

**CERTIFIED COPY OF ORDER**

STATE OF MISSOURI }  
 County of Boone } ea.

May Session of the April Adjourned

Term. 20 11

17<sup>th</sup>

May

11

In the County Commission of said county, on the

day of

20

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

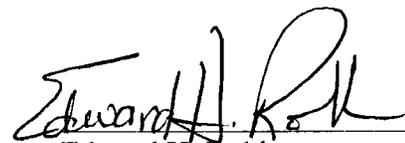
Now on this day the County Commission of the County of Boone does hereby approve the following budget amendment for a new grant approved by DNR:

Department	Account	Department Name	Account Name	Decrease \$	Increase \$
2140	10100	319 Urban Retrofit Grnt	Salary & Wages		8,671.00
2140	10200	319 Urban Retrofit Grnt	FICA		664.00
2140	10300	319 Urban Retrofit Grnt	Health Insurance		989.00
2140	10325	319 Urban Retrofit Grnt	Disability Insurance		32.00
2140	10350	319 Urban Retrofit Grnt	Life Insurance		11.00
2140	10375	319 Urban Retrofit Grnt	Dental Insurance		74.00
2140	10400	319 Urban Retrofit Grnt	Workers Comp		57.00
2140	10500	319 Urban Retrofit Grnt	401 A Match		81.00
2140	03411	319 Urban Retrofit Grnt	Federal Grant Reimburse		713,266.00
2140	22000	319 Urban Retrofit Grnt	Postage		1,000.00
2140	23001	319 Urban Retrofit Grnt	Printing & Binding		2,000.00
2140	23000	319 Urban Retrofit Grnt	Training by County		2,500.00
2140	23050	319 Urban Retrofit Grnt	Landscaping/ rock		312,500.00
2140	37000	319 Urban Retrofit Grnt	Dues		200.00
2140	37210	319 Urban Retrofit Grnt	Training/Schools		3,000.00
2140	37220	319 Urban Retrofit Grnt	Travel		2,300.00
2140	37230	319 Urban Retrofit Grnt	Lodging/ Meals		2,000.00
2140	48000	319 Urban Retrofit Grnt	Phone		720.00
2140	60200	319 Urban Retrofit Grnt	Equip Repairs and Maint		2,000.00
2140	71000	319 Urban Retrofit Grnt	Insurance & Bonds		2,500.00
2140	71100	319 Urban Retrofit Grnt	Outside Services		575,546.00

Done this 17<sup>th</sup> day of May, 2011.

ATTEST:

  
 Wendy S. Noren  
 Clerk of the County Commission



Edward H. Robb  
 Presiding Commissioner

  
 Karen M. Miller  
 District I Commissioner

  
 Skip Elkin  
 District II Commissioner

# REQUEST FOR BUDGET AMENDMENT

## BOONE COUNTY, MISSOURI

**RECEIVED**

4/22/11

EFFECTIVE DATE

APR 21 2011

FOR AUDITORS USE

Department	Account	Department Name	Account Name	(Use whole \$ amounts)	
				Decrease	Increase
2 1 4 0	1 0 1 0 0	319 Urban Retrofit Gran	Salary & Wages		8671.00
2 1 4 0	1 0 2 0 0	319 Urban Retrofit Gran	FICA		664.00
2 1 4 0	1 0 3 0 0	319 Urban Retrofit Gran	Health Ins		989.00
2 1 4 0	1 0 3 2 5	319 Urban Retrofit Gran	Disability Ins		32.00
2 1 4 0	1 0 3 5 0	319 Urban Retrofit Gran	Life Insurance		11.00
2 1 4 0	1 0 3 7 5	319 Urban Retrofit Gran	Dental Ins		74.00
2 1 4 0	1 0 4 0 0	319 Urban Retrofit Gran	Workers Comp		57.00
2 1 4 0	1 0 5 0 0	319 Urban Retrofit Gran	401 A Match		81.00
2 1 4 0	0 3 4 1 1	319 Urban Retrofit Grant	Federal Grant Reimb		713,266

Describe the circumstances requiring this Budget Amendment. Please address any budgetary impact for the remainder of this year and subsequent years. (Use attachment if necessary): **New grant approved by DNR**



Requesting Official

page 1 of 5

**TO BE COMPLETED BY AUDITOR'S OFFICE**

- A schedule of previously processed Budget Revisions/Amendments is attached.
- A fund-solvency schedule is attached. *N/A*
- Comments:

*Agenda*

Auditor's Office



PRESIDING COMMISSIONER



DISTRICT I COMMISSIONER



DISTRICT II COMMISSIONER

**BUDGET AMENDMENT PROCEDURES**

- County Clerk schedules the Budget Amendment for a first reading on the commission agenda. A copy of the Budget Amendment and all attachments must be made available for public inspection and review for a period of at least 10 days commencing with the first reading of the Budget Amendment.
- At the first reading, the Commission sets the Public Hearing date (at least 10 days hence) and instructs the County Clerk to provide at least 5 days public notice of the Public Hearing. **NOTE: The 10-day period may not be waived.**
- The Budget Amendment may not be approved prior to the Public Hearing.

# REQUEST FOR BUDGET AMENDMENT

## BOONE COUNTY, MISSOURI

4/22/11

EFFECTIVE DATE

FOR AUDITORS USE

Department				Account					Department Name	Account Name	(Use whole \$ amounts)	
											Decrease	Increase
2	1	4	0	2	2	0	0	0	319 Urban Retrofit Gran	Postage		1000.00
2	1	4	0	2	3	0	0	1	319 Urban Retrofit Gran	Printing & Binding		2000.00
2	1	4	0	2	3	0	0	0	319 Urban Retrofit Gran	Training by County		2500.00
2	1	4	0	2	3	0	5	0	319 Urban Retrofit Gran	Landscaping/rock		32,500.00

Describe the circumstances requiring this Budget Amendment. Please address any budgetary impact for the remainder of this year and subsequent years. (Use attachment if necessary): **New grant approved by DNR**

  
 \_\_\_\_\_  
 Requesting Official

*page 2 of 5*

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- Comments:

Auditor's Office

  
 \_\_\_\_\_  
 PRESIDING COMMISSIONER

  
 \_\_\_\_\_  
 DISTRICT I COMMISSIONER

  
 \_\_\_\_\_  
 DISTRICT II COMMISSIONER

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Department				Account				Department Name	Account Name	(Use whole \$ amounts)	
										Decrease	Increase
2	1	4	0	3	7	0	0	319 Urban Retrofit Gran	Dues		200.00
2	1	4	0	3	7	2	1	319 Urban Retrofit Gran	Training/Schools		3000.00
2	1	4	0	3	7	2	2	319 Urban Retrofit Gran	Travel (air, milege, etc)		2300.00
2	1	4	0	3	7	2	3	319 Urban Retrofit Gran	Lodging/Meals		2000.00

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

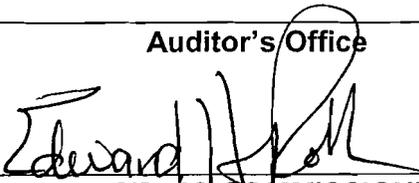
  
 Requesting Official

*page 3 of 5*

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Auditor's Office

  
 PRESIDING COMMISSIONER

  
 DISTRICT I COMMISSIONER

  
 DISTRICT II COMMISSIONER

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## BOONE COUNTY, MISSOURI

4/22/11

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Department				Account				Department Name	Account Name	(Use whole \$ amounts)	
										Decrease	Increase
2	1	4	0	4	8	0	0	319 Urban Retrofit Gran	Phone		720.00
2	1	4	0	6	0	2	0	319 Urban Retrofit Gran	<i>Equip Repairs/Maint</i>		2000.00
2	1	4	0	7	1	0	0	319 Urban Retrofit Gran	Insurance & Bonds		2500.00
2	1	4	0	7	1	1	0	319 Urban Retrofit Gran	<i>Outside Services</i>		575,546.00

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

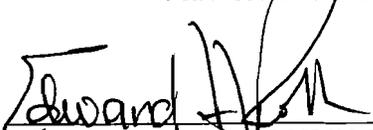
  
 Requesting Official

*page 4 of 5*

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 DISTRICT I COMMISSIONER

  
 DISTRICT II COMMISSIONER

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## BOONE COUNTY, MISSOURI

4/22/11

EFFECTIVE DATE

FOR AUDITORS USE

Department				Account					Department Name	Account Name	(Use whole \$ amounts)	
											Decrease	Increase
2	1	4	0	8	4	0	1	0	319 Urban Retrofit Gran	Food service supplies		4000.00
2	1	4	0	8	4	3	0	0	319 Urban Retrofit Gran	Advertising		1000.00
2	1	4	0	8	6	3	0	0	319 Urban Retrofit Gran	Testing - lab services		20,000.00
2	1	4	0	9	1	3	0	0	319 Urban Retrofit Gran	Sampling Equip/suppli		20,000.00

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



Requesting Official

page 5085

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- Comments:

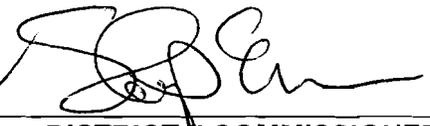
Auditor's Office



PRESIDING COMMISSIONER



DISTRICT I COMMISSIONER



DISTRICT I COMMISSIONER

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MISSOURI DEPARTMENT OF NATURAL RESOURCES  
FINANCIAL ASSISTANCE AGREEMENT

RECEIVED (Rev. 8/04)

FEB 24 2011

Under the authority of \_\_\_\_\_ and subject to pertinent legislation, regulations and policies applicable to **BOONE COUNTY AUDITOR**

1. Recipient (Name, Address) Boone County Public Works 801 E. Walnut, Room 315 Columbia, MO 65201	2. Project Number <u>G11-NPS-12</u>
5. Recipient Project Manager <u>Georganne Bowman</u>  Telephone No. <u>(573) 886-4330</u>	3. Budget Period <u>March 1, 2011 – April 30, 2014</u>
7. State Project Manager <u>Amanda Sappington</u>  Telephone No. <u>(573) 751-8728</u>	4. Project Period <u>March 1, 2011 – April 30, 2014</u>
	6. Type of Assistance (indicate by X) New Award <u>X</u> Amendment _____
	8. Amendment ID _____

9. Project Title and Description: **The Hinkson Creek Urban Retrofit Project** will reduce flooding, improve water quality and health of the aquatic life of Hinkson Creek by implementing monitoring and retrofit activities identified in the Hinkson Creek Watershed Management Plan.

10. Source of Funding/Year: (I) FY08-09 319 Grant Codes: 780-0140-4461-3476-W8AD

11. Project Funding:

	<u>Amount</u>	<u>Percent</u>
Initial Award	<u>\$ 713,266</u>	<u>58%</u>
Initial Recipient Match	<u>\$ 523,000</u>	<u>42%</u>
Amended Award	<u>\$ _____</u>	<u>_____</u>
Amended Recipient Match	<u>\$ _____</u>	<u>_____</u>
Total Project Cost	<u>\$1,236,266</u>	<u>100%</u>

12. Amendment (describe):

13. The recipient agrees to administer this agreement in accordance with:

- a. All applicable federal and state regulations including but not limited to OMB Circulars: A-102 & A-133, 2 CFR Part 225
- b. Applicable program guidelines CFDA # 66.460
- c. Recipient application dated \_\_\_\_\_ as negotiated \_\_\_\_\_
- d. Detailed Scope of Work (Attachment # A-1 )
- e. Budget Plan (Attachment # B )
- f. General Terms and Conditions (Attachment # D )
- g. Special Conditions (Attachment # C )
- h. Public Law \_\_\_\_\_ (Attachment # \_\_\_\_\_ )
- i. Suspension/Debarment (Attachment # E )
- j. Certificate Regarding Lobbying (Attachment # H )
- k. Publications (Attachment # \_\_\_\_\_ )
- l. Invoice (Attachment # A-2 )
- m. EPA MBE/WBE Utilization (Attachment # G )
- n. Other Quarterly Report, Attachment A-3; Annual Reporting, Attachment A-4

Stormwater Educator  
 Dept 2140 DNR 319 Urban Retrofit Grant  
 Range 38, .25 FTE, Hourly Rate = Midpoint  
 Grant start date March 1, 2011  
 Prepared by Auditor's Office 3/30/11

Account	Budget Hours	Rate	Yearly Total Cost	2011 Cost 10 Months	2012 Cost 12 Months	2013 Cost 12 Months	2014 Cost 4 Months	Total	Adjustment to Grant	Adjusted Total	Total Rounded
10100 Salary & Wages	520	20.01	10,405.20	8,671.00	10,405.20	10,405.20	3,468.40	32,949.80	1,670.00	34,619.80	34,620
10200 FICA		0.0765	796.00	663.33	796.00	796.00	265.33	2,520.66	128.00	2,648.66	2,649
10300 Health Ins		4750	1,187.50	989.58	1,187.50	1,187.50	395.83	3,760.42		3,760.42	3,761
10325 Disability Ins		0.0037	38.50	32.08	38.50	38.50	12.83	121.91		121.91	122
10350 Life Ins		53	13.25	11.04	13.25	13.25	4.42	41.96		41.96	42
10375 Dental Ins		356	89.00	74.17	89.00	89.00	29.67	281.83		281.83	282
10400 Workers Comp		0.0065	67.63	56.36	67.63	67.63	22.54	214.17		214.17	215
10500 401A Match		390	97.50	81.25	97.50	97.50	32.50	308.75		308.75	309
<b>Total</b>			<b>12,694.58</b>	<b>10,578.82</b>	<b>12,694.58</b>	<b>12,694.58</b>	<b>4,231.53</b>	<b>40,199.51</b>	<b>1,798.00</b>	<b>41,997.51</b>	<b>42,000</b>

	2011	2012	2013	2014
10100 Salary & Wages	8671	10405	11406	3469
10200 FICA	664	796	796	265
10300 Health Ins	989	1188	1187	396
10325 Disability Ins	32	38	39	13
10350 Life Ins	11	13	13	5
10375 Dental Ins	74	89	89	30
10400 Workers Comp	57	68	68	22
10500 401A Match	81	97	97	32
<b>Total</b>	<b>10579</b>	<b>12694</b>	<b>13695</b>	<b>4232</b>

## Budget for Urban Retrofit 319 Grant

	<b>10000 Salary</b>	<b>Cost</b>	<b>Details</b>
see class 1 spreadsheet	Stormwater Educator @ .25 FTE	\$42,000.00	Stormwater Educator @ .25 FTE
	<b>20000 Materials and supplies</b>		
	22000 postage	\$1,000.00	
	23001 printing and Binding	\$2,000.00	
	23000 Training	\$2,500.00	
	23050 landscaping/rock	\$30,000.00	Raingardens on Sunrise Estates
	23050 Promotion supplies	\$2,500.00	
		<b>\$38,000.00</b>	
	<b>30000 Dues/Travel/Training</b>		
	37000 Dues	\$200.00	
	37210 Training/Schools	\$3,000.00	
	37220 travel (air, mileage etc	\$2,300.00	
	37230 lodging/meals	\$2,000.00	
		<b>\$7,500.00</b>	
	<b>48000 Phone</b>	<b>\$720.00</b>	Nicki's phone (18/month for 3 yrs)
	<b>60000 Equipment repair/maintenance</b>		
	60200 sampling equipment	<b>\$2,000.00</b>	misc sampling equipment <\$5000
	<b>70000 Outside Services</b>		
	71000 insurance and bonds	\$2,500.00	insurance for sampling equipment
	71100 MOA to City	\$211,717.00	to construct 6 BMPs on the Grissum site
	71100 MOA to MRCN	\$113,829.00	workshops, tree plantings and curriculum development
	71100 Sampling Contract	\$250,000.00	Estimation at this time.
		<b>\$578,046.00</b>	
	<b>80000 Meeting/Trainings</b>		
	84010 Food service supplies	\$2,000.00	
	84010 Agency provided food	\$2,000.00	
	84300 Advertizing	\$1,000.00	
	86300 - Testing Lab services	\$20,000.00	
		<b>\$25,000.00</b>	
	<b>90000 Equipment</b>		
	91300 Sampling equipment and supplies	\$20,000.00	Climate station and 3 isco samplers
<b>Total</b>		<b>\$713,266.00</b>	

FY 2011  
Budget Amendments/Revisions  
DNR 319 Urban Retrofit Grant (2140)

Index #	Date Recd	Dept	Account	Dept Name	Account Name	\$Increase	\$Decrease	Reason/Justification	Comments
1	4/21/2011	2140	3411	DNR 319 Urban Retro	Federal Grant Reimb	713,266		Establish budget for grant	
		2140	10100	DNR 319 Urban Retro	Salary & Wages	8,671			
		2140	10200	DNR 319 Urban Retro	FICA	664			
		2140	10300	DNR 319 Urban Retro	Health Ins	989			
		2140	10325	DNR 319 Urban Retro	Disability Ins	32			
		2140	10350	DNR 319 Urban Retro	Life Insurance	11			
		2140	10375	DNR 319 Urban Retro	Dental Insurance	74			
		2140	10400	DNR 319 Urban Retro	Workers Comp	57			
		2140	10500	DNR 319 Urban Retro	401A Match	81			
		2140	22000	DNR 319 Urban Retro	Postage	1,000			
		2140	23000	DNR 319 Urban Retro	Office Supplies	2,000			
		2140	23001	DNR 319 Urban Retro	Printing	2,500			
		2140	23050	DNR 319 Urban Retro	Other Supplies	32,500			
		2140	37000	DNR 319 Urban Retro	Dues	200			
		2140	37210	DNR 319 Urban Retro	Training/Schools	3,000			
		2140	37220	DNR 319 Urban Retro	Travel	2,300			
		2140	37230	DNR 319 Urban Retro	Lodging/Meals	2,000			
		2140	48000	DNR 319 Urban Retro	Phone	720			
		2140	60200	DNR 319 Urban Retro	Equip Repairs/Maint	2,000			
		2140	71000	DNR 319 Urban Retro	Insurance & Bonds	2,500			
		2140	71100	DNR 319 Urban Retro	Outside Services	575,546			
		2140	84010	DNR 319 Urban Retro	Receptions/Meetings	4,000			
		2140	84300	DNR 319 Urban Retro	Advertising	1,000			
		2140	86300	DNR 319 Urban Retro	Testing	20,000			
		2140	91300	DNR 319 Urban Retro	Machinery & Equip	20,000			

195 -2011

# CERTIFIED COPY OF ORDER

STATE OF MISSOURI }  
County of Boone } ea.

May Session of the April Adjourned

Term. 20 11

17<sup>th</sup>

May

11

In the County Commission of said county, on the

day of

20

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

Now on this day the County Commission of the County of Boone does hereby approve the following budget amendment for a federal grant to purchase a call system for disabled individuals at a poll:

Department	Account	Department Name	Account Name	Decrease \$	Increase \$
2312	23005	Voting Access for Disabled Grant	Election Supplies		618.00
2312	03411	Voting Access for Disabled Grant	Federal Grant Reimbursement		618.00

Done this 17<sup>th</sup> day of May, 2011.

ATTEST:

Wendy S. Noren  
Wendy S. Noren  
Clerk of the County Commission

Edward H. Robb

Edward H. Robb  
Presiding Commissioner

Karen M. Miller

Karen M. Miller  
District I Commissioner

Skip Elkin

Skip Elkin  
District II Commissioner

# REQUEST FOR BUDGET AMENDMENT

## BOONE COUNTY, MISSOURI

To: County Clerk's Office

Comm Order # \_\_\_\_\_

Return to Auditor's Office

Please do not remove staple.

EFFECTIVE DATE \_\_\_\_\_

FOR AUDITORS USE

Department				Account					Department Name	Account Name	(Use whole \$ amounts)	
											Decrease	Increase
2	3	1	2	2	3	0	0	5	Voting Access for Disabled Grant	Election Supplies		618.00
2	3	1	2	0	3	4	1	1	Voting Access for Disabled Grant	Federal Grant Reimbursement		618.00

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

*Federal grant to purchase call system for a poll*  
*Wendy*

Requesting Official

-----  
**TO BE COMPLETED BY AUDITOR'S OFFICE**

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- A fund-solvency schedule is attached.
- Comments: *agenda*

*EP* \_\_\_\_\_ Auditor's Office *[Signature]*  
*Edward H. [Signature]* \_\_\_\_\_ PRESIDING COMMISSIONER  
*Karen B. [Signature]* \_\_\_\_\_ DISTRICT I COMMISSIONER  
 \_\_\_\_\_ DISTRICT II COMMISSIONER

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Revised 04/02



CFDA 93.617

RECEIVED

FEB 25 2011

BOONE COUNTY CLERK  
ELECTIONS DIVISION  
(573) 751-2301

JAMES C. KIRKPATRICK  
STATE INFORMATION CENTER  
(573) 751-4936

ROBIN CARNAHAN  
SECRETARY OF STATE  
STATE OF MISSOURI

2312 - 3411  
2312 - 23005

February 22, 2011

The Honorable Wendy Noren  
Boone County Clerk  
801 E Walnut, Room 236  
Columbia, MO 65201

Dear Wendy:

Congratulations. Your application for Federal HHS funds for Polling Place Accessibility has been approved for an award amount not to exceed \$750.00.

You may now continue the purchases of materials and supplies to make your polling place(s) accessible consistent with your application to the Office of the Secretary of State (SOS). As you are invoiced, please follow these steps to receive your funding:

1. Initial invoices to indicate that work has been satisfactorily completed or goods have been received. The invoices must be copies of the original vendors' invoices (not payment warrants or approvals) showing the amount due and payable to the vendor. However, they do not have to be paid invoices.
2. Forward the approved vendor invoice(s) to our office with a signed request for payment. Because it is more efficient, we would prefer that you send all your invoices at one time. However, should you require incremental payments, please try to keep these to amounts over \$100, whenever possible.
3. As soon as your request is approved, this office will provide payment of the invoiced amount, not to exceed the total grant award.
4. If your request is for an advance payment, to comply with Federal cash management rules, you must pay your vendor as close to three days from receipt of the funds as possible. Therefore, when you request your funds, you must also provide the date(s) you are able to process payments. The SOS will issue an electronic funds transfer to coincide with your payment schedule. With acceptance of this grant, you agree to be responsible for disbursing these funds to unpaid vendors with your first payment cycle after the funds are deposited in your account.

The Honorable Wendy Noren  
February 22, 2011  
Page 2

If you have any questions about this grant, please feel free to contact Kay Dinolfo at (573) 751-2301.

Sincerely,

A handwritten signature in black ink, appearing to read "Waylene W. Hiles". The signature is written in a cursive, flowing style.

Waylene W. Hiles  
Deputy Secretary of State for Elections



OFFICE OF SECRETARY OF ROBIN CARNAHAN  
ELECTIONS DIVISION  
STATE OF MISSOURI

RECEIVED  
FEB 15 2011  
SECRETARY OF STATE

APPLICATION FOR HEALTH & HUMAN SERVICES  
(HHS) POLLING PLACE ACCESSIBILITY GRANT FUNDS

ISSUE DATE: September 9, 2010

RETURN COMPLETED AND SIGNED APPLICATION TO: Missouri Secretary of State's Office, 600 W. Main Street, P. O. Box 1767, Jefferson City, MO 65102, Attention: Elections Division. In order to be eligible to participate in these grants, the completed application must be received by the Secretary of State's Office on or before December 31, 2011.

GRANT APPLICATION CONTACT INFORMATION: Kay Dinolfo, [kay.dinolfo@sos.mo.gov](mailto:kay.dinolfo@sos.mo.gov) at 1-800-669-8683 or 573-751-2301.

ELIGIBLE ENTITIES SUMMARY INFORMATION: Title II, Subtitle D, Part 2, Section 261 of the Help America Vote Act (HAVA) provides money to provide greater accessibility to polling places for individuals with disabilities. Eligibility requirements for Local Election Authorities are set forth in the body of this application.

The applicant hereby declares understanding, agreement and certification of compliance with the grant application, in accordance with all requirements and specifications contained herein, including all applicable laws, regulations and reporting requirements. The applicant agrees that upon the subsequent execution of a grant agreement with the Office of the Secretary of State, a binding agreement shall exist between the recipient and the Office of the Secretary of State, State of Missouri.

To the best of my knowledge and belief, all data in this application is true and correct. The governing body of the applicant has duly authorized the document and the applicant will comply with the terms of the grant agreement if the grant is awarded.

MUST BE SIGNED TO BE VALID

AUTHORIZED SIGNATURE FOR THE APPLICANT LOCAL ELECTION AUTHORITY <i>Wendy S. Noren</i>		DATE 2-08-2011
PRINTED NAME WENDY S. NOREN		TITLE Boone County Clerk
LOCAL ELECTION AUTHORITY NAME WENDY S. NOREN		
MAILING ADDRESS 801 E Walnut Rm 236		
CITY, STATE, ZIP Columbia, Mo 65201		
SAM II VENDOR NO. (IF KNOWN)		FEDERAL EMPLOYER ID NO. 43-6000349
IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes, if "Yes" attach an explanation. <input checked="" type="checkbox"/> No	IS THE APPLICANT DELINQUENT ON ANY STATE DEBT? <input type="checkbox"/> Yes, if "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
PHONE NO. 573 886 4295	FAX NO. 573-886-4300	E-MAIL ADDRESS <del>Clerk@BooneCountyMo</del> Clerk@boonecountymo.org
SUBAWARD NUMBER		SUBAWARD AMOUNT

**SELECT RECIPIENT OBLIGATIONS:** Recipient agrees:

1. To comply with the terms of the grant award.
2. To allow the SOS reasonable onsite access to review financial and programmatic records and to observe operations in performance of its responsibilities under 45 CFR Part 92, § 92.42.
3. To comply with all requirements and processes regarding procurement and payment procedures, as well as documentation and reporting requirements. Recipient must:
  - a) Comply with the applicable provisions of 45 CFR Part 92, including §92.35, §92.36, §92.22, §92.32, Circular A-133 and the A-133 Compliance Supplement. Note: Any supplies or equipment purchased by the recipient from HAVA funds becomes property of the recipient, and all property control and custody responsibilities will be assumed by the recipient.
  - b) If procurement is made by lease agreement, award funds must be applied as a one-time payment to the vendor at lease inception. Funds may not be held to fund subsequent periodic payments. The lease agreement contract must include a provision for payment due at lease inception to qualify.
  - c) Submit on an annual basis to the SOS, on forms provided, verification of actual funds received, purchases (including lease), and expenditures. Information regarding actual funds expended will be reconciled against funding provided.
  - d) Identify and track purchases and expenditures by funding source.
  - e) If your request is for an advance payment, to comply with Federal cash management rules you must pay your vendor as close to three days from receipt of the funds as possible. Therefore, when you request your funds, **you must also provide the date(s) you are able to process payments.** The SOS will issue an electronic funds transfer to coincide with your payment schedule. With acceptance of this grant, you agree to be responsible for disbursing these funds to unpaid vendors with your first payment cycle after the funds are deposited in your account.

The recipient is solely responsible for any costs over and above the amount awarded by the SOS committee reviewing applications.

**RECORDKEEPING, MONITORING AND AUDIT REQUIREMENTS:** Title IX, Section 902 sets forth the recordkeeping requirements for funds received under HAVA, as well as provisions for audits and examinations of records. Monitoring activities may include frequent and open communications, reviewing recipient reports, reviewing national and local publications, conducting recipient conferences and trainings. State or federal officials may audit this award. Note: 45 CFR Part 92, §92.42 also addresses records retention and access requirements.

**GRANT APPLICATION INSTRUCTIONS:**

1. Authorized representative of the local election authority must sign the application in the space provided on the front page of this application.
2. Applicant must carefully review page 4 and must complete and attach Assurances and Disclosures.
3. Applicant must complete pages 5-7 in detail.
4. SOS contacts are listed on the front page of this application. Please direct any questions to them.

This application is provided in Microsoft Word format for your convenience. Applicants are to complete only the areas designated. Any insertions, deletions or changes to the provisions of the application as distributed may void the application.

Complete the following. Do not leave any blanks. If extra space is required, use page 8 which is provided for your convenience. The total application should not exceed 9 pages in length, not including attached disclosures and assurances.

IMPACT OF THIS PROJECT AND ITS IMPORTANCE IN TERMS OF LONG-RANGE PLANNING.

1) Please provide the polling place names and locations where improvements are planned, if applicable. Where available, please provide physical addresses and mailing addresses. (EX: Doeville City Hall, Box 123, Doeville, corner of Main Street and State Road AA in Doeville.) If your improvements are more widespread or general, please describe. (EX: Education program targeting disabled voters.)

Missouri National Guard Armory  
 5151 N. Roger I. Wilson Dr.  
 Columbia, Mo 65202

2) Please provide a detailed description of proposed improvements or improvement project, including narrative about how the improvements will enhance accessibility at the location or locations where they will be deployed. (EX: Front door needs easily accessible door handle and small threshold ramp for entry door, which will make the location easier for persons with limited mobility to enter and exit.)

Entry door to heavy for SOME voter and not in line of sight for pollworkers. Grant will be used to purchase call button system to allow voters to notify pollworkers the need to open door

3) Description of any existing or proposed partnerships with civic or charitable organizations that will help in the deployment of the improvements.

N/A

BUDGET DETAIL, EXPLANATION, AND JUSTIFICATION.

7) Please include an itemized budget with estimated costs of the project(s).

Purchase of call button system 750.00

## ASSURANCES - NON-CONSTRUCTION PROGRAMS

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.**

**NOTE:** Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee 3); as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

**DISCLOSURE OF LOBBYING ACTIVITIES**

Approved by OMB  
0348-0046

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

(See reverse for public burden disclosure.)

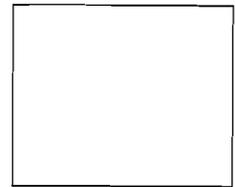
<p><b>1. Type of Federal Action:</b></p> <p><input checked="" type="checkbox"/> a. contract  <input type="checkbox"/> b. grant  <input type="checkbox"/> c. cooperative agreement  <input type="checkbox"/> d. loan  <input type="checkbox"/> e. loan guarantee  <input type="checkbox"/> f. loan insurance</p>	<p><b>2. Status of Federal Action:</b></p> <p><input checked="" type="checkbox"/> a. bid/offer/application  <input type="checkbox"/> b. initial award  <input type="checkbox"/> c. post-award</p>	<p><b>3. Report Type:</b></p> <p><input checked="" type="checkbox"/> a. initial filing  <input type="checkbox"/> b. material change</p> <p><b>For Material Change Only:</b>          year _____ quarter _____          date of last report _____</p>
<p><b>4. Name and Address of Reporting Entity:</b></p> <p><input type="checkbox"/> Prime      <input checked="" type="checkbox"/> Subawardee          Tier _____, if known:</p> <p>Congressional District, if known: 4c <u>9</u></p>	<p><b>5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:</b></p> <p align="center"><i>Missouri Secretary of State</i>  <i>PO Box 1767</i>  <i>Jefferson City Mo 4</i>          Congressional District, if known: <u>4</u></p>	
<p><b>6. Federal Department/Agency:</b></p> <p><i>US EAC</i></p>	<p><b>7. Federal Program Name/Description:</b></p> <p align="right">CFDA Number, if applicable: <u>CFDA-617</u></p>	
<p><b>8. Federal Action Number, if known:</b></p> <p><i>01D932607</i></p>	<p><b>9. Award Amount, if known:</b></p> <p align="center">\$</p>	
<p><b>10. a. Name and Address of Lobbying Registrant</b>          (if individual, last name, first name, MI):</p> <p><i>Boone County Clerk</i>  <i>WENDY S. NOREN</i>  <i>801 E Walnut Rm 236</i>  <i>Columbia, MO 65201</i></p>	<p><b>b. Individuals Performing Services</b> (including address if different from No. 10a)          (last name, first name, MI):</p> <p align="center"><i>[Signature]</i></p>	
<p><small>11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.</small></p>	<p>Signature: <u><i>[Signature]</i></u>          Print Name: <u>WENDY S. NOREN</u>          Title: <u>Boone County Clerk</u>          Telephone No.: <u>573-886-4295</u> Date: <u>2-11-2011</u></p>	
<p><b>Federal Use Only:</b></p>		<p align="right">Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)</p>

*No lobbying activity*

# PAYMENT REQUISITION BOONE COUNTY, MISSOURI TRANS: 2011 001165

03/18/2011  
REQUISITION  
DATE

04/09/2011  
VENDOR  
DUE DATE



Check Routing Instructions

011828  
VENDOR  
NO.

INCLUSION SOLUTIONS LLC  
VENDOR NAME

27-15JUN06  
BID NUMBER

Notes: RECEIVED  
APR 15 2011  
BOONE COUNTY AUDITOR

Fund / Dept	Account	Invoice Number	Customer Account Number	Amount
<del>2311</del>	<del>3411</del>	6389	BOONE COUNTY ELECTIONS BALLOT CALL MAX	618.00
2312	23005		CFDA - 93-617	
			HHS is granting a hardship at fees	
			NOT EST	
			GRAND TOTAL :	618.00

I certify that the goods, services or charges above specified are necessary for the use of the department, are solely for the benefit of the county, and have been procured in accordance with statutory bidding requirements.

\_\_\_\_\_  
Approving Official

\_\_\_\_\_  
Approving Official

\_\_\_\_\_  
Approving Official

\_\_\_\_\_  
Prepared By

\_\_\_\_\_  
County Commission Approval

\_\_\_\_\_  
Auditor Approval

Inclusion Solutions, LLC

2000 Greenleaf Street  
Suite 3  
Evanston, IL 60202

# Invoice

Date	Invoice #
3/10/2011	6389

Bill To
Boone County Elections Art Auer 801 E. Walnut, Room 236 Columbia, MO 65201

Ship To
Boone County Elections 801 E. Walnut, Room 236 Columbia, MO 65201

P.O. Number	Terms	Due Date	Rep	Ship	Via	F.O.B.	Project
	Net 30	4/9/2011	HHB	3/10/2011	Ground		
Quantity	Item Code	Description			Price Each	Amount	
1	BCMax Ballot ... Shipping	Ballot Call Max Shipping Charges			599.00 19.00 0.00%	599.00T 19.00 0.00	
<b>RECEIVED</b>							
<b>MAR 21 2011</b>							
<b>BOONE COUNTY CLERK</b>							
						<b>Total</b>	\$618.00

Phone #	Fax #	E-Mail	Web Site
847.869.2500	847.869.2515	skaminski@inclusionsolutions.com	www.InclusionSolutions.com

Please remit payment to: 2000 Greenleaf St., Suite 3 Evanston, IL 60202

## Fund Statement - Federal HAVA Election Fund 231 (Nonmajor)

	2009 Actual	2010 Budget	2010 Projected	2011 Budget
<b>REVENUES:</b>				
Property Taxes	\$ -	\$ -	\$ -	\$ -
Assessments	-	-	-	-
Sales Taxes	-	-	-	-
Franchise Taxes	-	-	-	-
Licenses and Permits	-	-	-	-
Intergovernmental	-	72,312	72,312	43,887
Charges for Services	-	-	-	-
Fines and Forfeitures	-	-	-	-
Interest	-	-	-	-
Hospital Lease	-	-	-	-
Other	-	-	-	-
<b>Total Revenues</b>	<b>-</b>	<b>72,312</b>	<b>72,312</b>	<b>43,887</b>
<b>EXPENDITURES:</b>				
Personal Services	-	-	-	-
Materials & Supplies	-	-	-	618
Dues Travel & Training	-	-	-	-
Utilities	-	-	-	-
Vehicle Expense	-	-	-	-
Equip & Bldg Maintenance	-	57,692	57,600	43,269
Contractual Services	-	14,620	14,620	-
Debt Service (Principal and Interest)	-	-	-	-
Emergency	-	-	-	-
Other	-	-	-	-
Fixed Asset Additions	-	-	-	-
<b>Total Expenditures</b>	<b>-</b>	<b>72,312</b>	<b>72,220</b>	<b>43,887</b>
<b>REVENUES OVER (UNDER) EXPENDITURES</b>	<b>-</b>	<b>-</b>	<b>92</b>	<b>-</b>
<b>OTHER FINANCING SOURCES (USES):</b>				
Transfer In	-	-	-	-
Transfer Out	-	-	-	-
Proceeds of Sale of Capital Assets/Insurance Claims/Capital Lease	-	-	-	-
Proceeds of Long-Term Debt	-	-	-	-
Retirement of Long-Term Debt	-	-	-	-
<b>Total Other Financing Sources (Uses)</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>REVENUES AND OTHER SOURCES OVER (UNDER) EXPENDITURES AND OTHER USES</b>	<b>-</b>	<b>-</b>	<b>92</b>	<b>-</b>
<b>FUND BALANCE (GAAP), beginning of year</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>92</b>
Less encumbrances, beginning of year	-	-	-	-
Add encumbrances, end of year	-	-	-	-
<b>FUND BALANCE (GAAP), end of year</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 92</b>	<b>\$ 92</b>
<b>FUND BALANCE RESERVES AND DESIGNATIONS, end of year</b>				
Reserved:				
Loan Receivable (Street NIDS/Levy District)	\$ -	\$ -	\$ -	\$ -
Prepaid Items/Security Deposits/Other Reserves	-	-	-	-
Debt Service/Restricted Assets	-	-	-	-
Prior Year Encumbrances	-	-	-	-
Designated:				
Capital Project and Other	-	-	-	-
<b>Total Fund Balance Reserves and Designations, end of year</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>FUND BALANCE, end of year</b>	<b>-</b>	<b>-</b>	<b>92</b>	<b>92</b>
<b>FUND BALANCE RESERVES/DESIGNATIONS, end of year</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>UNRESERVED/UNDESIGNATED FUND BALANCE, end of year</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 92</b>	<b>\$ 92</b>

4/26/2011

FY 2011  
Budget Amendments/Revisions  
Voting Access for Disabled Grant (2312)

<u>Index #</u>	<u>Date Recd</u>	<u>Dept</u>	<u>Account</u>	<u>Dept Name</u>	<u>Account Name</u>	<u>\$Increase</u>	<u>\$Decrease</u>	<u>Reason/Justification</u>	<u>Comments</u>
1	4/22/2011	2312	3411	Voting Access for Disabled Grant	Federal Grant Reimbursement	618		establish budget for grant revenue and expense for	
		2312	23005	Voting Access for Disabled Grant	Election Supplies	618		Federal HHS Polling Place Accessibility	