### **OFFICIAL NOTICE**

The Des Moines County Board of Supervisors will hold a regular session on **Tuesday**, **September 30<sup>th</sup>**, **2025** 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 <a href="https://desmoinescounty.iowa.gov/live/">https://desmoinescounty.iowa.gov/live/</a> Anyone with questions during the meeting may email the Board of Supervisors at board@dmcounty.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. Payroll Reimbursement Claims
  - B. Accounts Payable Claims
  - C. Resolution #2025-050 Supporting Matching Funds For the Great River Housing Trust Fund for the FY2027 Grant Application
  - D. Resolution #2025-051 Approving a Memorandum of Understanding Between the City of Burlington and Des Moines County for the Temporary Use of County-Owned Recycling Containers
  - E. Set Dates for County Rural Resident Fall Cleanup
  - F. Personnel Actions:
    - 1. Conservation (2)
    - 2. Correctional Center (1)
    - 3. Maintenance (1)
    - 4. Treasurer (1)
    - 5. Local Health (2)
  - G. Reports:
    - 1. Veterans Affairs Monthly Report, September 2025
  - H. Minutes for Regular Meeting on September 23<sup>rd</sup>, 2025
- 6. Other Business
- 7. Future Agenda Items
- 8. Committee Reports
- 9. Public Input
- 10. Adjournment

Work Sessions Following the Meeting:

BOS / SEIRPC

RE: General Provisions, Definitions, MET Towers, and Communications & Enforcement

# Payroll 10/03/25 Reimbursement Claims

9/30/25 Board Meeting

Reimbursements: \$466.38

Non-Cash Taxable: \$0.00

### RESOLUTION NO. 2025-050

A RESOLUTION AUTHORIZING DES MOINES COUNTY TO FINANCIALLY SUPPORT THE GREAT RIVER HOUSING TRUST FUND FOR FISCAL YEAR 2027

WHEREAS, Des Moines County is a duly recognized governing body acting under the laws of the State of Iowa; and,

**WHEREAS**, Des Moines County, in assisting this regional development activity, will sustain a viable housing program for the entire region; and,

**WHEREAS**, Des Moines County is a member of the Great River Housing Trust Fund, a regional housing nonprofit corporation that assists low- and moderate-income households in the region; and,

**WHEREAS**, Des Moines County residents and businesses have benefitted economically through sustained taxes and supply purchasing through the Great River Housing Trust Fund's programs;

NOW, THEREFORE, BE IT RESOLVED BY THE MEMBERS OF THE DES MOINES COUNTY BOARD OF SUPERVISORS THAT:

Des Moines County will contribute \$12,500 cash match to the Great River Housing Trust Fund in Fiscal Year 2027, thus benefiting low to moderate-income households in the county and the region.

| PASSED and APPROVED this     | _ day of September 2025. |
|------------------------------|--------------------------|
| Jim Cary, Chair              |                          |
| Shane McCampbell, Supervisor |                          |
| Tom Broeker, Supervisor      |                          |

# Rousing

Southeast Iowa Regional Planning Commission



# Since 2011 Great River Housing, Inc. has been awarded:

| Total awarded to region                                  |   |
|--|---|
| Leveraged funds  | \$2,547,475                                       |
| Iowa Finance Authority<br>Local Match<br>Total GRH Funds | \$5,117,107<br>\$ <u>1,348,231</u><br>\$6,465,338 |

# 2026 Grant

- \$477,757 from Iowa Finance Authority
- \$119,440 needed in local match
- Total funds available in 2026 grant is \$597,197
- Requesting \$12,500 from Des Moines County



- Down Payment Assistance
- Owner Occupied Rehab
- Upper Story Conversion
- Development and Special Project Financing

# **Downpayment Assistance**

- \$7,500 in assistance
- Funds can be used for down payment and closing costs
- Deferred loan at 0% interest
- Homeowners must meet income guidelines



# Home Rehabilitation

- \$15,000 in assistance
- Assistance is a 5-year forgivable loan
- Exterior items and mechanicals are the priority

# 1930 Agency Street, Burlington

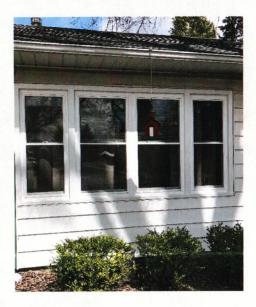
### Windows and doors

### Before





After



# **Upper Story Conversion**

- \$40,000/unit in assistance
- Maximum of 4 units or \$160,000
- Dollar for dollar match from developer
- Units must remain affordable for 5-years
- Tenants must meet HUD's income guidelines

# **Upper Story Rental Conversion**

604-608 Jefferson Street, Burlington











4 units funded

Developer received \$160,000

Must remain affordable for 5 years

Total project - 14 units

# **Development Assistance**

- \$25,000/unit \$30,000/duplex \$35,000/triplex
- New construction on infill lot
- · Units can be rented or sold
- Assistance forgivable over 5-years
- Income guidelines apply





- Partners with different projects such as a variety of tax credits, Community Development Block Grants, Federal Home Loan Bank, etc.
- · Low interest loan to developer
- Payment terms can be flexible
- Units are income restricted for 5-years

# **Income Guidelines**

2025 HUD, MHTF and FHLB INCOME

|                        | 1 person | 2 person | 3 person | 4 person | 5 person | 6 person | 7 person | 8 person  |
|------------------------|----------|----------|----------|----------|----------|----------|----------|-----------|
| Des Moines, Henry, Lee | \$51,550 | \$58,900 | \$66,250 | \$73,600 | \$79,500 | \$85,400 | \$91,300 | \$97,200  |
| Louisa                 | \$53,850 | \$61,550 | \$69,250 | \$76,900 | \$83,100 | \$89,250 | \$95,400 | \$101,550 |

### 2025 Rehabilitation Assistance

up to \$15,000 grant

|                        | 1 person | 2 person | 3 person | 4 person | 5 person | 6 person | 7 person | 8 person |
|------------------------|----------|----------|----------|----------|----------|----------|----------|----------|
|                        | 30% MFI  |
| Des Moines, Henry, Lee | \$29,940 | \$29,940 | \$34,431 | \$34,431 | \$34,431 | \$34,431 | \$34,431 | \$36,450 |
| Louisa                 | \$29,940 | \$29,940 | \$34,431 | \$34,431 | \$34,431 | \$34,431 | \$35,775 | \$38,081 |

### 2025 Down Payment Assistance

Homeowner can receive \$7,500 for down payment assistance

|                        | 1 person | 2 person | 3 person | 4 person | 5 person | 6 person | 7 person | 8 person |
|------------------------|----------|----------|----------|----------|----------|----------|----------|----------|
|                        | 60% MFI  |
| Des Moines, Henry, Lee | \$59,880 | \$59,880 | \$68,862 | \$68,862 | \$68,862 | \$68,862 | \$68,862 | \$72,900 |
| Louisa                 | \$59,880 | \$59,880 | \$68,862 | \$68,862 | \$68,862 | \$68,862 | \$71,550 | \$76,158 |

### 2025 New Construction Homes

Homeowner can receive \$7,500 for down payment assistance

|                        | 1 person | 2 person | 3 person | 4 person | 5 person | 6 person | 7 person | 8 person  |
|------------------------|----------|----------|----------|----------|----------|----------|----------|-----------|
|                        | 80% IFA   |
| Des Moines, Henry, Lee | \$79,840 | \$79,840 | \$91,816 | \$91,816 | \$91,816 | \$91,816 | \$91,816 | \$97,200  |
| Louisa                 | \$79,840 | \$79,840 | \$91,816 | \$91,816 | \$91,816 | \$91,816 | \$95,400 | \$101,550 |

# **Board of Directors**

- · Hans Trousil, Retired
- · Sue Frice, Retired
- Keving Dameron, Southeast Iowa Realty, Inc.
- · Pam Broomhall, City of Keokuk
- Andrew Wiese, Harmony Bible Church
- Rachel Lindeen, Mount Pleasant Chamber of Commerce

- · Jason Hutcheson, SEIRMC
- Emily Benjamin, Lee County Economic Development Group
- Dennis Fraise, Lee County Economic Development
- Angela Andon, City of Burlington
- Steve Detrick, Henry County Supervisors
- Sean Allworth, Community Bank and Trust

### **RESOLUTION NO. 2025-051**

# A RESOLUTION APPROVING A MEMORANDUM OF UNDERSTANDING BETWEEN THE CITY OF BURLINGTON AND THE COUNTY OF DES MOINES COUNTY FOR THE TEMPORARY USE OF COUNTY-OWNED RECYCLING CONTAINERS

**WHEREAS**, the City of Burlington, through its Renewable Energy and Conservation Committee, has expressed an interest in implementing a pilot recycling program in the Burlington Downtown District; and

WHEREAS, Des Moines County owns roll-off-style recycling containers currently utilized throughout rural areas of the county and operated in cooperation with Area Recyclers; and

WHEREAS, the City has requested permission to temporarily utilize two (2) of these county-owned recycling containers for a limited-term pilot project to assess feasibility, public participation, operational costs, and contamination rates for community recycling; and

**WHEREAS**, under the terms of the proposed Memorandum of Understanding (MOU), the City of Burlington would assume responsibility for placement, monitoring, transportation logistics, and liability associated with the use of said recycling containers; and

**WHEREAS**, Des Moines County and the City of Burlington agree that a collaborative approach to waste diversion and sustainability efforts supports regional environmental and quality-of-life goals;

# NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF SUPERVISORS OF THE COUNTY OF DES MOINES COUNTY, IOWA:

Section 1. The Board of Supervisors hereby approves the Memorandum of Understanding between the City of Burlington and Des Moines County, which allows the City to utilize two (2) county-owned recycling containers during a mutually agreed upon trial period.

Section 2. The County Auditor is hereby authorized to execute the Memorandum of Understanding on behalf of the County and to coordinate with the City of Burlington and project partners for implementation of the Downtown Recycling Pilot Program.

Section 3. This resolution shall take effect immediately upon its passage and approval.

| ATTEST:                   |                             |
|---------------------------|-----------------------------|
|                           |                             |
|                           |                             |
| Sara Doty                 | Jim Cary                    |
| Des Moines County Auditor | Chair, Board of Supervisors |

PASSED AND APPROVED this 30<sup>th</sup> day of September, 2025.

# MEMORANDUM OF UNDERSTANDING BETWEEN DES MOINES COUNTY, IOWA AND

# THE CITY OF BURLINGTON, IOWA REGARDING THE TEMPORARY USE OF RECYCLING TRAILERS

This Memorandum of Understanding ("MOU") is entered into this 30<sup>th</sup> day of September, 2025, by and between Des Moines County, Iowa, a political subdivision of the State of Iowa ("County"), and the City of Burlington, Iowa, a municipal corporation ("City").

### I. PURPOSE

The purpose of this MOU is to outline the terms and conditions under which the City will temporarily utilize two (2) County-owned roll-off-style recycling containers to conduct a pilot Downtown Recycling Program in the City of Burlington.

### II. BACKGROUND

The City of Burlington, through its Renewable Energy and Conservation Committee, has expressed a need to explore improved recycling services in the Downtown District. The County owns recycling containers that are currently used in various rural locations in coordination with Area Recyclers. With this MOU, the County agrees to allow the temporary use of two such containers by the City.

### III. RESPONSIBILITIES OF THE PARTIES

### A. County of Des Moines shall:

- 1. Permit the use of two (2) roll-off-style recycling containers for the duration of the pilot program.
- 2. Maintain ownership of the recycling containers throughout the trial period.
- 3. Coordinate with Area Recyclers, as needed, for administrative continuity.

### **B.** City of Burlington shall:

- 1. Coordinate the placement, use, and removal of the containers at a suitable location in the Downtown District at its own cost.
- 2. Assume all liability for the containers during the period of use, including but not limited to damage, loss, or injury related to the containers.
- 3. Provide staffing, oversight, and signage necessary for public use.
- 4. Coordinate with Area Recyclers and/or a third-party hauler for container transport, maintenance, and material handling at its own cost.
- 5. Monitor and record volume, contamination levels, and user compliance during the trial period.
- 6. Share findings with the County at the end of the trial period.

### IV. TERM AND TERMINATION

- 1. This MOU shall be effective upon signature by both parties and remain in effect for a trial period of up to six (6) months, unless extended or terminated in writing by mutual agreement.
- 2. Either party may terminate this MOU with thirty (30) days' written notice to the other party.

### V. LIABILITY & INSURANCE

The City of Burlington agrees to indemnify and hold harmless Des Moines County from any and all liability, claims, damages, or expenses arising from the City's use of the recycling containers during the trial period. The City shall ensure appropriate insurance coverage is in place to cover such liability.

### VI. AMENDMENTS

This MOU may only be amended by a written agreement signed by authorized representatives of both parties.

### VII. NON-BINDING COMMITMENT

This MOU is intended to set forth the understandings and intentions of the parties with respect to the pilot recycling program. It does not create a binding contract but reflects the cooperative intent of the parties to support shared environmental goals.

**IN WITNESS WHEREOF**, the parties have executed this Memorandum of Understanding on the dates shown below.

| CITY OF BURLINGTON, IOWA              |
|---------------------------------------|
| By:                                   |
| Jon D. Billups, Mayor                 |
|                                       |
| Date:                                 |
|                                       |
| THE COUNTY IONA                       |
| DES MOINES COUNTY, IOWA               |
| By:                                   |
| Jim Cary, Chair, Board of Supervisors |
|                                       |
| Date:                                 |

### **RURAL RESIDENT CLEAN-UP**

The Des Moines County Board of Supervisors is sponsoring a county-wide rural clean-up, beginning Monday, October 6<sup>th</sup> through Saturday, December 13<sup>th</sup>, 2024 (or until the county credits are depleted). You must furnish proof of residency.

The Des Moines County Landfill/Recycling Center will accept at no charge to **RURAL** Des Moines County residents, the following items:

| Metal Items (Examples) | Household Items (Examples)         |
|------------------------|------------------------------------|
| Lawn Mowers            | Sofas/Chairs                       |
| Bicycles               | Mattresses                         |
| Tin Roofing            | Clothing not Suitable for Donation |
| Metal Cabinets         | Rugs & Carpets                     |
| Bed Springs & Rails    | Tables                             |
| Swing Sets             | Toys                               |
| Metal Fencing          |                                    |
| Other Metal Items      |                                    |

NOTE: No tires of any size and no electronic items (computer monitors and televisions, for example) will be accepted during this clean-up

Landfill hours are 8AM to 4PM – Monday through Friday 8AM to Noon – Saturday

**RECYCLING CENTER** – Appliances Included for this clean up only (examples below)

| Refrigerators* | Washers | Air Conditioners |
|----------------|---------|------------------|
| Freezers*      | Dryers  | Stoves           |

<sup>\*</sup>All refrigerators & freezers must be empty of food

Recycling Center – 1818 West Burlington Ave., Burlington

Call the day before to setup an appointment to drop off any appliance.

Materials not included for free:

| Materials not included | 101 11 00.            |         |
|------------------------|-----------------------|---------|
| Tires of any size      | Auto Parts            | Garbage |
| Demolition Material    | Televisions/ Computer |         |
| Lumber/Wood            | Monitors              |         |

If you have any questions regarding what is free and what is not, please call the Landfill Office at 753-8722. Any other questions, please call the Des Moines County Regional Solid Waste Commission at 753-8126.

| Name: B                          | randon Roland            | Employee #:                      |   |
|----------------------------------|--------------------------|----------------------------------|---|
| Title: C                         | onservation Tech         | Department:                      | Conservation  |
|                                  | STAT                     | US CHANG                         | ES  |
|                                  | TERMINATION              |                                  | TRANSFER  |
| Resignar<br>Discharg<br>Retireme | ge Death                 | Permaner Tempora  Previous Title | ry Involuntary  |
|                                  |                          | Previous Dep                     |   |
| Last Day W                       | orked                    | New Job Titl                     |   |
| Add Vacatio                      |                          | New Dept                         |   |
| Add Sick Da                      | -                        | Previous Rate                    | e New Rate  |
| Add Other I                      |                          | Effective Tra                    | nsfer Date  |
| Last Day Pa                      | id                       |                                  |   |
| Unpaid Day                       | s to                     |                                  |   |
|                                  |                          |                                  | LAY OFF   |
| Final Termin                     | nation Date              |                                  | ance Continued Yes No   |
| Final Rate o                     | f Pay                    |                                  | vee Want Life   |
| Permanent A                      | Address                  | Insurance Co                     |   |
| City, State,                     | Zip                      | Last Day Wo                      |   |
| L                                | LEAVE OF ABSENCE         | SA                               | LARY ADJUSTMENT   |
| Materni<br>Medical<br>Other, E   | Military                 | New How Annive Promot Probati    | rsary Reduction Suspension  |
| Dates of Ab                      | sence to                 | 30 Monday                        |   |
| Health Insur                     | byee Want Life           |                                  | e <u>\$48,652.53</u> New Rate <u>\$49,900.03</u> Title: (if changed)  te: <u>September 25, 2025</u> |
| Authorized<br>Authorized         |                          | Department: Cons                 | Date: 09/25/2025 Date:  |
| Pay Period                       | Ending: <u>9/27/2025</u> | Payroll D                        | ate: _10/03/2025  |

| Name: J  | acklyn Goodman       | Employee # :  |
|--|----------------------|---|
| Title: P   | T Conservation Tech. | Department: Conservation  |
|  | CTAT                 | HS CHANCES  |
|  | SIAI                 | US CHANGES  |
|  | <b>TERMINATION</b>   | TRANSFER  |
| Dischar  | ge Death             | Permanent Voluntary Temporary Involuntary   |
| Retirent   | ent outer, Explain   | Previous Title  |
|  |                      | Previous Dept   |
|  |                      |   |
|  |                      |   |
|  | •                    | 110,10 00 11010   |
|  |                      | Effective Transfer Bate   |
| •  |                      |   |
| Onpaid Day   |                      | LAY OFF   |
| Final Term   | ination Date         | Does the employee Want Health Insurance Continued Yes No                                    |
| Final Rate   | of Pay               | Does Employee Want Life   |
|  |                      | msdrance continued  |
| City, State,   | Zip                  | Last Day Worked   |
|  | LEAVE OF ABSENCE     | SALARY ADJUSTMENT   |
| Medica   | ıl Military          | New Hire Demotion  Anniversary Reduction  Promotion Suspension  Probationary Other, Explain |
| Datas of A   | bsance               | To World step increase.   |
| Dates of A   | osence to            |   |
| Health Insu<br>Does Empl   | oyee Want Life       | No Previous Job Title: (if changed)   |
| STATUS CHANGES  TERMINATION  Resignation Discharge Death Dother, Explain  Retirement Other, Explain  Previous Title Previous Dept Involuntary  Previous Dept New Rate |                      |   |
|  | . 0).                | peparament  |
| Pay Period   | Ending: 10/11/2025   | Payroll Date:   |

| Name: Jacque Davis  | Employee #: 0361   |
|---|--|
| Title: Sergeant   | Department: Correctional Center  |
| STAT  | TUS CHANGES  |
| TERMINATION   | TRANSFER   |
| X       Resignation       Unsatisfactory Probation         Discharge       Death         Retirement       Other, Explain  | Permanent Voluntary Temporary Involuntary  Previous Title Previous Dept  |
| Last Day Worked October 8, 2025   | New Job Title  |
| Add Vacation Days to  | New Dept   |
| Add Sick Days to  | Previous Rate New Rate   |
| Add Other Days to   | Effective Transfer Date  |
| Last Day Paid October 8, 2025   |  |
| Unpaid Days to  |  |
|   | LAY OFF  |
| Final Resignation Date  Final Rate of Pay Permanent Address City, State, Zip  LEAVE OF ABSENCE  Paternity Medical Other, Explain  October 8; 2025  21038 260 <sup>th</sup> St Mt Union IA 52644  Educational Military | Does the employee Want Health Insurance Continued Does Employee Want Life Insurance Continued Last Day Worked  SALARY ADJUSTMENT  New Hire Probationary Demotion Reduction Suspension Other, Explain |
| Dates of Absence to   |  |
| Does Employee Want Life   | No Previous Rate New Rate No Previous Job Title: (if changed) Effective Date:  |
| 110000000000000000000000000000000000000   | epartment: Correctional Center Date: September 22,2025 epartment: Date:  |
| Pay Period Ending: October 11, 2025   | Payroll Date: October 17, 2025   |
|   |  |
|   | Emailed Payroll:   |

| Name: GAUGE JOHNSON  | Employee #:   |
|--|---|
| Title: LEAD MAINTENANCE  | Department: MAINTENANCE   |
| STAT   | SUS CHANGES   |
| TERMINATION  | TRANSFER  |
| X Resignation Unsatisfactory Probation Discharge Death Retirement Other, Explain | Permanent Voluntary Temporary Involuntary  Previous Title Previous Dept   |
| Last Day Worked October 3, 2025  | New Joh Title   |
| Add Vacation Days to   | New Dept  |
| Add Sick Days to   | Pravious Rate   |
| Add Other Days to  | Effective Transfer Date   |
| Last Day Paid  |   |
| Unpaid Days to   |   |
|  | LAY OFF   |
| Final Termination Date  Final Rate of Pay Permanent Address City, State, Zip     | Does the employee Want Health Insurance Continued Does Employee Want Life Insurance Continued Last Day Worked  Does Employee Want Life Insurance Continued No |
| LEAVE OF ABSENCE   | SALARY ADJUSTMENT   |
| Maternity Educational Medical Military Other, Explain                            | Reclassification Anniversary Promotion Probationary  Demotion Reducation Suspension Other, Explain  |
| Dates of Absence to  | Resignation Effective October 3, 2025   |
| Does the employee Want Health Insurance Continued Does Employee Want Life        | No Previous Rate New Rate New Rate Selfective Date:   |
|  | epartment: MAINTENANCE Date: September 22, 2025 epartment: Date:  |
| Pay Period Ending:   | Payroll Date:   |

| Name: A                                   | Alana Capps  | S                              | Employee #:             |                    |                            |
|---|--------------|--------------------------------|-------------------------|--------------------|----------------------------|
| Title: C                                  | Clerk II – M | V Department                   | Department:             | Treasurer          |                            |
|   |              | S                              | TATUS CI                | HANGES             |                            |
|   | TERM         | IINATION                       |                         | TRANSFE            | <b>CR</b>                  |
| Resigna Dischar                           | ge           | Unsatisfactory Probation Death | Permane<br>Tempora      |                    | Voluntary<br>Involuntary   |
| Retirem                                   | ent          | Other, Explain                 | <b>D</b>                |                    |                            |
|   |              |                                | Previous Tit            | -                  |                            |
| I ID W                                    | 1 1          |                                | Previous De New Job Tit |                    |                            |
| Last Day W                                |              |                                | New Dept                |                    |                            |
| Add Vacation Add Sick Da                  | •            | to                             | Previous Rat            |                    | New Rate                   |
| Add Other I                               | •            | to                             | Effective Tra           |                    | New Rate                   |
| Last Day Pa                               | •            |                                | Effective III           | ansier Bate _      |                            |
| Unpaid Day                                |              | to                             |                         |                    |                            |
| onpuis 2 sty                              |              |                                |                         | LAY                | Y OFF                      |
| Final Termi                               | nation Date  |                                | Does the em             | ployee Want        |                            |
| i mai i cimi                              | nation Date  |                                |                         | ance Continued     | Yes No                     |
| Final Rate of                             | of Pav       |                                | Does Emplo              | yee Want Life      |                            |
| Permanent A                               | •            |                                | Insurance Co            |                    | Yes No                     |
| City, State,                              | Zip          |                                | Last Day We             | orked              |                            |
| L   | LEAVE        | OF ABSENCE                     | SA                      | LARY AD.           | JUSTMENT                   |
| Materni                                   | ity          | Educational                    | New H                   | lire               | Demotion                   |
| Medical                                   | 1            | Military                       | Annive                  | ersary             | Reduction                  |
| Other, E                                  | Explain      |                                | Promot                  |                    | Suspension                 |
|   |              |                                | Probati                 | _                  | Other, Explain Unpaid Time |
|   |              |                                |                         | 5 - 2.42  hours    |                            |
| Dates of Ab                               | sence        | to                             | 09/26/202               | 5 - 7.50  hours    |                            |
| Does the em<br>Health Insur<br>Does Emplo | rance Cont   | inued Yes No                   |                         |                    | New Rate                   |
| Insurance C                               | Continued    | Yes No                         |                         | o Title: (if chang | ged)                       |
|   |              |                                | Effective Da            | ate:               |                            |
|   |              | f .                            |                         |                    |                            |
| Authorized<br>Authorized                  | by: Jan      | 1                              | partment: Trea          | asurer             | Date: 09/26/2025 Date:     |
| Pay Period                                | Ending:      | 09/27/2025                     | Payroll D               | Date: _10/03/20    | 025                        |

| Name: Ronald Lee II   | Employee #:  |
|---|--|
| Title: RN   | Department: Local Health   |
| STA   | TUS CHANGES  |
| <b>TERMINATION</b>  | TRANSFER   |
| x       Resignation       Unsatisfactory Probation         Discharge       Death         Retirement       Other, Explain         Resignation effective 10/10/2025 | Temporary Involuntary  Previous Title  |
| Last Day Worked   | Previous Dept New Job Title  |
| Add Vacation Days to  |  |
| Add Sick Days to  | Previous Rate  |
| Add Other Days to   | Effective Transfer Date  |
|   |  |
| Unpaid Days to  | LAY OFF  |
| Final Termination Date  | Does the employee Want Health Insurance Continued Yes No   |
| Final Rate of Pay   | Does Employee Want Life  |
| Permanent Address   | Insurance Continued Yes No   |
| City, State, Zip  | Last Day Worked  |
| LEAVE OF ABSENCE  | SALARY ADJUSTMENT  |
| Maternity Educational Medical Military Other, Explain   | Reclassification Demotion Anniversary Reduction Promotion Suspension Probationary Other, Explain |
| Dates of Absence to   |  |
| Does the employee Want Health Insurance Continued Does Employee Want Life Insurance Continued Yes  Yes  | No Previous Rate New Rate No Previous Job Title: (if changed) Effective Date:                    |
| Tradition 2)  | Department: Local Health Date: 9/25/2025 Department: Date: 9/25/2025                             |
| Pay Period Ending:  | Payroll Date:  |

| Name: Julie Melchior   | Employee #:   |  |  |  |  |  |
|--|---|--|--|--|--|--|
| Title: Secretary   | epartment: Local Health   |  |  |  |  |  |
| STAT   | US CHANGES  |  |  |  |  |  |
| TERMINATION  | TRANSFER  |  |  |  |  |  |
| Resignation Discharge X Retirement Discharge Death Other, Explain Retiring 1/9/2026            | Permanent Voluntary Temporary Involuntary  Previous Title Previous Dept   |  |  |  |  |  |
| Last Day Worked  | New Job Title   |  |  |  |  |  |
| Add Vacation Days to   | New Dept  |  |  |  |  |  |
| Add Sick Days to   | Previous Rate   |  |  |  |  |  |
| Add Other Days to  | Effective Transfer Date   |  |  |  |  |  |
| Unpaid Days to   | LAY OFF   |  |  |  |  |  |
| Final Termination Date  Final Rate of Pay Permanent Address City, State, Zip  LEAVE OF ABSENCE | Does the employee Want Health Insurance Continued Does Employee Want Life Insurance Continued Ves No Last Day Worked  SALARY ADJUSTMENT |  |  |  |  |  |
| Maternity Educational Medical Military Other, Explain  | Reclassification Anniversary Promotion Probationary  Demotion Reduction Suspension Other, Explain                                       |  |  |  |  |  |
| Dates of Absence to  |   |  |  |  |  |  |
| Does Employee Want Life  | No Previous Rate New Rate New Rate No Previous Job Title: (if changed) Effective Date:  |  |  |  |  |  |
| Tuthorized of.   | epartment: Local Health Date: 9/26/2025 epartment: Date: 9/26/2025  |  |  |  |  |  |
| Pay Period Ending:   | Payroll Date:   |  |  |  |  |  |

### **COMMISSION OF VETERANS AFFAIRS**



We, the undersigned members of the Commission of Veterans Affairs, hereby certify that the following is a correct statement of the names, and assistance given to persons entitled to financial assistance under Chapter 35B of the Code of Iowa, as amended, for the month of September 2025.

| NAME | WAR       | AMOUNT      | FOR   |
|------|-----------|-------------|-------|
| C.H. | Peacetime | \$293.53 Ut | ility |
|      |           |             |       |
|      |           |             |       |
|      |           |             |       |
|      |           |             |       |
|      |           |             |       |
|      |           |             |       |
|      |           |             |       |
|      |           |             | 54    |
|      |           |             |       |
|      |           |             |       |
|      |           |             |       |
|      |           |             |       |

TOTAL

\$293.53

Arna Hausknacht

Marityn Box

**Thomas Rowley** 



# **COMMISSION OF VETERANS AFFAIRS**

### **DES MOINES COUNTY**

### STATISTICS FOR THE MONTH OF SEPTEMBER 2025

Total spent on Direct Financial Aid to Vets:

\$293.53

**Total Budgeted** 

\$8,750.00

| SPENT:   |  | WAR-TIME<br>PERIOD |          |           |          | BALANCE    |
|--|--|--------------------|----------|-----------|----------|------------|
|  |  |                    |          |           |          | \$8,750.00 |
| Food   | \$0.00   | WWII               | \$0.00   | July      | \$300.00 | \$8,450.00 |
| Medical  | \$0.00   | Korean             | \$0.00   | August    | \$0.00   | \$8,450.00 |
| Rent   | \$0.00   | Vietnam            | \$0.00   | September | \$293.53 | \$8,156.47 |
| Utilities  | \$293.53   | Lebanon            | \$0.00   | October   |          | \$8,156.47 |
| Clothing   | \$0.00   | Panama             | \$0.00   | November  |          | \$8,156.47 |
| Personal   | \$0.00   | Grenada            | \$0.00   | December  |          | \$8,156.47 |
| Education  | \$0.00   | Persian Gulf       | \$0.00   | January   |          | \$8,156.47 |
| Burial   | \$0.00   | Peace Time         | \$293.53 | February  |          | \$8,156.47 |
| Misc.  | \$0.00   | Food Pantry        | \$0.00   | March     |          | \$8,156.47 |
| AND THE PROPERTY OF THE PROPER | MANAGER MANAGEST PER SECTION CONTROL STATEMENT AND ANAMAS ANAMAS AND ANAMAS ANAMAS AND ANAMAS AND ANAMAS AND ANAMAS AND ANAMAS AND ANAMAS AND A |                    |          | April     |          | \$8,156.47 |
|  |  |                    |          | May       |          | \$8,156.47 |
| Total  | \$293.53   |                    |          | June      |          | \$8,156.47 |

# **VETERANS AFFAIRS STATISTICS**

July 2025-June 2026



| Γ  | JUL | AUG  | SEPT | OCT   | NOV     | DEC      | JAN    | FEB    | MAR   | APR | MAY | JUNE | YEAR |
|--|-----|--|------|-------|---------|----------|--------|--------|-------|-----|-----|------|------|
|  |     |  | •    | ]     | FACE TO | O FACE   | INTER  | VIEWS  |       |     |     |      |      |
| Federal<br>Assist  | 47  | 36   | 51   |       |         |          |        |        |       |     |     |      |      |
| County<br>Assist   | 1   | 0  | 1    |       |         |          |        |        |       |     |     |      |      |
|  |     |  |      |       | PHON    | E CALL   | S RECE | IVED   |       |     |     |      |      |
| Federal<br>Assist  | 121 | 82   | 91   |       |         |          |        |        |       |     |     |      |      |
| County<br>Assist   | 1   | 5  | 3    |       |         |          |        |        |       |     |     |      |      |
| Van<br>Calls   | 25  | 29   | 26   |       |         |          |        |        |       |     |     |      |      |
| VA Clinic<br>Calls   | 0   | 1  | 0    |       |         |          |        |        |       |     |     |      |      |
| Calls  |     |  |      |       | CO      | RRESPO   | ONDEN  | CE     |       |     |     |      |      |
| Received   | 7   | 3  | 8    |       |         | I        |        | T      |       |     |     |      |      |
| Sent   | 6   | 7  | 4    |       |         |          |        |        |       |     |     |      |      |
| ALCOPANICA TO CONTRACT OF THE PARTY OF THE P |     | The same of the sa |      | VETS  | ASSISTI | ED IN CO | OMPLE' | TING F | ORMS  |     |     |      |      |
|  | 47  | 36   | 51   |       |         |          |        |        |       |     |     |      |      |
|  |     |  |      | GRAVI | E REGIS | TRATIC   | N FOR  | MS TO  | STATE |     |     |      | _    |
|  | 1   | 3  | 1    |       |         |          |        |        |       |     |     |      |      |

### September 23, 2025

The Des Moines County Board of Supervisors met in a regular session at the Court House in Burlington at 9:00 AM on Tuesday, September 23<sup>rd</sup>, 2025, with Chair Jim Cary, Vice-Chair Shane McCampbell, and Member Tom Broeker 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 Auditor Sara Doty reported absentee voting for the Primary Election is still in progress at the Auditor's Office. She is working on getting the equipment prepared for Election Day and the upcoming City/School as well. IT Director Colin Gerst reported that his office remains busy. His last day is this Friday. Sheriff Kevin Glendening stated the jail population is at 75. Maintenance Director Rodney Bliesener would like to wish Colin the best of luck in his future endeavors. He has been a pleasure to work with over the years, and he will be missed. Safety Director Angela Vaughan was present. County Treasurer Janelle Nalley-Londquist stated property taxes are due next Tuesday, September 30<sup>th</sup>. Emergency Management Director Shannon Prado reported she is busy. Conservation Director Chris Lee stated there are several events on the calendar. Check out the Conservation Facebook page to see what they have coming up. Assistant Land Use Administrator Jarred Lassiter reported his office remains busy with several different irons in the fire. Assistant County Attorney Trent Henkelvig stated he is present for the work session. The County Attorney will be conducting interviews in the next couple of days in hopes of getting the Office Manager position filled. County Engineer Brian Carter stated motor graders are out trying to take care of some washboards with the moisture we've had. Skunk River Road will be closed for the next few days to replace a culvert.

No correspondence was received.

Approval of City of Danville / Des Moines County Law Enforcement Agreement for FY2025/2026 was presented. McCampbell made a motion to approve and was seconded by Broeker.

Approval of a Class C Liquor License – The Tipsy Traveler – Oct 4, 2025, was presented. McCampbell made a motion to approve and was seconded by Broeker.

Approval of an Annual Liquor License – Spirit Hollow Clubhouse was presented. Broeker made a motion to approve and was seconded by McCampbell.

Approval of Appointment to Tama Township Trustee was presented. McCampbell made a motion to approve and was seconded by Broeker.

Approval of a Bid Invitation for the Public Health Building at 522 N. 3<sup>rd</sup> St., Burlington was presented. Broeker made a motion to approve and was seconded by McCampbell.

Approval of Personnel Actions was presented. Local Health – Wendi Noble, LPN, New Hire, \$49,150.40 yearly, effective 9/15/25. McCampbell made a motion to approve and was seconded by Broeker. County Attorney – Cassie Kilby, Assistant County Attorney, Unpaid leave of 26 hours for 9/2-9/5. Broeker made a motion to approve and was seconded by McCampbell.

Broeker motioned to approve September  $16^{th}$ , 2025, regular meeting minutes and was seconded by McCampbell.

Cary attended an Early Childhood Development meeting.

During public input, IT Director Colin Gerst wanted to thank Des Moines County for the 19 years he was able to spend with the County. He stated he has had the opportunity to work closely with each department. He has seen personally just how hard each of the departments work and it has been very enjoyable working alongside them. Patty Jo Oberman Patton read a letter to the Board of Supervisors thanking them for their time and commitment to Des Moines County and the Wind Ordnance.

The meeting was adjourned at 9:28 A.M.

Following the meeting a work session was held to review the Wind Ordinance Draft.

This Board meeting is recorded. The meeting minutes and audio are posted on the county's website <a href="https://www.dmcounty.com">www.dmcounty.com</a>

Jim Cary, Chair Attest: Sara Doty, County Auditor