 Stop 12:00 Hrs	Start Stop Hrs	20
Regular Hours	SHR-NCADC-INMATE CUSTODY		Start Stop Hrs	Start 13:00 Stop 17:00 Hrs	Start 13:00 Stop 17:00 Hrs	Start 13:00 Stop 17:00 Hrs	Start 13:00 Stop 17:00 Hrs	Start 13:00 Stop 17:00 Hrs	Start Stop Hrs	20
			0	8	8	8	8	8	0	40

Time Detail

Hours Type	Sun, Apr 11	Mon, Apr 12	Tue, Apr 13	Wed, Apr 14	Thu, Apr 15	Fri, Apr 16	Sat, Apr 17	Total
Regular Hours	Start Stop Hrs	Start 08:00 Stop 12:00 Hrs 4	Start 08:00 Stop 12:00 Hrs 4	Start 08:00 Stop 12:00 Hrs 4	Start 08:00 Stop 12:00 Hrs 4	Start 08:00 Stop 12:00 Hrs 4	Start Stop Hrs	20
Regular Hours	Start Stop Hrs	Start 13:00 Stop 17:00 Hrs 4	Start 13:00 Stop 17:00 Hrs 4	Start 13:00 Stop 17:00 Hrs 4	Start 13:00 Stop 17:00 Hrs 4	Start 13:00 Stop 17:00 Hrs 4	Start Stop Hrs	20
		0	8	8	8	8	0	40

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City of Osawatomie

ACTION ITEM SUMMARY	Item Number:	10.D
	Date:	May 25, 2021
City Manager	From:	Mike Scanlon

RE: A Resolution Directing the City Manager to Enter into Contract with Springboard Creative to Redesign the City Logo and Other Branding Elements

RECOMMENDATION: City Staff recommends that Council approve Resolution 882, which directs the CM to enter into contract with Springboard Creative for branding and identity redesign.

DETAILS: The current City of Osawatomie logo, our little green tree, has been in effect since at least 1993. While simple and clean, it is very nondescript and generic, and has no ties to our community’s most notable features. As we embark upon our downtown planning project and redevelopment, we’d like to also look at redeveloping our City identity. We have so much to offer visitors and residents alike, and we should be marketing ourselves accordingly. Working with Springboard Creative, we’d like to find a logo that is uniquely Osawatomie. Whether we incorporate our landmarks, historic places, landscapes, or downtown architecture is yet to be determined, but it’s easy to see that we have a wealth of interesting people, places, and things to draw inspiration from.

Within that redesign will also be the creation of unique logos for two of our “exterior” departments that operate a little independently of the general City umbrella: golf course and public library. These two departments operate more like businesses than our interior departments and they have the ability to draw visitors. Because of these qualities, we believe it would benefit all parties for them to have their own logos (while still matching the overall brand) to allow them greater marketing independence and promote their respective industries.

When the downtown planning project finishes in the fall and implementation starts will be the best time to debut a new City identity. People will be engaged and excited about the next generation of Osawatomie, and we’ll have a proud new brand to present.

Related Statute / City Ordinances	Resolution 806
Line Item Code/Description	N/A
Available Budget:	N/A

CITY OF OSAWATOMIE, KANSAS

RESOLUTION No. 882

A RESOLUTION DIRECTING THE CITY MANAGER TO ENTER INTO CONTRACT WITH SPRINGBOARD CREATIVE TO REDESIGN THE CITY LOGO AND OTHER BRANDING ELEMENTS

WHEREAS, the City of Osawatomie’s current logo has been in effect since at least 1993 and has no unique or identifying elements related to our community, its history, or our cultural landscape; and

WHEREAS, exterior departments that have public engagement outside the general City umbrella, such as the Osawatomie Golf Course and Osawatomie Public Library, do not have their own identifying logos or other unique branding elements; and

WHEREAS, the City of Osawatomie is preparing to engage in a downtown planning project aimed at revitalizing our downtown corridor and community-wide identity, the culmination of which would be the optimum time to debut a new government brand or identity to better convey what the City has to offer visitors and residents alike; and

WHEREAS, Springboard Creative has a wealth of experience in government branding projects and other large-scale marketing directives that make them the optimal team to assist us in this process.

NOW, THEREFORE, be it resolved by the Governing Body of the City of Osawatomie:

Section 1. The Governing Body hereby directs the City Manager to enter into a contract with Springboard Creative to redesign the City logo and other branding elements such as sub-department logos, branding elements, and other style guidelines.

PASSED AND APPROVED by the Governing Body of the City of Osawatomie, Kansas, this ____ day of _____, 2021, a majority voting in favor of.

APPROVED and signed by the Mayor.

L. Mark Govea, Mayor

(SEAL)

ATTEST:

Tammy Seamands, City Clerk



City of Osawatomie

ACTION ITEM SUMMARY	Item Number:	10.E
	Date:	May 27, 2021
City Manager	From:	Mike Scanlon

RE: Ordinance 3796 – A Ordinance authorizing the execution of a loan agreement between the City of Osawatomie, Kansas and the State of Kansas, acting by and through the Kansas Department of Health and Environment for the purpose of obtaining a loan from the Kansas Water pollution Control Revolving Fund for the purpose of obtaining a loan from the Kansas Water Pollution Control Revolving Fund for the purpose of financing wastewater treatment project; establishing a dedicated source of revenue for repayment of such loan; authorizing and approving certain documents in connection therewith; and authorizing certain other actions in connection with the loan agreement.

RECOMMENDATION: That Council approve Ordinance 3796 Authorizing the Execution of the agreement and Other Documentation for a Kansas Department of Health and Environment loan from the Kansas Water Pollution Control Revolving Fund Related to the Repair of the Wastewater Treatment Plant

DETAILS: The City applied for a loan from the Kansas Department of Health and Environment up to the amount of \$2,360,500.00 to help repair our WWTP. The next step in the process is to finalize the loan agreement.

Related Statute / City Ordinances	Resolution 813
Line Item Code/Description	N/A
Available Budget:	N/A

EXHIBIT F

FORM OF MUNICIPALITY ORDINANCE

**EXCERPT OF MINUTES OF A MEETING
OF THE GOVERNING BODY OF
THE CITY OF OSAWATOMIE, KANSAS
HELD ON [ORDINANCE DATE]**

The Governing Body of the City met in [regular/special] session at the usual meeting place in the City, at [meeting time], the following members being present and participating, to-wit:

Absent:

The Mayor declared that a quorum was present and called the meeting to order.

(Other Proceedings)

Thereupon, there was presented an Ordinance entitled:

AN ORDINANCE AUTHORIZING THE EXECUTION OF A LOAN AGREEMENT BETWEEN THE CITY OF OSAWATOMIE, KANSAS AND THE STATE OF KANSAS, ACTING BY AND THROUGH THE KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT FOR THE PURPOSE OF OBTAINING A LOAN FROM THE KANSAS WATER POLLUTION CONTROL REVOLVING FUND FOR THE PURPOSE OF FINANCING A WASTEWATER TREATMENT PROJECT; ESTABLISHING A DEDICATED SOURCE OF REVENUE FOR REPAYMENT OF SUCH LOAN; AUTHORIZING AND APPROVING CERTAIN DOCUMENTS IN CONNECTION THEREWITH; AND AUTHORIZING CERTAIN OTHER ACTIONS IN CONNECTION WITH THE LOAN AGREEMENT.

Thereupon, [Council member] _____ moved that said Ordinance be passed. The motion was seconded by [Council member] _____. Said Ordinance was duly read and considered, and upon being put, the motion for the passage of said Ordinance was carried by the vote of the Governing Body, the vote being as follows:

Yes: _____.

No: _____.

Thereupon, the Mayor declared said Ordinance duly passed and the Ordinance was then duly numbered Ordinance No. _____ and was signed and approved by the Mayor and attested by the Clerk. The Clerk was directed to publish the Ordinance one time in the official newspaper of the City.

(Other Proceedings)

On motion duly made, seconded and carried, the meeting thereupon adjourned.

(SEAL)

Clerk

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(Published in Miami County Republic on June 2, 2021)

ORDINANCE NO. 3796

AN ORDINANCE AUTHORIZING THE EXECUTION OF A LOAN AGREEMENT BETWEEN THE CITY OF OSAWATOMIE, KANSAS AND THE STATE OF KANSAS, ACTING BY AND THROUGH THE KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT FOR THE PURPOSE OF OBTAINING A LOAN FROM THE KANSAS WATER POLLUTION CONTROL REVOLVING FUND FOR THE PURPOSE OF FINANCING A WASTEWATER TREATMENT PROJECT; ESTABLISHING A DEDICATED SOURCE OF REVENUE FOR REPAYMENT OF SUCH LOAN; AUTHORIZING AND APPROVING CERTAIN DOCUMENTS IN CONNECTION THEREWITH; AND AUTHORIZING CERTAIN OTHER ACTIONS IN CONNECTION WITH THE LOAN AGREEMENT.

WHEREAS, the Federal Water Quality Act of 1987 (the “Federal Act”) established revolving fund program for public wastewater treatment systems to assist in financing the costs of infrastructure needed to achieve or maintain compliance with the Federal Act and to protect the public health and authorized the Environmental Protection Agency (the “EPA”) to administer a revolving loan program operated by the individual states; and

WHEREAS, to fund the state revolving fund program, the EPA will make annual capitalization grants to the states, on the condition that each state provide a state match for such state's revolving fund; and

WHEREAS, by passage of the Kansas Water Pollution Control Revolving Fund Act, K.S.A. 65-3321 through 65-3329, inclusive (the “Loan Act”), the State of Kansas (the “State”) has established the Kansas Water Pollution Control Revolving Fund (the “Revolving Fund”) for purposes of the Federal Act; and

WHEREAS, under the Loan Act, the Secretary of the Kansas Department of Health and Environment (“KDHE”) is given the responsibility for administration and management of the Revolving Fund; and

WHEREAS, the Kansas Development Finance Authority (the “Authority”) and KDHE have entered into a Master Financing Indenture (the “Master Indenture”) pursuant to which KDHE agrees to enter into Loan Agreements with Municipalities for public wastewater treatment projects (the “Projects”) and to pledge the Loan Repayments (as defined in the Master Indenture) received pursuant to such Loan Agreements to the Authority; and

WHEREAS, the Authority is authorized under K.S.A. 74-8905(a) and the Loan Act to issue revenue bonds (the “Bonds”) for the purpose of providing funds to implement the State's requirements under the Federal Act and to loan the same, together with available funds from the EPA capitalization grants, to Municipalities within the State for the payment of Project Costs (as said terms are defined in the Loan Act); and

WHEREAS, the City of Osawatomie, Kansas (the “Municipality”) is a municipality as said term is defined in the Loan Act which operates a wastewater collection and treatment system (the “System”); and

WHEREAS, the System is a public Wastewater Treatment Works, as said term is defined in the Loan Act; and

WHEREAS, the Municipality has, pursuant to the Loan Act, submitted an Application to KDHE to obtain a loan from the Revolving Fund to finance the costs of improvements to its System consisting of the following:

Construction of a project to upgrade and rehabilitate wastewater treatment plant equipment and structures. (the “Project”); and

WHEREAS, the Municipality has taken all steps necessary and has complied with the provisions of the Loan Act and the provisions of K.A.R. 28-16-110 to 28-16-138 (the “Regulations”) applicable thereto necessary to qualify for the loan; and

WHEREAS, KDHE has informed the Municipality that it has been approved for a loan in amount of not to exceed \$2,360,500.00 in order to finance the Project; and

WHEREAS, the governing body of the Municipality hereby finds and determines that it is necessary and desirable to accept the Loan and to enter into a loan agreement and certain other documents relating thereto, and to take certain actions required in order to implement the Loan Agreement.

THEREFORE, BE IT ORDAINED BY THE GOVERNING BODY OF THE CITY OF OSAWATOMIE, KANSAS:

Section 1. Authorization of Loan Agreement. The Municipality is hereby authorized to accept the Loan and to enter into a certain Loan Agreement, with an effective date of May 10, 2021, with the State of Kansas acting by and through the Kansas Department of Health and Environment (the “Loan Agreement”) to finance the Project Costs (as defined in the Loan Agreement). The Mayor and Clerk are hereby authorized to execute the Loan Agreement in substantially the form presented to the governing body this date, with such changes or modifications thereto as may be approved by the Mayor and the City Attorney, the Mayor’s execution of the Loan Agreement being conclusive evidence of such approval.

Section 2. Establishment of Dedicated Source of Revenue for Repayment of Loan. Pursuant to the Loan Act, the Municipality hereby establishes a dedicated source of revenue for repayment of the Loan. In accordance therewith, the Municipality shall impose and collect such rates, fees and charges for the use and services furnished by or through the System, including all improvements and additions thereto hereafter constructed or acquired by the Municipality as will provide System Revenues or levy ad valorem taxes without limitation as to rate or amount upon all the taxable tangible

property, real or personal, within the territorial limits of the Municipality to produce amounts which are sufficient to (a) pay the cost of the operation and maintenance of the System, (b) pay the principal of and interest on the Loan as and when the same become due, and (c) pay all other amounts due at any time under the Loan Agreement; provided, however, no lien or other security interest is granted by the Municipality to KDHE on the System Revenues under this Agreement. In the event that the System Revenues are insufficient to meet the obligations under the Loan and the Loan Agreement, the Municipality shall levy ad valorem taxes without limitation as to rate or amount upon all the taxable tangible property, real or personal, within the territorial limits of the Municipality to produce the amounts necessary for the prompt payment of the obligations under the Loan and Loan Agreement.

In accordance with the Loan Act, the obligations under the Loan and the Loan Agreement shall not be included within any limitation on the bonded indebtedness of the Municipality.

Section 3. Further Authority. The Mayor, Clerk and other City officials are hereby further authorized and directed to execute any and all documents and take such actions as they may deem necessary or advisable in order to carry out and perform the purposes of the Ordinance, and to make alterations, changes or additions in the foregoing agreements, statements, instruments and other documents herein approved, authorized and confirmed which they may approve, and the execution or taking of such action shall be conclusive evidence of such necessity or advisability.

Section 4. Governing Law. The Ordinance and the Loan Agreement shall be governed exclusively by and construed in accordance with the applicable laws of the State of Kansas.

Section 5. Effective Date. This Ordinance shall take effect and be in full force from and after its passage by the governing body of the City and publication in the official City newspaper.

PASSED by the governing body of the City on [Ordinance Date] and [signed][and **APPROVED**] by the Mayor.

(SEAL)

Mayor

ATTEST:

Clerk

[APPROVED AS TO FORM ONLY.]

[City Attorney]

EXHIBIT G

FORM OF OPINION OF MUNICIPALITY'S COUNSEL

[Date]

Kansas Development Finance Authority
Topeka, Kansas

The Kansas Department of Health and
Environment, acting on behalf of
The State of Kansas
Topeka, Kansas

Re: Loan Agreement effective as of May 10, 2021, between the Kansas Department of Health and Environment (“KDHE”), acting on behalf of the State of Kansas (the “State”), and the City of Osawatomie, Kansas (the “Municipality”)

I have acted as counsel to the Municipality in connection with the authorization, execution and delivery of the above referenced Loan Agreement (the “Loan Agreement”). In my capacity as counsel to the Municipality, I have examined original or certified copies of minutes, ordinances of the Municipality and other documents relating to the authorization of the Project, the authorization, execution and delivery of the Loan Agreement, and the establishment of a Dedicated Source of Revenue (as defined in the Loan Agreement) for repayment of the Loan evidenced by the Loan Agreement. Capitalized terms used herein and not otherwise defined herein shall have the meanings assigned thereto in the Loan Agreement.

In this connection, I have examined the following:

- (a) an executed or certified copy of the Loan Agreement;
- (b) proceedings adopted or taken by the Municipality to authorize and approve the Project to be constructed with the proceeds of the Loan evidenced by the Loan Agreement;
- (c) Ordinance No. _____ of the Municipality (the “Ordinance”) adopted on [Ordinance Date], and other proceedings of the Municipality taken and adopted in connection with the authorization, execution and delivery of the Loan Agreement, and the establishment of a Dedicated Source of Revenue for repayment of the Loan evidenced by the Loan Agreement; and

(d) such other proceedings, documents and instruments as I have deemed necessary or appropriate to the rendering of the opinions expressed herein.

In this connection, I have reviewed such documents, and have made such investigations of law, as deemed relevant and necessary as the basis for the opinions hereinafter expressed.

Based upon the foregoing, it is my opinion, as of the date hereof, that:

1. The Municipality is a municipal corporation duly created, organized and existing under the laws of the State.
2. The Municipality operates a public Wastewater Treatment Works, as said term is defined in the Loan Act.
3. The Project has been duly authorized by the Municipality.
4. The Municipality has all requisite legal power and authority to, and has been duly authorized under the terms and provisions of the Ordinance to, execute and deliver, and perform its obligations under, the Loan Agreement.
5. The Loan Agreement has been duly authorized, executed and delivered by the Municipality and constitutes a valid and binding agreement of the Municipality enforceable in accordance with its terms, subject as to enforcement of remedies to any applicable bankruptcy, reorganization, insolvency, moratorium or other similar laws affecting creditors' rights heretofore or hereafter enacted, and subject further to the exercise of judicial discretion in accordance with general principles of equity. In rendering this opinion I have assumed due authorization, execution and delivery of the Loan Agreement by the State, acting by and through KDHE.
6. The Municipality has duly authorized the Dedicated Source of Revenue for repayment of the Loan to be made pursuant to the Loan Agreement.
7. To the best of my knowledge, the execution and delivery of the Loan Agreement by the Municipality will not conflict with or result in a breach of any of the terms of, or constitute a default under, any ordinance, indenture, mortgage, deed of trust, lease or other agreement or instrument to which the Municipality is a party or by which it or any of its property is bound or any of the rules or regulations applicable to the Municipality or its property or of any court or other governmental body.

Very truly yours,

REQUEST FOR OBLIGATION OF FUNDS

INSTRUCTIONS-TYPE IN CAPITALIZED ELITE TYPE IN SPACES MARKED ()			
Complete Items 1 through 29 and applicable Items 30 through 34. See FMI.			
1. CASE NUMBER ST CO BORROWER ID		LOAN NUMBER	FISCAL YEAR
2. BORROWER NAME		3. NUMBER NAME FIELDS (1, 2, or 3 from Item 2)	
		4. STATE NAME	
		5. COUNTY NAME	
GENERAL BORROWER/LOAN INFORMATION			
6. RACE/ETHNIC CLASSIFICATION 1 - WHITE 2 - BLACK 3 - AI/AN 4 - HISPANIC 5 - A/PI	7. TYPE OF APPLICANT 1 - INDIVIDUAL 2 - PARTNERSHIP 3 - CORPORATION 4 - PUBLIC BODY 5 - ASSOC. OF FARMERS 6 - ORG. OF FARMERS 7 - NONPROFIT-SECULAR 8 - NONPROFIT-FAITH BASED 9 - INDIAN TRIBE 10 - PUBLIC COLLEGE/UNIVERSITY 11 - OTHER	8. COLLATERAL CODE 1 - REAL ESTATE SECURED 2 - REAL ESTATE AND CHATTEL 3 - NOTE ONLY OR CHATTEL ONLY 4 - MACHINERY ONLY 5 - LIVESTOCK ONLY 6 - CROPS ONLY 7 - SECURED BY BONDS 8 - RLF ACCT	9. EMPLOYEE RELATIONSHIP CODE 1 - EMPLOYEE 2 - MEMBER OF FAMILY 3 - CLOSE RELATIVE 4 - ASSOC.
10. SEX CODE 1 - MALE 2 - FEMALE 3 - FAMILY UNIT 4 - ORGAN. MALE OWNED 5 - ORGAN. FEMALE OWNED 6 - PUBLIC BODY	11. MARITAL STATUS 1 - MARRIED 2 - SEPARATED 3 - UNMARRIED (INCLUDES WIDOWED/DIVORCED)	12. VETERAN CODE 1 - YES 2 - NO	13. CREDIT REPORT 1 - YES 2 - NO
14. DIRECT PAYMENT (See FMI)	15. TYPE OF PAYMENT 1 - MONTHLY 2 - ANNUALLY 3 - SEMI-ANNUALLY 4 - QUARTERLY	16. FEE INSPECTION 1 - YES 2 - NO	
17. COMMUNITY SIZE 1 - 10,000 OR LESS (FOR SFH AND HPG ONLY) 2 - OVER 10,000		18. USE OF FUNDS CODE (See FMI)	
COMPLETE FOR OBLIGATION OF FUNDS			
19. TYPE OF ASSISTANCE (See FMI)	20. PURPOSE CODE	21. SOURCE OF FUNDS	22. TYPE OF ACTION 1 - OBLIGATION ONLY 2 - OBLIGATION/CHECK REQUEST 3 - CORRECTION OF OBLIGATION
23. TYPE OF SUBMISSION 1 - INITIAL 2 - SUBSEQUENT	24. AMOUNT OF LOAN	25. AMOUNT OF GRANT	
26. AMOUNT OF IMMEDIATE ADVANCE	27. DATE OF APPROVAL MO DAY YR	28. INTEREST RATE %	29. REPAYMENT TERMS
COMPLETE FOR COMMUNITY PROGRAM AND CERTAIN MULTIPLE-FAMILY HOUSING LOANS			
30. PROFIT TYPE 1 - FULL PROFIT 2 - LIMITED PROFIT 3 - NONPROFIT			
COMPLETE FOR EM LOANS ONLY		COMPLETE FOR CREDIT SALE-ASSUMPTION	
31. DISASTER DESIGNATION NUMBER (See FMI)		32. TYPE OF SALE 1 - CREDIT SALE ONLY 2 - ASSUMPTION ONLY 3 - CREDIT SALE WITH SUBSEQUENT LOAN 4 - ASSUMPTION WITH SUBSEQUENT LOAN	
FINANCE OFFICE USE ONLY		COMPLETE FOR FP LOANS ONLY	
33. OBLIGATION DATE MO DA YR		34. BEGINNING FARMER/RANCHER (See FMI)	

If the decision contained above in this form results in denial, reduction or cancellation of USDA assistance, you may appeal this decision and have a hearing or you may request a review in lieu of a hearing. Please use the form we have included for this purpose.

Position 2

ORIGINAL - Borrower's Case Folder

COPY 1 - Finance Office

COPY 2 - Applicant/Lender

COPY 3 - State Office

CERTIFICATION APPROVAL

For All Farmers Programs

EM, OL, FO, and SW Loans

This loan is approved subject to the availability of funds. If this loan does not close for any reason within 90 days from the date of approval on this document, the approval official will request updated eligibility information. The undersigned loan applicant agrees that the approval official will have 14 working days to review any updated information prior to submitting this document for obligation of funds. If there have been significant changes that may affect eligibility, a decision as to eligibility and feasibility will be made within 30 days from the time the applicant provides the necessary information.

If this is a loan approval for which a lien and/or title search is necessary, the undersigned applicant agrees that the 15-working-day loan closing requirement may be exceeded for the purposes of the applicant's legal representative completing title work and completing loan closing.

35. COMMENTS AND REQUIREMENTS OF CERTIFYING OFFICIAL

36. I HEREBY CERTIFY that I am unable to obtain sufficient credit elsewhere to finance my actual needs at reasonable rates and terms, taking into consideration prevailing private and cooperative rates and terms in or near my community for loans for similar purposes and periods of time. I agree to use the sum specified herein, subject to and in accordance with regulations applicable to the type of assistance indicated above, and request payment of such sum. I agree to report to USDA any material adverse changes, financial or otherwise, that occur prior to loan closing. I certify that no part of the sum specified herein has been received. I have reviewed the loan approval requirements and comments associated with this loan request and agree to comply with these provisions.

(For FP loans at eligible terms only) If this loan is approved, I elect the interest rate to be charged on my loan to be the lower of the interest rate in effect at the time of loan approval or loan closing. If I check "NO", the interest rate charged on my loan will be the rate specified in Item 28 of this form. _____ YES _____ NO

WARNING: **Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined under this title or imprisoned not more than five years, or both."**

Date _____, 20 _____
(Signature of Applicant)

Date _____, 20 _____
(Signature of Co-Applicant)

37. I HEREBY CERTIFY that all of the committee and administrative determinations and certifications required by regulations prerequisite to providing assistance of the type indicated above have been made and that evidence thereof is in the docket, and that all requirements of pertinent regulations have been complied with. I hereby approve the above-described assistance in the amount set forth above, and by this document, subject to the availability of funds, the Government agrees to advance such amount to the applicant for the purpose of and subject to the availability prescribed by regulations applicable to this type of assistance.

(Signature of Approving Official)

Typed or Printed Name: _____

Date Approved: _____ Title: _____

38. TO THE APPLICANT: As of this date _____, this is notice that your application for financial assistance from the USDA has been approved, as indicated above, subject to the availability of funds and other conditions required by the USDA. If you have any questions contact the appropriate USDA Servicing Office.

LETTER OF INTENT TO MEET CONDITIONS

Date _____

TO: United States Department of Agriculture

(Name of USDA Agency)

(USDA Agency Office Address)

We have reviewed and understand the conditions set forth in your letter dated _____. It is our intent to meet all of them not later than _____.

(Name of Association)
BY _____

(Title)

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a persons is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0575-0015 and 0570-0062. The time required to complete this information collection is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data. needed, and completing and reviewing the collection of information.

RESOLUTION NO. 883

**A RESOLUTION OF THE CITY OF OSAWATOMIE, KANSAS
ACCEPTING A GRANT FROM THE USDA RURAL
DEVELOPMENT PROGRAM TO ASSIST IN THE PURCHASE
OF 800 MHZ PUBLIC SAFETY RADIO SYSTEM**

WHEREAS, radios play a key role in delivering public safety services; and

WHEREAS, on August 14, 2018 Miami County Commissioners declared a state of emergency because the VHF radio system had deteriorated to a point that it was beginning to risk the health of Miami County residents; and

WHEREAS, the City of Osawatomie both depends on other agencies and provides other agencies with backup services; and

WHEREAS, without being on the same radio system makes it difficult if not impossible to coordinate services with outside agencies and with the transfer of the City's dispatching operations to the County it's become even more critical to upgrade the public safety radios system; and

WHEREAS, the City Manager worked with the City's Finance Director to complete all forms necessary to either secure loans or grants for the Radio System upgrade, and was awarded a grant from the United States Department of Agriculture (USDA) in the amount of \$46,000 to put toward the radio system; and

WHEREAS, certain conditions must be met before the funds become available for use by the City of Osawatomie as stipulated in the Letter of Conditions received by the City.

NOW, THEREFORE, BE IT RESOLVED BY THE GOVERNING BODY OF THE CITY OF OSAWATOMIE, KANSAS:

SECTION ONE: That City Staff meet all conditions as set forth by USDA Rural Development in the Letter of Conditions and finalize the purchase of 800mHz radios for public safety.

PASSED AND APPROVED by the Governing Body of the City of Osawatomie, Kansas this 27th day of May 2021, a majority being in favor thereof.

APPROVED AND SIGNED by the Mayor.

L. Mark Govea, Mayor

(SEAL)

ATTEST:

Tammy Seamands, City Clerk



May 27, 2021

Mark Govea, Mayor
1401 Brown Avenue
Osawatomie, KS 66064

RE: City of Osawatomie
Miami County, Kansas
CF Project – Letter of Conditions – Emergency Radios

Dear Mayor and Council:

This letter establishes conditions that must be understood and agreed to by you before further consideration may be given to the application and which must be met before the grant can be closed. Any changes in project costs, source of funds, scope of services or any other significant changes (this includes significant changes in the Borrower's financial condition, operation, organizational structure or executive leadership) in the project or applicant must be reported to and approved by USDA Rural Development, by written amendment to this letter. **Any changes not approved by USDA Rural Development shall be cause for discontinuing processing of the application.**

This letter is not to be considered as grant approval or as representation as to the availability of funds. The docket may be completed based on a grant not to exceed \$46,000. The grant will be considered approved on the date a signed copy of Form RD 1940-1, "Request for Obligation of Funds," is mailed to you.

Enclosed is a copy of Form RD 3570-3, "Community Facilities Grant Agreement," for your review. You will be required to execute a completed form at the time of grant closing. The grant will be considered closed on the obligation date.

Any applicant contribution shall be considered as the first funds expended. After providing for all authorized costs, any remaining USDA Rural Development project funds will be program grant funds and refunded to USDA Rural Development.

Prior to grant approval, you will certify to providing a drug-free workplace. Form AD-1049, "Certification Regarding Drug-Free Workplace Requirements (Grants) Alternative I - For Grantees Other than Individuals," will be executed to meet this requirement.

You will be required to execute Form AD-1047, "Certification Regarding Debarment, Suspension, and Other Responsibility Matters-Primary covered Transactions."

USDA Rural Development funds will be disbursed through the Electronic Funds Transfer (EFT) System. Form SF 3881, "ACH Vender/Miscellaneous Payment Enrollment Form" will be utilized for this process. Agency funds will not be disbursed until the City has provided evidence to the Area Office that the City's contribution is available for the project.

Please complete and return the attached Form RD 1942-46, "Letter of Intent to Meet Conditions," if you desire that further consideration be given to your application.

Rural Development • Kansas

Hays Office
2715 Canterbury Drive
Hays, KS 67601
Phone: (785) 628-3081, Ext. 4
Fax: (877) 470-3801

Iola Office
202 W. Miller Road
Iola, KS 66749
Phone: (620) 365-2901, Ext. 4
Fax: (877) 470-3801

Newton Office
1405 South Spencer Road
Newton, KS 67114
Phone: (316) 283-0370, Ext. 4
Fax: (877) 470-3801

Topeka Office
1303 SW First American Pl, Ste 100
Topeka, KS 66604
Phone: (785) 271-2700
Fax: (877) 470-3801

USDA is an equal opportunity provider, employer, and lender.

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form (PDF), found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

If the conditions set forth in this letter are not met within 120 days from the date hereof, USDA Rural Development reserves the right to discontinue the processing of your application.

The approval of your grant will be considered subject to the following conditions:

A. Conditions to be Met Before Bid Letting:

1. Submit proof of incorporation. KS 1942 Guide 03a may be used for this.
2. You will acquire and maintain the appropriate licenses, permits, etc. necessary to own and operate the equipment.
3. You will provide evidence that you are in compliance with all state statutes governing the equipment being funded by USDA Rural Development.
4. Complete all grant docket information as required by USDA Rural Development.

<u>Project Costs:</u>	<u>Total Budgeted:</u>
Radios	<u>\$83,700</u>
Total Project Costs	<u>\$83,700</u>

<u>Project Funding Source:</u>	<u>Total Funding:</u>
Applicant Contribution	\$37,700
USDA Rural Development Grant	<u>\$46,000</u>
Total Project Funding	<u>\$83,700</u>

7. When authorized by USDA Rural Development, you may solicit bids for the project. A formal bid advertisement is not required; however, bids should be taken in a manner to ensure maximum open and free competition. The bid should be awarded to the lowest bidder unless there are circumstances that would justify not doing so. USDA Rural Development is to be consulted before award of the bid.
8. Adequate fidelity bond coverage must be maintained for the position of officials entrusted with the receipt and disbursement of funds and custody of property. The City shall observe its regular fidelity bond requirements and practices.
9. If the project cost exceeds \$83,700 and cannot be reduced by negotiations, redesign, use of bid alternatives, rebidding or other means, USDA Rural Development will consider subsequent funding. Such requests will be contingent on the availability of funds.
10. During the acquisition you shall disburse project funds out of the project account in a manner consistent with RD Instruction 1942-A, Section 1942.17(p). All bills and vouchers must be reviewed and accepted by USDA Rural Development prior to disbursement of funds. Form RD 1924-18, "Partial Pay Estimate," shall be used for documenting disbursement of funds.
11. It is necessary that this project be coordinated with all state and local agencies. You must comply with special laws and regulations and pollution control standards.
12. Your Treasurer or City Clerk will maintain adequate records to reflect the financial transactions and conditions of your City.
13. The facility must be operated in compliance with Title III of "The Americans with Disabilities Act of 1990". Accommodations to the public must be accessible to the handicapped.

14. You will operate your facility in compliance with RD Instruction 1942-A, Section 1942.17(k)(7)(8)(9), "Section 504 of the Rehabilitation Act of 1973," the "Age Discrimination Act of 1975," and "Title IX of the Education Amendments of 1972."
15. You will be subject to and the facility must be operated in compliance with, "Title VI of the Civil Right Act of 1964". Form RD 400-4, "Assurance Agreement," must be completed.
16. You should obtain a Legal Services Agreement from your attorney. USDA Rural Development concurrence in the agreement is required.
17. You must provide evidence of the insurance requirements set out in the next section by grant closing or the start of acquisition, whichever occurs first.
18. Before the grant is closed or prior to the purchase of equipment, whichever comes first, a written agreement is to be made with a bookkeeper, administrator, or manager to establish a system of record keeping that will adequately reflect all the financial transactions of the City. The agreement and record keeping system are to be reviewed and approved by USDA Rural Development.
19. The grantee understands that any property acquired or improved with Federal grant funds may have use and disposition conditions which apply to the property as provided by 2 CFR Part 200, in effect at this time and as may be subsequently modified.
20. The grantee understands that any sale or transfer of property is subject to the interest of the United States Government in the market value in proportion to its participation in the project as provided by 2 CFR Part 200, in effect at this time and as may be subsequently modified.

B. Conditions to be Met at Grant Closing:

1. You will adopt and execute Form RD 3570-3, "Community Facilities Grant Agreement".
2. You will deliver to USDA Rural Development a policy of insurance which will provide maximum coverage of fire and extended insurance coverage on all above ground structures, including owned equipment and fixtures housed therein. You should consult with your insurance provider to establish the proper amount of insurance coverage. A copy of the policy should be provided to USDA Rural Development.
3. Liability and Property Damage insurance will be obtained in an amount to adequately protect the City. You should consult with your insurance provider to establish the proper amount of insurance coverage.
4. You must agree to comply with all requirements made by the State Director for USDA Rural Development in their grant closing instructions. You will be provided instructions prior to grant closing.
5. You will carry suitable Workers' Compensation Insurance for all your employees, in accordance with the State laws.
6. Your attorney will complete an Opinion of Counsel on grant closing and deliver the same to USDA Rural Development.

C. Conditions to be Met After Grant Closing:

1. After the grant is closed and the radios are purchased and operational, you will:
 - a) Grantee who are not required to submit an annual audit will, within 60 days following the end of the fiscal year in which any grant funds were expended, furnish USDA Rural Development

with annual financial statements, consisting of a verification of the City's balance sheet and statement of income and expenses report signed by an appropriate official or other documentation as determined appropriate by Rural Development. You may utilize Form RD 442-2, "Statement of Budget, Income and Equity," and Form RD 442-3, "Balance Sheet," for this requirement or the City may provide their own balance sheet and statement of income and expense report signed by an appropriate official.

- b) The audit requirements apply only to the years in which grant funds are expended. Audits will be conducted in accordance with 2 CFR part 200 subpart F, as adopted by USDA through 2 CFR part 400. It is not intended that audits required by this part be separate and apart from audits performed in accordance with State and local laws. To the extent feasible, the audit work should be done in conjunction with those audits. The audit is to be supplied within the earlier of 30 calendar days after receipt of the auditor's report(s), or nine months after the end of the audit period, unless a different period is specified in a program-specific audit guide.
- c) Retain financial records, supporting documents, statistical records, and all other records pertinent to the grant for a period of at least three years after grant closing except that the records shall be retained beyond the three-year period if audit findings have not been resolved.

Sincerely,

AUSTIN MASTERS
Area Specialist

Attachments: A/S



City of Osawatomie

ACTION ITEM SUMMARY	Item Number:	10.G
	Date:	May 24, 2021
City Manager	From:	Mike Scanlon

RE: Resolution 884 – Approving renewal rates for health insurance and setting contribution amounts for the City and City Employees.

RECOMMENDATION: That the City Council approve Resolution 884 – Approving renewal rates for health insurance and setting contribution amounts for the City and City Employees.

DETAILS: Annually the City with the help of Bukaty Companies (Benefits Consultants) renews its health insurance. Premium renewals over the last decade have continued to go up. To offset those increases in premiums the City, like many others have tried to maintain affordability by shifting or reducing plan elements (deductibles, co-pays etc.). Bukaty Companies and City staff are recommending that we stay with Humana who’s offering us a **renewal premium that 14.8% higher** than our current plan. I’ve attached the Bukaty Companies memo that gives an even more thorough discussion about the renewal process we went through this year. The first quote back to us from Humana would have been a **\$106,000 increase**

Health Insurance continues to be more expensive and more difficult to negotiate for small employers. As it stands with this renewal, we are absorbing a \$41,390 (about 14.8%) premium increase that’s divided between the City and City employees with employees picking about 1/3rd of the cost increase or \$19,219.67. We budgeted for an increase in the 2021 budget and have sufficient funds to pay for this increase. But this will be something we will annually need to discuss given it’s taking a growing share of our annual budget.

Please find the following attached,

1. Spreadsheet titled, **“Monthly Health Care Insurance Rates for 2021-22 – Humana Renewal”** this compares old vs. new plan and highlights contribution amounts between City and City employees across the three (2) proposed plans.
2. A four-page set of spreadsheets from Bukaty Companies showing comparison between BC/BS and Humana plans that we’re included in our decision process.
3. A memo from Bukaty Companies explaining the rationale for continuing with Humana.

Related Statute / City Ordinances	N/A
Line Item Code/Description	Fund -- 31(Employee Benefits) Account -- 700.161 (Health Insurance)
Available Budget:	\$400,000

RESOLUTION NO. 884

BY THE CITY OF OSAWATOMIE, KANSAS

A RESOLUTION APPROVING RENEWAL RATES FOR HEALTH INSURANCE AND SETTING CONTRIBUTION AMOUNTS FOR THE CITY AND CITY EMPLOYEES.

WHEREAS, the City of Osawatomie’s provides a comprehensive benefit plan to City Employees; and

WHEREAS, health insurance is the cornerstone of that benefit plan; and

WHEREAS, on an annual basis the city is required to renew health insurance for our employees; and

WHEREAS, currently there are five major underwriters of health insurance in Kansas; and

WHEREAS, the City’s Benefits Consultant Bukaty Companies have gone to the market place and negotiated on behalf of the City and its employees; and

WHEREAS, based on that market place negotiation which included Humana and Blue Cross Blue Shield of Kansas has recommended that we stay with Humana, the City’s current carrier; and

WHEREAS, based on that recommendation the plans being recommended are titled,

Humana – KS PPO 16 Copay OPT 52
Humana – KS PPO 16 Copay OPT 64

NOW, THEREFORE, BE IT RESOLVED BY THE GOVERNING BODY OF THE CITY OF OSAWATOMIE, KANSAS:

SECTION ONE: That the City Council approve the renewal of Health Insurance with Humana.

SECTION TWO: That the City Council will continue the contribution levels between the City and Employees at the current ratios.

SECTION THREE: That the City Manager continue to evaluate ways in which the City can contain health care costs going forward.

SECTION FOUR: That in the second half of 2021 the City Manager conduct a survey to make sure the City is competitive in the marketplace for future employees with both salary and benefits.

PASSED AND APPROVED by the Governing Body of the City of Osawatomie, Kansas, this 11thth day of June, 2020, a majority voting in favor of.

APPROVED and signed by the Mayor.

L. Mark Govea, Mayor

(SEAL)

ATTEST:

Tammy Seamands, City Clerk

City of Osawatomie

Dental	CURRENT	RENEWAL	
Carrier	Guardian		Humana
Network	<u>Network</u> <u>Non-Network</u>	<u>Network</u> <u>Non-Network</u>	<u>Network</u> <u>Non-Network</u>
Calendar Year Deductible	<i>Participant Pays</i>	<i>Participant Pays</i>	<i>Participant Pays</i>
Individual	\$50	\$50	\$50
Family	\$150	\$150	\$150
	<i>Plan Pays</i>	<i>Plan Pays</i>	<i>Plan Pays</i>
	Perio / Endo : Type B	Perio / Endo : Type B	Perio / Endo : Type B
A. Diagnostic & Preventive Services	100%	100%	100%
B. Basic Services	80%	80%	80%
C. Major Services	50%	50%	50%
D. Orthodontic Services	-	-	-
Calendar Year Benefit Maximum (A, B, C)	\$1,000	\$1,000	\$1,000
Orthodontic Lifetime Maximum (D)	-	-	-
COST	COUNTS	COUNTS	COUNTS
Employee Only	19 \$28.61	19 \$28.61	19 \$23.41
EE+I / EE Plus Spouse	18 \$55.17	18 \$55.17	9 \$46.82
Employee Plus Child(ren)			9 \$59.70
Employee Plus Family	10 \$93.69	10 \$93.69	10 \$83.11
Estimated Monthly Cost	\$2,473.55	\$2,473.55	\$2,234.57
Estimated Annual Cost	\$29,682.60	\$29,682.60	\$26,814.84
<i>Increase/Decrease Over Current</i>		0.0%	-9.7%
Additional Information			
Rate Guarantee Period		1 Year	1 Year
Dependent Age Limits		Age 26	Age 26
Waiting Periods		None	None
Participation		-	Min of 10 Enrolled



City of Osawatomie

Vision	CURRENT	RENEWAL	
Carrier	Guardian	Guardian	Humana
Network	VSP	VSP	
	<u>In - Network Benefits</u>	<u>In - Network Benefits</u>	<u>In - Network Benefits</u>
COPAYS:			
Vision Exam Copay	\$10	\$10	\$10
Material Copay	\$25	\$25	\$15
ALLOWANCES:			
Frame Allowance	\$130	\$130	\$130
Contact Lenses Allowance	\$130	\$130	\$130
FREQUENCIES:			
Exams Frequency	Once per Calendar Year	Once per Calendar Year	Once per Calendar Year
Lenses Frequency	Once per Calendar Year	Once per Calendar Year	Once per Calendar Year
Frames Frequency	Once per Calendar Year	Once per Calendar Year	Once every other Calendar Year
COST	COUNTS	COUNTS	COUNTS
Employee Only	16 \$5.68	16 \$6.13	16 \$6.21
Employee Plus Spouse or EE+I	10 \$12.18	10 \$13.15	10 \$12.42
Employee Plus Child(ren)	7 \$10.44	7 \$11.28	7 \$11.80
Employee Plus Family	10 \$20.30	10 \$21.92	10 \$18.55
Estimated Monthly Cost	\$488.76	\$527.74	\$491.66
Estimated Annual Cost	\$5,865.12	\$6,332.88	\$5,899.92
<i>Increase/Decrease Over Current</i>		8.0%	0.6%
Additional Information			
Rate Guarantee Period		1 Year	1 Year
Dependent Age Limits		Age 26	Age 26
Participation		-	-

This is an Overview of Benefits only, where this summary & the contract differ, the contract will prevail.



City of Osawatomie

Basic Life/AD&D		CURRENT	RENEWAL	
		Guardian	Guardian	Humana
Benefit		All Eligible Full-Time Employees: Flat \$15,000	All Eligible Full-Time Employees: Flat \$15,000	All Eligible Full-Time Employees: Flat \$15,000
Age Reduction		35% at age 65 and 50% at age 70	35% at age 65 and 50% at age 70	35% at age 65 and 50% at age 70
COST - Employer Provided				
EMPLOYEE BASIC LIFE	VOLUME \$754,500 <small>Covered Benefit</small>	\$0.200	\$0.230	\$0.280
EMPLOYEE BASIC AD&D	\$754,500 <small>Covered Benefit</small>	\$0.150	\$0.150	\$0.030
BASIC DEPENDENT LIFE	<small>Covered Units</small>	-	-	
Estimated Monthly Cost		\$264.08	\$286.71	\$233.90
Estimated Annual Cost		\$3,168.90	\$3,440.52	\$2,806.74
<i>Increase/Decrease Over Current</i>			8.6%	-11.4%
ADDITIONAL INFORMATION				2 Year Rate Guarantee

This is an Overview of Benefits only, where this summary & the contract differ, the contract will prevail.



City of Osawatomie

Voluntary Life/AD&D		CURRENT	RENEWAL	
		Guardian	Guardian	Humana
EMPLOYEE SUPPLEMENTAL LIFE/AD&D		Increments	Increments	\$1.00 Increments
Guaranteed Issue		\$100,000	\$100,000	\$100,000
Reductions		35% at age 65 and 50% at age 70	35% at age 65 and 50% at age 70	35% at age 65 and 50% at age 70
SPOUSE BASIC LIFE/AD&D		Increments	Increments	Increments
Guaranteed Issue		\$25,000	\$25,000	\$50,000
CHILD SUPPLEMENT LIFE/AD&D		\$10,000	\$10,000	\$5,000 / \$10,000
COST - Employee Paid		Employee & Spouse Rate - Rate Per \$1,000	Employee & Spouse Rate - Rate Per \$1,000	Employee & Spouse Rate - Rate Per \$1,000
Under Age 30		\$0.075 \$0.079	\$0.075 \$0.079	\$0.060 \$0.050
30 - 34		\$0.101 \$0.105	\$0.101 \$0.105	\$0.070 \$0.050
35 - 39		\$0.150 \$0.151	\$0.150 \$0.151	\$0.090 \$0.070
40 - 44		\$0.229 \$0.228	\$0.229 \$0.228	\$0.130 \$0.100
45 - 49		\$0.357 \$0.355	\$0.357 \$0.355	\$0.210 \$0.160
50 - 54		\$0.526 \$0.527	\$0.526 \$0.527	\$0.330 \$0.250
55 - 59		\$0.753 \$0.778	\$0.753 \$0.778	\$0.530 \$0.410
60 - 64		\$0.969 \$1.079	\$0.969 \$1.079	\$0.740 \$0.570
65 - 69		\$1.379 \$1.536	\$1.379 \$1.536	\$1.220 \$0.940
70+		\$8.062 \$8.984	\$8.062 \$8.984	\$2.380 \$1.830
		AD&D Rate - Rate Per \$1,000	AD&D Rate - Rate Per \$1,000	AD&D Rate - Rate Per \$1,000
		\$0.066 \$0.069	\$0.066 \$0.069	\$0.030 \$0.030
		Child(ren) Rate (Based on Family Unit)	Child(ren) Rate (Based on Family Unit)	Child(ren) Rate (Based on Family Unit)
		\$0.479	\$0.479	\$1.00 / \$2.00
CURRENT VOLUME:				
ADDITIONAL INFORMATION			Rate Hold	2 Year Rate Guarantee

This is an Overview of Benefits only, where this summary & the contract differ, the contract will prevail.



City of Osawatomie

Short Term Disability	CURRENT	RENEWAL		
	Guardian	Guardian	Age	Rate
Accident	15th Day	15th Day	25-29	0.922
Sickness	15th Day	15th Day	30-34	1.219
Benefit Duration	26 Weeks	26 Weeks	35-39	1.054
Benefit Schedule	60%	60%	40-44	0.776
Maximum Benefit Amount	N/A	N/A	45-49	0.746
COST - Employer Provided	<u>Employee Rate - Rate Per \$10</u>	<u>Employee Rate - Rate Per \$10</u>	50-54	0.929
SHORT-TERM DISABILITY <small>Covered Weekly Benefit</small>	Age Rated	Age Rated (Rate Hold)	55-59	1.124
Estimated Monthly Cost	\$0.00	\$0.00	60-99	1.401
Estimated Annual Cost	\$0.00	\$0.00		
<i>Increase/Decrease Over Current</i>				
ADDITIONAL INFORMATION				

This is an Overview of Benefits only, where this summary & the contract differ, the contract will prevail.



Effective: 7/1/2021	CURRENT	CURRENT	CURRENT
BENEFITS OVERVIEW	Humana KS 50/50 PPO 16 Copay OPT 60	Humana KS 80/50 PPO 16 Copay OPT 51	Humana KS PPO 16 Copay OPT 62
	CHC Network Benefits	CHC Network Benefits	CHC Network Benefits
DEDUCTIBLE	<i>Participant Pays</i>	<i>Participant Pays</i>	<i>Participant Pays</i>
· Individual	\$2,000	\$4,000	\$2,500
· Family	\$4,000	\$8,000	\$5,000
PHYSICIAN OFFICE VISITS & OTHER	<i>Participant Pays</i>	<i>Participant Pays</i>	<i>Participant Pays</i>
Primary Care Physician Office Visit / Teladoc	\$25 Copay	\$40 Copay	\$30 Copay
Specialist Physician Office Visit	\$40 Copay	\$55 Copay	\$55 Copay
Urgent Care Center Visit	\$100 Copay	\$100 Copay	\$100 Copay
Emergency Room Visit <i>(Non Ntwk Emergency Paid as In Ntwk)</i>	\$350 Copay	\$350 Copay	\$350 Copay
Lab Services	No Charge	No Charge	No Charge
X-Ray Services	No Charge	No Charge	No Charge
Hi-Tech Radiological Services <i>(CT, MRI, etc)</i>	Deductible; Co-insurance	Deductible; Co-insurance	Deductible; Co-insurance
Chiropractor Visit/Spinal Manipulation <i>(Limits May Apply)</i>	\$40 Copay	\$55 Copay	\$55 Copay
Inpatient/Outpatient Hospital Services <i>(General)</i>	Deductible; Co-insurance	Deductible; Co-insurance	Deductible; Co-insurance
Other Covered Services <i>(General)</i>	Deductible; Co-insurance	Deductible; Co-insurance	Deductible; Co-insurance
PLAN CO-INSURANCE (General)	50%	80%	50%
OUT-OF-POCKET MAXIMUM	<i>Participant Pays</i>	<i>Participant Pays</i>	<i>Participant Pays</i>
<i>(Includes The Deductible, Medical & RX Copays)</i>			
· Individual	\$6,500	\$6,500	\$5,000
· Family	\$13,000	\$13,000	\$10,000
RETAIL PRESCRIPTION DRUGS COPAY			
<i>Mail Order- Please See Carrier/Vendor Detailed Summary of Benefits</i>			
<i>Additional RX Information</i>			
	Tier 1 - \$10 Copay Tier 2 - \$40 Copay Tier 3 - \$70 Copay Tier 4 - 25% Coins Tier 5 - 35% Coins	Tier 1 - \$10 Copay Tier 2 - \$45 Copay Tier 3 - \$90 Copay Tier 4 - 25% Coins Tier 5 - 35% Coins	Tier 1 - \$10 Copay Tier 2 - \$40 Copay Tier 3 - \$70 Copay Tier 4 - 25% Coinsurance Tier 5 - 35% Coinsurance
Out of Network Benefits	\$4,000(2X) - 50% - \$16,250(2X)	\$6,000(2X) - 50% - \$16,250(2X)	\$5,000(2X) - 50% - \$12,500(2X)
COST			
Employee Only	8 \$499.30	2 \$484.78	4 \$505.09
Employee Plus Spouse	2 \$998.59	1 \$969.58	5 \$1,010.18
Employee Plus Child(ren)	3 \$948.66	2 \$921.09	4 \$959.67
Employee Plus Family	1 \$1,597.74	3 \$1,551.31	2 \$1,616.28
Estimated Monthly Cost	\$10,435.30	\$8,435.25	\$14,142.50
Total Estimated Monthly Cost		\$33,013.05	
Total Estimated Annual Cost		\$396,156.60	
<i>Increase/Decrease Over Current</i>			
ADDITIONAL INFORMATION			



Effective: 7/1/2021	RENEWAL	RENEWAL	RENEWAL
BENEFITS OVERVIEW	Humana KS 50/50 PPO 16 Copay OPT 60	Humana KS 80/50 PPO 16 Copay OPT 51	Humana KS PPO 16 Copay OPT 62
	CHC Network Benefits	CHC Network Benefits	CHC Network Benefits
DEDUCTIBLE	<i>Participant Pays</i>	<i>Participant Pays</i>	<i>Participant Pays</i>
· Individual	\$2,000	\$4,000	\$2,500
· Family	\$4,000	\$8,000	\$5,000
PHYSICIAN OFFICE VISITS & OTHER	<i>Participant Pays</i>	<i>Participant Pays</i>	<i>Participant Pays</i>
Primary Care Physician Office Visit / Teladoc	\$25 Copay	\$40 Copay	\$30 Copay
Specialist Physician Office Visit	\$40 Copay	\$55 Copay	\$55 Copay
Urgent Care Center Visit	\$100 Copay	\$100 Copay	\$100 Copay
Emergency Room Visit (<i>Non Ntwk Emergency Paid as In Ntwk</i>)	\$350 Copay	\$350 Copay	\$350 Copay
Lab Services	No Charge	No Charge	No Charge
X-Ray Services	No Charge	No Charge	No Charge
Hi-Tech Radiological Services (<i>CT, MRI, etc</i>)	Deductible; Co-insurance	Deductible; Co-insurance	Deductible; Co-insurance
Chiropractor Visit/Spinal Manipulation (<i>Limits May Apply</i>)	\$40 Copay	\$55 Copay	\$55 Copay
Inpatient/Outpatient Hospital Services (<i>General</i>)	Deductible; Co-insurance	Deductible; Co-insurance	Deductible; Co-insurance
Other Covered Services (<i>General</i>)	Deductible; Co-insurance	Deductible; Co-insurance	Deductible; Co-insurance
PLAN CO-INSURANCE (General)	50%	80%	50%
OUT-OF-POCKET MAXIMUM	<i>Participant Pays</i>	<i>Participant Pays</i>	<i>Participant Pays</i>
(<i>Includes The Deductible, Medical & RX Copays</i>)			
· Individual	\$6,500	\$6,500	\$5,000
· Family	\$13,000	\$13,000	\$10,000
RETAIL PRESCRIPTION DRUGS COPAY			
<i>Mail Order- Please See Carrier/Vendor Detailed Summary of Benefits</i>			
	Tier 1 - \$10 Copay Tier 2 - \$40 Copay Tier 3 - \$70 Copay Tier 4 - 25% Coins Tier 5 - 35% Coins	Tier 1 - \$10 Copay Tier 2 - \$45 Copay Tier 3 - \$90 Copay Tier 4 - 25% Coins Tier 5 - 35% Coins	Tier 1 - \$10 Copay Tier 2 - \$40 Copay Tier 3 - \$70 Copay Tier 4 - 25% Coins Tier 5 - 35% Coins
<i>Additional RX Information</i>			
Out of Network Benefits	\$4,000(2X) - 50% - \$16,250(2X)	\$6,000(2X) - 50% - \$16,250(2X)	\$5,000(2X) - 50% - \$12,500(2X)
COST			
Employee Only	8 \$634.45	2 \$608.86	4 \$641.80
Employee Plus Spouse	2 \$1,268.90	1 \$1,217.72	5 \$1,283.59
Employee Plus Child(ren)	3 \$1,205.45	2 \$1,156.83	4 \$1,219.42
Employee Plus Family	1 \$2,030.24	3 \$1,948.35	2 \$2,053.75
Estimated Monthly Cost	\$13,259.99	\$10,594.15	\$17,970.33
Total Estimated Monthly Cost		\$41,824.47	
Total Estimated Annual Cost		\$501,893.64	
<i>Increase/Decrease Over Current</i>		26.7%	
ADDITIONAL INFORMATION			



Effective: 7/1/2021	NEGOTIATED RENEWAL ALTERNATES - RECOMMENDED	NEGOTIATED RENEWAL ALTERNATES - RECOMMENDED
BENEFITS OVERVIEW	Humana KS PPO 16 Copay OPT 52	Humana KS PPO 16 Copay OPT 64
	CHC Network Benefits	CHC Network Benefits
DEDUCTIBLE	<i>Participant Pays</i>	<i>Participant Pays</i>
· Individual	\$5,000	\$3,000
· Family	\$10,000	\$6,000
PHYSICIAN OFFICE VISITS & OTHER	<i>Participant Pays</i>	<i>Participant Pays</i>
Primary Care Physician Office Visit / Teladoc	\$35 Copay	\$35 Copay
Specialist Physician Office Visit	\$50 Copay	\$50 Copay
Urgent Care Center Visit	\$100 Copay	\$100 Copay
Emergency Room Visit <i>(Non Ntwk Emergency Paid as In Ntwk)</i>	\$350 Copay	\$350 Copay
Lab Services	No Charge	No Charge
X-Ray Services	No Charge	No Charge
Hi-Tech Radiological Services <i>(CT, MRI, etc)</i>	Deductible; Co-insurance	Deductible; Co-insurance
Chiropractor Visit/Spinal Manipulation <i>(Limits May Apply)</i>	\$50 Copay	\$50 Copay
Inpatient/Outpatient Hospital Services <i>(General)</i>	Deductible; Co-insurance	Deductible; Co-insurance
Other Covered Services <i>(General)</i>	Deductible; Co-insurance	Deductible; Co-insurance
PLAN CO-INSURANCE (General)	80%	50%
OUT-OF-POCKET MAXIMUM	<i>Participant Pays</i>	<i>Participant Pays</i>
<i>(Includes The Deductible, Medical & RX Copays)</i>		
· Individual	\$6,500	\$5,000
· Family	\$13,000	\$10,000
RETAIL PRESCRIPTION DRUGS COPAY		
<i>Mail Order- Please See Carrier/Vendor Detailed Summary of Benefits</i>	Tier 1 - \$10 Copay Tier 2 - \$40 Copay Tier 3 - \$70 Copay Tier 4 - 25% Coins Tier 5 - 35% Coins	Tier 1 - \$10 Copay Tier 2 - \$40 Copay Tier 3 - \$70 Copay Tier 4 - 25% Coins Tier 5 - 35% Coins
<i>Additional RX Information</i>		
Out of Network Benefits	\$7,500(2X) - 50% - \$16,250(2X)	\$6,000(2X) - 50% - \$12,500(2X)
COST		
Employee Only	6 \$552.93	8 \$584.97
Employee Plus Spouse	2 \$1,105.86	6 \$1,169.94
Employee Plus Child(ren)	4 \$1,050.56	5 \$1,111.44
Employee Plus Family	3 \$1,769.38	3 \$1,871.91
Estimated Monthly Cost	\$15,039.68	\$22,872.33
Total Estimated Monthly Cost	\$37,912.01	
Total Estimated Annual Cost	\$454,944.12	
<i>Increase/Decrease Over Current</i>	14.8%	
ADDITIONAL INFORMATION		
	67	



HumanaDental

Location:

30 miles from
66064

Network: PPO/Traditional Preferred

May 17, 2021

Dentist Locations: 30

Get the most out of your dental plan.

Nationwide network of dentists

Choose from our list of dentists in your area, or visit HumanaDental network dentists when you're away from home. With access to our participating dentists across the country, you can save up to 35 percent on your out-of-pocket cost.

You're welcome to visit a non-participating dentist, but to receive the greatest value from your plan, we encourage you to visit a HumanaDental participating dentist.

Even though we update this directory daily, we encourage you to confirm your dentist's participation with HumanaDental. Call us using the number on the back of your ID card or at 1-800-233-4013.

HumanaDental considers a number of factors when selecting providers to participate in its provider networks such as access to care, credentialing qualifications, cost, and patient experience.

Some plans may require you to obtain a referral from your Primary Care Dentist, or prior authorization from the plan before receiving certain services. Please refer to your benefit plan information for any referral or authorization requirements.

Find a dentist

For the most up-to-date list of HumanaDental participating dentists, simply use the:

- **Internet.** Log on to our Web site at **Humana.com** and click on find a dentist to search for a dentist in your area.
- **Phone.** Call HumanaDental using the number on the back of your ID card or at 1-800-233-4013, and ask our customer service representatives for a dentist in your area.

Personal customer service

HumanaDental is here for you. Please call using the number on the back of your ID card or 1-800-233-4013 with questions. HumanaDental representatives are available from 8 a.m. to 6 p.m. Monday through Friday. And at the touch of a few buttons, the automated information line can help you with basic questions anytime.

The dentist provides and updates this information. If you are aware of inaccuracies, please call us using the number on the back of your ID card, at (800) 233-4013, or click on the Report Updated Information link for the provider in the provider directory on **Humana.com**.

Dentists affiliated with an office may not provide services at all locations shown on this directory. Please check with your Dentist to confirm where he or she provides services.

Kansas**County Anderson****Garnett**

Carlson, Robert G
DDS
Dentist - General Practice
Garnett Family Dental
LLC
 240 W 4th Ave
 Garnett, KS 66032
 (785) 448-2487
 Languages Spoken: English
 Handicap Accessible

Eskeland, Stephen
P DDS
Dentist - General Practice
Eskeland & Ettefagh
Dental Corp
 240 W 4th Ave
 Garnett, KS 66032
 (785) 448-3422
 Languages Spoken: English,
 Farsi, Spanish, Serbian,
 Sundanese
 Handicap Accessible

Espinosa, Clare E
DDS
Dentist - General Practice
Garnett Family Dental
LLC
 240 W 4th Ave
 Garnett, KS 66032
 (785) 448-2487
 Languages Spoken: English
 Handicap Accessible
 Age Restriction(s):
 1 and up

Grosdidier, Jarrett
S DDS
Dentist - General Practice
Garnett Family Dental
LLC
 240 W 4th Ave
 Garnett, KS 66032
 (785) 448-2487
 Languages Spoken: English
 Handicap Accessible

Otipoby, Sandra L
DDS
Dentist - General Practice
Garnett Family Dental
LLC
 240 W 4th Ave
 Garnett, KS 66032
 (785) 448-2487
 Languages Spoken: English
 Handicap Accessible

Schopper, Lynne M
DDS
Dentist - General Practice
Garnett Family Dental
LLC
 240 W 4th Ave
 Garnett, KS 66032
 (785) 448-2487
 Languages Spoken: English
 Handicap Accessible

Kansas**County Douglas****Baldwin City**

Heath, Meagan R
DDS
Dentist - General Practice
Christopher J Leiszler
DDS PA
 414 Ames St
 Baldwin City, KS 66006
 (785) 594-9834
 Languages Spoken: English
 Handicap Accessible
 Age Restriction(s):
 4 and up

Leiszler, Christopher
J DDS
Dentist - General Practice
Christopher J Leiszler
DDS PA
 414 Ames St
 Baldwin City, KS 66006
 (785) 594-9834
 Languages Spoken: English
 Handicap Accessible

Kansas**County Franklin****Ottawa**

Rastgoftar, Nadar
DDS
Dentist - General Practice
Health Partnership
Clinic
 107 S Main St
 Ottawa, KS 66067
 (913) 648-2266
 Languages Spoken: English
 Handicap Accessible:
 Building, Parking, Restroom
 Age Restriction(s):
 1 and up

Wellsville

Huebner, John W
DDS

Dentist - General Practice
Kansas Dental Elements
LLC
 616 Main St
 Wellsville, KS 66092
 (785) 883-2117
 Languages Spoken: English,
 Chinese, Korean
 Handicap Accessible
 Age Restriction(s):
 11 and under

Loggan, Rachel A
DDS
Dentist - General Practice
Wellsville Family
Dental PA
 501 Main St
 Wellsville, KS 66092
 (785) 883-2222
 Languages Spoken: English
 Handicap Accessible

Meggison, Jacob W
DDS
Dentist - General Practice
Kansas Dental Elements
LLC
 616 Main St
 Wellsville, KS 66092
 (785) 883-2117
 Languages Spoken: English
 Handicap Accessible

Tampke, Anne E DDS
Dentist - General Practice
Wellsville Family
Dental PA
 501 Main St
 Wellsville, KS 66092
 (785) 883-2222
 Languages Spoken: English
 Handicap Accessible

Urban, Brett S DDS
Dentist - General Practice
Wellsville Family
Dental PA
 501 Main St
 Wellsville, KS 66092
 (785) 883-2222
 Languages Spoken: English
 Handicap Accessible

Kansas**County Johnson*****Gardner*****Baxter, John A DDS
Dentist - Orthodontics And
DentofacialOrthopaedics
Baxter Orthodontics
LLC**

206 E Main St
Gardner, KS 66030
(913) 856-4465
Languages Spoken: English,
Spanish
Handicap Accessible

**Humphries, Julia E
DDS****Dentist - General Practice
Humphries Family
Dentistry**

434 W Main St
Gardner, KS 66030
(913) 856-2333
Languages Spoken: English,
Spanish
Handicap Accessible

**Lerner, Douglas Harry
DDS****Dentist - General Practice
Douglas H Lerner
DDS PA**

325 E Main St
Ste A
Gardner, KS 66030
(913) 856-8721
Languages Spoken: English
Handicap Accessible

**MAYUGA, ERIC J
DDS****Dentist - General Practice
IMAGINE DENTAL**

204 E Main St
Gardner, KS 66030
(913) 856-6171
Languages Spoken: English
Handicap Accessible

Spring Hill**Echols, Kurt E DDS
Dentist - General Practice
Spring Hill Family
Dentistry PA**

22450 S Harrison St
Ste 102
Spring Hill, KS 66083
(913) 592-4149
Languages Spoken: English
Handicap Accessible

Kansas**County Miami*****Louisburg*****Bowden, Laura DMD
Dentist - Orthodontics And
DentofacialOrthopaedics
Ironhorse Dental
Group LLC**

1270 W Amity St
Louisburg, KS 66053
(913) 837-3096
Languages Spoken: English,
Arabic,Romanian,Spanish
Handicap Accessible:
Building,Parking,Restroom

**Bowden, Laura DMD
Dentist - General Practice
Ironhorse Dental
Group LLC**

1270 W Amity St
Louisburg, KS 66053
(913) 837-3096
Languages Spoken: English,
Arabic,Romanian,Spanish
Handicap Accessible:
Building,Parking,Restroom

**Bowden, Samuel R
DMD
Dentist - General Practice
Ironhorse Dental
Group LLC**

1270 W Amity St
Louisburg, KS 66053
(913) 851-9969
Languages Spoken: English
Handicap Accessible:
Building,Parking,Restroom

**Gehling, Lauren DDS
Dentist - General Practice
Ironhorse Family
& Cosmetic Dentistry**

1270 W Amity St
Louisburg, KS 66053
(913) 553-5222
Languages Spoken: English
Handicap Accessible:
Building,Parking,Restroom

**Hughes, W Brad DDS
Dentist - General Practice
William B Hughes**

4 S Berkley St
Louisburg, KS 66053
(913) 837-4746
Languages Spoken: English
Handicap Accessible:
Building,Equipment,
Exam room,Parking,Restroom
Age Restriction(s):
1 and up

**Riddick, Julia P DDS
Dentist - General Practice
Ironhorse Dental
Group LLC**

1270 W Amity St
Louisburg, KS 66053
(913) 837-3096
Languages Spoken: English
Handicap Accessible:
Building,Parking,Restroom

**Trumpp, Melissa L
DDS
Dentist - General Practice
Louisburg Family
Dental**

4 S Berkley St
Louisburg, KS 66053
(913) 837-4746
Languages Spoken: English
Handicap Accessible:
Building,Equipment,
Exam room,Parking,Restroom
Age Restriction(s):
1 and up

Osawatomie**Barden, Deanna M
DDS
Dentist - General Practice
Barden Family Dentistry**

301 E Main St
Osawatomie, KS 66064
(913) 755-3014
Languages Spoken: English
Handicap Accessible
Age Restriction(s):
1 and up

Paola**Herwig, Andrew V
DDS
Dentist - General Practice
Andrew V Herwig
DDS PA**

24 S Silver St
Paola, KS 66071
(913) 294-4321
Languages Spoken: English
Handicap Accessible

Spring Hill**LINE, ANTHONY R
DDS
Dentist - General Practice
ANTHONY R LINE
DDS PA**

21900 S Webster St
Ste A
Spring Hill, KS 66083
(913) 592-2200
Languages Spoken: English
Handicap Accessible

Kansas

County Miami (cont.)

Spring Hill (cont.)

Stroede, Claire L DDS
Dentist - Orthodontics And
DentofacialOrthopaedics
STROEDE ORTHODONTICS
LLC
22438 S Harrison St
Spring Hill, KS 66083
(913) 491-3400
Languages Spoken: English
Handicap Accessible

How to challenge our claim decision

If a covered person disagrees with our decision on payment of a particular claim, the covered person can request a second review of the claim, also known as an appeal. To request this review, the covered person must send us a letter requesting a second claim review within 180 days from the time you or the covered person received notice of our claim payment decision. The covered person may also send any information or documents that are relevant to our decision of how to pay the claim.

Once we receive the request, we will make a second review of the claim and provide notice of our decision within 30 days of our receipt of your appeal. Any adverse determination or coverage denial will include a notice to you of our internal appeals process.

Discrimination is Against the Law

Humana Inc. and its subsidiaries comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. Humana Inc. and its subsidiaries do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Humana Inc. and its subsidiaries provide:

- Free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.
- Free language services to people whose primary language is not English when those services are necessary to provide meaningful access, such as translated documents or oral interpretation.

If you need these services, call the number on your ID card or if you use a **TTY**, call **711**.

If you believe that Humana Inc. and its subsidiaries have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Discrimination Grievances
P.O. Box 14618
Lexington, KY 40512-4618

If you need help filing a grievance, call the number on your ID card or if you use a **TTY**, call **711**.

You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW
Room 509F, HHH Building
Washington, DC 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>

Multi-Language Interpreter Services

English: ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call the number on your ID card (TTY: 711).

Español (Spanish): ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número que figura en su tarjeta de identificación (TTY: 711).

繁體中文 (Chinese): 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電會員卡上的電話號碼 (TTY：711)。

Tiếng Việt (Vietnamese): CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số điện thoại ghi trên thẻ ID của quý vị (TTY: 711).

한국어 (Korean): 주의 : 한국어를 사용하시는 경우 , 언어 지원 서비스를 무료로 이용하실 수 있습니다 . ID 카드에 적혀 있는 번호로 전화해 주십시오 (TTY: 711).

Tagalog (Tagalog – Filipino): PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tawagan ang numero na nasa iyong ID card (TTY: 711).

Русский (Russian): ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Наберите номер, указанный на вашей карточке-удостоверении (телетайп: 711).

Kreyòl Ayisyen (French Creole): ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele nimewo ki sou kat idantite manm ou (TTY: 711).

Français (French): ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le numéro figurant sur votre carte de membre (ATS : 711).

Polski (Polish): UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Proszę zadzwonić pod numer podany na karcie identyfikacyjnej (TTY: 711).

Português (Portuguese): ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para o número presente em seu cartão de identificação (TTY: 711).

Italiano (Italian): ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero che appare sulla tessera identificativa (TTY: 711).

Deutsch (German): ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Wählen Sie die Nummer, die sich auf Ihrer Versicherungskarte befindet (TTY: 711).

日本語 (Japanese): 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。お手持ちのIDカードに記載されている電話番号までご連絡ください (TTY：711)。

فارسی (Farsi):

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با شماره تلفن روی کارت شناسایی تان تماس بگیرید (TTY: 711).

Diné Bizaad (Navajo): Díí baa akó nínízin: Díí saad bee yánílti'go Diné Bizaad, saad bee áká'anída'áwo'déé', t'áa jiik'eh, éí ná hóló, námboo ninaaltsoos yézhí, bee nées ho'dólzín bikáá'ígíí bee hólne' (TTY: 711).

العربية (Arabic):

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم الهاتف الموجود على بطاقة الهوية الخاصة بك (رقم هاتف الصم والبكم: 711).

Humana Individual dental plans are insured or offered by Humana Insurance Company, HumanaDental Insurance Company, Humana Insurance Company of New York, The Dental Concern, Inc., CompBenefits Insurance Company, CompBenefits Company, CompBenefits Dental, Inc., Humana Employers Health Plan of Georgia, Inc., Humana Health Benefit Plan of Louisiana, Inc., DentiCare, Inc. (d/b/a CompBenefits), Discount plans offered by HumanaDental Insurance Company, Humana Insurance Company or Texas Dental Plan, Inc. For Arizona residents: Insured by Humana Insurance Company. For Texas residents: Insured or offered by Humana Insurance Company, HumanaDental Insurance Company, or DentiCare, Inc. (d/b/a CompBenefits).

Humana group dental plans are offered by Humana Insurance Company, HumanaDental Insurance Company, Humana Insurance Company of New York, Humana Health Benefit Plan of Louisiana, The Dental Concern, Inc., Humana Medical Plan of Utah, CompBenefits Company, CompBenefits Insurance Company, CompBenefits Dental, Inc., Humana Employers Health Plan of Georgia, Inc., or DentiCare, Inc. (DBA CompBenefits).

Monthly Health Care Insurance Rates for 2021-22 --Humana Renewal

MEDICAL	Monthly Premium	Change from 2020	Percent Change	Employer	Employee	Old Rate	Employer Cost 2020-2021	Addl Cost to City	Participants	Monthly Addl Cost to City	Monthly Addl Cost to Employee	Current Monthly Cost to City	Future Monthly Cost to City
KS PPO 16 Copay OPT 60 (New 52) (DEDUCT \$4,000)(New \$5,000)													
EE	\$ 552.93	\$ 68.15	14.06%	\$ 414.70	\$ 138.23	\$ 484.78	\$ 363.59	\$ 51.11	8	\$ 408.90	\$ 136.30	\$ 2,908.68	\$ 3,317.58
ES	\$ 1,105.86	\$ 136.28	14.06%	\$ 746.46	\$ 359.40	\$ 969.58	\$ 654.47	\$ 91.99	2	\$ 183.98	\$ 88.58	\$ 1,308.93	\$ 1,492.91
EC	\$ 1,050.56	\$ 129.47	14.06%	\$ 713.28	\$ 337.28	\$ 921.09	\$ 625.37	\$ 87.90	3	\$ 263.71	\$ 124.70	\$ 1,876.11	\$ 2,139.83
FA	\$ 1,769.38	\$ 218.07	14.06%	\$ 1,144.57	\$ 624.81	\$ 1,551.31	\$ 1,003.50	\$ 141.06	1	\$ 141.06	\$ 77.01	\$ 1,003.50	\$ 1,144.57
KS PPO 16 Copay OPT 62 (NEW 64) (DEDUCT \$2,500) (New \$3,000)													
EE	\$ 584.97	\$ 79.88	15.82%	\$ 438.73	\$ 146.24	\$ 505.09	\$ 378.82	\$ 59.91	6	\$ 359.46	\$ 119.82	\$ 2,272.91	\$ 2,632.37
ES	\$ 1,169.94	\$ 159.76	15.82%	\$ 789.71	\$ 380.23	\$ 1,010.18	\$ 681.87	\$ 107.84	6	\$ 647.03	\$ 311.53	\$ 4,091.23	\$ 4,738.26
EC	\$ 1,111.44	\$ 151.77	15.81%	\$ 754.61	\$ 356.83	\$ 959.67	\$ 651.57	\$ 103.04	6	\$ 618.26	\$ 292.36	\$ 3,909.39	\$ 4,527.66
FA	\$ 1,871.91	\$ 255.63	15.82%	\$ 1,210.89	\$ 661.02	\$ 1,616.28	\$ 1,045.53	\$ 165.36	5	\$ 826.80	\$ 451.35	\$ 5,227.66	\$ 6,054.46
Total									37	\$ 3,449.21	\$ 1,601.64	\$ 22,598.41	\$ 26,047.62

City Increased Annualized Cost \$ 41,390.53

Employees Increased Annualized Cost \$ 19,219.67
AVG PREMIUM -- Employees Increased Monthly \$ 43.29

Proposed Changes

DENTAL	Monthly Premium	Employer	Monthly Employer
19 EE	\$ 23.41	\$ 17.56	\$ 333.59
7 E+1	\$ 46.82	\$ 31.60	\$ 221.22
7 EC	\$ 59.70	\$ 39.33	\$ 275.32
10 FA	\$ 83.11	\$ 53.38	\$ 533.78
43			
VISION	Monthly Premium	Employer	Monthly Employer
16 EE	\$ 5.68	\$ 4.26	\$ 68.16
10 ES	\$ 12.18	\$ 8.16	\$ 81.60
7 EC	\$ 10.44	\$ 7.12	\$ 49.81
10 FA	\$ 20.30	\$ 13.03	\$ 130.32
43			

Total Monthly Employer \$ 1,693.80

Total Annual Employer \$ 20,325.65

2021 Budgeted	Health Insurance	Dental Vision Insurance	Total
	\$ 400,000.00		
2021 Estimated w/Renewal	\$ 291,876.19	\$ 20,325.65	\$ 312,201.85
			\$ 42,189.44 Addl Employees (6 addl)
			\$ 354,391.28

Monthly Health Care Insurance Rates for 2019-20

MEDICAL	Monthly Premium	Change from 2018	Percent Change	Employer	Employee
OPT 51 Plan (\$4000 Ded)					
EE	\$ 389.37	\$ 1.16	0.30%	\$ 292.03	\$ 97.34
ES	\$ 778.73	\$ 2.31	0.30%	\$ 525.64	\$ 253.09
EC	\$ 739.80	\$ 2.19	0.30%	\$ 502.29	\$ 237.51
FA	\$ 1,245.98	\$ 3.71	0.30%	\$ 805.99	\$ 439.99

OPT 47 Plan (\$2500 Ded)					
EE	\$ 411.12	\$ 1.82	0.44%	\$ 292.03	\$ 119.09
ES	\$ 822.23	\$ 3.63	0.44%	\$ 525.64	\$ 296.59
EC	\$ 781.12	\$ 3.44	0.44%	\$ 502.29	\$ 278.83
FA	\$ 1,315.58	\$ 5.82	0.44%	\$ 805.99	\$ 509.59

HSA OPT 17 Plan					
EE	\$ 324.32	\$ (27.52)	-7.82%	\$ 243.24	\$ 81.08
ES	\$ 648.65	\$ (55.03)	-7.82%	\$ 437.84	\$ 210.81
EC	\$ 616.21	\$ (52.29)	-7.82%	\$ 418.37	\$ 197.84
FA	\$ 1,037.83	\$ (88.06)	-7.82%	\$ 671.35	\$ 366.48

HSA Contribution from City	Mo Savings	Yr Savings	HRA Contr.	Total
	\$ 48.79	\$ 585.45	\$ 414.55	\$ 1,000.00
	\$ 87.81	\$ 1,053.67	0	\$ 1,053.67
	\$ 83.91	\$ 1,006.94	0	\$ 1,006.94
	\$ 134.65	\$ 1,615.77	0	\$ 1,615.77

DENTAL	Monthly Premium	Change from 2018	Percent Change	Employer	Employee
EE	\$ 28.61	\$ (1.76)	-5.80%	\$ 21.46	\$ 7.15
E+1	\$ 55.17	\$ (3.41)	-5.82%	\$ 37.39	\$ 17.78
FA	\$ 93.69	\$ (5.78)	-5.81%	\$ 60.51	\$ 33.18

VISION					
EE	\$ 5.68	\$ (0.35)	-5.80%	\$ 4.26	\$ 1.42
ES	\$ 12.18	\$ (0.49)	-3.87%	\$ 8.16	\$ 4.02
EC	\$ 10.44	\$ (0.42)	-3.87%	\$ 7.12	\$ 3.32
FA	\$ 20.30	\$ (0.81)	-3.84%	\$ 13.03	\$ 7.27

Monthly Health Care Insurance Rates for 2021-22 --Humana Renewal

MEDICAL	Monthly Premium	Change from 2020	Percent Change	Employer	Employee	Old Rate	Employer Cost 2020-2021	Addl Cost to City	Participants	Monthly Addl Cost to City	Monthly Addl Cost to Employee	Current Monthly Cost to City	Future Monthly Cost to City
KS PPO 16 Copay OPT 60 (New 52) (DEDUCT \$4,000)(New \$5,000)													
EE	\$ 552.93	\$ 68.15	14.06%	\$ 414.70	\$ 138.23	\$ 484.78	\$ 363.59	\$ 51.11	8	\$ 408.90	\$ 136.30	\$ 2,908.68	\$ 3,317.58
ES	\$ 1,105.86	\$ 136.28	14.06%	\$ 746.46	\$ 359.40	\$ 969.58	\$ 654.47	\$ 91.99	2	\$ 183.98	\$ 88.58	\$ 1,308.93	\$ 1,492.91
EC	\$ 1,050.56	\$ 129.47	14.06%	\$ 713.28	\$ 337.28	\$ 921.09	\$ 625.37	\$ 87.90	3	\$ 263.71	\$ 124.70	\$ 1,876.11	\$ 2,139.83
FA	\$ 1,769.38	\$ 218.07	14.06%	\$ 1,144.57	\$ 624.81	\$ 1,551.31	\$ 1,003.50	\$ 141.06	1	\$ 141.06	\$ 77.01	\$ 1,003.50	\$ 1,144.57
KS PPO 16 Copay OPT 62 (NEW 64) (DEDUCT \$2,500) (New \$3,000)													
EE	\$ 584.97	\$ 79.88	15.82%	\$ 438.73	\$ 146.24	\$ 505.09	\$ 378.82	\$ 59.91	6	\$ 359.46	\$ 119.82	\$ 2,272.91	\$ 2,632.37
ES	\$ 1,169.94	\$ 159.76	15.82%	\$ 789.71	\$ 380.23	\$ 1,010.18	\$ 681.87	\$ 107.84	6	\$ 647.03	\$ 311.53	\$ 4,091.23	\$ 4,738.26
EC	\$ 1,111.44	\$ 151.77	15.81%	\$ 754.61	\$ 356.83	\$ 959.67	\$ 651.57	\$ 103.04	6	\$ 618.26	\$ 292.36	\$ 3,909.39	\$ 4,527.66
FA	\$ 1,871.91	\$ 255.63	15.82%	\$ 1,210.89	\$ 661.02	\$ 1,616.28	\$ 1,045.53	\$ 165.36	5	\$ 826.80	\$ 451.35	\$ 5,227.66	\$ 6,054.46
Total									37	\$ 3,449.21	\$ 1,601.64	\$ 22,598.41	\$ 26,047.62

City Increased Annualized Cost \$ 41,390.53

Employees Increased Annualized Cost \$ 19,219.67
AVG PREMIUM -- Employees Increased Monthly \$ 43.29

Proposed Changes

DENTAL	Monthly Premium	Employer	Monthly Employer
19 EE	\$ 23.41	\$ 17.56	\$ 333.59
7 E+1	\$ 46.82	\$ 31.60	\$ 221.22
7 EC	\$ 59.70	\$ 39.33	\$ 275.32
10 FA	\$ 83.11	\$ 53.38	\$ 533.78
43			
VISION	Monthly Premium	Employer	Monthly Employer
16 EE	\$ 5.68	\$ 4.26	\$ 68.16
10 ES	\$ 12.18	\$ 8.16	\$ 81.60
7 EC	\$ 10.44	\$ 7.12	\$ 49.81
10 FA	\$ 20.30	\$ 13.03	\$ 130.32
43			

Total Monthly Employer \$ 1,693.80

Total Annual Employer \$ 20,325.65

2021 Budgeted	Health Insurance	Dental Vision Insurance	Total
\$ 400,000.00			
2021 Estimated w/Renewal	\$ 291,876.19	\$ 20,325.65	\$ 312,201.85
		\$ 42,189.44	\$ 354,391.28

Avg per employee \$ 8,437.89 **Addl Employees** (6 addl)



Recommendation & Details for Health Insurance Renewals Effective 7/1/2021

Bukaty Companies works as your Health Insurance Broker/Advocate. A big part of our job is to provide consultative advice on what we feel is the best renewal offering for the City of Osawatome. Ultimately the final decisions are of course up to you as the employer. I wanted to point out a few things to help the City in selecting providers and plan options for your employees effective July 1, 2021. I've put together an overview of the process we go through when marketing your policies and finding the most advantageous solutions.

Medical Insurance-Humana

For July 1, 2021, we received an initial increase of 26.7% from Humana which equates to a \$106,000 overall annual increase in premium. Our team requested quotes from the providers who have compatible networks and discounts, given your location. This includes Blue Cross of Kansas, United Healthcare, Cigna, and Aetna. None of the other health insurance providers gave us anything remotely comparable in cost to your offering with Humana, even with a substantial increase. Since you have less than 100 employees on the medical plan and are considered a municipality, we are not able to receive claims data. However, the carriers all stated there are a few ongoing medical conditions but because of HIPAA we don't have any specifics. This makes it difficult for us to negotiate with Humana, as we didn't have any competitive data to utilize for negotiation purposes. Fortunately, Bukaty Companies has a strong partnership and the highest possible broker accolade with our carrier partners, including Humana. Because of this partnership, we were able to have Humana drop your renewal increase from a 26.7% to a 17% increase with the same plan design offerings. We looked at all options within Humana and came up with a dual option (two plans) which will take the overall premium increase down to roughly 14.8% above current. We could end up with an even lower increase, but it depends on which plans everyone decides to elect as our recommendation is to go from 3 Humana plans down to 2 Humana plan offerings. This should help simplify benefit decisions for the employees as a couple of the plans we have today are extremely similar in coverage/cost. I have attached your renewal as well as the recommended plan offerings, which are highlighted in yellow on page 3 of the first attachment. Please keep in mind we are not able to get to an exact savings amount because we won't know who elects which plan and who they'd like to cover until we go through open enrollment. We took half of the employees, spouses, and dependents who are currently enrolled in the *KS PPO 16 Copay OPT 60* and put them on the *KS PPO 16 Copay OPT 52* for illustrative purposes. The other half of employees, spouses, and dependents were put on *KS PPO 16 Copay OPT 64*. We certainly understand this will most likely not be exact but it's the closest we can get without having employees and their families make elections. The two new Humana plans we are proposing both have benefits that are stronger than what you have today, the same as what you have today, and some parts of

the plan are not as strong as what you have today. For example, we have some higher deductibles BUT the Out-of-Pocket Maximum (think of this as the worst-case scenario) is the same as last year. The coinsurance amounts, or cost sharing if you meet your deductible, are the same as last year. We have some lower copays for doctor visits, prescriptions, and Urgent Care appointments. The leadership team at the City of Osawatomie would like to contribute more towards the premium each month to lessen the amount taken out of each paycheck. Switching to these new plans will help in accomplishing that. As a reminder, both plans have an HRA (Health Reimbursement Arrangement) for \$1,000 for the employee or one person for those who have dependents and or their spouse covered. This is an extremely generous benefit offering and is administered through Surency. For example, if I elect the \$5,000 deductible plan, and utilize \$4,000 of my deductible, I'll be reimbursed for any amount over the \$4,000 up to the \$5,000 deductible. To receive this, an employee must file a claim through Surency.

Humana-Go365 Wellness Program

Another HUGE component is the Humana wellness program, Go365. Hopefully many of us are at least familiar with this but employees can earn either 7% in premium reductions by reaching the Silver status or 15% in premium reductions by reaching the Gold or Platinum status. Any savings is 100% passed along to the employees and their families once they obtain either the Silver or Gold status. That is something that you can decide as an employer as some of our clients share in the savings, but to really incentivize employees, I'd recommend continuing to pass along the savings. We talk about this program at renewal each year and have seen an increase in participation. For the 2019-2020 plan year, there was a total savings of \$1,940. For the current plan year, the employee engagement increased and the total savings as of today is \$3,712 for the Humana Go365 wellness plan. If all employees were to reach the Gold status, the savings would equate to \$75,284. Our recommendation is to really focus on this wellness benefit and to have a Go365 representative present at open enrollment meetings. Also, we can set some time later in the year for a Go365 representative to come back on site and help employees on a one-on-one basis. They can conduct onsite biometric screenings if that is something of interest. Humana is the only carrier who has a wellness program in place today that not only promotes a healthier lifestyle, but also has premium savings available. The more engagement we have in the program, the better our renewal will be for next year. This is truly a program we need to take advantage of and keep up a constant communication pipeline with employees. There are some news laws being discussed which may prevent employers from incentivizing employees with premium savings (this would be outside of the Humana Go365 program and you will still be able to use that program). However, if the City wanted to, you could implement something where employees earn further premium savings by engaging in the Humana Go365 wellness program. This may change by law, but it wouldn't be until next year so it's not anything we have to worry about for this year's open enrollment.

Ancillary Policies-Guardian

We received your Guardian policy renewals-Dental, Vision, Employer Sponsored Life/AD&D, Voluntary Life/AD&D, Short Term Disability, Accident, and Critical Illness. The Guardian

Dental received a 0% increase, Vision received an 8% increase, Employer Sponsored Life/AD&D received an 8.6%. The Voluntary Life/AD&D, Short Term Disability, Accident, and Critical Illness all received a 0% increase. If we were to move the Dental, Vision, Employer Sponsored Life/AD&D, and Voluntary Life AD&D to Humana, the City of Osawatomie would receive an additional 2% in savings from Humana on the medical renewal. This equates to roughly \$9,000 in additional savings which is NOT currently reflected on our spreadsheet, depending on what plan employees elect.

Dental/Vision-Guardian today, recommending change to Humana 7/1

Humana's dental rates are 9.7% below Guardian's which would capture an estimated \$3,000 in annual savings. We are investigating more into the Humana dental network, but I have attached a provider directory which shows dental providers within 30 miles of the Zip Code 66064. From our initial renewal discussions, it sounds like there are a couple of dental practices that several employees utilize in the Osawatomie and Paola area. One of those being Dr. Deanna M Barden (located in Osawatomie) who is in network with Humana. The other, Dr. Sanders Family Dentistry in Paola is NOT currently a contracted provider with Humana. The Humana Recruitment team is working to see if they can work up a contract to become an appointed provider with Dr. Sanders. For anyone who utilizes a dental provider closer towards the Kansas City Metro area, there shouldn't be any disruption regarding the network. Humana has some enhancements we can bring to the table with their dental network. The most important being the extended annual max. Today the annual max is \$1,000 with Guardian and you have a rollover benefit which is great. However, if you were to go over that \$1,000, plus whatever rollover dollars you have accumulated, employees would be on the hook for any remaining dental treatment and would pay 100% of the cost out of pocket. Humana's extended annual Max provides somewhere between a 30%-60% cost sharing once you hit your annual max of \$1,000 for the year. The cost sharing amount would depend on the provider.

We thought we'd provide some information regarding how out of network claims are processed. The first thing to remember is the Dental network is not like Medical network. An Out of Network (OON) dental claim is going to be maybe \$250 if you have a major claim out of network. Humana's extended annual max (would pay 30% coinsurance if out of network) will still be in play on these so the provider cannot balance bill. Humana has a \$3 forgiveness factor applied to OON claims. This is a bigger deal than it sounds. It amounts to over \$1M a year in paid claims through Humana's policies across the country. For example, on a periodic oral exam (highest frequency code) Humana shows a reimbursement of \$45 and maybe a different dental competitor might show a reimbursement of \$47. The other dental carrier would look better on paper. However, Humana would reimburse \$46, \$47, or \$48. Humana's competition would not reimburse up to that \$48. A crucial aspect to protecting an employee from OON balance billing for higher claims is to educate during open enrollment meetings and direct employees to in network specialty care. This is easier than general dentistry, because there are not typically relationships with specialists and claims are normally one and done situations. This is where high dollar claims exist, so we have two highly motivating factors for employees-get a discounted fee AND there's no balance billing. A key component to all of this is that 70%-75%

of dental claims are Type I/Preventative services. There's virtually no incidence of balance billing in that situation meaning there's no difference for the employee in or out of network. Humana's vision network mirrors the current vision network with Guardian. An employee would have to seek eye care treatment with a provider in an area where USPS doesn't deliver if that gives you a good idea on how far the network extends.

Employer Sponsored Life/AD&D, Voluntary Life/AD&D-Guardian-Recommend change to Humana

Your employer sponsored Life/AD&D with Guardian today received an 8.6% increase. Humana's quote is 11.4% less than your current rates. This results in \$634 in annual savings. That amount of savings will only go up if more employees are hired throughout the year. The benefits are the exact same and by moving from Guardian to Humana, it helps us in capturing the additional savings on the medical renewal. Also, have several lines of coverage with Humana helps in ongoing negotiations.

The Voluntary Life/AD&D with Guardian today didn't receive any sort of increase. Humana's rates are lower than Guardian's but it's extremely difficult to tell the exact amount of savings as there's a high likelihood that several employees will change their benefit amount. If we were to move the Voluntary Life/AD&D policies over to Humana, we can grandfather in anyone who already has coverage over the Guarantee Issue amount of \$100,000. Humana has a nice feature on the Voluntary Life/AD&D where if you enroll in just the minimum amount during the first round of Open Enrollment (would be \$15,000 of benefit this year), you are able to increase your coverage by \$25,000 each year WITHOUT completing a health statement up to \$1M in coverage. This might not be for everyone but could be a huge benefit for some folks who have ongoing health conditions and wouldn't be able to increase their Life insurance benefit each year because of said conditions. Again, you'd have to enroll in \$15,000 the first year but after that, you can increase by up to \$25,000 in benefit with no health questions required. This is unlike any other carrier in the market.

Short Term Disability, Accident, Critical Illness-Guardian-Recommend keeping with Guardian

All three of these policies received a rate pass from Guardian. They are not offered through Humana so our recommendation here would be to keep these 3 lines of coverage exactly how they are today.

In summary, we are recommending the 2 highlighted plans with Humana on page 3 of the first attachment for your medical offering. Our recommendation for the Dental, Vision, Employer Sponsored Life/AD&D, and Voluntary Sponsored Life/AD&D would be to move the coverages to Humana effective 7/1/2021. This will allow us to capture savings on all 4 of those policies AND an additional 2% savings on your medical plans, this is not yet illustrated on the spreadsheet but equates to roughly \$9,000 in annual savings. We'd recommend keeping your

Short-Term Disability, Accident, and Critical Illness policies with Guardian, there's no rate impact on any of those coverages. I believe we are set to have open enrollment meetings on June 10th at 9am as well as June 11th at 9am and June 11th at 1pm. I certainly plan on being onsite and recommend we also have a Humana Go365 representative present. I'd also recommend we revisit the Go365 program a month or two after open enrollment so we can increase engagement with that program.

Please do not hesitate to us know if you have any questions or concerns.

Thank you,

-Michael Looney, Benefits Consultant

Bukaty Companies

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