

REGULAR SESSION

TUESDAY

JUNE 28, 2016

The Board of Huron County Commissioners met this date in Regular Session. Roll being called found the following members present: Gary W. Bauer, Tom Dunlap, Joe Hintz.

Pursuant to Ohio Revised Code Section 305.14 the Record of the Proceedings of the June 21, 2016 meeting(s) were presented to the Board. Tom Dunlap made the motion to waive the reading of the minutes of the June 21, 2016 meeting(s) and approve as presented. Joe Hintz seconded the motion. Voting was as follows:

- Aye – Gary W. Bauer
Aye – Tom Dunlap
Aye – Joe Hintz

16-170

IN THE MATTER OF CERTIFYING CLAIMS SCHEDULES TO THE HURON COUNTY AUDITOR FOR PAYMENT

Joe Hintz moved the adoption of the following resolution:

WHEREAS, as per Ohio Revised Code 305.10, a resolution must be made by the Board of Huron County Commissioners to accompany the Claims Schedule to the Huron County Auditor's Office for payment; now therefore

BE IT RESOLVED, that the Board of Huron County Commissioners does hereby approve Claim Schedule 06/28/16 and authorizes the Huron County Auditor to make the necessary warrants; and further

BE IT RESOLVED, that the foregoing resolution was adopted and all actions and deliberations of the Board of Commissioners of the County of Huron, Ohio relating thereto were conducted in meetings open to the public, in compliance with all applicable legal requirements, including Section 121.22 of the Ohio Revised Code.

Tom Dunlap seconded the motion. The roll being called upon its adoption, the vote resulted as follows:

- Aye – Gary W. Bauer
Aye – Tom Dunlap
Aye – Joe Hintz

Huron County Claims Register for Payment Batches

Table with columns: Warrant #, PO #/Line #, Line Description, Amount. Includes entries for Department: Commissioners, Department: Common Pleas, Department: Treasurer, Department: Adult Probation, Department: Human Resources, Department: Juvenile, Department: Clerk of Courts, Department: Capital Improvements, Department: Building and Grounds, Department: Electric Inc, Department: Referral Services Corp.

Huron County Claims Register for Payment Batches

Table with columns: Warrant #, PO #/Line #, Line Description, Amount. Includes entries for Department: Adult Probation, Department: Human Resources, Department: Juvenile, Department: Clerk of Courts, Department: Capital Improvements, Department: Building and Grounds, Department: Electric Inc, Department: Referral Services Corp.

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Table with columns: Warrant Date, Claimant, PO #/Line #, Line Description, Batch ID, PO #/Line #, Line Description, Amount, Warrant #. Includes entries for Life Switch, Ebone Career Center, and various department totals.

V.12

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Table with columns: Warrant Date, Claimant, PO #/Line #, Line Description, Batch ID, PO #/Line #, Line Description, Amount, Warrant #. Includes entries for Hain County Soil & Water Conservation, Bookkeeping Services, and various department totals.

V.12

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Table with columns: Warrant Date, Claimant, PO #/Line #, Line Description, Batch ID, PO #/Line #, Line Description, Amount, Warrant #. Includes entries for GreatAmerica Financial Services Corp, Miroch, and various department totals.

V.12

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Table with columns: Warrant Date, Claimant, PO #/Line #, Line Description, Batch ID, PO #/Line #, Line Description, Amount, Warrant #. Includes entries for Precision Technology LLC, CT Consultants Inc, and various department totals.

V.12

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WHEREAS, it is the desire of the Board of Huron County Commissioners to fill this vacancy;

now therefore

BE IT RESOLVED, that the Board of Huron County Commissioners hereby appoints Jim Ludban, Interim City Manager for the City of Willard to the Huron County Planning Commission to full fill this vacancy effective immediately – June 6, 2017; and further

BE IT RESOLVED, that the foregoing resolution was adopted and all actions and deliberations of the Board of Commissioners of the County of Huron, Ohio, relating thereto were conducted in meetings open to the public, in compliance with all applicable legal requirements, including Section 121.22 of the Ohio Revised Code.

Tom Dunlap seconded the motion. The roll being called upon its adoption, the vote resulted as follows:

Aye – Gary W. Bauer

Aye – Tom Dunlap

Aye – Joe Hintz

16-173

IN THE MATTER OF APPROVING AMENDMENT TO THE AIRPORT FARM – COMBINED FARMS LEASE AGREEMENT

Tom Dunlap moved the adoption of the following resolution:

WHEREAS, the Board of Huron County Commissioners (Lessor) and A & V Ruggles Farm, LLC/Marc Ruggles (Lessee) entered into a farm lease Agreement dated November 17, 2015 for the Airport Farm – Combined Farm land; and

WHEREAS, the Huron County Airport Authority Board has recently informed Lessor that a Federal Aviation Administration (FAA) Regulation prohibits farming on the 12 acres south of the Runway and requests the acreage be removed from the Agreement; and

WHEREAS, the Lessee agrees to have the land removed from the Agreement; now therefore

BE IT RESOLVED, the Lessor and Lessee agree that the land and acreage subject to the Agreement is hereby amended to remove the following parcel of land:

South of Runway, Exhibit 3:

Approximately 12 acres of land, located in Great Lot Number 34 and Great Lot Number 47, in Norwalk Township in Huron County, Ohio, and further described as a parcel of land located on the lands of the Huron County Airport, south of Runway 10-28, and commonly described and known as the Airport Farm – South of Runway as depicted in the attached sketch marked Exhibit 3. and further

BE IT RESOLVED, that the Board of Huron County Commissioners approves the amendment as stated above and attached hereto and incorporated herein; and further

BE IT RESOLVED, that the foregoing resolution was adopted and all actions and deliberations of the Board of Commissioners of the County of Huron, Ohio, relating thereto were conducted in meetings open to the public, in compliance with all applicable legal requirements, including Section 121.22 of the Ohio Revised Code.

Joe Hintz seconded the motion. The roll being called upon its adoption, the vote resulted as follows:

Aye – Gary W. Bauer

Aye – Tom Dunlap

Aye – Joe Hintz

*Agreement on file

REGULAR SESSION
HOLIDAY NOTICE

TUESDAY

JUNE 28, 2016

NOTICE

ALL HURON COUNTY OFFICES AND THE HURON COUNTY TRANSFER STATION WILL BE CLOSED ON MONDAY JULY 4, 2016 TO OBSERVE INDEPENDENCE DAY

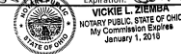
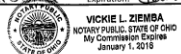
IN THE MATTER OF REQUEST FOR LEAVE

- Jason Roblin/EMA/Vacation/8:00 a.m. May 31, 2016 – 4:30 p.m. June 3, 2016.
- Mark Kleinhenz/Mechanic/Vacation/8:00 a.m. July 5, 2016 – 4:30 p.m. July 8, 2016.
- Valerie Stebel/Commissioners/Sick/8:00 a.m. – 4:30 p.m. June 21, 2016/Sick/9:45 a.m. – 11:45 a.m. June 24, 2016/Vacation/8:00 a.m. – 4:30 p.m. August 15, 2016.
- Pete Welch/Commissioners/Personal Time/9:00 a.m. – 11:00 a.m. June 23, 2016/Personal Time/11:30 a.m. – 3:30 p.m. June 24, 2016/Vacation/7:30 a.m. – 11:30 a.m. July 11, 2016.
- Maria Lyons/Buildings & Grounds/Sick/8:30 a.m. – 12:00 p.m. June 24, 2016.
- Darwin Pesnell/Building & Grounds/Vacation/8:00 a.m. July 5, 2016 – 4:30 p.m. July 8, 2016.
- Stephen Minor/Building & Grounds/Vacation/6:30 a.m. – 3:00 p.m. June 22, 2016.
- Natalie Beck/Commissioners/Sick/12:30 p.m. – 4:30 p.m. June 27, 2016.

SIGNINGS

| Ohio Development Services Agency / Office of Community Development Security Role Assignment Form | |
|---|--|
| Organization Name: Huron County Organization Number: 1BJ | |
| Each user entered on this form must be assigned at least one security role for at least one program. Multiple roles and/or multiple programs may be selected when appropriate. | |
| Person | Security Roles |
| 1. USER 1 Name: Phyllis A. Dunlap Phone: 443-530-2230 E-Mail: pdunlap@ccconsultants.com User Name(if existing): Pdunlap | View Only <input type="checkbox"/> / Read/Write <input type="checkbox"/> / Application Approver <input type="checkbox"/> / Request Provider <input type="checkbox"/> / Amendment Approver <input type="checkbox"/> / Draft/Address Transfer <input type="checkbox"/> / User/Address Transfer <input type="checkbox"/> / User/Address Transfer <input type="checkbox"/> |
| 2. USER 2 Name: Vickie Ziemba Phone: 419-668-3093 E-Mail: vziemba@hccommissioners.com User Name(if existing): Vziemba | View Only <input type="checkbox"/> / Read/Write <input type="checkbox"/> / Application Approver <input type="checkbox"/> / Request Provider <input type="checkbox"/> / Amendment Approver <input type="checkbox"/> / Draft/Address Transfer <input type="checkbox"/> / User/Address Transfer <input type="checkbox"/> / User/Address Transfer <input type="checkbox"/> |
| 3. USER 3 Name: Don Corley Phone: 419-332-2028 E-Mail: dcorley@wssos.org User Name(if existing): Dcorley | View Only <input type="checkbox"/> / Read/Write <input type="checkbox"/> / Application Approver <input type="checkbox"/> / Request Provider <input type="checkbox"/> / Amendment Approver <input type="checkbox"/> / Draft/Address Transfer <input type="checkbox"/> / User/Address Transfer <input type="checkbox"/> / User/Address Transfer <input type="checkbox"/> |
| 4. USER 4 Name: Tiffany Shaver Phone: 419-639-6119 E-Mail: tshaver@wssos.org User Name(if existing): Tshaver | View Only <input type="checkbox"/> / Read/Write <input type="checkbox"/> / Application Approver <input type="checkbox"/> / Request Provider <input type="checkbox"/> / Amendment Approver <input type="checkbox"/> / Draft/Address Transfer <input type="checkbox"/> / User/Address Transfer <input type="checkbox"/> / User/Address Transfer <input type="checkbox"/> |
| 5. USER 5 Name: Nadine Thompson Phone: 419-332-2056 E-Mail: nethompson@wssos.org User Name(if existing): Nthompson | View Only <input type="checkbox"/> / Read/Write <input type="checkbox"/> / Application Approver <input type="checkbox"/> / Request Provider <input type="checkbox"/> / Amendment Approver <input type="checkbox"/> / Draft/Address Transfer <input type="checkbox"/> / User/Address Transfer <input type="checkbox"/> / User/Address Transfer <input type="checkbox"/> |
| It is the responsibility of every user to know and understand the following rules: 1. You are given access to ODSA information systems only for the purposes of performing your job duties. You must not use, or permit any other person to use, any ODSA information system for any other purpose. 2. You must not knowingly include or cause to be included in any record or report you create for ODSA any false, inaccurate, or misleading entry. 3. You must not disclose or share any security codes, i.e., sign-ons, passwords, etc., used to access any ODSA information system maintained by your agency. 4. You certify to ODSA that the email address above is your work account, and it is not shared or accessed by anyone else. | |
| I hereby authorize the individuals listed above to access the OCEAN information system, as needed to perform their job duties, on behalf of my organization. Organization CEO Name: (Please print) <u>Huron County Commissioner Gary W. Bauer</u> Org. CEO Signature: <u>Gary W. Bauer</u> Date: <u>6/28/16</u> | Before me, a Notary Public for the State of Ohio, appeared the before named individual, who acknowledged and signed the foregoing instrument. Notary Public Name: (Please print) <u>Vickie L. Ziemba</u> Notary Public Signature: <u>Vickie L. Ziemba</u> Date: <u>6/28/16</u> Commission Expiration: <u>Jan 1, 2018</u> |

| Ohio Development Services Agency / Office of Community Development Security Role Assignment Form | |
|---|--|
| Organization Name: Huron County Organization Number: 1BJ | |
| Each user entered on this form must be assigned at least one security role for at least one program. Multiple roles and/or multiple programs may be selected when appropriate. | |
| Person | Security Roles |
| 1. USER 1 Name: Kathy Phillips Phone: 419-668-8219 E-Mail: kphillips24@osu.edu User Name(if existing): | View Only <input type="checkbox"/> / Read/Write <input type="checkbox"/> / Application Approver <input type="checkbox"/> / Request Provider <input type="checkbox"/> / Amendment Approver <input type="checkbox"/> / Draft/Address Transfer <input type="checkbox"/> / User/Address Transfer <input type="checkbox"/> / User/Address Transfer <input type="checkbox"/> |
| 2. USER 2 Name: <u>Natalie Beck</u> Phone: <u>419-668-3093</u> E-Mail: <u>nbeck@hccommissioners.com</u> User Name(if existing): | View Only <input type="checkbox"/> / Read/Write <input type="checkbox"/> / Application Approver <input type="checkbox"/> / Request Provider <input type="checkbox"/> / Amendment Approver <input type="checkbox"/> / Draft/Address Transfer <input type="checkbox"/> / User/Address Transfer <input type="checkbox"/> / User/Address Transfer <input type="checkbox"/> |
| 3. USER 3 Name: Phone: E-Mail: User Name(if existing): | View Only <input type="checkbox"/> / Read/Write <input type="checkbox"/> / Application Approver <input type="checkbox"/> / Request Provider <input type="checkbox"/> / Amendment Approver <input type="checkbox"/> / Draft/Address Transfer <input type="checkbox"/> / User/Address Transfer <input type="checkbox"/> / User/Address Transfer <input type="checkbox"/> |
| 4. USER 4 Name: Phone: E-Mail: User Name(if existing): | View Only <input type="checkbox"/> / Read/Write <input type="checkbox"/> / Application Approver <input type="checkbox"/> / Request Provider <input type="checkbox"/> / Amendment Approver <input type="checkbox"/> / Draft/Address Transfer <input type="checkbox"/> / User/Address Transfer <input type="checkbox"/> / User/Address Transfer <input type="checkbox"/> |
| 5. USER 5 Name: Phone: E-Mail: User Name(if existing): | View Only <input type="checkbox"/> / Read/Write <input type="checkbox"/> / Application Approver <input type="checkbox"/> / Request Provider <input type="checkbox"/> / Amendment Approver <input type="checkbox"/> / Draft/Address Transfer <input type="checkbox"/> / User/Address Transfer <input type="checkbox"/> / User/Address Transfer <input type="checkbox"/> |
| It is the responsibility of every user to know and understand the following rules: 1. You are given access to ODSA information systems only for the purposes of performing your job duties. You must not use, or permit any other person to use, any ODSA information system for any other purpose. 2. You must not knowingly include or cause to be included in any record or report you create for ODSA any false, inaccurate, or misleading entry. 3. You must not disclose or share any security codes, i.e., sign-ons, passwords, etc., used to access any ODSA information system maintained by your agency. 4. You certify to ODSA that the email address above is your work account, and it is not shared or accessed by anyone else. | |
| I hereby authorize the individuals listed above to access the OCEAN information system, as needed to perform their job duties, on behalf of my organization. Organization CEO Name: (Please print) <u>Huron County Commissioner Gary W. Bauer</u> Org. CEO Signature: <u>Gary W. Bauer</u> Date: <u>6/28/16</u> | Before me, a Notary Public for the State of Ohio, appeared the before named individual, who acknowledged and signed the foregoing instrument. Notary Public Name: (Please print) <u>Vickie L. Ziemba</u> Notary Public Signature: <u>Vickie L. Ziemba</u> Date: <u>6/28/16</u> Commission Expiration: <u>Jan 1, 2018</u> |



| Ohio Development Services Agency / Office of Community Development | | | | | | | | | | | | | | | |
|---|--|-------------------------|-----------------------------|-------------------------|---|---|---|---------------------|--|------------------------------------|---|--------------------------------|--|---------------|----------------------|
| Contact Information Form | | | | | | | | | | | | | | | |
| Organization Name: Huron County Organization Number: 1B1 | | | | | | | | | | | | | | | |
| CONTACT 1 | <table border="1"> <thead> <tr> <th>Personal Identification</th> <th>Designation (if applicable)</th> </tr> </thead> <tbody> <tr> <td>Name: Gary W. Bauer</td> <td><input checked="" type="checkbox"/> Chief Executive Officer</td> </tr> <tr> <td>Title: President, Huron Co. Commissioners</td> <td><input type="checkbox"/> Rehabilitation Specialist</td> </tr> <tr> <td>Phone: 419-668-3092</td> <td><input type="checkbox"/> Financial Contact</td> </tr> <tr> <td>Email:</td> <td><input type="checkbox"/> Fair Housing Contact</td> </tr> <tr> <td>Addr.: 180 Milan Ave., Suite 7</td> <td><input type="checkbox"/> Labor Standards Officer</td> </tr> <tr> <td>City: Norwalk</td> <td>State: OH Zip: 44857</td> </tr> </tbody> </table> | Personal Identification | Designation (if applicable) | Name: Gary W. Bauer | <input checked="" type="checkbox"/> Chief Executive Officer | Title: President, Huron Co. Commissioners | <input type="checkbox"/> Rehabilitation Specialist | Phone: 419-668-3092 | <input type="checkbox"/> Financial Contact | Email: | <input type="checkbox"/> Fair Housing Contact | Addr.: 180 Milan Ave., Suite 7 | <input type="checkbox"/> Labor Standards Officer | City: Norwalk | State: OH Zip: 44857 |
| Personal Identification | Designation (if applicable) | | | | | | | | | | | | | | |
| Name: Gary W. Bauer | <input checked="" type="checkbox"/> Chief Executive Officer | | | | | | | | | | | | | | |
| Title: President, Huron Co. Commissioners | <input type="checkbox"/> Rehabilitation Specialist | | | | | | | | | | | | | | |
| Phone: 419-668-3092 | <input type="checkbox"/> Financial Contact | | | | | | | | | | | | | | |
| Email: | <input type="checkbox"/> Fair Housing Contact | | | | | | | | | | | | | | |
| Addr.: 180 Milan Ave., Suite 7 | <input type="checkbox"/> Labor Standards Officer | | | | | | | | | | | | | | |
| City: Norwalk | State: OH Zip: 44857 | | | | | | | | | | | | | | |
| Vendor organization (if applicable): | | | | | | | | | | | | | | | |
| CONTACT 2 | <table border="1"> <thead> <tr> <th>Personal Identification</th> <th>Designation (if applicable)</th> </tr> </thead> <tbody> <tr> <td>Name: Phyllis A. Dunlap</td> <td><input type="checkbox"/> Chief Executive Officer</td> </tr> <tr> <td>Title: Program Administrator</td> <td><input type="checkbox"/> Rehabilitation Specialist</td> </tr> <tr> <td>Phone: 440-530-2230</td> <td><input type="checkbox"/> Financial Contact</td> </tr> <tr> <td>Email: pdunlap@ctconsultants.com</td> <td><input type="checkbox"/> Fair Housing Contact</td> </tr> <tr> <td>Addr.: 8150 Sterling Court</td> <td><input type="checkbox"/> Labor Standards Officer</td> </tr> <tr> <td>City: Mentor</td> <td>State: OH Zip: 44060</td> </tr> </tbody> </table> | Personal Identification | Designation (if applicable) | Name: Phyllis A. Dunlap | <input type="checkbox"/> Chief Executive Officer | Title: Program Administrator | <input type="checkbox"/> Rehabilitation Specialist | Phone: 440-530-2230 | <input type="checkbox"/> Financial Contact | Email: pdunlap@ctconsultants.com | <input type="checkbox"/> Fair Housing Contact | Addr.: 8150 Sterling Court | <input type="checkbox"/> Labor Standards Officer | City: Mentor | State: OH Zip: 44060 |
| Personal Identification | Designation (if applicable) | | | | | | | | | | | | | | |
| Name: Phyllis A. Dunlap | <input type="checkbox"/> Chief Executive Officer | | | | | | | | | | | | | | |
| Title: Program Administrator | <input type="checkbox"/> Rehabilitation Specialist | | | | | | | | | | | | | | |
| Phone: 440-530-2230 | <input type="checkbox"/> Financial Contact | | | | | | | | | | | | | | |
| Email: pdunlap@ctconsultants.com | <input type="checkbox"/> Fair Housing Contact | | | | | | | | | | | | | | |
| Addr.: 8150 Sterling Court | <input type="checkbox"/> Labor Standards Officer | | | | | | | | | | | | | | |
| City: Mentor | State: OH Zip: 44060 | | | | | | | | | | | | | | |
| Vendor organization (if applicable): CT Consultants, Inc. | | | | | | | | | | | | | | | |
| CONTACT 3 | <table border="1"> <thead> <tr> <th>Personal Identification</th> <th>Designation (if applicable)</th> </tr> </thead> <tbody> <tr> <td>Name: Vickie Ziemba</td> <td><input type="checkbox"/> Chief Executive Officer</td> </tr> <tr> <td>Title: County Administrator / Clerk</td> <td><input type="checkbox"/> Rehabilitation Specialist</td> </tr> <tr> <td>Phone: 440-668-3092</td> <td><input type="checkbox"/> Financial Contact</td> </tr> <tr> <td>Email: vziemba@hccommissioners.com</td> <td><input type="checkbox"/> Fair Housing Contact</td> </tr> <tr> <td>Addr.: 180 Milan Ave., Suite 7</td> <td><input type="checkbox"/> Labor Standards Officer</td> </tr> <tr> <td>City: Norwalk</td> <td>State: OH Zip: 44857</td> </tr> </tbody> </table> | Personal Identification | Designation (if applicable) | Name: Vickie Ziemba | <input type="checkbox"/> Chief Executive Officer | Title: County Administrator / Clerk | <input type="checkbox"/> Rehabilitation Specialist | Phone: 440-668-3092 | <input type="checkbox"/> Financial Contact | Email: vziemba@hccommissioners.com | <input type="checkbox"/> Fair Housing Contact | Addr.: 180 Milan Ave., Suite 7 | <input type="checkbox"/> Labor Standards Officer | City: Norwalk | State: OH Zip: 44857 |
| Personal Identification | Designation (if applicable) | | | | | | | | | | | | | | |
| Name: Vickie Ziemba | <input type="checkbox"/> Chief Executive Officer | | | | | | | | | | | | | | |
| Title: County Administrator / Clerk | <input type="checkbox"/> Rehabilitation Specialist | | | | | | | | | | | | | | |
| Phone: 440-668-3092 | <input type="checkbox"/> Financial Contact | | | | | | | | | | | | | | |
| Email: vziemba@hccommissioners.com | <input type="checkbox"/> Fair Housing Contact | | | | | | | | | | | | | | |
| Addr.: 180 Milan Ave., Suite 7 | <input type="checkbox"/> Labor Standards Officer | | | | | | | | | | | | | | |
| City: Norwalk | State: OH Zip: 44857 | | | | | | | | | | | | | | |
| Vendor organization (if applicable): | | | | | | | | | | | | | | | |
| CONTACT 4 | <table border="1"> <thead> <tr> <th>Personal Identification</th> <th>Designation (if applicable)</th> </tr> </thead> <tbody> <tr> <td>Name: Brian Voeltke</td> <td><input type="checkbox"/> Chief Executive Officer</td> </tr> <tr> <td>Title: Housing Rehab Specialist</td> <td><input checked="" type="checkbox"/> Rehabilitation Specialist</td> </tr> <tr> <td>Phone: 440-487-5347</td> <td><input type="checkbox"/> Financial Contact</td> </tr> <tr> <td>Email: bvoeltke@ctconsultants.com</td> <td><input type="checkbox"/> Fair Housing Contact</td> </tr> <tr> <td>Addr.: 8150 Sterling Court</td> <td><input type="checkbox"/> Labor Standards Officer</td> </tr> <tr> <td>City: Mentor</td> <td>State: OH Zip: 44060</td> </tr> </tbody> </table> | Personal Identification | Designation (if applicable) | Name: Brian Voeltke | <input type="checkbox"/> Chief Executive Officer | Title: Housing Rehab Specialist | <input checked="" type="checkbox"/> Rehabilitation Specialist | Phone: 440-487-5347 | <input type="checkbox"/> Financial Contact | Email: bvoeltke@ctconsultants.com | <input type="checkbox"/> Fair Housing Contact | Addr.: 8150 Sterling Court | <input type="checkbox"/> Labor Standards Officer | City: Mentor | State: OH Zip: 44060 |
| Personal Identification | Designation (if applicable) | | | | | | | | | | | | | | |
| Name: Brian Voeltke | <input type="checkbox"/> Chief Executive Officer | | | | | | | | | | | | | | |
| Title: Housing Rehab Specialist | <input checked="" type="checkbox"/> Rehabilitation Specialist | | | | | | | | | | | | | | |
| Phone: 440-487-5347 | <input type="checkbox"/> Financial Contact | | | | | | | | | | | | | | |
| Email: bvoeltke@ctconsultants.com | <input type="checkbox"/> Fair Housing Contact | | | | | | | | | | | | | | |
| Addr.: 8150 Sterling Court | <input type="checkbox"/> Labor Standards Officer | | | | | | | | | | | | | | |
| City: Mentor | State: OH Zip: 44060 | | | | | | | | | | | | | | |
| Vendor organization (if applicable): CT Consultants, Inc. | | | | | | | | | | | | | | | |
| CONTACT 5 | <table border="1"> <thead> <tr> <th>Personal Identification</th> <th>Designation (if applicable)</th> </tr> </thead> <tbody> <tr> <td>Name: Natalie Seck</td> <td><input type="checkbox"/> Chief Executive Officer</td> </tr> <tr> <td>Title: Administrative Assistant</td> <td><input type="checkbox"/> Rehabilitation Specialist</td> </tr> <tr> <td>Phone: 419-668-3092</td> <td><input type="checkbox"/> Financial Contact</td> </tr> <tr> <td>Email: nbeck@hccommissioners.com</td> <td><input type="checkbox"/> Fair Housing Contact</td> </tr> <tr> <td>Addr.: 180 Milan Ave., Suite 7</td> <td><input type="checkbox"/> Labor Standards Officer</td> </tr> <tr> <td>City: Norwalk</td> <td>State: OH Zip: 44857</td> </tr> </tbody> </table> | Personal Identification | Designation (if applicable) | Name: Natalie Seck | <input type="checkbox"/> Chief Executive Officer | Title: Administrative Assistant | <input type="checkbox"/> Rehabilitation Specialist | Phone: 419-668-3092 | <input type="checkbox"/> Financial Contact | Email: nbeck@hccommissioners.com | <input type="checkbox"/> Fair Housing Contact | Addr.: 180 Milan Ave., Suite 7 | <input type="checkbox"/> Labor Standards Officer | City: Norwalk | State: OH Zip: 44857 |
| Personal Identification | Designation (if applicable) | | | | | | | | | | | | | | |
| Name: Natalie Seck | <input type="checkbox"/> Chief Executive Officer | | | | | | | | | | | | | | |
| Title: Administrative Assistant | <input type="checkbox"/> Rehabilitation Specialist | | | | | | | | | | | | | | |
| Phone: 419-668-3092 | <input type="checkbox"/> Financial Contact | | | | | | | | | | | | | | |
| Email: nbeck@hccommissioners.com | <input type="checkbox"/> Fair Housing Contact | | | | | | | | | | | | | | |
| Addr.: 180 Milan Ave., Suite 7 | <input type="checkbox"/> Labor Standards Officer | | | | | | | | | | | | | | |
| City: Norwalk | State: OH Zip: 44857 | | | | | | | | | | | | | | |
| Vendor organization (if applicable): | | | | | | | | | | | | | | | |
| CONTACT 6 | <table border="1"> <thead> <tr> <th>Personal Identification</th> <th>Designation (if applicable)</th> </tr> </thead> <tbody> <tr> <td>Name: Nadine Thompson</td> <td><input type="checkbox"/> Chief Executive Officer</td> </tr> <tr> <td>Title: Program Administrator</td> <td><input type="checkbox"/> Rehabilitation Specialist</td> </tr> <tr> <td>Phone: 419-332-2056</td> <td><input type="checkbox"/> Financial Contact</td> </tr> <tr> <td>Email: nethompson@wsos.org</td> <td><input type="checkbox"/> Fair Housing Contact</td> </tr> <tr> <td>Addr.: PO Box 590</td> <td><input type="checkbox"/> Labor Standards Officer</td> </tr> <tr> <td>City: Fremont</td> <td>State: OH Zip: 43420</td> </tr> </tbody> </table> | Personal Identification | Designation (if applicable) | Name: Nadine Thompson | <input type="checkbox"/> Chief Executive Officer | Title: Program Administrator | <input type="checkbox"/> Rehabilitation Specialist | Phone: 419-332-2056 | <input type="checkbox"/> Financial Contact | Email: nethompson@wsos.org | <input type="checkbox"/> Fair Housing Contact | Addr.: PO Box 590 | <input type="checkbox"/> Labor Standards Officer | City: Fremont | State: OH Zip: 43420 |
| Personal Identification | Designation (if applicable) | | | | | | | | | | | | | | |
| Name: Nadine Thompson | <input type="checkbox"/> Chief Executive Officer | | | | | | | | | | | | | | |
| Title: Program Administrator | <input type="checkbox"/> Rehabilitation Specialist | | | | | | | | | | | | | | |
| Phone: 419-332-2056 | <input type="checkbox"/> Financial Contact | | | | | | | | | | | | | | |
| Email: nethompson@wsos.org | <input type="checkbox"/> Fair Housing Contact | | | | | | | | | | | | | | |
| Addr.: PO Box 590 | <input type="checkbox"/> Labor Standards Officer | | | | | | | | | | | | | | |
| City: Fremont | State: OH Zip: 43420 | | | | | | | | | | | | | | |
| Vendor organization (if applicable): WSOS Community Action Commission | | | | | | | | | | | | | | | |

| Ohio Development Services Agency / Office of Community Development | | | | | | | | | | | | | | | |
|---|---|-------------------------|-----------------------------|----------------------|--|--------|--|---------------------|--|---------------------------|---|-------------------------|--|---------------|----------------------|
| Contact Information Form | | | | | | | | | | | | | | | |
| Organization Name: Huron County Organization Number: 1B1 | | | | | | | | | | | | | | | |
| CONTACT 1 | <table border="1"> <thead> <tr> <th>Personal Identification</th> <th>Designation (if applicable)</th> </tr> </thead> <tbody> <tr> <td>Name: Kathy Phillips</td> <td><input type="checkbox"/> Chief Executive Officer</td> </tr> <tr> <td>Title:</td> <td><input type="checkbox"/> Rehabilitation Specialist</td> </tr> <tr> <td>Phone: 419-668-8219</td> <td><input type="checkbox"/> Financial Contact</td> </tr> <tr> <td>Email: phillips24@osu.edu</td> <td><input type="checkbox"/> Fair Housing Contact</td> </tr> <tr> <td>Addr.: 180 Milan Avenue</td> <td><input type="checkbox"/> Labor Standards Officer</td> </tr> <tr> <td>City: Norwalk</td> <td>State: OH Zip: 44857</td> </tr> </tbody> </table> | Personal Identification | Designation (if applicable) | Name: Kathy Phillips | <input type="checkbox"/> Chief Executive Officer | Title: | <input type="checkbox"/> Rehabilitation Specialist | Phone: 419-668-8219 | <input type="checkbox"/> Financial Contact | Email: phillips24@osu.edu | <input type="checkbox"/> Fair Housing Contact | Addr.: 180 Milan Avenue | <input type="checkbox"/> Labor Standards Officer | City: Norwalk | State: OH Zip: 44857 |
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| Name: Kathy Phillips | <input type="checkbox"/> Chief Executive Officer | | | | | | | | | | | | | | |
| Title: | <input type="checkbox"/> Rehabilitation Specialist | | | | | | | | | | | | | | |
| Phone: 419-668-8219 | <input type="checkbox"/> Financial Contact | | | | | | | | | | | | | | |
| Email: phillips24@osu.edu | <input type="checkbox"/> Fair Housing Contact | | | | | | | | | | | | | | |
| Addr.: 180 Milan Avenue | <input type="checkbox"/> Labor Standards Officer | | | | | | | | | | | | | | |
| City: Norwalk | State: OH Zip: 44857 | | | | | | | | | | | | | | |
| Vendor organization (if applicable): Huron County Development Council | | | | | | | | | | | | | | | |
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| City: | State: Zip: | | | | | | | | | | | | | | |
| Vendor organization (if applicable): | | | | | | | | | | | | | | | |
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| Addr.: | <input type="checkbox"/> Labor Standards Officer | | | | | | | | | | | | | | |
| City: | State: Zip: | | | | | | | | | | | | | | |
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| Name: | <input type="checkbox"/> Chief Executive Officer | | | | | | | | | | | | | | |
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OTHER BUSSINESS

Ms. Ziemba explained she received a request from Linda Stower for extra room on the 5th floor in the Huron County Building on Main Street for the No Bars People. Ms. Ziemba stated that the room needs to be provided with heat and air. They would provide the phones and furniture. This grant is renewable every 2 years. They are looking to add a full time case worker at no charge to the County, however the mediation room will not accommodate an extra person. It was also brought up that it is very hot up on the 5th Floor, Mr. Welch stated it is up to the Commissioners if they want to add air conditioner up there. Mr. Welch stated that there is an issue about getting people to the 5th floor after hours, also there is no bathroom on the 5th floor.

Mr. Bauer would like more information from the Judge, is this daytime hours or after hours. Ms. Ziemba will schedule the Judge to come before the board to discuss this further.

Ms. Ziemba discussed the North Fairfield Peach Festival on July 25, 2016. Mr. Dunlap also discussed the Greenwich Auction.

At 9:30 a.m. Public Comment.

Pete Welch, Director of Operations, received the insurance claim in regards to the Antique Mall damage from the accident. Mr. Welch stated that minus the deductible roughly around \$10,000.00. He is currently waiting on estimates from Wilhelm Construction and JDB Construction to do the repair.

Mr. Welch questioned if they would like to discuss hiring the gentleman out at DJFS. Mr. Welch stated he received a call from Heather at JFS, the Commissioners will need to waive one thing in the personnel policy. Mr. Welch stated to keep in mind he has worked there for 2 months and is a good worker. The gentleman does have a license. He will be hired for one month and the County will be reimbursed for the money the County will pay him for one month.

Mr. Welch would like to hire another person for summer help due to another employee being out on medical leave. Mr. Welch has a recommendation for the board.

Mr. Welch is down to three people that need to be trained on Facility Dude.

Mr. Bauer discussed the rebate with Worker's Compensation, we are currently getting \$26,000.00. Mr. Bauer stated we are currently not doing well, he would like to talk to Mr. Brown regarding this.

At 9:44 a.m. the board recessed.

At 9:47 a.m. the board resumed regular session. Jill Nolan, DJFS director introduced new Children Service Administrator, Renee King. Ms. Nolan explained that Ms. King started the June 1, 2016. Ms. Nolan explained that Ms. King comes from Franklin County Children Services as a supervisor. She has

REGULAR SESSION**TUESDAY****JUNE 28, 2016**

had experience at 3 different Children Services Agency.

At 10:00 a.m. Board of Elections, Sharon Locke, Director, request money for this year of about \$35,000.00. Ms. Locke stated hopefully they will not need all that, but they can't be short going into November. They are obligated to print what the State requires for the ballots and ballot equipment. They will be expected to do this again in the fall, they will expect a huge turnout. An option would be for the Commissioners to pay the full amount of the equipment this year. Whatever is not used comes back at the end of the year. This is all due to a Presidential year, and they expect to spend \$20,000.00 over their budget in the fall.

Ms. Locke discussed what to be looking for regarding next year, she stated that her board voted to raise their PEO pay as follows:

VLM - \$111.50 – requested increase to \$120.00

PEO - \$101.50 – requested increase to \$110.00

Training - \$10.00 – requested increase to \$15.00

They will increase their 2017 budget to reflect the increases as indicated below –

VLM - \$408.00

PEO - \$2,346.00

Training - \$460.00

Mr. Dunlap asked when this will go in effect, Ms. Locke stated January 1, 2017.

Ms. Locke wanted to discuss E-poll books, the state money runs out next June. They are not allowed to get them for November, they would like to implement in May 2017. They are required to pay the full amount upfront, but will request immediate reimbursement. Mr. Dunlap questioned if the state was doing 95%, Ms. Locke stated it was 85%. Ms. Locke stated they have a quote right now for \$76,400.00, the counties 15% will be \$11,460.00. Reimbursement from the State will be \$64,940.00. Ms. Locke stated that the Software license fee - \$125.00 per unit beginning in 2018 (\$6,875.00). The purchase must be made prior to June 1, 2017 or the State money is gone. Ms. Locke stated her fear is that if they don't get them, they will be forced to get them and pay the 100%. Ms. Locke stated they can review the budget to see if they could possibly pay for half this year and half next year. Mr. Dunlap asked if they would be refundable doing it this way. Ms. Locke stated yes, you can split the purchases. Mr. Bauer is concerned with this because he was at a CCAO Meeting where counties are being hit with \$100,000.00 - \$200,000.00 bills for equipment. Ms. Locke has not hear this at all, she will contact the counties Mr. Bauer spoke about. Ms. Locke stated that this could be on voting equipment not on these E-poll tablets.

Mr. Bauer questioned Ms. Locke on what is she hearing on what the State is going to do about the machines they have already bought, when they are going to require counties to have the machines and what kind of machines they are recommending. Ms. Locke stated the State is not going to recommend a certain kind of machine. Mr. Bauer stated that is not so as of Friday. Ms. Locke stated they were at conference last week and that is what they told them, they will not have a State wide system. Mr. Bauer stated he was told it would be one of the two, they will have a choice of two. Ms. Locke asked which two, Mr. Bauer stated they did not give them this information. There is a lot of misinformation.

At 10:15 a.m. Tom Dunlap left the meeting for an appointment.

At 10:20 a.m. the board recessed.

At 10:23 a.m. the board resumed regular session. Eva Gorby, Victims Assistance. Ms. Gorby explained the budget has increased from last year. Ms. Gorby explained the Grant Applications: VOCA – Federal total is \$121,799.50 with a 20% cash match for 2017 would be \$30,449.91 from the Commissioners, with the SVAA-State being \$8,020.00 for a total of \$160,269.41. Ms. Gorby would like to purchase new chairs for the office, the board is ok with it. This will be for 2017 budget.

Discussion about cancelling July 7, 2016 meeting. Board is in agreement to cancel.

At 10:30 a.m. Joe Hintz moved to adjourn. Gary W. Bauer seconded the motion. The meeting stood adjourned.

IN THE MATTER OF CERTIFICATION

The Clerk to the Board does hereby attest that the foregoing is a true and correct record of all actions taken by the Board of Huron County Commissioners on June 28, 2016.

REGULAR SESSION

TUESDAY

JUNE 28, 2016

IN THE MATTER OF ADJOURNING

The meeting was called to order at 9:00 a.m. With no further business to come before the Board, the meeting was adjourned at 10:30 a. m.

Gary W. Bauer

Tom Dunlap

Joe Hintz

ATTEST

Clerk to the Board