

## OFFICIAL NOTICE

The Des Moines County Board of Supervisors will hold a regular session on **Tuesday, October 8<sup>th</sup>, 2024** at 9:00 A.M. in the public meeting room at the Des Moines County Courthouse.

8:30 AM -Work Session: Board of Supervisors: Review of Weekly Business

**PUBLIC NOTICE** – the meeting can be viewed by live stream at <https://desmoinescounty.iowa.gov/live/> Anyone with questions during the meeting may email the Board of Supervisors at [board@dmccounty.com](mailto:board@dmccounty.com) OR call 319-753-8203, Ext 4

### TENTATIVE AGENDA:

1. Pledge of Allegiance
2. Changes to Tentative Agenda
3. Meet with Department Heads / Elected Officials
4. Correspondence
5. Discussion / Vote:
  - A. Appointment to the Conservation Board
  - B. 2024 Edward Byrne Memorial Justice Assistance Grant (JAG) Agreement
  - C. Domestic Violence Awareness Month Proclamation
  - D. Suspension of Property Taxes Request
  - E. Class C Liquor License – Peterson Wedding – 11/2/24 at Barn on the Ridge
  - F. Personnel Actions:
    1. Correctional Center (1)
    2. Auditor (3)
    3. County Attorney (1)
  - G. Reports –
    1. Recorder’s Report of Fees Collected, September 2024
  - H. Minutes for Regular Meeting on October 1<sup>st</sup>, 2024
6. Other Business
7. Future Agenda Items
8. Committee Reports
9. Public Input
10. Adjournment

Work Sessions held following the meeting:

BOS / MHDS

RE: Transition to Behavioral Health District

## SARA DOTY

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**From:** Kathy wunderlich <kathy\_wunderlich2000@yahoo.com>  
**Sent:** Thursday, September 19, 2024 9:00 PM  
**To:** SARA DOTY  
**Subject:** Conservation Board Member Application

**NOTICE:** This message originated outside of Des Moines County -- **DO NOT CLICK** on links or open attachments unless you are certain the content is safe.

Kathrine Wunderlich

14308 Lynx Road

Danville, Iowa 52623

319-750-7278

[Kathy\\_wunderlich2000@yahoo.com](mailto:kathy_wunderlich2000@yahoo.com)

Hello, my name is Kathy Wunderlich, and I am interested in serving on the board for Des Moines County Conservation. I feel I would be a good board member. I have lived in Des Moines County my whole life and have been active in the community. I have been a supporter of Pheasants Forever, Ducks Unlimited and National Wild Turkey Federation for many years. It would be an honor to work with the board and executive director to promote, preserve, and cultivate good citizenship of public land and recreation. I understand as a conservation board member my duty is to listen, learn, and work within the taxpayer budget to provide the best educational, outdoor recreation, and conservation practices. I would put in the time and energy needed to be a good board member. I understand the boards' role is to be a decision making and policy making body that works with the administrator with the finances and resources available.

Past board member of Southeast Iowa Builder Association (SEIBA) 1998-2001

Past Board member of Burlington West Burlington Area Chamber of Commerce 2009-2012

Current Board President of Eastern Iowa Light and Power 2012-current

Have taught Junior Achievement in elementary classrooms for 30 years

I graduated from Burlington Community School in 1977

Attended University of Northern Iowa 1977-1979

Have taken numerous college classes at SCC

I have completed CCD and BLC classes on NRECA board and obtained gold certification for board certification

Work experiences:

Fullerton Lumber 1980 to 1991 Bookkeeper and building sales estimator

Barngrover Glass and Building supplies. Building materials estimator and sales 1991-2006

Georges Lawnmower Owner of outdoor power equipment company sales and service 2006-2023

I have been involved in strategic planning, policy making, and budget meetings in both board and business environments.

Your consideration of appointing me to the Des Moines Country Conservation Board would be an honor.

Sincerely,

Kathy Wunderlich

September 22, 2024

Des Moines County Board of Supervisors

I am applying for the position of a board member for the Des Moines County Conservation Board.

I have reviewed the Members Responsibilities.

I worked at the Frisco, Burlington Northern, Burlington Northern Santa Fe Railroads for 38 years. I worked in various management positions, and was in charge of two locomotive shops. My responsibilities included other railroad facilities. I am active in the community and my church. I have been a member of several committees in various organizations.

The main reason I am applying for board member is to support the Des Moines County Conservation Department and the residents of Des Moines County.

Thanks for considering my application.

  
Terry Davis

15552 N. Prairie Grove Rd.

Burlington, IA 52601

319 850-2061

e-mail [golfnow011@hotmail.com](mailto:golfnow011@hotmail.com)



CITY CLERK  
CONTRACT NO.

THE STATE OF Iowa  
COUNTY OF Des Moines

KNOW ALL BY THESE PRESENT

**INTERLOCAL AGREEMENT  
BETWEEN THE CITY OF Burlington, Iowa AND COUNTY OF Des Moines**

**BJA FY 24 Edward Byrne Memorial Justice Assistance Grant Program**

This Agreement is made and entered into this **7th day of October 2024**, by and between The COUNTY of Des Moines acting by and through its governing body, the Board of Supervisors, hereinafter referred to as COUNTY, and the CITY of Burlington acting by and through its governing body, the City Council, hereinafter referred to as CITY, both of Des Moines County, State of Iowa, witnesseth:

**WHEREAS**, this Agreement is made under the authority of Sections 28E of the Code of Iowa: and

**WHEREAS**, each governing body, in performing governmental functions or in paying for the performance of governmental functions hereunder, shall make that performance or those payments from current revenues legally available to that party: and

**WHEREAS**, each governing body finds that the performance of this Agreement is in the best interests of both parties, that the undertaking will benefit the public, and that the division of costs fairly compensates the performing party for the services or functions under this agreement: and

**WHEREAS**, the CITY and COUNTY believe it to be in their best interests to allocate the JAG funds.

**NOW THEREFORE, the COUNTY and CITY agree as follows:**

**Section 1.**

CITY and COUNTY agrees to spend up to \$14,819.00 towards the purchase of twelve (12) Flock Safety Falcon License Plate Readers and Flock OS Essentials software as well as the installation and maintenance of the equipment located at strategic locations including the points of entry/exit of the community.

**Section 2.**

Nothing in the performance of this Agreement shall impose any liability for claims against COUNTY other than claims for which liability may be imposed by the IOWA Tort Claims Act.

**Section 3.**

Nothing in the performance of this Agreement shall impose any liability for claims against CITY other than claims for which liability may be imposed by the IOWA Tort Claims Act.

**Section 4.**

Each party to this agreement will be responsible for its own actions in providing services under this agreement and shall not be liable for any civil liability that may arise from the furnishing of the vehicle by the other party.

**Section 5.**

The parties to this Agreement do not intend for any third party to obtain a right by virtue of this Agreement.

**Section 6.**

By entering into this Agreement, the parties do not intend to create any obligations express or implied other than those set out herein; further, this Agreement shall not create any rights in any party not a signatory hereto.

CITY OF BURLINGTON

COUNTY OF DES MOINES

\_\_\_\_\_  
Mayor

\_\_\_\_\_  
County Board of Supervisors

ATTEST:            APPROVED AS TO FORM:

\_\_\_\_\_  
City Clerk

\_\_\_\_\_  
County Attorney

APPROVED AS TO FORM:  
Contract Authorization

\_\_\_\_\_  
City Attorney

\*By law, the District Attorney's Office may only advise or approve contracts or legal documents on behalf of its clients. It may not advise or approve a contract or legal document on behalf of other parties. Our view of this document was conducted solely from the legal perspective of our client. Our approval of this document was offered solely for the benefit of our client. Other parties should not rely on this approval and should seek review and approval by their own respective attorney(s).

# Proclamation

## Domestic Violence Awareness Month

### October 2024

- Whereas,** domestic abuse, dating abuse, and stalking affects women, children, and men of all racial, cultural, and economic backgrounds, causing long-term physical, psychological, and emotional harm; and
- Whereas,** one in three Americans has witnessed an incident of domestic violence; and
- Whereas,** children who experience domestic abuse are at a higher risk for failure in school, mental illness, substance abuse, suicide, and may choose violence as a way to solve problems later in life; and
- Whereas,** domestic abuse in rural communities exists as a hidden, silent, and often unrecognized crime that is often underreported; and
- Whereas,** through the inspiration, courage, and persistence of victims of domestic abuse, their children, and advocates, our communities are learning to recognize the impact of violence in the home and within intimate relationships; and
- Whereas,** DVIP/RVAP has worked to end violence and abuse in intimate relationships for more than 45 years through the collaborative partnerships of advocates, volunteers, local municipalities, criminal justice, health and human services, faith communities, business leaders, and private citizens; and
- Whereas,** our community's achievements should be commended and we must continue our commitment to respect and support victims of domestic abuse and to prevent future violence in our community.

**Now, therefore,** be it resolved that we, the Des Moines County Board of Supervisors, do hereby proclaim the month of October 2024 to be:

## Domestic Violence Awareness Month

in Des Moines County, Iowa, and urge all people to work together to eliminate domestic violence, dating violence, and stalking from our community.

Signed this 8<sup>th</sup> day of October 2024, in Des Moines County, Iowa.

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Tom Broeker, Chair  
Des Moines County Board of Supervisors

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Jim Cary, Vice-Chair  
Des Moines County Board of Supervisors

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Shane McCampbell, Member  
Des Moines County Board of Supervisors





# State of Iowa

Alcoholic Beverages Division

App-208955

## Applicant

NAME OF LEGAL ENTITY	NAME OF BUSINESS(DBA)	BUSINESS		
HY-VEE, INC.	Hy-Vee Keokuk	(515) 267-2949		
ADDRESS OF PREMISES	PREMISES SUITE/APT NUMBER	CITY	COUNTY	ZIP
14133 Irish Ridge Road		Burlington	Des Moines	52601
MAILING ADDRESS	CITY	STATE	ZIP	
5820 Westown Parkway	West Des Moines	Iowa	50266	

## Contact Person

NAME	PHONE	EMAIL
Kelly Palmer	(515) 267-2800	kpalmer@hy-vee.com

## License Information

LICENSE NUMBER	LICENSE/PERMIT TYPE	TERM	STATUS
	Class C Retail Alcohol License	5 Day	Submitted to Local Authority

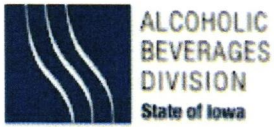
TENTATIVE EFFECTIVE DATE	TENTATIVE EXPIRATION DATE	LAST DAY OF BUSINESS
Oct 31, 2024	Nov 4, 2024	

SUB-PERMITS

Class C Retail Alcohol License

PRIVILEGES





## Status of Business

BUSINESS TYPE

Corporation

## Ownership

### • Individual Owners

NAME	CITY	STATE	ZIP	POSITION	% OF OWNERSHIP	U.S. CITIZEN
Andrew Schroeder	Johnston	Iowa	50131	SVP, Accounting, Controller	0.00	Yes
Jeremy Gosch	Urbandale	Iowa	50323	Chairman of the Board, CEO	0.00	Yes
Michael Jurgens	Urbandale	Iowa	50322	Executive Vice President, Secretary, Chief Administrative Officer	0.00	Yes

## Insurance Company Information

INSURANCE COMPANY

POLICY EFFECTIVE DATE

POLICY EXPIRATION DATE

EMPLOYERS MUTUAL CASUALTY COMPANY

Oct 31, 2024

Sep 27, 2025

DRAM CANCEL DATE

OUTDOOR SERVICE EFFECTIVE DATE

OUTDOOR SERVICE EXPIRATION DATE

BOND EFFECTIVE DATE

TEMP TRANSFER EFFECTIVE DATE

TEMP TRANSFER EXPIRATION DATE

# NOTICE OF DES MOINES COUNTY PERSONNEL ACTION

Name: Peyton Krogmeier Employee #: \_\_\_\_\_  
Title: Part-Time Correctional Officer Department: Correctional Center

## STATUS CHANGES

### TERMINATION

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> Resignation | <input type="checkbox"/> Unsatisfactory Probation |
| <input type="checkbox"/> Discharge   | <input type="checkbox"/> Death                    |
| <input type="checkbox"/> Retirement  | <input type="checkbox"/> Other, Explain           |

\_\_\_\_\_  
\_\_\_\_\_  
Last Day Worked \_\_\_\_\_  
Add Vacation Days \_\_\_\_\_ to \_\_\_\_\_  
Add Sick Days \_\_\_\_\_ to \_\_\_\_\_  
Add Other Days \_\_\_\_\_ to \_\_\_\_\_  
Last Day Paid \_\_\_\_\_  
Unpaid Days \_\_\_\_\_ to \_\_\_\_\_

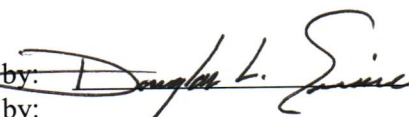
Final Termination Date \_\_\_\_\_  
Final Rate of Pay \_\_\_\_\_  
Permanent Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

### LEAVE OF ABSENCE

- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> Paternity      | <input type="checkbox"/> Educational |
| <input type="checkbox"/> Medical        | <input type="checkbox"/> Military    |
| <input type="checkbox"/> Other, Explain |                                      |

Dates of Absence \_\_\_\_\_ to \_\_\_\_\_

Does the employee Want  
Health Insurance Continued  Yes  No  
Does Employee Want Life  
Insurance Continued  Yes  No

Authorized by:  Department: Correctional Center Date: September 30, 2024  
Authorized by: \_\_\_\_\_ Department: \_\_\_\_\_ Date: \_\_\_\_\_

Pay Period Ending: October 12, 2024 Payroll Date: October 18, 2024

### TRANSFER

- |                                    |                                      |
|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Permanent | <input type="checkbox"/> Voluntary   |
| <input type="checkbox"/> Temporary | <input type="checkbox"/> Involuntary |

Previous Title \_\_\_\_\_  
Previous Dept \_\_\_\_\_  
New Job Title \_\_\_\_\_  
New Dept \_\_\_\_\_  
Previous Rate \_\_\_\_\_ New Rate \_\_\_\_\_  
Effective Transfer Date \_\_\_\_\_

### LAY OFF

Does the employee Want  
Health Insurance Continued  Yes  No  
Does Employee Want Life  
Insurance Continued  Yes  No  
Last Day Worked \_\_\_\_\_

### SALARY ADJUSTMENT

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> New Hire (Part-time) | <input type="checkbox"/> Probationary   |
| <input type="checkbox"/> 77.11 Hours                     | <input type="checkbox"/> Demotion       |
| <input type="checkbox"/> 80 Hours                        | <input type="checkbox"/> Reduction      |
| <input type="checkbox"/> Anniversary                     | <input type="checkbox"/> Suspension     |
| <input type="checkbox"/> Promotion                       | <input type="checkbox"/> Other, Explain |

Previous Rate \_\_\_\_\_ New Rate \$17.69  
Previous Job Title: (if changed) \_\_\_\_\_  
Effective Date: October 9, 2024

# NOTICE OF DES MOINES COUNTY PERSONNEL ACTION

Name: Teresa Johnson Employee #: 0010  
Title: Election Worker Department: Auditor

## STATUS CHANGES

### TERMINATION

Resignation     Unsatisfactory Probation  
 Discharge     Death  
 Retirement     Other, Explain

\_\_\_\_\_  
\_\_\_\_\_  
Last Day Worked \_\_\_\_\_  
Add Vacation Days \_\_\_\_\_ to \_\_\_\_\_  
Add Sick Days \_\_\_\_\_ to \_\_\_\_\_  
Add Other Days \_\_\_\_\_ to \_\_\_\_\_  
Last Day Paid \_\_\_\_\_  
Unpaid Days \_\_\_\_\_ to \_\_\_\_\_

Final Termination Date \_\_\_\_\_  
Final Rate of Pay \_\_\_\_\_  
Permanent Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

### LEAVE OF ABSENCE

Maternity     Educational  
 Medical     Military  
 Other, Explain \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
Dates of Absence \_\_\_\_\_ to \_\_\_\_\_

Does the employee Want  
Health Insurance Continued     Yes     No  
Does Employee Want Life  
Insurance Continued     Yes     No

### TRANSFER

Permanent     Voluntary  
 Temporary     Involuntary

Previous Title \_\_\_\_\_  
Previous Dept \_\_\_\_\_  
New Job Title \_\_\_\_\_  
New Dept \_\_\_\_\_  
Previous Rate \_\_\_\_\_ New Rate \_\_\_\_\_  
Effective Transfer Date \_\_\_\_\_

### LAY OFF

Does the employee Want  
Health Insurance Continued     Yes     No  
Does Employee Want Life  
Insurance Continued     Yes     No  
Last Day Worked \_\_\_\_\_

### SALARY ADJUSTMENT

Reclassification     Demotion  
 Anniversary     Reduction  
 Promotion     Suspension  
 Probationary     Other, Explain

Temporary Part-Time 10/16/2024 – 11/05/2024  
\_\_\_\_\_

Previous Rate \_\_\_\_\_ New Rate \$15.00 hrly  
Previous Job Title: (if changed) \_\_\_\_\_  
Effective Date: \_\_\_\_\_

Authorized by: \_\_\_\_\_ Department: Auditor Date: 10/02/2024  
Authorized by: \_\_\_\_\_ Department: \_\_\_\_\_ Date: \_\_\_\_\_

Pay Period Ending: \_\_\_\_\_ Payroll Date: \_\_\_\_\_



# NOTICE OF DES MOINES COUNTY PERSONNEL ACTION

Name: Teresa Hicks Employee #: 0715  
Title: Election Worker Department: Auditor

## STATUS CHANGES

### TERMINATION

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> Resignation | <input type="checkbox"/> Unsatisfactory Probation |
| <input type="checkbox"/> Discharge   | <input type="checkbox"/> Death                    |
| <input type="checkbox"/> Retirement  | <input type="checkbox"/> Other, Explain           |

\_\_\_\_\_

Last Day Worked \_\_\_\_\_  
Add Vacation Days \_\_\_\_\_ to \_\_\_\_\_  
Add Sick Days \_\_\_\_\_ to \_\_\_\_\_  
Add Other Days \_\_\_\_\_ to \_\_\_\_\_  
Last Day Paid \_\_\_\_\_  
Unpaid Days \_\_\_\_\_ to \_\_\_\_\_

Final Termination Date \_\_\_\_\_  
Final Rate of Pay \_\_\_\_\_  
Permanent Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

### LEAVE OF ABSENCE

- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> Maternity      | <input type="checkbox"/> Educational |
| <input type="checkbox"/> Medical        | <input type="checkbox"/> Military    |
| <input type="checkbox"/> Other, Explain | _____                                |

Dates of Absence \_\_\_\_\_ to \_\_\_\_\_

Does the employee Want  
Health Insurance Continued  Yes  No  
Does Employee Want Life  
Insurance Continued  Yes  No

### TRANSFER

- |                                    |                                      |
|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Permanent | <input type="checkbox"/> Voluntary   |
| <input type="checkbox"/> Temporary | <input type="checkbox"/> Involuntary |

Previous Title \_\_\_\_\_  
Previous Dept \_\_\_\_\_  
New Job Title \_\_\_\_\_  
New Dept \_\_\_\_\_  
Previous Rate \_\_\_\_\_ New Rate \_\_\_\_\_  
Effective Transfer Date \_\_\_\_\_

### LAY OFF

Does the employee Want  
Health Insurance Continued  Yes  No  
Does Employee Want Life  
Insurance Continued  Yes  No  
Last Day Worked \_\_\_\_\_

### SALARY ADJUSTMENT

- |   |  |
|---|--|
| <input type="checkbox"/> Reclassification | <input type="checkbox"/> Demotion                  |
| <input type="checkbox"/> Anniversary      | <input type="checkbox"/> Reduction                 |
| <input type="checkbox"/> Promotion        | <input type="checkbox"/> Suspension                |
| <input type="checkbox"/> Probationary     | <input checked="" type="checkbox"/> Other, Explain |

Temporary Part-Time 10/16/2024 – 11/05/2024

Previous Rate \_\_\_\_\_ New Rate \$15.00 hrly  
Previous Job Title: (if changed) \_\_\_\_\_  
Effective Date: \_\_\_\_\_

Authorized by: \_\_\_\_\_ Department: Auditor Date: 10/02/2024  
Authorized by: \_\_\_\_\_ Department: \_\_\_\_\_ Date: \_\_\_\_\_

Pay Period Ending: \_\_\_\_\_ Payroll Date: \_\_\_\_\_



# NOTICE OF DES MOINES COUNTY PERSONNEL ACTION

Name: Evelyn Swearingen Employee #: \_\_\_\_\_  
Title: Election Worker Department: Auditor

## STATUS CHANGES

### TERMINATION

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> Resignation | <input type="checkbox"/> Unsatisfactory Probation |
| <input type="checkbox"/> Discharge   | <input type="checkbox"/> Death                    |
| <input type="checkbox"/> Retirement  | <input type="checkbox"/> Other, Explain _____     |

\_\_\_\_\_

Last Day Worked \_\_\_\_\_  
Add Vacation Days \_\_\_\_\_ to \_\_\_\_\_  
Add Sick Days \_\_\_\_\_ to \_\_\_\_\_  
Add Other Days \_\_\_\_\_ to \_\_\_\_\_  
Last Day Paid \_\_\_\_\_  
Unpaid Days \_\_\_\_\_ to \_\_\_\_\_

Final Termination Date \_\_\_\_\_  
Final Rate of Pay \_\_\_\_\_  
Permanent Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

### LEAVE OF ABSENCE

- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> Maternity            | <input type="checkbox"/> Educational |
| <input type="checkbox"/> Medical              | <input type="checkbox"/> Military    |
| <input type="checkbox"/> Other, Explain _____ |                                      |

Dates of Absence \_\_\_\_\_ to \_\_\_\_\_

Does the employee Want  
Health Insurance Continued  Yes  No  
Does Employee Want Life  
Insurance Continued  Yes  No

### TRANSFER

- |                                    |                                      |
|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Permanent | <input type="checkbox"/> Voluntary   |
| <input type="checkbox"/> Temporary | <input type="checkbox"/> Involuntary |

Previous Title \_\_\_\_\_  
Previous Dept \_\_\_\_\_  
New Job Title \_\_\_\_\_  
New Dept \_\_\_\_\_  
Previous Rate \_\_\_\_\_ New Rate \_\_\_\_\_  
Effective Transfer Date \_\_\_\_\_

### LAY OFF

Does the employee Want  
Health Insurance Continued  Yes  No  
Does Employee Want Life  
Insurance Continued  Yes  No  
Last Day Worked \_\_\_\_\_

### SALARY ADJUSTMENT

- |   |  |
|---|--|
| <input type="checkbox"/> Reclassification | <input type="checkbox"/> Demotion                        |
| <input type="checkbox"/> Anniversary      | <input type="checkbox"/> Reduction                       |
| <input type="checkbox"/> Promotion        | <input type="checkbox"/> Suspension                      |
| <input type="checkbox"/> Probationary     | <input checked="" type="checkbox"/> Other, Explain _____ |

Temporary Part-Time 10/16/2024 – 11/05/2024

Previous Rate \_\_\_\_\_ New Rate \$15.00 hrly  
Previous Job Title: (if changed) \_\_\_\_\_  
Effective Date: \_\_\_\_\_

Authorized by: \_\_\_\_\_ Department: Auditor Date: 10/02/2024  
Authorized by: \_\_\_\_\_ Department: \_\_\_\_\_ Date: \_\_\_\_\_

Pay Period Ending: \_\_\_\_\_ Payroll Date: \_\_\_\_\_

# NOTICE OF DES MOINES COUNTY PERSONNEL ACTION

Name: Brandon Weddle Employee # : \_\_\_\_\_  
Title: Administrative Asst/Office Mgr Department: County Attorney

## STATUS CHANGES

### TERMINATION

- Resignation     Unsatisfactory Probation  
 Discharge     Death  
 Retirement     Other, Explain

\_\_\_\_\_  
\_\_\_\_\_  
Last Day Worked \_\_\_\_\_  
Add Vacation Days \_\_\_\_\_ to \_\_\_\_\_  
Add Sick Days \_\_\_\_\_ to \_\_\_\_\_  
Add Other Days \_\_\_\_\_ to \_\_\_\_\_  
Last Day Paid \_\_\_\_\_  
Unpaid Days \_\_\_\_\_ to \_\_\_\_\_

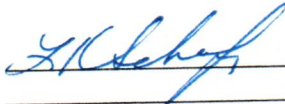
Final Termination Date \_\_\_\_\_  
Final Rate of Pay \_\_\_\_\_  
Permanent Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

### LEAVE OF ABSENCE

- Maternity     Educational  
 Medical     Military  
 Other, Explain \_\_\_\_\_

Dates of Absence \_\_\_\_\_ to \_\_\_\_\_

Does the employee Want  
Health Insurance Continued  Yes  No  
Does Employee Want Life  
Insurance Continued  Yes  No

Authorized by:   
Authorized by: \_\_\_\_\_

Department: County Attorney Date: 10/4/2024  
Department: \_\_\_\_\_ Date: \_\_\_\_\_

Pay Period Ending: \_\_\_\_\_ Payroll Date: \_\_\_\_\_

### TRANSFER

- Permanent     Voluntary  
 Temporary     Involuntary

Previous Title \_\_\_\_\_  
Previous Dept \_\_\_\_\_  
New Job Title \_\_\_\_\_  
New Dept \_\_\_\_\_  
Previous Rate \_\_\_\_\_ New Rate \_\_\_\_\_  
Effective Transfer Date \_\_\_\_\_

### LAY OFF

Does the employee Want  
Health Insurance Continued  Yes  No  
Does Employee Want Life  
Insurance Continued  Yes  No  
Last Day Worked \_\_\_\_\_

### SALARY ADJUSTMENT

- New Hire     Demotion  
 Anniversary     Reduction  
 Promotion     Suspension  
 Probationary     Other, Explain

Previous Rate \_\_\_\_\_ New Rate \$49,373/year  
Previous Job Title: (if changed) \_\_\_\_\_  
Effective Date: 10/7/2024

DES MOINES CO TREASURER

-----  
 DATE : 10/2/2024 9:42 AM  
 OPER : 3-Julie  
 TKBY : Julie Howe  
 TERM : 3  
 REC# : R00482007  
 =====

400 Miscellaneous Receipt	17191.31
DMC RECORDER OFFICE	17191.31
AFFIDAVITS & ARTICLES	525.00
0001-1-07-8110-400010	-525.00
CONTRACTS	350.00
0001-1-07-8110-400015	-350.00
DEEDS	1470.00
0001-1-07-8110-400020	-1470.00
EASEMENTS	440.00
0001-1-07-8110-400025	-440.00
MISCELLANEOUS	250.00
0001-1-07-8110-400030	-250.00
MORTGAGES	6030.00
0001-1-07-8110-400035	-6030.00
PLATS	20.00
0001-1-07-8110-400040	-20.00
TAX LIENS-STATE	130.00
0001-1-07-8110-400045	-130.00
TRADE NAMES	20.00
0001-1-07-8110-400050	-20.00
SNOWMOBILE TITLE & LIENS	225.00
0001-1-07-8110-401000	-225.00
BOAT LIEN	10.00
0001-1-07-8110-402000	-10.00
BOAT/SNOW WRITING FEES	348.00
0001-1-07-8110-403000	-348.00
HUNT/FISH WRITING FEES	13.00
0001-1-07-8110-403001	-13.00
REVENUE STAMPS	2927.12
0001-1-07-8110-404000	-2927.12
TRANSFER FEES - AUDITOR	760.00
0001-1-07-8110-410000	-760.00
VITAL RECORDS	1520.00
0001-1-07-8110-413000	-1520.00
PASSPORTS	1160.00
0001-1-07-8110-415000	-1160.00
OTHER MISC FEES & COPIES	445.50
0001-1-07-8110-550000	-445.50
RECORDER'S REC MGT FEE	427.00
0024-1-07-8110-414000	-427.00
TRB - INT ON CK'G	0.69
0001-1-07-8110-600000	-0.69
REC'S NON-REF OVER PYMT	15.00
0001-4-99-9030-822000	-15.00
DNR - BOAT TITLE FEE	105.00
0027-1-22-6110-412000	-105.00

Paid By:DMC RECORDER OFFICE  
 2-Check 17191.31 REF:5047

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 APPLIED 17191.31  
 TENDERED 17191.31  
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 CHANGE 0.00  
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**MISCELLANEOUS RECEIPTS TO TREASURER**

**DATE: October 2, 2024** \_\_\_\_\_

<u>DOC NO.</u>	<u>PAID BY/DESCRIPTION</u>		<u>ACCOUNT NO.</u>	<u>AMOUNT</u>	<u>ACCURE DATE</u>
1636	Public - Affidavits & Articles of Inc	AA	0001-1-07-8110-400010	\$525.00	9/30/2024
"	Public - Contracts	CT	0001-1-07-8110-400015	\$350.00	"
"	Public - Deeds	DDS	0001-1-07-8110-400020	\$1,470.00	"
"	Public - Easements	EM	0001-1-07-8110-400025	\$440.00	"
"	Public - Miscellaneous	MI	0001-1-07-8110-400030	\$250.00	"
"	Public - Mortgages	MTG	0001-1-07-8110400035	\$6,030.00	"
"	Public - Plats	PLT	0001-1-07-8110-400040	\$20.00	"
"	State of Iowa-Tax Liens	TL	0001-1-07-8110-400045	\$130.00	"
"	Public - Trade Names	TN	0001-1-07-8110-400050	\$20.00	"
"	Public - Fin. Stmt's - Fixture Filings	FSF	0001-1-07-8110-400055	\$0.00	"
"	DNR - ATV Titles & Liens	ST	0001-1-07-8110-401000	\$225.00	"
"	DNR - Boat Liens Fee	BL	0001-1-07-8110-402000	\$10.00	"
"	DNR - Boat/Snow Writing Fees	WFB	0001-1-07-8110-403000	\$348.00	"
"	DNR - Hunt & Fish Writing Fees	WFH	0001-1-07-8110-403001	\$13.00	"
"	Ia Dept of Rev - Rev Stamp Fee	RS	0001-1-07-8110-404000	\$2,927.12	"
"	Public - County Transfer Fees	TF	0001-1-07-8110-410000	\$760.00	"
"	Ia Dept of Health - Vital Record Fee	VR	0001-1-07-8110-413000	\$1,520.00	"
"	US Dept of State - Passports	PP	0001-1-07-8110-415000	\$1,160.00	"
"	Public - PhotoCopy/Fax Fees	OMI	0001-1-07-8110-550000	\$445.50	"
"	Public - Recorder's Record Mgt Fees	RMF	0024-1-07-8110-414000	\$427.00	"
"	Two Rivers - Interest on Checking	IC	0001-1-07-8110-600000	\$0.69	"
"	Public - Non-refund Over Payment	NR	0001-4-99-9030-822000	\$15.00	"
"	DNR - Boat Title Fee	BT	0027-1-22-6110-412000	\$105.00	"

**TOTAL      \$17,191.31**

THE REVENUE LISTED ABOVE WAS RECEIVED FROM THE RECORDER'S DEPARTMENT.

BY \_\_\_\_\_  
INITIALS

TREASURER'S RECEIPT NUMBER ISSUED FOR THIS TRANSACTION: \_\_\_\_\_



DES MOINES CO TREASURER

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DATE : 10/2/2024 9:40 AM

OPER : 3-Julie

TKBY : Julie Howe

TERM : 3

REC# : R00482004

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400 Miscellaneous Receipt 427.00

DMC RECORDER OFFICE 427.00

ELECTRONIC TRANSFER FEE 427.00

5300-1-07-8110-416000 -427.00

Paid By:DMC RECORDER OFFICE

2-Check 427.00 REF:5043

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APPLIED 427.00

TENDERED 427.00

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CHANGE 0.00

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**MISCELLANEOUS RECEIPTS TO TREASURER**

DATE: October 2, 2024

PLEASE ATTACH TAPE OF TOTAL AND ENTER AMOUNT HERE \_\_\_\_\_

DOC NO.	PAID BY/DESCRIPTION	ACCOUNT NO.	AMOUNT	ACCRUE DATE
	Dmc Rec-Public			
	Electronic Transfer Fee	RET/5300-1-07-8110-416000	\$427.00	9/30/2024

THE REVENUE LISTED ABOVE WAS RECEIVED FROM \_\_\_\_\_

BY \_\_\_\_\_

TREASURER'S RECEIPT NUMBER ISSUED FOR THIS TRANSACTION \_\_\_\_\_



October 1, 2024

The Des Moines County Board of Supervisors met in regular session at the Court House in Burlington at 9:00 AM on Tuesday, October 1, 2024, with Chair Tom Broeker, Vice Chair Jim Cary, and Member Shane McCampbell present. This meeting was also held electronically via Webex and YouTube live streaming. Public input was available through board email or call in.

Unless otherwise noted, all motions passed unanimously. The Pledge of Allegiance was conducted.

Meeting with Department Heads: County Budget Director Cheryl McVey reported that they have been busy with absentee ballot requests and voter registrations. IT Director Colin Gerst stated his office is busy. Sheriff Kevin Glendening reported that yesterday they finalized their promotional process through the Civil Service Commission. Seven current Deputies put in for the positions of Lieutenant and Sergeant. There are no immediate promotions in the foreseeable future, but they are good for two years. The jail population is at 111. There are 30 out-of-county. Maintenance Director Rodney Bliesener stated there is a lot going on. They are a week away from the ribbon cutting ceremony at the Health Department so there is a lot of preparation going on for the move. Land Use Assistant Administrator Jarred Lassiter reported that there have been several land use calls. The DOT is going to be holding a meeting tonight at the Civic Center in Wapello about the last phase of the Highway 61 project. The open house is at 5 p.m. and the formal presentation is at 6 p.m. Conservation Director Chris Lee stated that it is opening day of bow season. Yesterday there was a meeting with the Conservation Board and the City of West Burlington regarding the flooding issues into Isaac Walton Lake. Hike-a-park is tomorrow. There will be a Conservation board meeting tomorrow to look at ways to increase revenue and decrease expenses. County Treasurer Janelle Nalley-Londquist said her office is keeping busy and has an agenda item. Emergency Management Director Shannon Prado gave an update on the Disaster Relief Grant Program. She spoke with Community Action and there are 143 applications in review and 28 have been approved. Approximately \$9,000 has been awarded in food assistance, \$11,000 in home repair, and \$1,200 in personal property assistance. Local Health Administrator Christa Poggemiller reported that next Tuesday, October 8th at twelve o'clock is the ribbon cutting ceremony for the new building and then they will have a public open house until 2 p.m. They will close their current office at 11:30 a.m. on Tuesday and it will be closed the remainder of the week. They will reopen at 8 a.m. on October 14<sup>th</sup> in the new building. The Tuesday immunization clinics will continue after the move to the new building. Home health/nursing visits will continue uninterrupted. County Engineer Brian Carter gave an update on the DOT bid for the Mediapolis by-pass. Highway 99 and Flint Bottom bridges have the railings poured. They are in the latter stage of the projects. The County is doing the final seeding in-house. Beaverdale Road bridge north of West Burlington will start soon and may be down to one lane.

No correspondence was received.

Approval of Accounts Payable Claims in the amount of \$1,997,536.42 were presented. McCampbell made a motion to approve and was seconded by Cary.

Approval of Payroll Reimbursement Claims were presented in the amount of \$449.47. Cary made a motion to approve and was seconded by McCampbell.

Approval of Request for Suspension of Taxes for Parcel 10-36-126-005. Cary made a motion to approve and was seconded by McCampbell.

Approval of Request for Release of Property Taxes for Parcel 06-32-300-005 was presented. This was for the Hickory Bend Conservation Area. McCampbell made a motion to approve and was seconded by Cary.

Approval of Memorandum of Understanding with the City of Danville for HMA Project on DMC Hwy 34. County Engineer Brian Carter explained the agreement. Cary made a motion to approve and was seconded by McCampbell.

Approval of Personnel Actions were presented. Public Health – Melinda Morris, CNA, unpaid time of 13.22 hours. McCampbell made a motion to approve and was seconded by Cary. Conservation – Derek Hester, Conservation Tech, 18-month step increase, \$45,864 yearly effective October 2<sup>nd</sup> and Jacklyn Goodman, Naturalist, 6-month step increase, \$42,806.40 yearly effective October 3<sup>rd</sup>. Cary made a motion to approve and was seconded by McCampbell. Correctional Center – Angela Coey, Correctional Officer, 18.81 unpaid hours and Kenyetta Rooks, Correctional Officer, 73.30 unpaid hours. McCampbell made a motion to approve and was seconded by Cary.

Reports:

Veterans Affairs Monthly Report, August 2024

Veterans Affairs Monthly Report, September 2024

Treasurer's Cash on Hand

Treasurer's Semi-Annual Report, June 2024

McC Campbell motioned to approve the September 24<sup>th</sup>, 2024, regular meeting minutes and was seconded by Cary.

Public Input: Sheriff Kevin Glendening asked for insight on the impact on the Local Option Sales Tax that the potential franchise fee in Burlington will have. Chairman Broeker stated that it is a loss to the county of approximately \$150,000. It will increase the taxes that the county will pay by \$7,500 and will go up from there. The second year could be \$10,000 and \$12,500 on the third year. Secondary Roads could lose \$75,000. Chairman Broeker is unsure how that could ever be replaced.

The meeting was adjourned at 9:30 a.m.

This Board meeting is recorded. The meeting minutes and audio are posted on the county's website [www.dmcounty.com](http://www.dmcounty.com)

Tom Broeker, Chair

Attest: Cheryl McVey, Budget Director